



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

1997-1998

ANNUAL REPORT



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• THAT STRENGTHEN THE NATION'S HEALTH



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

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Jordan J. Cohen, M.D., President

Dear AAMC Staff:

I'm proud to provide you with a copy of the 1997-1998 AAMC Annual Report. As you'll see, this year's report focused on the connections between AAMC staff and constituents as a way of illustrating the tremendous amount of effort that has gone into achieving the association's strategic commitments. You and your co-workers are the heart of this association: you are the ones that make those connections happen.

This report is a testimony to your hard work, your creativity, your dedication, and your vision. As I read it, I'm awed by how much we've accomplished in such a short time, and I hope you're all as pleased with the AAMC's achievements as I am. Congratulations on a wonderful year!

Sincerely,

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C O N N E C T I O N S

THAT STRENGTHEN THE NATION'S HEALTH

When the AAMC issues a publication, produces new research, or contributes to the passage of key legislation, it's done under the rubric of the entire Association—the Association of American Medical Colleges. But those achievements and countless others would be impossible without the myriad daily efforts made by AAMC constituents, staff, and colleagues in other organizations. The Association is more than just a nebulous organizational chart—it is embodied by the connections that are made by these individuals in order to make our strategic goals a reality. This year's Annual Report details the singular achievements made possible by these kinds of connections . . .

President's Message

The AAMC has made a series of far-reaching pledges in its Strategic Plan: to be the champion of medical education, to serve as the advocate for academic medicine's missions, to act as an integrating force for academic medicine, and to be an agent for change within academic medicine. These are not commitments that we intend to put on a shelf, to dust off when the time comes for things like Annual Reports; they should inform and focus every aspect of our work at the AAMC. The pledges that we make in our Strategic Plan are not just about the Association and its constituents—they are ultimately aimed at improving the health of the public.

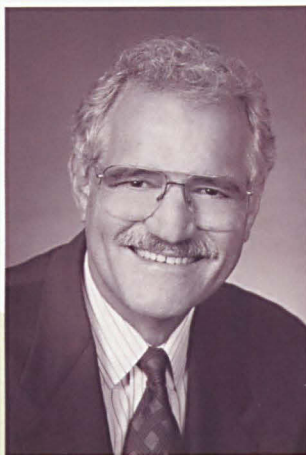
Of late, the public is particularly concerned about just where it fits into the commitments made by academic medicine. The rancorous debate over patients' rights and managed care has provided us with a glimpse of a society that sees medicine becoming even more about business and money and correspondingly less about service and individual care. As the stewards of medicine's future, medical educators can ill afford to ignore the public's deep-seated anxiety about the kind of treatment it receives from the doctors we are teaching. When we speak of the "connections that strengthen the nation's health," we must understand that those connections are not just with colleagues, fellow physicians, and other health professionals—they are first and foremost with the people of this nation whose interests we serve. We cannot blame the public's dissatisfaction with the health care system on nebulous, faceless business bureaucracies; we must take responsibility for the quality of our nation's medical care by imbuing in our graduates the values that truly define a good physician. Moreover, as representatives of academic medicine, we must be powerful advocates for the values of our profession, in every possible way.

I take great pride in the work the AAMC has done this year to pursue these goals. Our professionalism initiative is examining what medical education must do to cultivate the core values of professionalism in future practitioners. In particular, we are taking a critical look at the "hidden curriculum," those internal encounters between "role

models" and our students and residents. With a strong commitment to advocacy on behalf of academic medicine, we have joined forces with constituents and colleagues to stand firmly in support of the values that make our profession "honored and honorable," words we use when we welcome each new class of students to their first days of medical school. And we continue to take aggressive action to ensure that the physicians of tomorrow are truly representative of the society they treat, with initiatives designed to promote real diversity in academic medicine and in the medical profession as a whole.

These activities, though they represent just a fraction of the good work done by the AAMC over the past year, powerfully embody what we stand for as an association and as medical professionals. We are indeed making the crucial connections that strengthen the health of our nation, not just within our own professional community, but with business, with government, and with those all-important

individuals who walk through the doors of our institutions, seeking our care. In these challenging—even embattled—times, we are recommitting ourselves to the soul of our profession, by reasserting the traditional role of physicians as advocates for patients and servants of society.



A handwritten signature in dark ink that reads "Jordan J. Cohen". The signature is written in a cursive, flowing style.

Jordan J. Cohen, M.D.
AAMC President

Chair's Message

Robert O. Kelley

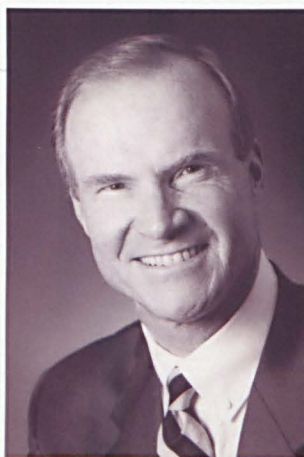
Over 50 years ago, the vision for the establishment of a system for federal support of academic-based basic research was articulated in a report by Vannevar Bush entitled *Science, the Endless Frontier*. Under this system, the federal government approved primary responsibility for the growth of basic research in the United States.

For the past 15 years or so, several adverse trends have challenged medical schools and teaching hospitals in conducting their missions of research, education, and patient care. Although I don't wish to de-emphasize the profoundly positive nature of the relationship between the academy and the federal government, it is appropriate to note that stresses on that partnership have caused considerable instability and concern for assuring sustained support of biomedical research—indeed, all scientific research and development—has been expressed this year by a variety of concerned voices. As a recent example, 51 governors, representing 46 states and 5 territories, wrote to all members of Congress urging them to maintain the strong federal investment in university-based scientific research. Their letter stated, "To continue our preeminent advantage at home and in the international arenas, the federal government must continue its commitment to invest in research and development in our nation's public and private institutions."

We could not agree more. For the past year, the AAMC has devoted a great deal of time and energy to working with leaders in both the executive and legislative branches of the federal government to assure sustained support for biomedical research through appropriations to the National Institutes of Health. In addition, since medical schools and teaching hospitals represented by the AAMC perform more than half of all NIH-funded research and almost three-fourths of research and training supported by the NIH extramural program in universities, we have recognized the need for adequate support across the U.S. Public Health Service, if biomedical science is to prosper and continue to meet its promise of enhancing the health of the American people.

Our current federal commitment to health research is grossly underfunded. Less than three percent of the nearly \$1 trillion our nation spends on health care is devoted to health research. Other industries that partner with the federal government spend some 15 percent of their budgets on research and development.

Nevertheless, the returns on the nation's investment in biomedical research and development have been enormous. In addition to past fundamental discoveries that have led to vaccines, antibiotics, biocompatible materials, and advances in technologies like non-invasive imaging, the federal-academic partnership will certainly yield future benefits in detection, prevention, or treatment of cancers, heart disease, Alzheimer's disease, diabetes, AIDS, and many other afflictions of society.



This year, the AAMC made an important commitment to research advocacy in its seminal report "Maximizing the Investment: Principles to Guide the Federal-Academic Partnership in Biomedical and Health Sciences Research." The

report calls for sustaining high standards of excellence in research and training sponsored by the NIH; support of direct funding for facilities, infrastructure, and equipment; continued production of a cadre of skilled, well-trained, and motivated research personnel; and the expansion of federal support for other areas of fundamental and applied scientific research that enables discovery in the biomedical and health sciences.

With a vigorous commitment to these principles and a renewal of the federal budget supporting science, the future should remain strong and secure, and the promise of the nation's "return on investment" should be realized in the form of new means for prevention and detection of disease, as well as new treatments and cures.

Robert O. Kelley

Robert O. Kelley, Ph.D.
AAMC Chairman



Bruce Kelly, director of the Mayo Foundation's Office of Government Relations, worked with the AAMC's governmental relations staff to educate Congress about the importance of protecting access for research purposes when legislating on medical records privacy. "There's always strength in numbers. By getting involved with the AAMC on this issue, we were able to bring to bear not only Mayo's institutional viewpoint but the voices of the entire AAMC membership."

"Bruce Kelly and the Mayo Foundation provided the AAMC with critical, real-world information about the adverse impact a Minnesota confidentiality law had on medical research in the state. We need that kind of solid evidence to support our position as we advocate in Congress, and there's nothing more persuasive than our members relating what really happens at medical schools and teaching hospitals."

Colleen McCabe
Legislative analyst, Office of Governmental Relations

Advocate for Access

Bringing Our Message to Policymakers

It's been a hot year, policy-wise, for issues that affect medical schools and teaching hospitals. Dolly the sheep and urgent headlines about cloning human beings prompted Congress to propose a total ban on somatic cell nuclear transfer. Fears about prying eyes seeing private medical records sparked a flurry of privacy legislation. Democrats and Republicans vied to push forward their varying versions of "patients' rights" bills. And with two national commissions preparing to advise Congress on the future of Medicare, debate on the government's role in the funding of graduate medical education took on new urgency.

To these often heated debates, the AAMC brought the thoughtful voices of leaders in research, teaching, and clinical care to advocate for our members' needs and inform, rather than inflame, the discussion. AAMC experts advised members of Congress, federal policymakers, and members of presidential panels on the importance of information access to the advancement of research, the dangers of banning any form of scientific research, and the academic medical community's commitment to promoting quality care. Authorities from the Association staff and member institutions submitted testimony to a dozen Congressional and executive branch hearings on such wide-ranging issues as patient privacy,

institutional review boards and protection of human subjects in research, the medical and ethical ramifications of cloning, quality improvement and the training of health care professionals, medical research appropriations, and the future of veterans' health care, education, and research. Meanwhile, AAMC constituents and staff wore out shoe leather on Capitol Hill and in federal agencies, making the case for our institutions' priorities in over 300 individual visits with legislators, federal officials, and staff.

In addition to short-term advocacy, key members of the AAMC's Government Relations Representatives group and Group on Institutional Advancement developed a long-term initiative to help member institutions educate their elected representatives about the work they do.

Project Medical Education will work with AAMC member institutions to establish educational outreach programs to selected members of Congress and their staffs. The project will also create a national information clearinghouse on campus-based educational programs for legislators and policymakers.

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Academic Medicine's Missions

Under the Government's Microscope: Regulatory Issues

As it turned out, the Physicians at Teaching Hospitals (PATH) audits of institutions' Medicare billings were just the beginning. In 1998, the federal government stepped up its fraud and abuse investigations, with a particular focus on the health care industry. Concerned that the honest mistakes of teaching institutions trying to manage 40,000 pages of Medicare regulations would be conflated with the dishonest practices of criminals seeking to defraud the government, the AAMC took action on a number of fronts.

In October of 1997, the AAMC led an effort involving the AMA and over 40 other associations and organizations in an unprecedented legal action, **filing suit to stop the PATH audits**, which unfairly applied new Medicare billing standards retroactively. The PATH lawsuit, dismissed on technical grounds in the U.S. District Court for the Central District of California, is now on appeal to the U.S. Court of Appeals for the Ninth Circuit.

In the face of intense federal regulatory activity, the AAMC also took specific action to protect the interests of physicians in academic medical settings. Based on input from nearly 100 member institutions, the Association helped to persuade the Health Care Financing Administration (HCFA)

to delay implementation of proposed Evaluation and Management documentation guidelines in favor of developing a new, less complex, and more physician-friendly document. AAMC members' comments played an important role in guiding HCFA staff as they crafted the new framework. The Association also submitted comments on HCFA's proposed revisions to the Medicare physician fee schedule practice expense relative value units (PE-RVUs) and practice expense calculation formula, and offered members an **in-depth analysis of the potential impact of these revisions** on their institutions.

The AAMC also submitted extensive comments to help **shape the federal regulations relating to Medicare policies for graduate medical education**, which were put into place as a result of the Balanced Budget Act of 1997. The impact of these regulations, which affect almost all aspects of GME organization and financing, are being actively monitored by the AAMC, and there are ongoing efforts to support implementation of these changes by teaching hospitals and medical schools, as well as gain additional clarifications from HCFA.

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Creating a Climate for Productive Research

Savvy Hill-watchers agree that 1998 could be the year that the impossible—doubling the NIH budget over the course of five years—starts to become reality," noted the *AAMC Reporter* in March. The AAMC was a **driving force in championing this cause**, working with colleague organizations including NIHx2, Research!America, and the Ad Hoc Group for Medical Research Funding to generate support among the public and on Capitol Hill for ramped-up NIH funding. The Association's "**Tomorrow's Doctors, Tomorrow's Cures**" communications campaign, launched in 1998, focused on boosting financial support for research as well as the patient care and education missions through print ads in publications ranging from the *Washington Post* to the Big Ten Conference basketball championship program. A multifaceted resource kit, featuring slides, ad slicks, and background materials, was sent to the 228 campaign coordinators, so that individual schools and hospitals can customize their own local campaigns.

The Association also **issued an in-depth "White Paper"** to help guide the NIH through the upcoming budget expansion. "Maximizing the Investment: Principles to Guide the Federal-Academic Partnership in Biomedical and Health Sciences Research" offers recommendations to enhance the training of scientists, encourage support for infra-

structure costs, and realign the clinical research effort in the United States.

To further the translation of advances in biomedical research for use in clinical settings, the AAMC began preparations for a highly ambitious **clinical research summit**, set for the spring of 1999. In partnership with the AMA and Wake Forest University, the summit will bring together leaders from both the public and private sectors to try to develop a blueprint for the future of the clinical research enterprise. To prepare for the summit, the partners convened 10 focus groups representing the broad constituencies of clinical research—from corporate health care purchasers, to patient advocates and ethicists, to health care providers, to clinical investigators, to leaders of academic medical centers.

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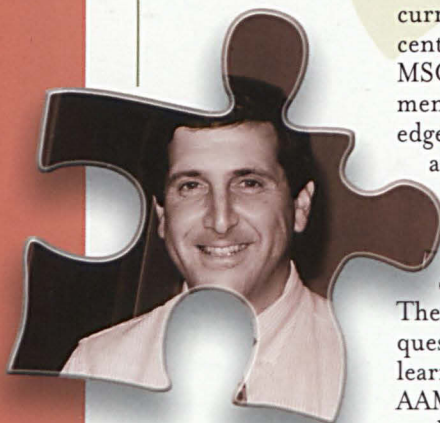


"With the Medical School Objectives Project, I've found there is a real synergy between the project and the schools that are trying to shape their curricula toward educational outcomes. At our meetings, each informs the other. I learn a lot from the AAMC and the national perspectives, as well as the other schools, and I hope in the process that they're also learning something from us. That kind of partnership really creates its own energy."

Stephen R. Smith, M.D.
Associate dean of Medicine,
Brown University School of
Medicine

"We've been able to move forward with the Medical School Objectives Project in ways we hadn't anticipated because of the overwhelming response of the medical schools. Their enthusiasm has been tremendous, and they've been a great help as we've worked to reality-test the MSOP's recommendations. Their participation has been critical to the whole project."

M. Brownell Anderson
Associate VP, Section for
Educational Programs



Raising the Bar: Curricular Advancements

The AAMC's **Medical School Objectives Project (MSOP)**, which published its initial report in January, is setting the standard for medical education and curricular planning in the next century. The first phase of MSOP addresses these fundamental questions: what knowledge, what skills, what attitudes, and what values should every medical student be expected to demonstrate before receiving the M.D. degree? The project answers these questions with a set of 27 learning objectives, which the AAMC recommends that each medical school adapt to suit its own unique needs and educational philosophy. As AAMC President Jordan J. Cohen, M.D., told Association members at the 1997 Annual Meeting, "Society is demanding fundamental changes. Through MSOP, the Association intends to be an agent for promoting that change."

In July, the Association issued MSOP Report II. This report contains recommendations set forth by two AAMC-convened advisory panels—one dealing with medical informatics and one dealing with population health—to **guide medical schools in integrating informatics and population health into their curricula.** Report II will be followed by several other reports on

contemporary issues in medicine, with the next report focusing on cultural diversity, end-of-life care, and spirituality. As MSOP begins the project's second phase, the 22 consortium schools that volunteered to participate in the project and helped to formulate the project's first report will focus their work on **developing measures to assess the Report I objectives.**

With curricular reform at the top of medical education's agenda, there is an urgent need for tools to help medical schools evaluate the changes they make in their curricula and track their progress as compared with nationwide trends. To build such a national framework, the AAMC has developed the **Curriculum Management and Information Tool (CurrMIT)**, an online, interactive system that will eventually contain complete curricular information for all U.S. medical schools. This year, 20 institutions pilot-tested CurrMIT's national online database, and the public version was unveiled during demonstrations at the 1998 Annual Meeting. CurrMIT allows medical schools and other interested parties to examine individual curricula or national curricular trends in ways tailored to their individual needs—by topic, by LCME requirement, even by the particular MSOP objective(s) to which the course or course element corresponds. Virtually every aspect of a course can be considered, from how much

Medical Education

time is devoted to it, to how students who take it are assessed, to the site where the teaching occurs.

Promoting Professionalism

“**M**edicine faces no greater threat to its very survival as a calling than the alarming erosion of trust between doctor and patient that we are witnessing,” Dr. Cohen said in his 1997 Annual Meeting address. In response to this threat, the Association launched an initiative on professionalism, considering ways to ensure that all medical students, residents, and practicing physicians possess the ethics, integrity, and altruism that are the hallmarks of a medical professional. At a July 1998 **colloquium on professionalism**, the AAMC convened an illustrious group of leaders in the field to examine professionalism from a new angle. Scholars from outside the medical field, like attorney David Frankford and philosopher William Sullivan, challenged medical educators to consider the meaning of many aspects of professionalism in contemporary American life.

A series of activities will build on the colloquium’s findings: a scholar-in-residence at the AAMC will gather information on nationwide curricular offerings in professionalism, in preparation for a **compendium guide** to professionalism studies within medical education; MSOP will release a report based on the compendium, presenting the **best practices in professionalism** education for medical students; and the AAMC will co-convene, with the New York Academy of Medicine, a groundbreaking national **conference on professionalism in medicine**.

INFORMATION:
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Mapping the Course for Future Physicians

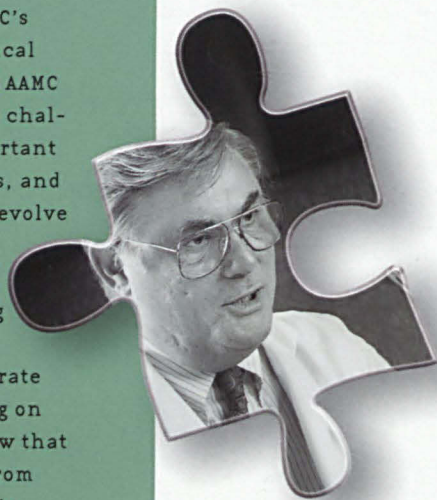
Managed care, ambulatory care, physician workforce questions, new practice modalities—all these changes to the medical landscape mean that today’s medical school graduate faces a wider and more confusing array of career choices and challenges than ever before. To give medical schools a tool to help their students navigate these murky waters, the AAMC developed **MedCAREERS**, a new **career counseling initiative**, in partnership with the AMA.

Throughout the four years of their undergraduate medical education, students will participate in a series of career planning sessions, guided by MedCAREERS’ Web-based materials and individually tailored plans created for each school. The system will help individual students identify their initial career paths, select suitable residencies, and plan for the transition from medical school to residency. The program will be launched in the 1999-2000 school year.

INFORMATION:
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George Sheldon, M.D., professor and chair of Surgery at the University of North Carolina at Chapel Hill School of Medicine, lauds the AAMC's efforts to unite medical school faculty. "The AAMC has taken on a lot of challenges that are important to faculty and chairs, and I'm pleased to see it evolve that way. We've achieved real momentum in taking action on the issues created by the corporate transformation going on in medicine, and how that affects everything from clinical areas to basic science areas."



"Dr. Sheldon and the other members of the CAS Administrative Board have helped focus the AAMC's attention on the critical role that department chairs play in fulfilling their institutions' missions, helping us to develop programs that serve their needs. With the support, encouragement, and leadership of constituents like Dr. Sheldon, the AAMC is better assisting department chairs in meeting their crucial responsibilities."

Tony Mazzaschi
Director of CAS Affairs

Integrating For

Building National Models from Local Experience

The AAMC's Center for the Assessment and Management of Change in Academic Medicine (CAM-CAM) takes lessons learned at medical schools and teaching hospitals across the country, and brings them together to provide the best overall picture of the future for academic medicine. In 1998, CAMCAM added a new element to the popular AAMC Fact Sheet series: as well as original research, the **Fact Sheets have presented a number of mini-case studies**, showcasing the latest approaches AAMC institutions are taking to manage change. Examples from schools including Penn State, the University of Connecticut, and the University of California at San Francisco have focused on such issues as faculty compensation, managed care curricula, and the emerging role of the "hospitalist," providing insight into national trends and offering useful models for advancement.

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Strengthening Ties to Faculty

High on the Association's agenda this year were efforts to reach out to department chair organizations, strengthening the ties between chairs and the AAMC in order to help advance our institutions' missions. To start the dialogue, AAMC President Jordan J. Cohen, M.D., convened an **informal Washington meeting with leaders from chair organizations**, to solicit their input and develop ideas for new programs and services. Participants saw the meeting as an important step toward breaking down communications barriers between departments, and supported further meetings based on specific topics. Following the meeting, a number of initiatives were begun, ranging from the creation of an **AAMC Speakers Bureau** to encourage the use of AAMC staff as speakers at meetings of chair organizations that belong to the AAMC Council of Academic Societies, to the formation of a **CAS Chairs Development Task Force**. The AAMC also opened up new avenues for dialogue by **launching two new e-mail discussion listserves**, one for basic science department chairs and one for clinical chairs.

As changes in the organization of medical schools and teaching hospitals blur the lines separating medical school departments, the role of the department chair is being remade in a new image—individual departments are being challenged to fit into a more integrated whole. To address

the changing role of the department chair in the academic medical enterprise, the AAMC organized a unique conference that convened institutional "teams" of faculty from dozens of campuses.

"Implications of the Evolving Health Care System for Academic Medicine: Defining the Role of the Clinical Department Chair" combined large lecture sessions, offering practical lessons from institutions navigating the new institutional waters, with smaller working groups that focused on establishing the chair's new "job description" and considering appropriate leadership preparation for future chairs.

To better understand the issues facing today's department chair, the AAMC initiated a study, **"Medical Department Chairs: Preparation, Challenges, and Leadership Issues,"** with funding from the Robert Wood Johnson Foundation. A systematic set of interviews with about 40 chairs from selected departments will address issues including domains of responsibility, adequacy of the governance structure, essential preparation for the job, and the recruitment process for chairs.

Reconsidering and **redefining what constitutes scholarship in academic medicine** was the daunting task taken on by the AAMC's Council of Academic Societies this year, beginning with intense discussions and working group sessions at the Council's 1998 spring meeting. Traditionally, scholarship has been defined predominantly as research achievement; less rewarded has been other work

critical to the missions of medical schools and teaching hospitals, such as teaching, clinical activities, and public service. At the meeting, CAS members began exploring ways to expand the definition of scholarship to include such achievements. A task force has been formed to coordinate CAS's efforts at promoting a dialogue among faculty, institutional officials, and discipline leaders about scholarship in the medical school and teaching hospital environment. A series of papers on topics related to scholarship, to be authored by medical school and teaching hospital faculty, will be commissioned shortly.

INFORMATION:
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Spreading the News About Mission-Based Management

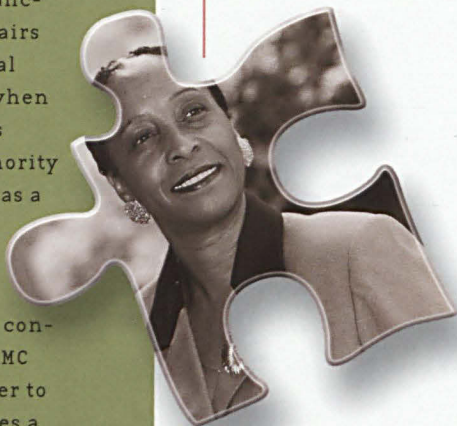
After years of financial growth and extraordinary economic freedom, new fiscal realities have prompted today's medical schools and teaching hospitals to revisit their financial management systems. In March 1998, the AAMC hosted a **conference on "Managing the Academic Enterprise,"** which focused on the promising pioneering experiences several medical schools have had with the new concept of mission-based management, a system in

which the particular costs associated with each institutional mission are matched with the revenue streams available to them. To integrate these early, individual approaches into a framework that all medical schools can use, the AAMC turned an experiment into a science by developing a partnership with a distinguished consulting firm to **disseminate mission-based management practices** among member institutions. Through the AAMC, members will have special-rate access to the talent and tools of CSC Healthcare, (formerly APM Management consultants), which will provide the customized service necessary to help medical schools and teaching hospitals make mission-based management a reality.

INFORMATION:
Joseph Keyes, Jr., J.D., senior VP and general counsel, (202) 828-0555, <jakeyes@aamc.org>.



Dorothy Dobbins, Ph.D., associate dean for Student Affairs at East Tennessee State University James H. Quillen College of Medicine and chair of the Association's Group on Student Affairs-Minority Affairs section, says the AAMC's national voice was invaluable in disseminating the new Guidelines for the Structure and Functions of Minority Affairs Offices at U.S. Medical Schools. "At a time when affirmative action is under siege, the minority affairs office serves as a vital link—a voice and vehicle for change. It took a large segment of the constituency and the AAMC staff working together to make these guidelines a reality. The support from the Executive Council helped us to reaffirm the importance of having a strong minority affairs office in every medical school."



"Without the minority affairs offices at our schools and the support and information they provide, the AAMC wouldn't be able to advocate for change. Thanks to their expertise, I understand the concerns and problems that exist on campuses, and I know what the AAMC must do to help minority affairs offices succeed in building a better environment, not just for minority students but all those involved in medical education."

Lily May Johnson
Staff associate, Division of
Community and Minority
Programs

Change Agent

Teaching Diversity

Affirmative action foes redoubled their efforts to target programs promoting diversity in education and hiring this year. At the national level, Rep. Frank Riggs (R-Calif.) pushed an anti-affirmative action amendment to the Higher Education Act, while in Washington state, an initiative was placed on the November 1998 ballot that would dismantle that state's affirmative action programs, just as Proposition 209 has done in California.

The AAMC challenged the false assumptions of affirmative action opponents head-on, and exposed the damaging consequences of outlawing race-conscious programs. In November, the Association **released data documenting the chilling effect of Proposition 209 and the Fifth Circuit's *Hopwood* decision**, showing that minority applications to medical school in states affected by the two policies declined by 17 percent between 1996 and 1997. By comparison, minority applications to medical schools outside the affected states declined by only 7 percent. The Association followed up this disturbing report in April with **new modeling data** showing that, without affirmative action, 80 percent fewer minority men and women would have been admitted to U.S. medical schools in 1996.

To accompany the second set of data, the AAMC also released a comprehensive guide, "**Questions and Answers on Affirmative Action in Medical Education.**" This publication is an invaluable tool for promoting diversity in the health professions and elsewhere in higher education, critically evaluating the arguments of affirmative action opponents and providing a positive framework for discussing the importance of a diverse physician population to the quality of health care.

With the stakes high in the battle over Washington state's anti-affirmative action ballot initiative, the AAMC **worked to unite the health care community** to oppose the measure. The Association engaged an experienced public policy advocate in the field to mobilize Washington state's health care community, registering medical students to vote and garnering support for the "No!200" campaign from managed care organizations, hospitals, and area medical societies. Meanwhile, back in the nation's capital, the AAMC spearheaded a fund-raising campaign among members of the Health Professionals for Diversity Coalition, raising nearly \$60,000 toward efforts to defeat Initiative 200.

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Improving Medical Education Through Accreditation

Issues related to the accreditation process for medical education programs, at both the undergraduate and graduate levels, were a key focus of work done at the AAMC this year.

A series of **changes in the accreditation system for graduate medical education** was initiated over the past year—a transformation that will provide a new level of oversight for residency training. The five parent sponsors of the Accreditation Council for Graduate Medical Education (ACGME)—the AAMC, the AMA, the American Hospital Association, the American Board of Medical Specialties, and the Council of Medical Specialty Societies—worked jointly to bring about the adoption of new bylaws, empowering the ACGME as an independent organization with a new and more extensive range of authority.

With the AMA, the AAMC jointly sponsors the Liaison Committee on Medical Education (LCME), the accrediting authority for undergraduate programs leading to the M.D. degree. Over the past year, the AAMC's **Secretariat to the LCME conducted seminal studies** that examined the importance and validity of accreditation standards, and documented the influence of accreditation in medical education. A national survey, which substantiated that medical school accreditation is guided by relevant teaching, learning, and evaluation

standards, also pointed out ways to make the accreditation process more precise and useful. A look-back study showed that the LCME has had a substantial influence on improving medical education over the past decade. In general, the research work of the Secretariat found that through its standards and assessment practices, the LCME is on the leading edge of improved education and evaluation in the nation's medical schools.

No medical student can learn in an atmosphere that is abusive, and so this year the LCME Secretariat examined the issue of student abuse in medical schools. **As a result, new accreditation standards and changes in teaching methods** have been proposed to help rid the learning environment of abusive conditions, and foster a supportive, professional experience for all medical students.

The AAMC continues to lend its expertise internationally, consulting with foreign governments and medical school officials in countries that include Switzerland and Poland about methods of establishing educational standards and systems of quality assessment and accreditation.

INFORMATION:
Donald Kassebaum, M.D., VP, Medical School Standards and Assessment, (202) 828-0596, <dgkassebaum@aamc.org>. ACGME: Robert Dickler, senior VP for Health Care Affairs, (202) 828-0492, <rdickler@aamc.org>.

Enhancing Leadership for Deans

With a growing array of new responsibilities falling onto the desks of medical school deans, just as their tenure in the post has shrunk to an average of three-and-a-half years, the AAMC has undertaken a comprehensive program to enhance and support the leadership of medical schools. Based on the premise that strong and stable leadership is the key to the health of the academic medical enterprise, the new **Council of Deans Leadership Initiative** targets three segments of the community: individuals aspiring to the deanship, incoming deans in transition to their new roles, and incumbent deans in need of continuing education and support. The initiative's offerings will include a fellowship program for aspiring deans, transition assistance for incoming deans, a leadership skills academy, and a recognition program to honor deans who participate in leadership development.

INFORMATION:
Joseph Keyes, Jr., J.D., senior VP and general counsel, (202) 828-0555, <jakeyes@aamc.org>.

Charting a Course for Research—Ethics, Goal Setting, and Measuring Success

Prompted by a dearth of existing guidance for scientific societies drafting codes of research ethics,

the AAMC's Committee on Research Integrity released **"Developing a Code of Ethics in Research: A Guide for Scientific Societies."** Invaluable for medical schools and teaching hospitals as well as scientific societies, the guide addresses key topics, from mentoring and lab supervision to genetics and molecular biology research. All members of the Association's three governing Councils received the guide, and several academic societies report that it has been a seminal part of their efforts to create their own codes of ethics.

Benchmarks of Success in Graduate Education, a task force of the Association's Group on Graduate Research, Education, and Training, moved to improve the quality of graduate programs through a **draft resource guide** designed to aid programs in the process of self-assessment and determining whether they are, in fact, meeting their objectives. The document includes a series of survey instruments that each institution can use, along with guidelines for setting and measuring benchmarks of success.

INFORMATION:
Allan C. Shipp, assistant VP, Biomedical and Health Sciences Research, (202) 828-0484, <acshipp@aamc.org>.



AAMC Testimony 1997-98

"The National Center for Complementary and Alternative Medicine."

Presented by Robert R. Rich, M.D., Vice President and Dean for Research, Baylor College of Medicine, before the Subcommittee on Public Health and Safety, Senate Committee on Labor and Human Resources, October 9, 1997.

"DHHS Inspector General 'PATH' Audits."

Presented by Jordan J. Cohen, M.D., President, AAMC, before the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Senate Committee on Appropriations, October 21, 1997.

"The Recommendations of the Secretary of Health and Human Services on the Confidentiality of Individually-Identifiable Health Information." Submitted to the Senate Labor and Human Resources Committee, November 10, 1997.

"Health Care Research and Quality Improvement." Presented by Ralph Snyderman, M.D., Chancellor for Health Affairs, Dean, School of Medicine, CEO, Duke University Medical Center and Health System, before the Subcommittee on a Quality Improvement Environment, Advisory Commission on Consumer Protection and Quality in the Health Care Industry, November 18, 1997.

"Quality Improvement and the Training of the Health Care Professionals: Education and Curricula Issues." Presented by Jordan J. Cohen, M.D., President, AAMC, before the Subcommittee on a Quality Improvement Environment, Advisory Commission on Consumer Protection and Quality in the Health Care Industry, January 27, 1998.

"FY 1999 Appropriations for the Department of Health and Human Services."

Presented by Robert O. Kelley, Ph.D., Associate Vice Chancellor for Research, Executive Associate Dean, Graduate College, University of Illinois, and Chair, AAMC, before the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, House Committee on Appropriations, January 28, 1998.

"Cloning: Legal, Medical, Ethical, and Social Issues." Presented by David Korn, M.D., Senior Vice President, Division of Biomedical and Health Sciences Research, AAMC, before the Subcommittee on Health and Environment, House Committee on Commerce, February 12, 1998.

Draft **"Medical Information Protection Act of 1998."** Submitted to the Senate Labor and Human Resources Committee, March 11, 1998.

"Medical Records' Confidentiality Legislation." Presented by David Korn, M.D., Senior Vice President, Division of Biomedical and Health Sciences Research, AAMC, before the Subcommittee on Government Management, Information and Technology, House Committee on Government Reform and Oversight, May 19, 1998.

"Increasing the Supply of Geriatricians." Presented by William L. Minnix, Jr., D.Min., President and CEO, Wesley Woods Geriatric Center at Emory University, Emory University System of Health Care, to the Senate Special Committee on Aging, May 20, 1998.

"Institutional Review Boards." Presented by Robert J. Levine, M.D., Professor of Medicine, Yale University School of Medicine, to the Subcommittee on Human Resources, House Committee on Government Reform and Oversight, June 11, 1998.

"The Future of Veterans Health Care, Education, and Research." Presented by Richard D. Krugman, M.D., Dean, University of Colorado School of Medicine, to the Subcommittee on Health, House Committee on Veterans Affairs, June 17, 1998.

"Medicare's Role in Financing Graduate Medical Education." Presented by Jordan J. Cohen, M.D., President, AAMC, before the GME Study Group of the National Bipartisan Commission on the Future of Medicare, September 15, 1998.

The AAMC's members are:

- The nation's 125 accredited U.S. medical schools, each represented by its dean in the Council of Deans;
- 400 teaching hospitals with substantial research and educational activities, including 56 affiliated health systems and 75 Department of Veterans' Affairs medical centers, represented by their CEOs on the Council of Teaching Hospitals and Health Systems;
- 88 academic and professional societies, each represented by two delegates to the Council of Academic Societies, representing approximately 92,000 faculty members;
- 125 students serving in the Organization of Student Representatives, representing 67,000 medical students;
- 48 residents appointed by academic societies serving in the Organization of Resident Representatives, representing 103,000 residents;
- 16 Canadian medical schools, as associate members;
- More than 650 individuals interested in medical education;
- Faculty members and administrators of medical colleges, teaching hospitals, and academic medical centers who represent their institutions as members of the AAMC's professional groups:
 - Government Relations Representatives (in collaboration with the Association of Academic Health Centers)*
 - Group on Business Affairs*
 - Group on Educational Affairs*
 - Group on Faculty Practice*
 - Group on Graduate Research, Education, and Training*
 - Group on Institutional Advancement*
 - Group on Institutional Planning*
 - Group on Resident Affairs*
 - Group on Student Affairs*
 - Minority Affairs Section*
 - Women in Medicine*

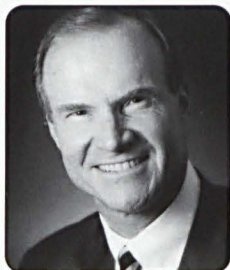
Executive Council

The Association is governed by a 30-member Executive Council whose participants are elected by the Council of Deans (COD), the Council of Teaching Hospitals and Health Systems (COTH), the Council of Academic Societies (CAS), the Organization of Resident Representatives (ORR), and the Organization of Student Representatives (OSR).

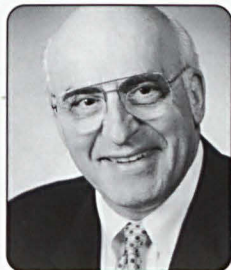
The Association's legislative body, the Assembly, comprises all 125 COD members, 125 COTH members, 88 CAS members, and 12 members each from the OSR and ORR.

Each year, members and staff of the U.S. Congress and the executive branch agencies, as well as representatives of medical and health

care organizations, meet with the AAMC Executive Council and the Administrative Boards to discuss leading health care issues. This year, the AAMC's governance heard from **Donna Shalala**, Secretary, Department of Health and Human Services; **John D. Rockefeller** (D-W.V.), United States Senate; **Bruce Vladeck, Ph.D.**, Division of Health Policy, Mount Sinai Medical Center; **Ricardo Martinez, M.D.**, Administrator, National Highway Traffic Safety Administration; **Ben Cardin** (D-Md.), United States House of Representatives; **Philip R. Lee**, Professor Emeritus, Institute for Health Policy Studies, University of California, San Francisco.



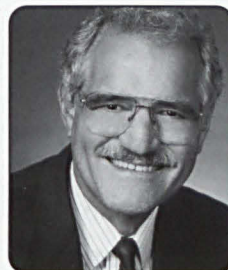
CHAIR
Robert O. Kelley, Ph.D.
University of Illinois
College of Medicine at Chicago



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William A. Peck, M.D.
Washington University
School of Medicine



IMMEDIATE PAST CHAIR
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CareGroup, Inc.



PRESIDENT
Jordan J. Cohen, M.D.
Association of American
Medical Colleges



DISTINGUISHED SERVICE MEMBER
David R. Challoner, M.D.
University of Florida
College of Medicine

Council of Deans Administrative Board

The Council of Deans (COD) Administrative Board focused on leadership issues at its Spring Meeting program, "The Deanship and the Human Factor," and in its Leadership Committee. The Committee published a collection of articles on the contemporary deanship that had appeared in the AAMC journal, *Academic Medicine*, and launched a dean mentoring program that will match junior with senior deans and provide a network of expertise that deans can draw upon in responding to specific challenges.

For the 1998 Annual Meeting, the COD held joint sessions with the Council of Teaching Hospitals and Health Systems, the Group on Student Affairs Minority Affairs Section, and the Center for the Assessment and Management of Change in Academic Medicine. Additionally, in a program entitled "Myth Busting," COD Board members explored, in conjunction with deans of Canadian medical schools, common misperceptions about health care systems and medical education on both sides of the border.

To promote communication between the Association and deans' offices, COD members were asked to name another person on their staffs to receive copies of all AAMC mailings sent to deans. Closer ties were also maintained with the deans' assistants through their national organization.



CHAIR
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M.D., Ph.D.*
University of Nevada
School of Medicine

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East Carolina University
School of Medicine

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Washington University
School of Medicine

Haile T. Debas, M.D.*
University of California, San Francisco,
School of Medicine

John J. Hutton, M.D.*
University of Cincinnati College of Medicine

Richard D. Krugman, M.D.*
University of Colorado School of Medicine

Joseph B. Martin, M.D., Ph.D.¹
Harvard Medical School

Patricia L. Monteleone, M.D.
Saint Louis University School of Medicine

Ralph Snyderman, M.D.*
Duke University School of Medicine

Andrew G. Wallace, M.D.²
Dartmouth Medical School

Donald E. Wilson, M.D.*
University of Maryland School of Medicine

Daniel H. Winship, M.D.*
Loyola University of Chicago Stritch
School of Medicine

* Executive Council Member
¹ Replaced Andrew G. Wallace, M.D.
² Resigned June 30, 1998

Council of Teaching Hospitals and Health Systems Administrative Board

The Council of Teaching Hospitals and Health Systems (COTH) comprises the organizations that deliver comprehensive health care services in an environment that supports clinical research and medical education. The 400-plus COTH member institutions train about three-quarters of the residents in the United States.

Over the past year, the Administrative Board has concentrated on the continuing changes in health care delivery and organization and the implications of these changes for the roles of teaching hospitals and health systems. The Board has monitored and evaluated the implications of the Balanced Budget Act of 1997 and the ever-increasing regulatory requirements emanating from that legislation. In addition, the Board has also devoted much of its time to the Physicians at Teaching Hospitals audit program and overall federal fraud and abuse activities, as well as the continuing changes in GME reimbursement and structure.

COTH continues to monitor the restructuring and organizational remodeling taking place within its membership and to make a special effort to address the distinctive, yet diverse, needs of its members. Another ongoing initiative for COTH is the revamping of its survey activity; the Council anticipates that most of its data collection and report formats will be revised within the next several years. The anticipated benefits from switching to electronic data submittal and retrieval are twofold: less time and effort will be required of COTH members for participating in the surveys, and the timeliness of the reports will be enhanced. Plans are also underway to utilize the private COTH Web site to make available interactive data acquisition tools so that members can

develop customized reports online. These resources, combined with other enhancements of the AAMC's public and private Web sites, should dramatically expand the resources available to COTH members.



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University of Chicago Hospitals and Health System

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Oregon Health Sciences University Hospital

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Oakwood Healthcare, Inc.

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Children's Hospital, Boston

Timothy B. Williams*
Veterans Affairs Puget Sound Health Care System

AMERICAN HOSPITAL ASSOCIATION REPRESENTATIVE

James D. Bentley, Ph.D.

*Executive Council Member

Council of Academic Societies Administrative Board

The Council of Academic Societies (CAS) represents the faculty leadership of U.S. medical schools, through representation from 88 CAS member professional organizations. Composed of faculty who represent medical school departments and their chairs, academic societies, and individual faculty members, CAS has, as its mission, helping the faculty of medical schools and teaching hospitals pursue their primary responsibilities of research, education, and patient care.

This year, the CAS has achieved notable progress on the goals established in the Administrative Board's strategic planning process. Task forces, composed of faculty from a variety of institutions and disciplines, now focus on issues pertaining to the development of chairs, faculty professional development and mentoring, meeting programming, and membership recruitment and retention. The CAS Administrative Board has been drafting a long-term strategy designed to foster dialogue among faculty, institutional officials, and discipline leaders about scholarship in an evolving environment for medical schools and teaching hospitals. Much of the CAS 1998 Spring Meeting focused on the role of scholarship in fulfilling our institutions' missions, and how scholarship should be defined, taught, promoted, and rewarded.

Communication has been enhanced by a new publication, the *CAS Quarterly Report* newsletter, the development of both public and private Web sites, and the compilation of listserves for meeting the information needs of CAS representatives, as well as basic sciences and clinical department chairs.



CHAIR

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University of North Carolina at Chapel Hill School of Medicine

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University of Tennessee, Memphis College of Medicine

Dale Dauphinee, M.D.
The Medical Council of Canada

Lynn Eckhart, M.D., Dr.P.H.
University of Massachusetts Medical Center

Arthur P. Grollman, M.D.*
SUNY at Stony Brook School of Medicine

Donlin M. Long, M.D.
Johns Hopkins University School of Medicine

Paul L. McCarthy, M.D.*
Yale University School of Medicine

Thomas E. Smith, Ph.D.
Howard University College of Medicine

John R. Wright, M.D.*
SUNY at Buffalo School of Medicine and Biomedical Sciences

*Executive Council Member

Organization of Resident Representatives

The Organization of Resident Representatives (ORR), comprises representatives from eligible CAS member specialty organizations, and provides a channel for residents to express their views on health care and medical education within the Association's governance.

The ORR hosted its second professional development conference, in conjunction with the CAS, in the spring of 1998. Last year's conference theme of careers in academic medicine was succeeded this year by a focus on leadership and professionalism.

With the Group on Resident Affairs, the ORR collaborated on drafting the AAMC document *Commitments, Obligations, and "Employment" Issues Between Residents and Teaching Institutions: Recommendations for Principles for AAMC Member Institutions*, which examined the obligations that characterize the relationship between teaching institutions and physicians in training. This statement was adopted by the AAMC Executive Council in February 1998.

The ORR continues its collaborative efforts with AAMC constituent groups and with other national resident physician bodies. Ongoing projects include an analysis of the teaching role of residents and mentorship.



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Northlake Rehab Professionals

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Southern Illinois University School of Medicine

J. Kyle Morsch, M.D.
University of Texas Health Science Center

Amy Murtha, M.D.
Duke University Medical Center

James A. Tacci, M.D., M.P.H.
Harvard University

*Executive Council Member

Organization of Student Representatives

The Organization of Student Representatives (OSR) represents all medical students, and through its many committees and liaisons, continues to ensure that all medical students are provided with timely and accurate information on almost every issue in academic medicine. Among the strengths of the OSR is its ongoing interaction with several medically related organizations, including the National Board of Medical Examiners and the National Resident Matching Program.

The OSR provides students with a venue for input on a variety of concerns, in particular, professionalism in medicine, career planning, computer-based testing of the USMLE, and student outreach.



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University of Utah School of Medicine

CHAIR-ELECT
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*University of Tennessee, Memphis,
College of Medicine*

IMMEDIATE PAST CHAIR
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Medical College of Ohio

Param Dedhia
*Michigan State University
College of Human Medicine*

Demetre Daskalakis
New York University School of Medicine

Scott Evans
*University of Texas Medical
School at San Antonio*

Archie Perry, M.D.
University of Nevada School of Medicine

Peter Chin
Dartmouth Medical School

Jesse Goodman, M.D.
Mayo Medical School

Purnima Iyer
*Louisiana State University
School of Medicine in New Orleans*

Ross Segan
*UMDNJ-Robert Wood Johnson
Medical School*

Michael Traynor
Oregon Health Sciences University

*Executive Council Member

Financially speaking, Fiscal Year 1997-98 was another satisfying year for the Association.

Highlights

- The decrease in unrestricted net assets from operations for the Fiscal Year ended June 30, 1998, was approximately \$3.3 million as compared with the previous year's \$3.4 million excess of operating expenses over revenue. However, nonoperating income of \$11.9 million, primarily generated from investment earnings, produced an increase in unrestricted net assets of \$8.6 million. Total unrestricted net assets as of June 30, 1998, reached a record \$66.7 million.
- Total assets as of June 30, 1998, were \$138 million, up 10.4 percent from the \$125 million recorded at the previous year-end.
- With continuing favorable market conditions, the value of investments rose to \$78.9 million, an increase of 22.9 percent from the record \$64.2 million as of June 30, 1997.

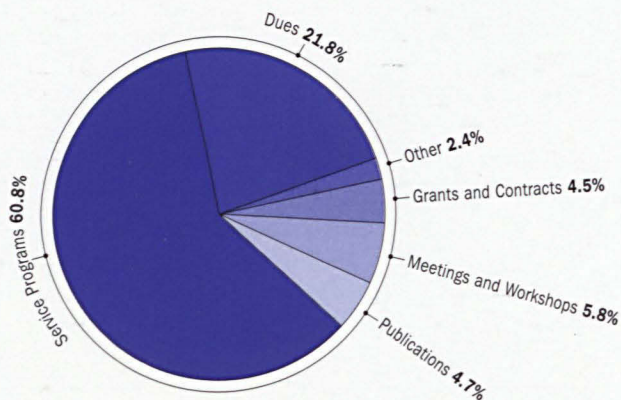
Operating Results

A 3.2 percent decline in the Fiscal Year 1997-98 applicant pool that reduced expected revenue by \$885,000 was more than offset by a \$2.9 million increase in Electronic Residency Application Service income. Total operating revenue reached \$44.5 million, or \$5.2 million more than the previous year's income.

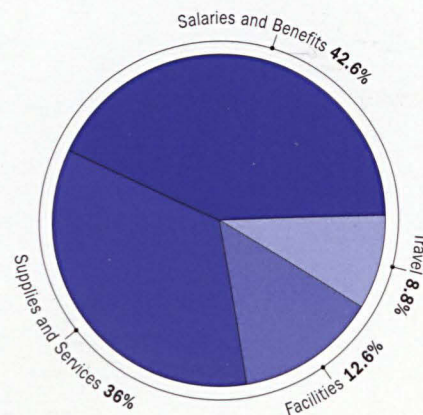
Fiscal Year 1997-98 operating expenses grew at approximately the same rate as operating revenue, or \$5.1 million. As in the previous year, this reflects increasing expenses associated with the Association's strategic commitments.

The accompanying statements were extracted from the Association's audited financial statements.

Operating Revenue



Operating Expenses



Consolidated Statement of Financial Position June 30, 1998

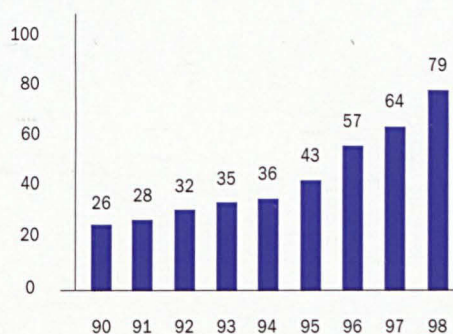
Assets

Cash and cash equivalents	\$1,082,715
U.S. government contracts receivable	301,096
Accounts receivable, net of allowance for doubtful accounts of \$538,160	2,771,744
Accrued rent	410,007
Investments, at market	78,883,710
Supplies, deposits, and prepaid expenses	742,109
Notes receivable	2,242,415
Deferred leasing cost, net of accumulated amortization of \$428,765	2,533,625
Land, building, and equipment, net	48,115,599
Deferred financing cost, net of accumulated amortization of \$245,246	1,273,549
Total Assets	\$138,356,569

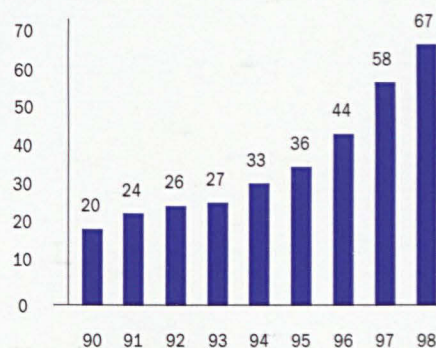
Liabilities and Net Assets

Accounts payable and accrued expenses	\$3,475,694
Amounts held for others	1,087,304
Deferred revenue	6,966,961
Deferred compensation	1,791,778
Accrued interest payable	1,507,455
Bonds payable, net	54,488,168
Total Liabilities	69,317,360
Unrestricted net assets	66,700,200
Temporarily restricted net assets	2,014,009
Permanently restricted net assets	325,000
Total net assets	69,039,209
Total Liabilities and Net Assets	\$138,356,569

Investments, at Market
for the fiscal year ended June 30 (in millions)



Unrestricted Net Assets
for the fiscal year ended June 30 (in millions)



Consolidated Statement of Activities Year ended June 30, 1998

Operating revenue and support	
Dues	\$9,707,945
Service programs	27,056,884
Publications	2,109,394
Meetings and workshops	2,561,589
Government grants and contracts	719,174
Other	1,066,162
Total revenue	\$43,221,148
Net assets released from restrictions	1,296,729
Total operating revenue and support	\$44,517,877
Operating expenses	
Programs:	
Institutional planning and development	\$3,852,736
Health care affairs	3,280,426
Biomedical research	1,939,518
Medical education	3,033,174
Educational research and assessment	1,124,843
Student affairs and education services	13,045,258
Community and minority programs	2,959,694
Center for the Assessment and Management of Change in Academic Medicine	2,039,033
Government relations	1,729,733
Communications	2,389,830
Publications	2,375,038
Special programs and meetings	5,023,760
Total program expenses	42,793,043
Administration and general support	5,002,870
Total operating expenses	\$47,795,913
Increase in unrestricted net assets from operations	\$(3,278,036)
Nonoperating income and expenses	
Investment income - net	\$14,347,190
Building rental income - 2501 M Street	1,385,387
Building rental expense - 2501 M Street	(1,145,634)
Loss on refunding of bonds	(2,713,032)
Total nonoperating income	\$11,873,911
Increase in unrestricted net assets	\$8,595,875

Consolidated Statement of Changes in Net Assets Year ended June 30, 1998

Unrestricted net assets	
Total operating revenue and support	\$43,221,148
Net assets released from restrictions	1,296,729
Total operating expenses	(47,795,913)
Total non-operating income (net)	11,873,911
Increase in unrestricted net assets	8,595,875
Temporarily restricted net assets	
Private grants	1,945,359
Investment income from permanently restricted net assets	168,554
Net assets released from restrictions	(1,296,729)
Increase (decrease) in temporarily restricted net assets	817,184
Increase in net assets	9,413,059
Net assets at beginning of year	59,626,150
Net assets at end of year	\$69,039,209

Private Foundation Support

BAXTER ALLEGIANCE FOUNDATION

- Support for the annual AAMC Award for Distinguished Research in Biomedical Science (\$3,332).

THE COMMONWEALTH FUND

- A one-year award to provide support for improving information on the ability of academic health centers to achieve their missions (\$270,300).
- A one-year award in support of development of an inventory of opportunities to improve quality and reduce costs at academic medical centers (\$25,000).

HENRY J. KAISER FAMILY FOUNDATION

- A three-year award to develop a minority physician database (\$490,000).
- An 18-month award in support of Phase II of the Minority Physician Database (\$175,000).

ROBERT WOOD JOHNSON FOUNDATION

- A five-year award in support of the David E. Rogers Award (\$134,972).
- A two-year award in support of long-range planning for academic medicine (\$206,759).

- A one-year award in continued support of technical assistance and direction for the Minority Medical Education Program (\$426,702).

- A one-year award for continued support of technical assistance and direction for *Project 3000 by 2000* (\$589,580).

- A one-year award in support of the national summit meeting to develop goals and leadership in clinical research (\$50,000).

- A one-year award in support of research on the preparation, challenges, and leadership issues of medical school department chairs (\$50,000).

CHARLES E. CULPEPER FOUNDATION

- A one-year award in support of the Medical School Objectives Project (\$25,000).

HOWARD HUGHES MEDICAL INSTITUTE

- A three-year award in support of program assessment services in connection with the Institute's graduate science education activities (\$344,981).

THE PEW CHARITABLE TRUSTS

- A two-year award to study the practice patterns of minority physicians (\$135,000).

- A one-year award to help develop guides for medical schools on integrating skills from public health and concepts from managed care into the curriculum (\$50,000).

- A one-year award in support of a national clinical research summit to articulate goals for the revitalization of clinical research (\$50,000).

KELLOGG FOUNDATION

- A three-year award to develop students from communities to enter health professions education for careers in community-based health services by introducing youth to health careers and fostering academic achievement (\$2,638,000).

UNITED HOSPITAL FUND

- A one-year award to evaluate the Robert Wood Johnson Foundation Minority Medical Education Program (\$14,644).

BURROUGHS WELLCOME FUND

- A one-year award in support of the Clinical Research Summit (\$50,000).

Federally Sponsored Programs

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

- A five-year contract for the continued maintenance and

development of the Faculty Roster database system (\$1,650,626).

- A six-year grant to develop partnerships between high schools, colleges, and medical schools to encourage minority enrollment in medical schools (\$767,471).

- A three-year contract to collaborate with DHHS on the 1993-97 Secretary's Award for Innovations in Health Promotion and Disease Prevention programs (\$130,411).

- Multiple purchase orders to plan, convene, and produce proceedings on a conference on Hispanics in the Health Professions (\$88,000).

- A one-year award to develop a minority health research agenda (\$49,806).

- A four-year award to convene the Health Services Research Institute for Minority Faculty (\$940,316).

Corporate Grants

WARNER LAMBERT FOUNDATION

- Support for the general operation of the Association as a sustaining and contributing member.

GLAXO WELLCOME, INC.

- In support of the Career Planning Initiative.

Flexner Award Selection Committee

Chooses recipient of Abraham Flexner Award for Distinguished Service to Medical Education.

CHAIR

Haile T. Debas, M.D.
*University of California, San Francisco,
School of Medicine*

Rita Charon, M.D.
*Columbia University College of
Physicians and Surgeons*

Ruth-Marie E. Fincher, M.D.
Medical College of Georgia

J. Richard Gaintner, M.D.
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David M. Witter, Jr., was appointed to vice president for Information Resources in December 1997. From January to December of that year, Mr. Witter served as director of Health Care Information Services in the Division of Health Care Affairs. He joined the AAMC as director of the Clinical-Administrative Data Service (CADS) in March 1996.

From 1990-1996, Mr. Witter was president and CEO of the Academic Medical Center Consortium, where he initiated a broad set of performance improvement initiatives that included CADS. Prior to that, he held several positions at the Oregon Health Sciences University over 17 years: CEO of the University Hospital, interim president of the University, vice president for Administration, and director of the Biomedical Information and Communication Center.

Mr. Witter serves on the editorial board of *Health Services Research*, is a diplomate for the American College of Healthcare Executives, and is a fellow for the Healthcare Financial and Management Association.

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