



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

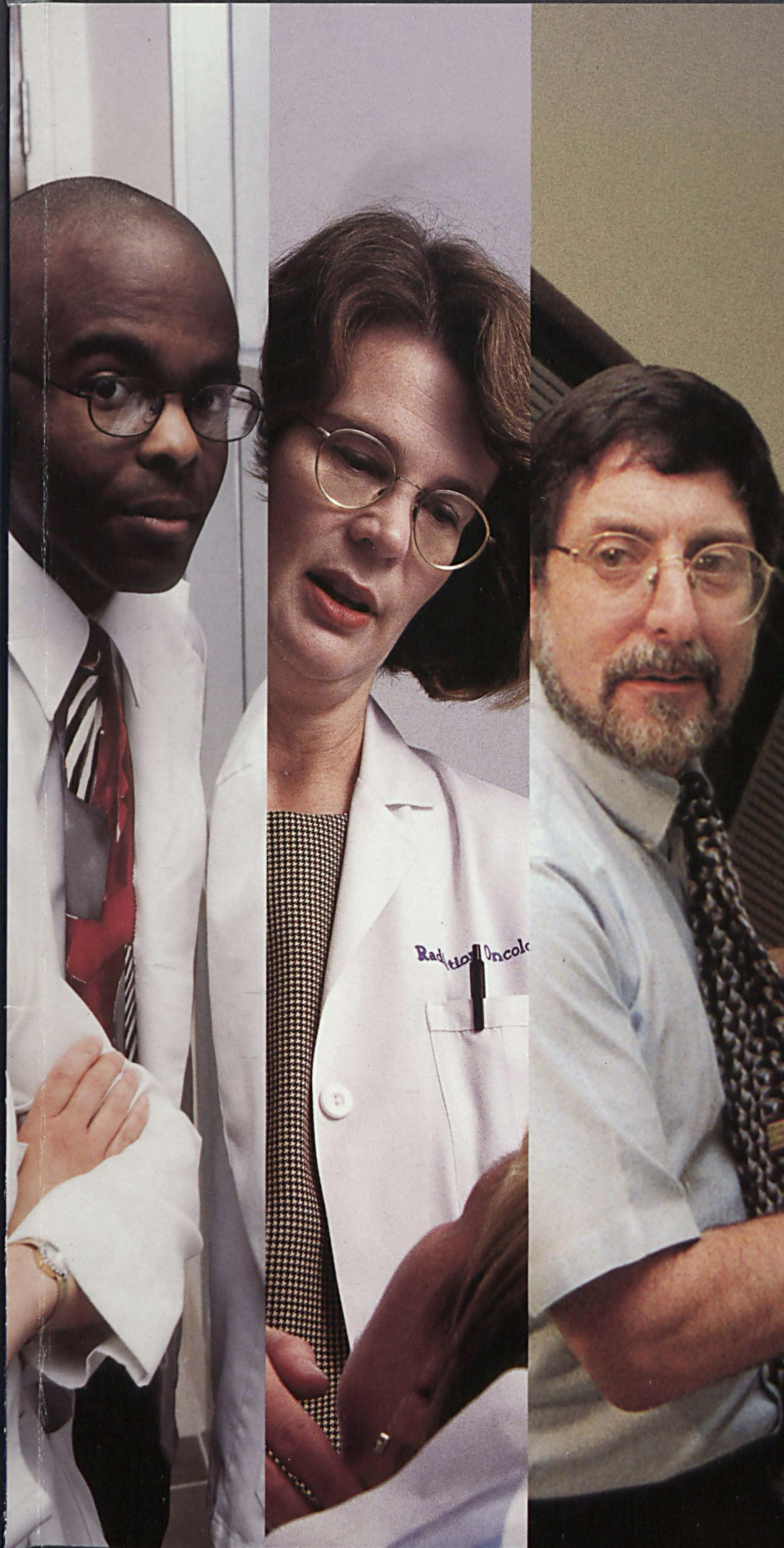
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# Annual Report 1999





ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES



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# **Table of Contents**

- 1** Introduction
- 2** President's Message
- 3** Chair's Message
- 4** Closing the Gaps in Advancing Knowledge
- 6** Closing the Gaps in Patient Care
- 8** Closing the Gaps in Public Understanding
- 10** Spotlight on Services
- 12** Governance and Membership
- 16** Report of the Treasurer
- 21** 1998-1999 Committees
- 27** 1998-1999 Professional Development
- 31** Executive Staff





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Jordan J. Cohen, M.D., President

November 16, 1999

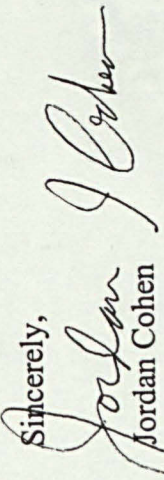
Dear AAMC Staff:

I'm very pleased to present to you the 1998-1999 AAMC Annual Report, "Closing the Gaps: A Resolution for the New Millenium," which builds on this year's Annual Meeting theme. I hope you feel, as I do, enormously proud of what we've all accomplished over the last 12 months.

This year, for the first time, the annual report concept and design were brought "in-house," into the capable hands of Donna Costantino in the Office of Communications. Congratulations are in order to Donna for the sophisticated design and execution.

I would like to personally thank you again for all of your hard work, and for your many contributions. They are deeply appreciated.

Sincerely,

  
Jordan Cohen



# CLOSING the GAPS

## A Resolution for the New Millennium

What will our health care system look like in the 21st century? Academic medicine is in an excellent position to determine the answer to that question. Will U.S. health care remain a fragmented patchwork of isolated providers, which many people find difficult and costly to access? Or will it be transformed into a complex, but unified, network of clinical care, scientific research, and education, designed to make the most cost-effective preventive strategies and interventions accessible to all?

The Association of American Medical Colleges seeks to "close the gaps," in order to make the latter vision the reality for the next millennium. We'd like to foster the notion that collaboration, not competition, represents the answer to the challenges of reshaping our health care system, to best meet the nation's needs in the 21st century. By bringing together America's academic medical centers—uniting them behind common goals—the AAMC hopes to set a standard that others in the health care community can emulate.

The AAMC has been laying a strong foundation during this year of unprecedented growth and action. New projects, expanded programs, additional publications, and a new intensity in member interest and involvement—all add up to one of the most productive years in our history.



# President's Message

"Closing the Gaps: A Resolution for the New Millennium" is the theme that unifies this 1999 AAMC Annual Report as well as our 1999 Annual Meeting. There are, indeed, a lot of "gaps" in medicine and medical education that need closing, and, I'm proud to say, the AAMC is working hard to help close as many as we can. Many of our achievements are recorded in these pages, but there is one particular gap that is especially troubling to me and that I want to focus on here: the chasm in access to health care that lies between those who have insurance and those who don't.

You all know the facts. In a time of virtually unparalleled economic prosperity, the number of Americans without health insurance is growing, and doing so at an alarming rate. In 1991, an estimated 34.6 million people in the United States lacked health insurance; today, that number stands at 43.4 million. The largest segment of this "health care underclass" is the working poor. Paradoxically, our country's success in shrinking the welfare rolls has contributed mightily to this dismal statistic; many of the six million former welfare recipients who had been covered by Medicaid now find themselves in low-paying jobs without any health insurance at all.

To be uninsured in America is to be denied anything resembling the full benefits of 20th-century medicine. Uninsured people are more likely to be hospitalized with such serious conditions as pneumonia, malignant hypertension, bleeding ulcers, and uncontrolled diabetes. They also are more likely to require hospital care for diseases that could have been prevented entirely with immunizations or other routine care, and are also more likely to die while hospitalized than are insured patients with the same diagnoses. Uninsured women who develop breast cancer tend to remain undiagnosed until their disease reaches a more severe stage than do women with health insurance. As a result, uninsured women are nearly 50 percent more likely to die from breast cancer than they might otherwise have been. And uninsured children are at least 70 percent more likely than insured children to go untreated when they contract a common condition like asthma.

As health professionals dedicated to healing, and as medical educators charged with the stewardship of medicine's future, we simply must find a way to persuade lawmakers to confront the issue of the uninsured.

I had occasion last spring to deliver the commencement address at several medical schools. In my talk, which I titled "One Nation—Insured—With Liberty and Justice for All," I urged the graduating students to take up the challenge of closing the gap between the health care "haves" and "have nots." For our graduates to be inspired to do so, however, I believe that those of us in academic medicine must demonstrate our willingness to lead the charge.

Why us? Because, simply put, it is our obligation to do so. Steven Schroeder, the president of the Robert Wood Johnson Foundation, said it well in a talk to the AAMC's Council of Deans at its April 1999 meeting: "The public looks to you to identify and take on medicine's toughest challenges—and pays you to do it!"

Our respected institutions and our public service mission provide us with a uniquely privileged forum in which to champion the cause of those in our nation who lack health insurance. If the academic medicine community unites to speak out on this issue, the public will listen. Our voice has special credibility; we stand on a solid foundation of principles forged over centuries, principles based on a primary commitment to serving the interests of others. The uninsured lack a compelling voice in the arena of public opinion. They need credible advocates to force their case onto the public agenda, to demand that solutions be crafted to this worsening dilemma.

As we consider our many accomplishments of the past year, let's resolve to raise our collective voices on behalf of so many of our patients who need our advocacy to secure decent health insurance.



Jordan J. Cohen, M.D.  
President, AAMC



Today, America's medical colleges, teaching hospitals, and health systems are more than fulfilling their promise. Fueled by strong partnerships with federal, state, and local governments, with industry, and with our communities, we continue to attract some of the best and brightest young people to the study of medicine—and they emerge from our schools as outstanding physicians, scientists, and teachers. We provide superior, groundbreaking patient care, and serve as major providers for the uninsured. We are responsible for much of the nation's biomedical research effort. We work with our local communities as employers and agencies of environmental enhancement. And some of the most outstanding faculty members in the world are working each day to fulfill all of these important, complex missions.

And yet our enterprise is fragile, because it hinges on the public's appreciation of our value to society. We must, therefore, in anticipation of the nation's future health needs, strive to improve. We must engage and preserve the public trust, continuously educating the public about our missions—and how effectively we're carrying them out—and be forthright in all that we say and do. Today's capacity for instant,

widespread communication affords us opportunities and challenges: our messages can be conveyed with unprecedented efficacy and speed, but our problems are publicized with equal celerity.

Let's not abrogate our responsibility to take controversial

positions that we believe represent the best interests of the public: for example, supporting the expansion of health insurance to all Americans. And, as exemplified by our efforts to address some problematic provisions in the



Balanced Budget Act of 1997, we are not obligated to accept, unchallenged, the thinking of those who would diminish our support.

At present, our houses are only partially in order. The fiscal underpinning of medical schools and teaching hospitals has been weakened by changes in health care financing, and new initiatives aimed at preserving and enhancing our clinical enterprise paradoxically challenge our fundamental academic missions, thereby creating new tensions among our faculty. Only recently have we begun to quantify the academic contributions of our faculty, and to protect and reward them accordingly. We have also underestimated the need for clinical research—to apply, in the patient care arena, the great scientific advances that are emerging today with striking regularity. And though we've made some progress toward diversity, our student bodies and faculties still do not reflect the racial and ethnic plurality of American society.

All this said, there is still great promise for the future, built upon the foundation of our strengths and accomplishments. Our fundamental research efforts have never been more productive—we are major players in the revolution now transpiring in medical science. Our educational programs are changing, to reflect the shifting health care needs of the nation. Our clinical faculties are practicing an extraordinarily effective brand of medicine. Meanwhile, we continue to provide excellent care to the underserved in our communities, which makes us, to some degree, the *de facto* agencies of universal health care.

I am pleased to say that, during the last year, the constituencies and leadership of the AAMC have crafted some excellent strategies for augmenting our missions, and are carrying them out to unprecedented degrees. An extraordinary AAMC staff, coupled with the strong leadership of its councils and organizations, have come together to yield a most productive year—and the public will benefit in the long run.

William A. Peck, M.D.  
Chair, AAMC

## Chair's Message

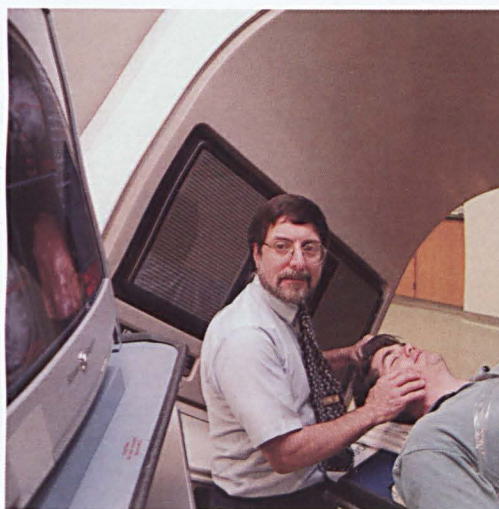


# Closing the gaps... ...in advancing knowledge

The November 1998 retreat for the **Clinical Research Summit** brought together, in an extraordinary collaboration, health experts from private industry, the government, and academic medicine, among others. Since then, the AAMC and the AMA have sharpened the goals and objectives for the upcoming Summit. Leaders of the Summit aim to enhance the clinical research enterprise, so the nation can maximize the potential benefits of future advancements in biomedical science. That ambitious goal has subsequently been segmented into smaller topic areas, with an eye toward advancing strategies for:

- Training clinical researchers
- Providing an incentive structure that offers appropriate rewards for clinical research
- Protecting research time
- Competing with the for-profit private research sector.

For its part, the AAMC has convened a **Task Force on Clinical Research** to assess the opportunities and challenges facing clinical research in medical schools and teaching hospitals, and to develop a set of findings and



recommendations to strengthen clinical research in academic medical centers.

At the 1998 AAMC Annual Meeting, President Jordan J. Cohen, M.D., issued a challenge, both

to the Association and to leaders of medical schools and teaching hospitals: we must address the public's concerns that physicians aren't adequately trained to communicate well with, and show compassion for, their patients. As Dr. Cohen phrased it, we must do something about "**honoring the 'E' in GME.**"

The AAMC's Group on Educational Affairs, Group on Resident Affairs, and Organization of Resident Representatives have risen to the challenge, working together to develop a core curriculum for GME. In addition, two new working groups have been assembled: the Task Force on Integration of Education and Patient Care, which will help identify ways for medical schools and teaching hospitals to enrich the educational component of GME, without sacrificing superior patient care; and the Working Group on Institutional Accountability for Graduate Medical Education, to help member institutions develop better strategies for living up to the spirit of the new Accreditation Council for Graduate Medical Education standards for



institutional responsibility. All of these efforts will ultimately pay off in even higher-quality resident educational experiences.

No one in our community is likely to question the importance of information technology. Through its “better\_health@here.now” project, the AAMC aims to help health care providers, educators, researchers, and administrators to accomplish all three of our members’ missions, in service of health, through the visionary application of information resources. The project will employ surveys, site visits, expert testimony, literature review, and focus group discussions to gather data, ultimately helping medical schools and teaching hospitals answer such fundamental questions as:

- What are the characteristics of a “trusted source” of health information, and how might those features best be implemented in the Internet environment?
- How can the relative costs and benefits of IT investments best be measured?
- What IT applications in biomedical research, medical education, and health care hold the greatest promise for helping medical schools and teaching hospitals meet their mission goals?

The principal product of better\_health@here.now will be a richly linked and documented multimedia resource, available on the AAMC Web site. A new component is an AAMC/National Library of Medicine study to gauge the impact of the Integrated Advanced Information Management Systems (IAIMS) concept on the information landscape in academic health sciences centers.

Late last year, the AAMC embarked on a marketing campaign to attract more applicants to the Robert Wood Johnson Foundation’s **Minority Medical Education Program (MMEP)**, which provides summer educational enrichment programs to underrepresented minority students who intend to apply to medical school. Sets of coordinated, redesigned materials—including brochures, fact sheets, and posters—were distributed widely—and they worked: applications were up nearly 20 percent this year. In addition, the average GPA for accepted applicants was at its highest level since the AAMC began administering the program in 1993. Slated expansion for the MMEP includes adding several new institutions as summer program sites; by 2001, as many as 500 more promising young students could be taking advantage of MMEP.

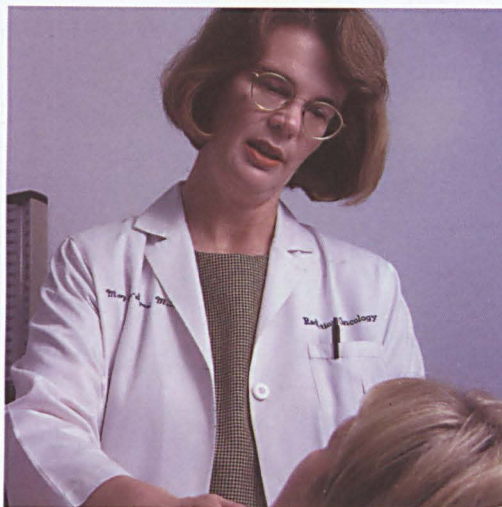




# Closing the gaps...

## ...in patient care

Through myriad efforts and programs, the AAMC supports its member institutions as they educate and train a physician work force that provides the world's highest-quality patient care.



Outpatient services represent an ever more critical aspect of the teaching hospital enterprise, and the recent proposed rule from HCFA governing the Prospective Payment

**Regulations governing teaching hospitals**, while necessary, can have a substantially negative impact on patient care if they are ill-crafted, and they do not always take into consideration the special needs of teaching institutions.

Last year, the AAMC and major physician specialty societies were successful in persuading the Health Care Financing Administration (HCFA) to delay implementation of new documentation guidelines for evaluation and management services. In their original form, the guidelines were excessively complex, overly burdensome, and failed to meet the needs of specialists and their patients. HCFA is now reviewing comments put forth by the AMA's CPT Editorial Panel, specialty societies, and the AAMC, on ways to revise the guidelines and plans to pilot-test them; the AAMC has urged HCFA to include an academic medical center in its pilot testing. The complete revised guidelines are set to be reissued in 2000.

System for hospital outpatient services is of serious concern to AAMC member hospitals. Teaching hospitals would take a disproportionate financial hit, facing losses, on average, that are more than double those of non-teaching hospitals. The AAMC has worked hard this year to develop comments addressing deficiencies in the payment system, so that teaching hospitals can continue to provide quality care in their outpatient departments—critical to fulfilling these institutions' missions.

**Data collection and analysis** continues to be an important service provided to member teaching hospitals by the AAMC's Division of Health Care Affairs. Through comparative, feedback, and financial data, teaching hospitals are better able to assess how they deliver patient care, and how they can do it better.

"What should medical school deans, residency program directors, and faculty be doing to promote the professional development of medical students and resident physicians?" In



1997, the AAMC launched a **Professionalism Initiative**, designed to address that question. And in today's high-pressure, market-driven health care environment, medical students may need "professionalism development" more than ever before. Herbert Swick, M.D., senior associate dean for Academic Affairs at the University of Kansas School of Medicine, spent the 1998-1999 academic year as an AAMC Scholar-in-Residence, first collecting information on how professionalism is taught in medical schools, and then developing a model "professionalism curriculum." Dr. Swick presented a report of his findings at the spring meeting of the Council of Academic Societies (CAS), which centered much of its meeting agenda on the issue of professionalism. The CAS Administrative Board has formed a Professionalism Task Force, which will explore and recommend initiatives to assist faculty and administrators in addressing professionalism.

**Patient- and family-centered care** is an idea whose time has come—a vision of health care predicated on working partnerships between providers and patients and their families. As more and more medical schools and teaching hospitals have instituted programs and curricula in patient- and family-centered care, the AAMC has been compiling information and profiles on successful efforts. In May, the Association convened a working group to discuss ways that the AAMC can encourage medical educators to incorporate this powerful approach in the curriculum.

With the AAMC's new **Humanism in Medicine Award**, caring, compassionate, community service-oriented faculty physicians will be formally recognized. Sponsored by Pfizer, Inc. and the Pfizer Medical Humanities Initiative, the annual recipient receives a \$5,000 award; the Organization of Student Representatives chapter at the winner's school also receives a \$1,000 award.





# Closing the gaps... ...in public understanding

Because the Medicare cuts mandated by the Balanced Budget Act of 1997 pose serious threats to the fiscal health of America's teaching hospitals, the AAMC organized a **powerful, broad-based advocacy campaign** to freeze further implementation of these cuts. The campaign was energized by the tireless efforts of an ad hoc Medicare Special Action Committee, composed of hospital leaders and chaired by the University of Chicago's Ralph Muller, and co-chaired by Partners Healthcare's Samuel Thier and David Skinner of New York Presbyterian Hospital.

Meanwhile, the coordinated efforts of government relations and communications staff, both at AAMC headquarters and at member institutions, broadcast our message through a multifaceted outreach campaign involving media placements, innovative advertisements, and grassroots organizing. In close collaboration with the American Hospital Association, two Teaching Hospital Days on Capitol Hill brought hospital leaders and congressional leaders together to discuss the debilitating effects of the BBA. All of these public education efforts were informed by research and data analyses conducted by the AAMC, documenting the devastating damage full implementation of the BBA would inflict on the missions of teaching



hospitals by 2002. Although the ultimate outcome of the Medicare debate is unclear, what is clear is how powerful our advocacy efforts can be when teaching hospitals and medical schools across the country col-

laborate in a common cause.

Finding the proper balance between legitimate patient privacy concerns, on the one hand, and ensuring access to archived patient records for research purposes, on the other, has proved a daunting challenge this year. The AAMC has taken an active role, **providing leadership on research issues and privacy**, and helping shape the debate. The AAMC has endorsed legislation, introduced by Sen. Robert Bennett (R-Utah), that would protect the confidentiality of personal health information while at the same time ensuring continued access to the patient records and other archival materials required to pursue a variety of research activities. The AAMC has also played a mediating role for medical and public health researchers and other experts, as they deliberated on the potential ramifications of privacy legislation.

**Support for affirmative action** and educational institutions' freedom to consider race as one factor in the admissions process remains a key component of the AAMC's efforts to



ensure a diverse physician work force that reflects the needs of a diverse society. In Washington state, however, despite the AAMC's active role in the campaign opposing anti-affirmative action Initiative 200, the *No!200* campaign failed to stop the ballot measure. Undaunted, the AAMC has joined in efforts being pursued in the courts. Over the summer, the Association signed onto *amicus* briefs: supporting the University of Michigan in two cases that challenged the school's admissions policies; a similar case at the University of Washington Law School; and in a brief filed by the American Medical Association supporting a challenge to the *Hopwood* court decision, which barred affirmative action in Texas, Louisiana, and Mississippi.

Public opinion research consistently shows that Americans want doctors who can talk easily with them, explain complex issues in ways that they understand, and listen to their needs. Medical schools are making meaningful changes in their curricula, working to ensure that new physicians learn communication skills and absorb compassion as well as science. To raise public awareness of these many innovations,

and what they will mean to the health care system, the AAMC launched a **Medical Education Communications Campaign** this year. The campaign kicked off in May with a national ad in *USA Today*, depicting new medical school graduates with the headline "We're Teaching New Doctors in New Ways, but One Lesson Never Changes: The Value of Caring." More than 20 AAMC member institutions ran local versions of the ad to coincide with their graduation ceremonies.

The contributions of America's teaching hospitals to the public health are vast, including the care of medically underserved patients and outreach to rural and inner-city communities, the provision of complex and specialized procedures and services, and treatment of rare conditions. "**Meeting the Needs of Communities**" brings together in one comprehensive document a wealth of data, examples, and case histories demonstrating the scope and depth of these contributions. The report has been used to educate legislators and federal officials, members of the media and foundations, whose support is key to the continued success of teaching hospitals.





# Spotlight on Services

## Mission-based Management

AAMC's new multi-part Mission-based Management program is designed to help schools improve their management processes. Several components are offered in conjunction with CSC's

Healthcare Consulting Group: discounted consulting services, user group meetings, resource materials that draw on earlier successes of participating schools, and a seminar series for an institution's key players. National expert panels that evaluate productivity metrics round out the program. The objective is to create useful measures of financial performance, faculty effort, and departmental activities—on a mission-specific basis.

A joint project of the AAMC and the AMA, the medical school-based MedCAREERS program is designed to assist students in recognizing the full range of specialty options that are open to them, and in selecting and applying to a residency program that best suits their career objectives. MedCAREERS employs a four-phase career development model that is widely used in higher education: self-assessment, career exploration, decision-making, and implementation. The program is designed to be flexible, and can be used in combination with other career and specialty guidance programs.

## MedCAREERS

## CurrMIT

The Curriculum Management Information Tool—or CurrMIT—integrates general and specialized information within the CurrMIT

database, putting detailed information about curriculum content, educational methods, and curricular innovation at users' fingertips. Each medical school manages its own curriculum database, and each school's information is combined to form the national system. Ultimately, CurrMIT has the potential to revolutionize information sharing, allowing medical schools to organize and use information about their curricula in ways never before possible.



## Group on Information Resources

Just how important is information technology in the academic medical enterprise?

In some institutions, IT investments now account for almost a quarter of capital budgets. The AAMC's Group on Information Resources was established in recognition of the essential role IT now plays in the modern academic medical center, and provides a clearer voice to those responsible for information resources. The Group's members come in equal numbers from medical schools and teaching hospitals, where they hold positions as CIOs or IT managers, administrators, education/informatics representatives, and librarians.

## WebROLIC

This year, the National Resident Matching Program (NRMP) employed a new Web-based rank-order entry system—called WebROLIC—for the matching process, putting to good use the Internet's power in gathering, sorting, and disseminating information. NRMP participants now learn via the Web if they successfully matched to a residency training program. Participants who do not match to a residency position now have twice the time—two days, rather than one—to locate and secure unfilled positions.

## GME Track

The AAMC gave residency program directors a big hand in managing information about their residents and programs with the launch of GME Track, a new online service.

With GME Track, program directors can create updated resident roster reports, set up individualized resident profiles, and tackle a host of other information management tasks quickly and easily. GME Track also helps with the data reporting for the AAMC/AMA joint census of residents and fellows.

## Graduation Questionnaire

For the first time, the results of the AAMC's Medical School Graduation

Questionnaire were available online, speeding up the delivery of this information from mid-December to early August. In addition to its historically useful information on such things as students' career plans, graduates' attitudes toward medicine, student mistreatment, and educational debt, this year's GQ also asked students to evaluate course and clerkship quality, rate student support services, and report various educational and professional experiences.



# 1998-1999 Governance and Membership

## AAMC Testimony 1999

- "FY 2000 Appropriations for the Department of Health and Human Services," submitted to the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, House Committee on Appropriations, April 15, 1999.
- "Agency for Health Care Policy and Research Reauthorization," submitted to the Subcommittee on Health and Environment, House Committee on Commerce, May 7, 1999.
- "Medicare's Physician Self-Referral Law Hearing held on May 13, 1999," submitted to the Subcommittee on Health, House Committee on Ways and Means, May 27, 1999.
- "Reducing the Tax Burden: Providing Tax Relief to Strengthen the Family and Sustain a Strong Economy," joint statement of the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine before the House Committee on Ways and Means, June 23, 1999.
- "Medical Records' Confidentiality Legislation," presented by G. Richard Smith, Jr., M.D., Professor of Psychiatry and Medicine, University of Arkansas for Medical Sciences, before the Subcommittee on Health, House Committee on Ways and Means, July 20, 1999.

## The AAMC's Members Are:

- 1** The nation's 125 accredited U.S. medical schools, each represented by its dean in the Council of Deans;
- 2** 400 teaching hospitals with substantial research and educational activities, including 56 affiliated health systems and 66 Department of Veterans Affairs medical centers, represented by their CEOs on the Council of Teaching Hospitals and Health Systems;
- 3** 91 academic and professional societies, each represented by two delegates to the Council of Academic Societies, representing approximately 92,000 faculty members;
- 4** 125 students serving in the Organization of Student Representatives, representing 67,000 medical students;
- 5** 48 residents appointed by academic societies serving in the Organization of Resident Representatives, representing 103,000 residents;
- 6** 16 Canadian medical schools as associate members;
- 7** 600 individuals interested in medical education;
- 8** Faculty members and administrators of medical colleges, teaching hospitals, and academic medical centers who represent their institutions as members of the AAMC's professional development groups:
  - Government Relations Representatives (in collaboration with the Association of Academic Health Centers)*
  - Graduate Research, Education, and Training Group*
  - Group on Business Affairs*
  - Group on Educational Affairs*
  - Group on Faculty Practice*
  - Group on Information Resources*
  - Group on Institutional Advancement*
  - Group on Institutional Planning*
  - Group on Resident Affairs*
  - Group on Student Affairs*
  - Minority Affairs Section*
  - Women in Medicine*



## Executive Council

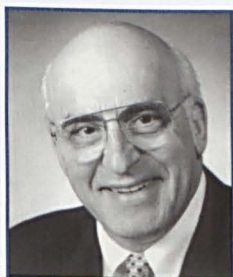
The Association is governed by a 30-member Executive Council whose participants are elected by the Council of Deans (COD), the Council of Teaching Hospitals and Health Systems (COTH), the Council of Academic Societies (CAS), the Organization of Resident Representatives (ORR), and the Organization of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

The Assembly is the Association's legislative body and includes the entire COD membership, 125 members of COTH, 91 members of CAS, and 12 members each from the OSR and ORR.

Each year, members and staff of the U.S. Congress and 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:

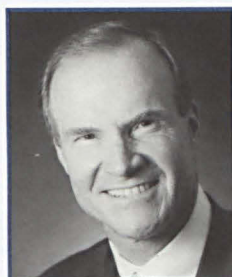
- Ben Cardin (D-Md.), United States House of Representatives
- Gary Ellis, Director, Office for Protection from Research Risks, National Institutes of Health
- Murray Ross, Executive Director, Medicare Payment Advisory Commission
- William M. Thomas (R-Calif.), United States House of Representatives
- McCarthy Thornton, Chief Counsel, Office of Inspector General, Department of Health and Human Services
- John Eisenberg, Administrator, Agency for Health Care Policy and Research



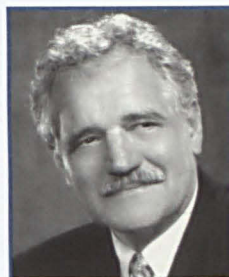
**CHAIR**  
William A. Peck, M.D.  
Washington University  
School of Medicine



**CHAIR-ELECT**  
Ralph W. Muller  
University of Chicago  
Hospitals and Health Systems



**IMMEDIATE PAST CHAIR**  
Robert O. Kelley, Ph.D.  
University of Wyoming  
College of Health Sciences



**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), composed of deans of the nation's 125 medical schools, identifies issues affecting academic medicine and develops strategies to achieve medical schools' various missions. Through its Administrative Board, COD helps set policy for the Association's service and advocacy functions, develops programs for improving institutional management, and supports the deans' leadership roles in guiding schools toward excellence in medical education, research, and patient care.

The comprehensive COD Leadership Initiative was launched last year, to provide deans with the general knowledge, insight, training, and networking opportunities to help them become vigorous and effective leaders. The multi-component program targets deans in three distinct career stages: aspiring deans, new deans, and incumbent deans. The New Deans Transition Assistance Program and the Peer Consulting Program were established to lend resources and support to new deans. The next foci will be enhancing the search process, establishing a fellowship program for aspiring deans, and developing a continuing management education curriculum for COD educational activities.

A highlight of the 1999 COD Spring Meeting was a challenging lecture delivered by Robert Wood Johnson Foundation President Steven A. Schroeder, M.D., "Two Leadership Opportunities: Understanding Health Behavior and Speaking Out on the Uninsured." The talk will be published in late 1999.



**Chair:** James A. Hallock, M.D. \*  
East Carolina  
University  
School of  
Medicine

**Chair-Elect:** Ralph Snyderman, M.D. \*  
Duke University Medical Center

**Immediate Past Chair:** Robert M. Daugherty, Jr., M.D., Ph.D. \*  
University of Nevada School of Medicine  
(retired September 1999)

Barbara F. Atkinson, M.D.  
MCP-Hahnemann University  
School of Medicine  
(resigned February 1999)

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

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

Robert P. Kelch, M.D.  
University of Iowa College of Medicine

William N. Kelley, M.D.  
University of Pennsylvania Health System  
(replaced Barbara F. Atkinson, M.D.)

Richard D. Krugman, M.D. \*  
University of Colorado Health Sciences  
Center School of Medicine

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

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

Emery A. Wilson, M.D. \*  
University of Kentucky College of Medicine

Daniel H. Winship, M.D. \*  
Loyola University Chicago Stritch  
School of Medicine  
(resigned July 1999)

\*AAMC Executive Council Member



## Council of Teaching Hospitals and Health Systems Administrative Board

Members of the Council of Teaching Hospitals and Health Systems (COTH) deliver comprehensive health care services in environments that support clinical research and medical education. COTH's approximately 400 member institutions provide about 20 percent of U.S. inpatient and outpatient care, and train about 75 percent of the nation's residents.

This year, the Administrative Board focused on what the continuing changes in health care delivery and organization mean for teaching hospitals and health systems. Implications of the Balanced Budget Act of 1997 were monitored and evaluated—including GME-related changes and Outpatient Prospective Reimbursement—and COTH has been instrumental in setting the AAMC agenda for seeking BBA relief. Federal fraud and abuse activities were also pursued, as well as GME-related proposals, such as the deliberations of the National Bipartisan Commission on the Future of Medicare, and MedPAC's proposal for restructuring GME support.

COTH continues to monitor organizational restructuring among its members, addressing their diverse needs. COTH also continues to revamp its survey activity, and anticipates revising its data collection and report formats

within the next year. Using electronic technology, a streamlined process will be introduced, making for more timely reports. Interactive data acquisition tools will soon be available online, enabling members to produce customized reports.



Chair: Timothy M. Goldfarb\*  
Oregon Health Sciences University Hospital

Chair-Elect: J. Richard Gaintner, M.D.\*  
Shands Healthcare

Immediate Past Chair: Ralph W. Muller\*  
University of Chicago Hospitals and Health System

Theresa A. Bischoff\*  
New York University Medical Center

Ira C. Clark  
Jackson Memorial Hospital

Gerald D. Fitzgerald  
Oakwood Hospital Corporation

William Ted Galey, M.D.  
Department of Veterans Affairs

William D. Petasnick  
Froedtert Memorial Lutheran Hospital

Richard A. Pierson  
University Hospital of Arkansas

Thomas M. Priselac  
CedarsSinai Medical Center

Morton I. Rapoport, M.D.\*  
University of Maryland Medical System

Frank A. Riddick, Jr., M.D.  
Alton Ochsner Medical Foundation

Patricia K. Sodomka  
Medical College of Georgia Hospital and Clinics

Elliot J. Sussman, M.D.  
Lehigh Valley Hospital

David S. Weiner\*  
Children's Hospital

James D. Bentley, Ph.D.  
American Hospital Association Representative

\*AAMC Executive Council Members

## Council of Academic Societies Administrative Board

The Council of Academic Societies (CAS) represents the faculty leadership of U.S. medical schools and teaching hospitals through representation from 91 member professional organizations. CAS' mission is to assist faculty in pursuing their research, education, and patient care responsibilities.

This year, CAS pursued goals articulated during the Administrative Board's strategic planning process. Task forces, composed of faculty from various institutions and disciplines, have focused on scholarship, professionalism, chair development, faculty professional development and mentoring, meeting programming, and membership recruitment and retention. CAS continues to foster dialogue among faculty, institutional officials, and discipline leaders about scholarship in the evolving medical school and teaching hospital environment. Numerous faculty and institutional leaders have been invited to author papers on various scholarship issues, to be published next year. Much of the 1999 CAS Spring Meeting focused on professionalism topics.

Communications with CAS member societies and their leaders continue to be a priority: the CAS Quarterly Report newsletter, public and private Web pages, special mailings, and listserves, all focused on meeting the needs of CAS representatives and basic and clinical department chairs.



Chair: George F. Sheldon, M.D.\*  
University of North Carolina at Chapel Hill School of Medicine

Chair-Elect: Paul McCarthy, M.D.\*  
Yale University School of Medicine

Immediate Past Chair: Diana S. Beattie, Ph.D.\*  
West Virginia University School of Medicine

Stebbins B. Chandor, M.D.\*  
University of Southern California School of Medicine

Terrance Cooper, Ph.D.\*  
University of Tennessee College of Medicine

William H. Dantzer, M.D., Ph.D.  
University of Arizona College of Medicine

Dale Dauphinee, M.D.\*  
Medical Council of Canada

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

Donlin Long, M.D., Ph.D.  
Johns Hopkins University Medical School

Antonio Scarpa, M.D., Ph.D.  
Case Western Reserve University School of Medicine

Barbara Schuster, M.D.  
Wright State University School of Medicine

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

\* AAMC Executive Council Members



## Organization of Resident Representatives

The Organization of Resident Representatives (ORR) includes representatives from eligible CAS member specialty organizations, with at least two resident members from each of the 24 general specialties. Through its two voting seats on the AAMC Executive Council, the ORR provides a venue for residents to voice their perspective on policy matters before the AAMC governance. In addition, the ORR offers leadership and professional development opportunities for residents interested in academic medicine.

Residents also offered their perspectives through several liaison activities this year: representation on the AAMC's new Working Group on Institutional Accountability for Graduate Medical Education; participation in an AAMC project to identify a core curriculum for GME; and a meeting with senior staff of the Accreditation Council on Graduate Medical Education, to explore ways that the organization can improve communications with residents.

Two new ORR initiatives this year are a mentorship program, which links ORR members with senior physicians or educators, and a community service recognition award.



**Chair:** Gail Wehrli, M.D.\*  
Los Angeles County and USC Medical Center

**Chair-Elect:** Rebecca Minter, M.D.\*  
University of Florida College of Medicine

**Immediate Past Chair:** Randolph L. Roig, M.D.  
Northlake Rehab Professionals

Marguerite Hawkins, M.D.  
University of Maryland School of Medicine

Jessica Roberts, M.D.  
Tulane University Medical Center

Devdutta Sangvai, M.D.  
Medical College of Ohio

Carolyn V. Smith, M.D.  
Walter Reed Army Medical Center

Lisa Spurlock, M.D.  
Wayne State University/Detroit Medical Center

Tonya Thompson, M.D.  
University of Tennessee, Memphis, College of Medicine

\* AAMC Executive Council Members

## Organization of Student Representatives

The Organization of Student Representatives (OSR) represents the nation's medical students, and through its many committees and liaisons, provides students with an opportunity to explore a variety of issues in medical education, including professionalism, career planning, computerized testing, and student outreach. Among the OSR's strengths is its ongoing interaction with numerous medical organizations.

This year, the OSR developed and distributed "Draw the Line" kits, based on the popular 1998 AAMC Annual Meeting exhibit by the same name. The interactive exhibit featured case studies, and asked meeting participants to make a judgment call: to literally draw a line between what they perceived as appropriate behavior during medical training among faculty, residents, and students—and what they perceived as potential abuse.

Through the support of Pfizer, Inc. and the Pfizer Medical Humanities Initiative, the AAMC now bestows an annual Humanism in Medicine Award to a faculty member. OSR chapters at medical schools nominate faculty members and administer this new award.



**Chair:** Charles Austin Mitchell\*  
University of Tennessee, Memphis, College of Medicine

**Chair-Elect:** Craig Nicholson\*  
New York Medical College

**Immediate Past Chair:** Kemia Sarraf  
University of Utah School of Medicine

**Central Region Chair:** Vonda Quinones  
University of Chicago Pritzker School of Medicine

**Northeast Region Chair:** Aletha Akers  
Johns Hopkins University School of Medicine

**Southern Region Chair:** Catherine York  
Wake Forest University School of Medicine

**Western Region Chair:** Michael Traynor  
Oregon Health Sciences University School of Medicine

Demetre Daskalakis  
New York University School of Medicine

Dirk Johnson  
Yale University School of Medicine

Majid Mohiuddin  
Brown University School of Medicine

Kelli Schmitz  
University of Arkansas College of Medicine

Josh Wallenstein  
UMDNJ - Robert Wood Johnson Medical School

\* AAMC Executive Council Members



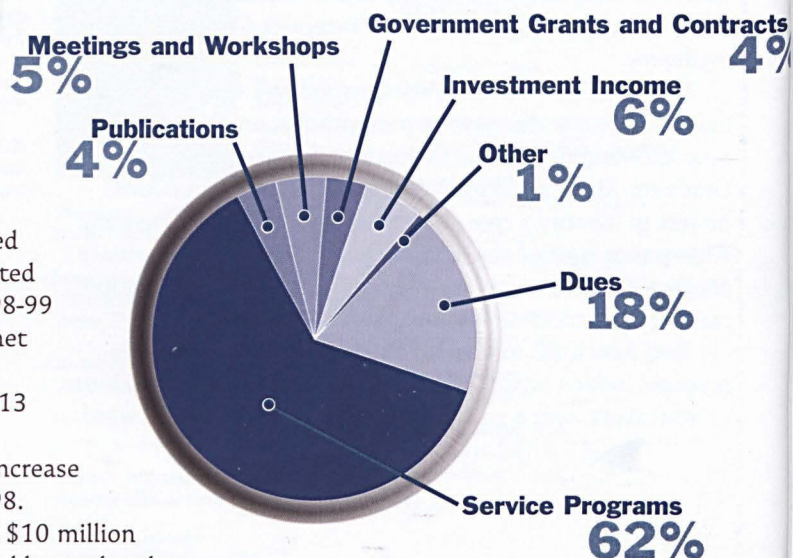
# 1998-1999 Report of the Treasurer

For the fiscal year ending June 30, 1999, the Association is back to financial equilibrium. Our reserves appear to be ample. We continue to have concerns about the declining medical school applicant pool, but we are accelerating our efforts to identify new revenue sources, as well as ways to improve our business practices to ensure continued sound financial health.

## Operating REVENUE

### Highlights

- The AAMC had an increase in unrestricted net assets from operations of \$1.9 million, as compared with the previous year's \$3.3 million decrease. Nonoperating income, composed primarily of investment income, added approximately \$3.6 million to the Association's unrestricted resources. The increase in unrestricted net assets for 1998-99 was approximately \$5.5 million. The total unrestricted net assets as of June 30, 1999, reached \$75 million.
- Total assets as of June 30, 1999, were \$158 million, up 13 percent from the \$138 million the previous year.
- The value of the investments rose to \$85.6 million, an increase of 8.6 percent from the \$78.9 million as of June 30, 1998.
- During fiscal year 1998-1999, the Association borrowed \$10 million from the District of Columbia Revenue Bond Series in variable rate bonds, which are being used for investment in improved computer hardware and software. Standard and Poor's Corporation rated the tax-exempt bonds "AA-." This favorable rating significantly reduces borrowing costs.



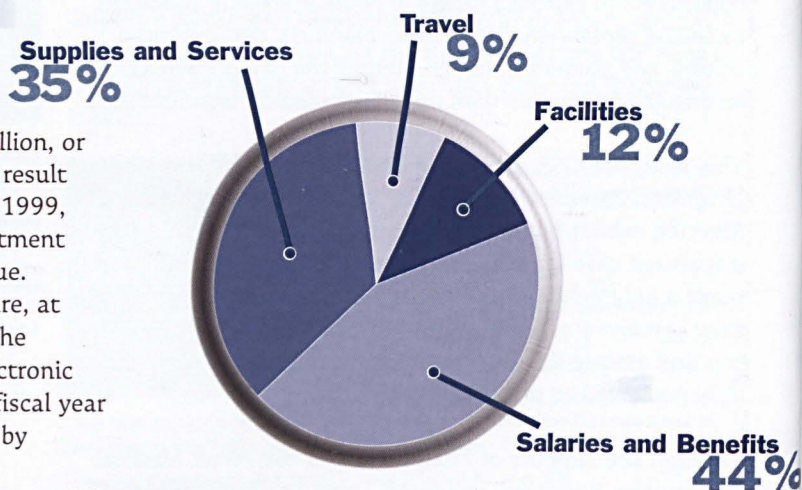
## Operating EXPENSES

### Operating Results

Operating revenue exceeded the prior year's by \$7.8 million, or 17.4 percent. A substantial portion of this increase was the result of an Executive Council-approved policy, beginning with FY 1999, to allocate 5 percent of the average market value of the investment portfolio over the preceding three years to operating revenue. The remainder of the total return will be reinvested to ensure, at minimum, that the portfolio's present value is protected. The increase is also attributed to new specialties joining the Electronic Residency Application Service. A 4.5 percent decline in the fiscal year 1998-1999 medical school applicant pool reduced revenue by \$755,000.

Operating expenses exceeded the prior year by \$3 million, or 6.3 percent. In addition to inflation, the added costs can be attributed to the increased interest on debt service, a rise in depreciation expenses, increased costs due to "Y2K" readiness, and the addition of more programs for our membership.

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





June 30, 1999

# Consolidated Statement of FINANCIAL POSITION

## Assets

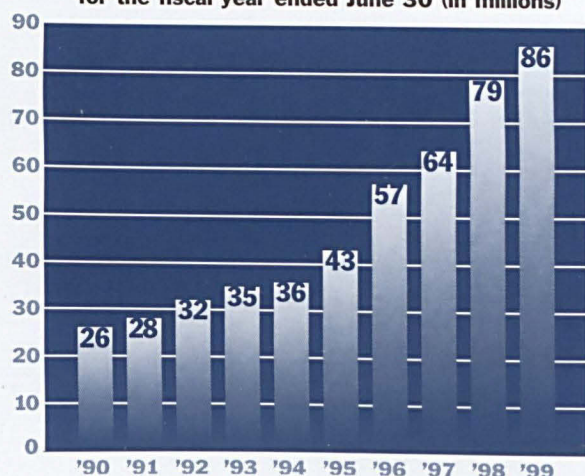
Cash and cash equivalents	\$ 7,354,236
U.S. government contracts receivable	342,059
Accounts receivable, net of allowance for doubtful accounts of \$507,164 and \$538,160 in 1999 and 1998	2,596,799
Accrued rent	357,527
Supplies, deposits, and prepaid expenses	695,164
Notes receivable	1,694,415
Investments	85,634,484
Investments held in bond escrow account	7,752,204
Deferred leasing costs, net of accumulated amortization of \$786,299 in 1999 and \$428,765 in 1998	2,176,271
Deferred financing costs, net of accumulated amortization of \$312,179 in 1999	1,486,648
Land, building, equipment, and software, net	47,819,020
<b>Total assets</b>	<b>\$ 157,908,827</b>

## Liabilities and Net Assets

Accounts payable and accrued expenses	\$4,577,421
Amounts held for others	885,911
Deferred revenue	8,829,435
Deferred compensation and supplemental retirement benefits	1,747,040
Accrued interest payable	709,243
Bonds payable, net	65,662,321
<b>Total liabilities</b>	<b>82,411,371</b>
Unrestricted net assets	72,170,215
Temporarily restricted net assets	3,002,241
Permanently restricted net assets	325,000
<b>Total net assets</b>	<b>75,497,456</b>
<b>Total liabilities and net assets</b>	<b>\$ 157,908,827</b>

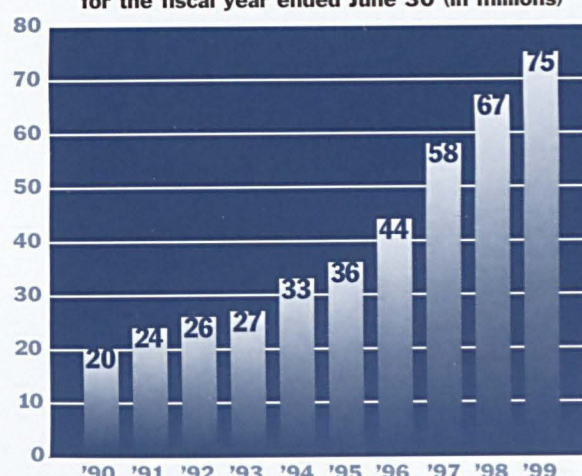
## Investments, at Market

for the fiscal year ended June 30 (in millions)



## Unrestricted Net Assets

for the fiscal year ended June 30 (in millions)





Year ended June 30, 1999

## Consolidated Statement of ACTIVITIES

### Operating revenues and support

Dues	\$ 9,519,181
Service programs	32,688,440
Publications	1,942,276
Meetings and workshops	2,489,541
Government grants and contracts	416,362
Investment income	3,330,330
Other	636,319
<b>Total revenues</b>	<b>51,022,449</b>
Net assets released from restrictions	1,687,276
<b>Total operating revenues and support</b>	<b>52,709,725</b>

### Operating expenses

#### Programs:

Institutional planning and development	4,856,705
Health care affairs	2,982,543
Biomedical research	2,323,013
Medical education	3,171,476
Educational research and assessment	1,192,662
Student affairs and education services	15,482,241
Community and minority programs	2,564,656
Center for the Assessment and Management of Change in Academic Medicine	1,621,319
Government relations	1,765,971
Communications	2,040,488
Publications	2,519,473
Special programs and meetings	5,157,877
<b>Total programs</b>	<b>45,678,424</b>
Administration and general support services	5,142,786
<b>Total operating expenses</b>	<b>50,821,210</b>
<b>Increase (decrease) in unrestricted net assets from operations</b>	<b>1,888,515</b>

### Nonoperating income, expenses, gains, and losses

Investment income, net	3,076,977
Building rental income	1,509,362
Building rental expenses	(1,004,839)
<b>Total nonoperating income</b>	<b>3,581,500</b>
<b>Increase in unrestricted net assets</b>	<b>\$ 5,470,015</b>



# Year ended June 30, 1999

## Consolidated Statement of CHANGES IN NET ASSETS

### Unrestricted net assets

Total operating revenues	\$ 51,022,449
Net assets released from restrictions	1,687,276
Total operating expenses	(50,821,210)
Total nonoperating income	3,581,500
<b>Increase in unrestricted net assets</b>	<b>5,470,015</b>

### Temporarily restricted net assets

Private grants	2,599,369
Investment income	76,139
Net assets released from restrictions	(1,687,276)
<b>Increase in temporarily restricted net assets</b>	<b>988,232</b>
<b>Increase in net assets</b>	<b>6,458,247</b>
<b>Net assets at beginning of year</b>	<b>69,039,209</b>
<b>Net assets at end of year</b>	<b>\$ 75,497,456</b>



# 1998-1999 Sponsored Programs

## Private Foundation Support

### Baxter Allegiance Foundation

Support for the annual AAMC Award for Distinguished Research in Biomedical Science (\$7,459).

### 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 15-month award in support of the Clinical Research Summit (\$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 (\$699,340).

A one-year award for the continued support of technical assistance and direction for *Project 3000 by 2000* (\$486,487).

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).

A five-year award in support of a publication on minorities in medical education (\$91,142).

### 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).

A three-year award in support of the Physician Scientist Tracking Project (\$400,000).

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

### 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).

### 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).

### Burroughs Wellcome Fund

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

### Merck Company Foundation

An award in support of the Clinical Research Summit (\$50,000).

### John D. and Catherine T. MacArthur Foundation

A one-year award in support of the Clinical Research Summit (\$25,000).

## 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 (\$1,468,543).

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 1993-95 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.



# 1998-1999 Committees

## Investment Committee

Provides direction for the Association's investment portfolio.

### Chair

*John D. Forsyth*  
Wellmark, Inc.

*Gerald Fitzgerald*  
Oakwood Healthcare, Inc.

*Nelson Ford*  
Clinipad Corp.

*Robert O. Kelley, Ph.D.*  
University of Wyoming College of Health Sciences

*Ralph W. Muller*  
University of Chicago Hospitals and Health System

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

### Ex officio

*Jordan J. Cohen, M.D.*  
AAMC

## AAMC Nominating Committee

Chooses chair-elect of the AAMC.

### Chair

*Robert O. Kelley, Ph.D.*  
University of Wyoming College of Health Sciences

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

*Robert M. Daugherty, Jr., M.D., Ph.D.*  
University of Nevada School of Medicine

*R. Edward Howell*  
University of Iowa Hospitals and Clinics

*Layton McCurdy, M.D.*  
Medical University of South Carolina

*Charles M. O'Brien, Jr.*  
Western Pennsylvania Hospital

## AAMC/Medical Group Management Association Joint Project Advisory Committee

### Chair

*Robert D'Alessandri, M.D.*  
West Virginia University School of Medicine

*Peter Albertsen, M.D.*  
University of Connecticut School of Medicine

*George E. Andersson*  
Washington University School of Medicine

*Tom Bronken, M.D.*  
Henry Ford Health System

*John N. Evans, Ph.D.*  
University of Vermont College of Medicine

*Marc A. Halman*  
University of Michigan Medical Center

*Eileen O. Hardigan*  
Medical College of Virginia

*Sanford L. Klein, D.D.S., M.D.*  
UMDNJ-Robert Wood Johnson Medical School

*Norm MacLeod*  
Harvard Medical School

*Kevin McMahon*  
University of Wisconsin Medical Foundation

*Stephen Selby*  
University of Texas  
Southwestern Health Systems

*Jane Schumaker*  
University of Nebraska Medical Center

*Jerome Thompson, M.D.*  
University of Texas Medical Group

*Bonnie Vogt*  
Vogt Management Consulting

## Abraham Flexner Award Selection Committee

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

### Chair

*Robert M. D'Alessandri, M.D.*  
West Virginia University School of Medicine

*Eberhard Mueller-Heubach, M.D.*  
Wake Forest University

*Ronald R. Peterson*  
Johns Hopkins Hospital

*Eugene A. Bauer, M.D.*  
Stanford University

*Georges Bordage, M.D., Ph.D.*  
University of Illinois College of Medicine

*Lois M. Nora, M.D.*  
University of Kentucky  
College of Medicine

## Award for Distinguished Research Selection Committee

Sponsored by the Baxter Allegiance Foundation. Chooses recipient for the Award for Distinguished Research in the Biomedical Sciences.

### Chair

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

*Palmer Taylor, M.D.*  
University of California, San Diego,  
School of Medicine

*D. Craig Brater, M.D.*  
Indiana University School of Medicine

*Peter L. Slavin, M.D.*  
Barnes-Jewish Hospital

*Nathan A. Berger, M.D.*  
Case Western Reserve University  
School of Medicine

*Donald J. Marsh, M.D.*  
Brown University School of Medicine

## Outstanding Community Service Award Selection Committee

### Chair

*Elaine S. Ullian*  
Boston Medical Center

*William W. Greaves, M.D.*  
Medical College of Wisconsin

*Dennis Brimhall*  
University of Colorado  
University Hospital

*M. Roy Wilson, M.D.*  
Creighton University School of Medicine

*Gerald S. Moss, M.D.*  
University of Illinois at Chicago  
College of Medicine

*Dorothy Dobbins, Ph.D.*  
East Tennessee State University  
James H. Quillen College of Medicine



# Committees

## David E. Rogers Award Selection Committee

Co-sponsored by the AAMC and the Robert Wood Johnson Foundation. Chooses recipient of the David E. Rogers Award.

### Chair

James J. Corrigan, Jr., M.D.  
Tulane University School of Medicine

Evelyn C. Granieri, M.D.  
University of Pittsburgh

Peter Van Etten  
UCSF/Stanford Health Care

Mary Faith Marshall, Ph.D.  
Medical University of South Carolina

Karl P. Adler, M.D.  
Saint Vincents Hospital and Medical Center

Stephen J. Ryan, M.D.  
University of Southern California  
School of Medicine

## AAMC/AMA MedCAREERS Advisory Committee

### Chair

Daniel H. Winship, M.D.  
Loyola University of Chicago

Thomas G. Cooney, M.D.  
Oregon Health Sciences University Hospital

Param Dedhia  
Michigan State University  
College of Human Medicine

Linda H. Distlehorst, Ph.D.  
Southern Illinois University  
School of Medicine

Deborah C. German, M.D.  
Vanderbilt University School of Medicine

Erin L. McKean  
University of Michigan Medical School

Neil H. Parker, M.D.  
UCLA Medical Center

Charles Terrell  
Boston University School of Medicine

Jane Thomas, Ph.D.  
Wayne State University School of Medicine

Mollie M. Wallick, Ph.D.  
Louisiana State University

## AAMC Appointees to the Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award Committees

Selects up to four teaching awards.

Russell W. Chesney, M.D.  
University of Tennessee, Memphis, College  
of Medicine

Terrance G. Cooper, Ph.D.  
University of Tennessee, Memphis, College  
of Medicine

Dona Harris, Ph.D.  
East Carolina University School of Medicine

David J. Jones, Ph.D.  
University of Texas Health Sciences Center

Philip L. Liu, M.D.  
UMDNJ-New Jersey Medical School

Sharon Weiss, M.D.  
Emory University School of Medicine

## Project Implementation Committee on Increasing Women's Leadership in Academic Medicine

### Chair

Diane Wara, M.D.  
University of California, San Francisco,  
School of Medicine

Barbara F. Atkinson, M.D.  
MCP-Hahnemann School of Medicine

Lawrence S. Cohen, M.D.  
Yale University School of Medicine

Michael Dunn, M.D.  
Medical College of Wisconsin

Sharon Hostler, M.D.  
University of Virginia Health Sciences Center

Timothy R. B. Johnson, M.D.  
University of Michigan Medical Center

Arthur H. Rubenstein, M.D.  
Mount Sinai School of Medicine of the  
City University of New York

George F. Sheldon, M.D.  
University of North Carolina at  
Chapel Hill School of Medicine

Elaine S. Ullian  
Boston Medical Center

## Electronic Residency Application Service (ERAS) Advisory Committee

### Chair

Susan Anderson Kline, M.D.  
New York Medical College

Ralph J. Anderson, M.D.  
John Peter Smith Hospital

Robert S. Blacklow, M.D.  
Northeastern Ohio Universities  
College of Medicine

Elisabeth Fowlie Mock, M.D.  
University of North Carolina

Michael B. Love, M.D.  
Temple University Medical Center

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

Jane Thomas, Ph.D.  
Wayne State University School of Medicine

Herb Singh  
University of Pennsylvania

Pam Snape, M.D.  
Greenville Hospital System Program

Lisa Wallenstein, M.D.  
Albert Einstein Medical Center

Thomas V. Whalen, M.D.  
Cooper Hospital/University

Richard Wheeler, M.D.  
University of Arkansas College of Medicine

## AAMC Representatives to the Accreditation Council for Continuing Medical Education

Nancy L. Bennett, Ph.D.  
Harvard Medical School

Linda Casebeer, Ph.D.  
University of Alabama School of Medicine

Ronald D. Franks, M.D.  
East Tennessee State University  
James H. Quillen College of Medicine

## AAMC Members of the Liaison Committee on Medical Education (LCME)

The LCME is the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in U.S. and Canadian medical schools.

### Co-Chair

William B. Neaves, Ph.D.  
University of Texas Southwestern Medical  
Center at Dallas

James A. Hallock, M.D.  
East Carolina University School of Medicine

Robert I. Keimowitz, M.D.  
George Washington University  
School of Medicine and Health Sciences

Susan A. Kline, M.D.  
New York Medical College

Donald O. Nutter, M.D.  
Northwestern University Medical School

Emery A. Wilson, M.D.  
University of Kentucky College of Medicine



*Student Member: Laura J. Wise*  
University of California, San Francisco,  
School of Medicine

## **MCAT Validity Studies Advisory Group**

### **Chair**

*Robert F. Sabalis, Ph.D.*  
University of South Carolina  
School of Medicine

*Shirley Nickols Fahey, Ph.D.*  
University of Arizona College of Medicine

*Clarice Fooks*  
University of Cincinnati College of Medicine

*Robert Lee, Ph.D.*  
Emory University School of Medicine

*Lewis H. Nelson III, M.D.*  
Wake Forest University School of Medicine

*George Nowacek, Ph.D.*  
Medical College of Ohio

*Marliss Strange*  
University of Oregon

## **Academic Medicine Editorial Board**

Provides guidance for the Association's  
monthly scholarly journal.

### **Chair**

*Daniel D. Federman, M.D.*  
Harvard Medical School

*Philip C. Anderson, M.D.*  
University of Missouri-Columbia  
School of Medicine

*Bruce L. Ballard, M.D.*  
Cornell University Medical Center

*Linda L. Blank*  
American Board of Internal Medicine

*Stuart Bondurant, M.D.*  
University of North Carolina at Chapel Hill  
School of Medicine

*Thomas W. Chapman, M.P.H.*  
George Washington University Hospital

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

*N. Lynn Eckhart, M.D.*  
University of Massachusetts Medical School

*Nancy E. Gary, M.D.*  
Educational Commission for Foreign  
Medical Graduates

*Murray A. Kappelman, M.D.*  
University of Maryland School of Medicine

*Kenneth M. Ludmerer, M.D.*  
Washington University School of Medicine

*Michael Reichgott, M.D., Ph.D.*  
Albert Einstein College of Medicine  
of Yeshiva University

*Kelley M. Skeff, M.D., Ph.D.*  
Stanford University School of Medicine

*David B. Swanson, Ph.D.*  
National Board of Medical Examiners

*Sandra J. Tanenbaum, Ph.D.*  
Ohio State University  
College of Medicine and Public Health

*Ramon Velez, M.D., M.Sc.*  
Wake Forest University School of Medicine

## **AAMC Advisory Panel on Research**

Helps guide the Association's biomedical,  
behavioral, and health services research  
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**Representative to the Committee on Student Financial Assistance**  
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Boston University School of Medicine



# Professional Development

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University of Louisville School of Medicine

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Trinity College (Washington, D.C.)

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*Jayne A. Thorson, Ph.D.*

University of Michigan Medical School

*Patience H. White, M.D.*

George Washington University  
School of Medicine



# 1998-1999 Executive Staff



## **AAMC EXECUTIVE STAFF**

*Standing, from left:* Vanessa Northington Gamble, M.D., Ph.D.; David P. Stevens, M.D.; Kathleen S. Turner; Donald G. Kassebaum, M.D.; and Michael Whitcomb, M.D. *Seated, middle row:* Robert L. Beran, Ph.D.; David Korn, M.D.; Jordan J. Cohen, M.D.; Robert M. Dickler; and Susan K. Neely. *Seated, foreground:* Barbara S. Friedman; Richard M. Knapp, Ph.D.; Paul F. Griner, M.D.; and Joseph Keyes, Jr., J.D. *Not pictured:* David M. Witter.





**Barbara S. Friedman, Vice President for Finance and Administration**

Barbara S. Friedman was appointed vice president for Finance and Administration in March 1999.

For two years prior to her appointment, Ms. Friedman served as chief operating officer of the mid-Atlantic practice of Deloitte & Touche LLP. In New York City, she served as administrator for the law firm of Wachtell, Lipton, Rosen & Katz from 1989-1997. Ms. Friedman also held positions as controller and assistant treasurer of the New York Public Library, and controller of the New York Botanical Garden.

Ms. Friedman is a member of the Financial Executives Institute.



**Vanessa Northington Gamble, M.D., Ph.D., Vice President, Division of Community and Minority Programs**

Vanessa Northington Gamble, M.D., Ph.D., was named vice president of Community and Minority Programs in September 1999.

From 1989-1999, Dr. Gamble was associate professor of History of Medicine and Family Medicine and director of the Center for the Study of Race and Ethnicity at the University of Wisconsin Medical School. She has also held teaching positions at the Harvard School of Public Health, the University of Massachusetts, and Hampshire College.

Dr. Gamble has served as a consultant or committee member for the Alan Guttmacher Institute, the Agency for Health Care Policy and Research, the Institute of Medicine, the NIH, the CDC, and the American Foundation for AIDS Research. She chaired the Tuskegee Syphilis Study Legacy Committee, which played an integral role in securing a presidential apology to the study's participants and members of their families.



**David P. Stevens, M.D., Vice President, Division of Medical School Standards and Assessment**

David P. Stevens, M.D., was appointed vice president for Medical School Standards and Assessment in September 1999; he also serves as joint secretary of the Liaison Committee on Medical Education.

From 1996-1999, Dr. Stevens was chief academic affiliations officer for the Department of Veterans Affairs in Washington, D.C. In 1995-96, he was a Robert Wood Johnson Health Policy Fellow at the Institute of Medicine, serving as health policy adviser to now-retired Sen. Nancy Landon Kassebaum. Prior to his arrival in Washington, Dr. Stevens was vice dean and the Scott R. Inkley professor of Medicine at Case Western Reserve University School of Medicine.

Dr. Stevens is a member of the Council on Graduate Medical Education, the AMA's GME Advisory Committee, and the national advisory board to the Robert Wood Johnson Clinical Scholars Program.



# Credits



Frank Bova, M.D., professor of Neurological Surgery, demonstrates the use of a new linear accelerator at the University of Florida Brain Institute. UF may be the first university to dedicate this equipment to research rather than patient care. *Photo by Thomas Wright.*

For Jackie Naylor, third-year medical student at the University of Florida College of Medicine, information technology figures prominently in her education. *Photo by Thomas Wright.*



William R. Graham, M.D. (second from r.), assistant professor of Medicine at Baylor College of Medicine, on teaching rounds at Houston's Ben Taub General Hospital. *Photo by John Glowczwski.*

Mary Austin-Seymour, M.D., associate professor of Radiation Oncology at the University of Washington School of Medicine, places high priority on helping her patients understand their condition and treatment. Here, she takes time to listen to a woman's concerns during a preliminary clinic visit at UW Medical Center. *Photo by William Stickney.*



These UCLA School of Medicine students—most of them 1999 graduates—were featured in a full-page *USA Today* ad in May, kicking off the AAMC's Medical Education Communications Campaign. From l.: Irene Voo, M.D.; Michael Gentry, M.D.; Griselda Gutierrez, M.D.; fourth-year student Tyler Crawford; and Aminah Bliss, M.D. *Photo by Jilly Wendel.*

Hospital leaders converged on Capitol Hill Sept. 14 for Teaching Hospital Advocacy Day II. From l.: John Roberts and Gary Morrison, Scott & White Memorial Hospital; Ralph Muller, University of Chicago Hospitals and Health System; Theresa Bischoff, NYU Hospitals Center; Frank Butler, University of Kentucky Hospital; and David D'Eramo, St. Francis Health System. *Photo by Richard Greenhouse.*



## Photos by Richard Greenhouse

Pages 2, 3, 9, 13 (Dr. Peck, Mr. Muller, Dr. Kelley), 15, 31, 32 (Ms. Friedman, Dr. Stevens)

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Donna M. Costantino, AAMC

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