



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES



AGENDA
FOR
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 14-15, 1989
Washington Hilton Hotel
Washington, D. C.

DATES TO REMEMBER

CAS Administrative Board
AAMC Executive Council Meetings
Washington, D. C.

September 27 - 28, 1989

AAMC Annual Meeting
Washington, D. C.

October 28 - November 2, 1989

CAS Administrative Board
AAMC Executive Council Meetings
Washington, D. C.

February 21-22, 1990

CAS Spring Meeting
San Antonio, Texas

March 14-16, 1990

CAS Administrative Board
AAMC Executive Council Meetings
Washington, D. C.

June 27-28, 1990
September 26-27, 1990

AAMC Annual Meeting
San Francisco, California

October 19-25, 1990

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD MEETING
Washington Hilton Hotel
June 14-15, 1989

SCHEDULE

Wednesday, June 14, 1989

12:00 - 3:00 p.m.	Executive Committee luncheon meeting	Independence Room
3:00 - 4:00 p.m.	CAS Administrative Board Meeting	Kalorama Room
4:00 - 6:00 p.m.	Governance and Structure Committee Drs. Jaffe' and Coulter to represent CAS	Jackson Room
6:00 - 7:00 p.m.	Joint Boards Session Speaker: Dr. Harvey Barkun Executive Director, Association of Canadian Medical Colleges	Jefferson Room West
7:00 - 9:30 p.m.	Joint Boards Reception and Dinner	Jefferson Room East

Thursday, June 15, 1989

7:30 - 8:30 a.m.	CAS/COD Joint Breakfast Meeting Speaker: Cornelius Pings Provost, University of Southern California Chair, AAU Committee on Indirect Costs	State Room
8:30 a.m. - 12:30 p.m.	CAS Administrative Board Meeting	Caucus Room
11:15 a.m.	Guest Speakers: Paul J. Friedman, M.D., Rosemary Chalk	
12:30 - 1:30 p.m.	Joint Boards Luncheon	Cabinet Room
1:30 - 3:30 p.m.	Executive Council Meeting	Military Room

COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 14-15, 1989
Washington Hilton Hotel
Washington, D. C.

AGENDA

- I. Chairman's Report -- Ernst R. Jaffe', M.D.
- II. President's Report -- Robert G. Petersdorf, M.D.
- III. Action and Discussion Items
- | | | |
|----|---|----------------|
| A. | Approval of Minutes | Y1 |
| B. | Membership Applications | Y7 |
| | Society for Education in Anesthesia | |
| | S. Craighead Alexander, M.D. | |
| | Kenneth I. Berns, M.D., Ph.D. | |
| | Society of Medical College Directors of Continuing Medical Education | Y20 |
| | Joe Dan Coulter, Ph.D. | |
| | Glenn C. Hamilton, M.D. | |
| C. | Report from the CAS Nominating Committee | Y45 |
| | Joe Dan Coulter, Ph.D. | |
| D. | CAS Representation at the AAMC Assembly | Y46 |
| E. | 1989 CAS Spring Meeting Review | Y48 |
| F. | Indirect Costs Associated with Federal Support of Research
on University Campuses: Some Suggestions for Change | Y49
handout |
| | John F. Sherman, Ph.D. | |
| G. | APHIS Proposed Animal Welfare Regulations | B70 |
| | Allan C. Shipp | |
| H. | Conflict of Interest | B68 |
| | Allan C. Shipp | |
| I. | AAMC Positions on Public Policy Issues | B24 |
| J. | A Single Examination for Medical Licensure | B26 |
| | Donald G. Kassebaum, M.D. | |
| K. | The Responsible Conduct of Research | Y51 |
| | Paul J. Friedman, M.D. | |
| | Rosemary Chalk | |
| L. | CAS Annual Meeting Program | Y60 |

IV. Information Items

A. Group Reports

B72

B. Division of Biomedical Research Issues Update

handout

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COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

February 23, 1989
Farragut Room
Washington Hilton Hotel
Washington, D. C.

PRESENT:

Board Members

Ernst R. Jaffe', M.D.
Joe Dan Coulter, Ph.D.
Douglas E. Kelly, Ph.D.
S. Craighead Alexander, M.D.
Lewis Aronow, Ph.D.
Kenneth I. Berns, M.D., Ph.D.
Thornton Bryan, M.D.
Myron Genel, M.D.
Glenn C. Hamilton, M.D.
Herbert Pardes, M.D.
Vivian W. Pinn-Wiggins, M.D.
Joel Sacks, M.D.

Staff

Robert Beran, Ph.D.*
Janet Bickel*
Jane Donovan
Robert Jones, Ph.D.*
Richard Knapp, Ph.D.*
Thomas E. Malone, Ph.D.
Karen Mitchell, Ph.D.*
David B. Moore*
Herbert Nickens, M.D.*
Robert G. Petersdorf, M.D.*
Allan C. Shipp
August G. Swanson, M.D.*
Kathleen Turner

Guests

D. Kay Clawson, M.D.*
David Kostick
Donald Langsley, M.D.*

*Attended a portion of the meeting

I. Chairman's Report. Dr. Jaffe' welcomed David Kostick, a medical student attending Tulane University School of Medicine, representing the Organization of Student Representatives; Drs. Bryan and Berns, new CAS Administrative Board members; and Dr. Hamilton, who was reelected to the Board. Congratulations were extended to Dr. Pardes, who becomes Dean of the Columbia University College of Physicians and Surgeons on March 1.

After attending the AAMC Governance and Structure Committee meeting yesterday, Dr. Jaffe' appointed Drs. Kelly and Alexander to coordinate CAS input to the Governance Committee. Board members were encouraged to discuss this subject with the members of their Liaison Project groups and provide their feedback to Drs. Kelly or Alexander so that they might report to the Governance Committee following the June Administrative Board meeting.

Dr. Jaffe' is concerned that dissatisfaction with the dues increase continues to be expressed, particularly by the smaller CAS societies. It was the consensus of the Board that a catalog of services provided by the AAMC and CAS should be provided to CAS members, and should include an issues update such as the one prepared by Allan Shipp for this Board meeting. Great appreciation for the Shipp report was expressed and the Board members decided to send copies of it out to their Liaison Groups. The hope was expressed by many Board members that issues updates could be produced three to four times per year and distributed

to all CAS Representatives, their parent organizations, and perhaps the elected leadership of those organizations. This publication could provide valuable institutional memory for the CAS.

III. B. Membership Applications. Drs. Kelly and Sacks reported on their reviews of the application of the Association of Academic Health Science Library Directors (AAHSLD). The Library Directors function in some ways as a traditional chairmen's group, with 119 institutional members who supervise 1420 faculty. Forty percent of the institutions represented in AAHSLD offer educational programs that grant academic credit to medical students. Many others offer non-credit courses such as computer usage which are supplementary to medical education. Approximately 20 percent of the individual AAHSLD members hold true faculty positions at their institutions. Although few individual members hold advanced degrees, many have grants from the National Library of Medicine to develop advanced information management systems. The medical librarian is a profession attracting faculty and research personnel. It is a group well into a transition to a more traditional medical faculty situation. Medical libraries are given consideration during the LCME accreditation process for medical schools.

ACTION: The CAS Administrative Board unanimously voted to recommend the Association of Academic Health Sciences Library Directors for CAS membership, and to place them under the category of basic sciences membership when final approval is granted by the AAMC Assembly in October.

III. A. Minutes. The minutes were approved as submitted.

III.B. Membership Applications. Drs. Aronow and Hamilton reported on their reviews of the membership application submitted by the American College of Clinical Pharmacology. This is a well-established society, in existence for approximately 20 years, with slightly less than 1000 members. They are attempting to receive Board recognition for clinical pharmacology as a specialty. ACCP is an excellent and appropriate match with the Council of Academic Societies.

ACTION: The Board unanimously approved the membership application of the American College of Clinical Pharmacology.

III.C. Appointment of 1989 CAS Nominating Committee. Dr. Jaffe' stated that the Chair-Elect chosen this year should be from a clinical society, and that 3 Board slots will be open. Following CAS tradition that the Chair-Elect chairs the Nominating Committee, Dr. Coulter would fill that position. Dr. Jaffe' presented a draft slate for the Board's consideration:

Joe Dan Coulter, Ph.D., Society for Neuroscience, Chair
Gordon Kaye, Ph.D., American Association of Anatomists
Barbara McLaughlin, Ph.D., American Society for Cell Biology
Jack Kostyo, Ph.D., American Physiological Society
Ernst R. Jaffe', M.D., American Society of Hematology
Paul Van Arsdell, M.D., American Academy of Allergy and Immunology
Norman Snow, M.D., Association for Surgical Education

Alternates:

Thomas E. Smith, Ph.D., Association of Medical School Departments of Biochemistry
Harvey Cohen, M.D., Society for Pediatric Research

ACTION: The slate was unanimously approved as submitted.

The Nominating Committee will meet via conference call and their results will be reported to the CAS Administrative Board in June.

III.D. Review and Evaluation of the CAS Liaison Project. Dr. Kelly gave a brief summary of the background and development of the Liaison Project. Board members shared some of their experiences to date and their ideas about how the project should continue to develop. Dr. Pardes commented that this process should be made as easy as possible for the constituents, and that continuing disciplinary cluster assignments would facilitate that goal. Dr. Aronow has gotten good response when contacting his group on specific issues. Dr. Sacks pointed out that problems arise when the CAS Representative does not serve on the governing board of his/her society, and thus cannot report society positions on issues or make decisions without consulting the society leadership. Dr. Hamilton feels that this project has helped CAS Representatives to identify more with the CAS and to make a more concrete contact with the organization. The importance of getting out news about AAMC activities through the Liaison Project was pointed out. The effort does seem to be getting some new faces to the Annual and Spring Meetings. Board members made some changes in their Liaison Project assignments, and one page sheets with their new assignments will be provided to them as soon as possible.

III.H. Recommendations for the Format and Content of the 1991 MCAT. Dr. Karen Mitchell, who staffed the MCAT Committee, presented the results of their deliberations. The two year process to review the MCAT began in 1987, with an effort to determine whether changes in format and/or content would be suggested by reliability and validity data, the message currently being conveyed to students, advisers and medical school personnel by MCAT results, or a possible misalignment of test design and information needs of medical schools. A parallel committee to consider whether an essay should be required in the MCAT began working in 1983 and fed their results into the MCAT review committee. Thirteen recommendations for MCAT revision were developed, as follows:

- o Reconfiguring MCAT to include 4 tests: Biological Sciences, Physical Sciences, Verbal Reasoning and a writing sample (essay). This is an effort to shorten the exam.
- o Reconfiguring science items to address knowledge of basic concepts in biology, chemistry, and physics, as well as facility y at scientific problem-solving.
- o Inclusion of biologically-related chemistry concepts in Biological Sciences and physically-related chemistry concepts in Physical Sciences.
- o Inclusion of data representation and interpretation items previously on Skills Analysis.
- o Inclusion of a Verbal Reasoning test addressing text comprehension and critical thinking and logical reasoning skills.
- o Development of Verbal Reasoning stimuli including social science, humanities, and science contexts with no subject-matter knowledge prerequisites. Great efforts were made to avoid socio-cultural biases in this section.
- o Evaluating applicants' communication/writing skills through inclusion of two 30-minute graded Writing Samples (essays). The essays will be given in English only, but an effort will be made to keep topics fair to non-English speakers.
- o Development of a Writing Sample reporting format including alphabetic scores, confidence band information, and score point descriptors.
- o Sequencing tests with Verbal Reasoning and Physical Sciences preceding the Writing Sample and Biological Sciences.

- o Retaining MCAT 15-point score scale and reporting confidence band information for Biological and Physical Sciences and Verbal Reasoning tests.
- o Exploring options for further shortening the test day. It currently stands at 9 1/2 hours. These changes shorten the test day by 80 minutes.
- o Development of user-friendly support materials, including a Student Manual with full-length practice test and scoring key, a User's Guide and an MCAT Technical Manual.
- o Field testing materials for the revised exam in late 1989 and in 1990 and introducing the reconfigured MCAT in 1991.

The goals of the MCAT revision were to maintain or improve the high psychometric properties of the MCAT; assess mastery of (1) prerequisite, entry-level science concepts, (2) facility at science problem-solving and critical analytical thinking, and (3) communication/writing skills; communicate the desire for candidates broadly prepared in natural and social sciences and humanities; shorten the average 9 1/2 hour test day; and facilitate fair and reasoned use of MCAT data by students, advisers and medical school personnel.

ACTION: The CAS Administrative Board unanimously approved the recommendations of the MCAT Evaluation Panel.

III.E. CAS Spring Meeting. Secretary of Education Lauro Cavazos has cancelled. A notice will be sent to CAS Representatives with their agendas. The possibility of an Eastern Airlines strike was discussed. The orientation for new Representatives will consist of short presentations by the AAMC Executive Staff members regarding their areas of responsibility, and then discussions by various CAS Representatives about the structure, governance, and regulations of the CAS and the role of the CAS Representative.

III.I. AIDS Committee Report. The AIDS Committee, staffed by Dr. Robert Jones, has produced two reports and a statement on professional responsibility in its 18 month lifespan. This final report entitled, "The HIV Epidemic and Medical Education," if approved, will be distributed to the full AAMC constituency, and consideration will be given to printing it in Academic Medicine.

ACTION: The AIDS Committee Report was unanimously approved by the CAS Administrative Board.

III.G. CAS Working Groups. Dr. Kelly's group on development of a Distinguished Teacher/Scholar Award has not been able to identify funding for this proposal yet, but the effort continues.

Dr. Coulter met earlier this week with key AAMC staff to gage the level of enthusiasm, funding, and staffing available for a faculty development and evaluation project. He expects that this will be a one to two year project, focusing on faculty development first, and then leading to a combined effort on evaluation with the Council of Deans. Dr. Coulter solicited the Board's ideas in developing a proposal he expects to bring before the group at the June meeting, including a discussion of the issues the project should cover.

II. President's Report. Dr. Petersdorf reported to the Board concerns about the Indirect Medical Education subsidy from Medicare. The current 7.7% index is expected to be lowered, as the Administration is proposing a reduction to 4.05%, and ProPAC is recommending 6.6%. This issue is driven by the federal deficit, but items inadequately covered, such as outliers, deserve greater focus. The Council of Deans Administrative Board met this morning with Rep. Bob Traxler (D-MI) for a frank exchange of views.

Dr. Petersdorf welcomed Drs. Berns and Bryan to the CAS Administrative Board, and mentioned the creation of the AAMC Committee on Governance and Structure, which is chaired by John Colloton. Other members include the last five AAMC Chairs, plus current Chair D. Kay Clawson, M.D. and Chair-Elect David H. Cohen, Ph.D. He also reviewed the AAMC's relationship with the Association of Academic Health Centers, which is an important issue. Although AAHC declined a proffered merger, the relationship remains cordial and the two associations regularly meet for exchanges of information.

The AAMC is nearing completion of arrangements to purchase land between 24th and 25th Streets at N Street, N.W. on which an Association headquarters will be constructed. This action is necessary because the AAMC has badly outgrown its current quarters at One Dupont Circle, and now has staff on two floors of 1776 Massachusetts Avenue. Additionally, the Dupont Circle building is older and having maintenance problems, the neighborhood is deteriorating with increasing crime rates, and the rent is increasing with no equity position. The N Street building will be located next door to U.S. News and World Report, and will be an 8 story building. The AAMC will occupy 5 floors, and the 3 remaining floors will be private residence condominiums with a separate entrance. A financial plan for this project is evolving, and we should be in the new building by late 1991.

The AAMC Strategic Plan will be presented to the full Council at the Spring Meeting. It is divided into sections covering expansion of ongoing activities, proposed new activities, and a synopsis of major new activities which will require outside funding. Everything which involves expenditure increases requires Executive Council approval. New initiatives that the AAMC is already pursuing include a major curriculum study funded by the Culpeper Foundation and tracking of Howard Hughes Medical Institute student fellows. Six to ten schools may serve as test cases for implementing the recommendations contained in the Ebert-Ginzberg report thoroughly studied by the CAS Administrative Board last year, and the AAMC continues efforts to plan a fellowship program.

III.L. AAMC Framework Document for Institutional Policies and Procedures to Deal with Misconduct in Science. Allan Shipp gave a brief review of the events leading up to the formulation of this document. The emphasis of this publication is on misconduct rather than fraud, and the AAMC has added sections on prevention and institutional responsibility in order to make it more specific to the medical schools. Mr. Shipp reviewed the editorial changes which have been made since the agendas were mailed, and Dr. Knapp discussed Congressional interest in the subject of misconduct. A discussion on the role and activities of the NIH ensued.

ACTION: The CAS Administrative Board unanimously approved the Framework document as edited.

III.K. Ethics in Patient Referrals Act. Dr. Knapp requested the opinion of the Board about whether the AAMC should get involved in this issue. Dr. Pinn-Wiggins reported that the National Medical Association is extremely concerned about this legislation, as its passage could put 2 or 3 of the 8 remaining historically black hospitals out of business. Dr. Sacks pointed out that PPOs are not mentioned, although HMOs are. Dr. Knapp stated that his staff will research the implications of this legislation for the medical schools and faculty.

ACTION: The Administrative Board unanimously voted to ask that this issue be further investigated to determine the need for AAMC involvement.

III.M. Ad Hoc Group on Medical Research. Dr. Sherman chairs the Steering Committee of the Ad Hoc Group, and Drs. Malone and Kennedy also serve on this 12 person body. Meetings with the NIH Institute Directors, ADAMHA officials, and budget staff for both organizations are underway, then a recommendation for funding levels will be made, with consideration given to particular problems and initiatives. David

Moore distributed advance copies of this year's recommendation and noted two important issues: numbers of research project grants vs. full funding and research training. This proposal would fully fund one out of every three approved RPGs, with additional funds to restore the 10% cut of last year's study section approved levels. On research training, NRSA faces a shortfall of 1000 training positions, with NIGMS hardest hit. The support of constituent organizations is very important, both to endorse the proposal and to actively support it. A discussion of NIH funding problems ensued.

V. New Business. Dr. Pardes expressed concern about the effort to limit salaries on NIH grants to a \$120,000 ceiling, and the possibility that this ceiling is only the beginning of efforts to cut salaries on grants. Dr. Knapp stated that this issue is driven by the failed Congressional pay raise attempt, but he does not see visible support on Capitol Hill for the ceiling.

Dr. Pinn-Wiggins serves on the Governance and Structure Committee's Subcommittee which is considering AAMC awards such as the Distinguished Service Membership and Honorary Membership, and solicited input from Board members.

IV. Update on Current Biomedical Research Issues. Dr. Malone and AAMC staff will consider ways to distribute future reports. In the meantime, Administrative Board members will send copies of this issue to their Liaison Groups when asking those groups for input for the Governance and Structure Committee.

PURPOSES

The purposes of the organization are:

1. To provide a forum for discussion of matters relating to anesthesia education.
2. To stimulate improvements in anesthesia education of anesthesiologists, residents and medical students.
3. To encourage research in anesthesia education.
4. To collect and disseminate information relating to anesthesia education.
5. To cooperate with other organizations relating to a anesthesia education.

MEMBERSHIP CRITERIA

Any person with a doctorate degree may be a member after approval of the Membership Committee and receipt of annual dues. Any other person with a demonstrated interest in education of anesthesiologists or medical students may apply for membership by special consideration of the Membership Committee.

BYLAWS OF THE SOCIETY FOR EDUCATION IN ANESTHESIA

ARTICLE I - NAME

The name of the organization shall be the Society for Education in Anesthesia.

ARTICLE II - PURPOSES

The purposes of the organization are:

1. To provide a forum for discussion of matters relating to anesthesia education.
2. To stimulate improvements in anesthesia education of anesthesiologists, residents and medical students.
3. To encourage research in anesthesia education.
4. To collect and disseminate information relating to anesthesia education.
5. To cooperate with other organizations in matters relating to anesthesia education.

ARTICLE III - MEMBERSHIP

Section 1 - Any person with a doctorate degree may be a member after approval of the Membership Committee and receipt of annual dues. Any other person with a demonstrated interest in education of anesthesiologists or medical students may apply for membership by special consideration of the Membership Committee.

Section 2 - All members may vote and hold office.

Section 3 - Membership dues shall be determined by the Board of Directors.

Section 4 - Members may be expelled for (1) failure to pay dues for one year, (2) failure to abide by the provisions of these bylaws or (3) persistent disruption of the general or committee meetings of this organization. Expulsion of a member shall be determined by an affirmative vote of the Board of Directors after a hearing at which the member in questions may be present. Restoration of membership after expulsion may be given only by an affirmative vote of the Board of Directors after application by the expelled person.

Section 5 - For purposes of transacting business during a business meeting a quorum shall consist of 10 percent of the members.

Section 6 - Any member may resign from the organization by giving written notice to the Board of Directors. Resignation shall take effect at the time of acceptance by the Board.

Section 7 - Any member who has been a member for five continuous years and is retired may request a change in status from "Member" to "Emeritus Member." This may be done by written application to the Membership Committee. Approval shall be by separate majority votes of both the Membership Committee and the Board of Directors. "Emeritus Members" shall not pay dues nor hold office, but shall have all other rights and privileges of members. The five year membership requirement shall become effective only after 1990.

ARTICLE IV - OFFICERS

Section 1 - The officers of the organization shall be: President, Vice President, Treasurer and Secretary.

Section 2 - All officers and committee members shall be members of the organization.

Section 3 - All officers shall be elected for a two year term by a majority vote of the members present at the annual business meeting. Terms of office shall begin at the end of the meeting at which the election occurred and continue to the end of the second following annual business meeting. No officer may serve more than three consecutive terms in any one office.

Section 4 - Any officer may be removed, with or without cause, by an affirmative vote of two-thirds of the Board of Directors after a hearing at which the officer in question may be present.

Section 5 - Any officer may resign by giving written notice to the Board of Directors.

Resignation shall take effect on the date of acceptance by the Board of Directors. Acceptance shall be by an affirmative vote of the Board of Directors.

Section 6 - A vacancy in the office of the President shall be filled for the unexpired term by the Vice President. A vacancy in any other office shall be filled for the unexpired term by an organization member selected by the Board of Directors then in office.

Section 7 - The committee shall consist of six people appointed by the Board of Directors for a term of 3 years.

Section 8 - The Vice President shall assume the duties of the President if the President is absent or unable to perform the duties of that office, shall have all powers and duties as are conferred upon him by the Bylaws and shall perform such other duties as may be assigned by the Board of Directors.

Section 9 - The Secretary shall keep a record of official business meetings of the organization and of the Board of Directors, shall keep all other documents and records required by law, shall make available for inspection by any member all records and documents of the organization, shall maintain a register of names and addresses of all members and shall perform such other duties as may be assigned by the Board of Directors.

Section 10 - The Treasurer shall be the general financial officer of the organization, shall keep full and accurate accounts of all receipts and disbursements, shall deposit all monies and other valuables in the name of and to the credit of the organization in such depositories as may be directed by a majority vote of the Board of Directors, shall make available for inspection by any member all financial records of the organization and shall perform such other duties as may be assigned by the Board of Directors.

Section 11 - The President and one other officer or the Executive Secretary of the organization shall sign any contracts with other organizations or persons.

Section 12 - There may be an Executive Secretary to act on behalf of the Society. The Executive Secretary, with the President, may sign contracts with other organizations or persons. The Executive Secretary may sign checks drawn on the Society account for less than \$250 without any other signature and may sign checks for \$250 or more with the additional signature of the Treasurer or President. The Executive Secretary shall be appointed and may be removed from office by the Board of Directors. Except as stated in this section, the Executive Secretary is not an officer of the Society.

ARTICLE V - COMMITTEES

Section 1 - Board of Directors

The Board of Directors shall act on behalf of this organization upon matters pertaining to the purposes of the organization and shall prepare the annual budget. The Board may appoint ad hoc committees to further its purposes. The Board shall consist of the President, Vice-President, Secretary, Treasurer, Immediate Past President, and four general members elected by a majority vote of all organization members present at the annual meeting. General members shall be elected for a term of two years, two people being elected each year and members may be elected for a maximum of three consecutive terms, not including filling an unexpired term. The Board shall act by a majority vote of its members except when specified otherwise in these bylaws. The Board shall have at least one meeting per year at a time and place designated by the President. Action of the Board may be voided by a majority vote or the organization members present at the annual business meeting. Any vacancies in the Board may be filled for the unexpired term by an organization member selected by the Board.

Section 2 - Bylaws Committee

The committee shall consist of at least three members and shall prepare or recommend amendments to the Bylaws to maintain the purposes of the organization. Members shall be appointed by the Board of Directors for staggered two year terms and may be reappointed. The chairman shall be appointed by the Board of Directors.

Section 3 - Membership Committee

The committee shall consist of at least three members appointed by the Board of Directors for staggered two year terms and may be reappointed. The Chairman shall be appointed by the Board of Directors. The committee shall receive, consider and approve or disapprove all applications for membership and shall encourage qualified persons to apply for membership.

Section 4 - Education Meeting Committee

The committee shall consist of six people elected by the organization members for a term of three years. Two committee members shall be elected at each annual business meeting. The committee shall elect its chairman. The committee shall be responsible for the planning and execution of the annual education meeting of the organization.

Section 5 - Financial Committee

The committee shall consist of the Treasurer as chairman, the Immediate Past Treasurer and three general committee members elected by the organization members for a term of three years. One general committee member shall be elected at each annual business meeting. The committee shall be responsible for the sound fiscal management of the organization, shall collect the annual dues and may seek and accept for the organization voluntary contributions and any other funds.

Section 6 - Publications Committee

The committee shall consist of five people appointed by the Board of Directors for a term of five years. One committee member shall be appointed annually and may be reappointed for a maximum of two consecutive terms. The chairman shall be appointed by the Board of Directors for a term of five years and shall be editor of the Newsletter. The other committee members shall be associate editors of the Newsletter. The committee shall edit and publish the official Newsletter or journal of the organization.

Section 7 - Educational Resources Committee

The committee shall consist of six people appointed by the Board of Directors for a term of three years.

Section 8 - Nominating Committee

The committee shall consist of three people appointed by the Board of Directors for a term of one year. The committee shall provide a list of nominees for all offices, board and committee memberships to be filled by election at the next annual business meeting. Other nominations may be made by any member at the time of the meeting.

Section 9 - Resignation from Committees

Any member may resign from a committee by giving written notice to the Board of Directors. Resignation shall take effect at the time of acceptance by the Board.

ARTICLE VI - MEETINGS

There shall be one business meeting per year in the month of October at a place chosen by the Board of Directors. Regular business, elections and reporting shall take place at the meeting. Notice of place and time of the meeting shall be published in the Newsletter at least forty days prior to the meeting. There shall be one education meeting per year at a place and time chosen by the Board of Directors. Special meetings may be called by the Board of Directors, provided that notice of place and time of the meeting has been published in the Newsletter at least forty days prior to the meeting.

ARTICLE VII - FUNDS AND EXPENDITURES

Funds for the organization may be derived from dues, special assessments, voluntary contributions, fees or income from publications.

Expenditures shall be made only within the limits of funds available.

The fiscal year of the organization shall end on the last day of December.

ARTICLE VIII - REPORTS

Each committee shall prepare a detailed account of its activities and recommendations and submit it to the Secretary not later than thirty days prior to the annual business meeting.

At the annual business meeting there shall be an oral report of each committee.

The Board of Directors shall present the annual budget at the business meeting.

ARTICLE IX - PARLIAMENTARY PROCEDURE

The latest edition of Robert's Rules of Order shall govern all questions of parliamentary procedure.

ARTICLE X - AMENDMENTS

The Bylaws may be amended by a two-thirds vote of the members in attendance at the annual business meeting only after the proposed amendment has been presented to the organization at the previous annual business meeting or had been recommended by the Board of directors and mailed to each member at least forty days prior to the annual business meeting. The requirement for a mailing of a proposed amendment at least forty days prior to the annual business meeting may be waived by a unanimous vote of the members present at the annual business meeting.

ARTICLE XI - TERMINATION OR DISSOLUTION

In the event of termination, liquidation or dissolution of this organization, the remaining assets of the corporation, after paying or adequately providing for the debts and obligations of this corporation, shall be distributed to the Wood Library-Museum of Anesthesiology. If the assets cannot be distributed to the Wood Library-Museum of Anesthesiology, the Board of Directors shall determine the recipients of the assets. Notwithstanding the above, the remaining assets shall be distributed only for one or more exempt purposes within the meaning of IRC Section 501 (c) (3) or corresponding section of any future Federal Tax code. Any assessment so distributed by the Board shall be disposed of by the appropriate court of the country in which the principal office of the corporation is then located, exclusively for exempt purposes.



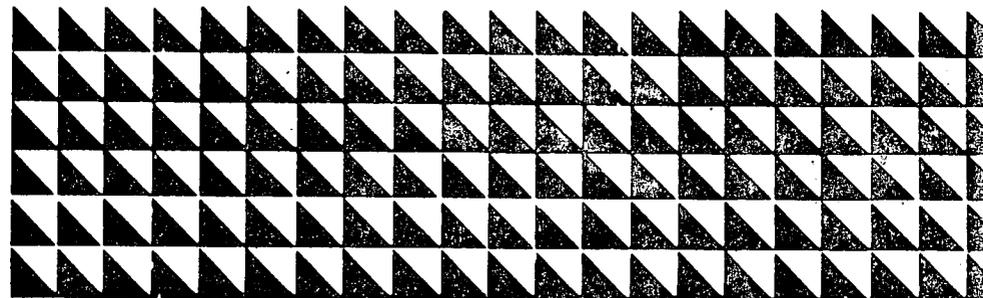
**PROMOTING ANESTHESIA EDUCATION
THROUGH FACULTY DEVELOPMENT**

Featuring an Address to the S.E.A.
From the President-Elect of the A.S.A.,
James F. Arens, M.D.

**SEA'S ANNUAL FALL MEETING
AND WORKSHOPS**

**SAN FRANCISCO, CALIFORNIA
FRIDAY, OCTOBER 7, 1988**

(Before ASA Refresher Courses)



Participants in this workshop may apply for
6.75 hours of continuing medical education
credit in category 1 of the Physicians Recognition
Award of the American Medical Association.

SEA Society for
Education in
Anesthesia

11508 Allecingle Parkway
Suite C
Richmond, Virginia 23235

MARK YOUR CALENDAR!

SEA's Annual Fall Meeting and Workshops
San Francisco, California
Friday, October 7, 1988
(Before ASA Refresher Courses)

FALL MEETING AGENDA

Friday, October 7, 1988

(Note all locations to be announced)

- 7:00-8:00 AM **REGISTRATION:** Coffee, Rolls
- 8:00-8:10 AM **WELCOME**
Philip L. Liu, M.D., President of SEA
- 8:10-9:45 AM **PANEL DISCUSSION**
Improving Anesthesia Education Through Faculty Development
Robert L. Willenkin, M.D., Moderator
Ronald D. Miller, M.D.
James J. Richter, M.D.
William D.B. Pope, M.D.
Frederick W. Campbell, M.D.
- 9:45-10:15 AM **COFFEE BREAK**
- 10:15-11:00 AM **ADDRESS TO THE SOCIETY FOR EDUCATION IN ANESTHESIA FROM THE PRESIDENT-ELECT OF THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS**
James F. Arens, M.D.
- 11:00-1:00 PM **LUNCH BREAK:** A light luncheon is provided. Attendees are urged to attend the open SEA committee meetings listed below.
- 11:15-12:45 PM **SEA COMMITTEE MEETINGS**
Residency Curriculum Committee
Committee on Curriculum for Medical Students in Anesthesiology
Committee on Educational Resources
Committee on the Impaired Physician
Committee on Resident Evaluation
Committee on Screening Anesthesiology Resident Applicants
Committee on Liaison to Anesthesia Subspecialty Societies and Curriculum for Anesthesia Subspecialties
- 1:00-2:30 PM **WORKSHOP SESSION** (see descriptions inside, then select one on registration form)
- 2:30-3:00 PM **COFFEE BREAK**
- 3:00-4:30 PM **WORKSHOP SESSION** continued
- 4:30-5:30 PM **SEA BUSINESS MEETING**
- 5:30-6:30 PM **PRESIDENT'S RECEPTION**

FACULTY

GUEST FACULTY

- James F. Arens, M.D.**
Professor and Chairman
Rebecca Terry White Chair in
Anesthesiology
University of Texas Medical Branch
- Ronald D. Miller, M.D.**
Professor and Chairman
Department of Anesthesia
University of California, San Francisco

- Frank L. Murphy, Jr., M.D.**
Associate Professor of Anesthesia
University of Pennsylvania
- James J. Richter, M.D.**
Director
Department of Anesthesia
Hartford Hospital
- Cynthia D. Scott, Ph.D., M.P.H.**
Department of Family and
Community Medicine
University of California, San Francisco

SEA FACULTY

- Frederick W. Campbell, M.D.**
Assistant Professor of Anesthesia
University of Pennsylvania
- Charles H. McLeskey, M.D.**
Associate Professor of Anesthesia
University of Colorado Health
Sciences Center
- Susan L. Polk, M.D., M.S.Ed.**
Assistant Professor of Anesthesiology
and Critical Care
University of Chicago
- William D. B. Pope, M.D.**
Associate Professor of Anesthesia
University of Manitoba
- M. Frances Rnoton, Ph.D.**
Associate Professor of Medical
Education
Director of Education, Department of
Anesthesia
Case Western Reserve Medical
School

- Frank H. Sarnquist, M.D.**
Associate Professor of
Anesthesiology
Director of Residency Training
Stanford University School of
Medicine
- H. Bruce Triplett, M.D.**
Attending Anesthesiologist
Michael Reese Hospital and
Medical Center
Clinical Assistant Professor of
Anesthesiology
University of Chicago Pritzker
School of Medicine
- J. L. Viets, M.D.**
Assistant Professor of Anesthesiology
Director, Residency Training
Baylor College of Medicine
Affiliated Hospitals
- A. Terry Walman, M.D.**
Assistant Professor of Anesthesiology
and Critical Care Medicine
Associate Director of Critical Care
Medicine
Johns Hopkins Hospital
- Robert L. Willenkin, M.D.**
Professor of Anesthesiology and
Vice-Chairman for Education
University Health Center of Pittsburgh

REGISTRATION FORM

SEA ANNUAL FALL MEETING

October 7, 1988

San Francisco, California

Hotel location will be included in your meeting acknowledgement.

(please print)

NAME _____
(last) (middle initial) (first)

M.D. Other _____

ADDRESS _____

CITY, STATE, ZIP _____

OFFICE TELEPHONE: () _____

HOME TELEPHONE: () _____

WORKSHOP SELECTIONS

All four workshops will be held simultaneously. Attendees may attend one workshop. Indicate the workshop you wish to attend by marking an **A** in the space by the desired workshop title listed below. Indicate an alternate choice by placing a **B** by your second choice. Workshops will be filled in the order this form is received, making every effort to honor your first choice.

- _____ 1. Leading Case Conferences _____ 3. Stress Management and Coping Skills
_____ 2. Lecturing Skills - "Keeping 'em Awake" _____ 4. Resident Evaluation

NOTE: Registrants are requested to register with the ASA Housing Bureau for their hotel accommodations.

REGISTRATION FEES*

*Late fee after September 7, 1988 applies. Check the appropriate box. Note that all fees are quoted in U.S. dollars. Fee includes lunch, reception, breaks, and course material.

\$205 Non-Member \$140 SEA Member \$70 Resident

\$185 Non-Member-if completed SEA membership application and **DUES (\$65 ACTIVE)** accompanies this meeting registration form.

\$10 Additional for late registration — postmarked after September 7, 1988.

Please fill out the above form, make out a check for the appropriate amount to **THE SOCIETY FOR EDUCATION IN ANESTHESIA**, and send them both to:
THE SOCIETY FOR EDUCATION IN ANESTHESIA (SEA)
11508 ALLECEINGIE PARKWAY, SUITE C, RICHMOND, VIRGINIA 23235 (804) 379-5513

REFUND POLICY

Full refund through September 6, 1988. 80% refund September 7, 1988-October 6, 1988. No refund after October 6, 1988. (Written cancellations)

For Computer Use

Amt. Pd \$ _____

Ck. # _____

Reg. # _____

COURSE DESCRIPTIONS

PANEL DISCUSSION

IMPROVING ANESTHESIA EDUCATION THROUGH FACULTY DEVELOPMENT

The panel will discuss the process of faculty development and how it may determine the quality of residency and medical student educational programs. A broad look at the topic will be presented by four panelists with different perspectives: Dr. Miller, chairman of a large university department; Dr. Richter, director of a private hospital based residency program; Dr. Campbell, a junior faculty member in a university department; and Dr. Pope, Chief English Examiner for Anesthesia, Royal College of Physicians and Surgeons of Canada.

Experiences, successes and failures of each panelist, as well as future goals for educational program development, will be shared with the audience. Specific issues addressed will include the state of current faculty development programs and their impact on faculty and residents; relative responsibilities of the individual, the department, and the institution for faculty development, the value of developing educators in relation to researchers and clinicians; and the potential role for extramural organizations such as the ASA or SEA in faculty development.

WORKSHOPS

The four workshops which are described below will be held simultaneously. Each workshop is three hours in duration and will be conducted in two 1½ hour segments. Attendees may select one workshop and will attend both parts of that workshop.

1. LEADING CASE CONFERENCES AND OTHER LARGE GROUP DISCUSSIONS

Frank L. Murphy, Jr., M.D.

Educators who organize, conduct, or participate in department conferences and those interested in improved discussion-leading skills are the intended audience of this workshop. The workshop participant will be prepared to take responsibility for organizing and moderating departmental case conferences. You will learn how to select cases, design questions for discussion, choose and reproduce reference material, moderate the conference, insure that the conference is valuable for all levels of trainees and maintain the quality of the conference over time.

2. LECTURING SKILLS - "KEEPING 'EM AWAKE"

Charles H. McLeskey, M.D. / Susan L. Polk, M.D., M.S. Ed.

This workshop will enhance your skills in presenting lectures to small or large groups. You will become aware of your stage presence, observing and practicing gesturing, emphasizing, keeping your audience's attention, and tasteful use of humor. Together we will discuss and illustrate the proper structure of a lecture and effective use of audiovisuals. The workshop is designed for young educators developing their lecturing skills, although experienced speakers are welcomed to assess and refine existing skills.

3. STRESS MANAGEMENT AND COPING SKILLS

Cynthia D. Scott, Ph.D., M.P.H. / H. Bruce Triplett, M.D.

Anesthesia educators, junior and senior alike, who desire an improved capacity to manage professional and personal stress and to recognize the manifestations of student and resident stress are the intended audience of this workshop. The workshop features the Stress Map and Coping Skills Program which have been used widely in residency and medical education to increase the coping ability of health professionals at all levels. The participant will take Stress Map, hear an overview of the Coping Skills Program and participate in parts of the program modules: Communication skills for professional use and Building self-care and relaxation skills.

4. RESIDENT EVALUATION

**J. L. Viets, M.D. / M. Frances Rhoton, Ph.D. /
Frank H. Sarnquist, M.D. / A. Terry Waiman, M.D.**

This panel discussion-workshop will provide each participant increased knowledge of 1) the essential elements of an evaluation system, 2) the application of evaluation systems to clinical settings, 3) methods to record and interpret evaluation data, and 4) the legal and ethical requirements and implications of evaluation. Presentations by each of the panelists and discussion with the audience will precede the development of a sample evaluation system by the workshop participants. The workshop is designed for educators who are developing or administering resident evaluation systems as well as those who want to learn more about the measurement of learning.

THE SOCIETY FOR EDUCATION IN ANESTHESIA

HISTORY

The Society for Education in Anesthesia (SEA), was founded formally in 1984, having grown from a Workshop on Education held four years earlier in St. Louis just prior to the American Society of Anesthesiologists' Annual Meeting. Over two-hundred anesthesiologists attended the workshop, and that success encouraged a smaller group to develop and hold additional education-oriented meetings. This group began to explore the possibility of a formal organization of those interested in issues related to education in anesthesiology. Continued interests in these activities has lead to the emergence of SEA.

PURPOSE

The purposes of the Society for Education in Anesthesia, broadly stated, are: to promote and foster excellence in the teaching of anesthesiology; and to provide a means for interchange of ideas, as well as to develop a sense of fellowship among teachers of anesthesiology.

RESOURCES

To achieve these aims, the Society has developed several resources: the Society newsletter, *Anesthesia Education*, published at least quarterly; sponsorship of various educational meetings (an annual SEA meeting prior to the annual ASA meeting, the successful SEA breakfast panels at the annual ASA meeting, and now an enlarged, freestanding SEA meeting in the Spring); and a standing Educational Resources Committee to collect, compile and disseminate materials related to education in anesthesiology. Additionally the Society has established several Ad Hoc Committees on the following issues: Curriculum for Medical Students in Anesthesiology, Screening Anesthesiology Resident Applicants, Residency Curriculum Committee, Impaired Physicians Committee, Subspecialty Liaison Committee, Curriculum for the Clinical Anesthesia Three (CA03) Year, and Resident Evaluation.

INVOLVEMENT

If you have an interest in any of the areas mentioned above and are not already a member of the Society for Education in Anesthesia, join now. Fill out and return the Membership Application included in this brochure.

SEA BOARD OF DIRECTORS

Phillip L. Liu, M.D., Boston, MA, *President*
Ronald J. Faust, M.D., Rochester, MN,
Vice President
Susan L. Polk, M.D., M.S.Ed., Chicago, IL,
Secretary
Michael F. Mulroy, M.D., Seattle, WA,
Treasurer

Arnold J. Berry, M.D., Atlanta, GA
Alan Jay Schwartz, M.D., M.S.Ed.,
 Philadelphia, PA
H. Bruce Triplett, M.D., Chicago, IL
Robert L. Willenklm, M.D., Pittsburgh, PA

SEA EDUCATION MEETING COMMITTEE

Frederick W. Campbell, M.D., Chairman,
 Philadelphia, PA
Alan H. Goldberg, M.D., Milwaukee, WI

William D.B. Pope, M.D., Winnipeg, Manitoba
Alan Jay Schwartz, M.D., M.S.Ed.,
 Philadelphia, PA
H. Bruce Triplett, M.D., Chicago, IL

SOCIETY FOR EDUCATION IN ANESTHESIA MEMBERSHIP APPLICATION

(please print)

Active Membership \$65
 Resident Membership \$15

NAME _____
(last) (middle initial) (first)

M.D. Other _____

ADDRESS _____

CITY, STATE, ZIP _____

OFFICE TELEPHONE: () _____

HOME TELEPHONE: () _____

INSTITUTION: _____

TITLE: _____

DEGREE: _____ YEAR AWARDED: _____

INSTITUTION: _____

EDUCATIONAL INTERESTS:

FILL OUT THIS FORM AND RETURN IT WITH CHECK FOR YOUR DUES TO:

SEA
 11508 ALLECINGIE PARKWAY, SUITE C
 RICHMOND, VIRGINIA 23235



For Computer Use
 Amt. Pd \$ _____
 Ck. # _____
 Memb. # _____

Minutes of SEA Annual Business Meeting

October 7, 1966

Ramada Renaissance Hotel

San Francisco, CA

Philip L. Liu, M.D., Presiding

The meeting was called to order at 4:30 P.M.

CONDUCT OF ELECTIONS Dr. Liu opened discussion on the future conduct of elections, presenting the following options for consideration:

1. Slate of candidates presented by Nominating committee and elections proceed early in the morning of the fall meeting.
2. Slate of candidates presented by Nominating committee and elections proceed during the business meeting late in the afternoon at the fall meeting (no change from current policy).
3. Slate of candidates presented by Nominating committee and elections proceed by mail after publication in *Anesthesia Education*

ELECTION OF OFFICERS Dr. Vinnie Malhotra, Chairman of the Nominating Committee presented the slate of candidates previously published in *Anesthesia Education*. Dr. Malhotra was nominated from the floor for Board of Directors. The election proceeded by secret ballot, and the following were elected:

President- Dr. Philip Liu

Vice President- Dr. Arnold Berry

Secretary- Dr. Susan Poik

Treasurer- Dr. Michael Mulroy

Board of Directors- Drs. Fred Campbell, Arthur Schneider, and Ron Faust

Education Meeting Committee- Drs. Lois Bready and Mark Warner

Finance Committee- Dr. David Sprague

The Nominating Committee consisted of Drs. Malhotra, Bill Arnold, Alice Basford, Frank Sarnquist and Denham Ward.

BYLAWS CHANGES Dr. Willenkin, Chairman of the Bylaws Committee, introduced the previously published suggested bylaws changes with a short explanation for each. The following actions were taken:

Article III Section 7. The Section will read as follows: "Any member who has been a member for five continuous years and is retired may request a change in status from "Member" to "Emeritus Member." This may be done by written application to the Membership Committee. Approval shall be by ~~an~~ ^a separate majority votes of both the Membership Committee and the Board of Directors.

"Emeritus Members" shall not pay dues nor hold office, but shall have all other rights and privileges of members.

The five year membership requirement shall become effective only after 1990."

Article V Section 4 (The Education Meeting Committee) will remain as it now stands until after the ACCME audit this coming winter, at the request of Dr. Campbell. At the 1989 annual meeting, the bylaws change which would result in the committee's being appointed rather than elected will be considered again.

Article V Section 7 (The Educational Resources Committee) The section will read as follows:

"The committee shall consist of six people appointed by the Board of Directors for a term of 3 years."

Article V Section 10 This proposed addition to the bylaws provides a mechanism for expelling committee members, and was tabled until next year in order to change to proposal to require a 2/3 vote of the Board of Directors in order to expel a member, and to insert a due process clause.

TREASURER'S REPORT Dr. Mulroy reported the treasury to be in good shape, with both yearly meetings now completely paying for themselves. He asked that contacts in industry be identified to him by SEA members so that we can continue to solicit grants for publishing the results of our committee projects and supporting outside speakers at our meetings.

COMMITTEE REPORTS Dr. Faust noted that most of the ad-hoc committees had reports published in the meeting booklet.

In addition, the Committee on Resident Evaluation is completing a handbook for resident evaluation which will be published and distributed soon, and is beginning work on a new book with guidelines for setting up an evaluation committee.

Dr. Bill Arnold reported that the Committee on the Impaired Physician is planning to develop a curriculum on substance abuse for use by training programs.

Dr. Sandra Curry reported the Committee on Medical Student Education has completed a new survey of medical schools, finding that 20% have no medical student program in Anesthesiology. They will contact the department chairmen of those schools to determine if there is interest in a SEA sponsored workshop on how to develop a medical student program.

ADJOURNMENT There being no other business, the meeting was adjourned at 5:15 PM.


Susan L. Polk, M.D., M.S.Ed.

SEA OFFICERS

TERM EXPIRES

President	Philip L. Liu, M.D.	1990
Vice President	Arnold J. Berry, M.D.	1990
Secretary	Susan L. Poik, M.D., M.S. Ed.	1990
Treasurer	Michael F. Mulroy, M.D.	1990
Board of Directors	Robert Willenkin, M.D.	1989
	Ronald Faust, M.D.	1989
	Fred Campbell, M.D.	1990
	Arthur Schneider, M.D.	1990

Education Meeting Committee (members to be appointed after 1988)

H. Bruce Triplett, M.D., Chairman	1989
Lois Bready, M.D.	1991
Mark Warner, M.D.	1991
Alan Schwartz, M.D., M.S. Ed.	1989
Alan Goldberg, M.D.	1990
Fred Campbell, M.D.	
Bill Pope, M.D.	

Finance Committee

Michael F. Mulroy, M.D.	1990
David Sprague, M.D.	1991
Scott Springman, M.D.	1989
Elliott V. Miller, M.D.	1990

Return of Organization Exempt From Income Tax
 Under section 501(c) (except black lung benefit trust or private foundation)
 of the Internal Revenue Code or section 4947(a)(1) trust

1987

Department of the Treasury
 Internal Revenue Service

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction D.

For the calendar year 1987, or fiscal year beginning 1987, and ending 19

Use IRS label. Otherwise, please print or type.	Name of organization Society for Education in Anesthesia	A Employer identification number (see instruction L) 91 : 1237012
	Address (number and street) 11508 Allecingie Parkway, Suite C	B State registration number (see instruction D)
	City or town, state, and ZIP code Richmond, VA 23235	C Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here <input type="checkbox"/> (see instruction C10)

D Check type of organization—Exempt under section 501(c)(3) (insert number), OR section 4947(a)(1) trust Check here if application for exemption is pending

E Accounting method: Cash Accrual Other (specify)

F Is this a group return (see instruction J) filed for affiliates? Yes No
 If "Yes," enter the number of affiliates for which this return is filed _____

G If "Yes" to either, give four-digit group exemption number (GEN)

Is this a separate return filed by a group affiliate? Yes No

H Check here if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS should file a return without financial data if you were mailed a Form 990 Package (see instruction A). Some states may require a completed return.

I Check here if gross receipts are normally more than \$25,000 and line 12 is \$25,000 or less. Complete Parts I (except lines 13-17), III, IV, V, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,000, complete the entire return.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

CLIENT'S COPY

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances		(A) Total	(B) Unrestricted/Expendable	(C) Restricted/Nonexpendable
Support and Revenue	1 Contributions, gifts, grants, and similar amounts received: Sch. #1			
	a Direct public support	13,950		
	b Indirect public support			
	c Government grants			
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	13,950		
	2 Program service revenue (from Part IV, line f)	30,230		
	3 Membership dues and assessments	15,130		
	4 Interest on savings and temporary cash investments	1,481		
	5 Dividends and interest from securities			
	6a Gross rents			
	b Minus: rental expenses			
	c Net rental income (loss)			
7 Other investment income (Describe <input type="checkbox"/>)				
8a Gross amount from sale of assets other than inventory	Securities			
	Other			
	b Minus: cost or other basis and sales expenses			
c Gain (loss) (attach schedule)				
9 Special fundraising events and activities (attach schedule—see instructions):	a Gross revenue (not including \$ _____ of contributions reported on line 1a)			
	b Minus: direct expenses			
	c Net income (line 9a minus line 9b)			
10a Gross sales minus returns and allowances				
	b Minus: cost of goods sold (attach schedule)			
	c Gross profit (loss)			
11 Other revenue (from Part IV, line g)				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)		60,791		
Expenses	13 Program services (from line 44, column (B)) (see instructions)	41,872		
	14 Management and general (from line 44, column (C)) (see instructions)	13,826		
	15 Fundraising (from line 44, column (D)) (see instructions)			
	16 Payments to affiliates (attach schedule—see instructions)			
	17 Total expenses (add lines 16 and 44, column (A))		55,698	
Fund Balances	18 Excess (deficit) for the year (subtract line 17 from line 12)		5,093	
	19 Fund balances or net worth at beginning of year (from line 74, column (A))		21,809	
	20 Other changes in fund balances or net worth (attach explanation)			
	21 Fund balances or net worth at end of year (add lines 18)		26,902	

**MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES**

MAIL TO: Association of American Medical Colleges
One Dupont Circle NW, Suite 200
Washington, D. C. 20036
Attention: Jane Donovan

NAME OF SOCIETY: SOCIETY OF MEDICAL COLLEGE DIRECTORS OF CONTINUING
MEDICAL EDUCATION

MAILING ADDRESS: C/O AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN AVENUE,
CHICAGO, ILLINOIS 60610

PURPOSE: 1) ESTABLISH NATIONAL FORUM (POLICY, KNOWLEDGE AND RESEARCH)
FOR DIRECTORS OF CME
2) IMPROVE QUALITY OF PATIENT CARE THROUGH CONTINUING MEDICAL
EDUCATION

MEMBERSHIP CRITERIA:

- 1) DIRECTOR OF CME AT A MEDICAL COLLEGE BRANCH OR CAMPUS
ACCREDITED BY LCME
- 2) WRITTEN ENDORSEMENT BY THE DEAN

NUMBER OF MEMBERS: 106 FULL VOTING MEMBERS

NUMBER OF FACULTY MEMBERS: 106

DATE ORGANIZED: 1976

SUPPORTING DOCUMENTS REQUIRED: (Indicate in blank date of each document.)

<u>SEPTEMBER 1988</u>	1. Constitution and Bylaws
<u>PROGRAM: SPRING 1988 and 89</u>	
<u>MINUTES FALL 1988</u>	2. Program and Minutes of Annual Meeting
<u>14 NOVEMBER 1983</u>	3. Copy of IRS Approval under Sections 501(c)(3) and 509(a) of the Internal Revenue Code.

11 May 1989
Date Completed

W. Dale Dauphinee
Completed by - Signature

W. DALE DAUPHINEE

Completed by - Please print

PAST PRESIDENT

Title



McGill

Centre for Medical Education
Faculty of Medicine
McGill University

(514) 398-4987

May 11, 1989

Ms. Jane Donovan
Council of Academic Societies
c/o Association of American Medical Colleges
One Dupont Circle, N.W.
Suite 200
Washington, D.C. 20036
U.S.A.

Dear Jane:

Enclosed please find the application from the Society of Medical College Directors of Continuing Medical Education for the Council of Academic Societies. Please note that I included 2 spring programs because we focus every other spring conference on Research in CME (PICME). In addition, we run a joint program every fall with GME at the annual AAMC meeting. In short we hold 2 meetings per year: one with the GME and AAMC in the fall and one in the spring.

Thank you for your help.

Yours sincerely,

W.D. Dauphinee, M.D., F.R.C.P.(C)
Professor of Medicine
Director,
Centre for Medical Education
McGill University and
Physician-in-Chief,
Royal Victoria Hospital

WDD/cdp

ARTICLE I

NAME

The name of this Society shall be THE SOCIETY OF MEDICAL COLLEGE DIRECTORS OF CONTINUING EDUCATION.

ARTICLE II

Purposes and Functions

The purposes of this Society shall be:

1. To establish the national forum for the Society of Medical College Directors of Continuing Medical Education
2. To improve patient care through continuing medical education.

The functions of this Society shall be:

1. To study the important issues in continuing medical education and to formulate positions on them;
2. To facilitate the exchange of continuing medical education-related knowledge helpful to the membership in their individual roles;
3. To encourage basic research in areas related to continuing medical education and physicians' competence, and to assist in disseminating the results of such research;
4. To aid in establishing linkages with other disciplines of importance to continuing medical education's mature development;
5. To encourage professional exchanges with other institutions and organizations involved in continuing medical education; and
6. To engage in such other activities deemed appropriate to fulfill the purposes of the society.

ARTICLE III

Members

SECTION 1. The director of Continuing Medical Education of any medical college accredited by the Liaison Committee for Medical Education, or any branch campus of said college if the branch conducts a program of Continuing Medical Education independent of its parent, is eligible for voting membership. Such director must have the written endorsement of the Dean of that medical college. A two-thirds vote of the members present and voting at any regularly called meeting of the Society shall elect to voting membership. A person so elected shall be declared a voting member of the Society upon payment of dues.

SECTION 2. Eligibility for associate membership is restricted to persons who are related to medical colleges which have a voting member (S1). Applications for associate membership will be submitted through the voting member and require his or her endorsement. Associate members may be any professional (s) or technician (s) on the voting member's CME staff, or a member of the medical college faculty (duly appointed and so listed.) The application submitted for a proposed associate member shall contain full information about the applicant's CME activities and responsibilities.

Associate members are elected in the same manner as voting members with membership becoming effective upon payment of current dues. Associate members are entitled to all the privileges of voting members, except for voting at a general meeting. For any general meeting a voting member may designate an associate member from his or her institution to cast a proxy vote, so long as the Secretary/Treasurer is notified prior to the meeting. If an associate member serves as presiding officer of a general meeting, said person shall enjoy the chairman's prerogative to vote in the event of a tie even if the voting member from that associate member's medical college has already voted.

SECTION 3. The period of July 1 to June 30 shall constitute the annual period of membership for which dues are to be collected. This period will coincide with the society's fiscal year. The secretary-treasurer will send each member during April an appropriate statement of dues for the forth-coming year. Dues for the fiscal year are payable on July 1. Dues will be regarded as delinquent if unpaid by September 1, whereupon the secretary-treasurer will send the final notice of delinquent dues. If dues remain unpaid by January 1, the member will be dropped from the roster and lose all privileges of membership. A dropped member would apply for membership in the manner of an original application.

The amount of dues for a given fiscal year will be determined by the membership during the preceding fall meeting, after consideration of the recommendation of the Executive Committee which shall have considered the prior recommendation of the Finance Committee.

Dues recieved for those membership applications which are approved at the annual meeting shall be applied to the coming fiscal year. Dues recieved with those applications which are approved at the fall meeting shall be applied to the balance of the fiscal year.

SECTION 4. The membership may, by a two-thirds vote, assess itself at any meeting.

SECTION 5. Upon the written recommendation of the Executive Committee and by a three-fourths vote by ballot at the Annual Meeting, honorary life membership can be conferred upon three or fewer individuals who have made outstanding contributions to continuing medical education over an extended period of time. An honorary member shall have none of the obligations of membership in the society and shall be entitled to all of the privileges except those of making motions or voting at a general meeting, or holding office. There shall be no limit on the total number of persons holding the title of honorary life member.

SECTION 6. Any voting or associate member who, because of a change in professional activities is no longer eligible for membership in the Society, may, if he or she so requests, be appointed by the Executive Committee to continuing membership. The obligations and privileges of a continuing member shall be the same as those of an associate member, except for the right to hold office.

SECTION 7. At any regular meeting three or fewer individuals who have demonstrated outstanding interest and productive activity in the field of Continuing Medical Education in their own country, but who are not otherwise eligible for membership may on the recommendation of the Executive Committee, be elected to corresponding membership by a two-thirds vote of the membership present and voting. A corresponding member shall have none of the obligations of membership in the Society, and shall be entitled to all of the privileges except those of making motions, voting, or holding office.

SECTION 8. Any voting or associate member who has current membership at the time of regulation retirement from his institution and wishes to continue association with the society may be eligible for Emeritus status. The Emertus status will carry with it no obligation for dues and no voting status or office.

ARTICLE IV

Officers

SECTION 1. The officers of the society shall be President, a President-Elect, and Immediate Past-President, a Secretary-Treasurer, and four Regional Representatives, each of whom shall represent a constituency that corresponds to one of the four regions of the Association of American Medical Colleges. These officers shall perform the duties prescribed by these By-Laws and by the parliamentary authority adopted by the Society.

SECTION 2. At the regular Fall meeting a Nominating Committee shall be constituted. The Immediate Past-President will serve as chairman and the Society will elect one additional member from each of its four regions. It shall be the duty of this committee to nominate at least two candidates for each office except President and Immediate Past-President, which positions will be filled, respectively, by the previous President-Elect and President. The nominating committee shall report to the membership by presenting in writing its slate of candidates at least thirty (30) days prior to the Annual Meeting. Before the election additional nominations from the floor shall be permitted.

SECTION 3. The officers shall be declared elected upon receiving a majority vote of those present and voting by ballot. The President, President-Elect and Immediate Past-President shall serve for a term of one year. The Secretary-Treasurer shall serve a term of two years and be eligible to serve no more than three consecutive terms. The Regional Representatives shall serve two-year terms and shall be eligible to serve no more than two consecutive terms. The terms of the Regional Representatives shall be staggered, such that two shall be elected each year. No member shall hold more than one office at a time.

SECTION 4. Should the office of President become vacant, it shall be filled by the President-Elect. Should the office of Immediate Past-President become vacant, it shall remain empty. Should any other office become vacant, the vacancy shall be filled by appointment by the President with concurrence of the Executive Committee.

ARTICLE V

Meetings

SECTION 1. A regular meeting shall be held each Spring at a time and place selected by the Executive Committee and shall be for the purpose of electing officers, receiving reports of officers and standing committees, and for such other business that may arise. The regular Spring Meeting shall be known as the Annual Meeting.

SECTION 2. A Fall Meeting shall be held, preferably in conjunction with the AAMC Annual Meeting.

SECTION 3. Special meetings can be called by the President or the Executive Committee or upon the written request of twenty-five (25) voting members of the Society.

SECTION 4. Twenty-five (25) voting members or one-half of the voting membership of the Society, whichever is smaller, shall constitute a quorum.

SECTION 5. Meetings, other than business sessions, shall be open to additional persons invited by the President upon the nomination of members. Limitations of accommodations shall dictate the total number of persons to be invited to any meeting.

SECTION 6. With the concurrence of the Executive Committee, the President may invite distinguished individuals known to be interested in continuing medical education to attend the scientific and/or business sessions of any meeting. Any such visitors shall pay no registration fee for that meeting.

SECTION 7. Unless otherwise ordered by the Society or the Executive Committee, meetings shall be held in the Spring and Fall, as described above.

SECTION 8. The time, place, and format of any meeting other than as specified above, shall be fixed by the Executive Committee.

SECTION 9 The Secretary-Treasurer shall inform each member of the time and place of each forthcoming regular meeting three (3) months prior to the date of the meeting. A more detailed agenda will be provided each member one (1) month prior to the date of the meeting.

ARTICLE VI Executive Committee

SECTION 1. The officers of the Society including the Regional Representatives shall constitute the Executive Committee.

SECTION 2. The Executive Committee shall have general supervision of the affairs of the Society between its business meetings, fix the hour and place of the meetings, make recommendations to the Society, and shall perform such other duties as are specified by these By-Laws. The Committee shall be subject to the orders of the Society, and none of its acts shall conflict with action taken by the Society.

SECTION 3. Unless otherwise directed by the membership, the Executive Committee shall meet in conjunction with the Annual and Fall Meetings. Special meetings of the Committee may be called by the President and shall be called upon the written request of three members of the Committee.

SECTION 4. Five (5) members of the Committee shall constitute a quorum.

ARTICLE VII

Committees

SECTION 1. The Finance Committee shall be appointed by the President promptly after each annual meeting. It shall be chaired by that person who will be Secretary-Treasurer on the subsequent July 1, plus four other members. The committee will develop the budget throughout the next year, and present a recommended budget to the Society at its Spring meeting, to take effect the July 1 following its adoption. The Finance Committee can, from time to time, submit supplements to the budget for the current fiscal year..

SECTION 2. A Membership Committee of five (5) members shall be appointed by the President promptly after the Annual Meeting, whose duty it shall be to process applications from prospective voting, associate and continuing members, to present all such processed applications to the membership at the next regular meeting of the Society and to maintain a current membership roster. The Committee will distribute the roster by mail each fall after consultation with the Secretary-Treasurer. The Secretary-Treasurer shall be authorized to release a copy of the membership roster to outside persons or organizations only upon verbal or mail-ballot acquiescence of a majority of the Executive Committee. If such approval be granted by the Executive Committee, it will also set a fee to be asked of the recipient of the list. Members are thus expected to refrain from releasing their membership list to non-members, Members will be advised at the Annual Meeting of any such sale (s) of the list.

SECTION 3. A Program Committee of (5) members shall be appointed by the President promptly after the Annual Meeting, whose duty it shall be to plan the Annual Meeting for the following year plus the Fall Meeting that follows the next Annual Meeting.

SECTION 4. A Research Committee of at least five (5) members shall be appointed by the President promptly after the Annual Meeting whose duty it shall be to encourage, to coordinate, and to document research in the field of Continuing Medical Education on the part of the membership. The Committee shall recommend to the Program Committee the inclusion in the programs at the Fall and Annual Meetings of the Society such research papers as they deem appropriate. At each regular meeting of the Society the Research Committee shall report to the membership on its own doings and summarize the research activities of the membership.

SECTION 5. Such other committees, standing or special, shall be appointed by the President as the Society or the Executive Committee shall from time to time deem necessary to carry on the work of the Society.

ARTICLE VIII

Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order, Newly Revised shall govern the Society in all cases to which they are applicable and which they are not inconsistent with these By-Laws and any special rules of order the Society may adopt.

ARTICLE IX

Distribution of Assets

Upon the dissolution of the Society, the Executive Committee shall, after paying or making provisions for the payment of all of the liabilities of the Society, dispose of all of the assets of the Society exclusively for the purpose of the Society in such a manner, or to such organization or organizations organized and operated exclusively for charitable, education, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under s501(c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Executive Committee shall determine. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the Society is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purpose.

ARTICLE X

Amendment of By-Laws

These By-Laws can be amended at any meeting of the Society by a two-thirds vote, provided that the amendment has been submitted in writing to the membership at least (30) days prior to the date of that meeting.

SOCIETY OF MEDICAL COLLEGE DIRECTORS
OF CONTINUING MEDICAL EDUCATION
Annual Meeting
Palmer House, Chicago, Illinois

GENERAL BUSINESS MEETING MINUTES

Sunday, November 13, 1988

The meeting was called to order by President Dale Dauphinee at 10:45 a.m.

The minutes of the Spring meeting (April 30, 1988) were approved.

President Dauphinee presented a summary of Executive Committee activities during their meeting on Saturday, November 12, 1988. He discussed the following items:

1. Developments regarding the possible entry of our Society into the Council of Academic Societies and that he and Bob Cullen would be attending the regularly scheduled meeting of the council the next day.
2. ACME, AHME and our Society are cooperatively developing a Code of Ethics for relationships with industry.
3. There is an agreement in principle that there will be a CME Congress in San Antonio in April 1990 and Ciro Sumaya will be Chairperson of the joint planning committee.
4. Marty Shickman has prepared a statement entitled "The Basis of Medical School Cooperation with Industry in the Production of CME". This statement will be distributed to the membership and voted upon at the Spring meeting.
5. Gail Bank is in the final stage of negotiations with Mr. Robert Wilson of Curtin & Pease Peneco to publish a directory of medical school CME resources and industry CME resources.

6. Tom Meyer provided the Executive Committee with a report on the activities of the Independent Study Committee Physician Initiated CME (PICME). In brief, the purpose of the Committee is to reverse the perception that "documented sitting time" is the optional CME for practicing physicians. Tom would like to expand the committees participating membership from 7 to 21 members and to continue activities of the committee.

7. A contract has been signed to publish the change study with Praeger Publishing Company of New York. The book will cost about \$40 and the terms are quite favorable to the Society.

8. Phil Manning reported that the First Congress on CME which was conducted in April 1988 in Los Angeles was very successful and the joint sponsorship arrangement with ACME and AHME would probably continue. There was about \$24,000 remaining and Phil suggested that the money be used for seed money for the next Congress. He also noted, in his opinion, the host institution should donate time to conducting the program and only be reimbursed for overtime and necessary extra help.

9. John Vestor is working to develop a year long CME course which would meet for 2 hours per week to assist physicians who are preparing for recertification in Internal Medicine. The Executive Committee passed a motion indicating that the Society should take the leadership in encouraging the development of review courses in the various medical disciplines.

The Executive Committee report was approved.

The Regional Representatives were asked to report.

Southern: Jim Leist described the newly formed Southern Medical Education Consortium which is an affiliate of the Southern Medical Association. The purpose of the Consortium is to provide a mechanism for medical teaching institutions in the Southern region to share their expertise and action plans.

Midwest: In early October, Van Harrison sent a letter to members in his region requesting their input regarding issues or tasks the Society might pursue. No responses were received.

Northeastern: Wayne Putnam - No report

Western: John Parboosingh - No report

Finance: Jack Mason presented a verbal description of the financial report which had been previously distributed. He explained that future financial reports would contain 4 categories: Operating, Research, Audio Digest Endowment; and Delaware Cash Reserve. The Audio Digest Endowment is a \$20,000 grant which must be returned should the Society cease to exist. The earnings are to be used to support a major speaker for the Spring meeting. The Delaware Cash Reserve is an accumulatory fund for fiscal emergencies. Jack indicated that several memberships will cease on January 1, 1989 unless dues are received. These people have been sent two reminder letters. Jack also said that a cancellation fee will be imposed on members who register for future meetings and subsequently cancel. At the Spring meeting a financial report will be presented which shows the amount allocated, the amount spent, and the remaining balance for this fiscal year by budget item.

The financial report was accepted.

Membership Committee: Gloria Allington's report had been distributed and it was approved. She introduced each of the new members who were present.

Spring 1989 Program Committee: Bob Kristofco presented an outline of the program for the Spring meeting in Omaha. The program will begin with committee meetings on April 21 and conclude on April 25. A feature of the meeting will be an emphasis on strategic planning and an invited papers session. Bill Gust described a series of exciting social plans for the meeting.

Research Committee: Paul Mazmanian gave the following report.

1. Praeger Publishing, a New York based firm whose offerings are predominantly in sociology, psychology and social-psychology has agreed to publish the Change Study during the summer of 1989. The Society will earn 8 percent on the first 1,000 books sold, 12 percent on the second 1,000 and 15 percent on anything over 2,000 books. The Society will earn 50 percent on sales in foreign language editions. The price of the book will be approximately \$40.00 (U.S.) Thanks were expressed to Dale Dauphinee for completing negotiations on behalf of the Society.

2. Activity with the Research Resource Data Base (RRDB) increased by 15 percent during the past year. The Executive Committee was asked, and agreed, to provide \$2,000 of support for continuance of this project during the next year. The Research Committee continues to offer strong support to Dave Davis in this effort, and believe it is important that the Society and CME investigators become better informed of the availability of this service. A working group, under Dave Davis' leadership, will

review the strengths and weaknesses of the current system. They will recommend to the Research Committee whether the Society should continue to fund the RRDB as it is currently configured or whether an alternative system might be developed to enable less dependence on funding from the Society budget. The working group includes Davis, Van Harrison, Gloria Allington and Liz Lindsay.

3. The Research Committee was somewhat disappointed by the 50 percent return rate of the annual survey. It is understood that the length of the survey hurt the response rate. The survey subcommittee has been working with a traditional instrument inherited from predecessors when the intent of the survey served different purposes of the Society. The Research Committee will work on redesign of this project. The Committee extended great appreciation to Van Harrison for the success he has brought to the Society through the survey. He agreed to lead a working group to redesign the survey. The group includes Nancy Bennett, Bob Fox and Pat Iverson.

4. A Call for Papers for the Spring Meeting soon will be sent. Jocelyn Lockyer agreed to continue to serve the Society as Chairperson of the Paper Selection Committee. Her remarkable efforts and success continue to be appreciated.

5. The Research In Continuing Medical Education (RICME) conference will be held in conjunction with the 2nd Congress on CME. It will be held in San Antonio, Texas in 1990. Nancy Bennett has agreed to take the leadership role in planning the RICME meeting. Her efforts have already begun and we are especially pleased that Nancy accepted this major responsibility.

6. The Research Committee indicated some concern that movements in quality assurance, including federally funded efforts like PROs as well as programs for identifying and rehabilitating impaired physicians may grow increasingly dependent upon the medical schools to educate and train physicians for re-entry into practice. The Research Committee formed a subgroup to explore the literature and to identify parameters of the problem and the many implications for organization, research and program planning that this situation poses. Paul Mazmanian will head this working group currently involving: Dave Davis, Karen Mann, John Parboosingh, Jocelyn Lockyer, Elizabeth Lindsay.

7. Paul asked the Executive Committee to implement a Society policy to require the prioritization of requests to industry for funding. It was moved, seconded and approved that all funding requests for Society activities for \$100 or more should be approved by the Executive Committee.

George Race asked the Society to commend the Research Committee for their fine efforts. He felt that because of our research efforts we are becoming a true academic society. George's request was made into a motion and approved.

Strategic Planning Committee: George Smith described the elements of the strategic plan being developed by his committee. His committee has identified a number of key issues from which a new mission statement for the Society will evolve. Each Regional Representative will be asked to communicate the elements of the strategic plan to their constituents to obtain feedback to assist in formulating the refined structure of the strategic plan. George hopes to have a complete preliminary strategic plan to present to the membership at the Spring, 1989 meeting.

John Vestor described his initiative for the American Board of Internal Medicine and noted that recertification examinations are mandatory for 16 of the 23 specialty boards. He felt his initiative might be a workable model to help practicing physicians prepare for recertification. He also feels collaboration is needed among the medical schools, specialty boards, and the specialty societies in these efforts. John is concerned that, in his opinion, medical schools, with some exception, have lost the leadership in CME and thinks the kind of activity he is pioneering may have considerable relevance to the new strategic plan.

Future Meetings:

1990 Spring Meeting: Ciro Sumaya gave an overview of plans for the 1990 Spring meeting which will probably be the second Congress on CME. The event will be take place April 26-28, 1990 in San Antonio. Ciro will be consulting with Phil Manning for advice on this large undertaking.

President Dauphinee requested proposal from members in the Northeast to act as host for the 1991 Spring meeting.

Permanent Secretariat: President Dauphinee traced the evolution of the concept of a permanent secretariat. After considerable study the Executive Committee had 3 options: with respect to the AMA proposal from Dennis Wentz: (1) accept; (2) reject; or (3) a gradual phase-in of the work from the Secretary-Treasurer to the AMA. During the ensuing discussion the following concerns were expressed about accepting the AMA offer: what will the cost of the arrangement be 3 or 4 years from now? What inherent problems are there is being associated with the AMA? Do our by-laws permit this arrangement? The motion was made and approved to accept the AMA offer and to accomplish the transfer of the

secretariat on an 18 months phasing schedule. President Dauphinee appointed a committee of himself, the Vice President and Secretary-Treasurer to negotiate a staged transfer to the Dearborn Street location.

Nominating Committee: President Dauphinee asked for nominations for the nominating committee which is chaired by the past president. The nominating committee will consist of Marty Kantowitz, Oscar Thorup, Harold Paul and David Davis.

Other Business: Colin Woolf expressed his thanks for the membership Handbook and asked that fax numbers be included in the next membership listing.

The meeting adjourned at 12:39 p.m.

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SPRING MEETING

SOCIETY OF MEDICAL COLLEGE DIRECTORS OF CMB

APRIL 21-25, 1989

RED LION INN

OMAHA, NEBRASKA

PROGRAM

FRIDAY, APRIL 21, 1989

TOUR OF STRATEGIC AIR COMMAND HEADQUARTERS

12:30 p.m. Departure from Red Lion Inn (transportation will be provided)

1:00 p.m.- Arrival SAC Headquarters

4:00 p.m.

6:30 p.m. "Dutch Treat" Dinner - Maxine's - Red Lion Inn

We have reserved a private room at Maxine's at the top of the Red Lion Inn for Society members who will be arriving on Friday.

SATURDAY, APRIL 22, 1989

9:00 a.m. - Executive Committee Meeting Bel Air Room
12:00 noon

1:00 p.m. - Registration Desk Open Mezzanine
8:00 p.m.

1:00 p.m. Meeting Time for all Committees

MEETING: Missouri/Iowa Rooms

3:30 p.m. - RETREAT James C. Leist, Ed.D.
6:00 p.m. Moderator

6:30 p.m. Welcome Reception Winnebago/Flanagan Rooms

The Society gratefully acknowledges the Red Lion Inn's co-sponsorship of this function.

8:00 p.m. Transportation will be provided via Ollie's Trolley to the "OLD MARKET" area for registrants who would like to have dinner on their own and visit the shops and galleries.

SUNDAY, APRIL 23, 1989

6:30 a.m. "FUN RUN" Around Central Park Mall

7:30 a.m. Registration Desk Open Mezzanine
Continental Breakfast Capitol/Dodge Rooms

MEETING: Winnebago Room

8:15 a.m. Welcome W. Dale Dauphinee, M.D.
President

Opening Comments and Introduction to Program

William F. Gust, M.D.
Director, Center for
Continuing Education
University of Nebraska
Medical Center

Sally C. O'Neill, Ph.D.
Associate Dean, CME
Creighton University
School of Medicine

8:30 a.m. OVERVIEW OF THE CONFERENCE W. Dale Dauphinee, M.D.

8:45 a.m. STRATEGIC PLANNING *Robert G. Simerly, Ed.D.

This presentation will provide creative, effective approaches to strategic planning and leadership that are being successfully used in numerous continuing education offices. It will show practitioners how to use strategic planning to position a continuing education organization in the market, monitor the competition, keep abreast of topics that are hot, and illustrate how leaders can shape the identity and image of their organization.

* Audio Digest Endowed Speaker

10:00 a.m. Refreshment Break

10:30 a.m. STRATEGIC PLANNING (Continued)

11:45 a.m. SMCDCME Strategic Planning Committee Progress Report
George T. Smith, M.D.
Chairman

12:30 p.m. Luncheon Midlands Room

Tables will be arranged so that participants from each region can sit together during the luncheon

1:30 p.m. SMDCME STRATEGIC PLANNING - REGIONAL WORKSHOPS

Regional representatives will lead discussion with members concerning the emerging Society plan

Midwest Region - R. Van Harrison, Ph.D.

Western Region - John Parboosingh, M.D.

Southern Region - Jame C. Leist, Ed.D.

Northeastern Region - R. Wayne Putnam, M.D. *DAKOTA RM*

2:30 p.m. Refreshment Break

2:45 p.m. ACTION STRATEGIES - A REACTION PANEL

Moderator: Robert E. Kristofco

Panelists: James C. Leist, Ed.D.

Robert J. Cullen, Ph.D.

3:45 p.m. LEADERSHIP FOR CME: A SUMMARY

Robert G. Simerly, Ed.D.

4:30 p.m. Adjourn

5:30 p.m. Buses Leave Red Lion Inn for Omaha Community Playhouse

6:00 p.m. Supper - Omaha Community Playhouse

7:30 p.m. Showtime - "Gigi"

10:00 p.m. Buses Leave Omaha Community Playhouse for Red Lion Inn

MONDAY, APRIL 24, 1989

6:30 a.m. "FUN RUN" Around Central Park Mall

7:30 a.m. Continental Breakfast
(Registration Desk will be open)

Capitol/Dodge Rooms

8:15 a.m. Opening Comments and Welcomes

Richard L. O'Brien, M.D.
Dean, School of Medicine
Vice President for Health Sciences
Creighton University

Frederick F. Paustian, M.D.
Professor of Internal Medicine
Associate Dean for Graduate
Medical Education and
Continuing Medical Education
University of Nebraska
Medical Center

8:30 a.m. REFEREED PAPERS

Jocelyn Lockyer, B.A., M.H.A.
Moderator

Learning Contracts in CME

Frederick Parker, III, M.D., FAAFP
Prince William Hospital

Risk Management in Malpractice in CME: A Needs Assessment
Investigation

Gloria Allington, M.S.Ed.
University of Miami School of Medicine

Cholesterol: Working Together to Decrease the Risk

Karen Mann, Ph.D.
Dalhousie University

9:30 a.m. Refreshment Break

10:00 a.m. WHAT IS THE ROLE OF RESEARCH IN PLANNING FOR OUR PROGRAMS AND FOR
DEVELOPMENT OF OUR SOCIETY?

Paul E. Mazmanian, Ph.D.
Moderator

✓ "Why do Research? How do you get it going?"

R. Wayne Putnam, M.D.
Dalhousie University

"How do you find researchable ideas in everyday practices?"

Robert D. Fox, Ed.D.
University of Oklahoma

"How can research enrich your CME program?"

John Parboosingh, M.D.
University of Calgary

"What is the role of research in our society?"

Paul E. Mazmanian, Ph.D.
Virginia Commonwealth University

11:30 a.m. LUNCHEON AND SOCIETY BUSINESS MEETING

Lewis/Clark Rooms

1:30 p.m. THE ACCME ESSENTIALS: PERSPECTIVES FROM A PANEL OF ACCME REVIEW
COMMITTEE MEMBERS

Moderator: Rafael C. Sanchez, M.D.
Panelists: Julian Reinschmidt, M.D.
Willard Duff, Ph.D.

3:00 p.m. Refreshment Break

3:30 p.m. EVALUATION/NEEDS ASSESSMENT
Panelists: Ciro V. Sumaya, M.D.
 Robert J. Cullen, Ph.D.
 Robert E. Kristofco

An opportunity for general discussion concerning topics for fall meeting, 1989 and the Society's role in the CME Congress to be held in San Antonio in the spring of 1990

4:15 p.m. THE MEDICAL COLLEGE ADMISSIONS TEST (MCAT) PLANS FOR CHANGE
 Richard L. O'Brien, M.D.
 Dean, Creighton University School of Medicine
 Chair, MCAT Evaluation Panel

4:45 p.m. Adjourn

6:00 p.m. Buses Leave Red Lion Inn for "Johnny's Cafe"

9:30 p.m. Buses Leave for Red Lion Inn

TUESDAY, APRIL 25, 1989

7:30 a.m.	Continental Breakfast	Lewis Room
8:30 a.m. -	Executive Committee Meeting	Kansas Room
10:30 a.m.		

Internal Revenue Service
District Director

Department of the Treasury

Date: NOV 14 1983

Our Letter Dated:
January 15, 1983

Person to Contact:
EO Technical Assistant

Contact Telephone Number:
(214) 767-2728
EE:EO:7215:JH

► Society of Medical College Directors of
Continuing Medical Education
5323 Harry Hines Blvd.
Dallas, TX 75235

42-1112879

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

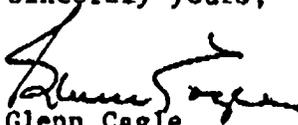
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(2). Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(2) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(2) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


Glenn Cagle
District Director

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
NOMINATING COMMITTEE

May 5, 1989
Conference Call

Committee Members

Joe D. Coulter, Ph.D., Chair
Ernst R. Jaffe', M.D.
Gordon I. Kaye, Ph.D.
Jack L. Kostyo, Ph.D.
Barbara J. McLaughlin, Ph.D.
Norman Snow, M.D.
Paul Van Arsdel, M.D.

Staff

Thomas E. Malone, Ph.D.
Jane Donovan

The CAS Nominating Committee met via conference call on May 5, 1989, to select nominees for the Administrative Board and Chair-Elect. This slate will be voted on by the full Council at the Annual business meeting.

As a result of the customary rotation of the Chair between the basic and clinical sciences, the Committee nominated a clinical scientist to be Chair-Elect. The Committee nominated three individuals for 3 year terms (two basic scientists and one clinician), and also elected a clinical scientist to fill the unexpired term of the incoming Chair-Elect for a one-year term.

The Committee asked that it be recorded in the minutes that S. Craighead Alexander, M.D. will remain on the CAS Administrative Board for two more years as the At-Large Representative from the CAS to the AAMC Executive Council. Dr. Alexander will continue to be eligible to be chosen as Chair-Elect during that two year term.

The Committee's nominations are as follows.

CAS CHAIR-ELECT

Myron Genel, M.D., Yale University , American Pediatric Society

CAS ADMINISTRATIVE BOARD (3 year terms)

Harold J. Fallon, M.D., Medical College of Virginia, Association of Professors of Medicine
George A. Hedge, Ph.D., West Virginia University, American Physiological Society
Barbara J. McLaughlin, Ph.D., University of Louisville, American Society for Cell Biology

CAS ADMINISTRATIVE BOARD (1 year term)

Thomas C. King, M.D., Columbia University, American Association for Thoracic Surgery

CAS Representation to the AAMC Assembly

The By-laws of the AAMC establish that the Council of Academic Societies shall have 63 representatives to the AAMC Assembly.

Part IV. Section 4. "The Council of Academic Societies and the Council of Teaching Hospitals each shall designate a number of their respective members as members of the Assembly, each of whom shall have one vote in the Assembly, the number from each Council not to exceed one-half the number of members of the Council of Deans entitled to vote [127]. All other members shall have the privileges of the floor in all discussions but not be entitled to vote at any meeting."

In the past, with fewer member societies and lower attendance rates, virtually everyone who attended the CAS Annual Meeting could be a voting representative at the AAMC Assembly. However, since there are now many more CAS members (87) than there are CAS places in the Assembly, it seems appropriate to establish a mechanism for accrediting official CAS members of the Assembly.

As registrations for the 1988 Annual Meeting were received by CAS staff, it became apparent that more than 63 societies would be attending. The memo which follows was sent to the first 63 societies who registered for the meeting, with a numbered voting card (1-63).

Concern has been expressed that this method of selection is inappropriate, as various constituencies could be excluded merely by a delay in mail delivery. An alternative to the present system would be to elect 63 representatives, as the COTH does, for a specific term, with the understanding that election to the Assembly rotate through all societies over a given period of time. Another alternative would be to designate chairmen's groups or some other core group as permanent members with the additional positions rotating among the other societies. The weakness with both of these suggestions is the inability to predict whether those societies will actually be represented at the meeting.

Question: Should the "first come, first serve" policy for designating CAS Representatives to the Assembly be continued? If not, what policy should be instated?



association of american medical colleges

October 21, 1988

TO: CAS Representatives

FROM: Douglas E. Kelly, Ph.D., CAS Chair

RE: AAMC Assembly

On November 14 at 5:00 p.m. immediately following the CAS Business Meeting at the Annual Meeting, the AAMC Assembly will meet. The CAS is allowed 63 voting delegates to the Assembly.

In past years, virtually everyone who has attended a CAS meeting has been a delegate to the Assembly. However, the CAS is growing. Effective with this Assembly meeting, the CAS will have 88 member societies, so it is becoming increasingly important that everyone is clear about who may vote on behalf of the CAS. At the 1986 Annual Meeting, the CAS voted that the first 63 societies who enrolled for the Council meeting would be the voting CAS delegates to the Assembly. It is the member societies and not individual representatives that are named to the Assembly. Each society so designated is entitled to one vote. For the societies that have two representatives at this meeting, both individuals may attend the Assembly, but each society gets only one vote.

The attached numbered card is your ticket to voting delegate status at the November 14 Assembly meeting. If for any reason you will not be able to attend the Assembly meeting, please pass this card to the other representative from your society. If the other representative from your society is not attending the Annual Meeting or the Assembly, please notify Jane Donovan at the AAMC (202-828-0480) at your earliest convenience. Because the proposed dues increase will be voted on at the November 14 Assembly meeting, we feel that it is crucially important that every society have the opportunity to vote at the Assembly.

If you have any questions or problems, please do not hesitate to call either Jane at the number listed above or me at 213-224-7277. Thank you for your cooperation.

Review of Council of Academic Societies 1989 Spring Meeting

Questions for Discussion:

1. Should the schedule for the three days be changed? Two hours into the business meeting Friday morning, only 31 CAS Representatives remained in the room, although 81 had attended at least part of the meeting. Possible alternatives:
 - a. Move all or part of the business meeting to another day
 - b. Schedule the business meeting for all day, but continue to adjourn at 1:00.
2. Should the society name signs continue to be used? Some CAS Representatives have complained about them, as they slow meeting registration markedly and require the two Representatives from a society to sit together. Those in favor of the signs like being identified on behalf of their society or discipline, and appreciate knowing the affiliation of others.
3. Are there other concerns related to the Spring Meeting which need to be addressed?

May 23, 1989

Cornelius J. Pings, Ph.D.
Provost and Senior Vice President for
Academic Affairs
University of Southern California
University Park, ADM 101-4019
Los Angeles, CA 90089-40019

Dear Neil:

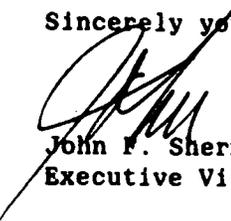
This will confirm the arrangements described to you by Carol Scheman for your meeting about the AAU report on indirect costs with the Administrative Boards of the Association's Council of Academic Societies and Council of Deans. The session will be held on June 15 in the State Room of the Washington Hilton Hotel from 7:30 a.m. to 8:30 a.m. A light breakfast will be served.

A bit of background may be of interest to you. These two Boards act as representatives in the governance structure for their respective Councils. In the case of the CAS, there are eighty-seven professional societies whose membership for all practical purposes represents the basic and clinical sciences faculties of the nation's medical schools. The COD, on the other hand, includes, as you may know, those officials from all of the 127 accredited medical schools in the country. Each Board consists of twelve members; together with staff expected to be present, your audience will approximate thirty-five people. Following your presentation and discussion, the Executive Council of the Association, which in effect acts as the board of directors for the organization, will be asked to act on two recommendations related to the AAU report on indirect costs, as follows:

1. The Association should commend the AAU for continuing to pursue approaches designed to reduce the seriousness of this important but persistent issue.
2. The Executive Council should urge Association constituent institutions and organizations to consider using the content of the AAU report in discussing the subject of indirect costs within their environment."

I believe this describes sufficiently the arrangements we have made for the meeting; but if questions arise, please don't hesitate to contact me. With warm regards.

Sincerely yours,



John F. Sherman, Ph.D.
Executive Vice President

cc: Robert G. Petersdorf, M.D.
Louis Kettel, M.D.
Thomas Malone, Ph.D. ✓
Kathleen Turner
Carol Scheman

THE ROLE OF PROFESSIONAL SOCIETIES IN PROMOTING THE
RESPONSIBLE CONDUCT OF RESEARCH

Paul J. Friedman, M.D.
Professor of Radiology
Associate Dean for Academic Affairs,
School of Medicine,
University of California San Diego

Visiting Scholar, Institute of Medicine
Member, Committee on the Responsible Conduct of Research

The views expressed herein are those of the author and not necessarily those of the University of California San Diego or the Institute of Medicine.

Address correspondence until June 15, 1989 to:
4101 Cathedral Avenue, N.W.
Washington, D.C., 20016

and thereafter to:
UCSD School of Medicine, M-002
La Jolla, CA 92093

Professional societies have a vital role to play in promoting the responsible conduct of research. Some have taken steps in the past to influence the standard of practice of their members, independent of the research institutions, but it is fair to say that few have given it the consideration which current events demand. Appropriate activities such as developing ethical codes or authorship guidelines have been uncommon. Educational activities, such as scientific meetings, have seldom included exposure to ethical as well as technical issues for the young scientist. The professional journals published by the societies play an important role in advancing science, but they have not appeared to take responsibility for defining or detecting improper research practices.

There is a perception abroad that science is failing to regulate itself effectively, whether in using peer review to detect error or fraud, supervising the training and professionalization of young scientists, or vigorously pursuing charges of misconduct in research. There are also questions about conflict of interest, intellectual property and possible exploitation of trainees or junior faculty.

The first relevant legislative action was a requirement that institutions have policies and procedures for responding to allegations of research fraud, which has been taken to mean a range of serious misconduct. Finalization of these regulations is now in the works. The Inspector General of DHHS came out with a report recommending separate federal investigative and

adjudicative bodies to deal with all charges of misconduct, in order to remove the processes of detecting fraud and evaluating suspicion of misconduct from the research institutions, with their inevitable conflict of interest, as well as to carry out random data audits to discourage scientists from cheating. In balance, it appears that most interested parties in government are willing to give the research institutions another chance to regulate themselves without such intrusive measures.

The Institute of Medicine (of the National Academy of Sciences) and the American Association for the Advancement of Science have been holding workshops and writing reports on the subject, and the Association of American Universities has worked with the AAMC and other bodies to develop a "Framework" to guide institutions on how to write procedures for how to respond to allegations of misconduct. The IOM Committee on the Responsible Conduct of Research released in February, 1989, its report responding to criticisms of the academic research community and threatened regulatory legislation. The report shows that we really do take these matters seriously, and are now motivated to undertake some reforms. The IOM committee may be accused of anticipating rather than blocking some of the oversight activities that are likely to be demanded of our institutions, but worse "reforms" will be imposed if we don't show positive action soon.

In addition to a series of recommendations addressed to the National Institutes of Health, which requested the study, and to

research universities, the IOM report makes one broad recommendation specifically to professional societies, and this communication is my view of some practical measures that can and should be taken by these extra-institutional groups. In particular, it is important for the societies to act in order that the unique needs of each discipline are not submerged in the decisions made by the institutions themselves as they try to comply with the new federal mandates.

There are six areas that deserve study and action:

1. Data retention and access
2. Authorship criteria
3. Supervision of trainees and mentoring of new faculty
4. Explicit standards of research practice
5. Review of academic research programs by outside committees
6. Mediation of professional disputes

I'll make a few comments about each, since they are all clearly in the category of things we really should have standards for but have not quite got around to doing anything about.

1. Access to data produced by publicly funded research is in fact required in a broad sense by the granting agencies (NIH, NSF) but the details need to be spelled out, and the necessary protections of the research subjects and the proprietary interests of the original investigator need to be thought through. In research areas like molecular biology this is a hot subject, since investigators want access to the probes used by others to

"validate" their work. It has been couched in terms of verification by peer review, to facilitate replication, though of course there is a strong element of competitive pressure in the demand. Whatever the underlying motivations, the issue is out and receiving uninformed attention by government agencies with naive statements about completely open access. It is very new to me; the idea that I could go to, say, UCSF and ask to see the radiographs and computed tomograms of 100 cases of asbestos-exposed individuals which they have described in a publication, and then re-analyze the raw data and publish it, is really breath-taking, but is the sort of thing that seems to be implied by these policy statements. Societies need to work out specific policies which their members can live with, and then be prepared to deal with appeals and complaints if they are not observed.

2. Prominent elements in research misconduct have been gift co-authorship, demands for co-authorship by senior faculty, repetitive publication of the same data, and other abuses of good academic authorship practices. Several organizations, both professional and editorial, have recommended criteria for authorship. Some of the best-known were incorporated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals by the International Committee of Medical Journal Editors. These guidelines were presented and discussed by Huth in the Annals of Internal Medicine 104, 269-274, 1986. The ethical standards of authorship in these guidelines were recommended for adoption by the Asilomar conference of the American Medical Writers Association, in May, 1987.

There remain disciplinary differences and unresolved issues, such as whether each co-author should be responsible for the entire publication or should indicate in some way what his/her particular contribution was. Professional societies need to discuss their particular views, establish and promulgate written standards, and end some of the bad habits which have developed in so many fields. Overpublication because of excessive publication pressure has been a common theme in discussions of these abuses and has also figured in the cases of serious misconduct or fraud. Professional standards for what is a reasonable expectation of productivity in a field would be of use to young scientists as well as to peer review groups.

3. Poor supervision of research trainees is suspected of causing young scientists to fail to absorb good ethical standards as well as the technical information necessary to develop into mature investigators with integrity as well as competitiveness. Absence of the role model from the research location is a problem with senior supervisors, and the lack of any attention to ethical issues in training is almost universal. Fields without well-established in-laboratory training programs have an even greater problem, and this covers a significant proportion of clinical research trainees. We need to devise ways to improve our practices so that all the hit-or-miss research experience (I hesitate to call it training) that goes on in many fields (among residents, fellows and faculty, too) begins to meet good scientific standards. Too often new faculty are thrown into the academic meat grinder with no formal training in research, and

not given much time to make it up on their own, either. The mentoring of new faculty should not be left to chance. Chairmen of departments should assume or delegate this responsibility. I think that policy statements by societies of academic department chairmen concerning the supervision of new faculty would be very appropriate. I also believe that more education in research methods and ethics at society meetings could fill an important need for residents, fellows, and those undertrained junior faculty. The Sigma Xi booklet, Honor in Science (New Haven, 1986), is an excellent source of ethical advice, and should be read by everyone who goes into research today.

4. Doing original research according to a cookbook of rules is anathema to most scientists. There is, however, a wide gap between this undesirable approach and the present custom of making standards known only through an apprenticeship of widely varying and unregulated quality and intensity. Practices, both ethical and technical, which an experienced investigator would regard as unacceptable, may never be identified as such for the average trainee. As noted above, a significant cadre of faculty - particularly non-Ph.D.'s - may never have had a formal training experience or one in which specific practices were covered. The fundamental do's and don'ts of the laboratory must be written down and communicated to young scientists. This would result in discipline-specific standards, and therefore the professional society should play the major role in establishing a consensus on where standards are needed, what these standards should be, and in disseminating them.

5. All clinical disciplines with research programs should be aware that they have not implemented the kind of quality control that is pretty standard in Ph.D. programs. I don't know enough about universal customs, but I suspect they are similar to those at the University of California, where every doctoral program is thoroughly reviewed every five years by an outside committee appointed by the Graduate Council or Graduate Dean for the Chancellor. These committees speak to all the trainees to learn about the quality of the program, examine the research being done, review the curriculum taken by the trainees, look at bibliographies of the faculty, and so on. The whole idea of a research curriculum, so fundamental for doctoral students in research, is just neglected in the clinical arena. This is a major deficit and may explain part of the growing shortage of trained clinical investigators in all fields. New programs to review the quality of research training programs, with defined criteria for what is acceptable, should be created by professional societies.

6. The recent court battle involving nuclear medicine faculty at a major institution was not in the best interests of any of the parties nor of the profession. One of the major factors that eventually brought the complainant into court was the lack of any hope of redress through professional mediation. The medical school in question is apparently quite conservative, and there was no faculty mechanism to provide a hearing of a faculty member's grievance. This is a role which professional

societies could and should fill. It is preferable if disputes are settled locally, but if that is not possible, then peers outside the institution should provide counselling and, if necessary, mediation. Some kind of society ombudsman should be developed to meet this need. Venturing into this realm brings the risk of entanglement in complex issues, but the risk of legal problem is reduced by development and dissemination of guidelines on what kind of problems the society is willing to help with, and what kinds of sanctions might be taken to put some force behind the mediation efforts. A peer group from the society is far more likely to enforce professional norms than is a court of law.

I hope these ideas and views will stimulate discussion and positive action. It is important that professional societies move ahead on this challenge and I hope that their leaders' extensive experience in the realities of medicine and politics will help persuade their membership of its importance.

4/20/89

COUNCIL OF ACADEMIC SOCIETIES
ANNUAL MEETING

October 29-31, 1989
Washington Hilton Hotel
Washington, D. C.

Sunday, October 29, 1989

2:00 - 4:00 p.m.

CAS Plenary Session

"In Defense of Animal Research: Models for Effective Action"

Speakers:

Larry Horton, Stanford University, "Institutional Action and State Action"

Myron Genel, M.D., Yale University, "Professional Society Action"

Charles Clark, M.D., President, American Diabetes Association,

"Voluntary Society Action"

Frankie Trull, National Association for Biomedical Research,

"The Role of NABR"

Ernst R. Jaffe', M.D., Albert Einstein College of Medicine and CAS Chair,

"Call to Action"

4:00 - 6:00 p.m.

AAMC Plenary Session

Evening

AAMC Reception

Monday, October 30, 1989

Morning

AAMC Plenary Session

1:00 - 4:30 p.m.

CAS Business Meeting

5:00 - 6:00 p.m.

AAMC Assembly

6:00 - 7:00 p.m.

CAS Reception

Tuesday, October 31, 1989

Morning

AAMC Special General Session