



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

**AGENDA**  
**FOR**  
**COUNCIL OF DEANS**  
**ADMINISTRATIVE BOARD**

**WEDNESDAY, JUNE 14, 1989**

**6:00 PM - 7:00 PM**

**JEFFERSON WEST**

**7:00 PM - 10:00 PM**

**JEFFERSON EAST**

**THURSDAY, JUNE 15, 1989**

**7:30 AM - 8:30 AM**

**STATE**

**8:30 AM - 12:30 PM**

**CONSERVATORY**

**12:30 PM - 1:30 PM**

**CABINET**

**WASHINGTON HILTON HOTELS AND TOWERS**  
**WASHINGTON, DC**

COUNCIL OF DEANS  
ADMINISTRATIVE BOARD MEETING

Washington Hilton Hotel & Towers  
Washington, D.C.

AGENDA

Wednesday, June 14, 1989

6:00 p.m. - 7:00 p.m.  
Joint Boards Session  
Dr. Harvey Barkun, Executive Director  
Association of Canadian Medical Colleges  
Jefferson West Room

7:00 p.m.  
Joint Boards Reception/Dinner  
Jefferson East Room

Thursday, June 15, 1989

7:30 a.m. - 8:30 a.m.  
COD/CAS Breakfast with Cornelius J. Pings, Ph.D.  
Provost and Senior Vice President for Academic Affairs  
University of Southern California (see pg. ii)  
"AAU Report on Indirect Costs"  
State Room

8:30 a.m. - 12:30 p.m.  
COD Administrative Board Meeting  
Conservatory Room

12:30 p.m. - 1:30 p.m.  
Joint Boards Luncheon  
Cabinet Room



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

ONE DUPONT CIRCLE, N.W.  
WASHINGTON, D.C. 20036  
TELEPHONE: (909) 898-0400

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:

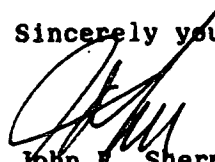
This will confirm the arrangements described to you by Carol Scheman for your meeting about the AAU report on indirect costs with the Administrative Boards of the Association's Council of Academic Societies and Council of Deans. The session will be held on June 15 in the State Room of the Washington 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

COD Administrative Board Meeting

Thursday, June 14, 1989

9:00 a.m. - 12:30 p.m.

COD/CAS Breakfast with Dr. Pings: "AAU Report on Indirect Costs"

	<u>Page</u>
I. Call to Order	
II. Report of the Chair	
III. Approval of Minutes .....	1
IV. Report of the President	
V. Action/Discussion Items	
A. Election of CAS Members (See Executive Council Agenda...p. 9)	
B. Endorsement of LCME Accreditation Decisions (2 sets) (See Executive Council Agenda...p. 10)	
C. AAU Report on Indirect Costs (See Executive Council Agenda...p.23)	
D. AAMC Positions on Public Policy Issues (See Executive Council Agenda...p. 24)	
E. Conflict of Interest (See Executive Council Agenda...p. 68)	
F. APHIS Proposed Animal Welfare Regulations (See Executive Council Agenda...p. 70)	
G. Meeting Site for Spring 1991 (Gladys Peters)	
H. A Single Examination for Medical Licensure (L. Thompson Bowles, M.D., Ph.D./Louis J. Kettel, M.D.) .....	9
(See also Executive Council Agenda...p. 26)	
I. Annual Meeting Update: Sunday Afternoon Session; Monday Night Dinner; VA/COD Combined Session (Louis J. Kettel, M.D./Gladys Peters/L. Thompson Bowles, M.D., Ph.D.)	

- J. Computer Assisted Instruction in the Basic Sciences (Louis J. Kettel, M.D.) ..... 12
- K. Group on Medical Education Bylaws Changes (Julian I. Kitay, M.D./Louis J. Kettel, M.D.) ..... 14

VII. Information Items

- A. Transfer "Traffic Rules" (Robert Beran, Ph.D.)

- B. Group Progress Reports:

- Group on Business Affairs  
(See Executive Council Agenda...p. 72)

- Group on Faculty Practice  
(See Executive Council Agenda...p. 74)

- Group on Institutional Planning  
(See Executive Council Agenda...p. 75)

- Group on Medical Education  
(See Executive Council Agenda...p. 76)

- Group on Public Affairs  
(See Executive Council Agenda...p. 78)

- Group on Student Affairs  
(See Executive Council Agenda...p. 79)

VIII. Report of OSR Chair

- IX. Old Business

- X. New Business

- XI. Adjourn

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

MINUTES

February 23, 1989  
9:15 a.m. - 12:30 p.m.  
Military Room

Washington Hilton Hotels & Towers  
Washington, D.C.

PRESENT:

(Board Members)

William T. Butler, M.D., Chair  
L. Thompson Bowles, M.D., Ph.D., Chair-elect

Executive Council Representatives:

George T. Bryan, M.D.  
Phillip M. Forman, M.D.  
John Naughton, M.D.  
Henry P. Russe, M.D.  
Robert E. Tranquada, M.D.

Members-at-Large:

David S. Greer, M.D.  
Leon E. Rosenberg, M.D.  
Hibbard E. Williams, M.D.

OSR Representatives:

Clayton Ballantine, Chair  
Caroline Reich, Chair-elect

Assembly Officials:

\*D. Kay Clawson, M.D., Chair

Invited Guest:

\*W. Donald Weston, M.D.

\*Present for part of the meeting

(AAMC Staff)

Robert Beran, Ph.D.  
\*Janet Bickel  
Robert D'Antuono  
\*P. Ridgeway Gilmer, Jr., M.D.  
\*Leslie Goode  
Paul H. Jolly, Ph.D.  
\*Robert F. Jones, Ph.D.  
Donald G. Kassebaum, M.D.  
Louis J. Kettel, M.D.  
Joseph A. Keyes, Jr., J.D.  
Jack Y. Krakower, Ph.D.  
Elizabeth Martin  
Karen J. Mitchell, Ph.D.  
Joan Hartman-Moore  
\*Herbert W. Nickens, M.D., M.A.  
Wendy H. Pechacek  
Gladys V. Peters  
\*Robert G. Petersdorf, M.D.  
August G. Swanson, M.D.  
\*Kathleen S. Turner

I. CALL TO ORDER

Dr. William T. Butler, Chair, called the meeting to order at 9:15 a.m.

II. REPORT OF THE CHAIR

Dr. Butler met with the ad hoc Committee on Governance and Structure on Wednesday, February 22, 1989. There are twelve questions raised by the Committee related to the governance and structure of the AAMC, the Councils, and the name and services of the Organization. The Committee has widely distributed these questions. The Committee consists of the immediate five previous Assembly chairs, the present chair and chair-elect of the Association.

III. BREAKFAST SESSION WITH REPRESENTATIVE BOB TRAXLER ON VA MEDICAL CARE

Dr. Butler called for the Board's thoughts and recommendations following the VA session with Rep. Bob Traxler. Richard M. Knapp, Ph.D. reported a list of the Appropriations Committee members and the Senators/Congressmen involved was sent to all deans. He requested that everyone take action and not allow the VA budget issues to be diverted by other needs. The VA is one of three major issues for the AAMC's Office of Governmental Relations --the NIH and the Indirect Medical Education Adjustment are the other two.

ACTION: 1.) The Board recommends that the Association and deans should vigorously support funding for VA programs.

2.) Dr. Louis J. Kettel, Associate Vice President for Academic Affairs, will contact deans with VA affiliations and encourage them to invite their Congressional delegations to visit their affiliated VA institutions and encourage VA budget support.

3.) The Board agreed that all deans should be asked to support the VA budget supplement and appropriation.

The Board agreed that the meeting with Rep. Traxler was productive and encouraged the staff to continue such meetings on other issues.

IV. REPORT OF THE PRESIDENT

Dr. Petersdorf welcomed all new Board members. He reported as follows:

AAMC's GOVERNANCE AND STRUCTURE AD HOC COMMITTEE

The Committee was appointed by Dr. D. Kay Clawson at the November 1988 AAMC Annual Meeting to review the AAMC governance and structure. There are issues surfaced by changes in the environment, changes in Association functions, and changes in the dues structure.



There is continuing discussion of the relationship between the AAMC and the Vice Presidents for Health Affairs of the AAHC. The relationship between AAMC and AAHC has been very cordial, but there are areas of unease. Many feel Vice Presidents should know mainstream medical education activities, as represented by the AAMC, and not the AAHC. One Committee charge is to recommend ways to improve the relationship between the Academic Health Center Vice Presidents and the AAMC. This subject has been a major discussion for the Forum which occurs three or four times a year between the leadership and staffs of AAMC and AAHC.

#### NEW AAMC BUILDING DECISION

The Association is near closure on a building located between 24th and 25th Streets on "N", known as the "Near West" side of town, close to Rock Creek Park about six blocks from One Dupont Circle. The closest Metro stops are Foggy Bottom and Dupont Circle. The reasons for looking at a new site are the excessive increase in rent and the need for more space as the Association continues to grow. Boston Properties is the developer of the proposed building to be paid from investment income. The Association's current lease expires in 1991 so a decision must be made now.

#### AAMC's STRATEGIC PLAN

The strategic plan has three categories of action:

- 1) Ongoing programs to be expanded and improved;
- 2) New programs that are really needed and likely to be done; and
- 3) Projects for the future action.

The strategic plan material was presented to the Officers of the Association at their retreat in December 1988 and received general approval. Quarterly staff sessions are planned to monitor implementation of the plan.

#### DUES INCREASE FOLLOW UP

The Association is considering how to help those schools having budget problems. As one would expect, few wanted an increase but there are no specific other problems with the dues change.

#### ACADEMIC MEDICINE

There are a number of interesting articles in the pipeline and others on conceptual hypothetical and database analyses are being suggested. Advertising is up. A few more subscriptions have been sold. After six months the Association will review the progress of Academic Medicine and issue a report.

Elizabeth Martin, Vice President of Communications, added as an evidence of reader interest, a direct mail campaign had been done, with a 3.5% return--above the average journal survey of about 1%. Unsolicited articles are being received because people see an opportunity where there had not been a place for them to publish academic medicine related articles before.

#### 1989 AAMC ANNUAL MEETING

The focus of the 1989 AAMC Annual Meeting will be on medical education. He highlighted the program, mentioning HHS Secretary Sullivan as an invited speaker.

#### V. APPROVAL OF MINUTES

The Minutes of the September 8, 1988 Council of Deans Administrative Board meeting were approved without change.

#### VI. ACTION/DISCUSSION ITEMS

##### A. Recommendations for the Format and Content of the 1991 MCAT

After hearing a report from Karen Mitchell, Ph.D., Director, MCAT Program, the Board recommended the Executive Council approve the recommendations for the format and content of the MCAT as submitted by the MCAT Evaluation Panel and Advisory Committee to the MCAT Essay Pilot Project and authorize an implementation plan for the 1991 and subsequent exams.

##### B. AIDS Committee Report

The Board recommended 1.) the Executive Council accept the Committee's report, 2.) approve its distribution to the membership and other interested constituencies and, 3.) express its appreciation to Dr. Jay Sanford and members of the Committee for their service to the Association.

##### C. AAMC Strategic Plan

The Board agreed that the strategic plan is a mirror of what has been happening in academic medicine with emphasis on health care services; competition; generation of income; and the growing dependency of faculty on professional income but medical education does not appear as a major responsibility of the Association.

RECOMMENDATION: The Association should consider putting more emphasis on medical education.

The Board agreed that the strategic plan documents should be discussed at the COD 1989 Spring Meeting.

Dr. Butler reported the theme of the 1989 AAMC Annual Meeting is "Physician Education: Our Heritage and Future." Speakers will align themselves to that topic. This does focus the Association's emphasis on education as a high priority.

RECOMMENDATION: The Board recommended that since there is no mention of educating Teaching Hospital Trustees in the Strategic Plan Document, the Association should look into bringing Teaching Hospital Trustees into alliance with the Association. This could be accomplished by educational activities, AAMC Annual Meeting attendance, etc. so that the Hospital Trustees can see the kind of activities the AAMC undertakes.

Dr. Petersdorf suggested that this recommendation be taken up with Dr. James Bentley, Vice President of Clinical Services.

D. Ethics in Patient Referrals Act

The Board agreed that the Association should support the concept of the legislation, being fairly aggressive in trying to ensure that the special arrangements in academic medicine are not impacted negatively. The Board also agreed that the Association should take an interest in the way the law is implemented.

E. AAMC Framework Document for Institutional Policies and Procedures to Deal with Misconduct in Science

RECOMMENDATION: The Board recommended that the Executive Council review, revise as appropriate, and approve the document for distribution to the AAMC constituency.

F. GPA Sponsored Program on Development

Joan Hartman-Moore, Director, Section for Public Relations, reported that the Group on Public Affairs Development Officers' desired to work closely and effectively with medical school deans. Deans should be able to make the most effective use of the Development Officers. The Board agreed that an hour and a half workshop for interested deans, on the roles and relations to development officers would be useful.

G. Efforts to Counter Antivivisection Activities in Medical Schools

The Board asked Dr. Kettel to write Dr. Luis Sala, Dean, Ponce Medical School, that his proposal is supported. The Board also agreed that the Council of Deans should display support for the need to educate the American public about the value of using animals in research.

Elizabeth Martin reported an article appeared in Academic Medicine about the use of animals in research and only nine letters in support of the use of animals have been received.

ACTION: Dr. Louis J. Kettel will send a letter to the deans urging them to communicate with their department chairs and their faculties about spreading the word with a positive proactive view of animals in research.

The Board agreed that AAMC has to be part of the national movement on the animal issue and should support the NABR in its efforts.

H. Conference for Deans on VA Affiliations

John Gronvall, M.D. of the VA appeared at two heavily attended sessions during the 1988 Spring Meeting of the Council of Deans. Joseph A. Keyes in conversation with some deans heard they learned some things, but the reality of Dr. Gronvall's presentation were different in individual affiliated VA Hospitals. A number of deans suggested it would be appropriate for the AAMC to sponsor a 2 day workshop directed toward the deans (new deans in particular) with the objective of facilitating the understanding of how the VA system works, how to use it, how to access it, how the allocation system works, and the degrees of freedom in regulations.

The Board agreed that informal discussion on this subject should take place at the April Spring Meeting.

I. Review of Spring Meeting Activities

Dr. Kettel reported positively on the progress of meeting. Dr. William Bates' resignation prompted a program revision. Dr. Butler reported the time will be used for a discussion of the Strategic Plan and the Governance and Structure issues.

J. Nominating Committee Structure

Dr. Kettel reported this item appeared on the agenda to let the Board know the Nominating Committee has been appointed. The guidelines will be the ones reported at the 1988 annual meeting. Deans will be asked to submit advisory nominations but assign specific offices for them.

K. Annual Meeting Sunday Afternoon Session

Dr. Butler reported the program begins late afternoon on Sunday, October 29th. The deans have the opportunity for a special COD function earlier in the afternoon from 2 - 4 p.m. AAHC has indicated a willingness to work with the Council of Deans on a joint session.

RECOMMENDATIONS: Consider with AAHC animals in research; rural teaching settings and; financial aid as session topics.

L. MEDLOANS

Dr. Beran reviewed Dr. Petersdorf's press release mailed to all deans announcing the shift in the MEDLOAN program. Beginning this year the private alternate loan fund (ALF) will be better than any of the HEAL loans on the market. The Association intends to phase out offering HEAL and to offer GSL, SLS and the Alternative Loan. HEAL is offered this year because there isn't enough understanding of the impact of this action. The deans are asked to alert their financial aid officers to the new program. Specific literature will be mailed during the course of the year.

VIII. REPORT OF THE OSR CHAIR

Clayton Ballantine reported the students have a spirited Administrative Board this year. The following are goals:

- Increase the activity level of the OSR Rep in the individual schools through better recruiting and the selection process.
- Increase the interface between GSA, GME, OSR Reps, and Women's Liaison Officers on the local level and have the OSR Rep do some catalyzing to increase communication.
- Emphasize the Graduation Questionnaire at the individual schools-- how to use results, increase response rate, and deal with other issues surrounding it.
- Work with the LCME emphasizing what the OSR has to say about the assessment of education.
- Refine some of the material made available to OSR at schools and to students in general at schools scheduled to have LCME survey visits.
- Increase the activism at schools in advance of the LCME survey visits so student opinion is taken into account more systematically by the survey team.
- Increase scrutiny of the evaluation systems used in education, especially looking at the clinical evaluation.
- Look at the use of National Board of Medical Examiners tests focusing on what can and cannot be done with the results.

The format of Progress Notes, the twice annual newsletter to students, has been changed to an action oriented document highlighting some of the AAMC resources and database, OSR programs, housing exchange network, LCME visits and ways in which students can become involved on the national level.

The OSR theme for the Annual Meeting on Medical Education is "Keep the Fire Burning." The OSR will sponsor discussions on general policies, interaction programs, and provide a forum for exchange of information. The overall orientations of their Annual Meeting is toward the take home message. The OSR annual meeting recommendations include action plans for implementation.

Mr. Ballantine emphasized the OSR Board's desire to work with the COD throughout the year. There are good relations between deans and students. One of the OSR's best assets is the ability of Reps to work with deans at individual schools and on a national level.

IX. Old Business

None

X. NEW BUSINESS

None

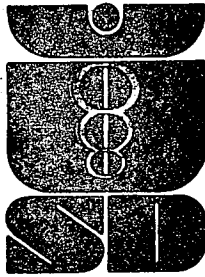
XI. REPORT FROM THE ASSEMBLY CHAIR

Dr. Clawson reported the two issues in the ad hoc Committee on Governance and Structure charge document receiving most comment are 1) incorporating the Academic Health Center VPs and, 2) incorporating residents into the Association. More comments on how to accomplish this are needed. The Board should go through the document and send comments to either Dr. John F. Sherman or John Colloton. The time schedule is tight. Discussions with the AAHC will have to take place during the formative stages. The Committee's would like to bring to the June Executive Council meeting material for in-depth discussion.

XII. RECOGNITION OF SERVICE AWARD

Dr. Butler presented with thanks a silver bowl to Dr. W. Donald Weston for his service on the Administrative Board of the Council of Deans. Dr. Weston's presence at future Board meetings will be missed.

Prepared by: Gladys Peters and Louis J. Kettel, M.D.



THE UNIVERSITY OF SOUTH DAKOTA  
SCHOOL OF MEDICINE  
VICE PRESIDENT FOR HEALTH AFFAIRS  
OFFICE OF THE DEAN

*"... providing medical education, service  
and research for South Dakotans"*

In Reply Refer To:

\_\_\_\_\_ Vermillion Office  
414 E. Clark  
Vermillion, SD 57069  
(605) 677-5621

\_\_\_\_\_ Sioux Falls Office  
2501 W. 22nd  
Sioux Falls, SD 57105  
(605) 339-6648

\_\_\_\_\_ Yankton Office  
1000 W. 4th  
Yankton, SD 57078  
(605) 665-9022

\_\_\_\_\_ Rapid City Office  
1011 11th St.  
Rapid City, SD 57701  
(605) 394-5105

\_\_\_\_\_ Grants & Finance  
414 E. Clark  
Vermillion, SD 57069  
(605) 677-5466

\_\_\_\_\_ Office of Student Affairs  
414 E. Clark  
Vermillion, SD 57069  
(605) 677-5233

\_\_\_\_\_ Medical Services Plan  
525 A West 22nd St.  
Sioux Falls, SD 57105  
(605) 336-3038

April 25, 1989

D. Kay Clawson, M.D.  
Dean and Vice Chancellor of Health Affairs  
University of Kansas Medical School  
2411 Holmes  
Kansas City, MO 64108

Dear Dr. Clawson:

I should like to inform you, and therefore, the Council of Deans' Administration Board my opposition to the proposed single pathway to licensure. I am sorry I did not speak up at Santa Barbara, but I hope this letter will stimulate discussion within the Council of Deans' Administration Board, and perhaps the AAMC Executive Committee prior to approval of the proposed pathway.

I feel the proposed single pathway to licensure will be a detriment to medical education, is a disservice to medical students, and does not adequately address the plurality of individuals seeking medical licensure in the United States. My opposition centers around 3 areas:

First, equity and single are not the same. It is my belief we are not serving equity well by a single pathway. I have no problem of all and any pathway being open to all and any individual seeking licensure regardless of background.

Secondly, I feel placing portions of a licensing exam within the medical school at a time when the student has only partially fulfilled his/her education is inappropriate and is not supported by any of the rationale given.

Thirdly, if the current proposal is approved, Steps 1 and 2 are to become the Comp 1 and Comp 2 exams, which have not yet been written, and which by the NBME's own subcommittee evaluation, "has been designed to be different from Part I and Part II, and should be considered a new examination program." Therefore, we would be approving an unknown examination.

1160

D. Kay Clawson, M.D.  
Dean and Vice Chancellor of Health Affairs  
Univ. of KS Medical School  
April 25, 1989  
Page 2

In an attempt to understand why there appears to be such overwhelming support for the proposed single pathway, I have reviewed, on a number of occasions, the rationale as outlined by the Boards. I have reviewed the National Boards Review Panel on the single pathway, and their conclusions. I have reviewed the rationale given for Steps 1, 2, and 3. I have reviewed the Comprehensive Subcommittee Reports, and I have reviewed the report led by Dr. Ron Nungester on the comparability of Comps 1 and 2, and Parts I and II. Since I cannot see the future, I can only hope that those who are informing us we must have a single examination have predicted correctly. But, given a single examination, I cannot understand, from the rationale given for Steps 1 and 2, why these should be a portion of a licensing exam. It is the Dean of the Medical School's responsibility to make sure that adequate attention is devoted to scientific principles, to reflect the recognized importance of knowledge in basic science, to ensure proper attention is devoted to clinical science principles, and to reflect the fact that LCME accredited education includes a significant focus on clinical sciences. These are the school's, and perhaps the LCME's responsibilities, not an outside licensing body. The National Boards have, without a doubt, had a strong effect on the curriculum of medical schools. Placing a licensing examination within the medical schools will have a similar wide-spread and perhaps a deleterious effect on curriculums. Placing Steps 1 and 2 in every medical school in the United States will, I believe, lead to a lock step, unimaginative, noninnovative curriculum within our medical schools.

I believe the main reason for this proposal is the National Board's view that should a single examination pathway evolve and they not be a part of it, the National Boards will disappear. As a Part II Committee Chairperson of the National Boards, I would not like to see the National Boards disappear. However, my loyalties are much more to the medical students of the United States, and to the medical schools, and I cannot agree, in order to protect the National Boards, we adopt a procedure that will further stagnate an already dangerously stagnant medical curriculum.

I realize outstanding individuals from the AAMC and from the AMA served on committees and councils discussing this proposal. I realize from the discussion at the National Boards Board of Director's Meeting and at the Council of Deans Meeting that I must be in the minority. I still ask



D. Kay Clawson, M.D.  
Dean and Vice Chancellor of Health Affairs  
Univ. of KS Medical School  
April 25, 1989  
Page 3

you and the Council, however, to consider carefully before the AAMC supports this proposal for a single pathway to licensure.

Thank you.

Sincerely yours,

  
Robert C. Talley, M.D.  
Vice President/Dean

RCT/ljw

C: Daniel Kassenbaum, M.D., AAMC  
Lou Kettle, M.D., AAMC ✓  
Gus Swanson, M.D., AAMC

Carlos Martini, M.D., AMA  
Richard Egan, M.D., AMA  
Roy Schwartz, M.D., AMA

Thomas Bowles, M.D., Dean, George Washington University  
School of Medicine, Washington D.C.

Robert L. Volle, M.D., President, National Board of  
Medical Examiners, Philadelphia



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW  
WASHINGTON, DC 20036  
TELEPHONE (202) 828-0400

**TO:** Lou Kettel, M.D.  
**FROM:** M. Brownell Anderson *mba*  
**DATE:** May 5, 1989  
**SUBJECT:** Computer Assisted Instruction in the Basic Sciences

In response to your memo of April 20, 1989, the reason the NFME Board meeting minutes do not reflect Dr. Stearns' interest in computer assisted instruction in the basic sciences is because he did not identify the subject as an area of particular concern or interest.

The Board is provided with information about the proposals submitted to NFME and the ratings given them by the review committee. The focus of the discussion was on those grant proposals given the highest ratings and recommended for funding by the review committee.

Dr. Stearns did not mention either his or the review committee's observation that there were many requests for support to develop computer programs for instruction in the basic sciences.

The Group on Medical Education has not mounted a focused effort to address computer assisted instruction in the basic sciences, but through its program activities during the annual meeting, has provided a forum for sharing information about such programs. In addition, the special interest group of basic scientists organized by Roger Koment of South Dakota, has identified computer instruction in the basic sciences as a topic of particular interest. How or if that special interest group will function is, as yet, unclear.



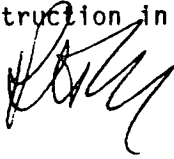
Southern Illinois University  
School of Medicine  
P.O. Box 19230  
Springfield, Illinois 62794-9230

*Office of the Dean and Provost  
801 North Rutledge Street*

March 2, 1989

TO: Phillip M. Forman, M.D.  
Henry P. Russe, M.D.

RE: Computer Assisted Instruction in the Basic Sciences

FROM: Richard H. Moy, M.D. 

I am currently one of the reviewers for grant requests sent to the National Fund for Medical Education. During the last review session, it was noted by those present, particularly by Norman Stearnes, the President of the Fund, that there were many requests of varying quality for support to develop computer programs to assist in instruction in the basic sciences. Some of these involved more than one school. It was obvious that these varied not only in quality, but also in hardware, software and scope.

Since this seems to be a definite trend and is consuming a great deal of faculty energy and creativity, it was felt that it was now timely for the different disciplines to come together and try to identify more unified directions of approach which would maximize the usefulness to schools interested in adopting these forms of instruction. It was felt that leadership along these lines could best be provided by the AAMC. I mentioned that I would be meeting with two members of the Ad Board of the COD in the near future and would bring this to their attention, which I have now done. If any of the AAMC officers would like further clarification, they might wish to talk to Norman directly.

Codes: ~~redline~~ = revised text

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

RULES AND REGULATIONS OF THE  
~~GROUP ON MEDICAL EDUCATION~~  
~~GROUP ON EDUCATIONAL AFFAIRS~~

PROPOSED REVISION: 5/11/89

I. NAME

The name of the organization shall be the "~~Group on Educational Affairs~~" (hereinafter referred to as the GEA) of the Association of American Medical Colleges (hereinafter referred to as the AAMC).

II. PURPOSE

1. The purpose of this organization is the advancement of medical education, particularly curriculum, educational research and evaluation in undergraduate, graduate, and continuing medical education. In pursuing this purpose, the Group works with both organizations and individuals in strengthening the quality of medical education at these levels.
2. The primary role of the ~~GEA~~ is to assist its members and others interested in medical education by providing such activities as:
  - \* improving communication with those concerned with medical education
  - \* identifying critical issues and priorities in medical education
  - \* disseminating information and new ideas about medical education
  - \* collecting data and conducting studies on issues of major concern
  - \* providing consultation and technical assistance as needs are identified
  - \* synthesizing the opinions of an informed membership and contributing in an advisory capacity to national policy.

III. MEMBERSHIP

~~There shall be two types of memberships: institutional and individual.~~ Each medical school with institutional or affiliate membership in the AAMC shall be an ~~institutional~~ member of the GEA, and entitled to one vote. Designees of the member institutions shall be appointed by and serve at the pleasure of their respective deans. The institutional appointees from each school shall establish their procedures for determining the school's vote.

One of the designees from each institution shall be identified as the "Correspondent" for the purpose of liaison with the GEA and AAMC staff (See Appendix A).

Individual membership in the GEA is open to faculty and staff who are individual members of the AAMC.

Deans of schools holding affiliate institutional memberships or provisional membership in the AAMC (such as the Canadian Medical Schools), and directors of hospitals and society presidents that are members of one of the AAMC Councils may identify persons to be included in communications and activities of the GEA programs.

All faculty and staff members who are interested in medical education are welcome and encouraged to become individual members and to participate in activities organized by the GEA.

#### IV. REGIONAL ORGANIZATION

1. The purpose of the regional organization shall be to encourage communication between GEA members with common regional interests and to provide a forum for discussion of issues related to medical education.
2. The regional groups shall be A) Central, B) Northeast, C) South, and D) West.
3. The membership of the institutions having primary affiliation with each region shall elect a chair and a chair-elect no less frequently than every two years. Though it is recommended that the process of election of the regional groups follow that of the national GEA, the regional groups are free to make special provisions for the orderly conduct of their business.
4. The regional groups shall hold at least one meeting annually.
5. A summary of the proceedings of the regional meetings shall be distributed to regional institutional representatives and individual members and the GEA Steering Committee.

#### V. MEETINGS AND QUORUMS

1. Meetings of the national GEA membership shall be held at the time and place of the AAMC Annual Meeting. Additional meetings may be called by the GEA Steering Committee or by 25 member institutions.

2. Representation of one-third of the U.S. medical schools with full institutional membership in the AAMC shall constitute a quorum.
3. The latest edition of Roberts Rules of Order shall govern the conduct of all meetings.

#### VI. OFFICERS

1. The national GEA officers shall include a chair, a chair-elect, the immediate past-chair, and an executive secretary.
2. The chair-elect shall be elected annually at the national GEA Annual Meeting by a simple majority of the voting members. The procedure for this election shall be determined by GEA's Steering committee.
3. Nominations for the chair-elect shall be made by a nominating committee and shall be publicized in advance to the membership. Additionally nominations may be made by any GEA member.
4. The executive secretary shall be an AAMC staff member appointed by the AAMC President. The executive secretary shall coordinate the provision of appropriate staff support and assist in the general direction of the GEA.
5. Terms of office of the national GEA officers shall extend from the end of the closing session of the national GEA Annual Meeting at which they assume office to the end of the closing session of the national GEA Annual Meeting at which they leave office.
6. If a vacancy in one of the GEA national offices occurs during the normal term of office, a temporary replacement may be appointed by the GEA Steering Committee to serve until the next national GEA Annual Meeting. Should this vacancy occur in the office of the GEA national chair, the temporary replacement will automatically be the GEA national chair-elect and a new temporary chair-elect may be appointed.

#### VII. COMMITTEES

1. The GEA Steering Committee shall be composed of: a national officers of the GEA (chair-elect, chair, past-chair, and executive secretary), b) the four regional chairs or designees, c) up to 2 at large representatives as provided below, and d) the RIME Committee chair. Ex-officio representation without vote on the Steering Committee is provided for a designee from the Group on Student Affairs (GSA) and the Organization of Student Representatives (OSR).

After each national election, the composition of the Steering Committee shall be reviewed by the chair for appropriate representation from the functional interest areas recognized by the Steering Committee. If functional representation is absent, up to 2 at large appointments may be made by the chair to the Steering Committee for the year with the consultation and concurrence of the AAMC President.

2. The GEA Steering Committee shall manage GEA affairs, including assisting in the planning for GEA national meetings (see Appendix B). It shall also appoint an ad hoc committee to nominate national officers and shall name other ad hoc committees which shall serve at its pleasure.
3. The Research in Medical Education (RIME) Committee shall be a permanent committee of the GEA. It shall consist of six members, two of whom shall be elected annually by the Steering Committee of the GEA. (Nominees shall be solicited systematically from the GEA Correspondents). The chair of the RIME Committee shall be elected by the RIME Committee members.
4. As possible and appropriate, GEA committees shall include representatives from the GEA regional and institutional groups and areas of interest. Appropriate AAMC staff members may also be appointed to GEA committees.

#### VIII. AMENDMENTS

Subject to the approval of the AAMC President and the Executive Council, these Rules and Regulations may be altered, repealed, or amended, or new Rules and Regulations adopted by a two-thirds vote of the responding member institutions, provided that 30 days' written notice has been given and that the total number of votes cast constitutes a majority of the voting membership. In the case of mail balloting, the institutional vote should be returned in no more than 45 days after receipt of the proposed amendment.

## APPENDIX A

### INSTITUTIONAL REPRESENTATION

#### I. ROLES AND RESPONSIBILITIES OF CORRESPONDENTS

1. Coordinate communications among GEA Representatives within the institution.
2. Keep general faculty informed of the issues and concerns regarding medical education currently under discussion in GEA, to advise them of new developments and resolutions as these become available, and to solicit their opinions on policy matters under discussion.
3. Coordinate communications of GEA matters between the institution and AAMC and among his/her own institution and other institutions. To do this the Correspondent channels announcements, inquiries, requests, and other correspondence to appropriate officials and/or other GEA representatives within the institution.
4. Respond to requests from the AAMC for the "institutional votes" and/or "institutional opinion" on matters related to medical education.

#### II. ROLE OF REPRESENTATIVES

Five representatives who best represent the following areas: Undergraduate, Graduate, Continuing Medical Education, Basic Sciences, Clinical Sciences, Instructional Resources Development, and Research are expected to be especially cognizant of issues, policies, and resources at the several levels of medical education.

## APPENDIX B

The GEA Annual Meeting encompasses, among other activities: Research in Medical Education (RIME) sessions, symposia, joint sessions with other groups, invited addresses, small group discussions, and Innovation in Medical Education (IME) exhibits and discussions. The program is designed by the GEA Steering Committee and the RIME Committee, under the general direction of GEA's executive secretary.



AAMC FUTURE MEETING DATES

1989

June 14-15	Executive Council Washington, DC
September 27-28	Executive Council Washington, DC
October 27-Nov. 2	AAMC Annual Meeting Washington, DC
December 13-15	Officers Retreat Aspen Institute, MD

1990

February 21-22	Executive Council Washington, DC
March 14-16	CAS Spring Meeting San Antonio, TX
April 3-7	COD Spring Meeting Sonesta Sanibel Island Resort
May 9-11	COTH Meeting Boston, MA
June 27-28	Executive Council Washington, DC
September 26-27	Executive Council Washington, DC
October 19-25	AAMC Annual Meeting San Francisco, CA
December	Officers Retreat