

REPORT OF THE AAMC OFFICERS' RETREAT

December, 1972

The Chairman and Chairman-Elect of the Association along with the Chairman and Chairman-Elect of each Council, the OSR Chairman and key AAMC staff met from November 30 - December 2 to review the activities of the Association and to set new goals for the coming year.

Foremost among the new priorities established for the Association was a Primary Care initiative. The stated objectives of this program are: 1) development of models for the delivery of primary care by teams of health professionals; 2) implementation of models by medical schools to evaluate effectiveness and train health professionals as a team; and 3) promotion of new models for delivery of primary care in the community. The Retreat participants instructed the AAMC staff to prepare eventually a White Paper on Primary Care, organize an Institute on Primary Care, and seek Federal support for innovative models of primary care delivery.

Other new programs given top priority by the Retreat participants included the launching of an active Coordinating Council on Medical Education, a feasibility study of a medical school applicant matching program, and the involvement of the academic health centers in the determination of quality of care. Specifically recommended was the development of prototype quality assurance programs, efforts to advance quality assessment methodology, and the eventual creation of academic health center PSROs.

The Retreat participants reviewed with considerable interest and commented on a number of recently initiated and ongoing AAMC programs. Of particular interest were the Data Development and Analysis Program and the Management Improvement and Systems Development Program. The Officers concurred in the plan to evaluate thoroughly what data should be collected and disseminated. Also recognized was the success of Phase I of the Management Advancement seminars and the potential value of the AAMC's coordinating role in developing management systems which would be made available to the health centers. It was suggested that the Association better inform the constituency of the advantages of these new programs for the institutions.

The Minority Affairs activities of the Association came under the scrutiny of the Retreat. A statement issued by a small group of minority students at the AAMC Annual Meeting calling for a complete reorganization

Retreat - continued

of these activities was examined and dismissed after the accomplishments of the Association's Office of Minority Affairs were noted. The provision of better preparatory education, beginning at the grammar school level, was seen as the only complete solution to the schools problem of producing a representative number of minority group physicians. In lieu of this solution, special recruitment and retention programs remain necessary.

High priority was also given to the AAMC's expanded activities on behalf of biomedical research and research training. The need to support young investigators was emphasized, along with the vital role of training grants and general research support grants.

Other programs receiving detailed consideration and emphasis included women in medicine, graduate medical education, and expanded activities in the international arena.

Legislative priorities for the coming year were discussed, and AAMC policies needing review or supplementation were identified. Of particular concern was the Association's lack of an aggressive stance on national health insurance. Other concerns centered around funding priorities and the feasibility of a public stance regarding the creation of new medical schools.

In other deliberations, the Retreat participants discussed the implications of HR 1 and what the AAMC might do on the national level to alleviate the potentially disastrous effects on the medical centers. Relationships with other organizations in the health field were reviewed, particularly in terms of the time commitment required to relate to every group desiring a continuing liaison. The Association staff was instructed to present a position paper to the Executive Committee in March detailing the relationship with associations representing the various health professions schools and with the Vice Presidents for Health Affairs.

As a final action, the Retreat approved a proposal presented by Dr. Sprague suggesting that the 1973 Annual Meeting examine the changing role of the physician in the U. S. and abroad. Several international speakers would discuss the experiences of their countries, which would then be related to the American physician. A suggested theme for the meeting would be, "Preparation and Role of the Physician: Comparative Approaches."

Further consideration of Annual Meeting format and speakers was referred to the Executive Committee.

RETREAT AGENDA

	<u>Page</u>
I. Review of Ongoing Programs	1
A. Organization of the AAMC	
B. Annual Report	
C. Budget	3
II. New Programs -- Initiated	
A. Data Development and Analysis Program	9
B. Management Improvement and Systems Development Program (MISD) . . .	12
C. Educational Resource Development Program	14
D. Minority Student Affairs	19
E. Women in Medicine	25
F. Graduate Medical Education	28
G. Biomedical Research and Research Training	30
H. National Health Care Systems and Health Professions Education . . .	32
I. Educational Programs for International Health	33
III. New Programs -- Proposed	
A. Primary Care Program	36
B. Coordinating Council on Medical Education	38
C. Quality of Care	42
D. Admissions	45
E. Continuing Medical Education	48
IV. Relations with Other Organizations	50
V. Legislation	
A. National Health Insurance	53
B. Health Maintenance Organizations	55
C. RMP - CHP	57
D. Comprehensive Health Manpower Training Act	59
E. Government Reorganization	61
F. Appropriations	64
VI. Federal Agencies	
A. H.R. 1 (Social Security Amendments, P.L. 92-603)	72
B. Va Medical Schools	73
VII. 1973 Annual Meeting	77

PROGRAMS IN THE BASIC MEDICAL SCIENCES

An APPENDIX to Functions and Structure of a Medical School

The document which follows, PROGRAMS IN THE BASIC MEDICAL SCIENCES, an APPENDIX to Functions and Structure of a Medical School, was adopted by the Liaison Committee on Medical Education on January 10, 1973.

RECOMMENDATION .

It is recommended that the Executive Council approve this version of PROGRAMS IN THE BASIC MEDICAL SCIENCES and refer it to the Assembly for consideration.

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APPENDIX* (To Functions and Structure of a Medical School)

Programs in the Basic Medical Sciences

I. Introduction

Since undergraduate medical education is but a part of the continuum of the life long education of the physician, a program in the basic medical sciences merits special comment. The continuum of medical education consists of a series of sequential learning experiences available to the student of medicine at the same or different institutions. Premedical education leading to the baccalaureate degree is the institutional responsibility of the college or undergraduate division of a university. Undergraduate medical education, including both the basic medical sciences and clinical science, with an increasing integration of the components leading to the doctor of medicine degree is the responsibility of a medical school. Graduate medical education, following the granting of the doctor of medicine degree, by means of residency programs prepares the physician for practice and is a responsibility of the medical school or teaching hospital. Completing the continuum, continuing education affords the physician varied learning experiences appropriate for his clinical responsibility and is provided by professional associations, medical schools, and teaching hospitals.

In the past, the several program components of this continuum were offered as discrete and isolated segments. Now, efforts should continue to achieve greater integration of the several elements despite the possible diversity of their sponsoring organizations and their geographic locations. A recognition of this continuum by institutions having a responsibility for undergraduate medical education is of special significance because integration is particularly necessary in the conduct of undergraduate medical education. The study of the basic medical sciences and the study of clinical science cannot be separated. A single curricular pattern for the attainment of this integration cannot be prescribed.

II. Definition and Mission

Programs in the basic medical sciences are of less than 32 months duration, do not culminate with the award of the M.D. degree, provide the initial part of undergraduate medical education, and must be affiliated with an approved medical school. Although primarily concerned with the sciences which are basic to the study of medicine, these programs must include the opportunity for the simultaneous study of clinical medicine. This appendix modifies the preceding statement so that it is applicable to the evaluation for accreditation of programs in the basic medical sciences.

*Adopted by the LCME, January 10, 1973.

Adopted by the House of Delegates of the American Medical Association on _____, and the Assembly of the Association of American Medical Colleges on _____.

1 If undergraduate medical education is divided between a program in the
2 basic medical sciences and the program of a degree-granting institution,
3 it is ultimately the responsibility of the degree-granting institution
4 to assure the continuity and integration of the curriculum.

5 A program in the basic medical sciences has the same inherent responsibili-
6 ties as described in Section II of the preceding statement. The extent of
7 these responsibilities, especially as they involve responsibility for the
8 care of patients, may be abridged providing they are appropriate for the
9 attainment of stated and acceptable objectives of the commitment to under-
10 graduate medical education.
11

12 13 III. Educational Programs

14 The educational program in the basic medical sciences assumes that the
15 students will have completed the premedical program. It offers them an
16 education which will prepare them adequately for entrance with advanced
17 standing into an approved medical school.
18

19 It is of utmost importance that instruction not be conducted exclusively in
20 the basic sciences without any experience in clinical medicine. Instruction
21 in clinical medicine is necessary to facilitate the correlation of the scien-
22 tific and clinical aspects of medical knowledge as well as to reinforce the
23 students' motivation for medicine and provide the opportunity to acquire
24 necessary attitudes, skills and techniques and to begin the acquisition of
25 a professional identity. The experience requires careful planning with
26 participation by qualified teachers of clinical medicine who are competent
27 in both the basic and the clinical sciences.

28 This usually requires that there be a program of graduate medical education
29 at an affiliated hospital where faculty and house staff can serve as role
30 models for the student.
31

32 33 IV. Administration and Governance

34 Programs in the basic medical sciences must be conducted by a college or
35 university. Whether the program does or does not constitute a separate
36 college or school, there should be a recognizable organization of faculty
37 including a committee structure similar to the organization of a degree-
38 granting medical school.
39

40 Administrative responsibility for the program must rest with a dean or
41 director who has adequate authority with respect to the necessary resources
42 such as faculty, budget, space, library, learning resources, and research
43 facilities.
44

45 The governance of the program in basic medical sciences should include
46 substantive representation from the affiliated medical school in order to
47 assure coordination of the program with the objectives of that institution,
48 particularly in the area of admissions, curriculum, student evaluation,
49 promotion and transfer and faculty recruitment and promotion.
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1 Provision for this representation must be by means of a formal affiliation
2 which acknowledges the responsibility of the medical school which will
3 award the M.D. degree for the adequacy of the continuum of undergraduate
4 medical education. It is recognized that several currently approved pro-
5 grams do not have such an affiliation. For these programs this require-
6 ment is deferred, if there is evidence that development of such an affil-
7 iation is in progress.

8 9 V. Faculty

10 The faculty must consist of a sufficient number of skilled teachers and
11 investigators from the biological, behavioral, and clinical sciences to
12 achieve the objectives of the particular program. The specific fields to
13 be represented will be determined in part by the prerequisites set by the
14 affiliated clinical program and do not have to be structured in any set
15 pattern of departmental or divisional organization. A significant portion
16 of faculty effort should be devoted to the facilitation of learning by those
17 who enroll as students. In addition to the educational efforts of the faculty
18 scholarly productivity should be encouraged. Depending on the discipline
19 involved, the basic science faculty in the program will find it important
20 to retain strong ties with their counterparts in the arts and sciences pro-
21 grams. Thus, the program in the basic medical sciences will draw academic
22 sustenance from the more basic as well as the more applied portions of
23 their disciplines. It will depend on the skills of the academic and admin-
24 istrative leaders of the program to provide conditions which permit this
25 integration.
26

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28 Nominations for faculty appointment should involve participation of faculty,
29 the dean or director, and the M.D. degree-granting institution, the role of
30 each customarily varying somewhat with the rank of the appointee and the
31 degree to which administrative responsibilities may be involved.

32
33 Physicians practicing in the community may contribute significantly to the
34 educational program but do not obviate the need for full time physician-
35 teachers on the faculty.

36 37 VI. Students

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39 The affiliation between the institution responsible for a program in the
40 basic medical sciences and the medical school awarding the M.D. degree
41 should assure the transfer to the medical school of the student whose pro-
42 gress in the program is satisfactory.

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44 There must be a well defined mechanism for student selection and formal
45 acceptance into the program, evaluation of student performance, and deter-
46 mination of qualification for transfer into a clinical program offering the
47 M.D. degree. At a specific point in the program the student must be iden-
48 tified and formally registered as a medical student.
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1 VII. Finances

2 Although the amount of financial support necessary for a program in the
3 basic medical sciences will be less than the amount required for a com-
4 plete program of undergraduate medical education, the qualitative re-
5 quirements are the same.
6

7 VIII. Facilities

8 The qualitative requirements for facilities are described in the preceding
9 statement; the quantitative requirements will be determined by the extent
10 of the program in the basic medical sciences.
11

12 IX. Accreditation

13 Section IX of the preceding statement is applicable to programs in the
14 basic medical sciences.
15

16 The Liaison Committee has categorized the types of basic medical science
17 programs that it will consider for accreditation as follows:
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- 19
- 20 1) Existing two-year programs accredited or provisionally
21 accredited,
22
 - 23 2) New basic science programs in institutions with a commitment
24 to establish a full M.D. degree program with their own
25 resources or as part of a consortium, and
26
 - 27 3) New basic science programs in institutions which are
28 formally affiliated with one or more already established
29 medical schools. In this case, the program will be
30 accredited as a component of the M.D. degree-granting
31 institution or institutions.
32
- 33

34 It is the policy of the Liaison Committee to discourage the establishment
35 of programs in the basic medical sciences for medical students that do not
36 have a clearly defined pathway leading to the M.D. degree. Recognizing
37 the need for mobilizing additional university resources for the benefit of
38 medical education, the Committee may approve a basic medical science pro-
39 gram through the degree-granting school with which it is affiliated. In
40 this case the program will be surveyed initially upon request and subse-
41 quently as part of the regular review process of the affiliated medical
42 school.
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44 An institution planning a program should seek detailed information about
45 accreditation early in the planning process.
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A PROPOSAL FOR THE ESTABLISHMENT
OF A
LIAISON COMMITTEE ON GRADUATE MEDICAL EDUCATION

I. NAME

The Committee shall be known as the Liaison Committee on Graduate Medical Education. To avoid confusion of the names of the two committees, it is recommended that the name of the existing Liaison Committee on Medical Education be changed to Liaison Committee on Undergraduate Medical Education.

II. AUTHORITY

The Liaison Committee on Graduate Medical Education shall operate on the basis of authority delegated by the parent professional organizations.

III. PURPOSE

- A. To consolidate existing multiple accrediting activities in graduate medical education under a single accrediting agency qualified for recognition by the U.S. Commissioner of Education.
- B. To establish a body for supervision and accreditation of graduate medical education comparable to that existing for undergraduate medical education.

IV. FUNCTION

- A. To accredit programs of graduate medical education recommended for approval by residency review committees.
- B. To coordinate the development of improved review and evaluation procedures of residency review committees.
- C. To establish more effective central administrative procedures for the conduct of accreditation in graduate medical education
- D. To develop and propose to the Coordinating Council on Medical Education policies and methods whereby graduate education programs in the various specialties may be related more closely to each other and to the total educational enterprises in their individual institutions.
- E. To recommend studies directed toward improvement in the standards for organization and conduct of programs in graduate medical education.

- B. The expenses of the representatives of the various professional organizations shall be borne by those organizations. The expenses of the public representative shall be shared equally by all of the professional organizations. The expenses of the government representative shall be borne by the government.
- C. For the time being, the AMA shall continue to provide staffing and secretarial services for the residency review committees and in addition shall supply such services for the LCGME.

3/30/72

V. COMPOSITION

- A. Because of their interest and involvement in graduate medical education, five major professional organizations should have representation on the LCGME. The following composition is proposed:

American Medical Association	4	representatives
American Board of Medical Specialties	4	"
Association of American Medical Colleges	4	"
Council on Medical Specialty Societies	2	"
American Hospital Association	2	"
The Public	1	representative
The Federal Government	1	"

- B. Each organization shall select its representatives as it sees fit. The public representative shall be selected by the body of representatives of the professional organizations. The government representative shall be designated by the Secretary of Health, Education, and Welfare.

VI. OFFICERS

There shall be a Chairman and a Vice Chairman, who shall be from different professional organizations. The officers shall be named in rotation by their respective professional parent organizations. The term of office shall be one year.

VII. FINANCING

- A. The costs of accreditation in graduate medical education are currently borne primarily by the American Medical Association, with substantial additional support by the specialty boards and certain specialty societies. These same costs shall continue to be shared by these organizations for the time being, but the newly constituted Coordinating Council on Medical Education shall undertake, as one of its initial tasks, a study of costs of accreditation of graduate medical education and shall make recommendations concerning their allocation in the future.

A PROPOSAL FOR THE ESTABLISHMENT
OF A
COORDINATING COUNCIL ON MEDICAL EDUCATION

I. NAME

The Committee shall be known as The Coordinating Council on Medical Education.

II. AUTHORITY

The Coordinating Council on Medical Education will recommend policy concerning undergraduate and graduate medical education to the five parent professional organizations. For the time being, all policy matters must be approved by all parent professional organizations. Any policy matters not receiving unanimous approval, but approved by at least three of the five parent organizations shall be returned, after an intervening period of at least three months, to the Coordinating Council on Medical Education and subsequently to the parent organizations for thorough reconsideration.

III. PURPOSE

To supervise and coordinate the activities of the existing Liaison Committee on Medical Education (Undergraduate) and the new Liaison Committee on Graduate Medical Education.

IV. FUNCTION

- A. To review all matters of policy relating to undergraduate and graduate medical education and to make recommendations to the parent professional organizations concerning them. Policy recommendations may originate from any of the parent organizations or from the two liaison committees, but will be subject to review by the Coordinating Council before final action is taken by the parent organizations.
- B. To implement the overall policies agreed to by the parent professional organizations under which the individual liaison committees operate.
- C. To review and coordinate the activities of the two liaison committees.
- D. To recommend improvements in review and accreditation procedures of the two liaison committees.

V. COMPOSITION

- A. It is proposed that there be equal representation of each of

the five major professional organizations with major interest and concern in undergraduate and graduate medical education. The following composition is suggested:

American Medical Association	3	representatives
Association of American Medical Colleges	3	"
American Board of Medical Specialties	3	"
Council on Medical Specialty Societies	3	"
American Hospital Association	3	"
The Public	1	representative
The Federal Government	1	"

- B. Each organization shall select its representatives as it sees fit. The public representative shall be selected by the body of representatives of the professional organizations. The government representative shall be designated by the Secretary of Health, Education, and Welfare.

VI. OFFICERS

There shall be a Chairman and a Vice Chairman, who shall be from different professional organizations. The officers shall be named in rotation by their respective professional organizations. The term of office shall be one year.

VII. FINANCING

- A. Expenses of the representatives of the various professional organizations shall be borne by those organizations. The expenses of the public representative shall be shared equally by all of the professional organizations. The expenses of the government representative shall be borne by the government.
- B. For the time being, the AMA shall provide staff and secretarial services for the CCME.

3/30/72

Minutes of Meeting
of
Meeting of Liaison Committee on Graduate Medical Education

Hyatt Regency O'Hare
Rosemont, Illinois
December 18-19, 1972

The first meeting of the Liaison Committee on Graduate Medical Education was held at the Hyatt Regency O'Hare, near the O'Hare Airport, on December 18 and 19, 1972. The five parent bodies were represented at the meeting by the following members of the Committee:

American Board of Medical Specialties:

John Anderson, M.D.
Robert A. Chase, M.D.
Jack D. Myers, M.D.

American Hospital Association:

Bruce W. Everist, M.D.

American Medical Association:

Perry J. Culver, M.D.
James W. Haviland, M.D.
Bernard J. Pisani, M.D.
William A. Sodeman, M.D.

Association of American Medical Colleges:

William J. Anlyan, M.D.
Mr. John Danielson
William D. Holden, M.D.
Julius R. Krevans, M.D.

Council of Medical Specialty Societies:

Rubin Flocks, M.D.
Edward C. Rosenow, Jr., M.D.

The following staff members of the parent bodies were also present:

American Board of Medical Specialties:

John C. Nunemaker, M.D.

American Hospital Association:

Thomas H. Ainsworth, M.D.

American Medical Association:

C. H. William Ruhe, M.D.
William R. Bishop, Ph.D.
Ralph E. DeForest, M.D.
Clarke W. Mangun, Jr., M.D.
George Mixter, Jr., M.D.
Rose Tracy, M.B.A.
Paul Van Pernis, M.D.

Association of American Medical Colleges:

John A. D. Cooper, M.D.
August G. Swanson, M.D.
Marjorie P. Wilson, M.D.

Council of Medical Specialty Societies:

Mr. William C. Stronach

Dr. Gordon W. Douglas, a representative of the American Board of Medical Specialties, and Dr. Samuel P. Asper, a representative of the American Hospital Association, were unable to be present.

1. Call to Order:

The meeting was called to order at 2:45 by Dr. C. H. William Ruhe, acting as temporary chairman.

2. Election of Officers:

The Agenda for the meeting included a proposal by staff of the parent organizations for an orderly rotation of the office of chairman and vice-chairman annually, with a similar proposal for these offices for the Coordinating Council on Medical Education.

Considerable discussion ensued as to whether the meeting could properly proceed to the election of a chairman and vice-chairman before the Coordinating Council on Medical Education had met. The opinion was expressed that the Coordinating Council on Medical Education would, as an overall body, be superior to the Liaison Committee, and would determine much of its activity. Another member asked whether the Liaison Committee on Continuing Medical Education was likely to be activated soon; in such a case, it might be desirable to postpone the election of officers of the Liaison Committee on Graduate Medical Education.

It was pointed out, however, that the proposal for the Liaison Committee on Continuing Medical Education could not be accepted before June, and possibly not until the fall of 1973. Also, the Liaison Committee on [Undergraduate] Medical Education has been operating with a simple pattern of alternating years of responsibility between the two parent bodies. A careful rereading of the proposal for the establishment of the Liaison Committee established the fact that the Liaison Committee could act on policy recommendations that originate from any of the Residency Review Committees, or from any of the parent bodies, and that all of its activity would not need to originate through the Coordinating Council on Medical Education.

It was also pointed out that, although it had been expected that the Liaison Committee on Graduate Medical Education and the Coordinating Council would be established simultaneously, this became impossible because of the fact that the AMA representatives on the Coordinating Council had to be elected by the House of Delegates, which election could not take place until the November, 1972, meeting of the House. The consensus was that the functioning of the Committee would be a matter of administration; its activities, after organization, would involve policy recommendations to the Coordinating Council and others. On this basis, the Committee could be organized at this time, and policy matters discussed later.

ACTION: The Liaison Committee on Graduate Medical Education approved the schedule outlined in its agenda for selection of a chairman and vice-chairman annually, contingent upon favorable action by the Coordinating Council on Medical Education at its forthcoming meeting on January 3, 1973.

3. Designation of Officers:

The schedule provided that the Association of American Medical Colleges would designate the Chairman for the year 1973; Dr. William G. Anlyan was named Chairman.

The American Board of Medical Specialties designated Dr. Jack D. Myers as its choice for Vice-Chairman. Dr. Myers took the chair briefly, and then turned the meeting over to Dr. Anlyan shortly after the latter's arrival.

4. Review of Proposals by Parent Bodies:

The Committee discussed in some detail the five "points of agreement," as listed under Tab Q in the Agenda, to develop an understanding of the range of activity of the Liaison Committee, and also the limits of its authority to effect changes of policy for its parent bodies or for the residency review committees.

There was general agreement that changes in Essentials considered by the Liaison Committee on Graduate Medical Education would have to go back to the parent bodies for approval. Some distinction would be made between policy decisions and documents that would represent guidelines, as policies would need to have approval of the parent bodies, whereas guidelines generally would not. If the Coordinating Council and the Liaison Committee on Graduate Medical Education are closely attuned to current thinking and trends, much of their work will go back to the parent bodies, but will be approved pro forma. It would be expected that the Liaison Committee will gain the confidence of its parent organizations, so that few of its decisions will have to go beyond a one-level check.

Those members of the Committee who had attended the meeting at which the "points of agreement" were approved recalled that representatives of each of the organizations were insistent upon the right of the parent bodies to approve policy changes. Now that the Liaison Committee has been established, some time will probably be required until confidence is developed to permit a gradual delegation of authority.

5. Operating Procedures of the Liaison Committee:

Concern was expressed that, in terms of the Residency Review Committee activities, an additional step had been added to the accrediting mechanism, by the requirement that their actions would be subject to approval by the Liaison Committee. A rewriting of the "Essentials of Approved Residencies," for example, would need to follow all of the previous steps plus the additional step of obtaining approval of the Liaison Committee. Eventually it might be agreed that, if a residency review committee recommended a change, it could be reported to the Liaison Committee, which would need to determine whether it was of enough significance to require approval of the five parent bodies.

The statement that the Committee would establish a body for the supervision and accreditation of graduate medical education comparable to that existing for Undergraduate Medical Education brought about a discussion as to the active role that the Liaison Committee would need to take in accrediting programs, and also in carrying out assignments that might be given it by the Coordinating Council. The Liaison Committee, for example, might be requested to study the distribution of specialists to determine whether such distribution should influence the accreditation of programs in the various fields.

ACTION: The Liaison Committee on Graduate Medical Education voted to transmit to the Coordinating Council on Medical Education the following resolution:

Whereas a principal problem in the delivery of health care in this country is a lack of information concerning the specialty and geographic distribution of physicians and,

Whereas the American Surgical Association and the American College of Surgeons through an extensive study entitled "Study of Surgical Services in the United States" have obtained realistic data concerning the professional and geographic distribution of surgical specialists with the expertise and assistance of the Department of Preventive Medicine at Harvard Medical School and,

Whereas the same type of data through the same source could be obtained for non-surgical specialists and,

Whereas the Liaison Committee on Graduate Medical Education is an agency responsible for the accreditation of graduate educational programs and must function within policies agreed upon by the Coordinating Council on Medical Education and its five parent organizations,

Therefore be it resolved that by transmitting this statement to the Coordinating Council on Medical Education, the Liaison Committee on Graduate Medical Education requests the latter agency to accept the responsibility for obtaining the maximum amount of information available concerning the professional and geographic distribution of physicians in this country, and,

Be it further resolved that having obtained such information it design a policy that will adjust inequities in such distribution in order to meet the health needs of the public, and,

Be it further resolved that such policy be transmitted to the five parent organizations for their consideration and approval and,

Be it further resolved that, when and if such a policy is developed and if the Liaison Committee on Graduate Medical Education is to be utilized in the implementation of it, the Committee be directed to modify its program of accreditation to attain the objectives of the policy.

6. Committee's Role in Actual Accreditation of Programs:

Consideration was given to the manner in which the Liaison Committee would ratify or not accept decisions of the Residency Review Committees. The role of the Liaison Committee could not be that of simply a rubber stamp, if it is to be acceptable to the U.S. Office of Education. One proposal was to list the programs recommended for approval, and to give somewhat fuller information on those on which less favorable action had been recommended by the residency review committees. The possibility of simply spot-checking the decisions was discussed, but the Committee decided to take no action until it had more knowledge of the matter in which the various review committees function.

7. Appointment of Ad Hoc Committee:

The Liaison Committee appointed an Ad Hoc Committee to draw up operating guidelines for the Committee, which are to be presented at the next meeting for discussion. The following were appointed: James W. Haviland, M.D., (Chairman); Jack D. Myers, M.D., Thomas H. Ainsworth, M.D., William D. Holden, M.D., and Edward C. Rosenow, M.D.

In addition, the staff members of the Department of Graduate Medical Education of the AMA who were present at the meeting were asked to draw up summaries of the manner in which each of the residency review committees assigned to them operates. At a future meeting, possibly two or three chairmen from the residency review committees for the larger specialties might also be asked to be present.

8. Election of Public Member of the Committee:

Individual members of the Committee recommended the names of persons as representatives of "the public," on the Liaison Committee. It was urged that the selection be a knowledgeable contributor in the field, and hopefully a provocative person. At the same time, the person should not be "directly involved in the field" nor "members of the occupation for which the students are being prepared" -- the latter two restrictions are those of the U.S. Office of Education in defining the "public member of an accrediting body."

ACTION: The Liaison Committee on Graduate Medical Education selected Rosemary Stevens as the public member of the Committee. If she is unable to serve or otherwise ineligible, Margaret Mahoney of the Robert Wood Johnson Foundation, New Brunswick, New Jersey, is the Committee's alternate choice.

9. Selection of the Representative of the Federal Government:

There is to be a representative of the Federal Government on the Liaison Committee for Graduate Medical Education and also on the Coordinating Council.

ACTION: After the Coordinating Council on Medical Education has met, the Secretary of the Liaison Committee on Graduate Medical Education will ask the Secretary of the Department of Health, Education, and Welfare to name a representative of the Federal Government to the Liaison Committee for Graduate Medical Education and also to the Coordinating Council on Medical Education. The letter of request will emphasize that these persons should be knowledgeable persons, who would be able to attend the meetings regularly.

10. Other Groups or Organizations Requesting Representation:

Several members of the Committee had received a letter from the Chairman of the Interns and Residents' Business Session, requesting representation of the House Staff on the Liaison Committee. The Secretary of the Committee pointed out that the AMA House of Delegates had directed the AMA representatives to request that House Staff be represented on the Liaison Committee. Concern was expressed as to whether additional representatives to the Liaison Committee could be appointed without going back to the parent bodies to have these groups approved. Questions were also raised as to whether such additional representatives would be voting members, whether they would be picked by organizations, or whether individuals would be chosen by the Liaison Committee to represent that group.

ACTION: The matter of appointing a representative from the Intern and Resident group was tabled.

ACTION: The Committee voted to defer discussion of requests for additional representation from the Association of Hospital Medical Education and from the National Medical Association for the current year until it can be seen how the present system is working. It was noted that persons representing these

groups might be asked to serve on ad hoc committees, task forces, etc., during the year.

11. Viewpoints of Representatives:

Several members of the Committee expressed concern as to whether they are to speak as individuals on questions arising at meetings on Liaison Committee, or are to reflect the policies or viewpoints of the organizations they represent. Several indicated that they would prefer to speak as individuals, and then officially take back to their organizations for policy decisions the results of the Committee's deliberation.

It was agreed that the Liaison Committee on Graduate Medical Education and the Coordinating Council must function as entities, and not as five parochial organizations. It is expected that the representatives have been chosen by their organizations because of their knowledge of various aspects of the field of medical education, or because of their relationship to the settings in which such programs are carried on.

So that the Liaison Committee may function efficiently, the hope was expressed that, while organizations do have the right to send substitutes, in general the currently-named representatives would be able to attend most of the meetings. The five parent organizations also may have as many staff members present as desired, or may supply other resource personnel from time to time so that they may contribute to the Committee's understanding of the various facets of the accreditation process in graduate medical education.

12. Requirements of the U.S. Office of Education:

The current and proposed new requirements of the U.S. Office of Education relating to recognition of an agency as an accrediting body were carefully studied, and some of the problem areas pointed out to the Committee. Several members of the Committee expressed concern that a simple listing of actions of the residency review committees, with a brief descriptive sentence or paragraph on those programs on which unfavorable action was being recommended, would not satisfy these requirements.

In addition, several felt that this would not satisfy their own wish to evaluate programs. The Liaison Committee would want to be able to assure the U.S. Office of Education that it was actually supervising and accrediting the programs. AMA Staff pointed out that the Committee might need to review 600 programs at each meeting, and that a simple review of the files would require a great deal of time and prior study. An alternate possibility would be to take a random sample of the actions of each committee, and provide a built-in appeal mechanism. It might be more important for the Liaison Committee to examine the process of how the residency review committees make their decisions, rather than to second-guess the decisions made by these committees. To overturn decisions of knowledgeable committees would shake the confidence of the profession in the ability of the Liaison Committee to carry on the job, and would heighten the uneasiness of the relationship between the residency review committees and the Liaison Committee.

Another suggestion was to have four or five meetings a year, and divide the Liaison Committee into several groups, so that each group could review actions of several review committees. If an action seemed unsuitable, it might be sent back to the residency review committee for reconsideration, rather than to have the Liaison Committee change the decision of the committee. Meanwhile, it was agreed that no change would be made in the current procedure until the Ad Hoc Committee could propose operating guidelines for the Committee.

13. Timetable for Application as an Accrediting Body:

The draft of the requirements of the U.S. Office of Education indicated that a two-year period is required for organizations to become accrediting agencies. The Secretary of the Council, however, explained that this matter had been discussed with the Office of Education staff, who had indicated that the two-year requirement could be waived because of the fact that most of the residency review committees had been involved in the process of accrediting for many years.

The new criteria for the U.S. Office of Education places more emphasis on public accountability, lack of discrimination, ethics, a more explicit description of standards, and the requirement that there be an appeal procedure and a provision for programmed self-study, and/or adequate consultation between the team of visitors and the faculty, administrative staff, and students.

The consultation has been emphasized as a dialogue, rather than a simple discussion of the program. This may present a problem, as the Field Representatives who are currently reviewing programs are generally urged not to act as consultants.

The hospital administrator must also be provided with a report prior to the time that it is considered by the Committee, and there must be a provision for an appeal mechanism.

If an agency applying to the U.S. Office of Education does not comply with one or more of the individual requirements, the decision is not made in absolute terms, and the application is not necessarily discredited because of simple deficiency. Also, if the first application is turned down, reapplication can be made at any time. It was suggested that an appeal mechanism might be evolved through the Liaison Committee's relationship to the Coordinating Council on Medical Education, as the latter would be a finite body and not a part of the Liaison Committee. It is expected that the U.S. Office of Education might be relatively lenient, in view of the fact that there is no other agency applying to serve as an accrediting agency in graduate education.

14. Financing the Liaison Committee:

A statement was provided on the estimated cost of the present system of accrediting graduate education, including the fact that most of the surveys are made by Field Representatives of the Department of Graduate Medical Education. If there is to be additional staff for the Liaison Committee, the costs would increase over those currently incurred by the residency review committees, which expenses are shared by the AMA Council on Medical Education, as a contribution from membership dues, and by the specialty boards in the field plus, in the case of some committees, one of the national organizations in that specialty.

Several members of the Committee asked whether consideration has been given to charging a fee for the survey of programs. At the present time charging a fee would be awkward, as not all programs in a hospital are surveyed at the same time. If institutional accreditation became a reality, the charging of a fee, perhaps on an annual basis, might be feasible.

For the present, the American Medical Association will continue to provide staff services, and to provide the professional personnel to survey programs.

ACTION: The Liaison Committee on Graduate Medical Education agreed that, for the time being, it would continue the present system of financing the residency review committees, and that the actual cost of the first meeting and of subsequent meetings of the Liaison Committee would be borne in appropriate measure by the organizations represented, including the cost of the meetings and the cost of the public member.

15. Policy of the National Intern and Resident Matching Program:

A brief statement of the operation of the National Intern and Resident Matching Program was included in the agenda, as it is an important element in the supervision of graduate training programs. During the current matching period, some individual program directors and institutions appeared to be circumventing the restrictions in the contract which they had signed earlier in the year. The Executive Director of the American Board of Medical Specialties, who is also an officer of the National Intern and Resident Matching Program, pointed out that these facts will be brought to the attention of individual deans in instances in which students in the medical school have been persuaded to disregard the rules of the NIRMP. It was stated that the Association of American Medical Colleges will reaffirm its support of the "all or none" policy of the Matching Program, and that the medical schools will be reminded of their responsibilities.

ACTION: The Liaison Committee on Graduate Medical Education reaffirms its support of the previous position of the National Intern and Resident Matching Program, with the understanding that its support will be subject to reexamination of the operations of the Matching Program at a later date.

16. Proposal of American Board of Psychiatry and Neurology:

The Liaison Committee considered also a proposal, which is Appendix A to these minutes, involving a change in the manner of surveying programs in psychiatry and neurology.

ACTION: The Liaison Committee on Graduate Medical Education will consider at a future meeting the proposal of the American Board of Psychiatry and Neurology for a change of the method of survey of residency programs and in the manner in which the cost of such surveys are met.

17. Structure and Functions of the Residency Review Committee for Plastic Surgery:

Attachment B to these minutes outlines the document "Structure and Functions of the Residency Review Committee for Plastic Surgery."

Action on this document was deferred because the Liaison Committee will study, at future meetings, the structure and function of residency review committees, with particular concern as to the selection of chairmen and vice-chairmen of these committees, and also with consideration of the possibility that these should be bipartite committees or possibly pentapartite committees, to represent the sponsoring groups of the Liaison Committee on Graduate Medical Education.

18. Time and Place of The Next Meeting:

It was agreed that the next meeting of the Liaison Committee on Graduate Medical Education would be held on March 20, 1973, at the Hyatt Regency O'Hare. The meeting will begin at 10 a.m., and continue until 6 p.m.

It was also agreed that the staff of the five organizations, along with the Chairman of the Committee, would draft the agenda for the next meeting.

19. Adjournment:

The meeting was adjourned at 11:20 a.m. on Tuesday, December 19, 1972.

Respectfully submitted,

C. H. William Ruhe, M.D.
Acting Secretary

Recorder: Mrs. Rose Tracy

CRITERIA FOR MEMBERSHIP IN THE COUNCIL OF TEACHING HOSPITALS

ELIGIBILITY

Eligibility for membership in the Council of Teaching Hospitals is determined on the basis that:

- (1) the hospital has a documented, institutional affiliation arrangement with a school of medicine for the purpose of significantly participating in medical education;

AND

- (2) the hospital sponsors or significantly participates in approved, active residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics and Psychiatry.

REQUIREMENT

- (1) Approval by the COTH Administrative Board;
- (2) Approval by the AAMC Executive Council
- (3) Approval by the AAMC Assembly

PROCEDURE FOR APPLICATION

- (1) Application by the hospital with an endorsement by the Dean of the affiliated school of medicine;

OR

- (2) Nomination of the hospital by the Dean of the school of medicine.

In the case of specialty hospitals, the Administrative Board shall make exceptions based on the extent to which the teaching hospital meets the criteria within the framework of the specialized objectives of the hospital. It is thus the intent that rehabilitation, psychiatric, children's, and such other specialty hospitals which sponsor or participate in medical education and have institutional affiliations for the purpose of significant participation in medical education are eligible for COTH membership.

By exception, and in unusual circumstances where a hospital has demonstrated a continuing major commitment to medical education, as demonstrated by the range and scope of programs offered, the Administrative Board may waive the requirement for medical school affiliation.

The Medical Center



710 Center Street
Columbus, Georgia 31902

Dedicated to Health Care

Telephone
404 324-4711

December 1, 1972

Richard M. Knapp, PhD
Director
Division of Teaching Hospitals
Association of American Medical Colleges
One DuPont Circle, N.W. - Suite 200
Washington, D.C. 20036

Dear Dick:

I was very disappointed in the action taken by the Council of Teaching Hospitals at the annual meeting earlier this month. I felt very strongly that the requirement of a clear, documented affiliation with an established school of medicine be an important criteria for membership in the AAMC and Council for Teaching Hospitals. The second requirement, however, that relating to residencies, stifles the growth of area health education centers.

There may be more and more regional hospitals and schools involved in graduate and under-graduate medical education in narrowly defined programs rather than in the broad programs implied by the membership requirements. These institutions will need the benefit of the activities of the AAMC and the new membership requirement, as I understand them, exclude these institutions.

Also, schools of medicine are now beginning to have detailed negotiations with community hospitals located as much as 100 to 200 miles away from the main center. As these hospitals begin to develop educational programs, they too will need the benefits of the COTH activities and again, as I understand the membership requirements, these hospitals are excluded.

The Medical Center, Columbus, Georgia, finds itself in this position. We have a very close affiliation with Emory University School of Medicine and right now are working with them in three specific areas; rotating internships, Family Practice Residency and clinical training for their physicians assistants. The agreement with Emory is

Richard M. Knapp, PhD

-2-

December 1, 1972

less than three years old and where it will lead is difficult, at this time, to determine. However, in this short period of time, it would not have been reasonable to develop sound residency programs in four major clinical areas.

Since we are ineligible for membership in the Council of Teaching Hospitals, I was wondering if the Council has made any provisions for non-members to subscribe to the routine publications of the AAMC and the COTH. Specifically, I am interested in the President's Weekly Activity Report, The Advisor, and the COTH Report, as well as other special reports, such as the Salary Survey. Having recently been associated with the University of Missouri Medical Center, I was able to review these reports routinely and found them most informative and most helpful. I would like very much to be able to benefit from them.

I would also like to have subscription request forms for The Journal of Medical Education and would appreciate it if you could forward these to me with the information regarding receipt of the other publications.

Thank you very much for the Salary Survey you sent me in October.

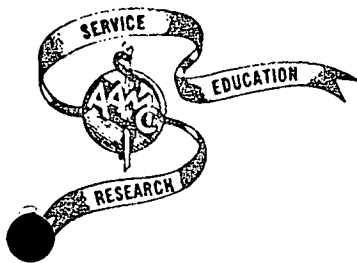
Sincerely,



Bruce M. Perry
Executive Director

BMP:sp

cc; Dean Richardson
Dean Hallman



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COUNCIL OF TEACHING HOSPITALS

ONE DUPONT CIRCLE, N.W.
WASHINGTON, D.C. 20036
202/466-5127

December 18, 1972

Mr. Bruce M. Perry
Executive Director
The Medical Center
710 Center Street
Columbus, Georgia 31902

Dear Bruce:

Thank you for your letter of December 1. I appreciate and understand your point of view; this matter was discussed at great length by the COTH ad hoc committee charged with outlining future criteria for COTH membership.

Our regional meetings which are held each Spring and our annual meeting in the fall are open to all with an interest in medical education; there is no requirement that an institution be a member to attend the sessions. Additionally, I have enclosed an application for personal membership in the AAMC. This type of membership would entitle you to receive the Journal of Medical Education and the AAMC Bulletin. The COTH Report is available at a subscription price of \$20 per year and requests should be directed to Miss Grace Beirne, editor of that publication. Also, I have requested that your name be added to the list of individuals who receive the quarterly publication The Advisor. The President's Weekly Activity Report does have a limited distribution, but I shall see if I can have your name added to the list.

The next meeting of the COTH Administrative Board will be held in March, and with your permission I shall bring your letter (and Dr. Richardson's supporting letter of December 11, 1972) to the attention of the Board. I doubt we can anticipate any action, but I do feel it's appropriate to keep the Board informed of this problem, which as you point out will be growing in the future.

If there is anything else I can do please let me know.

Sincerely,

RICHARD M. KNAPP, PH.D.
Director
Division of Teaching Hospitals

RMK:car

cc: Arthur P. Richardson, M.D.

EMORY UNIVERSITY SCHOOL OF MEDICINE
WOODRUFF MEMORIAL BUILDING ATLANTA, GEORGIA 30322

OFFICE OF THE DEAN

December 11, 1972

Dr. Richard Knapp
Director
Division of Teaching Hospitals
Association of American Medical Colleges
Suite 200 One DuPont Circle, N.W.
Washington, D.C. 20036

Dear Dr. Knapp:

I have just seen a copy of a letter Mr. Bruce Perry wrote to you on December 1. I would like to go on record as saying I support his view completely. While I recognize the danger of diffusion of representation, nonetheless the AAMC decided to go down that path when they accepted the Coggeshall Report.

The Medical Center in Columbus has had and will continue to have a close affiliation with Emory University School of Medicine. It would be to our advantage to have them in the Council of Teaching Hospitals, and I would hope that this may ultimately be accomplished. I should like to urge you to comply with Mr. Perry's request if it is at all possible.

Very sincerely yours,



Arthur P. Richardson, M.D.
Dean

APR:dwh
cc: Mr. Bruce M. Perry

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Community Hospital
 Name _____
Indianapolis 1500 North Ritter Avenue
 City Street _____
Indiana 46219
 State Zip Code _____

Principle Administrative Officer: Allen M. Hicks
 Name _____
 President _____
 Title _____

Date Hospital was Established Ground breaking - 9/23/54; 1st admission 8/6/56

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	_____	None	_____
Straight	_____	"	_____

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	_____	None	_____
Surgery	_____	"	_____
OB-Gyn	_____	"	_____
Pediatrics	_____	"	_____
Psychiatry	_____	"	_____
Other	_____	"	_____

Information Submitted By:

Allen M. Hicks
 Name _____
February 28, 1972
 Date _____

President
 Title of Hospital Chief Executive _____
Allen M. Hicks
 Signature of Hospital Chief Executive _____

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, One Dupont Circle, N.W., Washington, D.C. 20036, retaining the Blue Copy for your files.

Membership in the Council of Teaching Hospitals:

Teaching Hospital members shall be organizations operated exclusively for educational, scientific, or charitable purposes. Hospitals as institutions will be members of the Council and each institution will be represented by a person designated by the hospital for the purpose of voting at business meetings of the Council. All members will vote at the Annual Meeting for officers and members of the Executive Committee.

Membership to the Council will be determined by the following criteria:

- a. those hospitals nominated by a medical school Institutional Member or Provisional Institutional Member of the AAMC from among the major Teaching Hospitals affiliated with the Members and elected by the Council of Teaching Hospitals, or
- b. teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, and Psychiatry, and are elected by the Council of Teaching Hospitals

The voting rights of the Council of Teaching Hospitals in the Assembly of the AAMC shall be as follows: The Council of Teaching Hospitals shall designate 10 percent of its members, up to a maximum of 35, each of whom shall have 1 vote in the Assembly.

If nominated by a School of Medicine, complete the following:

Name of School of Medicine Indiana University
Name of Dean Glenn W. Irwin, Jr., M.D.
Address of School of Medicine 1100 West Michigan Street
Indianapolis, Ind. 46202

FOR COTH OFFICE USE ONLY	
Date _____	Approved _____ Disapproved _____ Pending _____
Remarks _____ _____ _____	
Invoiced _____	Remittance Received _____

COMMUNITY HOSPITAL OF INDIANAPOLIS, INC.

ALLEN M. HICKS, PRESIDENT

1500 NORTH RITTER AVENUE
INDIANAPOLIS, INDIANA 46219
TELEPHONE AREA CODE 317-353-5529

February 28, 1972

*Richard
T. J. of Ans*

Mr. John Danielson
Council of Teaching Hospitals
Association of American Medical Colleges
1 Dupont Circle, N. W.
Washington, D. C. 20036

Dear John:

I realize that you are in the process of moving to the University of North Carolina, and I wish you the best of luck.

You will note on the enclosed application from Community Hospital that we really are just starting with our University of Indiana College of Medicine relationship. At this time we do not have interns or residents but we do have approximately twenty-five senior medical students. These numbers will continue to increase, and we would appreciate consideration of this application for membership.

If there are any further questions, please feel free to call.

Sincerely,

Allen

AMH/lb
enc. -

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Veterans Administration Hospital
Name
Baltimore 3900 Loch Raven Boulevard
City Street
Maryland 21218
State Zip Code

Principle Administrative Officer: R. J. LIPIN, M.D.
Name
Director
Title

Date Hospital was Established October 26, 1952

Approved Internships:

<u>Type</u>	<u>Date Of Initial Approval by CME of AMA*</u>	<u>Total Internships Offered</u>	<u>Total Internships Filled</u>
Rotating			
Straight	July 1970 - see footnote 5	8	8

Approved Residencies:

<u>Specialties</u>	<u>Date Of Initial Approval by CME of AMA*</u>	<u>Total Residencies Offered</u>	<u>Total Residencies Filled</u>
Medicine	Prior to 1963, see footnote 1 on <u>attached sheet</u>	15	15
Surgery	February, 1969 - see footnote 2 on <u>attached sheet</u>	10	10
OB-Gyn			
Pediatrics			
Psychiatry			
Other			
Dermatology	July 1967 - see footnote 3 on <u>attached sheet</u>	2	2
Pathology	November 1968 - see footnote 4 on <u>attached sheet</u>	5	5

Information Submitted By:

Robert C. Berson, M.D.
Chief of Staff
Name
February 7, 1973
Date

Director
Title of Hospital Chief Executive
R. J. Lipin
R. J. LIPIN, M.D.
Signature of Hospital Chief Executive

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

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Membership in the Council of Teaching Hospitals:

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- b. teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, and Psychiatry, and are elected by the Council of Teaching Hospitals

The voting rights of the Council of Teaching Hospitals in the Assembly of the AAMC shall be as follows: The Council of Teaching Hospitals shall designate 10 percent of its members, up to a maximum of 35, each of whom shall have 1 vote in the Assembly.

If nominated by a School of Medicine, complete the following:

Name of School of Medicine University of Maryland School of Medicine
Name of Dean John H. Moxley III, M.D.
Address of School of Medicine 522 W. Lombard Street, Baltimore, Md. 21201

FOR COTH OFFICE USE ONLY	
Date _____	Approved _____ Disapproved _____ Pending _____
Remarks _____ _____ _____	
Invoiced _____	Remittance Received _____

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Application for Membership in the
Council of Teaching Hospitals cont'd

Veterans Administration Hospital
3900 Loch Raven Boulevard
Baltimore, Maryland 21218

- Footnote 1 - Affiliating Residency Training Program with University of Maryland School of Medicine and The Johns Hopkins University School of Medicine. Since 1969, an affiliating program with University of Maryland School of Medicine.
- Footnote 2 - Affiliating and Integrated Residency Training Program with The Johns Hopkins University School of Medicine and Greater Baltimore Medical Center. Approval of independent residency discontinued at that time.
- Footnote 3 - Affiliating Residency Training Program with University of Maryland School of Medicine.
- Footnote 4 - Integrated Residency Training Program with University of Maryland School of Medicine
- Footnote 5 - Affiliating internship in medicine with University of Maryland School of Medicine

UNIVERSITY OF MARYLAND

SCHOOL OF MEDICINE

BALTIMORE, MARYLAND 21201

OFFICE OF THE DEAN

February 20, 1973

Dr. Richard Knapp, Director
Division of Teaching Hospitals
Association of American Medical Colleges
1 Dupont Circle, N. W.
Washington, D. C.

Dear Doctor Knapp:

This letter is to endorse the application of the Baltimore Veterans Administration Hospital for membership in the Council of Teaching Hospitals.

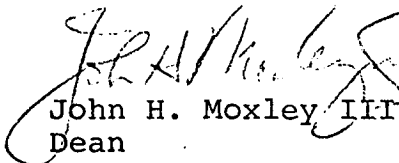
Since 1968 both medical schools in Baltimore have taken on additional responsibility for the V.A. system in Maryland but particularly at the Baltimore V.A. Hospital. This is a Deans Committee hospital and I presently serve as chairman. Many of the clinical department chairmen from the two schools have seats on the Deans Committee.

Furthermore, the Baltimore V.A. Hospital has been converted into a full-fledged acute general hospital with the University of Maryland being responsible for the staffing and operation of the departments of medicine, pathology, psychiatry, and in the near future radiology. The Johns Hopkins School of Medicine is responsible for the department of surgery.

We at the University of Maryland view this as a regular rotation for both students and house staff. In my judgment the hospital qualifies for membership in the Council.

If you have any further questions, or need additional information, please do let me know.

Sincerely yours,


John H. Moxley III, M. D.
Dean

JHM:mrj

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: ST. JOHNS HOSPITAL

SPRINGFIELD	Name	701 EAST MASON STREET
City	Street	
ILLINOIS	62701	
State	Zip Code	

Principle Administrative Officer: SISTER JANE LIKE, O.S.F.

SISTER JANE LIKE, O.S.F.	Name
EXECUTIVE VICE PRESIDENT	Title

Date Hospital was Established 1875

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating			
Straight	October 27, 1972	12 (Medicine)	0

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	October 27, 1972	6	0
Surgery			
OB-Gyn	October 3, 1972	6	2
Pediatrics	November 14, 1972	8	0
Psychiatry			
Other			
Family Practice	December 28, 1971	12	1
Pathology	May 19, 1970	4	0

Information Submitted By:

Sister Jane Like, O.S.F.

Name

November 17, 1972

Date

Executive Vice President

Title of Hospital Chief Executive

Sister Jane Like O.S.F.
Signature of Hospital Chief Executive

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

Instructions:

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Membership to the Council will be determined by the following criteria:

- a. those hospitals nominated by a medical school Institutional Member or Provisional Institutional Member of the AAMC from among the major Teaching Hospitals affiliated with the Members and elected by the Council of Teaching Hospitals, or
- b. teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, and Psychiatry, and are elected by the Council of Teaching Hospitals

The voting rights of the Council of Teaching Hospitals in the Assembly of the AAMC shall be as follows: The Council of Teaching Hospitals shall designate 10 percent of its members, up to a maximum of 35, each of whom shall have 1 vote in the Assembly.

If nominated by a School of Medicine, complete the following:

Name of School of Medicine Southern Illinois University School of Medicine

Name of Dean Richard H. Moy, M.D.

Address of School of Medicine 901 North First St., Springfield, Illinois

FOR COTH OFFICE USE ONLY	
Date _____	Approved _____ Disapproved _____ Pending _____
Remarks _____	

Invoiced _____	Remittance Received _____

AFFILIATION AGREEMENT

THIS AGREEMENT, made this 11TH day of DECEMBER, 1970, by and between ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, a not-for-profit corporation of the State of Illinois, located at Springfield, Illinois, hereinafter termed the "Hospital", and the BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY, a body politic and corporate of the State of Illinois, located at Carbondale, Illinois, hereinafter termed the "University",

WITNESSETH:

WHEREAS, the policy of the State of Illinois includes expansion of its capacity for medical education through the existing university system and existing clinical facilities, and

WHEREAS, St. John's Hospital is a Catholic Hospital of which the apostolate in the Church is an extension of Christ's Mission of Mercy and is dedicated to serve as a community health center by providing a harmonious, efficient and well-administered institution with a coordinated effort of approved medical practice, high ethical standards and a Christ-like care of the sick in the hospital and with other community health agencies and to cooperate in the education of physicians, nurses and other hospital personnel, these ideals having been always the basis for the operation of St. John's Hospital over its ninety-three years of service to the people of Springfield and Central Illinois, and

WHEREAS, the governing body of the hospital and the medical community have clearly accepted the concept that development of strong medical education programs is an important and desirable element in assuring the availability of physician resources in the future as well as continuing improvement in the levels and quality of health care to the people of Springfield and Central Illinois, and

WHEREAS, there exists a community of understanding between the parties hereto that the purpose of the school of medicine recently established in the University is the education of

practicing physicians and that the responsibility of the university and its school of medicine continues substantially beyond granting degrees and on to the preparation of the physician for practice and even to his continuing education, and that the Southern Illinois University School of Medicine, as well as the Hospital, has a responsibility for exerting major leadership in the development of internship and residency programs, and a service responsibility for utilizing its resources wherever feasible to influence and enhance the health care delivery system, and

WHEREAS, the parties hereto are committed to the principle that the Hospital, as a major provider of health care, must preserve its principal focus on community service while acting on its longer range responsibility for producing qualified manpower resources for health care delivery by maintaining the school of nursing and several training programs for other allied health personnel, and that the presence of medical education programs will further enhance the quality of patient services, and

WHEREAS, representatives of St. John's Hospital have been appointed by the Board of Directors to conduct discussions for affiliation with Southern Illinois University and other educational institutions, either public or private, which may from time to time become party to the health care system for the people of Central and Southern Illinois, and

WHEREAS, the governing boards of Southern Illinois University and St. John's Hospital of Springfield, recognizing the desirability of establishing a medical education program in the Springfield area, have declared their intent to enter into an agreement formalizing certain relationships between the two institutions essential to the development of the program,

NOW, THEREFORE, the parties hereto do mutually agree and covenant as follows:

I. The University shall exercise its prerogatives and fulfill its obligations herein generally through the School of Medicine, and unless the contrary be specifically stated or

established by context, reference herein to the School of Medicine shall have the same contractual effect as reference to the University.

II. THE HOSPITAL SHALL:

- (1) Make its facilities available for use in clinical instruction of students admitted to Southern Illinois University School of Medicine and agrees that the conduct and direction of students is the responsibility of the dean of the school of medicine.
- (2) Delegate adequate authority to the dean of the school of medicine for the content and direction of mutually agreed programs for interns, residents and continuing education, with the understanding that delegation of such authority creates a pattern of shared responsibility.
- (3) Recognize that the school of medicine will require avenues within the hospital and medical staff organization through which the medical school will be able properly to influence the clinical environment in which its students are trained. The nature of this guidance may include but not be limited to: (a) establishment of standards of qualifications for clinical faculty appointments, and (b) membership on appropriate committees of the medical staff which reviews and assesses medical care.
- (4) Operate so that the Council on Medical Education of the American Medical Association acting for itself and the various specialty boards will approve the hospital for intern training, as well as resident training in those specialties for which the hospital and the medical school have jointly applied for such approval, and meet the standards

for accreditation by the Joint Commission on Accreditation of Hospitals.

- (5) Cooperate with the school of medicine to every extent possible in the recruitment of department chairmen for the medical school.
- (6) Process in a timely fashion applications for membership on the medical staff by any clinician member of the medical school faculty. Except for cogent reasons to the contrary, geographic full time faculty will be granted staff appointments at the hospital. All applications will be processed according to standard hospital operating procedure. Privileges, either temporary or permanent, will be granted on terms consistent with procedure and the licensing laws of the State of Illinois.
- (7) Be responsible for the total compensation of all agreed interns and residents assigned exclusively to the hospital and for a pro rata share of the compensation of interns and residents assigned for only a portion of their time to the hospital. Such amounts, in any case, will not exceed budgets established by the hospital prior to the start of each hospital fiscal year.
- (8) Reimburse the school of medicine for that proportion of the total salaries of faculty members which represents payment for their involvement in the development and operation of internship, residency and other jointly developed programs, provided however, that the school of medicine will reimburse the hospital on a similar reciprocal pro rata basis for the appropriate portions of the salaries of such faculty members as are primarily members of the hospital staff and receive their salaries from the hospital. Amounts payable by

the hospital, in any case, will not exceed budgets established by the hospital prior to the start of each hospital fiscal year.

- (9) Submit to the dean of the school of medicine for approval the names and files of proposed residents and interns.
- (10) Notify the office of the dean of the school of medicine or the assistant dean of any patient admitted to the hospital who is not to be available to the medical education program.
- (11) Arrange for suitable facilities when available in which continuing education courses can be offered.
- (12) Notify the office of the dean of the school of medicine as soon as possible of any intent to initiate changes and the status of such changes in hospital policies, programs, services, personnel, financing, facilities or operations which may have significant implications for medical school programs, services and operation.
- (13) Designate representatives of the key leadership of the hospital to serve on appropriate committees charged with preservation and function of the St. John's Hospital -- Southern Illinois University affiliation.
- (14) Guarantee that the dean of the school of medicine will be insured of his right to work through and with the members of the medical staff committees, and officers in a manner that will result in the hospital governing board's appointment of acceptable competent chiefs of services.
- (15) Consult with the dean prior to appointment of hospital based physicians who are to be involved in programs conducted by the school of medicine.

It is understood that the dean of the school of medicine has the exclusive right of making faculty appointments.

- (16) Hold the university harmless for liability incurred as the result of the acts of hospital employees.

III. THE SCHOOL OF MEDICINE SHALL:

- (1) Accept authority and shared responsibility for the content and direction of the mutually agreed programs for interns, residents and continuing education.
- (2) Recognize that the hospital has an obligation to provide care for the patients of all physicians on the hospital medical staff regardless of whether they hold a faculty appointment.
- (3) Cooperate with the hospital, to the extent possible, in attracting and evaluating qualified interns and residents.
- (4) Coordinate the education and training programs for interns and residents and seek to provide experience for interns and residents as appropriate at both St. John's and Memorial Hospitals.
- (5) Operate its programs to meet the approval requirements of the Council on Medical Education of the American Medical Association and the Association of American Medical Colleges.
- (6) Insure that members of the faculty in the conduct of their professional activities at St. John's Hospital subscribe to the code of ethics as adopted and as may be amended by the Board of Directors of St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis; it being understood that such code of ethics is based on concept and beliefs of the Catholic

Church as applied by the Bishop of the Diocese of Springfield.

- (7) Accept in the medical education program such numbers of patients in the various departments as can be accommodated in keeping with program quality standards and staff size.
- (8) Process in a timely fashion any application received from present or future members of the medical staff of St. John's Hospital through service chiefs and departmental chairmen for possible membership on the clinical faculty of the school of medicine. It is understood that when requested any member of the clinical faculty will contribute at least one half day of service per week without charge to the medical education program and will in addition undertake to fulfill committee assignments and requests to deliver special lectures and conduct teaching assignments as requested by the dean of the school of medicine.
- (9) Include in its understanding with geographic full-time faculty members a limitation on the extent of private practice. This limitation may take the form of (a) type of practice, (b) time involvement, (c) percent of income above base salary, (d) dollar amounts or other forms.
- (10) Provide primary offices and laboratory space for faculty members separate from facilities now employed for hospital purposes.
- (11) Propose to the hospital, as soon as possible, a detailed program in continuing education for physicians in the Springfield area. It is understood that the launching of the program will depend on available staff and funding.

- (12) Notify the administration of the hospital as soon as possible of any intent to initiate changes, and the status of such changes, in school of medicine policies, programs, services, personnel, facilities, financing or operations which may have significant implications for hospital programs, services and operations.
- (13) Designate representatives of the key leadership of the university to serve on appropriate committees charged with preservation and function of the St. John's Hospital -- Southern Illinois University affiliation.
- (14) Occupy the position of independent contractor and as such will hold the hospital harmless for liability incurred as the result of acts of its lawful agents.
- (15) Conduct designated medical education programs within specified budgets established each fiscal year [July 1 - June 30]; such budgets to be compatible with standard hospital budgeting and accounting practices.

IV. THE PARTIES HERETO DO FURTHER MUTUALLY AGREE TO:

- (1) a. Accept the principle that all hospital patients should be available for teaching, recognizing that specific exceptions may be necessary for individual situations.
b. Recognize that all services to the teaching or non-teaching patient are the responsibility of the attending physician. Therefore, the principle of informed consent rests with the attending physician.
- (2) The following principles as governing the utilization of space at St. John's Hospital by the Southern Illinois University School of Medicine:

- a. That there is the need by the school of medicine for on-site office space and some laboratory space in connection with the medical instruction programs at the hospital and that the parties will actively work together to provide space from existing facilities and acquire future space to that end.
 - b. That the hospital will allocate such hospital-owned space as it is able to provide for the use of the school of medicine and will be reimbursed on a negotiated lease basis for that fraction of such space exclusively devoted to the medical education program.
 - c. That space which results from federal, state or privately donated funds which become available clearly and primarily because of the hospital's affiliation with the school of medicine will be the subject of agreements separate from those to which reference is made in paragraph b, above.
- (3) Establish a joint research committee responsible for reviewing proposals for research programs and projects which involve hospital space or personnel. Proposals will be forwarded to the committee after review by the appropriate medical school department chairman and hospital service chief. The committee in studying proposals will take into account: (a) availability of staff space and facilities; (b) overall balance within the research program, and (c) adequate funding and project management.
 - (4) Jointly pursue the development of internship, residency, post-graduate and continuing education programs as rapidly as adequate manpower and financial resources can be obtained.

- (5) Assist each other as appropriate in preparing grant applications to government agencies, private foundations, corporations or other organizations for capital or operating funds.
- (6) Terminate the agreement only upon four years written notice by either party.
- (7) Review the agreement annually at a meeting of representatives of the institutions to determine its operating effectiveness and to study how, if at all, the agreement might be improved to the satisfaction and mutual benefit of the parties.
- (8) Both the University and the Hospital shall be permitted to expand their medical education and training programs, independently of each other, by additional affiliation agreements with educational institutions or hospitals in whatever manner best accommodates the stated purpose of producing qualified manpower resources for health care delivery, but each shall consult with the other before instituting independent programs in the Springfield, Illinois area to explore the feasibility of joint programs and shall make every effort to coordinate all medical education and training programs in such a way as to encourage growth and development of existing working relationships under this affiliation agreement.

V. It is understood and agreed by and between the parties hereto that this contract is the entire agreement between the parties and that no alterations, changes or additions herein or hereto shall be made except in writing approved by the parties hereto. The Hospital and the University, for themselves, their successors, and assigns hereby agree to the full performance of the covenants herein contained.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year first above written.

RECOMMENDED:

C. Johnson
University Legal Counsel
Southern Illinois University

APPROVED:

SOUTHERN ILLINOIS UNIVERSITY

By *Robert V. Meacham*

BOARD OF TRUSTEES
SOUTHERN ILLINOIS UNIVERSITY

By *Marion W. Stelling*
Chairman of Finance & Administration
Administrative Council

ST. JOHN'S HOSPITAL OF THE HOSPITAL
SISTERS OF THE THIRD ORDER OF
ST. FRANCIS

ATTEST:

By *Sister M. Clavelle Amato*
President

By *Sister M. Inez Stein*
Secretary

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Memorial Hospital of Springfield

Name

Springfield First and Miller Streets
City Street
Illinois 62701
State Zip Code

Principle Administrative Officer: G. C. Phillips, Jr.

Name

Administrator

Title

Date Hospital was Established 1897

Approved Internships:

Type	<u>Date Of Initial Approval</u> <u>by CME of AMA*</u>	<u>Total Internships</u> <u>Offered</u>	<u>Total Internships</u> <u>Filed</u>
Rotating			
Straight	<u>October 27, 1972</u>	<u>12 in Medicine</u>	

Approved Residencies:

Specialties	<u>Date Of Initial Approval</u> <u>by CME of AMA*</u>	<u>Total Residencies</u> <u>Offered</u>	<u>Total Residencies</u> <u>Filed</u>
Medicine	<u>October 27, 1972</u>	<u>6</u>	<u>None</u>
Surgery			
OB-Gyn	<u>October 3, 1972</u>	<u>6</u>	<u>2</u>
Pediatrics	<u>November 14, 1972</u>	<u>8</u>	<u>None</u>
Psychiatry			
Other			
Dept. Family Practice	<u>December 28, 1971</u>	<u>12</u>	<u>1</u>
Pathology	<u>May, 1970</u>	<u>4</u>	<u>None</u>

Information Submitted By:

G. C. Phillips, Jr.

Name

November 17, 1972

Date

Administrator

Title of Hospital Chief Executive

G. C. Phillips, Jr.
Signature of Hospital Chief Executive

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, One Dupont Circle, N.W., Washington, D.C. 20036, retaining the Blue Copy for your files.

Membership in the Council of Teaching Hospitals:

Teaching Hospital members shall be organizations operated exclusively for educational, scientific, or charitable purposes. Hospitals as institutions will be members of the Council and each institution will be represented by a person designated by the hospital for the purpose of voting at business meetings of the Council. All members will vote at the Annual Meeting for officers and members of the Executive Committee.

Membership to the Council will be determined by the following criteria:

- a. those hospitals nominated by a medical school Institutional Member or Provisional Institutional Member of the AAMC from among the major Teaching Hospitals affiliated with the Members and elected by the Council of Teaching Hospitals, or
- b. teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, and Psychiatry, and are elected by the Council of Teaching Hospitals

The voting rights of the Council of Teaching Hospitals in the Assembly of the AAMC shall be as follows: The Council of Teaching Hospitals shall designate 10 percent of its members, up to a maximum of 35, each of whom shall have 1 vote in the Assembly.

If nominated by a School of Medicine, complete the following:

Name of School of Medicine Southern Illinois University School of Medicine

Name of Dean Richard H. Moy, M.D.

Address of School of Medicine 901 North 1st Street, Springfield, Illinois 62702

FOR COTH OFFICE USE ONLY	
Date _____	Approved _____ Disapproved _____ Pending _____
Remarks _____	_____
_____	_____
_____	_____
Invoiced _____	Remittance Received _____

AFFILIATION AGREEMENT

THIS AGREEMENT, made this 13 day of DECEMBER, 1970,

by and between the Board of Directors of MEMORIAL HOSPITAL OF SPRINGFIELD, a not-for-profit corporation of the State of Illinois, located at Springfield, Illinois, hereinafter termed the "Hospital", and the Board of Trustees of SOUTHERN ILLINOIS UNIVERSITY, a body politic and corporate of the State of Illinois, located at Carbondale, Illinois, hereinafter termed the "University",

WITNESSETH:

WHEREAS, the policy of the State of Illinois as set forth in the "Report on Education in the Health Fields of Illinois" recommended that the State could and should expand its capacity for medical education through the existing university system and existing clinical facilities, which report contained general guide lines as to how the costs for implementing its recommendations should be divided between medical schools and affiliated hospitals, and

WHEREAS, the governing body of the hospital and the medical community have clearly accepted the concept that development of strong medical education programs is an important and desirable element in assuring the availability of physician resources in the future as well as continuing improvement in the levels and quality of health care to the people of Springfield and Central Illinois, and

WHEREAS, there exists a community of understanding between the parties hereto that the purpose of the school of medicine recently established in the University is the education of practicing physicians and that the responsibility of the university and its school of medicine continues substantially beyond granting degrees and on to the preparation of the physician for practice and even to his continuing education, and that the Southern Illinois University School of Medicine, as well as the Hospital, has a responsibility for exerting major leadership in the development of internship and residency programs, and a service responsibility for utilizing its resources wherever feasible to influence and enhance the health care delivery system, and

WHEREAS, the parties hereto are committed to the principle that the Hospital, as a major provider of health care, must preserve its principal focus on community service while acting on its long range responsibility for producing qualified manpower resources for health care delivery by maintaining the school

of nursing and several training programs for other allied health personnel, and the presence of medical education programs will further enhance the quality of patient services, and

WHEREAS, the governing boards of Southern Illinois University and Memorial Hospital of Springfield, recognizing the desirability of establishing a medical education program in the Springfield area, have declared their intent to enter into an agreement formalizing certain relationships between the two institutions essential to the development of the program,

NOW, THEREFORE, the parties hereto do mutually agree and covenant as follows:

I. The University shall exercise its prerogatives and fulfill its obligations herein generally through the School of Medicine, and unless the contrary be specifically stated or established by context, reference herein to the School of Medicine shall have the same contractual effect as reference to the University.

II. The Hospital Shall:

- (1) Make its facilities available for use in clinical instruction of students admitted to the Southern Illinois University School of Medicine and for the education and training of residents and interns and agrees responsibility for the content and direction of medical education programs rests with the school of medicine.
- (2) Recognize that the school of medicine must exercise strong positive influence on the clinical environment in which its students are trained. The nature of this guidance may include, but not be limited to:
 - (a) establishment of standards of qualifications for clinical faculty appointments, (b) review and assessment of medical care working in concert with the hospital including its medical staff.
- (3) Operate so that the Council on Medical Education of the American Medical Association acting for itself and the various specialty boards will approve the hospital for intern training, as well as resident training in those specialties for which the hospital and the medical school have jointly applied for such approval, and meet the standards for accreditation by the Joint Commission on Accreditation of Hospitals.

- (4) Assist the dean of the school of medicine, as requested, in the recruitment of department chairmen for the medical school.
- (5) Provide on site office space and some laboratory space for faculty members carrying on the medical instruction program at the hospital, it being understood that principal offices and laboratory facilities if necessary for this faculty will be located apart from the space now employed for hospital purposes.
- (6) Process in a timely fashion applications for membership on the medical staff by any clinician member of the medical school faculty. Except for cogent reasons to the contrary, geographic full time faculty will be granted staff appointments at the hospital. During processing of such applications, as defined in the medical staff bylaws, the hospital will grant, in the regular manner, temporary privileges to such applicants.
- (7) Be responsible for the total compensation of all agreed interns and residents assigned exclusively to the hospital and for a pro rata share of the compensation of interns and residents assigned for only a portion of their time to the hospital.
- (8) Reimburse the school of medicine for that proportion of the total salaries of faculty members which represents payment for their involvement in the development and operation of internship, residency and other jointly developed programs, provided, however, that the school of medicine will reimburse the hospital on a similar reciprocal pro rata basis for the appropriate portions of the salaries of such faculty members as are primarily members of the hospital staff and receive their salaries from the hospital.
- (9) Reimburse the school of medicine, or, if the parties agree on the desirability and feasibility thereof, pay directly to the individual concerned for the services of an assistant dean (director of medical education) who will be selected by the dean of the medical school with approval of the hospital. This faculty member will be responsible for on-site coordination of the medical education program and will also function as supervisor of post graduate and continuing education.

- (10) Submit to the dean of the school of medicine for approval the names and files of proposed residents and interns.
- (11) Notify the office of the dean of the school of medicine or the assistant dean (director of medical education) of any patient admitted to the hospital who is not to be available to the medical education program.
- (12) Arrange for suitable facilities in which continuing education courses can be offered.
- (13) Notify the office of the dean of the school of medicine as soon as possible of any intent to initiate changes and the status of such changes, in hospital policies, programs, services, personnel, financing, facilities or operations which may have significant implications for medical school programs, services and operation.
- (14) Designate representatives of the key leadership of the hospital as members of a Joint Coordinating Committee. This committee will undertake to mediate any differences which may develop among the school of medicine, Memorial Hospital, and St. John's Hospital. One designee should be the president of the governing board.
- (15) Appoint hospital division chiefs with the advice and consent of the dean of the school of medicine or designee, it being understood that such review shall be obtained prior to the submission of the recommended names to the governing board.
- (16) Appoint future hospital based physicians involved in the medical education program only after the concurrence of the dean of the school of medicine, it being understood that such concurrence presupposes faculty appointment.
- (17) Hold the university harmless for liability incurred as the result of the acts of hospital employees.

III. The School of Medicine shall:

- (1) Accept responsibility for the content and direction of the total medical education program within the hospital including continuing education.
- (2) Recognize that the hospital has an obligation to provide care for the patients of all physicians on the hospital medical staff regardless of

whether they hold a faculty appointment.

- (3) Assist the hospital in attracting and be responsible for designating qualified interns and residents.
- (4) Develop and coordinate the education and training program for interns and residents and attempt to provide experience for interns and residents at both Memorial and St. John's hospitals.
- (5) Operate its programs to meet the approval requirements of the Council on Medical Education of the American Medical Association and the Association of American Medical Colleges.
- (6) Accept in the medical education program such numbers of patients in the various departments as can be accommodated in keeping with program quality standards and staff size.
- (7) Process in a timely fashion any application received from present or future members of the medical staff of the Hospital through service chiefs and departmental chairmen for possible membership on the clinical faculty of the school of medicine. It is understood that, when requested, any member of the clinical faculty will contribute at least one-half day of service per week without charge to the medical education program and will in addition undertake to fulfill committee assignments and requests to deliver special lectures and conduct teaching assignments as requested by the dean of the school of medicine.
- (8) Include in its understanding with geographic full-time faculty members a limitation on the extent of private practice. This limitation may take the form of (a) type of practice, (b) time involvement, (c) percent of income above base salary, (d) dollar amounts or other forms.
- (9) Provide, if necessary, primary offices and laboratory space for faculty members separate from facilities now employed for hospital purposes.
- (10) Initiate as soon as practicable a continuing education program for physicians in the Springfield area. It is understood that the launching of the program will depend on available staff and funding.
- (11) Notify the administration of the hospital as soon as possible of any intent to initiate changes, and the status of such changes, in school of

medicine policies, programs, services, personnel, facilities, financing or operations which may have significant implications for hospital programs, services and operations.

- (12) Designate representatives of the key leadership of the university and the school of medicine as members of a Joint Coordinating Committee. This committee will undertake to mediate any differences which may develop among the school of medicine, Memorial Hospital and St. John's Hospital.
- (13) Occupy the position of independent contractor, and as such, will hold the hospital harmless for liability incurred as the result of acts of its lawful agents.

IV. The Parties Hereto Do Further Mutually Agree To:

- (1) Accept the principle that all hospital patients should be available for teaching, recognizing that specific exceptions may be necessary for individual situations.
- (2) Establish a joint research committee responsible for reviewing proposals for research programs and projects which involve hospital space or personnel. Proposals will be forwarded to the committee after review by the appropriate medical school department chairman and hospital service chief. The committee in studying proposals will take into account: (a) availability of staff, space, and facilities; (b) overall balance within the research program; and (c) adequate funding and project management.
- (3) Pursue jointly the development of internship, residency, postgraduate and continuing education programs as rapidly as adequate manpower and financial resources can be obtained.
- (4) Assist each other as appropriate in preparing grant applications to government agencies, private foundations, corporations or other organizations for capital or operating funds.
- (5) Terminate the agreement only upon four years' written notice by either party.

whether they hold a faculty appointment.

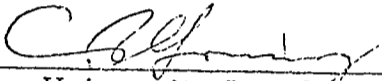
- (3) Assist the hospital in attracting and be responsible for designating qualified interns and residents.
- (4) Develop and coordinate the education and training program for interns and residents and attempt to provide experience for interns and residents at both Memorial and St. John's hospitals.
- (5) Operate its programs to meet the approval requirements of the Council on Medical Education of the American Medical Association and the Association of American Medical Colleges.
- (6) Accept in the medical education program such numbers of patients in the various departments as can be accommodated in keeping with program quality standards and staff size.
- (7) Process in a timely fashion any application received from present or future members of the medical staff of the Hospital through service chiefs and departmental chairmen for possible membership on the clinical faculty of the school of medicine. It is understood that, when requested, any member of the clinical faculty will contribute at least one-half day of service per week without charge to the medical education program and will in addition undertake to fulfill committee assignments and requests to deliver special lectures and conduct teaching assignments as requested by the dean of the school of medicine.
- (8) Include in its understanding with geographic full-time faculty members a limitation on the extent of private practice. This limitation may take the form of (a) type of practice, (b) time involvement, (c) percent of income above base salary, (d) dollar amounts or other forms.
- (9) Provide, if necessary, primary offices and laboratory space for faculty members separate from facilities now employed for hospital purposes.
- (10) Initiate as soon as practicable a continuing education program for physicians in the Springfield area. It is understood that the launching of the program will depend on available staff and funding.
- (11) Notify the administration of the hospital as soon as possible of any intent to initiate changes, and the status of such changes, in school of

- (6) Review the agreement annually at a meeting of representatives of the institutions to determine its operating effectiveness and to study how, if at all, the agreement might be improved to the satisfaction and mutual benefit of the parties.

V. It is understood and agreed by and between the parties hereto that this contract is the entire agreement between the parties and that no alterations, changes or additions therein or thereto shall be made except in writing approved by the parties hereto. The Hospital and the University, for themselves, their successors, and assigns hereby agree to the full performance of the covenants herein contained.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year first above written.

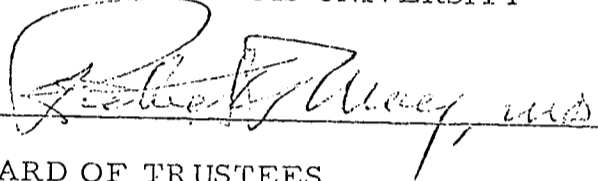
RECOMMENDED:

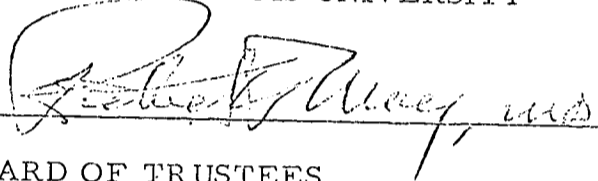


University Legal Counsel
Southern Illinois University

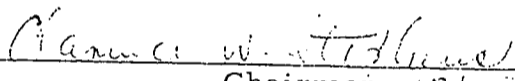
APPROVED:

SOUTHERN ILLINOIS UNIVERSITY

By 

By 

BOARD OF TRUSTEES
SOUTHERN ILLINOIS UNIVERSITY

By 

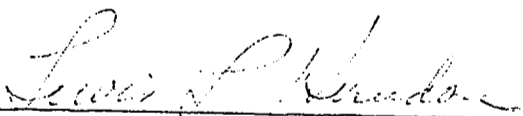
Chairman of University
Administrative Council

BOARD OF DIRECTORS
MEMORIAL HOSPITAL OF SPRINGFIELD

By 

President.

ATTEST:

By 

Secretary

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Riverside Methodist Hospital
Name
Columbus 3535 Olentangy River Road
City Street
Ohio 43214
State Zip Code

Principle Administrative Officer: Edgar O. Mansfield, Dr. P.H.
Name
Administrator
Title

Date Hospital was Established 1891 Protestant Hospital, 1898 White Cross Hospital, 1961 Riverside Methodist Hospital

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	<u>1918</u>	<u>24</u>	<u>22</u>
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u>1939</u>	<u>9</u>	<u>7</u>
Surgery	<u>1946</u>	<u>12</u>	<u>9</u>
OB-Gyn	<u>1939</u>	<u>8</u>	<u>5</u>
Radiology	Approval for 3 granted in 1971. One position offered for first time 7/72		
Pediatrics			
General Practice	<u>1956</u>	<u>3</u>	<u>0</u>
Psychiatry			
Plastic			
Other Surgery	<u>1971</u>	<u>2</u>	<u>1</u>
Neurosurgery	<u>1941</u>	<u>8</u>	<u>7</u> Combined with Ohio State Univ.
Orthopaedics	<u>1947</u>	<u>12</u>	<u>10</u> Combined with Ohio State Univ.

Information Submitted By:

Edgar O. Mansfield, Dr. P.H.
Name

Administrator
Title of Hospital Chief Executive

February 24, 1972
Date

Edgar O. Mansfield
Signature of Hospital Chief Executive

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, One Dupont Circle, N.W., Washington, D.C. 20036, retaining the Blue Copy for your files.

Membership in the Council of Teaching Hospitals:

Teaching Hospital members shall be organizations operated exclusively for educational, scientific, or charitable purposes. Hospitals as institutions will be members of the Council and each institution will be represented by a person designated by the hospital for the purpose of voting at business meetings of the Council. All members will vote at the Annual Meeting for officers and members of the Executive Committee.

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- b. teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, and Psychiatry, and are elected by the Council of Teaching Hospitals

The voting rights of the Council of Teaching Hospitals in the Assembly of the AAMC shall be as follows: The Council of Teaching Hospitals shall designate 10 percent of its members, up to a maximum of 35, each of whom shall have 1 vote in the Assembly.

If nominated by a School of Medicine, complete the following:

Name of School of Medicine _____

Name of Dean _____

Address of School of Medicine _____

FOR COH OFFICE USE ONLY			
Date _____	Approved _____	Disapproved _____	Pending _____
Remarks _____			

Invoiced _____		Remittance Received _____	

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MEMORANDUM OF AGREEMENT

For the Affiliation of Riverside Methodist Hospital, Columbus, Ohio
With the College of Medicine of The Ohio State University

WHEREAS, the Riverside Methodist Hospital is an institution for the care and treatment of sick people and the Board of Trustees has authorized the Medical Staff of Riverside Methodist Hospital to participate in research and medical education to supplement their patient care program;

WHEREAS, the University through its College of Medicine is responsible for the educational program of students of medicine, students in nursing, students of ancillary medical services, physicians and dentists in specialty and graduate studies and for the maintenance of research and patient care programs planned to enhance the educational programs;

WHEREAS, the Board of Trustees of Riverside Methodist Hospital believes its total program will be enriched by the direct association with the College of Medicine in medical teaching;

WHEREAS, the University through its College of Medicine can by the use of the facilities of Riverside Methodist Hospital complement its own facilities, to the mutual enrichment of their educational programs;

NOW, THEREFORE, the Riverside Methodist Hospital through its Board of Trustees and the College of Medicine through the Board of Trustees of The Ohio State University agree to the following:

1. The clinical facilities, including in-patient and out-patient services, of Riverside Methodist Hospital are made available for the educational program of medical students of the College of Medicine of The Ohio State University.
2. The Administrator of Riverside Methodist Hospital will coordinate the programs of diagnostic procedures, including the taking of medical histories and the physical examinations of both in-patients and out-patients with the Dean of the College of Medicine, so as to secure the uniformity and precision which are necessary for the proper instructions of students of the College of Medicine.

3. The treatment and care of all patients will be determined by the (physician) member of the Riverside Methodist Hospital Medical Staff in charge of the patient.
4. According to accepted customs of educational institutions, only those hospital Staff members holding faculty appointments in the College of Medicine of The Ohio State University may be assigned teaching responsibilities involving students of the College of Medicine.
5. The Dean of the College of Medicine shall be responsible for discipline of students, willfully violating the rules and regulations of Riverside Methodist Hospital.
6. The autonomy of Riverside Methodist Hospital as an independent institution shall be observed at all times.
7. The President of the Board of Trustees of Riverside Methodist Hospital and the Dean of the College of Medicine of The Ohio State University may collaborate directly in the accomplishment of the above program.

Either party may terminate this Agreement by a written notification giving a six (6) months period of advance notice.

For
THE OHIO STATE UNIVERSITY
BOARD OF TRUSTEES

For
RIVERSIDE METHODIST HOSPITAL
BOARD OF TRUSTEES (The White
Cross Hospital Association of Ohio)

Novice L. Jewett
President

John W. Dinkhauf
President

11/15/63
Date

November 11, 1963
Date

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: THE BRYN MAWR HOSPITAL

Name

BRYN MAWR BRYN MAWR AVENUE

City BRYN MAWR, PENNSYLVANIA, 19010 Street

State _____ Zip Code

Principle Administrative Officer: CARL I. BERGKVIST

Name

PRESIDENT

Title

Date Hospital was Established _____

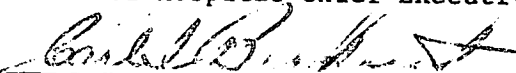
Approved Internships:

Type	<u>Date Of Initial Approval</u> <u>by CME of AMA*</u>	<u>Total Internships</u> <u>Offered</u>	<u>Total Internships</u> <u>Filled</u>
Rotating	<u>1940*</u>	<u>8</u>	<u>8</u>
Straight	<u>1971/72</u>	<u>6</u>	<u>6</u>

Approved Residencies:

Specialties	<u>Date Of Initial Approval</u> <u>by CME of AMA*</u>	<u>Total Residencies</u> <u>Offered</u>	<u>Total Residencies</u> <u>Filled</u>
Medicine	<u>JUNE, 1942</u>	<u>9</u>	<u>9</u>
Surgery	<u>JUNE, 1942</u>	<u>15</u>	<u>13</u>
OB-Gyn	<u>-</u>	<u>-</u>	<u>-</u>
Pediatrics	<u>-</u>	<u>-</u>	<u>-</u>
Psychiatry	<u>-</u>	<u>-</u>	<u>-</u>
Other - Orthopedics **	<u>-</u>	<u>1</u>	<u>1</u>
Pathology	<u>JULY, 1942</u>	<u>6</u>	<u>1</u>
Radiology	<u>DECEMBER, 1939</u>	<u>3</u>	<u>5</u>

Information Submitted By:

<u>CARL I. BERGKVIST</u>	<u>PRESIDENT</u>
Name	Title of Hospital Chief Executive
<u>DECEMBER 1, 1972</u>	
Date	Signature of Hospital Chief Executive

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

*see attached copy of letter

** On affiliation with Thomas Jefferson University Hospital

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The voting rights of the Council of Teaching Hospitals in the Assembly of the AAMC shall be as follows: The Council of Teaching Hospitals shall designate 10 percent of its members, up to a maximum of 35, each of whom shall have 1 vote in the Assembly.

If nominated by a School of Medicine, complete the following:

Name of School of Medicine Jefferson Medical College of Thomas Jefferson University
Name of Dean William F. Kellow, M. D.
Address of School of Medicine 1025 Walnut Street
Philadelphia, Pa. 19107

FOR COTH OFFICE USE ONLY	
Date _____	Approved _____ Disapproved _____ Pending _____
Remarks _____ _____ _____	
Invoiced _____	Remittance Received _____

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THOMAS JEFFERSON UNIVERSITY

JEFFERSON MEDICAL COLLEGE
Offices of the
Dean and Vice President



Philadelphia, 19107
(215) 829-6980

December 6, 1972

Council of Teaching Hospitals
Association of American Medical Colleges
One Dupont Circle
Washington, D. C. 20036

Gentlemen:

I am pleased to forward the application of the Bryn Mawr Hospital of Bryn Mawr, Pennsylvania for membership in the Council of Teaching Hospitals of the AAMC.

Several months ago a contract of affiliation was completed between the Bryn Mawr Hospital and Jefferson Medical College, making this hospital one of our formal affiliated hospitals. We look forward with a good deal of pleasure to the development of a complete academic affiliation between our two institutions. This affiliation will include the assignment of medical students to the various professional departments of the Bryn Mawr Hospital, the appointment of members of the staff of the Bryn Mawr Hospital to the faculty of Jefferson Medical College, and later there may be a residency exchange program between the two institutions.

I am happy to endorse the application for membership of the Bryn Mawr Hospital in COTH.

Sincerely yours,

A handwritten signature in cursive script that reads "William F. Kellow".

William F. Kellow, M.D.
Dean and Vice President

WFK/jm - Enc.

cc: Mr. Carl I. Bergkvist, President, Bryn Mawr Hospital
Dr. John H. Killough, Associate Dean



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
Commissioner of Professional and Occupational Affairs

April 25, 1966

State Board of
Medical Education and Licensure

Box 2649
Harrisburg

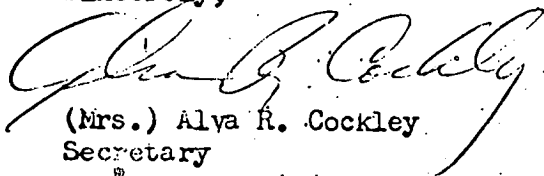
John McK. Mitchell, M.D.
Director of Medical Education
The Bryn Mawr Hospital
Bryn Mawr, Pennsylvania 19010

Dear Doctor Mitchell:

This will answer your letter of April 20, 1966. The records of the State Board of Medical Education and Licensure show correspondence for the Bryn Mawr Hospital back to 1940. In view of this, it is impossible to give you the exact date when your internship program was established. It is suggested you contact the American Medical Association for this information.

The records show that internship training was established in Pennsylvania on January 1, 1914.

Sincerely,



(Mrs.) Alva R. Cockley
Secretary

ARC:s

AGREEMENT BETWEEN
JEFFERSON MEDICAL COLLEGE
AND
THE BRYN MAWR HOSPITAL
BRYN MAWR, PENNSYLVANIA

This agreement made this seventh day of April, 1972, by and among THE BRYN MAWR HOSPITAL of Bryn Mawr, Pennsylvania, (hereinafter called "Bryn Mawr"), and JEFFERSON MEDICAL COLLEGE, an unincorporated subdivision of Thomas Jefferson University of Philadelphia, Pennsylvania, (hereinafter called "Jefferson"), both non-profit corporations.

WHEREAS, Bryn Mawr owns and operates a hospital in Bryn Mawr, Pennsylvania, which comprises approximately 402 beds and 28 bassinets; and

WHEREAS, Bryn Mawr desires to continue and improve the excellence of its medical and community services, desires to enlarge its educational responsibilities and believes that both can be achieved best by an affiliation with a medical school and participation in a well organized program of medical education; and

WHEREAS, Jefferson operates a medical college, general hospital, College of Graduate Studies, and College of Allied Health Sciences at Philadelphia, Pennsylvania, and shares with Bryn Mawr common goals of patient care, education and research and community services; and

WHEREAS, Jefferson wishes to cooperate toward these common goals by developing joint programs for the education of undergraduate medical students and house staff, and by promoting continuing medical education and research, communications and cooperative programs of patient care and community service;

Now therefore, the parties hereto, intending it to be legally bound, agree as follows:

1. Effective April 7, 1972, Bryn Mawr and Jefferson shall initiate, establish and conduct at Bryn Mawr a cooperative academic program of medical education and training, to be known as the Jefferson-Bryn Mawr Education Program (hereinafter called "the Program") in mutually agreed upon departments of Bryn Mawr such as the Departments of Medicine and Surgery and such other departments as can, with mutual benefit and by mutual agreement, be included in the Program.

The Program shall be developed by joint effort of responsible officials at Jefferson and Bryn Mawr and shall be extended throughout such clinical departments of Bryn Mawr at such times and to such extent as shall be agreed upon by the corresponding chairmen of departments. Both parties acknowledge that establishment of a program must be accomplished in each department before students may be assigned to that department of Bryn Mawr.

2. Bryn Mawr and Jefferson shall remain separate corporations. Each shall continue to conduct its own business and affairs under control of its own officers and Board of Directors or Trustees and each institution shall remain solely responsible in all respects for management of its own affairs.

Bryn Mawr and the members of its medical staff shall continue to be solely responsible for the treatment and welfare of patients in Bryn Mawr.

3. Jefferson shall contribute to the establishment and conduct of the Program as follows:

(a) Jefferson shall collaborate with the Director of Medical Education ("DME") of Bryn Mawr in providing guidance for the establishment, development and operation of the Program, and shall invite the DME to appropriate meetings of Jefferson's Curriculum Committee in a non-voting capacity. The DME shall be made aware of Jefferson's educational plans and needs and will apprise Bryn Mawr of them. DME

shall inform Jefferson of any unique educational opportunities in, or special related problems of Bryn Mawr.

(b) Jefferson shall assign medical students to participate in the program at Bryn Mawr, in such numbers and for such periods of time as the Chairmen of the corresponding Departments of Jefferson and Bryn Mawr shall agree upon after consultation with the Program Director in the particular participating Department at Bryn Mawr. A mechanism for such consultation shall be set up in each participating Department of the program. Jefferson shall provide Bryn Mawr adequate advance notice of the number and names of the medical students assigned to Bryn Mawr.

(c) As the Program develops, Jefferson and Bryn Mawr may wish to develop joint plans for training of house staff or Fellows which may involve the interchange or rotation of such physicians. No such interchange or rotation of a physician shall be effected until the parties by their corporate officers shall have agreed upon arrangements for his compensation.

4. Bryn Mawr shall contribute to the establishment and conduct of the Program without charge to Jefferson:

(a) By furnishing a DME who shall serve as overall coordinator of the academic program at Bryn Mawr and who shall be a full-time appointee of Bryn Mawr and who shall be Bryn Mawr's representative to Jefferson in clinical and curricular affairs.

(b) By furnishing a Program Director for each participating Department. The Program Director shall be appropriately remunerated for his activities in the Program, and he shall have primary responsibility for supervision of the academic program in his department, delegated to him by the Director of the Department. The Departmental Director shall

report on these matters to the Chairman of the appropriate Department at Jefferson.

(c) By permitting the DME, Program Directors and incumbents of other full-time salaried educational positions by agreement between Jefferson and Bryn Mawr, to engage in limited private practice.

(d) By providing such equipment, physical facilities and space in Bryn Mawr as shall be reasonably necessary for the proper conduct of medical education and training.

(e) By providing a general medical library in Bryn Mawr of the size and calibre adequate for the Program. This library shall be operated and administered by Bryn Mawr and access to which shall be afforded to medical students and other trainees assigned to the Program.

5. Bryn Mawr shall offer to Jefferson's chairmen in participating departments and the designee of the Dean of Jefferson, an appointment to the consultant staff in the appropriate departments.

6. All patients admitted to Bryn Mawr, unless especially excepted by their attending physicians, shall be eligible for inclusion in the teaching program of Bryn Mawr and Jefferson. Bryn Mawr shall maintain teaching services for students under supervision of the Program Director of the appropriate department. No physician shall be given Program responsibility who shall not be a member of Jefferson's faculty.

7. In the participating departments, Bryn Mawr shall remain solely responsible, administratively and financially, for the hospital function involved in:

- (a) Patient welfare and treatment;
- (b) Food supply, common maintenance, medical records, and the conduct of all other usual administrative functions; and

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(c) Supplying of all necessary hospital personnel, services, equipment and physical facilities.

8. Research conducted at Bryn Mawr shall be directed toward efforts which potentially will benefit mankind through improvements in technology and "State of the Art" and no research will be directed toward potential destruction or incapacitation of human life. Clinical research shall follow World Health Organization guidelines. Applicants for research grants who plan to list their Jefferson faculty position as part of their title must receive prior approval for such listing through the appropriate department chairman at Jefferson who shall then refer the matter to the Coordinator of Research in the Dean's Office at Jefferson. Authors of papers who plan to list their Jefferson faculty position as part of their title must receive prior approval for such listing through the appropriate department chairman at Jefferson.

9. During the terms of this agreement, Jefferson shall appoint and reappoint to its faculty at a suitable rank the Director of Medical Education, and Directors of all Departments and Program Directors involved in the Program at Bryn Mawr and these persons shall accept their appointments by Jefferson.

(a) When a vacancy occurs in the position of DME at Bryn Mawr, the President of the Staff of Bryn Mawr shall appoint a search committee which will consist of the Directors of the various Departments: Medicine, Surgery, Obstetrics-Gynecology, Radiology, Pediatrics and Pathology. In addition, the search committee shall include the Dean of Jefferson or his designee. This committee shall be instructed to search for a candidate for this position from within the Staff of Bryn Mawr and also from the outside and to recommend a candidate to the Executive Committee of Bryn Mawr for appointment to the position. The candidate must be eligible for appointment to the Jefferson faculty at a suitable rank and

he shall accept his appointment by Jefferson.

(b) Within a reasonable time following the execution of this agreement, Jefferson also shall consider for appointment to its medical faculty other members of the active staff of Bryn Mawr who are recommended by the DME from nominees submitted by the Program Directors after consultation with their respective departmental directors. These physicians, if so appointed, shall be appointed to the appropriate department at Jefferson. Members of the Bryn Mawr Staff who are not appointed to the Jefferson faculty or who fail to accept their appointment ordinarily shall not be given administrative and teaching responsibility for Jefferson students in the Program. Bryn Mawr staff members holding current faculty appointments at medical schools other than Jefferson shall not be eligible for Jefferson faculty appointment. Such staff members will be eligible to participate in the teaching program at the discretion of the appropriate Program Director and Department Chairman at Jefferson.

(c) After the date of execution of the Agreement, Bryn Mawr will not appoint any physician as DME, Program Director, or any other physician salaried because of his involvement in the Program in any participating Department unless the person to be appointed has previously been approved by Jefferson for appointment to Jefferson's faculty, and agreed to accept an appointment to the faculty of Jefferson. It shall not be required that every full-time salaried physician in the departments of Radiology and Pathology participate in the teaching program. The ratio of participating to non-participating physicians in these two departments will be decided upon by the corresponding department heads

at Bryn Mawr and Jefferson. It is agreed, however, that at least one member of each of these departments should qualify and be appointed to the faculty of Jefferson.

After the execution of this agreement, when a vacancy occurs in the position of Program Director of any department, the President of the Staff of Bryn Mawr shall appoint a search committee as described in paragraph one, section 9(a) of this document.

(d) Appointments to the Jefferson faculty shall ordinarily be term appointments renewable each year for the duration of this agreement in accordance with the Bylaws of Jefferson regarding contracts with affiliated hospitals.

(e) This agreement does not affect non-teaching, non-salaried appointments or promotions in the medical staff of Bryn Mawr nor does it affect in any way the staff position of physicians who are already members of Bryn Mawr Staff and are not members of the Jefferson faculty or do not become members of the Jefferson faculty. No physician shall be required to accept a Jefferson faculty appointment as a condition or requisite for Bryn Mawr staff appointment except as outlined above.

10. Physicians on the Staff of Bryn Mawr who are appointed to the faculty of Jefferson with the rank of Associate Professor or Professor shall be members of the Professorial Faculty with all privileges of such membership as stated in the Bylaws of Jefferson except that their appointments shall be term appointments.

11. While this agreement is in force, Bryn Mawr shall not, without written approval of Jefferson, develop any new affiliation with any other medical college. Bryn Mawr shall also discuss with Jefferson any proposals to establish an affiliation for the conduct of an academic medical program in any of the

other departments of its hospital.

12. Since it is not feasible to provide for the conduct of the Program in further detail and since Jefferson and Bryn Mawr have the fullest confidence that, when situations arise that are not provided for in this agreement, mutually satisfactory decisions can be reached, each agrees to the establishment of a standing Affiliation Committee. This committee shall have three members appointed by Bryn Mawr and three members appointed by Jefferson plus, ex-officio, Bryn Mawr's President or his designee and the Dean of Jefferson or his designee. The members appointed by Bryn Mawr shall be active staff members holding faculty positions at Jefferson, and at least one of these shall be full-time.

Chairmanship of the committee shall be rotated annually between Jefferson and Bryn Mawr and the President of Bryn Mawr shall appoint the first chairman. This committee shall meet at least once annually. It may also be convened by the chairman or as a result of a request for a committee meeting by any two of its members.

This committee exists not only to solve problems or suggest amendments to this agreement, but to anticipate problems and to foster additional areas of cooperation.

In matters that cannot be handled by simple administrative recommendations, the recommendations of the committee shall be referred through appropriate channels in each institution for review and thence to the governing body of each institution before final action.

13. It is recognized that as a direct result of this affiliation, certain funds may become available to either or both parties hereto for support of the Program. Each shall respect the rights and prerogatives of the other in respect to such funds and shall cooperate in securing such funds, provided

this does not jeopardize his own position.

14. This agreement shall expire on June 30 of any year if either Bryn Mawr or Jefferson gives the other written notice of such termination not later than September first of the previous year. If such notice is not given, this agreement shall be renewed automatically from year to year subject to termination only on June 30 of any year on written notice of such termination delivered by either party not later than September first of the preceding year.

IN WITNESS THEREOF, the parties hereto have hereunto set their hands and seals the day and year first above written.

Attest: *James M. Callahan*

THE BRYN MAWR HOSPITAL

By *Carl S. Bergquist*
President

Attest: *William W. Bodine, Jr.*
WILLIAM W. BODINE, JR.

JEFFERSON MEDICAL COLLEGE OF
THOMAS JEFFERSON UNIVERSITY

By *Peter G. Heilant*
President

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: The Waterbury Hospital
Waterbury Name 64 Robbins Street
City Street
Connecticut 06720
State Zip Code

Principle Administrative Officer: Richard A. Derr
Name
Administrator
Title

Date Hospital was Established 1883 (date incorporated)

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered (effective July 1, 1972)	Total Internships Filed
Rotating	1914	8	8
Straight	1971 in Medicine	4	4

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered (Effective July 1, 1972)	Total Residencies Filed
Medicine	1948	10	9
Surgery	1948	7	7
OB-Gyn			
Pediatrics	1950	2	2
Psychiatry			
Other Pathology	1948	4	0
Urology	1947	1	1

(In association with Yale-New Haven Hospital
whereby residents at the 3rd-year level at YNHH
in Urology each spend 6 months rotating through
Urology Service at The Waterbury Hospital)

Information Submitted By:
Mr. Richard A. Derr
Name
July 14, 1972
Date

Administrator
Title of Hospital Chief Executive
[Signature]
Signature of Hospital Chief Executive

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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- b. teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, and Psychiatry, and are elected by the Council of Teaching Hospitals

The voting rights of the Council of Teaching Hospitals in the Assembly of the AAMC shall be as follows: The Council of Teaching Hospitals shall designate 10 percent of its members, up to a maximum of 35, each of whom shall have 1 vote in the Assembly.

If nominated by a School of Medicine, complete the following:

Name of School of Medicine Yale University School of Medicine

Name of Dean Lewis Thomas, M.D., Dean c/o Robert Scheig, M.D., Associate Dean of Regional Activities

Address of School of Medicine 333 Cedar Street, New Haven, Connecticut 06540

FOR COTH OFFICE USE ONLY	
Date _____	Approved _____ Disapproved _____ Pending _____
Remarks _____	_____
_____	_____
_____	_____
Invoiced _____	Remittance Received _____

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Yale University *New Haven, Connecticut 06510*

SCHOOL OF MEDICINE

333 Cedar Street

Office of the Dean: Regional Activities

Phone (203) 432-4582

RECEIVED

DEC 1 1972

ADMINISTRATION

November 30, 1972

Mr. Richard A. Derr
Administrator
Waterbury Hospital
64 Robbins Street
Waterbury, Connecticut

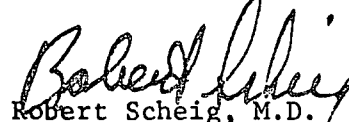
Dear Mr. Derr:

It is my understanding that you are applying for accreditation by the Council of Teaching Hospitals. As you know, Waterbury Hospital and Yale University School of Medicine developed a preliminary affiliation agreement which was signed on April 3, 1970. During the almost three years of this affiliation, there have been rapid and extensive growth in the relationships between the two institutions. Such an interrelationship I think is best documented by the enclosed profile of the activities between the two institutions and by the fact that medical students from Yale now regularly rotate through two clinical services, namely Medicine and Obstetrics and Gynecology, thus qualifying Waterbury Hospital as a major affiliate by A.M.A. standards.

At the present time, intense discussions are underway concerning a more permanent affiliation agreement between the two institutions. It is our sincere hope that a five-year teaching affiliation agreement can be signed sometime in 1973 between the two institutions. This agreement will merely formalize the already close relationship between the two institutions.

You certainly may use this letter any way you see fit, while you are attempting to achieve recognition by the Council of Teaching Hospitals.

Sincerely yours,



Robert Scheig, M.D.
Associate Dean For Regional Activities
and Continuing Education

RS/fn
Enc.

PRELIMINARY AFFILIATION

Yale University School of Medicine [the School]
and Waterbury Hospital [the Hospital]

I. INTRODUCTION

The primary purpose of a medical school-community hospital affiliation is to achieve common objectives with an understanding of separate individual responsibilities. The greatest contribution to a successful relationship between a community hospital and a medical school is the understanding and sincerity of both in the recognition of interdependence of their shared goals.

II. OBJECTIVES

Affiliations between the medical center and community hospitals have four major objectives;

1. Proper care of the patient
2. Effective medical education
3. Clinical and health care research on a continuing basis
4. Close cooperation between the medical school and community hospitals for joint development of a network of regional partnerships.

III. CONCEPTS

A. Patient Care

The hospital has its customary responsibility for providing patient care services and will use the available special resources of the school as deemed necessary, not only for individual patients, but also to evaluate services at the hospital and to assess community needs. The school will provide clinical consultation as specifically arranged by each department.

B. Education

The hospital will maintain a continuing education program for physicians and will seek assistance from the school as necessary.

The school will continue to make available to the hospital physicians, clinical rounds and conferences in different specialties at Yale-New Haven Medical Center.

C. Clinical and Health Care Research

The hospital will identify research topics of concern to its service area, will seek appropriate help from the school in developing research activity, and will work with the school to bring the research to its conclusion. The school

will help in establishing priorities, and will provide technical and professional consultations as needed and available.

D. Cooperation toward development of a network of regional partnerships

The value of regionalization in Connecticut, and its logic, have been accepted and endorsed by both the hospital and the school, and both institutions support CRMP as a catalyst of regionalization.

E. Community Faculty

A necessary step toward a closer affiliation relationship is the appointment of a full-time Chief of Staff or Chief of Service in one or more of the major specialties at the hospital. The conditions of appointment outlined in the "Guide to Yale University School of Medicine - Community Hospital Affiliations", are understood and endorsed by both the hospital and the school.

F. Termination And Renewal

This agreement is for a period of one-year, at the end of which time, it is subject to renewal or modification by consent of both parties. This agreement does not bind either institution in any way that has not been specified above.

G. Authorization and Effective Date

In witness thereof, the parties have caused this Agreement to be executed by their responsible contracting officials this 10th day of April, 1972.

F.C. Reddish MD

Yale University

Richard D. Jew Admin

Waterbury Hospital

WATERBURY HOSPITAL

(Hospital)

April 1, 1970

(Affiliation Date)

April 1, 1971

(Renewed)

Mr. Richard A. Derr

Administrator

* As of July 1, 1972

Thomas T. Amatruda, Jr., M.D.

(Director of Medical Education)
(Director of Clinical Services)

A. Joseph Cappelletti, M.D.

(Chief of Staff)

COMMUNITY HOSPITAL CLINICAL DEPTS.

		MEDICINE	PEDIATRICS	SURGERY	OBS/GYN	PSYCHIATRY	ANESTHESIOLOGY	RADIOLOGY	PATHOLOGY	OTHER Dental	NURSING	OTHER
1. YALE REGIONAL FACULTY INVOLVEMENT		Y	Y	Y	Y	Y	N	Y	Y		Y	
2. YALE FACULTY APPOINTMENTS ON C.H. MEDICAL STAFF (#)		8	1	3	0	3	0	0	3		0	
3. RELATIONS WITH YALE-BASED DIABETES PROGRAM (DR. FELIG)		N	N	N	N	N	N	N	N		N	
4. RELATIONS WITH YALE SCHOOL OF NURSING REGIONAL PROGRAM (MISS BEST)		N	N	N	N	N	N	N	N		Y	
6. CONTINUING EDUCATION	LECTURES	Y	Y	Y	Y	N	N	Y	Y		N	
	CONFERENCES	Y	Y	Y	Y	N	N	Y	Y		N	
	TEACHING ROUNDS	Y	Y	Y	Y	N	N	Y	Y		N	
8. MULTI-HOSPITAL ACTIVITIES, INTER-C.H. JOINT PROGRAMS		Y	Y	Y	Y	Y	Y	Y	Y		Y	
9. ALLIED HEALTH TRAINING PROGRAMS SPONSORED BY YOUR DEPARTMENTS		/	/	/	/	/	/	A	I	/	/	A
10. HOSPITAL STAFF	FULL-TIME CHIEF (Y or N)	Y	N	N	Y*	Y	N	Y	Y		NA	
	FULL-TIME MD STAFF (#)	4	1/2	N	Y*	1	N	3	3		NA	
13. HOUSE STAFF	C.H. HOUSE STAFF (#/YR)	13	3	7	0	0	0	0	0	2	NA	
	C.H. HOUSE STAFF ROTATING THROUGH YNHMC (#/YR) (included in above)	5	1	1	0	0	0	0	0		0	
	YNHMC HOUSE STAFF ROTATING THROUGH C.H. (#/YR)	1	0	2	2*	0	0	0	0		0	
17. FELLOWS	C.H. FELLOWS (#/YR)	2	0	0	0	0	0	0	0		0	
	C.H. FELLOWS ROTATING THROUGH YNHMC (#/YR)	1	0	0	0	0	0	0	0		0	
	YNHMC FELLOWS ROTATING THROUGH C.H. (#/YR)	0	0	0	0	0	0	0	0		0	
18. MEDICAL STUDENT TRAINING IN C.H.	YALE (#/YR)	12	0	0	0	0	0	0	0		0	
	OTHER (#/YR)	0	0	0	0	0	0	0	0		0	

PART TWO

- 1) Is your hospital actively involved with the Yale Affiliated Gastroenterology Program at this time? Yes (yes or no).

If so, who should we contact at your hospital to obtain further information on this involvement? Milton Sangree, M.D.

- 2) Is your hospital actively involved with the Yale-based Renal Diagnostic, Teaching and Consultation Program? Yes (yes or no).

If yes, who should we contact at your hospital to obtain further information on this involvement? O. Joseph Bizzozero, Jr., M.D.

- 3) Is your hospital actively involved with the Yale-based Radiotherapy Program? No (yes or no).

If yes, who should we contact at your hospital to obtain further information on this involvement? _____

- 4) Is your hospital actively involved with the Yale-based Trauma Program? Yes (yes or no).

If yes, who should we contact at your hospital to obtain further information on this involvement? Kristaps Koggi, M.D.

- 5) Does your hospital make use of the Newborn Special Care Unit at the Yale-New Haven Medical Center? Yes (yes or no).

If yes, approximately how many times per year on an average? 12

- 6) HMO's. Are you thinking about them?

Yes ? Hospital-based (yes or no)

Yes ? Community-based (yes or no)

If yes, are you in an active planning stage? Yes (yes or no)

Are you in the process of preparing formal recommendations or applications? No (yes or no).

- 7) Is your hospital thinking about a Continuing Care Program? No (yes or no).

If yes, are you in an active planning stage? _____ (yes or no).

Are you in the process of preparing formal recommendations or applications? _____ (yes or no)

8) Is your hospital thinking about a Home Care Program? No (yes or no)

If yes, are you in an active planning stage? _____ (yes or no)

Are you in the process of preparing formal recommendations or applications?
_____ (yes or no).



WATERBURY HOSPITAL

64 ROBBINS STREET · WATERBURY, CONNECTICUT 06720 · TELEPHONE: 756-4421

April 13, 1972

YALE OFFICE OF REGIONAL ACTIVITIES SURVEY PROFILE - NARRATIVE DESCRIPTION

The following narrative description is intended to supplement the hospital profile:

1) Yale Regional Faculty Involvement: The Waterbury Hospital has had a long relationship with the faculty of the Yale University School of Medicine for nearly 25 years. The closest involvement has been with the Department of Medicine at Yale and almost every faculty member has visited Waterbury Hospital to participate in Medical Grand Rounds or special lectures. In addition, consultants from Yale have come to the Waterbury Hospital to see patients and many patients from the Waterbury Hospital area have been referred for consultation to Yale. Lists of the scheduled conferences in Medicine, Pediatrics, Surgery and Tumor Board for the academic year 1971-1972 are attached and are self explanatory. The Yale Department of Psychiatry has been involved in the planning of the Psychiatric program at the Waterbury Hospital. Drs. Reiser and Fleck served on the search committee and Dr. Reiser was instrumental in recruiting Dr. Irwin Greenberg as our full time Chief of Psychiatry. Dr. Greenberg had been associated with Dr. Reiser at the Albert Einstein School of Medicine. As our training program develops in Psychiatry, we expect that members of the Department of Psychiatry at Yale will become involved in educational functions at the Waterbury Hospital. We have had a good deal of discussion with the Department of Radiology at Yale and have agreed to reserve one or two of our internship positions for medical school graduates who will be accepted into a four year Yale Residency Program in Radiology, the first year of which will be spent as a clinical year at the Waterbury Hospital. In addition, with the active encouragement of the Chief of Diagnostic Radiology at Yale, we have had discussions with a Yale faculty member who is evaluating the possibility of coming to Waterbury as full time Chief of Radiology in July of 1973. If that event occurs there is some possibility that Yale Radiology residents may receive some of their training in Radiology at the Waterbury Hospital. Those discussions will, of course, have to be reaffirmed with the new Chairman of the Department of Diagnostic Radiology at Yale when that individual assumes his responsibilities. There has been a close contact between members of our Department of Pathology and the Yale Departments of Pathology and Laboratory Medicine. There have been sporadic visits by Yale faculty members to participate in Pathology Conferences at the Waterbury Hospital and in turn our three Pathologists participate actively in the teaching of Yale medical students in Pathology at Yale. Our contacts with the Yale School of Nursing have largely been with Miss Nelliana Best, CRMP Co-ordinator, who has been working with the Waterbury Hospital Nursing Staff since November of 1970. Her main areas of interest have been discharge planning, nursing care plans and referrals for continued care outside of the hospital. The major new development for the approaching academic year will be a heavy involvement

"SUPPORT THE NEW WATERBURY HOSPITAL HEALTH CENTER"

with the Department of Obstetrics and Gynecology at Yale. The Yale Residency Training Program in Obs-Gyn has been extended to include the Waterbury Hospital and all Yale residents and medical students will receive part of their training in Obs-Gyn at Waterbury. Dr. Nathan Kase and his associates will be actively participating in educational rounds and conferences at the Waterbury Hospital and a full time Chief of Obstetrics and Gynecology has been selected jointly with Yale and will be a member of the Yale faculty.

2) Yale Faculty Appointments on C. H. Medical Staff (#): A number of members of the Waterbury Hospital staff hold clinical faculty appointments at Yale and the number is increasing. In addition to those individuals on the attached list, Dr. Irwin Greenberg has been appointed Associate Clinical Professor of Psychiatry. Yale faculty appointments are pending for Dr. Herbert Suesserman, full time Chief of Obstetrics and Gynecology (7/1/72) and Dr. Alan Yagoda, full time Chief of Oncology (7/1/72). We expect that there will be additional appointments over the next few years.

3) Relations with Yale-Based Diabetes Program (Dr. Felig): Up to the present time we have not been involved with Dr. Felig's program. However, we have been in contact with him and he has agreed to aid us in the establishment of a Diabetes Clinic in a new health facility in the inner city of Waterbury. His staff will help to educate the nurses and aides based at that new health facility and also will have contact with our Nursing Education Section at the Waterbury Hospital.

4) Relations with Yale School of Nursing Regional Program (Miss Best): We have an active association with the Yale School of Nursing Regional Program and this has been outlined in Section I above.

5), 6), 7) Continuing Education: The Waterbury Hospital has had an active program of continuing education for over 25 years and this in fact was one of the major reasons why a decision was made to establish a program of full time chiefs and other full time physicians at the Waterbury Hospital. These individuals are charged with coordinating the entire hospital educational program with a major focus on continuing education for the physicians in practice. In addition to the lectures and conferences in which Yale faculty members participate (see attached lists) there are a number of additional lectures and conferences each year by visiting faculty members of other medical schools or by the Waterbury Hospital based physicians who have Yale faculty appointments and are experienced in medical education. Each summer there is a twice weekly series of lectures on medical emergencies given by the Waterbury Hospital based faculty. Each day of the week throughout the calendar year there are teaching conferences in the medical subspecialties: Infectious Disease, Gastroenterology, Cardiology, Metabolism - Endocrinology and Renal Disease, Oncology and, less frequently, Pulmonary Disease. In lectures and conferences a continuous attempt is made to integrate basic science with the clinical problem being discussed. In addition, the Waterbury Hospital has had a series of monthly evening lectures on basic science. In the past these have focused on the fields of Metabolism and Endocrinology, but in the future will be more broadly based lectures. We expect to draw on visiting faculty from Yale, the University of Connecticut and other medical schools for these lectures. At the present time, we also have a monthly special conference on Immunology conducted by Dr. Kantor. There are daily teaching rounds on all of the clinical services. Hospital based faculty members and experienced clinicians and teachers who are in private practice serve as the attending physician on a particular patient division from 4 - 6 weeks at a time. They are responsible for the day to day education of the house staff and medical students assigned to the division and for the supervision of patient care. On all of our services, both ward patients and private patients (when agreeable to

private physician and patient) are included on teaching rounds. The house staff are encouraged to take initiative and assume responsibility under close supervision by attending physicians. This program has been in force for at least three years and has been very successful. On the Medical Service, teaching rounds are conducted on Monday through Saturday. Two attendings of different backgrounds and different interests within Internal Medicine round simultaneously on each ward. They learn from each other as well as teach the students and house staff. One day a week is reserved for subspecialty rounds and these are conducted by visiting faculty members as well as members of the Waterbury Hospital staff. Special teaching rounds are conducted in Hematology, Neurology and Dermatology. Teaching rounds are also conducted daily on Pediatrics, Surgery, and Obstetrics and Gynecology. There is a daily X-ray Conference which serves the dual function of an educational conference and a working rounds. The Pathology Department conducts a weekly Gross Autopsy Conference in the autopsy room that is very well attended by the house staff and by Waterbury Hospital attendings. House staff present a "capsule" clinical summary and the pathology is presented. There is also a monthly formal Clinical-Pathological Conference which focuses upon a recent case treated at the Waterbury Hospital. Clinical-Neuropathological Conferences are held every one to two weeks depending upon the case load. On teaching rounds, a special effort is made to ensure an excellent educational experience for medical students spending time at the Waterbury Hospital. The rounds vary in length from a minimum of 1½ to over 2 hours and individual discussions with students are also carried out at non-scheduled times. The full time staff make themselves easily available to medical students and house staff if problems arise throughout the course of the day. There are innumerable extemporaneous "micro-teaching sessions" conducted by private physicians with the medical students and house staff who are caring for their patients.

8) Multi-Hospital Activities, Inter-C. H. Joint Programs: The Waterbury Hospital is involved in a number of activities with several different community hospitals. There has been a monthly Joint Health Planning Committee meeting with St. Mary's Hospital. Various members of the Waterbury Hospital staff participate in the educational programs at St. Mary's Hospital, Danbury Hospital, Torrington Hospital, Greenwich Hospital as well as being heavily involved in the teaching program at the Yale New Haven Medical Center including the West Haven V. A. Hospital. Each full time chief in the medical subspecialties spends the equivalent of one full day a week teaching at the Yale New Haven Medical Center. Their assignment includes rounds with both house staff and medical students and active participation in regularly scheduled teaching conferences. Dr. Amatruda conducts rounds with the Metabolism residents and fellows on rotation at the V. A. Hospital and participates in Metabolism - Endocrine Conferences at Yale and the V. A. Hospital. Dr. Thornton spends one half day a week at Yale New Haven Medical Center and one half day a week at the V. A. Hospital in a similar activity. Dr. Sangree spends one full day a week at Yale and supervises the Yale GI residents in endoscopy as well as conducting teaching rounds and participating in conferences. Dr. Hurst spends one full day a week at Yale participating in Dr. Cohen's program in Cardiology. He assists in the training of house staff in electrocardiography and also conducts teaching rounds and participates in conferences. Dr. Irwin Greenberg spends one full day a week in the Department of Psychiatry at Yale. He supervises two Yale residents and is giving an elective course. Drs. Gilbert, Lowell and Lieberman participate actively in the education of Yale students and residents in Pathology at the Yale New Haven Medical Center. Dr. Sung Liao regularly conducts in teaching rounds on Dr. Willard's Continuing Care Service. In the field of Pediatrics the 8 Pediatricians associated with the Waterbury Hospital recently agreed to join the staff of St. Mary's Hospital and to participate actively in the patient care and educational programs at that

hospital. Dr. Thomas Spicuzza, the Associate Chief of Pediatrics at Waterbury and the Waterbury Hospital residents regularly attend the Pediatric Outpatient Clinics at St. Mary's Hospital and Dr. Spicuzza has established and is responsible for an additional Sick Child Clinic at that hospital. In Surgery, the Waterbury Hospital Urology resident and his attending participate to a limited extent in the patient care and educational programs in Surgery at St. Mary's Hospital. Most of the Waterbury Hospital Obstetricians and Gynecologists also hold appointments at St. Mary's Hospital and participate actively in their outpatient care and educational programs. In Psychiatry, in addition to Dr. Greenberg's contributions to the program at Yale, Drs. Robert Adams and Katherine Martin are also actively involved in teaching at the Yale New Haven Medical Center. In Radiology, the primary inter-hospital activity is a joint training program for diagnostic x-ray technicians with the St. Mary's Hospital and Mattatuck Community College. Anesthesiology coverage at St. Mary's Hospital is provided by the group of Anesthesiologists who have provided coverage for the Waterbury Hospital for many years. The administration of the Waterbury Hospital permitted them to provide coverage to St. Mary's Hospital when that hospital was unable to provide adequate staff for its program.

9) Allied Health Training Programs Sponsored By Your Departments: The Waterbury Hospital is actively involved in the training of medical technologists, diagnostic x-ray technicians and student nurses. The medical technology program is an independent program which allows its students to obtain a registered technologist certificate. The diagnostic radiology technician training program is carried out jointly with St. Mary's Hospital. The Waterbury Hospital is phasing out its independent diploma School of Nursing and has agreed to be the primary clinical facility for the new School of Nursing of the Mattatuck Community College in Waterbury. In addition it has also agreed to provide some training for students of the new Quinnipiac College School of Nursing in New Haven. Active discussion is underway with Mattatuck Community College which will lead to additional joint programs for allied health personnel in a wide variety of fields. These will include areas such as; Psychiatric aides, physical medicine aides, various nursing specialists and perhaps medical librarians and medical secretaries. Those programs are all under discussion but no firm time table has been established.

10, 11) Hospital Staff: Full time Chiefs of Medicine, Obstetrics and Gynecology, Psychiatry and medical subspecialties such as: Infectious Disease, Cardiology, Gastroenterology, Oncology and Metabolism and Endocrinology have been hired by the Waterbury Hospital to join the full time Chiefs of Radiology, Pathology and Physiatry. There is also a full time Director of the Emergency Room. With rare exceptions all of the full time chiefs have been recruited with the aid of Joint Search Committees with Yale and the individuals appointed have Yale faculty appointments. At the present time, the hospital has 15 full time physicians in addition to full time Chiefs of Medicine, Obstetrics and Gynecology, Psychiatry, Radiology and Pathology.

12) C. H. House Staff (#/Yr): The Waterbury Hospital has an authorized intern complement of 12. Four of the positions are straight medical internships and the additional eight comprise a wide variety of rotating internships including R₀, R₁, R₂, R₄, R₅. The number of interns of each individual type varies from year to year depending on the caliber of the applicants and the educational opportunity. At any one time six or seven of the interns are on rotation through the Medical Service, one to two on Surgery, one to two on Pediatrics, one on Obstetrics and Gynecology and one or two on the Emergency Room. There are occasional rotations in Pathology, Radiology and Anesthesiology. All of these

interns are assigned to teaching services and not every patient in the hospital is covered by house staff. The Residency Program in Medicine includes the following organizational set up: First Year Residents: 5 Waterbury Hospital residents, 1 Yale resident. Second Year Residents: General Internal Medicine-3. Third Year Residents: Cardiology Resident; Gastroenterology Resident; Oncology - Hematology Resident; and Chief Resident in Medicine. The Pediatric Training Program comprises one first year resident and one second year resident. The Surgical Training Program has two first year residents, two second year residents, one third year resident and one Chief Resident in General Surgery, a Yale second or third year resident and a Urology resident. The Department of Pathology has an approved training program and usually has one or two residents in its program each year.

13) C. H. House Staff Rotating Through YNHMC (#/Yr): There has been an active rotation of Waterbury Hospital second and third year residents in Medicine through the various subspecialties at the Yale New Haven Medical Center. Each resident spends two to four months at Yale. The first year resident in Pediatrics spends six months on assignment at the Yale New Haven Medical Center and an occasional resident in Surgery spends time on the Surgical Service at that institution for four to six weeks.

14) YNHMC House Staff Rotating Through C. H. (#/Yr): One half of the Yale first year residents in General Medicine have rotated through the Waterbury Hospital and one Yale resident is always in charge of one of the two teaching medical wards. The Yale Urology resident and a second and third year resident in General Surgery are always on rotation at Waterbury Hospital. On July 1, 1972, Yale first year and third year residents in Obstetrics and Gynecology will always be assigned to the Waterbury Hospital and in subsequent years a first, second and third year resident will be on assignment.

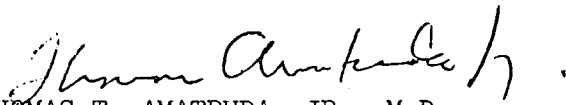
15) C. H. Fellows (#/Yr): The residents in Cardiology, Gastroenterology and Oncology noted above spend the full year in those disciplines and might be regarded as fellows. The Yale resident in Gastroenterology spends time at the Yale New Haven Medical Center each week as part of the Yale program in Gastroenterology. At the present time no Yale fellows rotate through the Waterbury Hospital on a regular basis.

18) Medical Student Training in C. H.: During the past year 12 Yale medical students have received part of their training at the Waterbury Hospital. Each one has spent six weeks on rotation at the hospital. One of them has participated in the program in Obstetrics and Gynecology while the others have been assigned to the Medical Service as advanced clinical clerks or subinterns. During the approaching academic year 13 Yale students have already requested a six weeks rotation on the Medical Service at the Waterbury Hospital and we anticipate that we will get additional requests in the future. There will also be students who will rotate through the Waterbury Hospital as a regular part of their training in Obstetrics and Gynecology. The exact number and length of rotation have not yet been established.

Three students from other medical schools are scheduled to rotate through the Waterbury Hospital during the next few months and will be spending their time on the Medical Service or in one of the medical subspecialty areas.

We offer elective rotations for students from the University of Connecticut and the University of Vermont as well as for students from Yale. Our approach to other medical schools has only been made with the concurrence of the appropriate department chairman at Yale and with the understanding that by virtue of our Yale affiliation our first approach and our primary obligation will be to Yale. The Waterbury Hospital provides room and board without charge to medical students during their six weeks rotation. No stipend is provided. An evaluation of each student is sent to the medical school department chairman at the end of the rotation.

The above narrative summary has been prepared by :


THOMAS T. AMATRUDA, JR., M.D.
Director of Clinical Services
Director of Medical Education

Clinical Professor of Medicine
Yale University School of Medicine

TTA:cg

April 1972

ADDENDA

1) Waterbury Hospital is working towards deep involvement in all their Departments with medical centers. Progress is good with Yale on most services; Pediatrics involvement is currently being negotiated with Yale's Department of Pediatrics. If involvement is not forthcoming, Waterbury Hospital may go to the University of Connecticut or elsewhere. (per Dr. Amatruda)

4) Miss Best has been working with the nursing staff on one unit (Peck I) to increase their understanding of their patients and the settings from which these patients come and to which they will go. It is expected that this will improve discharge planning and continuity of care. She worked with the Hospital's Nursing Procedure Committee to develop the procedure for handling referrals (W10 forms) going out from the hospital. Four inservice sessions were used to interpret the new procedure to nursing staff and ward clerks by Miss Best and Mrs. Schneider, Director of the Waterbury VNA. The referral procedure was also interpreted to the Physical Therapy and Dietary Departments, and copies given to Dr. Amatruda and Dr. Thornton.

Two or more representatives from the hospital have attended the area nurses' meetings which have been held at about four to five week intervals, except during the summer. The hospital has furnished a speaker for one meeting and served as hostess for one meeting. It has notified local agencies (especially nursing homes) when they had an inservice program which might be of value to personnel in the other agencies.

Adams, Robert S., M. D.	Assistant Clinical Professor of Pediatrics
Amatruda, Thomas T., Jr., M. D.	Clinical Professor of Medicine
Bizzozero, Orpheus J., M. D.	Associate Clinical Professor of Medicine
Bizzozero, O. Joseph, M. D. (Jr.)	Clinical Instructor in Medicine
Gilbert, Roger K., M. D.	Assistant Clinical Professor of Pathology
Hurst, Victor W., III, M. D.	Assistant Clinical Professor in Medicine
Keggi, Kristaps J., M. D.	Assistant Clinical Professor of Orthopaedic Sur.
Lowell, David, M., M. D.	Assistant Clinical Professor of Pathology
Merriman, Henry, M. D.	Clinical Associate in Otolaryngology
Newman, Richard J.	Assistant Clinical Professor of Psychiatry
Rosenbaum, Haskell M., M. D.	Assistant Clinical Professor of Dermatology
Sangree, M. H., M. D.	Associate Professor of Clinical Medicine
Shearer, John K., M. D.	Senior Clinical Associate in Urology
Thornton, George F., M. D.	Assistant Clinical Professor of Medicine
Cohen, William, M. D.	Instructor in Medicine
Lieberman, Moses K., M. D.	Clinical Instructor in Pathology
Greenberg, Irwin M., M. D.	Associate Clinical Professor of Psychiatry
Suesserman, Herbert, M. D.	Pending
Yagoda, Alan, M. D.	Pending

YALE UNIVERSITY SCHOOL OF MEDICINE
1971 MEDICAL CONFERENCES
AT
WATERBURY HOSPITAL .

January	8	-	Dr. Robert L. Scheig (liver disease)
	15	-	Dr. Franklin H. Epstein (renal & metabolic)
	22	-	Dr. J. Bernard L. Gee (pulmonary)
	29	-	Dr. Robert S. Brown (renal)
February	5	-	Dr. Peter McPhedran (hematology)
	12	-	Dr. James L. Boyer (liver)
	19	-	Dr. John A. Goffinet (renal)
	26	-	Dr. Stephen E. Malawista (rheumatology & gout)
March	5	-	Dr. Howard Levitin (renal & electrolyte)
	12	-	Dr. Harold O. Conn (liver)
	19	-	Dr. Robert H. Gifford (rheumatology)
	26	-	Dr. Henry J. Binder (gastroenterology)
April	2	-	Dr. Joseph S. McGuire (dermatology)
	16	-	Dr. Harold N. Willard (chronic disease)
	23	-	Dr. Gerald Klatskin (liver)
	30	-	Dr. Rajinder S. Sikand (pulmonary)
May	7	-	Dr. Marc J. Taylor (liver)
	14	-	Dr. Moreson H. Kaplan (hematology)
	21	-	Dr. G. Morris Dillard (endocrinology)
	28	-	Dr. Steven Wolfson (cardiology)
June	4	-	Dr. Vincent A.T. Andriole (infectious disease)
	11	-	Dr. John J. Connolly (pulmonary)
	18	-	Dr. Philip Felig (diabetes mellitus)
	25	-	Dr. Gilbert H. Glaser (neurology)
July	23	-	Dr. Lawrence S. Cohen (cardiology)
August	6	-	Dr. Philip Felig (diabetes mellitus)
	20	-	Dr. Peter McPhedran (hematology)
September	10	-	Dr. Rose J. Papac (chemotherapy)
	17	-	Dr. Robert S. Brown (renal)
	24	-	Dr. Gerard N. Burrow (endocrinology)
October	1	-	Dr. Henry J. Binder (gastroenterology)
	8	-	Dr. Jonathan H. Pincus (neurology)
	15	-	Dr. Stuart C. Finch (hematology)
	22	-	Dr. Lawrence S. Cohen (cardiology)
	29	-	Dr. J. Bernard L. Gee (pulmonary)
November	5	-	Dr. Philip Felig (endocrinology-diabetes mellitus)
	12	-	Dr. Robert L. Scheig (liver)
	19	-	Dr. Gilbert H. Glaser (neurology)
December	3	-	Dr. Robert H. Gifford (rheumatology)
	10	-	Dr. John A. Goffinet (renal)
	17	-	Dr. John C. Marsh (chemotherapy)

YALE UNIVERSITY SCHOOL OF MEDICINE
1971 PEDIATRIC CONFERENCES AND WARD ROUNDS
AT
WATERBURY HOSPITAL

January	26	-	Dr. Yujen E. Hsia
February	23	-	Dr. Alexander G.M. Campbell
March	23	-	Dr. Charles D. Cook
April	27	-	Dr. Robert J. Touloukian
May	25	-	Dr. Stephen F. Wang
June	29	-	Dr. Norman S. Talner
September	28	-	Dr. Thomas F. Dolan, Jr. (infectious disease)
October	26	-	Dr. Stephen F. Wang (gastroenterology)
November	30	-	Dr. Myron Genel (endocrinology)

YALE UNIVERSITY SCHOOL OF MEDICINE

SURGICAL CONFERENCES

AT

WATERBURY HOSPITAL

1971-1972

1971

July	17	-	Dr. Clarence E. Cahow (Biliary Tract Surgery)
September	18	-	Dr. Graeme L. Hammond (Shock)
October	30	-	Dr. Bernard Lytton (Urology)
November	20	-	Dr. John Kirchner (Head & Neck Tumors)
December	18	-	Dr. Mark Hayes (Pancreatic Pain)

1972

January	15	-	Dr. William Collins (Neurosurgery)
February	19	-	Dr. H.C. Stansel (Peripheral Vascular Disease)
March	18	-	Dr. Thomas J. Krizek (Plastic Surgery)
April	15	-	Dr. Gustaf E. Lindskog (Thoracic Surgery)
May	20	-	Dr. W.W. Lindenmuth (General Surgery)
June	17	-	Dr. Lawrence K. Pickett (Pediatric Surgery)

YALE UNIVERSITY SCHOOL OF MEDICINE

TUMOR CONFERENCES
AT
WATERBURY HOSPITAL
1971-1972

1971

November	13	-	Dr. Ronald C. DeConti
December	11	-	Dr. William F. Collings

1972

January	8	-	Dr. Ira S. Goldenberg
February	12	-	Dr. John C. Marsh
April	8	-	Dr. Rose J. Papac
May	13	-	Dr. James J. Fischer
June	10	-	Dr. Joseph R. Bertino

THE WATERBURY HOSPITAL
Waterbury, Connecticut

January 14, 1972

Dear Doctor:

You are cordially invited to attend the following GRADUATE TRAINING PROGRAM*:

Monday
1/17/72

General Medical Rounds 9:30 a.m. 1st Floor - Peck
to 11:00 a.m. and North Side

Morning Report - Medicine 11:00 a.m. Dr. Thornton's
to 11:30 a.m. Office

Surgical Film 3:00 p.m. Staff Room
"The Surgery of Primary Aldosteronism"

Fracture Clinic and Orthopaedic Rounds 4:00 p.m. Emergency Room
P.V.C. Dingman, M. D. Cast Room and
Attending Staff, Orthopaedic Surgery Staff Room
with Surgical House Staff

Tuesday
1/18/72

Surgical Morbidity and Mortality 7:30 a.m. Staff Room
Conference to 8:30 a.m.

General Medical Rounds 9:30 a.m. 1st Floor - Peck
to 11:00 a.m. and North Side

Morning Report - Medicine 11:00 a.m. Dr. Thornton's
to 11:30 a.m. Office

11:00 a.m. Staff Room

Medical Division
Clinical Pathological Case
Presentation by:
M. H. Sangree, M. D.
Chief of Gastroenterology

Anatomy Course for Surgical Residents 3:00 p.m. Sterling Hall of
Yale University School of Medicine to 5:00 p.m. Medicine - Yale
1st-Year Residents Medical Center
R. A. Newman, M. D.
V. R. Sanguineti, M. D.

Dental Lecture Series 7:00 p.m. Staff Room
"The Endodontic Patient"
Arthur L. Phillips, D.D.S.
(Please note change in hour)

Basic Science - Clinical 7:30 p.m. St. Mary's
Correlation Conferences to 9:30 p.m. Hospital
Subject: "Cancer Chemotherapy"
Joseph R. Bertino, M. D.
Professor of Medicine and
Pharmacology
Yale University School of Medicine

*Partially supported by a grant from the MERCK SHARP AND DOHME POSTGRADUATE PROGRAM

<u>Wednesday</u> 1/19/72	<u>Medical Specialty Rounds</u>	8:30 a.m.	<u>North Teaching Unit</u>
	Leon W. Hoyer, M. D. <i>Acting Chairman to U. of Conn. Dept. of Medicine</i> (Hematology)	9:30 a.m.	
	<u>Arthritis Clinic</u>	9:00 a.m.	Staff Room
	<u>Medical Specialty Rounds</u>	10:00 a.m.	Peck Teaching Unit
	Steven L. Eisen, M. D. (Neurology)	to 11:00 a.m.	
	<u>Morning Report - Medicine</u>	11:00 a.m.	Dr. Thornton's Office
		to 11:30 a.m.	
	<u>Gastroenterology Conference</u>	11:30 a.m.	Staff Room
	M. H. Sangree, M. D. Chief of Gastroenterology		
<u>Thursday</u> 1/20/72	<u>General Medical Rounds</u>	9:30 a.m.	1st Floor - Peck and North Side
		to 11:00 a.m.	
	<u>Morning Report - Medicine</u>	11:00 a.m.	Dr. Thornton's Office
		to 11:30 a.m.	
	<u>Gross Autopsy Conference</u>	11:45 a.m.	Path. Department
	Medical House Staff		
	<u>Surgical Path. Conference</u>	3:00 p.m.	Path. Department
	Surgical House Staff		
	<u>Surgical Rounds</u>	4:00 p.m.	
	John E. Standard, M. D. Chief of Ward Surgical Service with Surgical House Staff		
<u>Surgical Journal Club</u>	5:00 p.m.	<u>Medical Library</u>	
H. C. Huber, Jr., M. D. Associate Attending Staff, Surgery with Surgical House Staff			
<u>Infectious Disease Rounds</u>	5:00 p.m.	Staff Room	
George F. Thornton, M. D. Chief, Division of Medicine and Irä D. Mickenberg, M. D. Clinical Assistant Staff, Medicine	to 6:00 p.m.		
<u>Friday</u> 1/21/72	<u>Medical Grand Rounds</u>	10:00 a.m.	Staff Room
	Irwin M. Braverman, M. D. Associate Professor of Dermatology Yale University School of Medicine		
	<u>Morning Report - Medicine</u>	11:00 a.m.	Dr. Thornton's Office
		to 11:30 a.m.	
<u>Medical X-ray Conference</u>	12:30 p.m.	X-ray Department	
Medical House Staff			
<u>Tumor Clinic Follow-Up</u>	1:00 p.m.	Peck Wing 2 - Examining Room	

(cont. on
next page)

<u>Friday</u> 1/21/72	<u>Surgical X-ray Conference</u> Surgical House Staff	3:30 p.m.	X-ray Department
(cont.)	<u>Metabolic Rounds</u> Thomas T. Amatruda, Jr., M. D. Director, Clinical Services and O. Joseph Bizzozero, Jr., M. D. Attending Staff, Medicine	4:00 p.m.	In-Service Educa. Classroom - North Wing 1
<u>Saturday</u> 1/22/72	<u>Surgical Bedside Rounds</u>	8:00 a.m.	
	<u>General Medical Rounds</u>	9:30 a.m. to 11:00 a.m.	1st Floor - Peck and North Side
	<u>Tumor Clinic Conference</u>	9:30 a.m.	Staff Room
	<u>Surgical Conference</u> Richard J. Kostecki, M. D. Clinical Assistant Staff Plastic Surgery	10:30 a.m.	Staff Room
	<u>Subject: "Management of Burns"</u>		

MEDICAL STAFF OFFICE/r1h

ADVANCE NOTICES

<u>Tuesday</u> 1/25/72	<u>Pediatric Grand Rounds and Conference</u> Allen D. Schwartz, M. D. Assistant Professor of Pediatrics Yale University School of Medicine	11:00 a.m. to 1:00 p.m.	Staff Room
	(Hematology)		
<u>Thursday</u> 1/27/72	<u>Special Lecture Series on Clinical Immunology</u> Fred S. Kantor, M. D. Associate Professor of Medicine Yale University School of Medicine	4:00 p.m. to 5:00 p.m.	Staff Room
	<u>Subject: "Complement and Other Mediators of Hypersensitivity Reactions"</u>		

THE WATERBURY HOSPITAL
Waterbury, Connecticut

TYPICAL WEEKLY SCHEDULE

Dear Doctor:

February 18, 1972

You are cordially invited to attend the following GRADUATE TRAINING PROGRAM*:

<u>Monday</u> 2/21/72	HOLIDAY FOR WASHINGTON'S BIRTHDAY <u>NO Meetings or Conferences Scheduled</u>		
<u>Tuesday</u> 2/22/72	<u>Surgical Morbidity and Mortality Conference</u>	7:30 a.m. to 8:30 a.m.	Staff Room
	<u>General Medical Rounds</u>	9:45 a.m. to 11:15 a.m.	1st Floor - Peck and North Side
	<u>Morning Report - Medicine</u>	11:15 a.m. to 11:45 a.m.	Dr. Thornton's Office
	<u>Anatomy Course for Surgical Residents</u> <u>Yale University School of Medicine</u> 1st-Year Residents R. A. Newman, M. D. V. R. Sanguineti, M. D.	3:00 p.m. to 5:00 p.m.	Sterling Hall of Medicine - Yale Medical Center
<u>Wednesday</u> 2/23/72	<u>Arthritis Clinic</u>	9:00 a.m.	Staff Room
	<u>Medical Specialty Rounds</u> Victor W. Hurst, III, M. D. (Cardiology)	10:00 a.m. to 11:15 a.m.	Peck Teaching Unit
	<u>Medical Specialty Rounds</u> P. E. Perillie, M. D. (Hematology)	10:00 a.m. to 11:15 a.m.	North Teaching Unit
	<u>Morning Report - Medicine</u>	11:15 a.m. to 11:45 a.m.	Dr. Thornton's Office
	<u>Gastroenterology Conference</u> M. H. Sangree, M. D. Chief of Gastroenterology	11:45 a.m. to 12:45 p.m.	Staff Room
<u>Thursday</u> 2/24/72	<u>General Medical Rounds</u>	9:45 a.m. to 11:15 a.m.	1st Floor - Peck and North Side
	<u>Morning Report - Medicine</u>	11:15 a.m. to 11:45 a.m.	Dr. Thornton's Office
	<u>Gross Autopsy Conference</u> Medical House Staff	12:00 Noon to 1:00 p.m.	Path. Department
	<u>Medical Residents' Rounds</u> Subject: "Hypercalcemia"	1:30 p.m. to 2:30 p.m.	Staff Room
	<u>Moderator: David F. Slawek, M. D.</u>		
(cont. on next page)	<u>Surgical Path. Conference</u> Surgical House Staff	3:00 p.m.	Staff Room

*Partially supported by a grant from the MERCK SHARP AND DOHME POSTGRADUATE PROGRAM

<u>Thursday</u> 2/24/72	<u>Surgical Rounds</u> John E. Standard, M. D. Chief of Ward Surgical Service with Surgical House Staff	4:00 p.m.	
	<u>Surgical Journal Club</u> H. C. Huber, Jr., M. D. Associate Attending Staff, Surgery with Surgical House Staff	5:00 p.m.	Medical Library
	<u>Infectious Disease Rounds</u> George F. Thornton, M. D. Chief of Medicine and Ira D. Mickenberg, M. D. Clinical Assistant Staff, Medicine	5:00 p.m. to 6:00 p.m.	Staff Room
<u>Friday</u> 2/25/72	<u>Medical Grand Rounds</u> Vincent T. Andriole, M. D. Associate Professor of Medicine Yale University School of Medicine	10:00 a.m.	Staff Room
	<u>Morning Report - Medicine</u>	11:15 a.m. to 11:45 a.m.	Dr. Thornton's Office
	<u>Surgical X-ray Conference</u> Surgical House Staff	3:30 p.m.	X-ray Department
	<u>Metabolic Rounds</u> Thomas T. Amatruda, Jr., M. D. Director of Clinical Services and O. Joseph Bizzozero, Jr., M. D. Attending Staff, Medicine	4:00 p.m.	<u>Staff Room</u>
<u>Saturday</u> 2/26/72	<u>Surgical Bedside Rounds</u>	8:00 a.m.	
	<u>Tumor Clinic Conference</u>	9:30 a.m.	Staff Room
	<u>General Medical Rounds</u>	9:45 a.m. to 11:15 a.m.	1st Floor - Peck and North Side
	<u>Surgical Conference</u> Marc J. Taylor, M. D. Clinical Assistant Staff, Medicine	10:30 a.m.	Staff Room
	<u>Subject: "Postoperative Jaundice"</u>		

MEDICAL STAFF OFFICE/rlh

ADVANCE NOTICE

<u>Tuesday</u> 2/29/72	<u>Pediatric Grand Rounds & Conference</u> Walter R. Anyan, M. D. Assistant Professor of Pediatrics Yale University School of Medicine	11:00 a.m.	Staff Room
	(Adolescent Medicine)		

Department of Medicine
Senior Assistant Resident Assignments 1971-72

June 1971

	July-Aug.	Sept.-Oct.	Nov.-Dec.	Jan.-Feb.	Mar.-Apr.	May-June
<u>Yale-New Haven</u>						
Fitkin I	Cohen	Noth	Pollock	Bachmann	Brown	Copen
Fitkin II	Baldwin	Black	Barry	Pastore	Record	Rosen
Cardiology	Noth		<u>Slowik*</u>	Brown	Barry	Pastore
Chest			Pastore			
Genetics				Noth		
GI	<u>Daniels*</u>	Rosen			Baldwin	
Hematology		Bachmann			<u>Slowik*</u>	<u>Dinisa*</u>
Infectious Disease	Bachmann	Brown		Rosen	Copen	Smith*
Metabolism- Endocrine		<u>Daniels*</u>	Copen	Pollock		Cohen
Metabolism-Renal	Pollock	Baldwin	Cohen	Barry	Black	Black
Oncology	Record					
Psychiatry						Record
 <u>VAH</u>						
5 East	Barry	Copen	Record	Black	Noth	Bachmann
5 West	Brown	Pastore	Rosen	Cohen	Pollock	Baldwin
Cardiology	Black					
Chest	Pastore	Record	Brown	<u>Dinisa*</u>	<u>Smith*</u>	Noth
GI		Cohen	Bachmann	Record	Rosen	
Hematology			Baldwin			
Infectious Disease	Copen	Barry	Black	Baldwin	Cohen	Pollock
Metabolism		Pollock	Noth		Pastore	Brown
Neurology	Rosen			Copen	Bachmann	Barry

* Waterbury Hospital Resident

MEDICAL FIRST-YEAR RESIDENTS 71-72

Service	Period I 6/26-7/15 --- 7/16-8/5	Period 2 8/6-8/25 -- 8/26-9/14	Period 3 9/15-10/4 -- 10/5-10/25
Cardiology Vacation	Currie Ratnofsky Ratnofsky Currie	Morton, M. Rosa Rosa Morton, M.	Mabry Klippel Klippel mabry
8 East Winchester 2	Rosa Ramey	Danzig Dorfman	Ratnofsky Currie
CCU	Curtis	Ratnofsky	Dorfman
MU A MU B	Dorfman Morton, M.	Klippel Pisarczyk	Curtis Major
5 East - VAH 5 West - VAH	Klippel Mabry	Currie Major	Danzig Ramey
VAH Elective Cardiology Hematology Neurology Pulmonary	Major Danzig	Ramey Curtis --- ---	Pisarczyk Morton, M. --- ---
YNHH A1 AMB. A2 SVC. B1 B2 C1 C2	Hofbauer Rowett Harman Marton, K. Shaw Kennealey	Same	Same
<u>Waterbury</u>	<u>Pisarczyk</u>	<u>Mabry</u>	<u>Rosa</u>

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MEDICAL FIRST-YEAR RESIDENTS 71-72

<u>Service</u>	Period 4 10/26-11/12 -- 11/13-12/4	Period 5 1/15-2/2 -- 2/3-2/24 12/5 - 1/14/71	Period 6 1/15-2/2 -- 2/3-2/24
Cardiology Vacation	Rowett Marton, K.	Marton, K. Rowett	Shaw Dorfman
			Major Ramey
8 East Winchester 2	Major Klippel	Marton, K. Morton, M.	Kennealey Shaw
CCU	Ramey	Major	Morton, M.
MU A MU B	Kennealey Shaw	Currie Ramey	Harman Rowett
5 East - VAH 5 West - VAH	Morton, M. Harman	Hofbauer Rowett	Dorfman Marton, K.
VAH Elective Cardiology Hematology Neurology Pulmonary	Dorfman Hofbauer --- ---	--- Harman Kennealey ---	--- Klippel --- Currie
YNHH A1 AMB. A2 SVC. B1 B2 C1 C2	Curtis Rosa Danzig Mabry Ratnofsky Pisarczyk	Same	Same
<u>Waterbury</u>	<u>Currie</u>	<u>Klippel</u>	<u>Hofbauer</u>

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MEDICAL FIRST-YEAR RESIDENTS 71-72

Service	Period 7 2/25-3/15 -- 3/16-4/4	Period 8 4/5-4/25 -- 4/26-5/15	Period 9 5/16-6/5 -- 6/6-6/25
Cardiology Vacation	Pisarczyk * Curtis Curtis Pisarczyk	Kennealey Hofbauer Hofbauer Kennealey	Harman Danzig Danzig Harman
8 East Winchester 2	Rowett Harman	Pisarczyk Curtis	Hofbauer Mabry
CCU	Marton, K.	Harman	Kennealey
MU A MU B	Danzig Hofbauer	Ratnofsky Mabry	Marton, K. Rosa
5 East - VAH 5 West - VAH	Kennealey Ratnofsky	Shaw Rosa	Curtis Pisarczyk
VAH Elective Cardiology Hematology Neurology Pulmonary	--- Mabry --- Rosa	--- Marton, K. --- Rowett	--- Shaw --- Ratnofsky
YNEH A1 AMB. A2 SVC. B1 B2 C1 C2	Dorfman Klippel Morton, M. Major Ramey Currie	Same	Same
<u>Waterbury</u>	<u>Shaw</u>	<u>Danzig</u>	<u>Rowett</u>

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THE WATERBURY HOSPITAL
Waterbury, Connecticut

May 5, 1972

YALE OFFICE OF REGIONAL ACTIVITIES SURVEY PROFILE-NARRATIVE DESCRIPTION ADDENDUM

The following narrative description is an addendum to the 4/13/72 narrative:

A) Yale Regional Faculty-Program Development Assistance:

Even before the beginning of the preliminary affiliation agreement in 1970, Yale faculty have been cooperative in assisting Waterbury Hospital develop certain Health Care Services, Planning and Educational Programs, for example ... (1) the Hemodialysis-Transplant Program of which Waterbury Hospital is a part, was assisted by Dr. Howard Leviton during 1969 so that it could interphase effectively with the transplant program of Dr. Bernard Lytton at Yale-New Haven Medical Center, (2) National Super-Voltage Therapy Study - Dr. Morton Kligerman, Director of the Radiology Department at Yale, was most helpful in assisting the Waterbury area undertake a study of the need for additional Super-Voltage Therapy capability in the Waterbury region. A national study team of experts in radio-therapy, regional planning and administration participated in this study. The recommendations of the study are now being considered for implementation. (3) Joint Chief of Pediatrics Program for the City of Waterbury. Dr. C. Davenport Cook, Chief of Pediatrics at Yale, was most helpful in meeting with representatives of both Waterbury hospitals back in 1970 to consider the steps necessary to undertake a feasibility study of developing a Joint Chiefs of Pediatrics Program for the City of Waterbury. Dr. Cook has subsequently visited the community hospitals to assist further with evaluation of the Pediatric Residency Program. (4) Community Psychiatric In-Patient Program. Dr. Stephen Fleck and Dr. Thomas Detre were most helpful in spending time to assist representatives from the Psychiatric, Nursing, and Administrative staff at Waterbury Hospital, in providing information about alternative approaches to establish an in-patient unit. Yale-assisted staff also in the site-visiting the proposed location for the hospital's Psychiatric unit in 1971. (5) Community Obstetrics Program. Dr. Nathan Kase, Chief of Obstetrics and Yale has assisted in developing an Obstetric/Gynecology Residency Training Program for Waterbury Hospital. (6) Continuing Care Program. Dr. Harold Willard, of Yale's Continuing Care Program, has met with representatives of Waterbury Hospital to discuss Community Rehabilitation Medicine. (7) Allied Health Educational Program Consortium of the Waterbury area has been able to benefit by the advise of the Yale Office of Regional Activities in developing a consortium among the region's Community College, Mattatuck Community College, and the two community hospitals, St. Mary's and Waterbury Hospital in the development of a Radiologic Technology Program, Nursing Education Program and Medical Secretary Program.

Yale Office of Regional Activities Survey Profile-Narrative Description Addendum

B) Yale Hospital Administration Program:

It should also be pointed out that Waterbury Hospital's administrative staff has worked with the Yale Hospital administrative faculty in certain specific areas, namely: (1) a survey by Yale MPH students of Comprehensive Health Planning in the Waterbury region. Administrative staff from Waterbury Hospital, in particular Mr. Peter Wotton, Long Range Planner, worked very closely as a community liaison with the students during the study process. (2) Mr. Richard Derr, Administrator of The Waterbury Hospital, is serving as a preceptor of the Yale Program in Hospital Administration. He has recently had four hospital administrative trainees at Waterbury Hospital. Two of these students have been MPH candidates in Hospital Administration from Yale who have served Administrative Residencies at Waterbury Hospital. The third student is a Dutch exchange student who audited courses in Hospital Administration at Yale and has recently returned to Holland. The fourth was an Administrative Extern from Columbia University who spent a summer at Waterbury Hospital, prior to entering the program at Columbia in Hospital Administration. (3) In addition there are four MPH Hospital Administrative staff members at Waterbury Hospital currently, one administratively responsible for Clinical Services, one responsible for Security and Pharmacy, one is the Long Range Planner and the fourth is a candidate for an MPH from Yale, in June of 1972.

These are two additional areas that are pointed out as other examples of the close working relationship that has been established between Waterbury Hospital and Yale School of Medicine in the area of health care service regional collaboration.

JMM/naa

James M. Malloy
Assistant Administrator

THE WATERBURY HOSPITAL

An Affiliated Hospital
of
THE YALE UNIVERSITY
SCHOOL OF MEDICINE
64 Robbins Street
Waterbury, Connecticut 06720

DEPARTMENT OF MEDICAL EDUCATION

INTERNS 1972 - 1973

Christine Arthur	Oxford University	Rotating
Bates Bailey	Medical College of Georgia	Medicine
Howard Berman	Albany Medical College	Rot-Med Major
Mercedes Brenneisen	San Marcos University, University of Connecticut	Rot-Med Major
John D. Davis	University of Pennsylvania	Medicine
Casimiro Garcia	University of Santo Tomas	Surgery
Frank Haniff	University of Glasgow	Rotating
Niels Knudsen	University of Copenhagen	Rotating
Joseph F. Plouffe	St. Louis University	Medicine
David V. Puz	University of Washington	Medicine
Frederick Stockwell	Yale University	Rot-Med Major
M. F. Yusuf	Oxford University	Surgery

FULL TIME FACULTY OF MEDICINE

WATERBURY HOSPITAL

DIRECTOR, MEDICAL EDUCATION AND DIRECTOR, CLINICAL SERVICES

Amatruda, Thomas T., Jr.

M.D., Yale University 1951 (cum laude), Internship, Asst. Resident, Associate Resident, Chief Resident in Medicine, Yale-New Haven Medical Center 1951-55, Research Fellow, Duke University School of Medicine (Alfred Stengel Fellow) 1955-57. Instructor in Medicine, Duke University 1955-57, Instructor in Medicine, Yale University 1957-59, Asst. Professor of Medicine, Yale University 1959-65, Assoc. Professor of Medicine, Yale University 1965-71, Clinical Professor of Medicine, Yale University 1971. Chief Metabolism Section, West Haven V.A. Hospital 1957-70, Chief, Medical Service, West Haven V.A. Hospital 1961-70, Consultant in Internal Medicine, Metabolism-Endocrinology, West Haven V.A. Hospital 1971, Clinical Director, Waterbury Hospital 1971, Attending Physician, Waterbury Hospital 1971. Certified American Board Internal Medicine 1958. Fellow, American College of Physicians 1971, Association V.A. Chiefs of Medicine, President 1969-70. Member: AOA, Sigma Xi, Amer. Fed. Clin. Research, Amer. Diabetic Association, Endocrine Society, Conn. State Medical Society, AMA.

DIRECTOR, CARDIOLOGY

Hurst, Victor W., III

M.D., Yale University 1962. Internship, Yale-New Haven Medical Center 1962-63, Asst. Residency, Yale-New Haven 1963-65, Fellow, Duke University 1965-66. Military Service: Internist, U.S. Air Force Aerospace Medical Research Lab. 1966-68. Chief Resident, West Haven V.A. Hospital 1968-69. Instructor in Medicine, Yale University 1968-69, Asst. Professor of Medicine, Yale University 1969-71, Asst. Clinical Professor of Medicine, Yale University 1971. Director, Cardiology, Waterbury Hospital 1971, Attending Physician, Waterbury Hospital 1971. Certified American Board Internal Medicine 1970. Member: Sigma Xi, N.Y. Academy Science. Director, Cardiac Catheterization Laboratory and Exercise Physiology Laboratory, Waterbury Hospital 1971.

DIRECTOR, GASTROENTEROLOGY

Sangree, Milton H., Jr.

M.D., Cornell University Medical College 1959. Internship, Bellevue II Medical Division, N.Y. City 1959-60, Residency, Bellevue II Medical Division (Cornell) 1960-62. Fellow in Gastroenterology, Johns Hopkins Hospital, Baltimore, Md. 1962-64. Internist and Gastroenterologist, U.S. Naval Hospital, Portsmouth, Va. (LT-LCDR, USNR) 1964-66. Assist. Professor of Medicine, Yale University 1966-69, Attending Physician, Yale-New Haven Hospital, present, Consulting Physician, West Haven V.A. Hospital, present, Director Gastroenterology, Waterbury Hospital 1971. Fellow, American College of Physicians 1971, Member, American Gastroenterological Associa. 1970. Certified National Board of Medical Examiners 1960, American Board Internal Medicine 1967, American Board Gastroenterology 1969.

FULL TIME FACULTY OF MEDICINE

WATERBURY HOSPITAL

(Continued)

DIRECTOR, MEDICAL SERVICE

Thornton, George F.

M.D., Boston University 1959 (magna cum laude), Internship, Grace-New Haven Hospital 1959-60, Residency, Grace-New Haven 1960-62, Chief Resident-Medicine, West Haven V.A. Hospital 1964-65, Fellow in Allergy & Infectious Diseases, Johns Hopkins Hospital 1962-64. Military Service: Surgeon, USPHS, Epidemiologic Intelligence Service, Communicable Disease Center 1962-64. International Health: Senior Investigator, Meningitis Research Project, Johns Hopkins ICMRT, Calcutta, India 1965-67. Instructor in Medicine, Yale University 1964-65, Instructor in Medicine & Pathobiology, Johns Hopkins University 1965-67. Asst. Professor of Medicine, Yale University 1967-70, Chief, Infectious Disease Section, West Haven V.A. Hospital 1967-71, Asst. Chief, Medical Service, West Haven V.A. Hospital 1968-71, Asst. Clinical Professor Medicine, Yale University 1971, Director, Medical Service, Waterbury Hospital 1971. Attending Physician, Waterbury Hospital 1971. Certified American Board Internal Medicine 1960. Member: AOA, Begg Society, Amer. Fed. Clin Research, American Public Health Associa., AMA, Amer. Assoc. Advan. Science, Conn. State Medical Society, New Haven County Med. Society, Amer. Society Microbiology.

DIRECTOR, ONCOLOGY (Effective July 1, 1972)

Yagoda, Alan

M.D., University of Vermont 1963, Internship, Upstate Medical Center, Syracuse, N.Y. 1963-64, Residency, Bellevue-Memorial Hospital (Cornell) 1965-68. Fellow, Oncology, Memorial Hospital, N.Y. 1968-69. Asst. Chief, Solid Tumor Division, Memorial Hospital, N.Y. 1969-present. Asst. Chief, Lymphoma Service, Memorial Hospital 1969-present, Instructor in Medicine, Cornell University College of Medicine 1969-present, Clinical Research Associate, Sloan-Kettering Institute 1969-present. Certified American Board of Internal Medicine 1969.

INTERNSHIP PROGRAM 1973-4 WATERBURY HOSPITAL A MAJOR AFFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE

The Waterbury Hospital, a 450 bed community hospital in Waterbury, Connecticut offers a program of postgraduate education designed to incorporate most of the best elements of both the community hospital and the university medical center to prepare the physician for a variety of careers. The hospital offers five straight medical internships, four straight surgical internship - residencies and five rotating internships: Type O (General Rotating), 1 (Medical Major), 2 (Mixed Surgery - Medicine), 4 (Medicine - Pediatrics), and 5 (Medicine - Pathology). All rotating interns spend four months on Medicine. The hospital has approved residency training programs in Internal Medicine, Surgery, Pediatrics and Pathology and is part of the Yale programs in Obstetrics and Gynecology and Urology. The hospital serves a population of more than 215,000 and admits 17,000 patients each year. An active Emergency Room treats 33,000 patients per year. The hospital has Outpatient Clinics and many specialized facilities such as Medical, Surgical and Pediatric Intensive Care Units; Coronary Care Unit; Cardiac Catheterization Program; a Chronic Hemodialysis Program with a Renal Transplantation Program integrated with Yale; an active Physical Medicine and Rehabilitation Program; and a fully equipped Clinical Chemistry Laboratory. House staff and attendings assume initiative and responsibility for all patients assigned to their division. The hospital has been affiliated with Yale University for many years and Yale faculty members participate continuously in the training program. Twenty full time, several part time physicians and a strong group of private practitioners, all experienced in medical education provide teaching and supervision. They include chiefs of Medicine, Surgery, Obstetrics and Gynecology, Psychiatry, Pediatrics, Pathology, Radiology, Cardiology, Gastroenterology, Infectious Disease, Oncology, Metabolism and Endocrinology, Physiatry and Emergency Services. Most are members of the Yale Medical School Faculty. Medical students from Yale, the University of Connecticut and the University of Vermont will spend time at the hospital as clinical clerks or subinterns on Medicine, Obstetrics and Gynecology and in other areas. The intern group for 1972-3 includes graduates from Yale, University of Washington, University of Pennsylvania, Albany Medical College, Medical College of Georgia, St. Louis University, University of Connecticut Medical Center, Oxford University, University of Glasgow, University of Copenhagen and a few other unusually well qualified graduates of foreign schools. The Waterbury Hospital is strategically located at the intersection of two major highways which provide ready access to both Yale and the University of Connecticut making attendance at conferences at those institutions possible and practical. Residents from Yale in Medicine, Surgery, Urology and Obstetrics and Gynecology rotate through the Waterbury Hospital and Waterbury Hospital residents in Medicine, Surgery and Pediatrics rotate through the Yale New Haven Medical Center. A new eleven story, \$18,000,000 hospital addition will open in October 1972 and replace all present Medical, Surgical and Pediatric beds.

Interns receive a stipend of \$8,356 per annum, a meal allowance of \$90 per month, uniforms and housing on the hospital grounds. An intern living off grounds receives an additional \$100 - \$125 per month rental allowance (single - married). (Total compensation \$10,636 - \$10,936 per annum). Interns receive two weeks of paid vacation each year. A modest pay increase is anticipated.

The Waterbury Hospital participates in the National Intern and Resident Matching Program. Application forms and further information may be obtained by writing to the Director of Medical Education, Waterbury Hospital, Waterbury, Connecticut 06720. A personal interview is desirable and can be arranged at the applicant's convenience. However, an interview is not essential for serious consideration if distance or other factors make travel to Waterbury difficult or impossible.

THOMAS T. AMATRUDA, JR., M.D.
Director of Medical Education
Clinical Professor of Medicine
Yale University School of Medicine

September 5, 1972

are under the direction of the Dean and the faculty, subject to the approval of the Corporation. A newly created Medical School Council serves as the Educational Policy Committee of the faculty by delegation from the Board of Permanent Officers. In addition, the Council is constituted to provide an influential forum for discussion of significant School-wide issues. The Council is made up of both faculty and student members.

BUILDINGS AND FACILITIES

THE Yale-New Haven Medical Center, composed of the School of Medicine, the schools of Nursing, and the Yale-New Haven Hospital, occupies several city blocks about one-half mile southwest of the New Haven Green and the University center.

Sterling Hall of Medicine, with main entrance at 333 Cedar Street, contains the administrative offices of the School, the Yale Medical Library, and the departments of Anatomy, History of Science and Medicine, Molecular Biophysics and Biochemistry, Pharmacology, and Physiology. The building of the Institute of Human Relations, which is continuous with Sterling Hall of Medicine, contains the Mary S. Harkness Memorial Auditorium, offices and laboratories of Psychiatry and Psychology, the Child Study Center, and the Yale Psychiatric Institute, a forty-bed hospital unit.

The Anthony N. Brady Memorial Laboratory, including the Brady Auditorium, at 310 Cedar Street, and the adjoining Lauder Hall provide offices and laboratories for the departments of Pathology, Microbiology, and Ophthalmology and Visual Science, and the section of Otolaryngology. A fourth floor was added to Lauder Hall in 1961 for the Victoria Foundation Cardiovascular Suite, the John Day Jackson Ophthalmic Unit, and the Charles Anderson Dana Operating Pavilion. The Animal Care Facility, next to Lauder Hall, is supplemented by Animal Care Farms of about 65 acres in Bethany, Conn. A Physical Sciences Laboratory has been established at 378 Congress Avenue to house unique equipment and highly trained professional individuals skilled in certain spheres of the physical sciences.

The Laboratory of Epidemiology and Public Health, 60 College Street, was completed in 1964 and contains offices, laboratories, and classrooms, the C.-E. A. Winslow Auditorium, the Yale Arbovirus Research Unit, and the Yale Health Computation Laboratory.

The central group of hospital buildings and facilities for the clinical departments are continuous and located in convenient proximity. Farnam Memorial Building, with the adjoining Sarah Wey Tompkins Memorial Pavilion, is used by Surgery, the surgical specialties, and Obstetrics and Gynecology; it adjoins the Clinic Building which

leads to the Laboratory for Medicine and Pediatrics, the Raleigh Fitkin Memorial Pavilion, and the Hunter Radiation Therapy Center. Fitkin Amphitheatre is available for clinical demonstrations. The Laboratory of Clinical Investigation, completed in 1965, provides facilities for clinical research in the departments of Medicine and Pediatrics, adjoining and supplementing their present building.

Facilities for clinical instruction and experience in patient care are provided by the wards and outpatient clinics of the Yale-New Haven Hospital, the Veterans Administration Hospital in West Haven, the Connecticut Mental Health Center, the Hospital of St. Raphael, and Waterbury Hospital. The bed capacity of the Yale-New Haven Hospital is 762 beds and 101 bassinets. During 1971 there were 34,006 admissions (261,989 patient days). The ward and clinic services are supervised by members of the faculty; all medical and surgical specialties are represented and the corresponding residency training programs are approved. Patients are drawn not only from the New Haven area but from all parts of Connecticut and provide a variety of clinical material.

The Veterans Administration Hospital, about one mile from the Yale-New Haven Medical Center, provides additional clinical facilities for research and instruction; with a bed capacity of 849 the Hospital is devoted to care of patients with general medical and surgical disorders, nervous and mental diseases, and tuberculosis.

The Connecticut Mental Health Center, operated jointly by the University and the State of Connecticut, was opened in 1966 and is staffed by members of the faculty. It provides facilities for instruction, research, and patient care.

The John B. Pierce Foundation Laboratory, 290 Congress Avenue, closely affiliated with the School of Medicine, contains laboratories, library, environmental chambers, shop and computer facilities supporting research and teaching in the general area of human ecology.

The Charles A. Dana Clinic and Diagnostic Service Building, completed in 1964, provides excellent facilities for the Hospital's outpatient service. In addition to general medical, pediatric, obstetrical, psychiatric, and surgical clinics and a busy emergency room service there are a variety of specialty clinics. During the past year there were 154,628 visits made by outpatients to these clinics and 87,760 visits to the emergency service. The outpatient clinics are used extensively in the teaching program of the clinical years.

The Edward S. Harkness Memorial Hall, 1 South Street, completed in 1955, contains living accommodations for men and women students, apartments for married students, common rooms, and dining hall.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)
Hospital: Veterans Administration Hospital (Brentwood) (Psychosocial Medicine)

Wilshire & Sawtelle Blvds. Name
Los Angeles, California 90073 City Street
State Zip Code

Principle Administrative Officer: JOHN A. VALLANCE Name
Director Title

Date Hospital was Established 1923

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating			
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine			
Surgery			
OB-Gyn			
Pediatrics			
Psychiatry	1946	24	21
Other			

Information Submitted By:

MAX UNGER, M. D.
Name

September 28, 1972
Date

Chief of Staff (Clinical)
Title of ~~Hospital~~ ~~Chief~~ ~~Executive~~

Max Unger, M.D.
Signature of ~~Hospital~~ ~~Chief~~ ~~Executive~~
Chief of Staff (Clinical)

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, One Dupont Circle, N.W., Washington, D.C. 20036, retaining the Blue Copy for your files.

Membership in the Council of Teaching Hospitals:

Teaching Hospital members shall be organizations operated exclusively for educational, scientific, or charitable purposes. Hospitals as institutions will be members of the Council and each institution will be represented by a person designated by the hospital for the purpose of voting at business meetings of the Council. All members will vote at the Annual Meeting for officers and members of the Executive Committee.

Membership to the Council will be determined by the following criteria:

- a. those hospitals nominated by a medical school Institutional Member or Provisional Institutional Member of the AAMC from among the major Teaching Hospitals affiliated with the Members and elected by the Council of Teaching Hospitals, or
- b. teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, and Psychiatry, and are elected by the Council of Teaching Hospitals

The voting rights of the Council of Teaching Hospitals in the Assembly of the AAMC shall be as follows: The Council of Teaching Hospitals shall designate 10 percent of its members, up to a maximum of 35, each of whom shall have 1 vote in the Assembly.

If nominated by a School of Medicine, complete the following:

Name of School of Medicine UCLA School of Medicine
Name of Dean SHERMAN M. MELLINKOFF, M. D.
Address of School of Medicine Center for the Health Sciences
Los Angeles, California 90024

FOR COTH OFFICE USE ONLY	
Date _____	Approved _____ Disapproved _____ Pending _____
Remarks _____	

Invoiced _____	Remittance Received _____

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OFFICE OF THE DEAN
SCHOOL OF MEDICINE
THE CENTER FOR THE HEALTH SCIENCES
LOS ANGELES, CALIFORNIA 90024

September 26, 1972

Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

Colleagues:

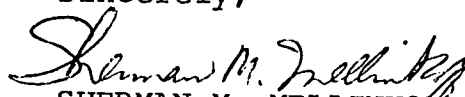
On behalf of the UCLA School of Medicine, I am pleased to nominate the Brentwood Veterans Administration Hospital for Psychosocial Medicine in West Los Angeles for membership in the Association of American Medical Colleges Council of Teaching Hospitals. Its eligibility for membership is under criterion (a), i.e., "nominated by a medical school Institutional Member... from among the major Teaching Hospitals affiliated with the Members."

On October 5, 1971, an affiliation agreement between the Brentwood VA Hospital and UCLA gave de jure status to the fruitful de facto collaboration in teaching, research and therapy which had already been a vital element in UCLA's teaching endeavor. Junior medical students from UCLA are regularly scheduled for psychiatry clerkships at the Brentwood VA Hospital. Our seniors take a wide variety of psychiatric electives at Brentwood, and our psychiatry house officers rotate back and forth between Brentwood and UCLA. All the physicians on the Brentwood VA Hospital staff participating in teaching have UCLA faculty appointments, and psychiatrists from both institutions collaborate on a wide spectrum of joint seminars, conferences and rounds.

The dynamic leadership of Dr. L. Jolyon West, Chairman of the Department of Psychiatry at UCLA, Dr. Max Unger, Chief of Staff for Clinical Services at the Brentwood VA, and Dr. Philip May, Director of Program Evaluation for Research and Education at Brentwood, has enabled the Brentwood VA Hospital to make great strides for excellence. Its membership in the AAMC Council of Teaching Hospitals would further catalyze its progress for the benefit of today's and tomorrow's veterans and their doctors and of medicine in general.

With best regards,

Sincerely,


SHERMAN M. MELLINKOFF, M.D.

cc: Dr. Philip May
Dr. Max Unger
Dr. L. J. West

AFFILIATION AGREEMENT

THIS AFFILIATION AGREEMENT, entered into this 5th
day of October, 1971, between VETERANS ADMINISTRATION
HOSPITAL, (BRENTWOOD) (PSYCHOSOCIAL MEDICINE) hereinafter called "Brentwood"
and THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (hereinafter called
the "University");

W I T N E S S E T H

WHEREAS, Brentwood is a Veterans Administration facility providing
psychiatric medical care, and related research and education;

WHEREAS, within the scope of its responsibility to establish and
maintain the highest quality of medical care, Brentwood has developed or
plans to develop undergraduate and postgraduate training programs in
collaboration with the faculty of the Department of Psychiatry and other
departments of the University's School of Medicine, University of
California, Los Angeles (hereinafter called "UCLA School of Medicine");

WHEREAS, the UCLA School of Medicine is an approved medical school
operated by the University to provide undergraduate medical training
leading to the M.D. degree, postdoctoral training leading to qualifi-
cation to practice in the clinical specialties and pre and postdoctoral
training in medical science;

WHEREAS, the UCLA School of Medicine has need for additional
resources for clinical and scientific education of its students; and

WHEREAS, the UCLA School of Medicine wishes to make use of the
clinical and laboratory resources of Brentwood for teaching purposes and
intends to obtain official authorization for the faculty and staff of the

Affiliation Agreement

School of Medicine to use Brentwood clinical resources in this manner;

NOW, THEREFORE, IT IS AGREED THAT:

1. The UCLA School of Medicine and Brentwood shall be affiliated as provided in this agreement. The UCLA School of Medicine will accept advisory responsibility for all education and training programs conducted therein. The Veterans Administration retains to itself full responsibility for the care of patients, including all administrative and professional functions directly pertaining thereto.
2. The UCLA School of Medicine will:
 - a. Organize a Dean's Committee, including senior faculty members from the UCLA School of Medicine.
 - b. Nominate to the Director on an annual basis a staff of consulting and attending specialists in the number and with the qualifications agreed upon by the Dean's Committee and the Veterans Administration.
 - c. Supervise, through the Director and the staff of consulting and attending specialists, the education and training programs of the Veterans Administration and such programs as are operated jointly by the Veterans Administration and the medical school.
 - d. Nominate all physicians for residency or other graduate education and training programs in the numbers and with the qualifications agreed upon by the Dean's Committee and the Veterans Administration.
3. Prior to the appointment to the staff of a service of Brentwood, the candidate must have been approved for appointment to the faculty of the corresponding department of the UCLA School of Medicine, which

Affiliation Agreement

University appointment shall be subject to final approval of the proposed Brentwood appointment by Brentwood. All such University appointments shall be made in accordance with regular University academic review and appointment procedures. Such Brentwood appointments shall be made in accordance with Veterans Administration regulations and procedures.

4. Civil actions arising from alleged negligence or wrongful conduct of physicians while engaged in patient care or related activities at Brentwood will be considered and acted upon in accordance with the provisions of 38 U.S.C. 4116.

5. The UCLA School of Medicine, through its Departments of Psychiatry and other departments, shall select students, interns, and residents to be assigned for clinical instruction and experience within Brentwood. The clinical teaching of students, interns, and residents of the UCLA School of Medicine within Brentwood shall be prescribed by the appropriate Curriculum Committee of the UCLA School of Medicine. Students, interns, and residents of the UCLA School of Medicine assigned for clinical instruction and experience in Brentwood's services shall be subject to the supervision, direction and control of the members of Brentwood holding faculty appointments with the UCLA School of Medicine.

6. At present, 30 students of the UCLA School of Medicine are receiving clinical instruction and experience at Brentwood. It is the intention of the parties that increasing numbers of students, interns and residents of the UCLA School of Medicine shall be assigned for clinical instruction and experience in Brentwood to the maximum extent that the facilities and resources of Brentwood permits as determined by the

Affiliation Agreement

Director of Brentwood.

7. Under this arrangement, a schedule of the University's teaching activities and statement of the number and kind of students involved will be presented for Brentwood's approval before the beginning of each major academic interval. It is understood that such teaching programs will not interfere with Brentwood's primary mission in the care and treatment of veterans. It is further understood that the University recognizes and accepts all responsibility for the planning, scheduling, and conduct of these teaching programs and for providing appropriate teaching staff, except that responsibility may be shared for those programs that are carried out cooperatively by both parties.

8. The terms of this agreement shall be from the date of signature for an indefinite period; provided, however, that either Brentwood or the University may terminate this agreement as of July 1 of any year by furnishing to the other written notice of intention to terminate not later than July 1 of the preceding year.

9. Any notices required or permitted to be given pursuant to this agreement shall be in writing addressed as follows:

If to Brentwood:

Director
VA Hospital, (Brentwood) (Psychosocial Medicine)
Wilshire and Sawtelle Boulevards
Los Angeles, California 90073

If to the University:

Dean, School of Medicine
University of California, Los Angeles
405 Hilgard Avenue
Los Angeles, California 90024

Affiliation Agreement

IN WITNESS WHEREOF, the parties hereto have entered into this agreement as of the date first hereinabove written.

VETERANS ADMINISTRATION HOSPITAL,
(BRENTWOOD) (PSYCHOSOCIAL MEDICINE)

THE REGENTS OF THE UNIVERSITY
OF CALIFORNIA

BY: *Paul Wallace*
Title: DIRECTOR

BY: *Virginia L. Patterson*
Title: ASSISTANT SECRETARY

APPROVED AS TO FORM:
Donald L. Reidhaar
DONALD L. REIDHAAR
ASSISTANT COUNSEL OF THE REGENTS
OF THE UNIVERSITY OF CALIFORNIA