



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

MEETING SCHEDULE
COUNCIL OF TEACHING HOSPITALS
ADMINISTRATIVE BOARD

June 18-19, 1975

Wednesday, June 18

6:30 p.m.

COTH Administration Discussion
Discussion
Mr. Bruce Hopkins

Dupont Room
Dupont Plaza Hotel

7:30 p.m.

Cocktails and Dinner

Thursday, June 19

9:00 a.m.

Administrative Board
Business Meeting
(Coffee and Danish)

Gallery Room
Dupont Plaza Hotel

1:00 p.m.

Joint CAS/COD/COTH
Administrative Board
Luncheon

Dupont Room

Executive Council Meeting
(All Administrative Board
members are invited to stay
as late as their travel
schedule permits)

4:00 p.m.

Adjourn

AGENDA
COUNCIL OF TEACHING HOSPITALS
ADMINISTRATIVE BOARD

June 19, 1975

- | | | |
|-------|--|--|
| I. | Call to Order | |
| II. | Consideration of Minutes | PAGE 1 |
| III. | COTH Membership | |
| | A. Applications for Membership | |
| | Lutheran General Hospital | PAGE 9 |
| | Park Ridge, Illinois | |
| | Pensacola Educational Program | PAGE 25 |
| | Pensacola, Florida | |
| | B. COTH Ad Hoc Membership Committee Report | Dr. Thompson
COUNCIL AGENDA
(19) |
| IV. | Report of the National Health Insurance Review Committee | COUNCIL AGENDA
(75) |
| V. | Department of Health Services Staff Report | Dr. Hudson |
| VI. | A Study of the Medical School/Teaching Hospital Relationship | PAGE 31 |
| VII. | Academic Medical Center Problem Identification Survey | PAGE 37 |
| VIII. | CCME Relations with Parent Organizations | COUNCIL AGENDA
(40) |
| IX. | AMA Policy on Eligibility of Foreign Medical Students and
Graduates for Admission to American Medical Education | COUNCIL AGENDA
(41) |
| X. | Amendment of AAMC Bylaws | COUNCIL AGENDA
(47) |
| XI. | Recommendation of the Conference on Epidemiology | COUNCIL AGENDA
(49) |
| XII. | Development of AAMC Policy on the NBME GAP Report | COUNCIL AGENDA
(54) |
| XIII. | New Business | |
| XIV. | Adjournment | |

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COTH ADMINISTRATIVE BOARD
Dupont Plaza Hotel
Washington, D.C.
April 3, 1975

MINUTES

Present:

Sidney Lewine, Chairman
Charles B. Womer, Chairman-Elect
Robert A. Derzon, Immediate Past Chairman
David L. Everhart
David A. Gee
J. W. Pinkston, Jr.
S. David Pomrinse, M.D.
Malcom Randall
Leonard W. Cronkhite, Jr., M.D.
David D. Thompson, M.D.
William T. Robinson, AHA Representative

Absent:

Daniel W. Capps
John W. Colloton
Robert E. Toomey
Baldwin G. Lamson, M.D.

Staff:

Robert A. Carow
Armand Checker
Richard M. Knapp, Ph.D.
Dennis D. Pointer, Ph.D.
Steven J. Summer
Catharine A. Rivera

I. Call to Order:

Mr. Lewine called the meeting to order at 8:30 a.m. in the Gallery Room of the Dupont Plaza Hotel.

II. Consideration of Minutes:

Mr. Lewine recommended, and the Administrative Board agreed, that the minutes of the last meeting be amended to reflect the decision that a committee representative of all three Councils present its findings after analyzing the report of the Ad Hoc Committee to Review the JCAH Medical Staff Guidelines at a subsequent meeting of the COTH Administrative Board.

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The minutes of the January 15, 1975 COTH Administrative Board meeting were then approved as amended.

III. Membership:

The Board reviewed one application for membership and took the following action:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE FOLLOWING APPLICATION FOR MEMBERSHIP IN THE COUNCIL OF TEACHING HOSPITALS BE APPROVED:

THE MEMORIAL HOSPITAL
WORCESTER, MASSACHUSETTS

Dr. Knapp noted that M.D. Anderson Hospital and Tumor Institute of Houston, Texas had recently dropped membership in the Council of Teaching Hospitals. The Board recommended that staff continue to bring such occurrences to their attention. Follow-up at the appropriate time in such cases was also recommended.

Dr. David Thompson, Chairman of the new Ad Hoc Membership Committee, presented a preliminary report. He stated that the Committee had recently met and analyzed the previous report of Mr. Womer's Committee and the action taken by the Executive Council at its September, 1974 meeting. The conclusions of Dr. Thompson's Committee were that the fundamental issue concerns: 1) whether membership criteria of the Council of Teaching Hospitals be changed to include hospitals which have a less intensive, but important, commitment to medical education; and or newer organizational and other arrangements which have been developed to achieve given medical educational objectives; or 2) whether the Council of Teaching Hospitals as a component of the AAMC should continue to represent and concentrate its efforts on those teaching hospitals which have special needs and interests as a result of their characteristics and intensive commitment to medical education.

The preliminary recommendation of the Ad Hoc Committee is for the establishment of a new category of COTH membership entitled, "Corresponding Membership." This type of membership would be available to non-profit, governmental hospitals which do not meet the COTH membership criteria and to other non-profit organizations with medical education objectives such as newly developing consortiums, federations and other corporate forms. In essence, the new committee will recommend endorsement of the original report and offer the new membership category as an amendment to that report. Dr. Thompson stated in his interim report that once the committee had formalized their recommendations they would be presented to the Administrative Boards and to the Executive Council in June.

IV. OSR Recommendation to Establish an Office of Women's Affairs:

The Board reviewed the recommendation from the Organization of Student Representatives. It was the consensus of the Board members that the Association's activities relating to women should remain decentralized among

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the appropriate AAMC departments and divisions. The following action was taken:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD DISAPPROVE THE OSR STATEMENT RECOMMENDING THE ESTABLISHMENT OF A SEPARATE AND DISTINCT OFFICE OF WOMEN'S AFFAIRS.

V. Role of Research in Medical School Education:

The statement forwarded by the Association of Chairmen of Departments of Physiology recommending that the AAMC insure that all accreditation survey teams include at least one recognized investigator in the biomedical sciences as approved by the CAS Administrative Board, was considered by the COTH Administrative Board. In the discussion which followed, the Board noted the importance for providing medical students with the full spectrum of medical education endeavors, one of which is biomedical research. However, in view of the number of people it would require to adequately represent the full range of programs in the medical school and in light of the fact that the AAMC appoints only two out of four on the accreditation survey team, this recommendation would appear to be difficult to implement. Therefore, the COTH Administrative Board took the following action:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD DISAPPROVE THE RECOMMENDATION OF THE ASSOCIATION OF CHAIRMEN OF DEPARTMENTS OF PHYSIOLOGY "THAT ALL ACCREDITATION SURVEY TEAMS INCLUDE AT LEAST ONE RECOGNIZED INVESTIGATOR IN THE BIOMEDICAL SCIENCES."

VI. National Health Insurance and Medical Education:

Dr. Knapp stated that at its last meeting, the Executive Council asked that a new National Health Insurance task force be appointed and charged with recommending policies to the Executive Council on the aspects of national health insurance which would have a major impact on medical educational programs. A summary of the prior AAMC Task Force Report on national health insurance was reviewed by the COTH Administrative Board in light of this Executive Council recommendation. The Board also considered the recommendations developed by the CCME/LCGME Committee on National Health Insurance and Financing Medical Education (copy attached). After extensive discussion the Board concluded that it could only accept a select number of recommendations from the CCME/LCGME statement. The following action was taken:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD APPROVE ITEMS 1, 2, 5, 6, AND PARAGRAPH 1 OF ITEM 7 ON THE CCME/LCGME COMMITTEE ON NATIONAL HEALTH INSURANCE AND FINANCING MEDICAL EDUCATION SUMMARY OF RECOMMENDATIONS. THE BOARD ALSO RECOMMENDED THE DELETION OF NUMBERS 2 AND 4.

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ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT IF AN AAMC TASK FORCE IS APPOINTED, IT BE CHARGED TO RECOMMEND AAMC POLICY WITH REGARD TO THE SPECIFIC ISSUES OF THE IMPACT OF NATIONAL HEALTH INSURANCE ON MEDICAL EDUCATION.

VII. Health Services Advisory Committee Recommendation:

The COTH Administrative Board reviewed the recommendation of the Health Services Advisory Committee which states that the AAMC should support the establishment of a national health professional data base. The Committee also suggested that the Executive Council consider the support of this activity within the National Center for Health Statistics. In light of this recommendation, the COTH Administrative Board took the following action:

ACTION: IT WAS MOVED, SECONDED AND CARRIED THAT THE RECOMMENDATION OF THE HEALTH SERVICES ADVISORY COMMITTEE BE ACCEPTED.

VIII. Status Report on Section 227 Regulations:

Dr. Knapp briefly reviewed the status of the proposed regulations on teaching physician cost-based reimbursement as published in the Federal Register on March 7, 1975. He noted that a letter had been sent by Dr. Cooper to Secretary Weinberger requesting an extension and that a 15-day extension had been granted. The Board discussed the impact of these regulations and reviewed AAMC Memorandum #75-13 which provides a short summary of the proposed regulations. Dr. Knapp also noted that the staff is currently preparing a response to the proposed rules.

Mr. Robert Derzon discussed the Institute of Medicine study and reviewed some of the problems that have been encountered. He outlined the preliminary format of the study stating that an interim report is currently in process. According to Mr. Derzon, the IOM expects to survey approximately 1,200 institutions and site visit 75 of these institutions. There appears to be a general atmosphere of cooperation by those hospitals that have been visited to date.

IX. COTH Housestaff Unionization Workshop:

Dr. Pointer reviewed the current status of the COTH Housestaff Unionization Workshop. He noted that at present there are approximately 100 paid registrants, and that all aspects of the workshop are moving ahead on schedule.

X. Section 223 of P.L. 92-603:

Mr. David Everhart reviewed the meeting that was held on Friday, March 21, 1975, between representatives of the Conference of Boston Teaching Hospitals, the Medicare intermediary for Massachusetts (Blue Cross), Dick Knapp and Dennis Pointer of the COTH staff, along with Thomas Tierney and Irv Wokstein

of the Bureau of Health Insurance. The purpose of the meeting was to discuss the exception request filed by three Boston hospitals. Mr. Everhart noted that while a definitive solution was not obtained, it appears that BHI is currently developing an exceptions review criteria process. Additional meetings are planned to discuss this issue again and Mr. Everhart will keep the Board informed.

Dr. David Pomrinse distributed copies of an analysis of where hospitals in New York City stand in regard to the 223 routine cost ceilings.

Dr. Knapp noted that COTH has become acquainted with the detailed contents of forthcoming Section 223 regulations that are now awaiting Secretary Weinberger's signature. It is the staff's understanding that HEW will issue these proposed regulations within the second week of April. However, past experience indicates that some delay could reasonably be expected. Staff reviewed the details of the forthcoming regulations and noted that based on the sample response received to a post card survey, approximately 46% of COTH hospitals could exceed the proposed limits. The new regulations are significantly more onerous than the interim ones and based on this, legal action may be worth contemplating. The Board reviewed a list of alternative actions which were presented for review and discussion. Also analyzed was the action of the COTH Board taken at the June 20, 1974 Administrative Board meeting. At that meeting, following the release of the interim Section 223 schedule, the Board authorized that legal counsel be obtained should their assistance be required.

The Board nominated Mr. Everhart as Chairman of a special Ad Hoc Committee on Section 223 and recommended a number of other individuals for membership (list attached).

Following extensive discussion and review of the alternative actions available, the COTH Board took the following action:

ACTION:

IT WAS MOVED, SECONDED AND CARRIED THAT THE FOLLOWING STATEMENT IN REGARD TO THE PROPOSED SECTION 223 REGULATIONS BE APPROVED AND SUBMITTED TO THE AAMC EXECUTIVE COUNCIL:

THE COTH ADMINISTRATIVE BOARD RECOMMENDS THAT THE EXECUTIVE COUNCIL REAFFIRM ITS PREVIOUS ACTION AND RETAIN LEGAL COUNSEL IN KEEPING WITH THE JUNE 20, 1974 COTH ADMINISTRATIVE BOARD RESOLUTION. THIS ACTION SHOULD BE TAKEN TO APPLY BOTH TO EXISTING 1974-1975 REGULATIONS. THE BOARD ALSO RECOMMENDS APPOINTMENT OF A SMALL AD HOC COMMITTEE OF THE COTH BOARD TO WORK WITH THE STAFF AND LEGAL COUNSEL IN RECOMMENDING APPROPRIATE COURSES OF ACTION BOTH WITH REGARD TO CURRENT AND PROPOSED REGULATIONS.

XI. Request from Association of University Programs in Hospital Administration Regarding Special Project:

A request from Kent W. Peterson, M.D., project director, AUPHA, was reviewed with the COTH Administrative Board. Dr. Peterson requested the input of COTH in addressing a project to design curriculum and program substance for future training of health service administrators. In his letter, Dr. Peterson invited position papers or letter which discuss options as to the appropriate health and behavioral sciences curriculum components of graduate programs. Interest was shown by the Board in this project, but it was the consensus of the Board that present resources and priorities do not allow this project to receive an extensive amount of staff support. Therefore, the Board recommended that the staff convene a meeting of interested members from the Board and staff of the AUPHA prior to the next Administrative Board meeting in June. It was also the recommendation of the Administration Board that Dr. Peterson, Dr. Gary Filerman and Mr. John Griffith be requested to attend.

XII. Report on Implementation of National Health Planning and Resources Development Act - P.L. 93-641:

Dr. Knapp presented a status report on the implementation process of the new planning law and noted Dr. Cooper's intention to appoint a special AAMC Ad Hoc Committee to coordinate AAMC responses to various regulations and rules as they are promulgated. He further noted two objectives which will be within the committee's charge: 1) determine the areas of major impact to the Association's constituents; and 2) what principles need to be developed and enunciated to give guidance to staff in developing AAMC responses.

XIII. New Business:

Dr. Knapp presented to the Board a recommendation that a special issue of the COTH REPORT be used to distribute information on the AAMC amicus curiae brief in the housestaff recognition cases presented before the National Labor Relations Board. Because of its wide distribution, Dr. Knapp noted that the COTH REPORT probably will provide the best means for communicating the AAMC's position. Following a brief discussion, the Board took the following action.

ACTION:

IT WAS MOVED, SECONDED AND CARRIED THAT THE DEPARTMENT OF TEACHING HOSPITALS USE THE COTH REPORT AS A VEHICLE FOR DISTRIBUTING INFORMATION ON THE FORTHCOMING AMICUS CURIAE BRIEF ON HOUSE-STAFF UNION ORGANIZATION.

XIV. Adjournment:

There being no further business, the meeting was adjourned at 1:00 p.m.

CCME/LCGME COMMITTEE ON NATIONAL HEALTH INSURANCE
AND FINANCING MEDICAL EDUCATION

SUMMARY OF RECOMMENDATIONS

At its meeting of March 10, 1975, the Committee agreed to present the following recommendations to the Coordinating Council on Medical Education:

1. For the purpose of reimbursement under National Health Insurance, the cost of approved programs of graduate medical education in teaching institutions shall be included in the overall "cost of doing business." The cost of graduate medical education shall not be divided into cost for service, cost for education, and cost for teaching. The "cost of doing business" shall include the recompense of residents, payment to supervisors and teachers, and cost of facilities, including space and equipment.

2. Graduate medical education in all its aspects shall be provided for within health insurance premiums.

3. All individuals (defined as residents and clinical fellows providing patient care) involved in graduate medical education shall be considered part of the medical staff of the teaching institution under the bylaws, rules and regulations of that institution.

4. The manner in which residents are paid shall be left to local option. Options may include:

- a. Payment of stipend or salaries to residents within hospital budgets;
- b. Payment to residents, out of fees earned for direct service to patients in accordance with the participation of residents in the practice plan of the teaching institution.

5. A national health insurance system should provide support for residents and development of programs in graduate medical education.

6. A national health insurance system should provide support for modification of programs in graduate medical education through the appropriate expansion of existing programs, the addition of

needed new programs, or the elimination of programs which no longer fit the aims of education or needs of patient care.

7. Any system of national health insurance should provide for ambulatory patient care. The recommendations 1-6 shall apply to the field of ambulatory care. Reimbursement for ambulatory health care must include the additional cost of graduate medical education in the ambulatory setting, including facilities, space and equipment, as well as personnel.

The major impact of national health insurance will be on graduate medical education. It is the consensus of the Committee that undergraduate medical education will be secondarily affected. The implementation of the recommendations for graduate medical education would assist in the improvement of undergraduate medical education by providing increased support and facilities, as well as teachers and supervisors for undergraduate medical education.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Lutheran General Hospital

<u>Name</u>	
<u>Park Ridge</u>	<u>1775 Dempster Street</u>
<u>City</u>	<u>Street</u>
<u>Illinois</u>	<u>60068</u>
<u>State</u>	<u>Zip Code</u>

Principle Administrative Officer: Naurice M. Nesset, Ph.D.

<u>Name</u>	
<u>President - Chief Executive Officer</u>	
<u>Title</u>	

Date Hospital was Established 1960

Approved Internships:

<u>Type</u>	<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> </u>	<u> </u>	<u> </u>
Straight	<u> </u>	<u> </u>	<u> </u>

Approved Residencies:

<u>Specialties</u>	<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>(Application Pending)</u>	<u> </u>	<u> </u>
Surgery	<u>1972</u>	<u>6</u>	<u>6</u>
OB-Gyn	<u>(Application Pending)</u>	<u> </u>	<u> </u>
Pediatrics	<u>1972</u>	<u>9</u>	<u>9</u>
Other	<u>Pathology - 1964</u>	<u>4</u>	<u>4</u>
	<u>Radiology - 1972</u>	<u>3</u>	<u>3</u>
Other	<u>Family Practice - 1973</u>	<u>7</u>	<u>7</u>
	<u>Orthopedics:</u>		
	<u>With Northwestern U. - 1967</u>	<u>2</u>	<u>2</u>
	<u>With Loyola U. - 1964</u>	<u>1</u>	<u>1</u>
	<u>Plastic Surgery - 1971</u>	<u>1</u>	<u>1</u>
	<u>With University of Ill.</u>		

Information Submitted By:

Kenneth W. Lund, Ph.D., Vice Pres.-Education

Name

President-Chief Executive Officer

Title of Hospital Chief Executive

April 1, 1975

Date

N. M. Nesset
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:

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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 University of Illinois-Abraham Lincoln School of Medicine

Name of Dean Bernard J. Sigel, M.D. (See letter attached)

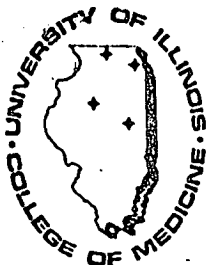
Address of School of Medicine 1853 West Polk Street, Chicago, Illinois 60612

FOR COTH OFFICE USE ONLY

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks _____

Invoiced _____ Remittance Received _____



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University of Illinois at the Medical Center, Chicago

THE ABRAHAM LINCOLN SCHOOL OF MEDICINE

Office of the Dean

1853 West Polk Street, Chicago, Illinois 60612

(312) 996-7890

February 18, 1975

Chairman, Council of Teaching Hospitals
c/o The Association of American Medical Colleges
One Dupont Circle, Northwest
Washington, D.C. 20036

Dear Sir:

This letter is to support the application for membership in the Council of Teaching Hospitals of the Lutheran General Hospital, one of a group of Chicago area hospitals called the METROPOLITAN GROUP HOSPITALS, which are an integral part of the teaching program of The Abraham Lincoln School of Medicine.

An affiliation agreement was signed between these hospitals and the Board of Trustees of the University of Illinois in September of 1970. It was stated in this document that objectives were: to develop new medical education programs, improve the quality and delivery of health care, conduct research in health and health-related fields, and develop an effective response to the medical needs of the community. With regard to medical students, it stated, "the parties recognize medical students to be an integral part of the health care team. They will participate in the evaluation, management, and care of patients; under the supervision of the faculty-staff physicians and other designated participants in these programs, such as physical therapists, inhalation therapists, and other technicians. The range of the students' activities shall include, but not be limited to, taking the patient's history, performing the physical examination, and suggesting diagnostic and therapeutic procedures. The students' activities will be under close supervision and in accordance with his level of educational development". It is further stated, "...all patients under the care of the medical staff of the affiliated hospitals will be included in the teaching programs, and the affiliated hospitals will solicit the cooperation of all patients. It is contemplated that the educational programs developed between the parties will involve hospitalized patients and non-hospitalized patients. If, in the opinion of the attending physician, inclusion of a patient in the education program will jeopardize the welfare of the patient, the patient will not be included in the education program".

Since the signing of this affiliation agreement, this and the other Metropolitan Group Hospitals have played a most important role in the program of The Abraham Lincoln School of Medicine. We began implementation of an entirely new curriculum with the sophomore students entering The Abraham Lincoln School of Medicine in September of 1972.

We have now had our third sophomore class enter under the new curriculum. The Metropolitan Group Hospitals helped to handle the clinical load of the upper class students in the old curriculum as the new one was phased in. They have played an even more important role in the implementation of the new curriculum. Students come to Abraham Lincoln after one year in a School of Basic Medical Sciences (either at Champaign-Urbana, or in Chicago). After eight weeks of additional pre-clinical study, the student progresses through four phases of clinical training. Students are assigned to particular hospitals for their combined Phase I and II experiences. Phase I is concerned with the development of problem-solving skills in clinical medicine. Phases I and II together are assigned approximately sixteen weeks. In addition to the above activities, students are taught pathology and pharmacology, most commonly at the participating hospitals. Additional emphasis of a lesser degree is given to radiology, preventive medicine, and interpretation of journal articles. Approximately twenty students are assigned to each Metropolitan Group Hospital for the combined Phase I and Phase II experience.

Phase III is most like the traditional clinical clerkship and certain alternative tracks have been developed in the various hospitals. Major experience is in medicine, surgery, obstetrics, pediatrics, psychiatry, and other specialties. Each of the Metropolitan Group Hospitals actively participates in the Phase III experiences, participation involving several to all of these disciplines. It is usual for four to ten students to be at each hospital in Phase III at any time. Phase IV consists of four quarters of electives, in which most students choose various types of clinical electives. It is usual for each hospital to have zero to ten students, the average being about four, in Phase IV at any time.


Most of the hospital staff physicians at each hospital have faculty appointments at the Abraham Lincoln School of Medicine, and a number of them serve on various committees in the faculty governance of ALSM. In addition, there is a Dean's Committee of the Metropolitan Group of Hospitals chaired by the Dean of ALSM and including as members from each hospital; one member of the Board of Trustees, the Hospital Administrator, the Director of Medical Education, and one faculty member elected by the staff of the hospital.

Undergraduate medical education is the primary area of scholastic inter-action between the staff of each Metropolitan Group Hospital and those faculty members based at the Medical Center. Other areas may well be further nurtured in the future.

Thus, in the true sense, the Lutheran General Hospital is a teaching hospital of the Abraham Lincoln School and deserves to be a full member of the Council of Teaching Hospitals.

I strongly recommend that such membership be granted.

Sincerely yours,


Bernard Sigel, M.D.
Dean, ALSM

THE NEW YORK HOSPITAL

Chartered 1771

525 EAST 68th STREET, NEW YORK, N. Y. 10021



June 9, 1975

OFFICE OF THE DIRECTOR

Donald J. Caseley, M. D.
Vice Chancellor
University of Illinois at
The Medical Center
P. O. Box 6998
Chicago, Illinois 60680

Dear Don:

Thank you for your letter concerning the experience in the field regarding the desire of affiliated hospitals to have some relationship with COTH. I believe what you learned is in keeping with what Dick Knapp indicated is the experience at the COTH headquarters. The pressure for some COTH relationship seems to come from certain discrete areas and seems to have been transmitted to the Dean's offices. The membership question will be discussed at the COTH Administrative Board and Executive Council of AAMC this month. Present thinking is that we provide the opportunity for hospitals to receive COTH and AAMC material that goes to the membership, but avoid the membership concept. Also, I think that provision might be made to allow hospitals with significant teaching programs to attend national and regional meetings of COTH and AAMC.

I am sorry I missed the last CCME meeting but was saddled with an important meeting here. Hope to see you soon.

Sincerely,

[Signature]

David D. Thompson, M. D.
Director

cc: Richard Knapp, Ph. D.
Mr. John Alexander McMahon
H. Robert Cathcart, M. D.

Office of the Vice Chancellor

UNIVERSITY OF ILLINOIS AT THE MEDICAL CENTER, CHICAGO

1737 West Polk Street · Chicago, Illinois 60612 · Area Code 312, Telephone 996-6100
Mailing Address: P.O. Box 6998 · Chicago, Illinois 60680

May 29, 1975

David D. Thompson, M.D., Director
Society of The New York Hospital
525 East 68th Street
New York, New York 10021


Dear Dave:

At the last CCME meeting I recall we discussed the matter of broadening membership by creating an "Associate Membership" in the Council of Teaching Hospitals - AAMC and the pressures that apparently were generated from the north west region of the United States. I promised that I would come back and make an inquiry of the College of Medicine and its constituent units to see whether they, too, were experiencing any pressures from our rather extensive stable of affiliated hospitals. The informal survey which was carried out by Jerry Hahn, Associate Executive Dean, who has had the most to do with the whole affiliation issue since I got out of it five years ago, found only one hospital which had mentioned the matter of COTH membership and that is Lutheran General Hospital, one of the so-called Metro-Six. It has a rather strange assortment of approved residencies ranging from family practice through general surgery (this is the Lutheran General component in the so-called Metro-Six residency program) orthopaedic surgery, pathology, pediatrics and radiology. The fact that it has neither medicine or OB-GYN apparently precludes their membership under the present constraints. Their inquiry was not in any way a vigorous one.

I think I would simply suggest playing a waiting game on this one until there is a substantially greater expression from the field.

See you at the next CCME meeting if not before and best regards to Lynn.

Cordially,


Donald J. Caseley, M.D.
Vice Chancellor

DJC:ct
cc: Mr. John Alexander McMahon





LUTHERAN GENERAL HOSPITAL

Kenneth W. Lund, Ph.D.
Vice President-Education

April 1, 1975

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



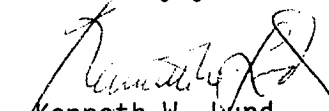
Dear Dr. Knapp:

Enclosed is the application for membership in the Council of Teaching Hospitals.

We have filled out the form as indicated and have included all our residencies now in place. It is still possible, during the coming year, that we may activate one or two internships which had prior approval but are presently inactive. In any event, we will have over 40 residents here next year with the expansions occurring in Family Practice and Pediatrics. We have been reviewed for our approval in Medicine and expect the verdict some time this summer, but will probably not implement that program until the summer of 1976. We are awaiting review in Obstetrics-Gynecology and hope to activate that residency at the same time as the one in Medicine.

I trust I have included all of the information needed for the review. If there are any other facts necessary, we will be glad to furnish them.

Sincerely yours,


Kenneth W. Lund

KWL:mm
Enc.

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A G R E E M E N T

This Agreement is entered into this second day of December, 1970,
by and between the Board of Trustees of the University of Illinois and
Lutheran General & Deaconess Hospitals, a member of the Metropolitan
Chicago Group of University of Illinois Affiliated Hospitals.

The Parties hereby implement the "Affiliation Agreement between the
Metropolitan Chicago Group of the University of Illinois Affiliated Hospitals
and The Board of Trustees of the University of Illinois", which Agreement is
attached hereto and made a part hereof by reference.

The Affiliation Agreement is effective as of the date of this Agreement.

University of Illinois
College of Medicine

William J. Gray
Executive Dean

W. Bouham
Director of Business Affairs

Monten
Legal Counsel

J. L. Begaud
Chancellor

H. O. Parker
Comptroller

Earl W. Porter
Secretary of the Board

Lutheran General &
Deaconess Hospitals

Norman Nelson
President, Board of Trustees

R. J. Higgins
Chairman, Education Committee

Raymond L. Ruggie
Executive Vice President, Professional
Affairs

SEP 16 1970
Earl W. Proker
SECRETARY OF THE BOARD

9
Board Meeting
September 16, 1970

HOSPITAL AFFILIATION AGREEMENT, COLLEGE OF MEDICINE,
MEDICAL CENTER

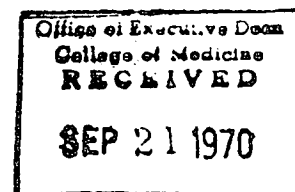
On July 23, 1969, the Board of Trustees authorized the Dean (now Executive Dean) of the College of Medicine to proceed with affiliation negotiations with six hospitals in the Chicago metropolitan area -- namely, Illinois Masonic Medical Center, Lutheran General Hospital, Mercy Hospital and Medical Center, Louis A. Weiss Memorial Hospital, Ravenswood Hospital, and MacNeal Memorial Hospital.

The discussions have resulted in a proposed agreement (see attached copy). The Executive Dean of the College of Medicine, the Chancellor at the Medical Center campus, and the Executive Vice President and Provost recommend that authorization be granted to execute the agreement.

The Board of Higher Education, in its report Education in the Health Fields for State of Illinois, recommends that the University of Illinois College of Medicine expand its program of medical education by use of existing clinical facilities in regions throughout the State of Illinois. Execution of an affiliation agreement with the six hospitals listed above is one step in the implementation of the plan to expand medical education opportunities within the University of Illinois College of Medicine.

I recommend approval.

- c. President's Office
Executive Vice President and Provost's Office
Vice President and Comptroller's Office
Chancellor's Office, Medical Center
✓ Executive Dean of the College of Medicine, Medical Center
Office of Business Affairs, Medical Center
University Counsel



AFFILIATION AGREEMENT BETWEEN THE METROPOLITAN
CHICAGO GROUP OF THE UNIVERSITY OF ILLINOIS
AFFILIATED HOSPITALS AND THE BOARD OF TRUSTEES
OF THE UNIVERSITY OF ILLINOIS

PROLOGUE

The University of Illinois through its College of Medicine (hereinafter referred to as University) has embarked upon a program to substantially increase the number of physicians graduated annually. To achieve this objective, the College of Medicine has been reorganized under a concept of semi-autonomous Basic Science Schools and Clinical Schools. It is the intention of the University to develop selected existing clinical facilities into a limited number of new Clinical Schools.

The following hospitals (to be called The Metropolitan Chicago Group of University of Illinois Affiliated Hospitals) have indicated a desire to affiliate with the University: MacNeal Memorial Hospital, Mercy Hospital and Medical Center, Illinois Masonic Medical Center, Ravenswood Hospital and Medical Center, Louis A. Weiss Memorial Hospital, and Lutheran General Hospital (hereinafter referred to as Affiliated Hospitals). The Affiliation Agreement, while complete in itself, is designed to provide the basis for educational programs in cooperation with The Abraham Lincoln School of Medicine. As experience is gained, one or several of the Hospitals may form the nucleus of one or more new clinical schools. The Agreement thus does not close any of a number of pathways through which educational programs might evolve.

OBJECTIVES

The University and the Affiliated Hospitals acknowledge the following common objectives: 1) develop new medical education programs; 2) improve the quality and delivery of health care; 3) conduct research in the health and health-related fields, and; 4) develop an effective response to the medical needs of the community. The parties believe these goals may be achieved more effectively and efficiently through the combination of the resources of the parties.

TERMS OF THIS AGREEMENT

I. Faculty and Hospital Staff Appointments

A. The governing body of each Affiliated Hospital shall control the appointments to the staff of that Affiliated Hospital. The University shall control the appointments to the faculty of the College of Medicine. Nothing in this Agreement changes the basic powers of the respective parties to make such appointments.

B. Candidates for staff positions responsible for conduct of the education programs being conducted in the Affiliated Hospitals may be suggested by either party for the consideration of the other. If found acceptable, such candidates will be appointed to a staff position by the Hospital governing body and given an appointment to the faculty of the College of Medicine by the University. Each Affiliated Hospital retains the right to appoint such candidates to its staff without University approval. Such persons shall not be engaged in the University educational programs unless first given a faculty appointment.

C. Physicians currently on the staff of an Affiliated Hospital holding faculty appointments in medical schools other than the University may be offered appointments to the faculty of the College of Medicine if approved for such appointments by the University. Participation by such physicians in the College of Medicine program is encouraged. Such physicians who wish to maintain their faculty appointments at an institution other than the University will be allowed to do so by the University.

II. Patients and Teaching Programs

All patients under the care of the Medical Staff of the Affiliated Hospitals will be included in the teaching programs, and the Affiliated Hospitals will solicit the cooperation of all patients. It is contemplated that the educational programs developed between the parties will involve hospitalized patients, and non-hospitalized patients. If, in the opinion of the attending physician, inclusion of a patient in the education program will jeopardize the welfare of the patient, the patient will not be included in the education program.

III. Medical Students

A. The parties recognize medical students to be an integral part of the health care team. They will participate in the evaluation, management and care of patients, under the supervision of the faculty staff physicians and other designated participants in these programs, such as physical therapists, inhalation therapists, and other technicians. The range of the students' activities shall include, but not be limited to, taking the patient's history, performing the physical examination, and suggesting diagnostic and therapeutic procedures. The students' activities will be under close supervision and in accordance with his level of educational development.

B. Medical students may not receive cash payment or other perquisites (e.g., free meals) while serving clerkships at the Affiliated Hospitals. The Affiliated Hospitals agree to follow the policy unless an agreement to the contrary is specifically set out.

IV. Curriculum

The planning of curriculum will be the responsibility and the right of the University, acting through the faculty of the College of Medicine. (The faculty of the College includes the faculties of all components.)

V. Responsibility for Research

A. The Affiliated Hospitals will encourage the conduct of research in the health and health-related fields within its facilities. Such research will include work in basic science, clinical studies, studies of patient care, studies in medical education and investigations aimed at improving the system of delivery of health care to the public.

B. Each Affiliated Hospital shall appoint a Research Committee, whose duties shall be:

1. to approve all research programs proposed or conducted in the Affiliated Hospital. Elements considered in approval shall include the feasibility and appropriateness of such research

to the Affiliated Hospital setting, as opposed to the conduct of the same research elsewhere. The Committee should utilize such expertise as may exist within the faculty of the University of Illinois or other institutions to assist them.

2. to evaluate all research projects involving humans to insure:
 - (a) the protection of the rights and welfare of all patients involved;
 - (b) the appropriateness of the methods used to secure informed consent;
 - (c) that an informed consent is actually obtained in each research project from all participants;
 - (d) that the potential benefits of the project clearly warrant the risks involved;
 - (e) that surveillance of proposed and ongoing research is in conformity with the policies of the College of Medicine and the United States Public Health Service's policy regarding the use of human beings in experiments.
3. to provide the Office of the Executive Dean of the College of Medicine with a record of all research projects, their funding, and their findings.

C. The Affiliated Hospitals agree that any funding for research purposes, designed to provide general institutional support for the College of Medicine will be administered by the College of Medicine. Faculty members of the College of Medicine who are on the medical staffs of the Affiliated Hospitals will be eligible to receive support from these institutional support grants. With this exception, either party may receive and accept grants and contributions from any source for the support of professional research or community service to be carried out at the Hospital.

VI. Intra-Hospital Affiliation Committee

A. Each Affiliated Hospital shall appoint an Intra-Hospital Affiliation Committee, which shall include the following members or their alternates:

1. a member of the Hospital's Board of Trustees or appropriate governing body;
2. a member of Hospital Administration;
3. a physician responsible for an educational program;
4. an elected member from the Hospital staff. If there is no physician responsible for an educational program, two members will be elected from the Hospital Staff.

B. The Intra-Hospital Affiliation Committee shall:

1. act as liaison between the Dean's Committee (see section VII below), the governing body of the Hospital, the Hospital Administration, and the Hospital Staff;
2. coordinate the development and implementation of all College of Medicine programs in the Hospital in a manner consistent with the policies of the Dean's Committee;
3. represent the Hospital on the Dean's Committee through those members designated in Paragraph A above.

VII. Dean's Committee

A. There shall be a Dean's Committee of the College of Medicine and each Affiliated Hospital which shall consist of the following members or their alternates:

1. the Executive Dean of the College of Medicine;
2. the designated members or their alternates of the Intra-Hospital Affiliation Committee;
3. other members elected by a majority vote of the above members.

B. The Dean's Committee shall:

1. elect representatives from the Affiliated Hospitals to the College of Medicine Academic Council;
2. suggest candidates to represent the Affiliated Hospitals on the various college committees to the College of Medicine Committee on Committees;
3. subject to the approval of the governing bodies of the University and the Affiliated Hospitals, determine those activities and operations to be undertaken jointly by the University and the Affiliated Hospitals, determine the means of implementing and obtaining support for these activities and operations, and determine the allocation of income and expenses in connection therewith, including any expense for construction or equipment. These activities and operations shall include, but not be limited to, programs for continuing education of physicians, intern and residency programs, undergraduate medical education programs, and programs in the Associated Medical Sciences;
4. appoint all committees necessary to carry out the provisions of this Agreement and approve the actions of these committees;
5. consider all matters affecting the affiliation between the University and the Affiliated Hospitals and make recommendations to the appropriate governing bodies concerning such matters;
6. annually review the relationship of the Affiliated Hospitals to one another and of the Affiliated Hospitals to the College of Medicine. (Expansion of the Affiliated Hospital Group may be considered.)

VIII. Costs

Costs related to Patient Care and Community Service are the responsibility of each Affiliated Hospital. Costs related to undergraduate medical education

are the responsibility of the University. Costs which cannot be clearly assigned to one activity or the other shall be allocated between the parties by written agreement, entered into prior to expenditures being made.

IX. Exclusivity

The Affiliated Hospitals agree that they will not initiate medical education programs in behalf of other universities or medical schools without prior written approval of the University.

X. Initiation and Termination

This Agreement shall become effective on _____,
and may be terminated upon one year's notice given in writing by either party to the other.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COUNCIL OF TEACHING HOSPITALS

Application for Membership

INSTRUCTIONS: Type all copies, retain the Pink copy for your files and return two copies to the Association of American Medical Colleges, Council of Teaching Hospitals, One Dupont Circle, N.W., Washington, D.C., 20036. PLEASE ENCLOSE A COPY OF THE HOSPITAL'S AFFILIATION AGREEMENT WITH THE APPLICATION.

MEMBERSHIP CRITERIA:

Eligibility for membership in the Council of Teaching Hospitals is determined by the following criteria:

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

AND

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

Membership in the Council is limited to not-for-profit (IRS-501C3) institutions, operated for educational, scientific or charitable purposes and publically-owned institutions.

I. MEMBERSHIP INFORMATION

Pensacola Education Program
HOSPITAL NAME
5151 N. 9th Ave
STREET
Pensacola
CITY
Florida
STATE
32504
ZIP CODE
904-476-7851 ext 644
TELEPHONE NUMBER
Chief Executive Officer W M C White MD
NAME
Director of Medical Education and Research
TITLE
Foundation
Date hospital was established: 1964

APPROVED FIRST POST-GRADUATE YEAR

TYPE ²	Date of Initial Approval by CME of AMA**	Total F.T.E. ¹ Positions Offered	F.T.E. ¹ Total Positions Filled by U.S. And Canadian Grads	F.T.E. ¹ Total Positions Filled by EMC's
Flexible	<u>1964-1984</u>	<u>8</u>	<u>8</u>	<u>0</u>
Categorical	<u>70-1974</u>	<u>4</u>	<u>4</u>	<u>0</u>
Categorical*	<u>70-1974</u>	<u>4</u>	<u>4</u>	<u>0</u>

** Council on Medical Education of the American Medical Association and/or with appropriate AMA Internship and Residency Review Commission.

- Full-time equivalent positions at applicant institution only. If hospital participates in combined programs indicate only F.T.E. positions and individuals assigned to applicant institution.
- Type as defined by the AMA Directory of Approved Internships and Residencies. (Flexible-graduate program acceptable to two or more hospital program directors; Categorical-graduate program predominately under supervision of single program director; Categorical*-graduate program under supervision of single program director but content is flexible.)

APPROVED RESIDENCIES

TYPE	Date of Initial Approval by CME of AMA**	Total F.T.E. ¹ Positions Offered	F.T.E. ¹	F.T.E. ¹
			Total Positions Filled by U.S. And Canadian Grads	Total Positions Filled by FMG's
Medicine	1967	6	6	0
Surgery	1966	4	4	0
Ob-Gyn	1965	6	5	0
Pediatrics	1969	6	5	0
Psychiatry				
Family Practice				
Other (List):				

II. PROGRAM DESCRIPTION

To supplement the information above and to assist the COTH Administrative Board in evaluating whether or not the institution fulfills the membership criteria, it is requested that you briefly and succinctly describe the extent of the hospital's participation in or sponsorship of educational activities with specific reference to the following questions.

- Extent of activity for undergraduate medical education students (e.g., number of clerkships offered; number of students participating; proportion of medical staff time committed to medical students).
- Presence of full-time salaried chiefs' of service and/or Director of Medical Education (e.g., departments which have salaried chiefs; hospital chiefs holding joint appointments at medical school).
- Dimension of hospital's financial support of medical education costs and nature of financial agreement with medical school (e.g., dollars devoted to house staff salaries and fringe benefits; the percentage of the hospital's budget these dollars represent; hospital's contribution to cost of supervising faculty; portion of service chiefs' costs paid by the hospital).
- Degree of affiliated medical school's involvement in and reliance upon hospital's education program (e.g., medical school faculty participation in hospital activities such as in-service education, conferences or medical staff committees).

The above are not meant to be minimum standards or requirements, but reflect the belief that COTH membership indicates a significant commitment and consideration of the items above. The hospital's organized medical education program should be described clearly with specific reference given to unique characteristics and to the institution's medical education objectives.

III. LETTER OF RECOMMENDATION

A letter of recommendation from the dean of the affiliated medical school should be included outlining the importance of the teaching hospital in the school's educational program.

Attached

Name and Address of Affiliated School of Medicine: University of Florida College of Medicine,
J. Hillis Miller Health Center, Gainesville, Florida
32610

Name of Dean: Chandler A. Stetson, M.D.

Information Submitted by:

William C. White, M.D.

April 25, 1975

DATE

Director of Medical Education

TITLE OF PERSON SUBMITTING DATA

William C. White, M.D.
XX
Foundation

PENSACOLA EDUCATIONAL PROGRAM

II. PROGRAM DESCRIPTION:

The Pensacola Educational Program (Pensacola Foundation for Medical Education and Research, Inc.) is in charge of all educational programs and utilizes the facilities of the hospitals in the community for teaching purposes. The Foundation is sponsored by the Escambia County Medical Society and the administrators of all participating hospitals serve on the Board of Directors. The hospitals in addition to providing their facilities for teaching also contribute financially in support of the Foundation. The Foundation, in addition to the residencies shown, is also approved by the Council on Medical Education of the A.M.A. for Category 1, Continuing Medical Education.

- A. Approximately 20 medical students a year from a number of medical schools rotate through the various electives offered for periods of from 1 month to 9 months. One or more of our departments have been approved for clinical clerkships by University of Florida, University of Alabama, Medical College of Georgia, University of Arkansas, University of South Florida, Louisiana State University and Tulane. We consider 16 medical students at one time as our upper limit, at present. With the help of the University of Florida we hope to expand this area in the future. It is estimated that each member of the teaching staff will spend up to 100 hours.
- B. All four of our major clinical departments have full-time salaried chiefs of service in addition to the full-time Director of Medical Education. Three of our chiefs hold joint appointments in medical schools and about 40 members of our volunteer teaching staff hold academic appointments. We have other full and part-time faculty.
- C. The 3 participating hospitals divide between them about 2/3 of the operating costs of the education program, including undergraduate, graduate and continuing education. The remaining 1/3 of the costs comes from donations and fees generated. We receive some grant funds from the Community Hospital Education Council of the Florida Board of Regents but none from the medical schools at present. Our past arrangement with the University of Florida calls for them to pay for expenses of their students and housestaff while rotating here, and we pay the expenses of our housestaff while rotating there. Approximately 66% of \$600,000, or about \$400,000, is divided between the three participating hospitals which amounts to slightly more than \$1 per bed per day, but this includes more than the education of housestaff and students for practicing physicians and ancillary health staff also participate. This is the overall cost of chiefs, housestaff, and clerical staff. The remainder of the education costs is borne as stated above from grants, donations and fees.

II. (continued)

- D. As indicated above we have understandings with a number of medical schools concerning clinical electives for medical students. We have formal letters of agreement between the University of Florida School of Medicine and three of our clinical departments on a department to department basis. A study of health care needs in West Florida has just been completed at the request of the Board of Regents and as a result of that study we are looking forward to the formulation of closer ties and a larger interchange of students and personnel with the University of Florida. It is anticipated that discussions along these lines will get under way in the near future. Expansion of our graduate training programs is already under way to include Family Practice and Emergency Medicine.

Each of our clinical departments has one or more visiting professors each month in addition to between 12 and 20 seminars annually conducted by visiting professors. For example this month we have five visiting lecturers scheduled for rounds and conferences and we are having four seminars in April with guest faculty of from 3 to 5 professors each. This month is heavier than usual. At present approximately 1/3 of our visiting faculty come from the University of Florida in Gainesville. In addition to the above we have a two-way exchange of housestaff between this program and the University of Florida on an elective basis between two of our departments which we hope to expand to all departments.

WCW:cyc

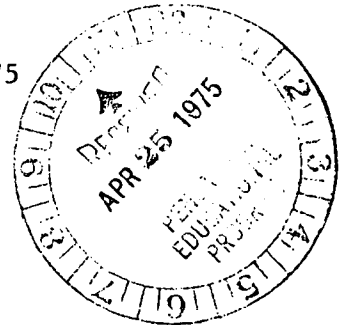


UNIVERSITY OF FLORIDA • J. HILLIS MILLER HEALTH CENTER • GAINESVILLE

box 771 • zip 32610
area code 904 • 392-2761

CHANDLER A. STETSON, M.D.
Vice President for Health Affairs
KENNETH F. FINGER, PH.D.
Associate Vice President for Health Affairs

April 21, 1975



Mr. Robert Derzon
Chairman
Council of Teaching Hospitals
Association of American Medical Colleges
1 Dupont Circle, NW
Washington, D. C. 20036

Dear Bob:

This is to support the application by the Pensacola Educational Program for membership in the Council of Teaching Hospitals.

As you may know this is a small but extremely interesting and solidly established program in which three hospitals in Pensacola, sponsored by the county medical society, have formed a consortium to support undergraduate, graduate and continuing medical education. In spite of the substantial geographic distance that separates them from the University of Florida, we have some very meaningful involvement with them and by mutual agreement, it is planned to expand this involvement considerably in years to come.

During my three years in Florida, I have been much impressed by the quality of the leadership of this program and by the quality of the housestaff which they recruit and train. I believe that the program has now come of age, and that it would be very much to our advantage, as well as theirs, if they were accepted to membership in the Council of Teaching Hospitals.

Perhaps if I outline our own educational setting here in Gainesville, it will become clear why we are particularly interested in expanding our involvement with the Pensacola Educational Program. Here in Gainesville, our major teaching hospital (the Shands Teaching Hospital and Clinics) is a tertiary care referral center, at which our medical students come in contact with an extraordinary variety of esoteric and complicated illness and sophisticated technology. However, one of the major medical manpower needs of this state is the provision of more physicians trained in "general practice" or "family practice". Our opportunities here in Gainesville for primary care and secondary care exposure of our students are quite limited, and we began some years ago developing relationships with community hospitals and with individual physicians around the state, so as to be able to place our students in settings that would give them a different experience than Shands. This approach has been working very well, and if we can expand this kind of thing we will have a properly balanced curriculum one of these

College of Medicine • College of Nursing • College of Pharmacy • College of Health Related Professions • College of Dentistry
College of Veterinary Medicine • Shands Teaching Hospital and Clinics • Veterans Administration Hospital

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Mr. Robert Derzon
April 21, 1975
Page 2

days. In order to achieve the necessary expansion, however, we do need to strengthen our relationships with the Pensacola Educational Program and other organizations in this state with whom we have a similar relationship.

Please let me know if any further details would be helpful to you in arriving at a decision on this matter, and I hope it all comes out well!

With best personal regards.

Sincerely yours,



Chandler A. Stetson, M.D.

CAS/hb

A STUDY OF MEDICAL SCHOOL-TEACHING HOSPITAL RELATIONSHIPS

The Division of Institutional Studies is in the early stages of developing a protocol for the review and analysis of the relationship between medical schools and their teaching hospitals. This study is supported by the contract with the Bureau of Health Manpower and is undertaken with the cooperation of the staff of the Department of Teaching Hospitals. Dr. Walter Rice recently the Planning Officer for the University of Michigan and now in private practice in Augusta, Georgia has been engaged as a consultant to assist with this project. The attached material is a synopsis of the planning efforts undertaken to date.

6/6/75

STUDY DESIGN: MEDICAL SCHOOL-HOSPITAL RELATIONSHIP

I. Statement of Purpose

To examine systems of clinical facilities utilized for undergraduate and graduate medical education with the objectives of: 1) identifying the areas of interface between the medical schools and teaching hospitals of critical significance to the successful management/governance of the combined endeavor; and 2) illuminating the advantages and disadvantages as well as costs to both parties associated with varying approaches to resolving the issues which arise in this relationship.

II. Background of Study

In the last ten years since Cecil Sheps published his definitive monograph--"Medical Schools and Hospitals - Interdependence for Education and Service"--the pressures to resolve many of the issues he identified in 1965 have increased. In the last 5 years, in part due to 1) increased enrollment, and 2) the trend toward primary care, which often means teaching outside the "core facility", the demand from the community for "outreach" care facilities, and the nearly prohibitive cost of building a university hospital, medical school-hospital affiliations have both increased in number and become more widely dispersed. In the same period, both the university or the core hospitals and the affiliated hospitals have had to respond to increased federal regulation and the pressures of third party payers: the educational objective is no longer justification for the initiation of new services or programs; limits are being placed on the ability of hospitals to directly finance educational programs. In response to the current concern of the Council of Deans and what is perceived as an important set of unresolved management problems, this study will attempt to go beyond purely descriptive studies of the past, and examine what works and why, in a "real" system of clinical medical educational facilities. It is not intended to describe a normative system nor to be prescriptive.

Expansion of dependence upon affiliations to meet clinical teaching obligations results in a system rather than a series of one-to-one relationships. One affiliation agreement is conditioned by all other affiliation agreements which the school has with the hospital, or which hospitals have with medical schools. The concept of a system of interdependent affiliations is a new development.

Congruence between the degree of interdependence among components of the system and the level of integration of the system is a key determinant of the effectiveness of the system. The perception by an affiliated hospital that it is a "second class" citizen may affect its ability to mount a "first class" program for educating physicians. A test of a successful affiliation is the degree to which existing practices, costs and benefits correspond to the expectations of the parties to the agreement.

III. Objectives

- A. To define operationally the medical school-hospital governance relationship
- B. To compare the operational patterns to the agreements (formal organization)
- C. To compare the operational patterns with the expectations of relevant constituent groups
- D. To examine problem areas and their relations to organizational patterns both formal and operational.
- E. To ascertain: 1) the degree of interdependence among components of the educational/care system(s) studied, 2) the degree of integration among components of the educational/care system(s) studied, 3) the relationship between the degrees of interdependence and integration to the magnitude or existence of unresolved problems in the relationships among the components
- F. To assess the implication of number E 1, 2, and 3 to the management/governance/organizational design of the system/components of the system

IV. Approach

To analyze data obtained 1) by the study of formal documents of agreement and organization, 2) by questionnaire and 3) by interview, in order to understand a) expected, b) formal, and c) operational relationships between the medical school and clinical facilities. In accomplishing this the study team will identify and collect data on critical incidents as a method to identify problem areas; to supplement the data on relationships, and to assist in analysis.

V. Scope of Study

The following areas have been identified as key issue areas:

- Area 1. Undergraduate education: the academic level, type and quantity of educational experience which is to be provided for medical students.
- Area 2. Housestaff: the selection, appointment, assignment, termination and financing of houseofficers.
- Area 3. Clinical faculty: the selection, appointment, assignment, promotion, termination and financing of faculty and the relationship of faculty position and privileges to medical staff position and privileges.
- Area 4. Programs: the initiation, design, expansion and termination of clinical programs, i.e. patient care involving education.

VI. Critical Incidents

For example, with respect to issue area number 2, the following questions might be posed:

1. What arrangements has your medical school made for graduate medical education (internship and residency programs)?

A. Are there any GME programs for which the medical school is the accredited sponsor?

1) In what specialties?

2) What clinical facilities are utilized?

B. With respect to each program either sponsored by your school or affiliated with it, provide the following information:

Please list the number of house officers at the hospital:

	Name of Sponsoring Inst.	Positions Approved	Filled by grads of:	
			U.S. & Canad.	Foreign Schools
<u>Internships:</u>				
<u>Rotating</u>				
<u>Family or Gen. Pract.</u>				
<u>Straight</u>				
<u>Total</u>				
<u>Residencies:</u> (list by specialty)				

2. With respect to each GME program, describe the role of each participating institution in:

A. Determination of the number of positions offered

- B. Selection of candidates
- C. Design of educational program
- D. Assignment of Housestaff
- E. Promotion and Certification of Housestaff
- F. Financing of Housestaff (payment of stipends;
financing educational program)

Please include in description what role, if any is played in each of these matters by: medical school dean, full time clinical faculty of medical school, medical school department heads; hospital director, medical staff of hospitals, chiefs of service, chief of staff, hospital director of medical education.

Are these arrangements specified by written agreements?

ACADEMIC MEDICAL CENTER PROBLEM
IDENTIFICATION SURVEY

Attached is a draft of a survey of the Council of Deans being undertaken by the Division of Institutional Studies to identify problems in academic medical center governance. Round I is an open-ended request for contributions to an issues list. Round II will request that each issue be rated on several dimensions.

By copy of this memorandum the Administrative Boards of the CAS and the COTH are invited to evaluate this survey in terms of the potential interest of their Councils in participating in Round II of this survey.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

June 9, 1975

DRAFT

MEMORANDUM

TO : Members of the Council of Deans

FROM : Joseph A. Keyes, Director, Division of Institutional Studies

SUBJECT: Delphoid Governance Issues Identification Survey

This is Round I of the survey to identify problems and issues in the organization, administration, management and governance of the medical school/academic medical center. You will recall that this survey was discussed at the spring meeting of the Council and endorsed by the deans at that meeting.^{1/}

The format of this survey will be similar to that employed in last year's Delphi Forecast of the Future of Medical Education. That is, we will commence with this, an open-ended first round soliciting individual responses of key issue areas. This will be followed by one or more rounds which will request that you rate the significance of issues on a composite list derived from round I on several dimensions. Our target is to report the results of this study to the Council meeting in November and to use the results as input to the program planning for next year's spring meeting.

In this round, we are asking you to perform two discrete tasks. The first is to contribute to the issue list. The second is to verify or correct our classification of your institution: organizational structure, components of the medical center and institutional characteristics.

^{1/}Further details regarding the background of the survey and the deliberations leading to the decision to undertake a study of this nature are contained in the agenda book for the Council's April 30 meeting and in the minutes of the COD Administrative Board meetings of January 15 and April 3, 1975.

Please return your responses to both questionnaires in
the envelope supplied by _____.

Thank you for your cooperation.

Round I Questionnaire

List five key problems or issues which your institution faces or expects to face in the near future in the area of medical school/medical center organization/administration/management/governance. In considering your response take the broadest latitude in interpreting the scope of this inquiry. For example, you may wish to indicate problems in the area of administrative structure (e.g. role definition of dean, hospital director and university vice president), faculty organization and governance, relationship of components within the medical center, relationship to the university or relationship to affiliated hospitals. Please describe the problem with a level of specificity which would permit another institution to judge whether it shared a common concern.

1. _____

2. _____

3. _____

4. _____

5. _____

Name _____

School _____

Round II

List of Issues

Questions about issues

1. 2. 3. 4. 5.

1.

2.

3.

4.

5.

Questions

1. Is this a problem in your institution? (yes or no)
2. If no, it is not now a problem because:
 - A. It has been solved successfully
 - B. It has never arisen
 - C. It is not applicable to our situation
 - D. It is a problem - see #1
3. Though it has never arisen:
 - A. We are confident that we are prepared to handle it.
 - B. We are probably fairly vulnerable and would require
either substantial insititutional work or outside
assistance to solve it should it arise.
4. Irrespective of whether or not this is now a problem, how
would you rate the significance of this issue to academic medicine?
(1=No importance, 5=Extremely important) 1 2 3 4 5

5. With respect to this issue, what would you judge to be the most appropriate role of the AAMC?

- A. No Role
- B. Keep track of national level developments
- C. Gather data on current institutional practices
- D. Undertake analytical studies
- E. Provide a forum for discussion
- F. Formulate public positions