

In November of 1965, the Association of American Medical Colleges took one of those bold steps that must occur occasionally in any vital organization in which is to survive in a changing world. After a lively debate, the membership of AAMC--which includes all of the nation's medical schools--voted to establish as an integral part of the organization a Council of Teaching Hospitals.

The action amounted to a recognition of the in medical education increasingly important role of the teaching hospital, and more importantly, its Administrator. As with in a long-established organization, any major change of some of the Medical school deans present at the meeting had misgivings. After all, some pointed out, a Teaching Hospital Section had existed within AAMC for seven years. Why elevate the hospitals a full voting status in an organization that was comprised exclusively of heads of medical schools?

But it quickly became clear that the elevation of Teaching hospitals to a major role within the organization was an idea whose time had come. The proposal carried and the Council of Teaching Hospitals, thereafter referred to as COTH, was formed.

Actually, the role of the teaching hospital, where aspiring physicians begin to put the classroom the theories into practice, had been in a sharp ascendancy since the end of World War II. In many

respects, this growth ~~and~~ parallels the role of the Federal government in supporting medical education and research and in lending massive aid to the construction and equipping of hospitals. Billions of dollars were being pumped into the various facets of health education, research and care, and the public was eager for more and better medical care than the new national prosperity afforded.

No longer was the teaching hospital merely a place where the sick--and more often than not the indigent sick--went for treatment. No longer was the teaching hospital merely a staging area for the practical aspects of ~~the~~ medical education. The hospital, particularly the teaching hospital, was a booming and vital institution where exciting new events in the progress of medical care were occurring.

Naturally, this new era was placing ~~unprecedented~~ greater demands on the ~~management~~ teaching hospital administrator. It was to be expected that these harried executives began to consult with each other on ~~common~~ problems. Before long regional groups of teaching hospital administrators had begun to band together to discuss ~~important~~ matters of common ~~interest~~ interest. It was only a matter of time before the idea of organizing teaching hospitals on a national scale would be put forward.~~and~~

In March of 1958, Duane E. Johnson, Administrator of the University of Nebraska Hospital, sent several fellow teaching hospital administrators an "urgent" memorandum. He had, the memorandum reported, been conferring with Tom Coleman, public information director of the Association of American Medical Colleges, concerning possible ~~participation~~ participation by University teaching hospitals in the annual program of AAMC.

Subsequently, Johnson ~~had~~ notified that Dr. Ward Darley, AAMC's Director, "would like very much to include our hospitals in the umbrella of membership of their parent colleges."

The possibility appeared to Johnson to be a ~~fine~~ "wonderful opportunity to meet and discuss projects and administrative issues with the leaders in the medical college administration over the United States."

Would the teaching hospital administrators be interested?

A typical answer was one from Dr. Donald J. Caseley, Medical Director of the University of Illinois Research and Educational Hospitals. ~~Caseley's answer was~~ Although several regional organizations already had been formed, Dr. Caseley replied, "it follows quite logically that a national approach to the unique and common problems would be appropriate."

The ball began to roll quickly. In May of 1958, a meeting was held at the State University of Iowa to plan for a proposed new Teaching Hospital Section of AAMC.

It was suggested that the principal teaching hospital of each medical school be represented at the meeting. The Purpose of the new organization, Dr. Darley informed the AAMC membership, would be "creation of a forum for the study of the role of teaching hospitals in medical ~~XXXX~~ education as well as providing an opportunity for this section to participate in the annual AAMC meeting with the medical educators of this country and thus ~~XXXX~~ establish a greater understanding between teaching hospitals and medical school administrators."

The Iowa City meeting, ~~XXXX~~ to no one's surprise, heartily endorsed the idea and the Medical School-Teaching Hospital Section of AAMC was formed. Gerhard Hartman, Ph.D., Superintendent of the University of Iowa Hospitals, was named Chairman. Dr. ~~XXXX~~ Caseley was made Vice-Chairman and H Duane Johnson, Secretary.

In the ensuing months, plans were laid for the first meeting of the new section in conjunction with the AAMC's forthcoming annual meeting, Oct. 10-11 at Philadelphia. Hospitals of 80 of the 97 medical schools in the U.S. and Canada were represented at the Philadelphia ~~XXXX~~ meeting. Three discussion sessions launched the active phase of the new section. They dealt with "Significance of the Medical School-Teaching Hospital Relationship," "The changing Pattern of Medical Education," and "Private Patients in Teaching."

The founders of the new Teaching Hospital Section had two specific objectives in mind as they forged the initial shape of the new group. They felt it was imperative to develop a sense of identification on the part of the hospital administrators with the broad field of medical education. And, they wanted to enhance the understanding on the part of the deans of the operational, financial, community relations and patient care problems of the medical school teaching hospitals.

In a ~~brief~~ retrospective letter to Dr. Darley after completion of the initial formative steps, Dr. Caseley ~~outlined~~ ticked off a list of subjects that he and the other founders felt could be profitably dealt with. They were:

--Medical School-Teaching Hospital-University relationships.

--Financing of the Medical School-Teaching Hospital.

--Problems relating to the unique position of the Medical School-Teaching Hospital in the community.

--Identification of costs specifically related to teaching and research in the operation of the Medical School-Teaching Hospital.

--Private Patients in the Medical School-Teaching Hospital.

--Who should pay the resident---the Hospital, Medical School, or both?

--What is the role of the internship in the Medical School-Teaching Hospital?

--The role of the teaching Hospital in postgraduate education.

--Federal Health programs and their influences on the Medical School-Teaching Hospital.

With questions such as these facing both the Deans and the Administrators, the founders felt that "the entire process of medical education would be strengthened by this mutual understanding between deans and administrators," Dr. Darley reported.

Dr. Lowell T. Coggeshall, former _____ and author of the landmark report _____ was an enthusiastic supporter of the new Council. It was obvious, Dr. Coggeshall recalls, that "as research and patient care and teaching became more closely related, the deans and administrators had to work very closely together--the education element and the service element and the teaching hospitals."

In February of 1959, the Hospital Section of AAMC suggested at a meeting formation of a Standing Committee on Medical School-Affiliated Hospital Relationships. This committee, Dr. Darley suggested, would be assigned the responsibility of

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presenting problems setting forth the present conditions
kinds of problems with which the Medical School-
Teaching Hospital Section should be concerned.



Although the teaching hospitals did, indeed, eventually organize under the umbrella of AAMC, there was some discussion in the early stages of affiliating with the American Hospital Association. Some administrators thought this would be a more natural affiliation. There also was some belief that the new group would be more comfortable in AHA, which ~~was~~ was willing to consider the idea, than in the AAMC, some of whose members were openly hostile to the proposal.

~~Much of this hostility~~ Much of this hostility was soothed by the very active presence of Dr. Parley who constantly stressed the intellectual need for an active role of teaching hospital administrators in the AAMC. Dr. Caseley also helped heal the breach through his dual role as a teaching hospital administrator and an associate dean of the University of Illinois Medical School.

By the fall of 1959, the Section on Teaching Hospitals had developed to the point where the new group was ready for a much more active part in the annual meeting of the Association of American Medical Colleges. For two days prior to the AAMC meeting, the Teaching Hospital Administrators held an intensive series of sessions in Chicago.

At this meeting it was proposed that some changes might be made in the initial rule that each member of AAMC designate only one of the teaching hospitals with which the school is affiliated as a member of the teaching hospitals section.

This proposal alarmed some of the members of AAMC who feared it might result in ~~more~~ more administrators belonging to the organization than deans. Finally, it was decided that ~~each~~ each dean would designate one teaching hospital administrator as ~~the~~ the official, or voting, member of the section. In addition, however, ~~it~~ it was decided that each dean would be allowed to appoint as many of his hospital directors as he may choose in addition.

At this point, the nucleus of interested persons who had founded the Teaching Hospital Section began to realize that the initially modest mission of the group would have to be expanded. An intellectual forum is a splendid concept, they realized, but such a forum must be followed up by action. The founding fathers began to concentrate on organizing stimulating programs that, in addition to challenging intellectual quality, would have more substantial meaning for the members. In June of 1960, a committee was appointed to study medical school teaching costs. At the previous meeting of the Teaching Hospital Section, Ray E. Brown, then Administrator of the University of Chicago Clinics, outlined some of the problems relating to the nebulous financial relationship which exists between medical schools and their teaching hospitals. The Executive Committee of the Section decided to inaugurate a study which could

provide a body of useful and consistent information on the subject.

~~By the same token, the~~

The next step in ~~the~~ further integration of the Teaching Hospitals Section into AAMC was a recognition by the Executive Council that a device was needed to stimulate interest of the deans in the Section's activities. It was suggested in 1961 that at least one plenary session of the annual AAMC meeting be ~~devoted~~ devoted to the common interests of the two groups.

Following the fourth annual meeting of the Teaching Hospital Section in the fall of 1961, Dr. Caseley reported to the membership that "the section seems to have firmly established itself as an integral part of the Association's activities and, to a substantial extent, has ~~now~~ achieved the goals expressed by the planning committee in 1958."

Attending the 1961 meeting were representatives of over two-thirds of the medical school teaching hospitals and, in addition, a considerable number of deans attended one or all of the sessions.

The subject matter of the 1961 meeting ^{the useful quality} illustrates ~~the~~ ^{the} ~~useful quality~~ ^{to which the sessions had evolved.} Dr. Richard O. Cannon of the Vanderbilt University Hospital, and chairman-elect of the Section, discussed "The Educational Responsibilities of Medical School

Teaching Hospitals." Dr. James A. Campbell of the University of Illinois, discussed "Valuation and Evaluation of the Clinical Internship," based on the preliminary and, at that time unpublished, findings by a committee of the Association and the Council on Medical Education. Dr. Campbell stressed ~~that~~ the negative value of the unsupervised clinical externship where the student assumes responsibilities which are out of line with his preparation and training.

"Current and Future Problems of Residency Training in the Teaching Hospital," was discussed by Dr. William S. Anlyan, Professor of Surgery at Duke University. Dr. John C. Nunemaker, Associate Secretary of the Council on Medical Education and Hospitals, ~~in~~ delivered a paper entitled, "The Responsibilities of the Medical School and Teaching Hospitals for Affiliated Intern and Residency Programs in the Community Hospitals." Other papers at the meeting included one by Dr. Cecil G. Shepps, of the University of Pittsburgh, on "The Responsibilities and Organization of the Medical Center for Medical Care," and ~~Dr. John S. Millis~~ one by Dr. John S. Millis, President of Western Reserve University, on "The Medical Center's Role Within the University Structure."

Those who attended the intensive sessions of the 1961 meeting left Montreal with the distinct impression that the Teaching Hospitals Section had arrived.

The 1962 meeting of the Teaching Hospital Section devoted an entire afternoon session to a subject of growing importance to members---the role of the teaching hospital in research. A number of speakers from the National Institutes of Health took part in the discussions.

(Matt--I am simply unable to determine from all the material when the ~~main~~ by-laws were adopted. This should be mentioned. And do you want to print them somewhere here?) *(maybe an appendix?)*

~~It was not until the meeting of the Teaching Hospital Section in 1964 that the AAMC was able to determine when the by-laws were adopted.~~

In 1964, the Teaching Hospital Section was presented with an opportunity to take a searching look at where it had gotten ~~in~~ in six, fast-moving years and to assess the possibilities of the future. The AAMC charged Dr. ~~Dan~~ Coggeshall and a newly formed committee to "study and make recommendations regarding the future objectives, structure and function of the AAMC..." The ~~in~~ executive committee of the Teaching Hospital Section decided to draw up a prospectus ~~from~~ of the role, function and objectives it believed appropriate for the section as part of the overall Coggeshall Report.

Moving with deliberate speed, the executive committee held a special meeting in New York ~~in~~ early in May under the leadership of ~~Harold Hixson~~ Harold Hixson, administrator of the University of California Hospital, and Matthew F.

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McNulty Jr., Administrator of the University of Alabama Hospital and Vice Chairman of the Section. McNulty was subsequently to become Chairman of the Section and, a later, full-time Director of the Council of Teaching Hospitals.

The committee soon came up with a charter for the future of Teaching Hospitals' role in AAMC that foresaw "an accelerating rate of advance in science and ~~and~~ technology and the art of medicine." As a corollary, the committee saw "hospitals playing an increasingly important role in the physician's practice of medicine, through the provision of the skilled human resources and the complex equipment ~~is~~ required in modern medical practice. Particularly we see the teaching hospital as playing an even more important ~~part~~ part in the clinical teaching of undergraduate students and interns and residents."

Teaching hospitals, through their administrators, should be more effectively organized as a body and should be further integrated into AAMC, the recommendations said. A "Teaching Hospital Assembly" was proposed as a ~~new~~ constituent part of AAMC to allow broadening of the definition of the teaching hospital and to include a substantially greater number of institutions. The recommendations also called for a closer, more formalized liaison with the American Hospital Association and the American Medical Association.

The proposed Teaching Hospital Assembly should have sufficient autonomy and freedom of action to ensure maximum effectiveness of its program, yet should operate under the general umbrella of AAMC policy, the committee concluded. A broadened group of teaching hospitals, more effectively organized and funded ~~annothbannnnoantubannnmampngnammn3amm~~ could make a significant contribution to the strengthening of AAMC, the members said.

~~Ehennabth~~ Dr. Coggeshall's report, ~~unantln~~ titled "Planning for Medical Progress Through Education, was issued the following year. A Teaching Hospital Section Chairman McNulty noted in a memorandum to institutional representatives that the report was "not too descriptive as to a precise role for the Teaching Hospitals." ~~Eneantngahnm~~ He expressed concern that the narrative and organizational charts pertaining to the hospitals appeared "to limit the role as envisioned by your Teaching Hospital Section."

But the early misgivings ~~unpnmnm~~ proved to be unfounded. In July of 1965, Dr. ~~Em~~ Robert C. Berson, executive director of AAMC, wrote Chairman McNulty that in discussing implementation of the Coggeshall report, AAMC's Executive Council was interested in possible establishment of four "councils" within the organization. These would be a council of Faculty, a Council of Vice Presidents, ~~em~~ a Council of Deans--- and a Council of Teaching Hospitals.

When AAMC met in Philadelphia that ~~autumn~~ fall, the meeting was preceded by the 8th annual meeting of the Teaching Hospital Section. Chairman McNulty read the group a resolution ^{recommending} ~~stating~~ that "the present Teaching Hospital Section be converted into a Council of Teaching Hospitals with its voting membership to be determined in the same way as membership in the Teaching Hospital Section has been, and that the Council designate a person to be elected as a voting member of the Executive Council."

As the resolution later was explained ~~in~~ to the membership of AAMC, ~~its~~ its force simply was to change the name of the Teaching Hospital Section to Council of Teaching Hospitals, and to provide that the chairman of that group have a voting membership on the Executive Council. But to ~~transform~~ teaching hospital administrators, the change was highly significant. It meant that they, ~~had~~ at last, ~~in~~ were on the brink of full-fledged membership in AAMC and, more importantly, ~~in~~ the leadership of medical education.

~~But~~ But the action was not automatic. Again, the small group of deans who had viewed ~~the~~ formation of the teaching hospital section with some suspicion again voiced their reservations about the move. As the AAMC's official proceedings of the meeting later reported in the Journal of Medical Education "there was active debate on establishment of the Council of Teaching Hospitals."

"There was some reiteration of the cautious views expressed in earlier discussions," the Journal reported. The "dilution of dean's power" theme was referred to a number of times by AAMC members who feared that the proposal amounted to a power play by teaching hospital administrators. The need, felt by some deans, to recognize local diversity of medical school-teaching hospital relations was brought up several times. Some deans felt the status quo with the teaching hospital section should be maintained--that its potential within AAMC could be further developed without giving hospitals a voting and dues-paying status. Others expressed fear that hospitals which were not properly "teaching hospitals" would be brought into the membership. Some deans ^{acknowledged} that the trend toward increased recognition of teaching hospital administrators was inevitable, but wondered aloud whether AAMC should not accept the realities of the situation with extreme caution.

But much the majority of the comments were wholeheartedly in favor of giving formal recognition to what AAMC and the Teaching Hospital Section had in fact been doing. Staff assistance and a vote on the Executive Council of the Association would provide the opportunity for a productive partnership with this essential segment of the medical center, proponents pointed out. Several speakers warned that failure to accept the proposal could discourage teaching hospital administrators sufficiently to push them toward

formation of their own group.

The essential theme of the debate was the value of communication between deans and administrators and their staffs. One dean said that AAMC had reached the point in history where it was inadequate merely ~~now~~ for deans to communicate ^{with each other} ~~with one another~~. Deans and teaching hospital administrators must communicate with each other, ^{AS MUCH AS} and ~~must~~ communicate with government and the public, the argument went. After a few spleens were vented, a vote was taken and the motion passed handily.

~~When~~ The new Council of Teaching Hospitals was granted one voting membership on the AAMC Executive Council---later expanded to three.

The following month, the Executive Committee of ~~the~~ COTH met to approve rules and regulations for the organization. Several of the rules ~~now~~ give a significant picture of the group:

PURPOSE AND FUNCTION---The council is organized as part of the program of the AAMC special activity relating to teaching hospitals. For ~~the~~ this purpose, a teaching hospital is defined as an institution with a major commitment in undergraduate, post-doctoral, or post-graduate education of physicians. In keeping with the action of the AAMC, each medical school will designate a primary teaching hospital and other eligible institutions may be designated by schools or become members by virtue of meeting ~~specific~~ requirements.

in teaching programs as may be set up by the council from time to time. It is expected that the council will hold educational meetings, conduct and publish studies and take group action on various subjects concerning the teaching hospital. The council's program will be subject to the approval of the AAMC.

NATURE OF THE PROGRAM OF THE COUNCIL---As a part of the AAMC, the Teaching Hospital Council would develop, through the appointment of specific study groups, information concerning specific items or problems relating to hospital operation as it relates to the furtherance of education in medicine. The Council would conduct meetings for the presentation of papers and studies relating to education in hospitals and would stimulate, in addition to annual meetings, regional and local meetings of the educational type as seems indicated. The Council could also from time to time recommend group action on items considered of importance for the furtherance of medical teaching in hospitals and upon approval of appropriate bodies take action as indicated to further this objective.

When the Executive Committee of the new Council met the following March the members came to the conclusion that COH needed a full-time staff member who could work with the Washington office of AAMC in the development of a legislative program affecting the particular interests of the teaching

have a thorough understanding of the needs of the teaching hospitals and should be prepared to assist in gathering legislative information. ~~Meanwhile~~ The ~~new~~ committee members also wanted a person who would be in a ~~new~~ position of being a primary source of information to the legislative and executive branches of the Federal government as to the needs and requirements of the teaching hospitals. This staff member also would work closely with ~~the~~ American Hospital Association, which long had maintained an excellent Washington office, the committee decided.

COTH didn't have to look far to find their man for the job. By the time for the annual fall meeting of AAMC--and COTH--Matthew F. McNulty jr. had accepted the new position.

McNulty outlined to the members of COTH an agenda for the future that neatly summed up the mission of the fledgling organization:

--To arrange a partnership of understanding, confidence and mutually sought objectives between deans of medical schools and directors of teaching hospitals---this partnership to be developed within the AAMC so as to produce relationships, beliefs, acceptances, actions and continued dialogue that would benefit teaching hospitals and schools of medicine in the service of the health welfare of the public with emphasis on education and in no way to diffuse the traditional patterns of leadership within the hospital field.

--To serve as an organizational focus, informational center, and forum of discussion, analysis, policy formation, and prescription recommendation for the member teaching hospitals so that through comprehensive, voluntary, cooperative action, programs could be advanced directly, as well as the continued development of the environment for programs of medical education and education for other health sciences, and for the advancement of patient-care research.

--To provide a central location and a capability for identifying issues or problems of national, regional, and institutional concern through the accumulation of information, the exchange of ideas, the evaluation of such matters and, where appropriate, the recommendation and implementation of basic policy positions.

--To express collective views on particular objectives, in such broad subject areas as health science, health education and patient-care and health-care research, for the information of congress, various Federal agencies, foundations, institutions, associations, and other appropriate bodies, as such views result from the findings, judgments and positions, and projects of concern to the teaching hospitals, medical schools, and the public.

COTH Director McNulty then outlined the following objectives for exploration by the Council:

--Funding of capital construction for teaching hospital activity, including such questions as how to modernize, expand or replace obsolescent and overcrowded facilities.

--All forms of reimbursement which related to educational activity, such as federal agency reimbursement, Social Security Title XVIII and Title XIX reimbursement and Blue Cross reimbursement.

--Operational problems, with particular emphasis at this time on ambulatory patient clinics and emergency department activities.

--The role of the teaching hospital in community planning and in participation in extended-care services and home-care, visiting-nurse, and homemaker programs.

--The leadership responsibility of teaching hospitals, in cooperation with medical schools, to encourage merger and consolidation with other hospitals, establishment of satellite hospitals, and similar efforts at more effective and efficient health care which is of benefit to teaching programs.

--The continuance of medical education, including such questions as how and where it should be accomplished and how to improve the facilities and communication resources involved.

--Funding and administrative operation of clinical research centers with emphasis particularly on the various factors of reimbursement.

--Creative Federalism---Social change has been overwhelming in the last two years. The impact of this change on the educational activities of the teaching hospitals has been considerable. In fact, some of the impact is not yet measurable. Certainly, much of the effect of "Creative Federalism" on teaching hospitals has been to produce reaction rather than leadership. The challenge to the teaching hospitals as a group is to provide creative, voluntary leadership to balance the ~~unbalanced~~ effective creative federalism leadership. The absence of a balance over a long period of time would introduce distortions into the voluntary system.

It was more than happenstance that Teaching Hospitals were given new stature within AAMC in the year 1965. This was the historic year during which Congress passed more significant health legislation than any ~~previous~~ single year in the nation's history. Much of this legislation, including Medicare and Medicaid, was bound to have an impact on ~~the~~ the postgraduate education of interns and residents in teaching hospitals.

The landmark legislation of 1965 and that of the ensuing years brought to a new peak the massive infusion of Federal funds into teaching hospitals for research and education.

At the same time, the cost of medical care in the United States began to spiral upward that alarmed the public in general and medical practitioners in particular. To the experts in health economics it became obvious that new methods of delivering health care to Americans at lower cost and higher quality would have to be developed. This amounted to a supreme challenge for the Council on Teaching Hospitals. The logical place for the necessary research and experimentation would be in the teaching hospitals.

As Dr. Coggeshall puts it. "You can't go into county hospitals and charge the counties (for the experimentation), or you can't go into private hospitals and charge the management for an expensive research. You can't have such experimentation without the hospital administrator being a key man who understands what the policies are, particularly from the standpoint of cost consciousness."

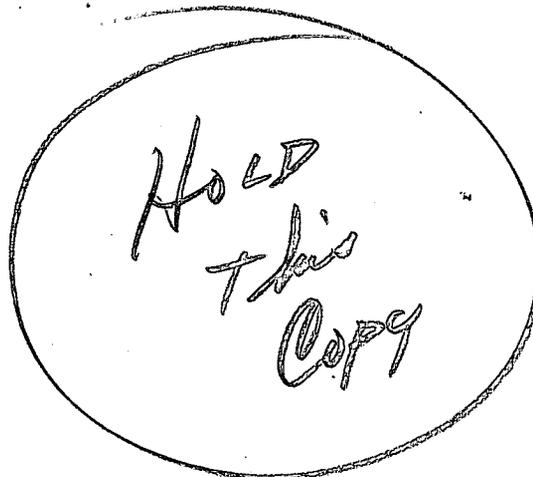
"My charge to the council, as well as to the AAMC," says Dr. Coggeshall in the manner of a commencement speaker, "is to concentrate their efforts on developing a more effective medical care delivery system. Neither can do it independently. They must do it in complimentary fashion."

Dr. Coggshall agrees with many other experts in health care that the United States is working with an outmoded health care delivery system. The nation faces, and likely will face for many years to come, a critical shortage of health professionals, particularly doctors. But more numbers are not adequate to do the job, especially at a more palatable cost than the present price for medical care. The experts are unanimous that improvement of the delivery of care must go hand-in-glove with training of more doctors and paramedical personnel.

This, in the task of the 70's, will be largely borne by the members of the Association of American Medical Colleges and the Council of Teaching Hospitals will share heavily in the burden.

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THE COUNCIL OF TEACHING HOSPITALS OF THE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

PERSPECTIVE AND PROSPECTIVE

Draft for brochure for 1967 Annual Meeting handout

by E. Shepley Nourse

October 2, 1967

THE COUNCIL OF TEACHING HOSPITALS OF THE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

PERSPECTIVE AND PROSPECTIVE

The purpose of the Association is the advancement of medical education. In pursuing this purpose, it shall strengthen, expand, and cooperate with all educational programs that are important to the nation's health, with particular concern for the entire span of education and training for the medical profession and health sciences. The Association will foster studies and research, provide means of communication and forums, and perform services necessary to program and policy decisions that the above broad objectives require.

The Council of Teaching Hospitals (COH) was voted into existence in what was almost a matter of minutes after these new and broadened objectives for the whole Association of American Medical Colleges (AAMC) were adopted by the membership in November 1965. The significance of this juxtaposition of events lies in the previously established partnership between administrators of teaching hospitals and of medical schools, their continuing mutual concern with quality of education and patient care, and their developing public consciousness in a world where society wants the best of medical and health care as well as more and more basic and applied knowledge.

2

In one sense, establishment of the COTH merely formalized what its predecessor, the Medical School - Teaching Hospital Section, had already been doing -- quietly and with modest resources -- for the past seven years. Some highlights of this background can give relevant perspective at 1967's historical decimal point: the tenth annual meeting of hospital administrators under AAMC auspices, the Second Annual Meeting of the COTH.

The Medical School - Teaching Hospital Section

The Section was formally voted into continuing existence -- along with an AAMC standing committee, the now disbanded Committee on Medical School - Affiliated Hospital Relationships -- at the AAMC Institutional Membership Meeting of February 7, 1959. Actually, this formal action was something of a one-year anniversary, for one year -- to the day -- before, on February 7, 1958, the AAMC Executive Council approved the idea of inviting teaching hospital administrators to hold "their meeting" in conjunction with the AAMC's First Institute on Clinical Teaching and its Annual Meeting in October 1958.

The Initial Annual Meeting of the AAMC Medical School - Teaching Hospital Section was in fact held in Philadelphia on October 10-11, 1958, starting the tradition of thoughtful programming, quality content, and maximum participation that has characterized every meeting since. The purposes of the Section, drawn up by the Planning Committee in Iowa City on May 21, 1958, are as fundamental today as they were at the Initial Annual Meeting: ". . . the

creation of a forum for the study of the role of teaching hospitals in medical education . . . and the promotion of greater understanding between administrators of medical schools and teaching hospitals."

There are many members of the COTH today who participated in that first forum. Likewise there are certainly many medical school deans who remember, perhaps with some nostalgia for the simpler methods of earlier days, their first nomination of a hospital for Section membership during those months of 1958 preceding the Initial Annual Meeting. The initiators of the Section chose the AAMC; medical education responded. Thus, the enterprise was under way.

The fledgling organization grew quickly into what one of its founders called its adolescence. Both it and the parent learned from each other and shared a few contacts with the outside world -- with health professionals, with other organizations, and with government. A rundown of topical themes and subthemes for AAMC Institutes and for Section meetings during the late 1950's and early 1960's shows they interdigitate quite neatly -- the student, clinical teaching, internship and residency, research, medical care, costs, community relationships, research in hospital and health services, medical center administration, dean-hospital administrator relations, and the university. Way back in 1961 the Teaching Hospital Section snagged a university president for a featured speaker.

4

Other events were occurring. The future demands for health manpower, now so evident, were foreseen (at least by some) when the AAMC collected copies of medical school-affiliated hospital agreements and microfilmed them in 1957; these formed the basis for a paper given at the Medical School-Teaching Hospital Section's first Annual Meeting. This contributed to the interest of the AAMC as a whole in the study of affiliation agreements conducted by a group from the Graduate School of Public Health, University of Pittsburgh. The study went through two preliminary versions, contributing respectively to the AAMC Institutes of 1962 and 1964, and was published in 1965 by the AAMC -- the title is significant, Medical Schools and Hospitals: Interdependence for Education and Service.¹

Interdependence and the mutuality of goals had always been recognized by the Section membership. The group was justifiably proud of all its efforts in this direction and of the high quality of its programs. There was some grumbling though -- the meetings weren't always timed right so the deans who wanted to could hear the papers, and some of the best papers weren't getting published. In short, the members were beginning to get restless. There was so much to do and such limited resource of staff and funds available to them. Some basic issues were still not communicated to the medical school leadership so that coordinated action could be planned and implemented before it was too late. It was time for a dramatic event.

¹Sheps, Cecil G., Clark, Dean A., Gerdes, John W., Halpern, Ethelmarie, and Hershey, Nathan, Medical Schools and Hospitals: Interdependence for Education and Service, part 2, J. Med. Educ. 40, September 1965.

In 1964, at the request of the Section membership, the entire annual Institute of the AAMC was devoted to the teaching hospital. This conference, second in a series of three on administration, placed the hospital squarely in context with the medical school, the rest of the academic medical center, and the university as a whole -- all of which were beginning new internal and external relationships, to face the need for new involvements for the health of society.² One of the outcomes of this Institute was a strengthening of the shared goals of teaching hospital administrators and medical school administrators, recognition of which had been one of the recommendations of the Sheps Report referred to above.

While activity was under way in planning for the three Institutes on administration, work was also in progress for development of the landmark Coggeshall Report, Planning for Medical Progress Through Education.³ As its title suggests, with deceptive simplicity, there was urgent need for broad planning in which all participants in the medical and health education enterprise could contribute. The report presented specific recommendations for the future of the AAMC. The first step in implementing its recommendations was adoption of the new and broadened objectives, reprinted above, and the assumption of new leadership by the AAMC. The second step was the establishment of the AAMC Council of Teaching Hospitals -- in an even stronger structure than the Report actually recommended. It has taken the AAMC time to

² Bucher, Robert M., and Powers, Lee, (eds.) Report of the First Institute on Medical School Administration, part 2 J. Med. Educ. 39, November 1964. Wolf, George A., Jr., Brown, Ray E., and Bucher, Robert M. (eds.) Report of the Second Administrative Institute: Medical School-Teaching Hospital Relations, part 2 J. Med. Educ. 40, November, 1965. Knight, Douglas M. and Nourse, E. Shepley (eds.) Medical Ventures and the University: New Values and New Validities part 2 J. Med. Educ. 42, July 1967.

³ Coggeshall, Lowell T. Planning for Medical Progress Through Education (Evanston, Illinois: Association of American Medical Colleges, 1965).

initiate the subsequent steps in implementing the Report. It will take more time and more money to see the job through.

Council of Teaching Hospitals

The COTH thus was born in November 1965, with voting representation on the AAMC Executive Council, dues-paying status for financial support, and an affiliate category for Canadian hospitals. The COTH demonstrated the administrative know-how of its teaching-hospital administrators by wasting no time in contemplating its past successes; the responsibility was to the future. Staff was chosen, headquartered significantly in the AAMC Washington office where close relationships with federal government could be established. Rules and regulations were set up. The membership began to see what it would get for its money.

Now that the COTH enters its third year as an AAMC Council, it is appropriate to pull together some of the purposes and objectives the teaching hospital administrators set for themselves during the early years of their second beginning under AAMC auspices. Here are some points set forth at the 1966 Annual Business meeting of the COTH:⁴

insert copy on purposes and objectives from bottom page 542 through the top 2 lines of page 544 from J. Med. Educ. 42, June 1967.

⁴ McNulty, Matthew F., Jr., "Comments by the Director," AAMC Proceedings for 1966: Meeting of the Council of Teaching Hospitals, J. Med. Educ. 42, June 1967, pp. 542-4.

A Final Word

And so the COTH moves into the future with a commitment to accomplish a great deal of work. From an Initial Annual Meeting of the predecessor Teaching Hospital Section with an attendance of around 80, the organization has grown to an active membership of well over 300 teaching hospitals -- and there are many more than the membership list in attendance at COTH Annual Meetings these days. The role the teaching hospital group has played has always been characterized by strong partnership feeling with medical education, an institutional loyalty to the AAMC as a whole. That this theme continues to survive through years of tumultuous change for the AAMC is testimony to its validity. The COTH has set a standard and become a model for the AAMC and others in the years ahead.

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