



# ASSOCIATION OF AMERICAN MEDICAL COLLEGES

## AGENDA

**Organization of Resident Representatives  
Administrative Board Meeting**

**June 24-25, 1992  
Washington, D.C.**

**AAMC Headquarters  
2450 N Street, N.W.  
(202) 828-0400**

**Washington Hilton & Towers  
1919 Connecticut Avenue, N.W.  
(202) 483-3000**

ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

2450 N STREET, NW  
WASHINGTON, DC 20037-1126  
TELEPHONE (202) 828-0400

**TO:** ORR Administrative Board Members  
**FR:** Michelle Keyes-Welch  
**RE:** Directions and Notes

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Hotel accommodations will be provided at the Washington Hilton and Towers, 1919 Connecticut Avenue, N.W. The hotel is located a short taxi ride from the Washington National Airport. For those members arriving at Dulles airport, a shuttle service (Washington Flyer) is available and will take you to the hotel.

The ORR Administrative Board will meet at AAMC headquarters at 2450 N Street, N.W., in the Cooper Conference Room. That is the same room as the February meeting. The office is located a short cab ride from the hotel; please try to share a cab with other board members. For those of you who prefer to walk, the office about a twenty minute walk. If the weather is nice, it's a pleasant walk.

The joint boards functions will be held at the hotel. Please note room locations in the Executive Council agenda.

I have received a confirmation letter from the White House. A meeting is planned with Dr. Burton Lee III Thursday morning following the joint boards' breakfast session.

Please call me if you have any questions or need additional information. My telephone number is (202) 828-0422; the fax number is (202) 828-1125. If you need to reach me at home, my telephone number is (703) 276-8052.

I look forward to seeing you on the 24th!



## ORR 1991-1992 "Telephone Tree"

Administrative Board Contact	ORR Representatives
Bernarda Zenker	Thomas Head Cheryl McDonald Kelly Roveda
Joseph Auteri	John Comerci Michael Sherman Susan Vaughan
Carl Gold	John Fattore Donald Hangen Mark Hashim Elaine Kaye
René Herlong	Dai Chung Stephen Lewis John Lindsey Michael Sanchez
Mary Elise Moeller	Denise Dupras Cathy Halperin Karen Lin Kevin Robertson
Michele Parker	Natalie Ayars Laurel Leslie Bill Rosen
Joshua Port	Reid Adams Kevin Smith Thomas Waddell Julie Weaver
Louis Profeta	Richard Hogan Joseph Houston Carol Karp Benjamin Yokel
Barbara Tardiff	Peter Andersen James Hopfenbeck Richard Obregon Geronimo Sahagun

### 1992 Meetings

- June 24-25 & September 23-24      ORR Administrative Board Meeting/AAMC Executive Council, AAMC Headquarters and Washington Hilton & Towers, Washington, D.C.
- November 6-12              AAMC Annual Meeting, New Orleans Hilton, Louisiana  
[ORR Activities on Friday, Saturday and Sunday, November 6-8]
- Late Nov/Early Dec      Officers Retreat for Chair and Chair-elect, near Washington

**Minutes of the  
Organization of Resident Representatives  
Administrative Board Meeting**

**February 26-27, 1992  
Washington, D.C.**

Organization of Resident Representatives  
Administrative Board

**Chair**

**Bernarda Zenker, M.D.**  
family medicine  
University of Oklahoma Health Sciences Center

**Chair-elect**

**Joseph Auteri, M.D.**  
thoracic surgery  
Columbia-Presbyterian Medical Center

**Members-at-large**

**Carl Gold, M.D.**  
anesthesiology  
Boston University Medical Center

**J. Rene' Herlong, M.D.**  
pediatrics  
Baylor College of Medicine

**Joshua Port, M.D.**  
orthopedic surgery  
University Health Center of Pittsburgh

**Mary Elise Moeller, M.D.**  
pediatrics  
Methodist Hospital of Indiana

**Michele Parker, M.D.**  
family medicine  
UCLA family practice center

**Louis Profeta, M.D.**  
emergency medicine  
University Health Center of Pittsburgh

**Barbara Tardiff, M.D.**  
anesthesiology  
Oregon Health Sciences University

## Minutes

On Tuesday evening, the Organization of Student Representatives (OSR) and the Organization of Resident Representatives (ORR) held a joint OSR-ORR reception and dinner; Bernarda Zenker was the only ORR administrative board member able to attend.

Wednesday, February 26, 1992

The ORR held its first ad board meeting on February 26-27th, 1992 in Washington, D.C. Chair, Bernarda Zenker, called the meeting to order at 8:00 a.m. The minutes of the November, 1991 meeting were unanimously approved.

Bernarda and Joe Auteri, chair-elect, reported on the officer's retreat held last December in Leesburg, Virginia. During the retreat, the environmental assessment document was discussed. The document highlighted the constraints of academic medical centers and provided a current assessment of medical education, physician supply, delivery of health care and research.

The officers also discussed the role of generalist physicians and the AAMC document that outlined the focus group session held in October. The document recommended that the AAMC appoint a task force to prepare an Association policy statement and national implementation strategy. The officers agreed to appoint a task force, and members have been subsequently named to participate in the generalist physician initiative. Bernarda has been asked to participate in the Generalist Physician Task Force.

Health care reform was also discussed at the retreat, but a task force will not be organized until a replacement for Jim Bentley, Ph.D. has been announced. Dr. Bentley was the Vice-President of the Division of Clinical Services. Clinical services staff have prepared a summary of many of the health care reform proposals. Michele Parker expressed concern that the task force will concentrate only on the medical education aspects of health care reform and not address the access to care issues.

Michelle Keyes-Welch briefly described the changes in the AAMC organizational structure since the annual meeting. The new Division of Medical Student and Resident Education will encompass most of the programs and staff previously located within the Division of Graduate Medical Education and the Division of Academic Affairs. Dr. Waldman has assumed leadership of this new division. Within this division is a section for graduate medical education which will have staff responsibility for the ORR. The new Division of Educational Research and Assessment will assume responsibilities for the three AAMC questionnaires (pre-medical, matriculating students and graduation). A summary of the changes and an updated organizational chart are included in the agenda book.

The administrative board reviewed the draft bylaws and made several minor corrections to the document. The draft bylaws are attached. The bylaws must now be reviewed and approved by the executive council at the June or September meeting. After the executive council has approved the bylaws, they will be forwarded to the full ORR for review.

The ad board received an orientation to AAMC constituency and staff. Several AAMC staff members made presentations to the board. Listed below is a summary of these presentations.

Ms. Joan Hartman Moore, Director, Section for Public Relations

Ms. Hartman Moore distributed a copy of the Leadership for Academic Medicine pamphlet developed by the Division of Communications. The pamphlet describes the history, purpose and function of the AAMC. She also described the various publications that the division is responsible for including: Reporter, Academic Medicine and AAMC Courier (AAMC staff newsletter).

The division also has responsibility for the Group on Public Affairs (GPA), the only national public affairs group devoted exclusively to issues affecting academic medicine. Members include medical school and teaching hospital personnel with responsibility for alumni affairs, development and public relations. Ad board members received a brochure describing the GPA in more detail.

Ms. Hartman Moore also described the Saving Lives Coalition which was organized to protect and support the humane and responsible use of animals in biomedical research. On June 10th, the Coalition is planning an initiative to create national awareness and understanding of the medical progress made through the use of animal research. Board members are encouraged to participate in the event, and Ms. Hartman Moore asked that board members seek their respective institution's support for this initiative.

Dr. Thomas Malone, Vice President, Division of Biomedical Research

Dr. Malone briefly described the history of biomedical research. The Division is responsible for staffing the Advisory Panel on Biomedical Research which assists the AAMC in advocacy, education and strategic development of biomedical research-related activities.

The Division also has responsibility for the Ad Hoc Committee on Misconduct and Conflict of Interest in Research. The AAMC co-sponsored with NIH and four medical schools a series of regional meetings on the responsible conduct of research.

Dr. Malone distributed a list of staff members and their areas of responsibility.

Dr. Donald Kassebaum, Vice President, Division of Educational Research and Assessment

Dr. Kassebaum discussed the role of the Liaison Committee on Medical Education (LCME) in accrediting medical schools. The LCME is the national authority for the accreditation of medical education programs in U.S. and Canadian medical schools. The LCME was formed in 1942 under the joint sponsorship of the American Medical Association (AMA) and the AAMC, a relationship that exists today. The AMA and AAMC each appoint an LCME Secretary and maintain accreditation offices in Washington, D.C. and Chicago.

There are seventeen members of the LCME which includes medical educators, administrators, practicing physicians, public representatives and medical students. Accreditation standards are developed and approved by the sponsoring councils in the AAMC and the AMA. These accreditation standards are published in the LCME's brochure, Functions and Structure of a Medical School. An educational program in substantial compliance with LCME standards is given full accreditation for seven years. Accreditation with probation is given pending correction of major deficiencies.

Schools are required to undertake an institutional self-study during the 18-month period prior to the survey visit. This study is reviewed by the survey team prior to the site visit. Site visitors are medical school deans, associate deans, faculty members and teaching hospital executives who tour educational and student facilities. Site visitors also meet with university officials and administrative staff. The survey team writes a summary report describing the strengths and any problem areas.

Dr. Kassebaum distributed a brochure outlining the purpose and responsibilities of the LCME. Several board members expressed an interest in resident representation on the LCME; Michelle encouraged ad board members to write a letter to Dr. Kassebaum expressing this interest.

Dr. Kenneth Shine, Chair of the Council of Deans, met with the ad board during lunch to discuss the activities of the COD. Dr. Shine also offered his support for the ORR and encouraged ad board members to become involved in AAMC activities.

Dr. Craighead Alexander, Chair-elect of the Council of Academic Societies (CAS), described the activities of the CAS and its current initiatives. The Council is very diverse but tries to represent academic societies as well as faculty. The CAS is concerned with biomedical research and research funding, indirect medical education, industry relationships with university faculties and medical education.

Dr. Joyce Kelly, Associate Vice-President; Alison Evans, Research Assistant, Division of Clinical Services

Dr. Kelly and Ms. Evans described the new Section for Resident Education (SRE). The SRE is an organization within the Group on Educational Affairs (GEA). The SRE members will include personnel in the medical school and hospital who have institutional responsibility for graduate medical education. An organizing committee met in July to begin working on the section's organizational structure and purpose. The SRE will hold its first national meeting in May in Sante Fe, New Mexico. This meeting will focus on such topics as quality management and graduate medical education, preparing for changes in graduate medical education payment and shaping graduate medical education to the future needs of the health care system. The section is also working on bylaws and rules and regulations. Ad board members expressed an interest in becoming active in the SRE.

Linda Fishman, Senior Research Associate, Division of Clinical Services

Ms. Fishman described the activities and organization of the Division of Clinical Services. The Division has administrative responsibility for the Council of Teaching Hospitals, a 400 member organization representing the nation's academic medical centers and teaching hospitals. The division serves as an advocate and source of information for such topics as indirect and direct medical education funding, hospital regulatory issues and physician payment. The Group on Faculty Practice (GFP) is also another responsibility of the Division. The GFP is a professional development and educational organization which develops seminars and programs for the leadership of faculty practice plans. The Division is responsible for several AAMC publications including the COTH Executive Salary Survey, COTH Survey of Housestaff Stipends, Benefits and Funding, COTH Survey of Academic Medical Center Hospitals' Financial and General Operating Plan, COTH Report, Faculty Practice Plans, and occasional monographs and special publications. The Council of Teaching Hospitals Selected Activities Report was also distributed to the ad board.

Addeane Caelleigh, Editor, Academic Medicine

Ms. Caelleigh described the key points to submitting an article for publication including clear writing, meeting deadlines and dealing with mechanical requirements. Ms. Caelleigh also described the ethical considerations involved in designating authors, who should be considered authors and what order the authors should be listed in the article. Falsification of data, fabricating research and

other unethical practices were also discussed. Ms. Caelleigh also spoke about the role of the editor in maintaining quality and integrity in their respective publications. Administrative board members expressed interest in learning more about the editorial process and later requested that Ms. Caelleigh present a more detailed program at the ORR's first professional development seminar during the annual meeting next fall.

Herbert Nickens, M.D., Vice President for Minority Health, Education and Prevention

Dr. Nickens discussed the changing demographics in the U.S. and the increase in minority populations. However, this increase in population has not led to an increase in minority applicants to medical school. Dr. Nickens pointed out that enrichment and recruitment programs for minority college students have been the primary focus of their activities but new strategies must be developed that concentrate on improving the academic preparedness of younger students. There is no shortage of young minority people who are interested in medicine but low college completion rates and difficulties with science courses may cause minority students to abandon their pursuit of medicine.

The Association's new initiative, Project 3000 by 2000, administered by the Division of Minority Health, Education and Prevention is aimed at increasing the number of minority entrants to medical school to 3000 by the year 2000. Short-term strategies include intensifying efforts to recruit minority students already in college by expanding cooperation between medical schools and undergraduate colleges. Long-term strategies will involve identifying or creating magnet health sciences high schools with substantial minority enrollments. These high schools would then be encouraged to form partnerships with colleges and medical schools to create an integrated educational pathway.

Steve Northrup and Mary Beth Bresch White, Legislative Analysts, Office of Governmental Relations

Mr. Northrup and Ms. Bresch White discussed the role of the office of governmental relations. The office is responsible for monitoring federal legislative and regulatory initiatives related to medical education, research, hospital and physician payment and representing the academic medical community before Congress and the Administration. A handout describing the legislative responsibilities of staff was distributed to administrative board members. A detailed description of the HHS appropriations was also distributed along with a comparison of the senate and house versions of the higher education act reauthorization bills. If you have any questions regarding the current legislative status of the reauthorization, contact Steve Northrup at (202) 828-0526.

Janet Bickel, Assistant Vice President for Women's Programs,  
Division of Institutional Planning

Ms. Bickel described the Women in Medicine Program and the professional development seminar, now in its fourth year. The program offers women and assistant instructors training in the skills necessary to succeed in an academic environment. The Women in Medicine Coordinating Committee discussed the challenges women face balancing medicine and parenting. This led to a resource publication related to child bearing and child rearing- Medicine and Parenting: A Resource for Medical Students, Residents, Faculty and Program Directors. The Coordinating Committee also developed a handbook, Building a Stronger Women's Program, which is directed towards new Women's Liaison Officers and deans who want to improve the institution's educational environment for women. If anyone is interested in receiving this publication, please contact Michelle Keyes-Welch. Ms. Bickel also discussed the survey on student professional ethics that was recently distributed to the Council of Deans. The survey asked questions about ethics courses in the curriculum, students' development of professional ethics and faculty professional standards. An article was published in the December 1991 issue of Academic Medicine that describes student ethics education and AAMC initiatives.

Burton Lee, III, M.D. physician to President Bush, was the keynote speaker for the Wednesday evening joint boards session. Administrative boards from the Council of Academic Societies, Council of Deans, Council of Teaching Hospitals, Organization of Student Representatives, ORR and select AAMC staff attended the Wednesday evening function. Dr. Lee briefly spoke on the challenges facing academic medicine.

Thursday, February 27, 1992

On Thursday morning, ORR board members began discussing topics for the annual meeting program in November. Considerable interest was expressed in developing a professional development program on Saturday, November 6, the first day of the ORR program. The professional development program will be scheduled for Saturday morning, and the ORR business meeting will be scheduled for Saturday afternoon. Administrative board elections and other business will be scheduled for Sunday morning. Also, all ORR members will be invited to attend the Transition Forum from Medical School to Residency scheduled for Friday afternoon.

The topic of the Saturday morning program will be the Transition from Residency to Academic Careers. A brief introduction provided by a leader in academic medicine will open the program. Ad board members expressed an interest in having Dr. Stemmler, AAMC Executive Vice-President, or Dr. Petersdorf, AAMC President, provide the opening remarks. A panel presentation would then speak on particular tracks in medicine including fellowship opportunities

and clinical practice. Following a short break, a second panel will discuss the opportunities in clinical research, basic research and at the NIH. After a short break, the third and final presentation would address academic publishing. Ms. Addeane Caellegh, Editor of Academic Medicine, has agreed to present the third presentation. Following each panel discussion, ORR members will have the opportunity to ask questions and provide comments.

Potential speakers were identified for the first two panels. Louis Profeta suggested Dr. Charles Brown, Chair of Emergency Medicine at Ohio State and Dr. Glen Hamilton of Wright State. A women's Liaison Officer from AAMC's Women in Medicine program might also be willing to speak on the first panel. No suggestions were made for the second panel, but Michelle Keyes-Welch will contact AAMC staff for suggestions for the ORR administrative board. Barbara Tardiff, Mary Elise Moeller and Louis Profeta agreed to serve as the planning committee for the program.

Board members also discussed topics for the June administrative board meeting. These include: legislative update and an in-service on how to contact legislators, drug company sponsorship of continuing medical education, and the organization of the Public Health Service and the Division of Medicine. Louis Profeta will also contact Dr. Burton Lee for information on a White House tour. Joe Auteri will develop a survey to distribute to all ORR members that will solicit program ideas.

Board members also developed a list of goals and objectives for the ORR:

1) To provide a mechanism for the interchange of ideas and perceptions among resident physicians and others concerned with medical education:

- A) survey of program ideas to all ORR members
- B) telephone contact with all ORR members
- C) liaison with other organizations, including OSR, SRE, etc.
- D) communicate ORR actions to respective residency program or resident's group within professional society
- E) chair and chair-elect representation on Executive Council

2) To provide a means by which resident physician views on matters of concern to the Association may find expression

- A) chair and chair-elect representation on Executive Council
- B) ORR representation on AAMC Task Forces
- C) liaison with other AAMC groups and organizations, including the SRE, and OSR
- D) resident representation on the LCME

3) To provide a mechanism for resident physician participation in the governance of the affairs of the AAMC

- A) development of bylaws, goals and objectives
- B) chair and chair-elect representation on the Executive Council
- C) ORR representation on AAMC Task Forces
- D) chair and chair-elect contact with other AAMC Councils

4) To provide a forum for resident physician action on issues that affect the delivery of health care

- A) ORR program development
- B) communicate concerns to AAMC

5) To provide professional and academic development opportunities

- A) professional development program at annual meetings
- B) guest speakers and invited presentations at administrative board meetings

Administrative board members discussed developing an ORR newsletter, but board members felt that the organization should concentrate on program development initially. Communication will occur through correspondence from the Chair, Chair-elect, administrative board members and AAMC staff. The administrative board will reconsider having a newsletter at a later date. Administrative board members asked for additional copies of the telephone tree; the list is attached.

Concurrent to the discussion of an ORR newsletter, Chair, Bernarda Zenker, left to visit each Council meeting to provide their respective administrative boards with an update of the ORR activities. Bernarda visited the Council of Deans, Council of Teaching Hospitals and the Council of Academic Societies.

Joyce Kelly, Ph.D., Associate Vice President of Clinical Services and the AAMC staff contact for the Section for Resident Education (SRE), asked ORR board members to identify key issues or concerns that they would like the SRE to address in future programs. Members identified the following issues: access to care, protected time for research and education, developing teaching skills, financing medical education and non-clinical practice issues, i.e. setting up practice, negotiating contracts, etc.

Three letters were received for information. Dr. Neil Parker, Associate Dean for Housestaff Training at UCLA, wrote in support of the ORR but expressed concerns about the distribution of residents within the organization and the under-representation of medicine. A response by Michelle Keyes-Welch was included. Additional correspondence was received and noted from Barbara Tardiff and Laurel Leslie.

The first administrative board meeting of the ORR adjourned at 11:30.

Thursday, Executive Council Meeting

Chair Robert Buchanan, M.D. called the meeting to order at 1:30 p.m. Bernarda Zenker, M.D. and Joe Auteri, M.D. served as resident representatives to the Executive Council. The minutes from the September, 1991 Executive Council session were approved as written.

The Society of General Internal Medicine's membership application to the Council of Academic Societies was approved.

The LCME accreditation decisions and actions were approved unanimously. The next LCME item discussed was the proposed changes in medical school accreditation standards to be listed in the Functions and Structure of a Medical School. Six proposed changes were identified: 1) geographically separate campuses, 2) educational program for the M.D. degree (section adding family medicine as one of the required clinical experiences), 3) due process, 4) medical student transfers, 5) resources for the educational program and 6) conflict of interest. All three Councils, OSR and the ORR representatives unanimously approved the changes in sections 1, 3, 4, 5 and 6. Some Council of Deans members and most Council of Academic Society members expressed concerns over the proposed changes in section two. The Council of Deans proposed alternate language to section two, but the motion did not pass. Dr. Buchanan then decided to table the discussion of section two and defer the issue to AAMC staff and the LCME to provide alternate wording.

AAMC policies on medicare hospital and physician payments were also discussed. A summary of medicare issues and recommendations were included in the Executive Council agenda book.

An update on minority scholarships and proposed policy guidelines from the Department of Education were included for information. Additional information items included: a list of the AAMC Generalist Task Force participants, Saving Lives Coalition update, Physician Payment Review Commission Update and AAMC Section and Group Reports.

Chairman Dr. Robert Buchanan adjourned the meeting at 3:30 p.m.

The next ORR administrative board and Executive Council meeting is June 24-25, 1992 in Washington, D.C.



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

2450 N STREET, NW  
WASHINGTON, DC 20037-1126  
TELEPHONE (202) 828-0400

March 4, 1992

MAR 13 1992

John Gienapp, Ph.D.  
Executive Secretary  
Accreditation Council for Graduate Medical Education  
515 North State Street  
Chicago, Illinois 60610

Dear John:

As a parent of the ACGME, the AAMC has been very active in the formation of the LCGME and the ACGME and in other organizations involved in graduate medical education. AAMC represents the continuum of medical education, and it is only appropriate that we maintain close ties with the organizations that help to ensure the quality of the educational experience for students and residents. I think I speak for the entire AAMC and our ACGME representatives when we say that this relationship with the ACGME is mutually beneficial and we anticipate this will continue indefinitely.

The purpose of this letter is to tell you about a new group within the Association, the Organization of Resident Representatives (ORR). Gus Swanson briefly described the new group during his remarks to the RRC Council in September. I have included a summary of the ORR which outlines its purpose and function. Members of the ORR represent diverse backgrounds and specialties, yet they expressed many common interests. One of these interests is the ACGME. As future faculty, program directors and practicing physicians, this group is vitally interested in preserving quality graduate medical education opportunities. One way to become involved in the ACGME is to serve as the resident representative. We realize that there will be limited interest in expanding the resident representation from one to two, but we would like the ACGME and its parents to consider having the AAMC designate one resident member from the ORR when the present resident member's term expires in December. Subsequent resident representative appointments could be alternated between the AMA and the AAMC. We hope that you will consider this proposal and place it on the June agenda. We would be happy to bring along a member of the ORR as a guest in June. Please feel free to contact Bob Waldman with any questions or concerns. We look forward to hearing from you soon.

Warmest personal regards,

Robert G. Petersdorf, M.D.  
President

cc: Robert H. Waldman, M.D.  
Michelle Keyes-Welch  
AAMC representatives to the ACGME

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## Organization of Resident Representatives

The AAMC has been significantly engaged in the issues in graduate medical education since its reorganization in 1965 which brought the Council of Academic Societies and the Council of Teaching Hospitals into the governance structure along with the Council of Deans. Although teaching hospital executives, deans and program directors have been able to provide us their perspectives on graduate medical education, the AAMC has not had access to the perspectives of residents.

After much deliberation on the organization of a resident's group, the Association's executive council approved the changes in the bylaws that provided for the establishment of an Organization of Resident Representatives (ORR). Of several possible approaches to selecting ORR members, the AAMC felt that to ensure representation across specialties, Council of Academic Societies representing chairs of clinical departments or residency program director groups should be asked to designate two residents each to serve as members of the ORR. During the spring and summer of 1991, twenty-one Council of Academic Societies were asked to designate residents. Residents are not expected to represent a designating society's views or interests but rather the views of residents in their respective specialty and the views of residents in general. The ORR will relate to all three Councils of the AAMC.

The purpose of the ORR is 1) to provide a mechanism for the interchange of ideas and perceptions among resident physicians and others concerned with medical education, 2) to provide a means by which resident physician views on matters of concern to the Association may find expression, 3) to provide a mechanism for resident physician participation in the governance of the affairs of the Association and 5) to provide professional and academic development opportunities.

During the 1991 annual meeting of the AAMC, the ORR met for the first time. The ORR received an overview of the structure and organization of AAMC's constituency and governance. ORR members also discussed four problems in graduate medical education: access to care, cost of health care, control of graduate medical education and the perceived decreasing emphasis on education in the academic medical centers. Also during the meeting, the ORR elected its first administrative board. Dr. Bernarda Zenker, a family practice resident at the University of Oklahoma Health Sciences Center was elected as chair. Dr. Joseph Auteri, a thoracic surgery resident at Columbia-Presbyterian Medical Center was appointed chair-elect. The seven at-large members of the administrative board include: Dr. Mary Elise Moeller, a pediatrics resident at Methodist Hospital of Indiana; Dr. Joshua Port, an orthopedic surgery resident at the University of Pittsburgh; Dr. Carl Gold, an anesthesiology resident at Boston University Medical Center; Dr. J. Rene' Herlong, a pediatrics resident at Baylor College of Medicine Affiliated

Hospitals; Dr. Michele Parker, a family practice resident at UCLA; Dr. Louis Profeta, an emergency medicine resident at the University of Pittsburgh and Dr. Barbara Tardiff, an anesthesiology resident at Oregon Health Sciences University.

The ORR administrative board met during the executive council meeting in February to draft the ORR bylaws in addition to receiving further orientation to the organization and structure of the AAMC. The administrative board also developed a theme for the ORR program during the annual meeting in New Orleans. The ORR program will focus on the transition from residency to academic careers.

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April 25, 1992

Donald Kassebaum, M.D.  
LCME Secretary  
Association of American Medical Colleges  
Section for Accreditation  
2450 N Street, N.W.  
Washington, D.C. 20037

Dear Dr. Kassebaum:

The purpose of this letter is to thank you for your presentation at the Organization of Resident Representative's (ORR) first administrative board meeting in February. Your presentation on the accreditation process was very helpful and informative.

On behalf of the ORR, I would like to express our interest in expanding the LCME membership to include housestaff representation. As residents, we play an important role in the education of medical students, and we are interested in helping to maintain the high education standards of medical schools in the United States. We hope that you will consider our request at the next LCME meeting. If you have any questions regarding this request, please feel free to contact me. My telephone number is (405) 942-5040. The ORR looks forward to hearing from you soon.

Sincerely,

Bernarda M. Zenker, M.D.  
Chair, Organization of Resident Representatives  
Association of American Medical Colleges

Jan 12/92

Minutes of the  
Organization of Resident Representatives  
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June 24-25, 1992  
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emergency medicine  
University Health Center of Pittsburgh

Barbara Tardiff, M.D.  
anesthesiology  
Oregon Health Sciences University

The administration board meeting of the Organization of Resident Representatives was called to order at 12:30 p.m. by chair-elect, Joseph Auteri, M.D. The chair, Bernarda Zenker, M.D. was unable to open the meeting and arrived shortly after the reports were given.

The minutes of the February administrative board meeting were approved.

Michelle Keyes-Welch provided the administrative board with an update of resident representation on the ACGME and the LCME. The AAMC forwarded a letter to the ACGME in March expressing interest in having an ORR representative be appointed to the ACGME. Currently, one resident representative is a member of the ACGME; the resident is designated by the American Medical Association's Resident Physician Section (AMA-RPS). The Executive Committee of the ACGME discussed this issue at the last meeting in June and determined that additional representation on the ACGME will require a bylaws change. The Executive Committee asked the AAMC to draft a revised section of the ACGME bylaws addressing resident representation for the next ACGME meeting in September. The AAMC will submit the draft bylaws changes to the ACGME by the August deadline. At the September meeting, the item may be discussed at the plenary agenda. The AAMC will suggest that an additional resident member to the ACGME be appointed from the ORR membership rather than having the AMA-RPS designate a resident for one term, and the AAMC designate an ORR member for the next term. An update will be provided at the ORR's September board meeting.

A letter was sent to Dr. Donald Kassebaum, LCME Secretary at the AAMC, requesting housestaff representation on the LCME. AAMC Executive Staff discussed this issue and recommended delaying any further action at this time. The issue of resident representation on the LCME will be revisited at a later date.

Bernarda Zenker provided the administrative board with an update on the Generalist Physician Task Force. The Task Force met in late May to develop a draft policy as well as discuss national implementation strategies. The draft policy statement is provided for information in the Executive Council agenda. The Task Force will meet again in August to finalize the policy statement and strategies. Both items will be presented to the Executive Council in September for final approval. The implementation strategies currently being considered address what medical schools, teaching hospitals, other organizations and the practice environment can do to increase the number of generalist physicians and alter the specialist/generalist imbalance that presently exists.

Barbara Tardiff provided a summary of the Section on Resident Education (SRE) meeting in Santa Fe. Management of graduate medical education, financing, research and accreditation were discussion items on the agenda. Participants included hospital directors, program directors, chiefs of staff, directors of medical

education and medical school administrators. There was much emphasis placed on generalism and primary care as well as improving communication and networking. Barbara was pleased to participate and hoped that future SRE meetings would include resident input and attendance. The most rewarding portion of the program was the small group workshop on graduate medical education issues.

During the annual meeting, the SRE and the Association for Hospital Medical Education (AHME) will co-sponsor a Sunday afternoon session on ethics in the matching process. The organizers of the session have expressed an interest in having resident input. Michelle Keyes-Welch asked for administrative board volunteers who would be willing to participate in the Sunday session. Carl Gold, Louis Profeta, Bernarda Zenker, Joe Auteri and Joshua Port expressed interest in the Sunday session. Michelle will pass their names on to the organizers of the session.

The administrative board discussed topics of interest for the OSR/ORR lunch scheduled during the annual meeting. Teaching residents how to teach was a topic suggested by OSR members; ORR administrative board members thought the topic was a good choice.

Ivy Baer, Regulatory counsel at the AAMC, provided a brief update on the status of PRO-QIP. The fourth draft of the scope of work (SOW), the contract signed by each PRO that sets out its work plan for that particular contract cycle, represents a major change from SOWs of the past. The draft includes a section labeled the Health Care Quality Improvement Initiative. The goal of the initiative is to incorporate continuous quality improvement and variations research techniques into medicare peer review in order to measurably improve care and outcomes to Medicare beneficiaries. This goal will be accomplished by changing the focus of the PROs from individual clinical errors to helping physicians and providers improve care. The draft also includes an increased role for hospitals. Each time a physician is identified as the source of a quality problem, notice is sent to both the physician and the provider where the services were performed. Thirty days are provided for a response from the physician as well as the institution. The PRO will also work with the physician in a collaborative effort to improve the quality of care. If the draft is implemented, it will make major strides toward implementing a peer review system as well as possibly eliminating severity levels and the points that are currently attached to them.

Steve Northrup, Legislative Analyst at the AAMC, met with the administrative board to discuss the White House visit with Dr. Lee, physician to the President. Steve accompanied the administrative board to the White House.

The administrative board discussed the November professional development program and identified potential speakers. A brief introduction will be followed by presentations on the early

experiences in teaching, clinical practice and research. The second portion of the program will focus on developing academic leadership qualities. Addeane Caelleigh, Editor of Academic Medicine will present the third and final portion of the program on academic publishing.

The administrative board appointed Michele Parker as the liaison to the OSR.

The administrative board also expressed renewed interest in developing a newsletter; anyone interested in helping with a newsletter should contact Michele Parker.

The administrative board concluded its meeting with a discussion of the Executive Council agenda items. The administrative board approved the reports on LCME accreditation decisions but did not approve the proposed change in LCME accreditation standards addressing clinical education. ORR administrative board members expressed concern that the language was vague and recommended returning to the revised wording discussed at the February Executive Council meeting. The Executive Council subsequently approved both items, with the ORR casting dissenting votes on the LCME standards addressing clinical education.

The administrative board approved all other Executive Council items addressing minority affairs' resolutions, institutional standards of behavior in the learning environment, guidelines on faculty involvement in commercially-sponsored continuing medical education and hepatitis B immunity recommendations. The Executive Council returned many other items for corrections and changes during the Executive Council meeting. The Executive Council approved the Association of Family Practice Residency Program Directors to designate two residents to the ORR. The Executive Council also provided comments on the draft bylaws of the ORR. The draft policy of the Generalist Physician Task Force was discussed at the Executive Council meeting; changes and corrections were suggested by some of the Councils. Several information items were received: a basic care health access and cost control act from Senator Nancy Kassebaum, a membership list for the advisory panel for health care reform and reports from AAMC groups.

The next ORR administrative board and Executive Council meeting is scheduled for September 23-24, 1992.