



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

AGENDA

Organization of Resident Representatives Administrative Board Meeting

**February 24-25, 1993
Washington, DC**

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

**ANA Westin Hotel
24th and M Streets, NW
(202) 429-2400**

Association of American Medical Colleges
Organization of Resident Representatives
Administrative Board Meeting

February 24-25, 1993
Washington, DC

AGENDA

Wednesday, February 24

CALL TO ORDER

Joseph Auteri, M.D.

10:30am

AAMC conference room 128

OLD BUSINESS:

Report of OSR/ORR liaison

Michele Parker, M.D.

Report of Task Force on Health
Care Reform

Louis Profeta, M.D.

Report of Advisory Committee on
the Electronic Residency Applica-
tion

Barbara Tardiff, M.D.

Report of generalist initiative

Bernarda Zenker, M.D.

Report of newsletter

Michele Parker, M.D.

Report of ACGME meeting

Michelle Keyes-Welch

Report of Officer's Retreat

Joseph Auteri, M.D.
Michele Parker, M.D.

Report of ORR working groups

Lunch

12:00-2:00pm

AAMC conference room 128

(Chair and Chair-Elect will attend
the AAMC orientation lunch for
new board members at the ANA
hotel)

NEW BUSINESS:

Update on AAMC staff and organi-
zation (orientation book to be
distributed)

Michelle Keyes-Welch

Discussion of Executive Council
items

Joseph Auteri, M.D.

Wednesday, February 24 cont'd

Minutes of November meeting

Joseph Auteri, M.D.

Summary of November meeting
evaluations

Legislative update

Steve Northrup
AAMC Office of Governmental
Relations

Review of correspondence

ADJOURNMENT

4:00pm

Joint CAS/OSR/ORR Reception
and dinner

6:00-9:00pm
ANA Hotel

Thursday, February 25

Joint Breakfast and Discussion of
Health Care Reform

7:30-9:30am
ANA Hotel

COTH Administrative Board
Meeting

9:30-12:00pm

CAS Administrative Board Meeting

9:30-12:00pm

Joint Luncheon

12:00-1:15pm

Executive Council Meeting

1:30-3:30pm
AAMC conference room 130

**Proceedings from the
Organization of Resident Representatives
Annual Meeting Program:
The Transition from Residency to Academic Medicine
November 7, 1992
New Orleans, L.A.**

Dr. Petersdorf welcomed the representatives to the AAMC's 103rd Annual Meeting. He recalled the birth pangs of the ORR but was pleased at how well the group is evolving. He said that he believed fifteen years ago and today the importance of residents in the medical education system.

Dr. Petersdorf encouraged the representatives to become involved in the ORR and other AAMC projects. He noted the original concept of residents as those who cared for patients 24 hours a day, seven days a week; however, residency training in teaching hospitals has faced dramatic changes over the last twenty years. College students have expressed increasing interest in medicine as a career.

Dr. Petersdorf suggested that residents will have the role of teaching medical students as well as other residents. Teaching skills will be very important. He then gave an overview of the morning program speakers (Drs. Hamilton, Litwin, Lavizzio-Mourey, Stemmler and Bowman, and Ms. Caellegh). He also encouraged the representatives to ask questions, make new friends and learn.

Dr. Glenn Hamilton, Chair of the Department of Emergency Medicine at Wright State University, spoke on early experiences in teaching in medicine. He made five key observations: 1) There must be an inherent desire/ willingness to accumulate, interpret and share information as a teacher. Dr. Hamilton believes that the physician is always a teacher in the daily environment; 2) Environment is essential; residents must seek out a mentor/mentoring environment in teaching; 3) Remember basics in curriculum/teaching- Dr. Hamilton gave five points in remembering the basics: determine content, define goals/objectives, determine implementation, evaluation, and feedback; 4) Residents must challenge, question, and develop intellectual honesty; 5) Residents should develop a "love affair" with learning, particularly in the subject of teaching.

Dr. Hamilton recommended that residents give serious consideration to a teaching career after completing their training programs. He believes it to be one of the most rewarding fields in academic medicine.

Dr. Martin Litwin, Associate Dean and Medical Director of the Faculty Practice Plan at Tulane Medical Center, discussed clinical practice in medicine. He resolves that the single major adjustment residents will have to make in the transition to clinical practice is the initial smaller work load.

Dr. Litwin also questioned the appropriateness of going from residency to clinical practice and back to academic medicine. He believes the resident who does so will miss out on many increasing opportunities in academic medicine. In recent years the number of academic clinicians has expanded dramatically. From 1980 to 1988 (according to a faculty roster study) full-time clinical faculty increased almost 50%.

Dr. Litwin explained that medical schools are increasingly relying on the income generated by clinical faculty to support their educational and research endeavors. He states that many schools are changing their criteria for tenure and promotion to award and retain these faculty and are beginning to focus on clinicians as educators.

Dr. Lavizzio-Mourey, Deputy Director at the Agency for Health Care Policy and Research, gave comments on the transition from residency to researcher in academic medicine. She attests that this transition is not unlike learning a clinical procedure. She recommends a "See one, do one, teach one" format for developing medical research projects.

Dr. Lavizzio-Mourey stated that residents should become involved in research early on after their transition. She gave several important points to beginning research: 1) Choose an exciting project; key observations should be formed into specific research questions; 2) Critically review specific subject literature; 3) Evaluate methodologies; 4) Design a study; 5) Actively seek out a team of mentors; 5) Think small; and 6) "Just do it." She also believes it is imperative that residents learn to write review papers and develop proposals for grants. There is great pressure within medical academia for self-supported research.

Finally, Dr. Lavizzio- Mourey cited an overall increase in research funding which affords many opportunities in research.

Both Drs. Edward Stemmler and Marjorie Bowman discussed the development of leadership skills in academic medicine. Dr. Stemmler, Executive Vice President of the AAMC, began by stating that all of the ORR members are leaders. He said that leadership is a broad concept; residents should decide individually how to exert their leadership energies and not necessarily confine themselves to academic medicine.

Dr. Stemmler cited some general leadership attributes as: 1) Vision--the ability to see far beyond personal needs/satisfaction; 2) Communication--the ability to listen, articulate; 3) Interpersonal skills--the ability to work with people, demonstrate respect for others. Dr. Stemmler believes the community must give an individual a place in leadership; it cannot be self-achieved. 4) A good leader should have great tolerance for ambiguity (rigid extremists make poor leaders); 5) Must be willing to subserve personal interests for the good of the group; and 6) Should demonstrate character, integrity, and fairness--the perception of a lack of any of these will weaken the individual's role as leader.

Finally, Dr. Stemmler advised that the better leaders know their strengths and weaknesses and are confident their positions.

Dr. Bowman, Chair of the Department of Family and Community Medicine at the Bowman Gray School of Medicine, examined the more traditional leadership positions in academic medicine. She also revealed several important points to remember when aiming for leadership positions. 1) Set goals-prepare appropriately- obtain the appropriate credentials/certification, experience. Choose schools and positions carefully. Examine the previous position holders; 2) Become actively involved- network, publish, volunteer; 3) Take risks-you will win and lose, learn from losses; 4) Ask questions, learn from others, seek advice; 5) Appear confident; 6) Choose issues carefully--stick to importance, be true to yourself; 7) Seek to balance work and personal life.

Addeane Caelleigh provided guidelines for publishing in academic medicine. She ascertains that published research is the currency in an academic medicine career. She discussed the publishing process in scientific, particularly biomedical, journals.

Ms. Caelleigh first suggested that those who desire to publish their work be sure to choose the appropriate journal. She then explained some writing techniques that would encourage publishing, editing and production procedures which may vary among journals, and recommended an ethical approach to writing and research. She also discussed authorship and warned against duplicate publication in various journals which is considered an unethical practice in publishing. Peer reviewers assist editors in looking for accurate research, possible duplicate publication and/or simultaneous submission of research.

Ms. Caelleigh cited other important issues in publishing such as monitoring research, reviewer bias, and conflict of interest. She stated that most scientific publications are highly selective but the rewards are enormous.

**Minutes of the
Organization of Resident Representatives
Business Meeting
November 7-8, 1992
New Orleans, L.A.**

Saturday, November 7

Chair Bernarda Zenker, M.D., opened the business meeting by welcoming the residents to New Orleans and the AAMC 103rd Annual Meeting. The representatives were asked to introduce themselves; new members were especially welcomed.

The representatives then gave comments on the morning program, which overall, was thought to be highly informative.

The next order of business was a legislative update given by Leslie Goode and Steve Northrup from the AAMC Office of Governmental Relations. Leslie Goode discussed issues within the PHS/HHS relative to medical school students and residents in the country (Title 7 of the Higher Education Act). She noted the reauthorization of several federal financial aid programs, including HEAL and HPSL, as well as the revamping of two major scholarship programs-EFN and FADHPS.

Leslie explained that the HEAL program was reauthorized due to increasing default rates. The reauthorization will cause medical students at certain institutions to pay higher premium rates on the loan depending upon the schools's overall success with repayments. Leslie also said that HEAL was now consolidatable, and discounts on premiums would be available for students with a credit-worthy co-signer. These new stipulations, with the exception of loan consolidation, are effective for loans made on/after January 1, 1993.

Leslie informed the ORR of the "major philosophical change" that is occurring under Title 7 regarding medical students' qualifications for many of the federal aid programs. She said that, in the future, students will have to demonstrate need to receive federal aid, as well as contract to service commitments, particularly in primary care fields. The terms for the HPSL will change effective July 1, 1993, for new borrowers; it will now be a need-based loan, requiring the analysis of family and personal income, also requiring a service commitment. This means the loan recipient must complete a primary care residency within four years of receiving the M.D. and must maintain a clinical practice in primary care during the loan repayment schedule. If the primary care obligation is not met, the loan must be repaid at a 12% interest rate instead of the normal 5%. Leslie also noted that EFN and FADHPS, which were formally only need-based scholarships, now also require service (primary care) commitments.

Steve Northrup discussed the reauthorization of general student federal aid programs (Title 4 of the Higher Education Act), such as the Stafford and SOS loan programs. Steve explained that there will be an overall increase in loan limits, as well as a change in interest rate terms to variable rates. He also said that Stafford's new unsubsidized program will allow middle income students easier access to federal aid. Effective January 1, 1993, new borrowers will have access to three year deferment plans.

Finally, both Steve and Leslie suggested that the ORR build relationships with the appropriate persons in Congress and keep abreast of legislative activities. This would help them represent medical residents more effectively.

Next Chair Bernarda Zenker, M.D., gave a recap of the ORR's past year of activities which included the drafting of the ORR by-laws, the initiation of an ORR newsletter, and involvement within the AAMC's Generalist Physician Task Force and the Task Force on Health Care Reform.

Dr. Zenker then opened the floor for a discussion of the by-laws, which are pending ratification by the AAMC Executive Council in February 1993. The representatives requested a clarification of Section 3, regarding the members-at-large term. After a unanimous vote, the decided statement will be: "Members of the ORR shall be designated to serve for a two-year term, and may be reappointed for another two-year term if they meet membership requirements."

The representatives then divided into three discussion groups to discuss the focus and future projects of the ORR. Important ideas that were prevalent among the groups were: the development of a task force on residents as teachers; the development of a communication network between the representatives, as well as with other residency programs and organizations; and further development in women's issues, residents' rights, and ethical issues in the workplace. Bernarda added that the ORR should develop an ethics statement/position paper on ethics in the match process. She also reaffirmed the earlier suggestion that the ORR become more politically astute.

The business meeting was then adjourned until the following morning.

Sunday, November 8

Chair Bernarda Zenker, M.D., opened the business meeting and prepared the representatives to elect the 1992-93 officers. She explained that there were four positions to be filled—one chair-elect and three administrative board members. There were eight persons running for these positions; two representatives withdrew at the time of the meeting and there were two new write-in nominees. The final nominees for the administrative board were Peter Andersen, M.D., Denise Dupras, M.D., Carl Gold, M.D., Cathy Halperin, M.D., and Deanna Haun, M.D., and for chair-elect Deanna Haun, M.D. Michele Parker, M.D., Kevin Smith, M.D., and Barbara Tardiff, M.D.

Joshua Port, M.D., Louis Profeta, M.D., and Mary Elise Hodson, M.D., counted the ballots. The results of the election were: Chair-elect, Michele Parker, M.D. and Administrative board members, Denise Dupras, M.D., Cathy Halperin, M.D., and Barbara Tardiff, M.D. Carl Gold, M.D. and Rene Herlong, M.D., were recognized as outgoing members of the Administrative board.

Dr. Zenker gave words of thanks, acknowledgments for her year as chair; Joe Auteri, M.D., then assumed the position of chair and presided over the remainder of the meeting.

The next business item was the AAMC task forces updates. Dr. Zenker reported on the Generalist Physician Task Force. She explained that the purpose of the task force was to study the national health care access situation, and discussed the task force's development of a policy statement which assesses the problems and responsibilities of the health care system and also encourages more generalists careers among medical students. "Generalists" careers are defined by the AAMC as family medicine, general internal medicine, and general pediatrics. The AAMC will also set up staff support to delineate ways to accomplish the policy's objectives.

Dr. Profeta gave an update on the Ad Hoc Committee on Health Care Reform. He explained that the purpose of his position on the committee was to analyze the role of the resident in restructuring the national health care system. The committee's focus is on how to combine quality health care with cost containment. The committee is also working to develop a position paper on how to maintain funding of graduate medical education.

Dr. Tardiff discussed the Electronic Residency Program Committee. She stated that this AAMC group analyzes the feasibility of an electronic residency application service and makes recommendations concerning the parameters of the process.

Dr. Zenker also mentioned the "Ethics in the Match" forum coordinated by COTH and AHME and the possible development of an AAMC document regarding hospitals' policies in the recruitment of medical students.

Members of the ORR then decided to formulate several groups to study some of the important resident issues. The group on ethics in the match process will consist of Drs. Peter Andersen, Nicholas Gideonse, Joshua Port, and Bernarda Zenker. The committee to study disability insurance will include Drs. Carl Gold, Joseph Houston, Joshua Port, Kevin Robertson, and Barbara Tardiff. Drs. Carl Gold, Louis Profeta, and Michele Parker will form the group on communication and establish an ORR newsletter, and the committee on residents as teachers will include Drs. Natalie Ayars, Denise Dupras, Deanna Haun, Rene Herlong, Steve Lewis, and Susan Vaughan.

The business meeting was adjourned by Dr. Auteri.

RULES AND REGULATIONS
OF THE
ORGANIZATION OF RESIDENT REPRESENTATIVES
THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADOPTED BY THE ORGANIZATION OF RESIDENT REPRESENTATIVES
November, 1992
APPROVED BY THE EXECUTIVE COUNCIL

The Organization of Resident Representatives was established with the adoption of the Association of American Medical Colleges bylaw revisions of November, 1991.

Section One-Name

The name of the organization shall be the Organization of Resident Representatives (ORR) of the Association of American Medical Colleges.

Section Two-Purpose

The purpose of this organization shall be 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, 4) to provide a forum for resident physician action on issues that affect the delivery of health care, and 5) to provide professional and academic development opportunities.

Section Three-Membership

Members of the Organization of Resident Representatives shall be resident physicians or fellows when designated by the member organizations of the Council of Academic Societies of the Association of American Medical Colleges that represent chairs of medical school clinical departments or directors of residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Two resident representatives shall be designated by each of these member organizations by a process appropriate to the governance of the designating organization. Members of the ORR shall be designated to serve for a two-year term and may be reappointed by the societies for another two-year term if they meet membership requirements. The selection process should involve resident input to the extent possible by the organization's administrative structure and governance. The president or chair of the organization will respond to the Association with the names of the two resident physicians the organization wishes to designate.

Each member of the Organization of Resident Representatives shall be entitled to one vote at meetings of the ORR.

Section Four-Officers and Administrative Board

The officers of the Organization of Resident Representatives shall be as follows:

- 1) The chair whose duties shall be to:
 - a) preside at all meetings of the ORR
 - b) serve as *ex-officio* member of all committees of the ORR
 - c) communicate all recommendations and actions adopted by the ORR to the Executive Council
 - d) represent the ORR on the Executive Council

2) The chair-elect whose duties are to preside or otherwise serve in the absence of the chair and to succeed the chair in that office at the completion of his/her term of office. If the chair-elect succeeds the chair before the expiration of his/her term of office, such service shall not disqualify the chair-elect from serving a full term as chair.

The term of office of the chair and chair-elect shall be one year.

There shall be an administrative board composed of the chair, chair-elect, immediate past chair and six members-at-large. The term of office of the members-at-large shall be for one year, and this service shall not disqualify them from serving a full term as chair-elect, chair and immediate past-chair if so elected¹. The chair-elect and members-at-large will be elected annually at the time of the annual meeting of the Association of American Medical Colleges. Members-at-large may be re-elected to the administrative board providing they fulfill membership requirements. Those members serving as officers or administrative board members shall be designated resident representatives by their respective Council of Academic Societies member organization. Retiring officers and administrative board members shall be non-voting members at the annual meeting. The Council of Academic Societies' organizations who are represented by retiring officers or administrative board members shall designate a total of two voting resident representatives to the annual meeting.

Nominations for chair-elect and the administrative board will be accepted with appropriate supporting materials (curriculum vitae and a statement of intent) prior to the annual meeting. Additional nominations may be made by the membership of the Organization of Resident Representatives at the time of the election.

Candidates for each respective office will be allowed to provide a brief oral summary of their qualifications and interest in the Organization of Resident Representatives prior to

¹ At the first meeting of the Organization of Resident Representatives, three members-at-large of the administrative board were elected to a two year term to facilitate an orderly transition and to allow administrative board members additional time to create an appropriate organizational and structural foundation. Following the conclusion of the three members' term of service, all at-large administrative board positions shall be for one year as stated above.

the casting of ballots. Election will be by closed ballot. The first to be called will be for chair-elect. The nominee receiving the most votes shall be elected. In the event of a tie, a run-off election will be held.

The next ballot will be for members-at-large of the administrative board. The individuals receiving the highest number of votes shall be elected. In the event of a tie, a run-off election will be held.

The administrative board shall be the Organization of Resident Representative's executive committee to manage the affairs of the Organization of Resident Representatives and to take any necessary interim action that is required on behalf of the Organization.

Section Five-Representation on the AAMC Assembly

The Organization of Resident Representatives is authorized twelve seats on the AAMC Assembly. Representatives of the Organization to the Assembly shall be determined according to the following priority:

- 1) the chair of the Organization of Resident Representatives
- 2) the chair-elect of the Organization of Resident Representatives
- 3) the immediate past-chair of the Organization of Resident Representatives
- 4) members-at-large of the administrative board of the Organization of Resident Representatives
- 5) additional members as designated by the chair of the Organization of Resident Representatives

Section Six-Meetings, Quorums and Parliamentary Procedure

Regular meetings of the Organization of Resident Representatives shall be held in conjunction with the Association annual meeting.

Special meetings may be called by the chair upon majority vote of the administrative board provided that there is at least thirty days notice given to each member or the Organization of Resident Representatives and appropriate funding for a special meeting is available.

A simple majority of the voting members shall constitute a quorum.

Formal actions may be taken only at meetings at which a quorum is present. At such meetings decisions will be made by a majority of those present and voting.

Where parliamentary procedure is at issue, Roberts Rules of Order shall prevail, except where in conflict with Association bylaws.

All Organization of Resident Representatives meetings shall be open unless otherwise specified by the Chair.

Section Seven-Operation and Relationships

The Organization of Resident Representatives shall relate to all three Councils of the Association of American Medical Colleges and shall be represented on the Executive Council by the chair and the chair-elect of the Organization of Resident Representatives.

Section Eight-Adoption and Amendments

These Rules and Regulations shall be adopted and may be altered, repealed, or amended by a two-thirds vote of the voting members present and voting at any annual meeting of the membership for which thirty days prior written notice of the Rules and Regulations change has been given, provided that the total number of votes cast in favor of the changes constitutes a majority of the Organization's membership.

ORR 1992-1993 "Telephone Tree"

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

1993 Meetings

- February 24-25 ORR Administrative Board Meeting/AAMC Executive Council, AAMC Headquarters and ANA Westin Hotel, Washington, D.C.
- June 16-17 ORR Administrative Board Meeting/AAMC Executive Council, AAMC Headquarters and Park Hyatt Hotel, Washington, D.C.
- September 22-23 ORR Administrative Board Meeting/AAMC Executive Council, AAMC Headquarters and Park Hyatt Hotel, Washington, D.C.
- November 5-11 AAMC Annual Meeting, Washington Hilton & Towers, Washington, D.C.
[ORR Activities on Friday, Saturday and Sunday, November 5-7]
- December 6-8 AAMC Officers Retreat for Chairs and Chairs-elect/Location TBA