

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF RESIDENT REPRESENTATIVES
ADMINISTRATIVE BOARD MEETING
WASHINGTON, D.C. FEBRUARY 14 - 15, 1996

MINUTES

ORR Chair Nick Gideonse, MD, called the meeting to order at 2:30 pm. Administrative Board members present included: John Biglow, MD, Mary Ann Bullard, MD, Denise Dupras, MD, PhD, Chris Hanson, MD, Randy Roig, MD, Ted Wells, MD, and Cheryl Rucker Whitaker, MD, MPH. Absent was David Jones, MD. AAMC staff included: Alexis Ruffin, and for brief periods (in order of attendance), Michael Whitcomb, MD, Jordan Cohen, MD, Brownie Anderson, Mary Beth Bresch White, Richard Knapp, PhD, and David Moore.

Dr. Gideonse introduced and welcomed AAMC Senior Vice President Michael Whitcomb, MD, Division of Medical Education, who joined the meeting to offer his support and encouragement to the ORR Ad Board and their mission. He reminded the Board that the ORR is in its fifth year, and must complete a mandated evaluation, as stipulated when the ORR was created by the AAMC Executive Council in 1991.

Dr. Gideonse pointed to the AAMC's Strategic Plan in suggesting that the ORR review its role in the AAMC and craft an action plan for the next year. He further pointed to past programming on the topic of Residents as Teachers. Dr. Roig identified two issues that he thought needed ORR attention: first, examining the appointment method to the ORR, and second, communication between the ORR and other resident organizations. He also suggested selecting particular issues to develop a report which membership at-large could share with their sponsoring organizations. Dr. Wells suggested giving some programming time to the pragmatics of developing one's practice. He further supported communication efforts with other resident organizations. Dr. Dupras pointed to areas in the AAMC's Strategic Plan that residents are uniquely qualified to speak to, such as: workforce reform, quality in resident education and the relationship between the two, and lastly, looking at whether medical schools are sufficiently preparing students for residency training.

Dr. Wells suggested that the ORR establish a LISTSERV to facilitate communication between members. Dr. Hanson expressed concern about the standardization of medical school, and the difficulty of comparing medical school graduates at residency application. This generated some discussion about the USMLE and its use. The Medical School Objectives Project (MSOP) will be an opportunity for the ORR to give AAMC input on the medical school experience, suggested Dr. Dupras.

In designing the five-year evaluation report, areas identified to address included: the specific ways ORR members are selected, how the ORR should function (more input from ORR membership at annual meeting or increasing formal presentations), and who the ORR should serve (the ORR membership, residents at-large, or the AAMC). The unique focus and strength of AAMC as an academic organization was highlighted, and a concern to stay true to that purpose was expressed by the Board members.

Dr. Gideonse introduced the discussion of resident representativeness in the ORR by sketching the early logic behind its current structure, specifically, appointment through the Council of Deans (COD) was seen as too closely tied to the schools, but going through the Council of Teaching Hospitals (COTH) would result in an unwieldy membership number. Association with the Council of Academic Societies (CAS) offered the advantage of providing a cross specialty mix. Currently, member societies in the CAS representing program directors or department chairs appoint two representatives for a two-year term on the ORR. Though it works out that the larger specialties have both program director and department chair CAS members, the cross-specialty mix is maintained. The primary weakness of the current structure of the ORR rests with the requirement that the appointing organization be a member of the CAS, only because when a specialty or either a program directors and/or department chairs group drops off of the CAS, as was the case with the Association of Pediatric Program Directors, or does not belong to the CAS, the ORR had no appointment access. The ambition is to draft a new appointment method in time for the 1997 reappointment cycle. Possibilities include: some form of regional representation, weighting specialties (i.e., generalist specialties or larger specialties), or using interest in medical education or a career in academic medicine as part of the appointment criteria. The Board would like to utilize other resident groups when possible, and encourage appointing societies to institute democratic processes in the appointment of their ORR members. At-large membership was discussed.

Discussion on the reorganization of the ORR touched on the following: maintaining specialty based selection of members, encouraging a democratic selection process, asking CAS appointing organizations to turn ORR appointment to their resident specialty group when possible, and drafting a letter to other resident organizations letting them know about ORR

Concern over the specialty weighting of the ORR which occurs as a result of CAS membership was expressed. Solutions included having appointments come only from program directors or turning to non-CAS organizations for appointments, though there was concern about having non-AAMC constituent appointees in an AAMC group. Also, the Board expressed hesitancy to increase the ORR size by too much given communication issues ORR is currently grappling with. Action on these communication issues include: AAMC staff will develop a LISTSERV for the Board, AAMC staff will develop communication guidelines, AAMC staff will development an ORR brochure. Discussion turned to the distribution of the ORR Newsletter.

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Ideas included expanding distribution to program directors and chief residents, CAS appointing members, and selected resident groups. It was further suggested that the newsletter be put on an ORR Web page or put out on a newsletter LISTSERV. Dr. Hanson and Alexis Ruffin, staff associate, Division of Medical Education, will explore an ORR Web page.

Dr. Dupras expressed concern that the mission statement be the work of current ORR membership, pointing out that she was serving her last year on the ORR as the Immediate-past chair. Dr. Biglow and Dr. Roig will draft a mission statement to present to the Ad Board at the June meeting.

The Ad Board adjourned until 9:00 am February 15, at which time Dr. Rucker Whitaker, ORR Chair-elect, reconvened the meeting.

Dr. Rucker Whitaker welcomed Jordan Cohen, MD, AAMC President, who observed the Board meeting for a portion of the morning, and who voiced his support and encouragement of the ORR's role at the AAMC.

Brownie Anderson, Associate Vice President, Division of Medical Education, gave a briefing and update on the Medical School Objectives Project (MSOP), and asked the Ad Board to consider how it would like to participate. She suggested developing a survey, which would be piloted with the Ad Board and then distributed to the ORR at-large. Dr. Dupras and Dr. Hanson expressed interest in participating in this project. Ms. Anderson also briefed the Ad Board on the Residents' Teaching Special Interest Group, which is an informal group out of the Group on Educational Affairs (GEA). This group came together for the first time at the 1995 AAMC Annual Meeting. There was a suggestion that there be some ORR joint programming with this SIG at the 1996 AAMC Annual Meeting. Related to the reorganization of the Group on Educational Affairs, Ms. Anderson indicated that the Ad Board will be asked to appoint a liaison to sit on the GEA's Steering Committee, effective January 1997.

Ms. Ruffin briefed the Ad Board on the re-organization of the GEA and the implications for the ORR. She further summarized the activities of the Accreditation Council for Graduate Medical Education (ACGME) and the reorganization it will be undergoing. The current ACGME Executive Director will be retiring in the near future, which provides a natural opportunity to re-evaluate the structure of the ACGME.

Mary Beth Bresch White, senior legislative analyst, Office of Governmental Relations, provided a legislative update from the AAMC, focusing on the Investigational Device Hearings, the activities of the Justice Department, and the Medicare program. She also summarized Congressional activity on Foreign Medical Graduate funding.

Dr. Gideonse lead discussion on agenda items before the Executive Council. The Board had no objections to the activities of the Executive Council.

Richard Knapp, Ph.D., AAMC Executive Vice President and David Moore, Associate Vice President, both of the Office of Governmental Relations, joined the Ad Board and provided input on the IMG position of the AAMC, as well as walking the Board through many related issues.

Ms. Ruffin summarized Division of Medical Education activities with program directors organizations, reviewing the January 1996 meeting that Michael Whitcomb hosted for the staff from program directors organization of the six core specialties. She also informed the Board of a new project coming to the AAMC, the National Study of Internal Medicine Manpower Survey (NaSIMM).

Dr. Gideonse summarized his report to the CAS Ad Board. Though they were disappointed that the professional development conference will be postponed until the following spring, they remain supportive of the conference and offered their services.

Dr. Rucker Whitaker offered a report on the AMA-RPS Interim meeting she attended as the ORR liaison. She felt well received and provided a report on the ORR to their Governing Council.

Desai Devang, OSR Ad Board member and liaison to the ORR, briefed the Board on the progress of the OSR's annual meeting planning. Their meeting title will be "Medical Students in Action: Realizing Vision," and will focus on professionalism. He expressed interest in an informal dinner with OSR and ORR members at the Annual Meeting. The OSR is additionally interested in exploring the relationship between third year students and residents as a potential joint programming topic.

Dr. Dupras summarized the 1995 Annual Meeting Evaluation Survey. Overall, the ratings were very positive, though there was a common request for more interaction time between participants. Linda Fishman's, Associate Vice President, Division of Health Care Affairs, presentation on GME Financing was enthusiastically received, with the suggestion that it be repeated at the 1996 Annual Meeting.

Discussion turned to the ORR 'Quality in Graduate Medical Education' Survey, administered August 1995. It was suggested that the results of the survey be used to help inform 1996 Annual Meeting programming planning.

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Planning for the next issue of *The Residents' Report* include the following topics: chair's letter, a short article on e-mail, mission statement update, ad board notes, professional development update, MSOP update, CAS spring meeting report, summary of AMA-RPS leadership conference. SRE and ERAS reports will be solicited from respective liaisons.

Ms. Ruffin will develop a delineation of ORR re-organization options to be presented to the Ad Board at their June meeting.

Dr. Gideonse adjourned the meeting at noon.