

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF RESIDENT REPRESENTATIVES
ADMINISTRATIVE BOARD BUSINESS MEETING
WASHINGTON, D.C. SEPTEMBER 17-19, 1996

AGENDA

Tuesday, Sept. 17, 1996

6:00-8:00 pm, AAMC Headquarters, room 403

- | | | |
|-------|--|---------------------|
| I. | Call to order | |
| II. | Consideration of the Minutes | |
| III. | Report of the Chair/Chair-elect | Dr. Rucker Whitaker |
| IV. | ACGME bylaws endorsement letter | Ms. Ruffin |
| V. | Mission Statement | Dr. Biglow/Dr. Roig |
| VI. | ORR LISTSERV and WEB page | Ms. Ruffin |
| VII. | Re-appointment status of the | Ms. Ruffin |
| | Association of Professors of Dermatology | |
| | American Academy of Physical Medicine and Rehabilitation | |
| | Association of Academic Chairmen of Plastic Surgery | |
| | Association of Teachers of Preventive Medicine | |
| | Association of Family Practice Residency Directors | |
| VIII. | Review of appointment letter and form | Dr. Rucker Whitaker |
| IX. | Review/update of ORR Resource Manual | Dr. Rucker Whitaker |

Wednesday, Sept. 18, 1996

9:00-12:00 pm, ANA Westin, Imperial II

3:00-6:00 pm, ANA Westin, Imperial II

- | | | |
|-------|---|----------------------------------|
| X. | Five Year Evaluation Report | Dr. Gideonse/Dr. Rucker Whitaker |
| XI. | Evaluation Survey results | Ms. Ruffin |
| XII. | Executive Council Items | Dr. Gideonse/Dr. Rucker Whitaker |
| XIII. | Annual Meeting | Dr. Gideonse |
| | Schedule | |
| | Roundtable discussion- topics, assignments | |
| | ORR forum-topics | |
| | Joint OSR session | |
| | CAS reception | |
| XIV. | Brochure: "Questions to Ask at the Residency Interview" | Ms. Ruffin |

Thursday, Sept. 19, 1996

9:00-12:00 pm, ANA Westin, John Marshall

- | | | |
|--------|-------------------------------------|-------------------------|
| XV. | Legislative Update | Ms. Bresch White |
| XVI. | Consensus on workforce | Dr. Whitcomb |
| XVII. | Professional Development Conference | Dr. Gideonse/Ms. Ruffin |
| XVIII. | 1996-97 ORR Officer's retreat | Ms. Ruffin |
| XIX. | Old/New Business | |
| XX. | Adjournment | |

DRAFT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF RESIDENT REPRESENTATIVES
ADMINISTRATIVE BOARD MEETING
JUNE 18-20, 1996

MINUTES

Members present:

Nick Gideonse, MD, Chair
John Biglow, MD
Mary Anne Bullard, MD*
David R. Jones, MD
Randy Roig, MD
Ted Wells, MD*
Cheryl Rucker Whitaker, MD, MPH, Chair-elect

AAMC staff present:

Michael Whitcomb, MD[†]
Donald G. Kassebaum, MD[†]
Mary Beth Bresch White[†]
Brownie Anderson[†]
Alexis Ruffin

Members not present:

Denise Dupras, M.D., Ph.D.
Chris Hanson, M.D.

* Arrived June 19, 1996

[†] Present for a portion of the business meeting.

Introduction and consideration of the minutes

Dr. Gideonse called the meeting to order at 4:10 pm, at the AAMC headquarters, at which time the February Ad Board meeting minutes were accepted without modification. Dr. Gideonse identified the self-evaluation, mission, and reorganization efforts as the most important points of business for the meeting.

ACGME and IMGs

Michael Whitcomb, MD, senior VP, Division of Medical Education, gave the Board an overview of the Accreditation Council for Graduate Medical Education (ACGME) reorganization efforts, emphasizing the importance of the removal of the institutional veto and the potential institutionalization of the relationship between the ACGME and the Residency Review Committees (RRCs). He briefly addressed the issue of International Medical School Graduates (IMGs) and suggested that it is unlikely that IMG participation will be limited voluntarily.

Resident teaching

Donald G. Kassebaum, MD, VP, Division of Educational Research and Assessment and LCME Secretariat, addressed the group on the current thinking of the Liaison Committee on Medical Education (LCME) and the role of resident teaching at the undergraduate level. He provided a history of the LCME, referred the Board to two *Academic Medicine* articles by David Irby, MD, and indicated that the LCME is pushing schools to institutionalize the development of teaching skills by residents.

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JUNE 18-20, 1996

Appointment and re-organization

Discussion then turned to the potential re-organization options and the five-year self-evaluation of the ORR. Ms. Ruffin reported on the re-organization options available to the ORR under the constraints of the AAMC non-profit status. The need to make the expectations and obligations clear to the membership was highlighted. Dr. Roig asked for specification on ORR member appointments and Dr. Biglow called for standardization in the process. Dr. Jones warned against making the appointment process too cumbersome for the CAS appointing societies. Dr. Biglow suggested that the Ad Board draft a letter which could be sent to the CAS appointing societies to distribute to potential nominating program directors. Dr. Roig asked if the CAS can "sponsor" a non-constituent group from which to solicit resident appointees. Ms. Ruffin reported that she would check to determine if that would be permitted under the AAMC nonprofit status. The Ad Board further decided to review the appointment request letter and form at the September meeting to ensure standardization. The decision was made to retain the current specialty 'senate' style structure of the ORR, and that an ORR member need only be a resident at the time of selection. The proposal to require Chair-elect nominees to still be in a residency program at the time they take over the Chair was rejected. Suggested bylaws changes included mandating that no two residents be from the same program, that the appointees be interested in medical education, and that the appointees be elected by fellow residents when possible. The Board considered and expanded the list of organizational strengths and weaknesses prepared by staff for the self-evaluation report.

Communication between ORR and CAS

Dr. Jones suggested that an emphasis be placed on encouraging the ORR membership to be proactive with their appointing societies and report to them on ORR activities and resident concerns. This would have the added benefit of raising the profile of the ORR, according to Dr. Rucker Whitaker. Ideas to increase communication between the ORR and CAS appointing societies included developing a post-annual meeting issue brief that ORR members could share with their CAS group and encouraging members to use the issue brief to write articles for their specialty organizations.

The meeting adjourned at 8:00 pm and reconvened at 9:10 am on Wednesday, June 19 at the ANA hotel, Washington, D.C.

ORR LISTSERV

To solicit e-mail addresses and interest in an ORR membership LISTSERV, Ms. Ruffin agreed to draft a postcard to go to membership with the organization evaluation survey. Dr. Biglow asked that the option of AAMC subsidizing the e-mail subscription costs of the membership be explored.

Organizational evaluation survey

The purpose of the evaluation survey is generate input to the evaluation report the Ad Board must submit to the AAMC Executive Council to fulfill the mandated requirement that the ORR

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JUNE 18-20, 1996

undergo an organizational evaluation five years after establishment. The opportunity to query membership on annual meeting attendance and interest in serving as an officer was also to be included on the survey.

Newsletter

Topics for the summer and fall newsletter were identified and assigned.

ORR Web Page

With the development of a mission statement, the Ad Board felt ready to prepare a Web page and wanted to explore web links with other organizations. Ms. Ruffin agreed to explore the process and procedure of creating a Web page and design a draft outline.

Reports

CAS-Dr. Gideonse provided the ORR report to the CAS.

ACGME-Ms. Ruffin provided a report to the Ad Board on the ACGME and the call for a resident member to replace Melissa Thomas, M.D. Dr. Rucker Whitaker agreed to submit her name, though she will not be able to attend the AMA-RPS reception when interested residents can meet the governing board which is tasked with making the ACGME resident representative member selection.

National Consortium of Resident Physician Organizations (NCRPO)-Dr. Rucker Whitaker reported on the activities of the NCRPO and their upcoming conference in September. She also reported on the Fitzhugh Mullen award the NCRPO gives for resident leadership. Dr. Roig and Dr. Jones agreed to submit their names.

National Medical Association (NMA)-Dr. Rucker Whitaker reported on her conversations with the NMA related to their effort to create a cross organization resident group. She invited them to attend the NCRPO and suggested that the NCRPO was already serving the purpose of the proposed NMA group.

Governmental relations

Mary Beth Bresch White, senior legislative analyst, Office of Governmental relations, AAMC, provided an update on Congressional activity and the action of the Office of the Inspector General (OIG).

The meeting adjourned at 12:30 for the Executive Council briefing and reconvened at 3:10 with a summary from Dr. Rucker Whitaker to the Ad Board on selected agenda items of the Executive Council.

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Mission statement

Dr. Biglow and Dr. Roig presented their work on an ORR mission statement. After discussion, the Board agreed on a working draft and tasked Drs. Biglow and Roig with re-submitting a draft at the September incorporating the Board's comments.

The meeting adjourned until 11:10 Thursday, June 20. The morning hours of the business meeting were set aside for the Board to participate in a focus session in support of the Medical School Objectives Project (MSOP), a major initiative out of the AAMC's Division of Medical Education.

Annual meeting

At Wednesday's session Ms. Vivian McClaine provided a summary of available programming times during the 1996 Annual Meeting. Discussion of programming and scheduling dominated the Thursday the meeting. The Board agreed to schedule an ORR Forum on the afternoon of Saturday, November 9 from 1:30-5:00. Decisions about the exact structure and topics of the ORR Forum will be confirmed at the September meeting. Additionally, each Ad Board member was asked to identify a luncheon roundtable discussion topic they would like to lead during the Annual Meeting. Assignments will be made at the September meeting. The membership will be asked to sign-up for the roundtables in the weeks preceding the annual meeting.



2450 N STREET, NW, WASHINGTON, DC 20037-1127
PHONE 202-828-C400 FAX 202-828-1125

September 3, 1996

John Gienapp, Ph.D., Executive Director
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, Illinois 60610

Dear Dr. Gienapp:

This letter is to serve as an endorsement of the proposed bylaws for the ACGME. As the resident organization affiliated with the Association of American Medical Colleges, the Organization of Resident Representatives has the interests of residents and the integrity of graduate medical education fore-front in our mission. Our officers and Administrative Board follow the activities and developments of the ACGME and are pleased to see these Bylaws changes under consideration.

We recognize the proposed bylaws as contributing to the strength and effectiveness of the ACGME, which will contribute to improvements in the quality and scope of American graduate medical education. Moreover, the proposed bylaws offer to enhance resident participation in the accreditation process in several ways. The formalization and institutionalization of the Residency Review Committees will make all of the RRCs subject to ACGME policy. Accordingly the ACGME will be in a position to standardize resident participation on RRCs, and include resident surveys and evaluations as part of the accreditation review process. Currently these opportunities for resident participation are left solely to the discretion of each individual RRC.

Again, as a resident organization, we are pleased to see the ACGME move in a positive direction and look forward to the continued involvement of residents in the accreditation process.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Nicholas Gideonse'.

Nicholas Gideonse, MD, Chair
Organization of Resident Representatives

A handwritten signature in dark ink, appearing to read 'Cheryl Rucker Whitaker'.

Cheryl Rucker Whitaker, MD, MPH, Chair-elect
Organization of Resident Representatives

cc: J. Lee Dockery, M.D., Executive Vice President,, American Board of Medical Specialties
James D. Bently, Ph.D., Senior Vice President, American Hospital Association
P. John Seward, M.D., Executive Vice President, American Medical Association
Rebecca Rhine Gschwend, Executive Vice President, Council of Medical Specialty Societies
Jordan J. Cohen, M.D., President, Association of American Medical Colleges
Steve Ellwing, Director, Resident Physician Services, American Medical Association-RPS

From: john biglow <biglow@massmed.org>
To: AAMC.Internet("orradboard@aamcinfo.aamc.org","bigl...
Date: 7/6/96 8:48am
Subject: ORRADBOARD: revised mission statement

This is a revision of the mission statement.

Recall one particular item was controversial. I might suggest a possible wording below.

Where should we insert the word "training"? How about this:

- >- National forum for discussing issues and concerns in medical education
- >and training?
- >
- >WORKING DRAFT FOR REVIEW
- >
- >After statements about the origin and composition of the ORR,
- >
- >The mission of the American Association of Medical Colleges Organization
- >of Resident Representatives (AAMC ORR) is the advancement of graduate
- >medical education and training to provide for quality health care.
- >
- >Goals
- >
- >- National forum for discussing issues and concerns in medical education
- > - Facilitate links to other resident organizations
- >
- >- The primacy of education in residency training
- >
- >- Leadership development in academic medicine
- > - Fostering research opportunities in graduate medical education
- >
- >- Resident representation to the AAMC governance in policy deliberations
- >and in voting
- > - Serving as a resource to AAMC constituents in discussions
- >regarding residency education and training
- >
- >Alexis,
- >If you have time, Cheryl would appreciate a faxed copy.
- >

John Biglow
379 Flint St
Marstons Mills, MA 02648

home message machine 508-428-9467 pager (from within MA) 800-649-0241 #10521 pager

From: Alexis Ruffin
To: internet:massmed.org:biglow, internet:aol.com:rroi...
Date: 8/26/96 12:24pm
Subject: ORR mission statement

John and Randy, This has been changed ever so slightly. I am sending this out to the ORR Chairs so that we can discuss it during our conference call tomorrow. John, what is meant by "research opportunities in GME"? thanks all. -Alexis

In talking with Mike Whitcomb and looking over the mission and goals in the AAMC strategic plan and the OSR, I am forwarding revised mission and goals language. Let me know what you think. As soon as I get your feedback this should be sent back out over the LISTSERV so we can finalize language to be approved at your September Ad Board meeting.

The mission of the Association of American Medical Colleges Organization of Resident Representatives (AAMC-ORR) is to improve resident physician education and training for the purpose of improving the quality of health care by addressing the primacy of education in residency education through programming and professional development, in addition to supporting AAMC initiatives and goals and proving the resident voice in the AAMC governance.

Strategic Goals:

- *to provide a unique cross-specialty national forum for residents to discuss issues and concerns in resident physician education.
- *to facilitate relationships with other resident organizations and continue existing outreach efforts
- *to encourage and promote the leadership development of resident physicians
- *to provide research opportunities in graduate medical education
- *to serve as a resource to AAMC constituents in discussions regarding residency education

From: john biglow <biglow@massmed.org>
To: Alexis Ruffin <ALRUFFIN@aamc.org>
Date: 8/26/96 3:48pm
Subject: Re: ORR mission statement

I have included the original (bottom) and the revised mission statements.

>John, what is meant by "research opportunities in GME"?

This is what we spoke of at the last Ad Board meeting. The bylaws of the ORR describe its purpose as including developing leaders in academic medicine. I suggested, and Nick liked, the idea that the ORR could promote and fund, within itself, studies like David Jone's.

Why, in this next passage, do you replace "advancement" with "improve"?
And why replace GME with "resident physician education"?

>The mission of the Association of American Medical Colleges Organization of
>Resident Representatives (AAMC-ORR) is to improve resident physician education
>and training for the purpose of improving the quality of health care
>by
>addressing the primacy of education in residency education through programming
>and professional development, in addition to supporting AAMC initiatives and
>goals and proving the resident voice in the AAMC governance.

I think this is too much. Simplicity is better. You added to the original, statements regarding the means by which the mission could be accomplished. I think these should still be added later as goals. Or perhaps we could separate the first part as a vision statement.

>

>Strategic Goals:

>

>*to provide a unique cross-specialty national forum for residents to discuss
>issues and concerns in resident physician education.

This is improved.

>

>*to facilitate relationships with other resident organizations and continue
>existing outreach efforts

>

>*to encourage and promote the leadership development of resident physicians

>

>*to provide research opportunities in graduate medical education

This is a subcategory goal of the one preceding it. To take resident leaders, of the ORR, and allow them a further opportunity for special research projects.

>

>*to serve as a resource to AAMC constituents in discussions regarding residency

>education

You have omitted the concept of resident representation and voting. Why?

>

>*****

The mission of the American Association of Medical Colleges Organization of Resident Representatives (AAMC ORR) is the advancement of graduate medical education and training to provide for quality health care.

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>- National forum for discussing issues and concerns in medical education

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John Biglow

379 Flint St

Marstons Mills, MA 02648

home message machine 508-428-9467 pager from within MA 800-649-0241 #10521 pager
from anywhere 508-771-2382 #10521

biglow@massmed.org

CC: AAMC.Internet("dupermd@aol.com","nlgmd@aol.com","r...

From: Alexis Ruffin
To: Internet("biglow@massmed.org")
Date: 8/26/96 5:19pm
Subject: Re: ORR mission statement -Reply

John,

I hope my comments below explain my suggestions to the draft mission statement. I'll be looking for your follow-up. I have this on the agenda of my scheduled conference call with the ORR chairs. Have you heard from anyone else about this? I haven't. more later. -Alexis

- 1) On research opportunities - Is the language in the current goals statement clear on what is meant by this? What sort of future research is anticipated? A follow-up to David Jones's survey? Is this really a long-term goal?
- 2) Mike queried me on this word choice and I tried to think of exactly what it is that the ORR is after. From your conversations, it seems that you are most concerned with the improvement and integrity of your education.
- 3) GME is a term so strongly associated with financing and work force that it seems to reinforce the education focus by spelling out resident physician education.
- 4) I did try to throw in everything AND the kitchen sink into the initial statement. Wordsmith, cull, edit, this is just something to chew on. The methods used by the ORR, programming and professional development, probably shouldn't be spelled out. Given the design and purpose of the ORR, it seemed important to place "the primacy of education" as an advocacy area in the mission statement and not as a goal of many. A vision statement might be nice. Consider if you want to segregate off separate statements though.
- 5) I tried to put resident representation and voting in the mission statement since that is one of the functions of the ORR and by necessity not just a goal.

That's all for now. -Alexis

>>> john biglow <biglow@massmed.org> 08/26/96 03:48pm >>>

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And why replace GME with "resident physician education"?

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This is a subcategory goal of the one preceding it. To take resident leaders, of the ORR, and allow them a further opportunity for special research projects.

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>

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>

- >- National forum for discussing issues and concerns in medical education

>

- Facilitate links to other resident organizations

>

From: john biglow <biglow@massmed.org>
To: AAMC.HQ(ALRUFFIN)
Date: 9/1/96 7:38pm
Subject: ORR mission statement, Revision 9-1-96

Alexis,

Please forward this to the ORR Ad Board. It bounced back to me when I sent it to <orradboard@aamcinfo.aamc.org>... Service unavailable

No, I have not heard from any other ORR about the mission statement recently. Do you want to have it finalized before the Sept meeting?

- >1) On research opportunities - This probably should not be a long term
>goal, since we just brought it up for the first time last meeting. I
>envision it as such, but it is probably too early to include it in the
>long term goals.
>
- >2) improvement and integrity of your education- OK
>
- >3) reinforce the education focus by spelling out resident physician
>education vs GME- OK
>
- >4) A vision statement might be nice.
> Consider if you want to segregate off separate statements though.
>
- >5) I tried to put resident representation and voting in the mission statement
>since that is one of the functions of the ORR and by necessity not just a
>goal.- OK
>

How about revising the mission from this

The mission of the Association of American Medical Colleges Organization of Resident Representatives (AAMC-ORR) is to improve resident physician education and training for the purpose of improving the quality of health care by addressing the primacy of education in residency education. in addition to supporting AAMC initiatives and goals and proving the resident voice in the AAMC governance.

to this:

The mission of the Association of American Medical Colleges Organization of Resident Representatives (AAMC-ORR) is to support AAMC initiatives and goals and provide a resident voice in the AAMC governance to improve resident physician education and training for the purpose of improving the quality of health care.

The changes are putting AAMC input first, as a means to the end of "improving the quality of health care".

Removing "by addressing the primacy of education in residency education" as it seemed to have been said already as "to improve resident physician education".

I would also like to remove "support AAMC initiatives and goals and" since this should be implied by mutual concepts and I do not think it should be an end in itself. The ORR should not "support AAMC initiatives and goals" if they are not also in line with "improving resident physician education and training."

And for my first stab at a vision statement,

Vision- improve health care through residency education

From: john biglow <biglow@massmed.org>
To: AAMC.Internet("orrlist@aamcinfo.aamc.org", "biglow@...
Date: 9/8/96 6:27pm
Subject: ORRLIST: access to this list

John Biglow
Anesthesiology
Mass General Hospital

Should we make this list accessible to any resident in graduate medical training in the US?

The AMA Resident section has a listserve, I believe. Should we merge?

If not, I believe we should make another ListServe for all residents nationwide.

LISTSERVER User Questionnaire

MAJORDOMO is a set of programs that automate operation of mailing lists. These questions are necessary for the creation of a new mailing list.

1. Choose a name for the list. Use any combination of lower case letters, numbers and dashes.

orrlist

2. Choose an owner and alternate for the list. The address of this person will be published on the list.

Alexis L. Ruffin, ALRUFFIN@AAMC.ORG

Vivian McClaine VMCCLAINE@AAMC.ORG

3. Choose a subscription approval password.

4. Write a **brief** description of the list to be mailed out to new subscribers. Include a general description of the subject matter that might be discussed on the list, the basic instructions for unsubscribing from the list, whether contributions will be available from archives, how to get further information and any other information you think a new subscriber might want to know. Please prepare this as an ASCII text file and follow your list owner instructions to mail it to Majordomo.

See Last Page

5. Do you want to archive messages? This would enable list users to retrieve list contributions from an archive directory rather than get each message individually. If yes, would you like a daily, monthly, or yearly archive?

Archive - YES, Monthly

6. Choose a subscription policy.

a. **Closed** This is the default.

 All subscriptions must be approved by the list owner.

7. Do you want the list to be public or private. On a public list anyone (even non-subscribers) can use commands like "who" and "index" to get information about the subscribers. On a private list only subscribers have access to information about other subscribers.

PRIVATE

8. Do you want the list to be moderated? The list owner will be required to approve each message before it gets distributed to the list. (This choice is still under consideration with the policy committee.)
UNMODERATED
9. Choose the resend option you want:
a. **All subscribers are able to post messages to the list**
10. Choose a reply option:
a. **To the list as a default**
b. **with the option of replying to sender of message if the user so desires**
11. Would you like your list digested? A listsever digest is a file containing all messages sent to the list during some period of time (determined by the list owner). By default a digest will be sent when the digest size maximum is reached without regard to the time period chosen.
YES, digested, time period 1 week
12. You have the ability of a "message footer" appended to each message.
NONE
13. Would you like a subject prefix?
This word will be prefixed to the subject line. The default is "listname:".
YES, ORRLIST
14. Should this list be added to the AAMCInfo Gopher's list of AAMCInfo lists?
NO

ORRLIST SUBSCRIPTION CONFIRMATION/GREETING

This list is for the membership of the Organization of Resident Representatives. Its purpose is provide a venue for residents across specialties to exchange and to promote dialogue about the range of topics of concern and interest to resident physicians. Based at the AAMC, ORRLIST will be maintained by the Section for Graduate Medical Education staff.

Description of ORRLIST

The list includes ORR member subscribers approved by the owner. Only those who have subscribed can get information about others on the list. It is an "unmoderated" list which means that all messages posted by subscribers will be distributed to everyone on the list. List activity will be monitored and complaints or concerns should be directed to the list owner at the AAMC.

Discussion is open and primary issues to be addressed are those related to graduate medical education, the ORR structure and programming, education at-large, workforce issues, specialization, and related topics. This is to be an open forum for the members of the ORR to brainstorm and provide feedback on the matters and issues before them.

Please observe basic rules of the Superhighway:

Use appropriate and polite language.

Be sure to identify yourself in your message, including institution and specialty.

Maintain confidentiality; do not reveal the personal address or phone numbers of colleagues.

Do not use this list for commercial activity or advertising.

Be aware that e-mail is not guaranteed to be secure.

All communications and information accessible via the Internet should be assumed to be private property.

Remember to use the same "Subject" description in a reply.

Please write in complete sentences and edit messages for coherency.

The list owner (ORR Staff Director) has the authority to delete any messages deemed inappropriate. Furthermore, the establishment and maintenance of the ORR LISTSERV is subject to AAMC approval.

How to send messages to ORRLIST

- 1) In the "TO:" section type <orrlist@aamcinfo.aamc.org>
- 2) then enter a "subject" (optional, but especially helpful if you are sending a response)
- 3) then type in your message
- 4) then send your message

You retain the option of responding individually to the original sender of any message sent to the LISTSERV, or sending your response to any message posted to the list to all of the list subscribers.

Reminder: If you set up a rule with your e-mail to automatically respond to messages when you are on vacation, please be sure to unsubscribe to the LISTSERV and subscribe when you return. Otherwise, each ORRLIST message posted to your address will illicit a response according to your rule. Thanks.

TO SUBSCRIBE and UNSUBSCRIBE TO ORRLIST

Send e-mail to majordomo@aamcinfo.aamc.org, including the words "subscribe ORRADBOARD" in the body (not the subject) of the message.

Questions or comments, you can reach the list owner at: ALRUFFIN@AAMC.ORG
(Alexis Ruffin 202/828-0439 or Vivian McClaine at 202/828-0408)

August 15, 1996

Kenna Given, M.D.
1120 15th Street, Room AI-1023
Augusta, GA 30912

Dear Dr. Given:

The Association of American Medical Colleges established the Organization of Resident Representatives (ORR) in 1991 for the purpose of gaining the input of resident physicians on policy matters under consideration by the association and to provide a venue for planning professional development activities geared to the needs of resident physicians.

Appointments to the ORR are made by CAS members which represent either program directors or department chairs. We are now requesting that you appoint two (2) new resident representatives. Designated residents will not be expected to represent the views or interests of the appointing society; rather, they will be asked to reflect the views of all resident physicians, as well as residents in their respective discipline. The method of selection is up to your society, but we encourage you to seek resident input to the extent possible. We must stipulate however that the two residents not be from the same program. Residents should be willing to serve a two-year term, and must be enrolled in a residency training or fellowship program at the time of appointment or re-appointment.

The ORR meets annually at the time of the AAMC annual meeting. The Association will reimburse for the transportation, meals, and accommodation expenses for attendance at the annual meeting, board meetings, and other related ORR activities. Neither your association nor the institutions from which the residents are selected will have financial responsibility.

On the enclosed forms, indicate the two residents you wish to appoint. We would appreciate receiving this information no later than **August 31st**.

If you have any questions regarding the ORR or the designation process, please contact Alexis Ruffin, Staff Associate, at (202) 828-0439 or ALRUFFIN@AAMC.ORG.

Sincerely,

Jordan J. Cohen, M.D.

cc: Rita Charon, M.D.
Nelson Goldberg, M.D.
Scott Spear, M.D.
David Smith, M.D.

**AAMC ORGANIZATION OF RESIDENT REPRESENTATIVES
SOCIETY DESIGNATION FORM**

The (fill in Council of Academic Societies member name here):

appoints as a representative to the Organization of Resident Representatives of the Association
of American Medical Colleges:

Name _____

Program (Hospital) _____

Telephone _____

Daytime Phone (if different) _____

Mailing Address _____

(circle one: Home _____

Hospital) _____

Fax Number _____

E-mail Address _____

- Please indicate the selection process utilized for this appointment.

- Are there any formal reporting obligations/opportunities of the resident appointee to your society?

(circle one) YES NO

If yes, please specify. _____

President

Date

*Return form to: Alexis Ruffin, Staff Associate 2450 N Street, NW, Washington, DC 20037.
Fax: 202-828-1125*

Draft Outline for ORR Evaluation Report

Word from Immediate-past Chair

Word from Current Chair

- ▶ History
- ▶ Representation - current CAS appointing members, structural constraints
- ▶ Past programming/special projects - topics, collaborations, Quality in GME survey
- ▶ Liaison activities, task forces, external outreach (NCRPO, AMA-RPS)
- ▶ Evaluation survey
- ▶ Strengths and weaknesses of ORR
- ▶ Communication efforts - expanded distribution of ORR newsletter, LISTSERV, Web page (TBA at 1996 annual meeting), ORR brochure (TBDistributed at 1996 annual meeting)
- ▶ Member Resource manual
- ▶ Future direction - professional development conference at CAS spring mtg., relationship with GEA Residents' Teaching Skills Special Interest Group, role of ORR appointed steering cmte. members on the GEA and GRA
- ▶ New mission statement - need for borne out of "Quality" survey, evaluation survey, and review of AAMC strategic plan

**ORGANIZATION OF RESIDENT REPRESENTATIVES
MEMBERSHIP SURVEY**

Name _____

Specialty _____

1 Year of residency _____ 2 Year in ORR _____

3 Have you attended the ORR Annual Meeting? YES NO

▶ If Yes, which years? (circle those attended) 1992 1993 1994 1995

▶ If No, please specify. _____

4 Please list any other RESIDENT organizations to which you belong.

1. _____

2. _____

3. _____

5 Name of Designating Society _____

6 Does your specialty group have a resident representative group? YES NO

▶ If Yes, please list name. _____

7 Do you know the method by which you were appointed? YES NO

▶ If Yes, what method? (circle one)

A Election by resident specialty organization

B Nomination by governing body of specialty organization

C Nomination by CAS President

D Other. Please specify. _____

8 Who notified you of your ORR appointment?(circle one)

▶ Appointing Society

YES NO

If Yes, by (circle one) A. Phone B. Letter C. In-Person

▶ Letter from the AAMC

YES NO

9 Have you had any follow-up contact with the person who appointed you? YES NO

10 Do you have any explicit ORR reporting responsibilities

▶ to your specialty society?

YES NO

▶ to the person who appointed you?

YES NO

11 If you have submitted reports about the ORR to your specialty society, either solicited or voluntarily, what form have they been in? (circle all that apply)

A oral reports to governing body

B written reports at annual or interim meetings of specialty society

C newsletter pieces

D Other. Please specify. _____

12 As a representative to the ORR, who do understand you represent? (please rank 1-4, 1=primary)

_____ residents in your specialty

_____ residents in your program

_____ all U.S. residents

_____ your CAS specialty society

SEE OTHER SIDE...

13 To whom outside of the ORR do you communicate or share information on ORR activities?
(circle all that apply)

- A Colleagues in your program.
- B Faculty in your program.
- C Your resident specialty organization
- D The governing board of your designating society.
- E The CAS representative for your society.
- F The CAS president for your society.
- G Other. (please specify) _____

14 Do you have an e-mail address?

YES NO

- ▶ If Yes, please print your e-mail address _____
- ▶ If No, what are the reasons? (circle all that apply)
- A No computer.
- B No Internet account.
- C Unfamiliar with how to access e-mail.
- D Don't know how to secure an account from the university.

15 Would you be interested in more information on e-mail in any of formats below? (circle all that apply)

- A Newsletter article on how to secure an account.
- B Roundtable discussion on the Internet at the Annual Meeting.
- C E-mail demonstration at Annual Meeting.

16 Would you be interested in participating on an ORR LISTSERV?

YES NO

17 Do you participate on any other LISTSERVs?

YES NO

- ▶ If Yes, what LISTSERVs are you subscribed to? _____

18 In what ways have you found the ORR to be valuable?

19 Please list the strengths and weaknesses of the ORR.

Strengths: _____

Weaknesses: _____

FUTURE PLANNING

Will you be attending the annual meeting in San Francisco this November 8-10?

YES NO

Would you be interested in serving on the ORR Ad Board or as a liaison officer?

YES NO

Thank you for you participation.

Please return this survey, and the postcard for e-mail addresses, in the postage-paid envelop.

Comments from ORR evaluation survey

Ways respondents found ORR most valuable

- ▶ comparing issues (between residents) at the national level
- ▶ enhancing understanding of graduate medical education
- ▶ networking
- ▶ increased awareness of GME issues
- ▶ frequent detailed updates of legislative action
- ▶ collaboration with other residents on common concerns
- ▶ education about policy and governmental influence on medicine
- ▶ learning about, and contributing to, GME
- ▶ networking with residents of other specialties
- ▶ increasing profile of GME in academic medicine
- ▶ sharing common experiences with other residents
- ▶ emphasizing importance of academic medicine, even for private physicians
- ▶ education about GME funding
- ▶ learning different perspectives among residents
- ▶ recent updates on changing academic medicine
- ▶ forum to represent residents on issues important in medical education
- ▶ being informed about changes in healthcare industry, including legislative changes
- ▶ being able to report resident and ORR perspective to own specialty group
- ▶ Washington Highlights and sharing that information with other residents
- ▶ enlightening about GME issues nationwide
- ▶ provides added perspective of own program
- ▶ enjoy Capitol Hill updates
- ▶ keeping current on federal legislative activities
- ▶ keeping abreast of current political arena and trying to apply this information to residency
- ▶ body for expression of ideas
- ▶ better understanding of administrative/academic medicine
- ▶ source of information on trends in funding and changing expectations of residency training
- ▶ information on regulations for medical education
- ▶ informational; aware of debates in medical education
- ▶ timely information concerning the American medical profession and residency
- ▶ discussion of resident issues in teaching environment

strengths of ORR

- ▶ leadership development
- ▶ enhancing understanding of graduate medical education
- ▶ networking
- ▶ access to members via Internet
- ▶ Washington highlights
- ▶ select group of interested residents
- ▶ good access to AAMC leaders and staff

page 2 - comments on ORR evaluation survey contd.

- ▶ focus on quality education as opposed to self-interest issues
- ▶ enthusiastic leadership
- ▶ efforts to preserve academic medicine
- ▶ supplies great fund of knowledge regarding academic medicine
- ▶ serving as voice of residents to AAMC
- ▶ Alexis Ruffin
- ▶ reps from every spectrum
- ▶ true focus on medical education
- ▶ effective means to present resident concerns and needs to AAMC to improve training experience
- ▶ diversity
- ▶ information dissemination on healthcare politics/economics
- ▶ frequent communication
- ▶ diversity of membership
- ▶ educational programs
- ▶ variety of residents
- ▶ excellent source of information
- ▶ voice for residents in AAMC
- ▶ represents all specialties
- ▶ opportunity to network

weaknesses of ORR

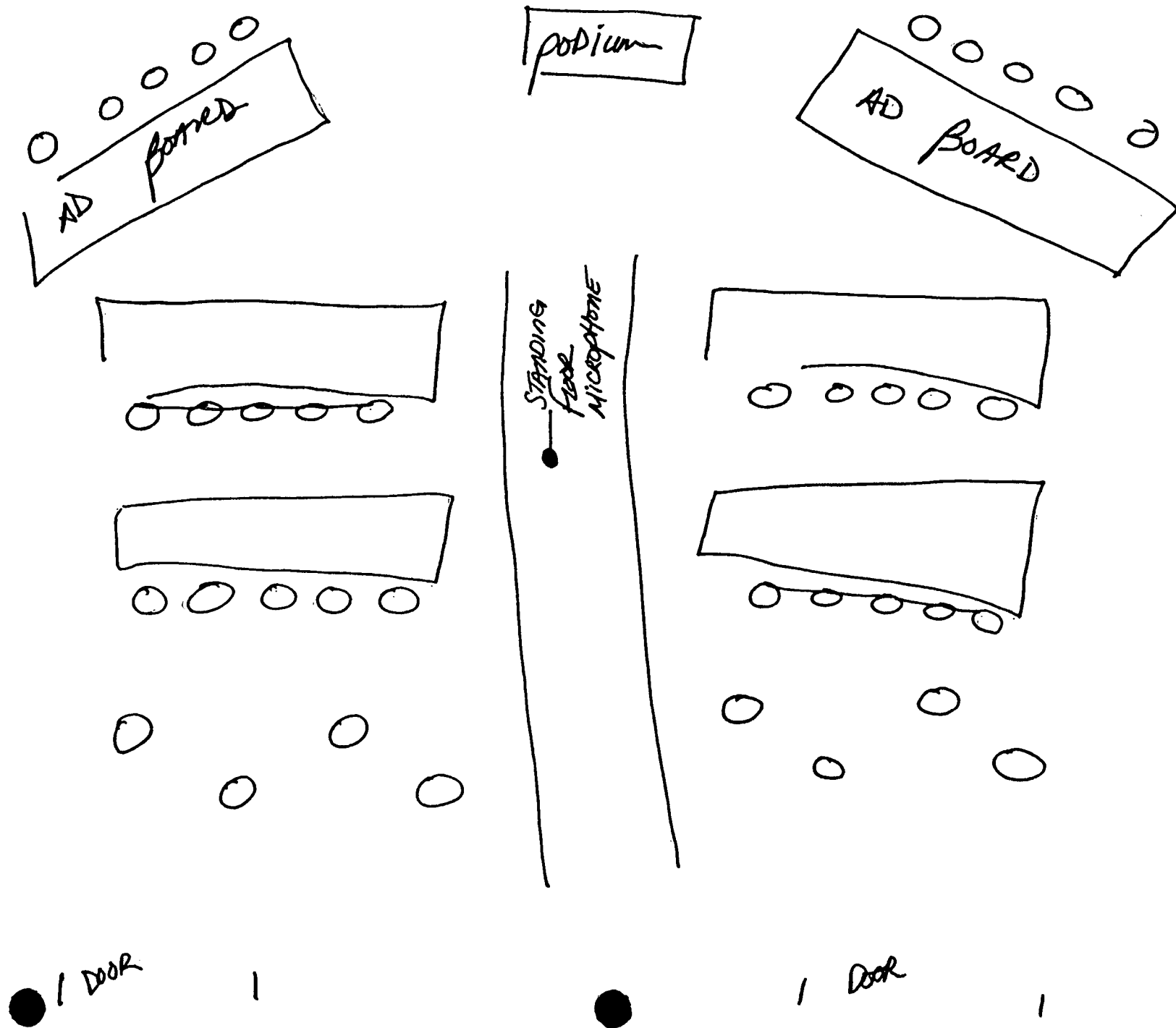
- ▶ lack of continuity - only one meeting per year - two total for term
- ▶ disseminating annual meeting registration information
- ▶ chain of communication unclear
- ▶ who is the audience of ORR
- ▶ infrequency on in-person meetings
- ▶ difficulty keeping momentum between meetings
- ▶ poor outreach to resident mass population
- ▶ large tasks/goals for small group of people
- ▶ need to improve communication and selection process
- ▶ having only annual meetings
- ▶ unclear how to become more involved aside from attending annual meeting
- ▶ frequency of contact
- ▶ a lot of information-not sure how to utilize it most effectively
- ▶ no contact with governing board or other ORR members
- ▶ inability to meet more than once a year
- ▶ need more impact on greater AAMC body
- ▶ little input from members and generation of consensus ideas
- ▶ little communication
- ▶ meets once a year
- ▶ need more individual member responsibility and require to participate

ORR Annual Meeting Schedule - Nov. 8 - 10, 1996, San Francisco, CA

Fri., Nov. 8, 96	Sat., Nov. 9, 96	Sun., Nov. 10
	8:00-10:00 AAMC PLENARY	7:30-9:00 am Breakfast Candidates' Statement of Intent
	10:15 ORR Introduction and Welcome	9:00-10:00 AAMC PLENARY
		10:00-10:15 Reconvene Business Meeting
	10:30 Introduction and Welcome	10:15-10:30 Introduction and Welcome, Michael Whitcomb, M.D.
	10:45 Evaluation Study Presentation	10:30-12:00 Elections Install Chair and Ad Board
	11:15 Professional Development Conf.	12:00-1:00 Meeting of the 1996-97 Ad Board
	11:30 ORR Reports	
	12:00 - 1:30 Luncheon and Roundtable Discussions	
1:00-1:20 Introduction and Welcome Jordan Cohen, M.D., AAMC President		
1:20-1:45 Professional Development Conference Planning	1:30 - 4:00 ORR Forum	
1:45-2:30 Financing of GME, Linda Fishman, Associate VP, Division of Health Care Affairs	↕	
2:30-3:00 Legislative Update: MB Bresch White, Senior Analyst, Office of Governmental Relations	↕	
3:30-5:00 Joint Session with Women In Medicine (WIM)	4:30-5:00 Summary	
6:00-7:30 Joint Session with Organization of Student Representatives (OSR)	5:00 AAMC Assembly (12 ORR Delegates)	5:00-6:00 Entertainment: Music of Mozart

as of 8/8/96

MEETINGS ROOM SET-UP



American Medical Association

Physicians dedicated to the health of America



John J. Whyte, MD, MPH
Chair
Resident Physicians Section

515 North State Street
Chicago, Illinois 60610

312 464-4751
312 464-5845 Fax

August 30, 1996

Alexis Ruffin
Staff Associate
Division of Medical Education
AAMC
2450 N. Street, NW
Washington, DC 20037-1127

Dear Alexis:

Thank you very much for the invitation to attend the upcoming AAMC Annual Meeting as well as to speak to the ORR. I believe there are many opportunities for our two resident organizations to collaborate on issues. I welcome the chance to speak about these with your group.

I will contact you shortly to discuss more specifics. I also look forward to seeing you September 21-22 at the NCRPO meeting.

Sincerely,

A handwritten signature in cursive script that reads "John J. Whyte, MD, MPH".

John J. Whyte, MD, MPH
Chair

JJW:gr
g:\resident\gc\whyte2.doc.4

From: Alexis Ruffin
To: internet:aamcinfo.aamc.org:orrlist
Date: 9/5/96 5:39pm
Subject: questions to ask at the residency interview

I thought I would use the inaugural message on this new LISTSERV to let you know about a new project of the ORR Ad Board and ask for your participation. Please forward your comments back to the LISTSERV so everyone can see them; hopefully this will spark a dialogue. This is your forum so feel free to use it! And welcome again to the ORRLISTSERV!

The ORR Ad Board is working to create a brochure on recommended questions that students should ask in their interviews for residency positions. Thinking back are there any pieces of information that you would strongly recommend a student get which would help in making an informed evaluation of a residency program? As you well know, there is a fair amount of anxiety attached to this decision and students would welcome any advice from those who were recently in that position. Please consider any "truth in advertising" issues related to the health of the program and its accreditation. Also, you might want to consider teaching responsibilities and the GME curriculum.

Any input would be welcomed. The ORR Ad Board will be working on this at the September meeting. The brochure will be distributed at the annual meeting during the ORR/OSR joint session Friday afternoon.

The Organization of Student Representatives (OSR) has created a similar brochure for medical school applicants. A sampling of those questions follow.

Are there opportunities for students to design, conduct, and publish their own research?
Has this medical school, or any of its clinical departments, been on probation or had its accreditation revoked?
How are students evaluated academically?
How are clinical evaluations performed?
Is there a formal mechanism in place for students to evaluate their professors and attending physicians?
Is there a mentor/advisor system?
What kind of academic, personal, financial, and career counseling is available to students?
What type of clinical sites -- ambulatory, private preceptors, private hospitals, rural settings -- are available or required for clerkships?
Does this school allow for students to do rotations at other institutions or internationally?
Does this school provide guidance to its students and to its graduates/alumni on debt management?
Is there an established protocol for dealing with student exposure to infectious diseases? Is disability insurance provided to cover this exposure?
May I see a list of residency programs to which this school's recent graduates were accepted?

From: Chris Hanson <chanson@vantek.net>
To: AAMC.Internet("orrlis@aamcinfo.aamc.org", "chanson...
Date: 9/5/96 10:08pm
Subject: Re: ORRLIST: questions to ask at the residency interview

At 05:39 PM 9/5/96 -0500, you wrote:

>The ORR Ad Board is working to create a brochure on recommended questions that
>students should ask in their interviews for residency positions. >...

A few things come to mind that may be helpful...(random order)

1 - What was the date of the last RRC site visit? Were any problems identified then? If so, what has been done to correct them?

2 - How is the program dealing with issues surrounding HCFA and Medicare requirements for resident supervision?

3 - Not a question for the program but for the applicant after the interview
-> How many residents did you get to meet? Were they happy?

4 - Are the graduates of the program able to achieve the kind of goals that you as an applicant have for yourself?

5 - (Always be upfront and ask this question) What is the strongest AND WEAKEST aspect of your program?

6 - How does your program deal with resident stress, emotional, and personal problems?

7 - All the standard questions about benefits, etc.

8 - What opportunities for teaching (medical students) are available?

9 - Is research offered? Required?

10 - What computer resources are available? (including e-mail, WWW, medline)

I'm sure I'll think of a hundred others later, but I'll conclude with one that I feel is very important. I advise students from our University that they will likely find several programs that are almost identical in most respects and will have difficulty ranking them. At that point factors related to the city and ability to live there HAPPILY should weigh more heavily in "fine tuning" the rank list.

I'm interested to see what others have to add!

From: <Nlgmd@aol.com>
To: AAMC.Internet("orrlist@aamcinfo.aamc.org", "Nlgmd@a...
Date: 9/6/96 1:26am
Subject: Re: ORRLIST: questions to ask at the residency interview

Thanks, Chris, for getting us off to a good start!

My first thoughts:

Are there any formal or informal support systems (or groups) for spouses or significant others of residents?

How many rotations in each year have heavy, light or no call?

Is there an orientation period, program or developed curriculum for interns?

For family practice residencies, are the FP residents perceived as equals on the various rotations? (How) Are their workloads, and performance expectations, adjusted vis a vis the specialty residents?

For all Primary Care residencies....how are continuity clinics structured?

How tightly is continuity maintained? Do you follow your own patients inpatient? Do you have a defined panel of patients? How big is that panel in your 3rd year? Have recent local changes in the medical care system had an effect on panel size?

If one were to notice that a residency colleague might be impaired by personal, mental health or substance abuse issues, what options might one have to help that colleague?

Percent of residents passing boards in that specialty?

I want to echo Chris's point about "could I be happy living in this city?"

That is a personal question with many different answers for different people. For some, it is a function of being near friends or family, for others recreational activities (ha, ha), for others, spousal/so unit happiness, or availability of housing, safety, or commuting options.

Well, that's a start.

-Nick

From: <AMechaber@aol.com>
To: AAMC.Internet("orrlis@aamcinfo.aamc.org", "AMechab...
Date: 9/6/96 7:13pm
Subject: Re: ORRLIST: questions to ask at the residency interview

Excellent idea. I actually created my own survey form for each program I visited, with many of the same questions seen in the sample. I then used the answers to these questions to score each program and rank them accordingly.

Other questions I thought were important and helpful:

To the faculty:

How have graduates of the program done on board examinations?

What is the patient to resident ratio?

How much autonomy do residents' have in caring for patients?

Are changes in the curriculum expected in the near future?

What qualities does your program seek in a resident?

Are residents' encouraged and/or funded to attend continuing medical education conferences?

To the residents' of the program:

How often do you have contact with faculty members?

Does the program allow you to exercise independent thought and judgement in caring for patients?

Would you choose this program again if you had to make that choice again?

How is the ancillary support of the hospital?

These are just some more to add to the samples already given. I'd be happy to share the survey/rank form I used.

Alex J. Mechaber, M.D.
Primary Care Internal Medicine
The George Washington University Med Center

Policies

26. Is there an established protocol for dealing with student exposure to infectious diseases? Is disability insurance provided to cover this exposure?
27. Does this school provide, or does the student pay for, vaccinations against Hepatitis B or prophylactic AZT treatment in case of a needle-stick or accident?
28. Is there a school Honor Code? Is there a grievance process/procedure? Are the students involved?

Residency

29. May I see a list of residency programs to which this school's recent graduates were accepted?

Questions to Ask Yourself

30. Does this school have strengths in the type of medicine (primary versus specialized care, urban versus rural practice environment, academic medicine versus private practice) that I will want to practice?
31. Would I be happy at this school (for at least the next four years)?

31 QUESTIONS I WISH I HAD ASKED

Medical schools, like individuals, are very different -- in their philosophies, faculties, curricula, and the type of students they attract. Consequently, selecting the "best" medical school for you can be very challenging. The following set of questions was compiled by medical students from across the country to assist you in evaluating the schools you will visit. This list is by no means complete; it was designed to serve as a base for your own questions. Keep in mind that the interview represents a wonderful time for you to learn, so don't be shy about asking anyone your questions. Congratulations on your career choice and good luck with your interviews!

*The Organization of
Student Representatives
of the Association
of American Medical Colleges*

Washington, DC

January, 1992

1. Are there any special programs for which this medical school is noted?

Curriculum

2. Describe this school's curriculum in the pre-clinical and clinical years. Are there any innovations, like Problem-Based Learning?
3. Are there opportunities for students to design, conduct, and publish their own research?
4. Is there a note-taking service? If so, is it University-run or student-run?
5. Is there flexibility in the coursework (the number of electives) and the timing of the courses (accelerating, decelerating, and time off) during the pre-clinical and clinical years?
6. Has this medical school, or any of its clinical departments, been on probation or had its accreditation revoked?
7. How do students from this medical school perform on the National Board Examinations? How does the school assist students who do not pass?

Evaluations

8. How are students evaluated academically? How are clinical evaluations performed?
9. Is there a formal mechanism in place for students to evaluate their professors and

attending physicians? What changes have been made recently as a result of this feedback?

Counseling/Student Support

10. What kind of academic, personal, financial, and career counseling is available to students? Are these services also offered to their spouses and dependents/children?
11. Is there a mentor/advisor system? Who are the advisors -- faculty members, other students, or both?
12. How diverse is the student body? Are there support services or organizations for ethnic minorities and women?

Facilities

13. Tell me about the library and extra-curricular facilities (i.e., housing and athletic/recreational facilities).
14. Are there computer facilities available to students? Are they integrated into the curriculum/learning?
15. What type of clinical sites -- ambulatory, private preceptors, private hospitals, rural settings -- are available or required for clerkships? Does this school allow for students to do rotations at other institutions or internationally?
16. Is a car necessary for clinical rotations? Is parking a problem?

Financial Aid

17. What is the current tuition and fees? Is this expected to increase yearly? If so, at what rate?
18. Are there stable levels of federal financial aid and substantial amounts of university/medical school endowment aid available to students?
19. Are there students who have an "unmet need" factor in their budget? If so, where do these students come up with the extra funds?
20. Are spouses and dependents/children covered in a student's budget?
21. Is someone available to assist students with budgeting and financial planning?
22. Does this school provide guidance to its students, and to its graduates/alumni, on debt management?

Student Involvement

23. What medical school committees (e.g., curriculum committee) have student representation?
24. Are students involved in (required or voluntary) community service?
25. How active is the Student Council/Government? Are there other student organizations?