



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

AAMC ■ ORR

ORGANIZATION OF RESIDENT REPRESENTATIVES



AGENDA



*Saturday, November 9, 1991
Washington Hilton Hotel
Monroe Room West
1919 Connecticut Avenue, N.W.*

*Sunday, November 10, 1991
Capital Hilton Hotel
South American-B Room
16th and K Streets, N.W.*

Washington, D.C.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF RESIDENT REPRESENTATIVES**

**1991 ANNUAL MEETING
AGENDA**

**Saturday, November 9, 1991
Washington Hilton Hotel
Monroe Room West**

- 1:30 p.m. Convene
- Welcoming Remarks **Robert G. Petersdorf, M.D.**
President, AAMC
- Why an Organization of Resident Representatives **William Butler, M.D.**
Chairman, AAMC Assembly
- Issues and Challenges in Graduate Medical
Education **Robert H. Waldman, M.D.**
Vice President for
Graduate Medical Education, *designate*
- 3:00 p.m. Break
- 3:30 p.m. Reconvene
- The AAMC: Its History and Interest in
Graduate Medical Education **August G. Swanson, M.D.**
Vice President for
Graduate Medical Education
- The Organization of the AAMC Constituency and Staff . . . **Michelle Keyes-Welch**
Staff Associate
Office of Graduate Medical Education
- Debt Management Strategies for Residents **Robert L. Beran, Ph.D.**
Associate Vice President for
Academic Affairs
- 5:00 p.m. Adjourn
- 5:30-6:30 p.m. Reception State Room
Washington Hilton

The Structure, Function and Staff of the Association of American Medical Colleges

Twenty-two medical school deans founded the American Medical College Association in 1876 to work for much needed reform in medical education. In 1890, 66 medical college deans, again united by common desire to elevate the standards of medical education, met to revitalize the group under its present name. The 1910 Flexner report provided the impetus for consolidating major reforms in academic medicine, including the rise of university medical education. The Association thereafter turned its attention to improving the process of medical education, still a primary focus.

In the late 1960s the Association reorganized to support better the full range of its concerns--education, research and service to patients, giving teaching hospital executives, medical school faculty members and medical students a voice in its governance. Today, it carries out a broad range of programs and studies to represent its constituents effectively.

Under the direction of Robert G. Petersdorf, M.D., President, the Association's full time staff is organized into nine major functional groups:

The Division of Academic Affairs promotes excellence in medical education consistent with the future practice of medicine; collects, analyzes and distributes extensive data about the characteristics of medical school applicants, students and graduates; and makes recommendations regarding the educational process.

The Division of Biomedical Research works to ensure an environment in which biomedical research can flourish. Its concerns encompass the supply of scientific manpower, relations with industry and transfer of technology from the laboratory to patient care.

The Division of Clinical Services develops programs and services helping member institutions provide high quality patient care while supporting their clinical education and research missions. It gathers, analyzes and distributes information about teaching hospitals to determine how proposed policy changes will affect hospital and physician reimbursements.

The Division of Communications develops information and education programs to inform members, the public and the media.

The Division of Institutional Planning and Development works to strengthen the ability of member institutions to plan, manage and evaluate their missions and purposes. It collects and analyzes much of the data used by the Association, providing information on medical students and applicants, faculty members, administrators and institutions.

The Division for Minority Health, Education and Prevention assists member institutions to enlarge the pool of unrepresented minority applicants to medical school and to eliminate the barriers to successful advancement at all levels of academic medicine.

The **Office of Administrative Services** manages the Association's financial, administrative and business operations.

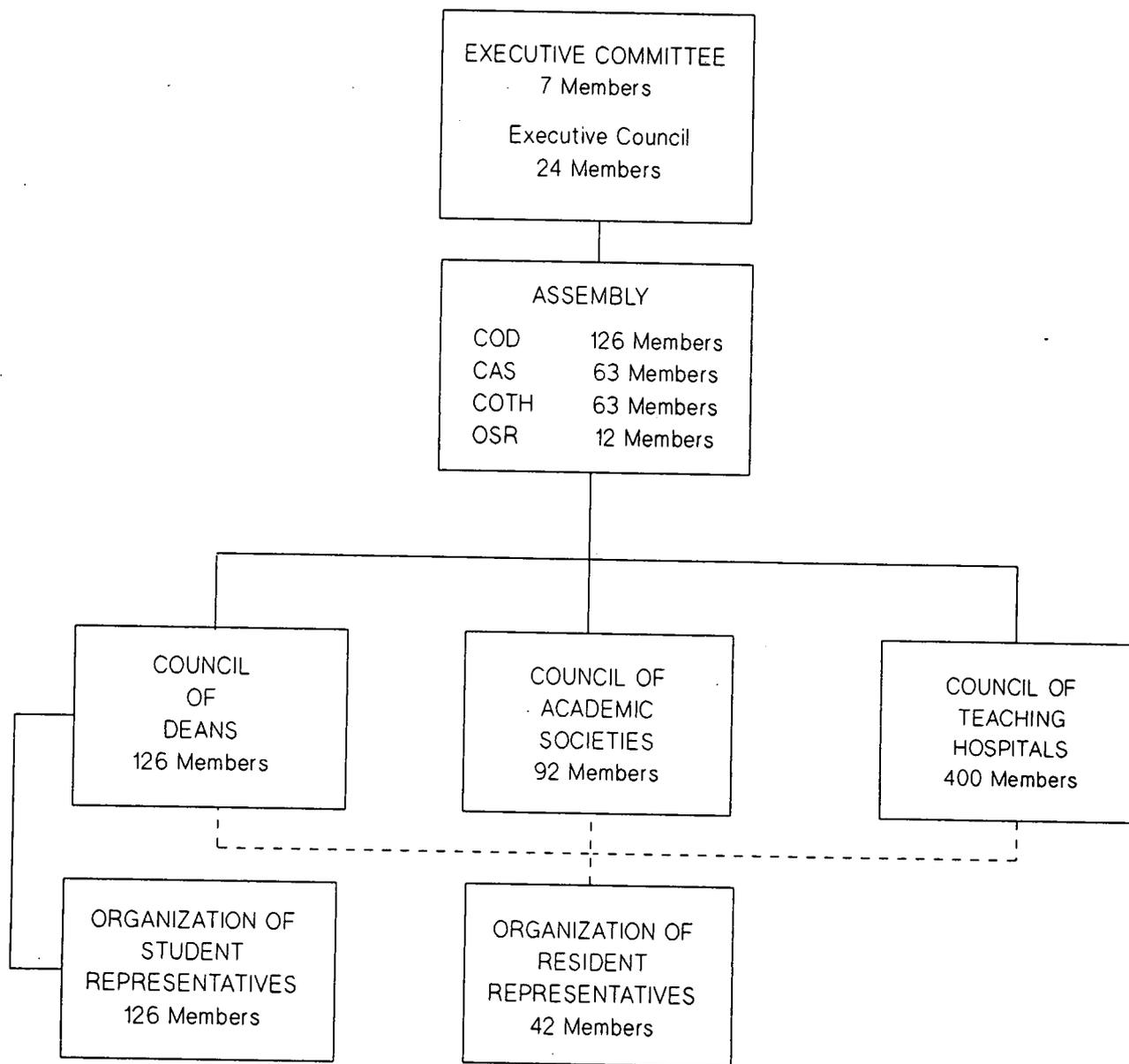
The **Office of Governmental Relations** represents the Association's constituents to Congress and to the Executive Branch. It monitors legislation that will affect academic medicine, medical research and patient care and advises members on participating in legislative activity.

The **Office of Graduate Medical Education and International Programs** is responsible for AAMC activities related to the Accreditation Council for Graduate Medical Education (ACGME), the Council on Graduate Medical Education (CoGME), specialty certifying boards and the American Board of Medical Specialties (ABMS). Dr. August G. Swanson, Vice President for Graduate Medical Education and International Programs, is also the Executive Director of the National Resident Matching Program (NRMP). Dr. Swanson will retire from the AAMC in December 1991. Dr. Robert H. Waldman, currently the Dean at the University of Nebraska College of Medicine, will succeed Dr. Swanson as Vice President. Concurrent with Dr. Waldman's appointment as Vice President, the office will become the **Division of Graduate Medical Education**.

The Association is governed by an elected Executive Council whose members include 9 representatives from the Council of Deans (COD), 4 from the Council of Academic Societies (CAS), 4 from the Council of Teaching Hospitals (COTH), 2 from the Organization of Student Representatives (OSR), one distinguished service member, the President of the AAMC, the Executive Council Chair, the Executive Council Chair-elect, and the Executive Council immediate past chair. The Chair and Chair-elect of the Organization of Resident Representatives will soon join as members of the Executive Council.

The Association's legislative body is the Assembly, currently comprising all 126 members of the COD, 63 members each from CAS and COTH, and 12 members of the OSR.

Association of American Medical Colleges Governing Structure***



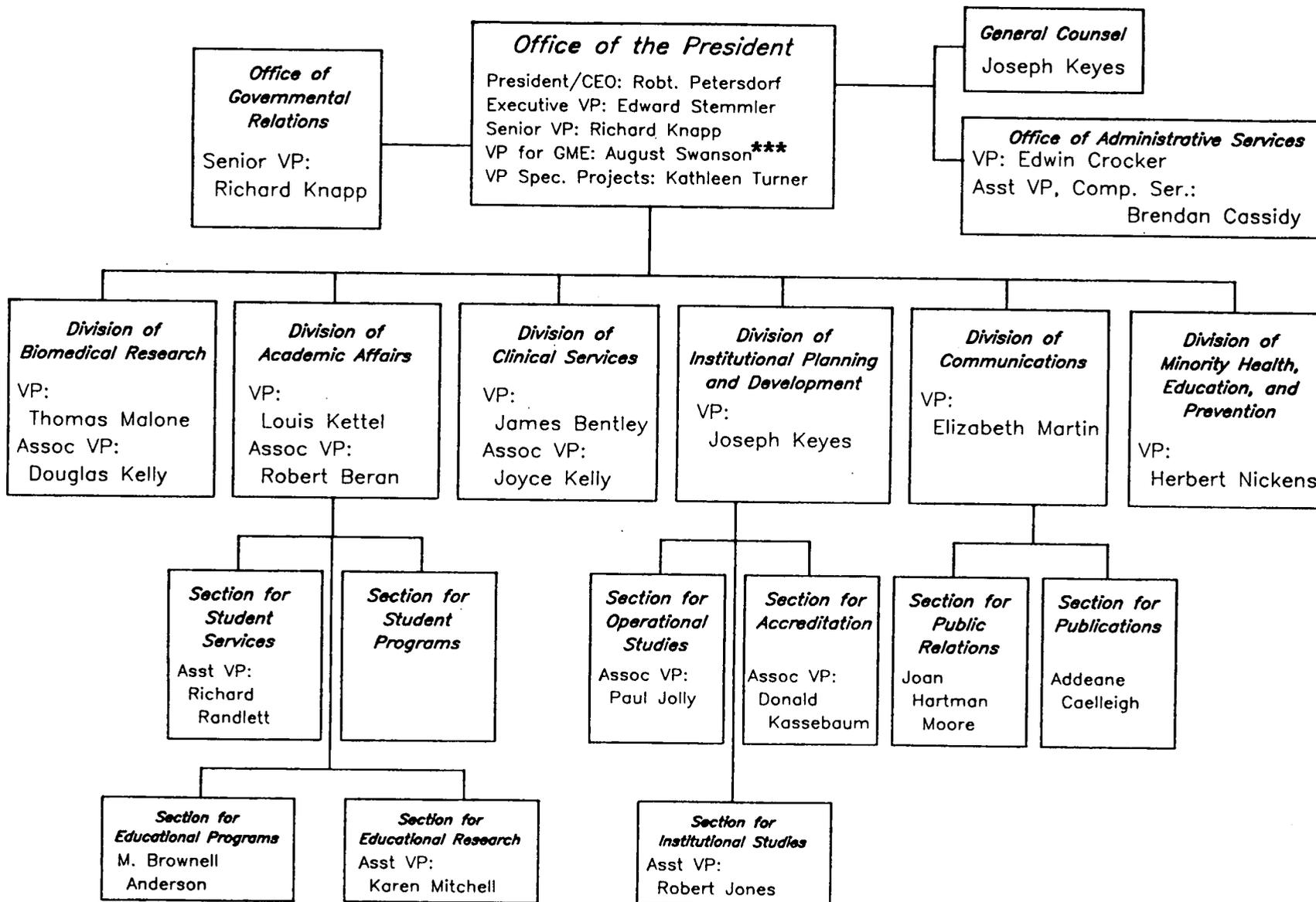
Executive Committee:

- Chairman: William T. Butler, M.D., Baylor College of Medicine
- Chairman-Elect: J. Robert Buchanan, M.D., Massachusetts General Hospital
- Immediate Past Chairman: David H. Cohen, Ph.D., Northwestern University
- Chairman, COD: L. Thompson Bowles, George Washington University School of Medicine and Health Sciences
- Chairman, CAS: Myron Genel, M.D., Yale University School of Medicine
- Chairman, COTH: Jerome H. Grossman, M.D., New England Medical Center
- President: Robert G. Petersdorf, M.D.

***Pending approval by the AAMC Assembly on November 12, 1991

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AAMC Organization Chart



***As of 1/1/92, Robert H. Waldman will assume the responsibilities of the Vice President for Graduate Medical Education. Concurrent with this appointment will be the establishment of the Division of Graduate Medical Education.

**Organization of Resident Representatives
Election of Administrative Board**

Sunday, November 10, 1991

*Nominations for 9 positions on the ORR Administrative Board have been received
from the following 15 representative volunteers (in alphabetical order):*

Joseph Auteri, M.D.
Thoracic Surgery
Columbia-Presbyterian Medical Center
New York, New York

Denise M. Dupras, M.D., Ph.D.
Internal Medicine
Mayo Graduate School of Medicine
Rochester, Minnesota

Cathy J. Halperin, M.D.
Obstetrics and Gynecology
Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois

Mark N. Hashim, M.D.
Anesthesiology
Virginia Commonwealth University/Medical College of Virginia
Richmond, Virginia

Thomas C. Head, M.D.
Neurology
University of Alabama Medical Center
Birmingham, Alabama

J. Rene' Herlong, M.D.
Pediatrics
Baylor College of Medicine Affiliated Hospitals
Houston, Texas

Mary Elise Moeller, M.D.
Pediatrics
Methodist Hospital of Indiana
Indianapolis, Indiana

(continued on next page)

Michele C. Parker, M.D.
Family Practice
UCLA Family Health Center
Los Angeles, California

Joshua Port
Orthopaedic Surgery
Hospitals of the University Health Center of Pittsburgh
Pittsburgh, Pennsylvania

Louis M. Profeta, M.D.
Emergency Medicine
University of Pittsburgh Affiliated Residency
Pittsburgh, Pennsylvania

Kelly P. Roveda, M.D.
Pathology
University of South Alabama Medical Center
Mobile, Alabama

J. Kevin Smith, M.D.
Radiology
University of Alabama
Birmingham, Alabama

Barbara E. Tardiff, M.D.
Anesthesiology
Oregon Health Sciences University
Portland, Oregon

Susan C. Vaughan, M.D.
Psychiatry
Columbia-Presbyterian/New York State Psychiatric Institute
New York, New York

Bernarda Zenker, M.D.
Family Practice
University of Oklahoma Health Sciences Center
Oklahoma City, Oklahoma

*Their personal statements and curricula vitae are contained in a separate booklet
for the ORR's consideration.*



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

PROCEEDINGS
OF THE
ORGANIZATION OF RESIDENT REPRESENTATIVES

NOVEMBER 9-10, 1991
WASHINGTON, D.C.

**Organization of Resident Representatives
November 9-10, 1991**

Participants

Reid Adams, M.D.
General Surgery
University of Virginia Health Sciences

Joseph Auteri, M.D.
Thoracic Surgery
Columbia-Presbyterian Medical Center

Dai Chung, M.D.
General Surgery
University of Texas/Galveston

Denise Dupras, M.D., Ph.D.
Internal Medicine
Mayo Graduate School of Medicine

Carl Gold, M.D.
Anesthesiology
Boston University Medical Center

Donald Hangen, M.D.
Orthopedic Surgery
Harvard Combined Residency Program

Thomas Head, M.D.
Neurology
University of Alabama Medical Center

Richard Hogan, M.D.
Internal Medicine
University Health Center of Pittsburgh

Joseph Houston, M.D.
Psychiatry
George Washington Medical Center

Laurel Leslie, M.D.
Pediatrics
University of California, San Francisco

Peter Anderson, M.D.
Otolaryngology
Oregon Health Sciences University

Natalie Ayars, M.D.
Psychiatry
UCLA Neuropsychiatric Institute

John Comerci, M.D.
Obstetrics and Gynecology
St. Barnabas Medical Center (NJ)

John Fattore, M.D.
Plastic Surgery
Massachusetts General Hospital

Cathy Halperin, M.D.
Obstetrics and Gynecology
Rush-Presbyterian-St. Luke's Medical Center

Mark Hashim, M.D.
Anesthesiology
Virginia Commonwealth University

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

James Hopfenbeck, M.D.
Pathology
University of Utah

Carol Karp, M.D.
Ophthalmology
University of Michigan

Stephen Lewis, M.D.
Psychiatry
University of Texas Southwestern

Karen Lin, M.D.
Neurology
Mayo Graduate School of Medicine

Cheryl McDonald, M.D.
Internal Medicine
University of Alabama Medical Center

Richard Obregon, M.D.
Radiology
University of Colorado

Joshua Port, M.D.
Orthopedic Surgery
University Health Center of Pittsburgh

Kevin Robertson, M.D.
Otolaryngology
University of Illinois

Kelly Roveda, M.D.
Pathology
University of South Alabama

Michael Sanchez, M.D.
Emergency Medicine
Joint Military Medical Command-San Antonio

J. Kevin Smith, M.D., Ph.D.
Radiology
University of Alabama

Susan Vaughan, M.D.
Psychiatry
Columbia-Presbyterian

Julie Weaver, M.D.
Pediatrics
Medical College of Virginia

Bernarda Zenker, M.D.
Family Practice
University of Oklahoma Health Sciences Center

John T. Lindsey, M.D.
Plastic Surgery
University of Texas Southwestern

Mary Elise Moeller, M.D.
Pediatrics
Methodist Hospital of Indiana

Michele Parker, M.D.
Family Practice
UCLA Family Practice Center

Louis Profeta, M.D.
Emergency Medicine
University Health Center of Pittsburgh

William Rosen, M.D.
Ophthalmology
University of California, Davis

Geronimo Sahagun, M.D.
Internal Medicine
Oregon Health Sciences University

Michael Sherman, M.D.
Anesthesiology
SUNY Health Science Center at Brooklyn

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

Thomas Waddell, M.D.
Thoracic Surgery
Toronto General Hospital

Benjamin Yokel, M.D.
Dermatology
Johns Hopkins Hospital

AAMC staff

Robert G. Petersdorf, M.D.
President

William Butler, M.D.
Chair, AAMC Assembly

Robert H. Waldman, M.D.
Vice-President, Designate
Division of Graduate Medical Education

August G. Swanson, M.D.
Vice-President
Division of Graduate Medical Education

Robert Beran, Ph.D.
Associate Vice-President
Division of Academic Affairs

Michelle Keyes-Welch
Staff Associate
Division of Graduate Medical Education

Lynn Milas
Administrative Assistant
Division of Graduate Medical Education

unable to attend:

Elaine Kaye, M.D.
Dermatology
Harvard Dermatology Training Program

Proceedings

Saturday

Dr. Petersdorf, President, welcomed the members of the Organization of Resident Representatives to the AAMC and the annual meeting and offered his support for the newly formed organization. Dr. Petersdorf commented that residents are an important and integral component of the medical education system and their voice in the AAMC is important. The Association represents all of academic medicine: faculty, deans, students, academic medical centers, and now, residents. There are also special interest groups within the Association including the Group on Public Affairs, Group on Faculty Practice, Group on Student Affairs, Group on Business Affairs and the Group on Educational Affairs.

Dr. Petersdorf also commented on the five barriers to implementing the Organization of Resident Representatives. Firstly, Dr. Petersdorf's predecessor did not advocate for a resident group because of concerns that the organization would become a housestaff union. Secondly, residents are transient members of medical education. However, the Organization of Student Representatives was organized in the early 1970's and provides important input for the AAMC. Thirdly, it was easy to organize the student representatives; each medical school was asked to designate one student. Organizing a housestaff group was more difficult because of the diversity and number of training programs. After considerable discussion about the appropriate method to designate residents, the AAMC decided to ask a selected list of Council of Academic Societies (CAS) members to designate two residents each to the ORR. Twenty-one CAS members representing program directors or chairs of clinical departments were asked to designate residents. Fourth, financing travel and programmatic expenses for the ORR will be costly, but the AAMC has decided to provide funds for the travel and meeting expenses of the ORR. Lastly, initially, there was no clear purpose for the organization or set of objectives.

Despite initial barriers to implementing an Organization of Resident Representatives, the Association proceeded with plans to develop it. Dr. Petersdorf offered his continued support of the ORR and encouraged all members to participate in the group and other AAMC activities.

Dr. William Butler, chairman of the AAMC Assembly, spoke on the need for an Organization of Resident Representatives within the AAMC. Dr. Butler pointed out that the emphasis and importance of graduate medical education have increased dramatically in the last fifty years. In 1940, only five thousand graduate training positions were available. In 1960, the number of graduate training positions had increased to over thirty thousand, and by 1990 there were over eighty thousand training positions. Four hundred of the academic medical centers and major teaching hospitals provide 78%

of the training positions in graduate medical education.

Dr. Butler also reiterated that the AAMC represents the continuum of medical education through its interests in undergraduate curriculum, accreditation of graduate training programs, federal financing of medical education and other topics that relate to medical education. Though other groups in the AAMC representing Deans, faculty and academic medical centers can provide input into the Association on graduate medical education issues, the ORR will play a vital role in assisting the AAMC in policy development, providing additional input into the Association and improving graduate medical education. Dr. Butler also offered his support for the ORR and encouraged representatives to participate fully in the group and the AAMC.

Dr. Waldman, Vice-President, designate, of the Division of Graduate Medical Education, facilitated a discussion between representatives about the four biggest problems in graduate medical education: access to care, cost of health care, control of graduate medical education and decreasing emphasis on education in the academic medical centers.

Dr. Waldman pointed out that there are large underserved populations in the country, particularly in rural and inner-city settings. Affluent areas may also have a shortage of primary care physicians. Graduate medical education may be able to provide a partial solution to the problems of access to care by decreasing the number of graduate medical education training programs in specialties with an adequate supply of physicians. Increasing the number of training positions in primary care programs will not solve the problem since many of the programs are unable to fill the number of existing positions. Related topics include the role of foreign medical graduates in providing care to the underserved and the closure of weak training programs that provide care to the underserved. Dr. Waldman indicated that the increasing costs of medical care are sometimes attributed to residents who order too many tests and the higher costs of treatment provided by specialists as compared to the care provided by generalists.

Dr. Waldman also pointed out the difficulty in identifying the group(s) responsible for the graduate medical education curriculum and the distribution of training programs. Medical schools feel that the hospital maintains much of the control and emphasizes service needs rather than education. Residency Review Committees are often unable to close weak programs; the ACGME and professional boards have been unable to suppress the proliferation of subspecialties and subspecialty training programs.

Dr. Waldman expressed his concern that too many academic medical centers place more emphasis on research and patient care service and less emphasis on the education and training of students and residents. The educational programs of an academic medical center

are the least productive, generate the least money and are often seen as less important than service and research.

ORR members responded to Dr. Waldman's comments by focusing on the importance of generalism and primary care physicians. All members agreed that more generalists are needed; representatives offered insight and many suggestions for improving the supply and distribution of generalist physicians. ORR members cited a lack of respect for generalists as one reason for students not pursuing a career in the primary care specialties. A tenure track for teachers and clinicians would combat some of the obstacles faced by primary care educators in academic medicine and might also provide additional "respect".

Participants also cited the need for more primary care role models and mentors in medical school, residency and in practice. Many members cited nurturing role models in other specialties that influenced their specialty choice decision. Despondent residents seen during the medicine rotation will not motivate students to choose internal medicine.

Participants also cited a need for primary care role models in medical school that expose students to the generalist physician's practice, including rotations in private physicians' offices and community or rural hospitals. Some members commented that their medical school did not provide this experience; other members commented that their medical school did provide this experience and it was very beneficial. Many participants cited the need to emphasize the importance of community training programs and community rotations.

ORR members also focused on the lack of primary care experiences in the medical school curriculum and recommended primary care rotations in the first two years of medical school instead of waiting until the clerkship years. ORR members who graduated from medical schools with an emphasis on primary care supported these recommendations and felt that early and frequent exposure to primary care and nurturing role models in primary care do have an impact on the specialty choices of medical students.

ORR members also expressed concern over the costs of medical education and indebtedness; some representatives felt that these factors did influence specialty choice while other members believed that their specialty choices were not influenced by debt or the costs of medical school.

Representatives cited the need for educating society of the important role that generalist physicians play in providing health care because some patients prefer to be treated only by specialists regardless of the ailment. Other representatives described primary care experiences and felt that society does appreciate the generalist physician and wants to be treated by the primary care

physician, not a group of specialists.

Some members commented that access to primary care may improve if pre-medical students interested in providing this care are counseled and encouraged to attend medical school. Preferential admissions treatment to qualified students interested in practicing in rural and/or underserved areas is a way to provide additional primary care physicians.

Participants also pointed out that their training institutions, for the most part, provide tertiary care with less emphasis placed on primary care. Residents in these training programs do not have the opportunity to rotate in primary care settings. Institutions can provide both tertiary care and primary care education experiences for students and residents by providing additional rotations to clinics, community hospitals and physicians' offices.

Representatives also commented on the need to educate federal and state legislatures of the importance of primary care and its influence on access to health care.

Participants generally concluded that focusing on developing role models, providing primary care exposure early in medical school and residency will provide more incentives to choosing primary care rather than limiting the number of specialist training positions which will only increase the competitiveness of these specialties.

Dr. Swanson provided a summary of the AAMC's interest in graduate medical education which began in 1876 with the first efforts to organize the Association. At that time most schools were proprietary operations run by practicing doctors for profit. One requirement for membership in the AAMC was that the name of the graduate should be on the school's diploma. Many of the schools found this requirement unacceptable, and there was no further discussion until 1890.

In 1890, the AAMC required that all member medical schools have a graded curriculum. The quality of the curriculum was evaluated by Dr. Fred Zappfe, Secretary of the AAMC from 1898 to 1948.

Stimulated by Flexner's condemnation of most schools and his admiration and endorsement of medical education that had been established at Harvard, Johns Hopkins and the University of Michigan, proprietary schools rapidly disappeared and most schools became university based.

Hospital-based graduate medical education began principally as a year of internship. Dr. Arthur Bevan, chair of the AMA Council on Medical Education and Hospitals from 1904 to 1928, set out to stimulate the medical schools and their parent universities to develop graduate medical education programs. Also during this time, specialty boards began to organize, thus establishing a

pattern of independent, autonomous bodies of specialists in medical education. By 1933, five certifying boards had been established. Also in 1933, the Advisory Board for Medical Specialties (later known as the American Board of Medical Specialties) was established. The purpose of this board was to improve certification methods and procedures. Seven additional boards were founded during this decade.

In 1939, an ABMS Commission on Graduate Medical Education published its report. The focus of the commission was to make graduate medical education a true graduate discipline, clearly different from a transient period of hospital work.

After World War II, there was rapid growth in the number of residency positions. In 1940, there were 5,118 positions. By 1950, there were 19,364 positions. Some mechanism to determine whether residency programs sponsored by hospitals were of sufficient quality was needed. A model was first developed by internal medicine through a tripartite effort of the American College of physicians, the American Board of Internal Medicine and the AMA Council on Medical Education and Hospitals. Subsequently in 1950, the American College of Surgeons, the American Board of Surgery and the AMA Council founded a similar joint conference committee for surgery. These became the models for a graduate medical education accreditation system and were renamed residency review committees (RRCs) in 1953.

The RRC accreditation system had a characteristic which caused concern among some medical educators. Each RRC operated independently and focused solely on programs in its specialty with little consideration of the sponsoring organization and its other training programs. This created a fragmented system of graduate medical education with highly variable program quality.

In 1965, an AAMC committee released a report entitled Planning for Medical Progress Through Education. The report focused on the need for the university to assume responsibility for medical education. The following year the AMA's Citizens Commission on Graduate Medical Education issued its report. The Commission recommended that teaching hospitals should accept the responsibilities and obligations of providing graduate medical education and should make its programs a corporate responsibility rather than the individual responsibility of particular medical or surgical services.

As a result of the reports, AAMC was reorganized and the Council of Teaching Hospitals (COTH) and the Council of Academic Societies (CAS) were established. Both the AMA's Commission and a subsequent CAS report recommended the formation of a single organization to unite the fragmented graduate medical education structure with the authority to conduct the accreditation of residency programs. These recommendations ultimately resulted in the formation of the Liaison Committee on Graduate Medical Education (LCGME) in 1972.

The LCGME was not viewed with pleasure by the RRCs or the AMA's Council on Medical Education. Efforts to require evidence of institutional responsibility for graduate medical education were resented and blocked.

Finally, in 1980 the LCGME was reorganized into the Accreditation Council for Graduate Medical Education (ACGME). Also during this decade, COTH worked with HCFA and Congress to develop what eventually was called the "indirect medical education payment" to provide funds for the more costly care required by patients admitted to teaching hospitals. An AAMC report on financing graduate medical education also influenced Medicare to revise the resident stipend and payment policies.

The Association also developed a policy recommending limiting duty hours to 80 hours per week and providing one 24 hour day out of seven free of program responsibilities. The Association has approved the revisions in the General Requirements of the Essentials of Accredited Residencies that recommended a schedule of one night in three on duty and one day a week free of program responsibilities. The AAMC also approved a second revision that requires each RRC to have a policy that ensures that residents are not unduly stressed and fatigued.

Since the AAMC was reorganized in 1965, it has played an ever increasing role in the development of graduate medical education. ORR member contributions will provide added insight into AAMC's continuing efforts to improve the education and training of physicians in the United States.

Michelle Keyes-Welch provided a summary of the structure and organization of AAMC's constituency, governance and staff. A summary of the presentation is provided in the agenda book in addition to a organizational chart of the governance structure and AAMC staff.

Dr. Robert Beran, Associate Vice President of the Division of Academic Affairs, provided representatives with a summary of AAMC initiatives relating to debt management and answered specific questions relating to loan repayment and debt management. Dr. Beran commented that there had been increased emphasis on debt management because of the increasing costs of medical education and the rising amounts of funds that students borrow. Dr. Beran pointed out that the AAMC has faced barriers to assisting students and residents because legislatures see the need to concentrate on other areas, particularly in undergraduate education. Residents and students are seen as future high income earners and there is less sympathy for the high debt of medical students and residents, however, medicine has the longest training period of any other profession and the ability to repay loans during this period is often difficult.

AAMC, in cooperation with the new Section for Resident Education, will provide loan repayment, deferment and other debt management information to one contact person in each teaching hospital. This contact person will not be an expert but will serve as a resource person for residents and can assist them with debt management and loan deferment problems.

Dr. Beran commented on the current status of two bills on loans for medical education, HR 3508 and S 1933. The proposed language requires institutions to maintain specified default rates. If institutional borrowers exceed the default rate, higher insurance premiums may be charged to later borrowers attending the institution. The institution with a high default rate also may be asked to set aside reserve accounts to cover the loans of default borrowers.

The proposed legislation also addresses three deferment classes: hardship, disability and full time enrollment. Residents would not conform to any of the three classes as the language is presently written, so the AAMC is working hard to tie the economic hardship criteria with an income to debt ratio, repayment that is income sensitive to the financial position of its borrowers.

Dr. Beran also expressed concern over the consumer debt of residents in addition to the student loan debt. Residents with a limited income may pay credit card and consumer debt first and neglect payments on their educational loans. Dr. Beran cautioned that student loans are a part of the credit report, and lenders and banks are reporting late or delinquent accounts. Dr. Beran also encouraged residents to submit their deferment forms in a timely manner to avoid technical default.

Sunday

Representatives and AAMC staff began the second day with a brief question and answer session. Dr. Waldman pointed out in the question and answer session that the ORR will need to develop rules and regulations and to begin thinking about its involvement with other groups and sections within the AAMC.

Members running for the administrative board were asked to provide a brief summary of their qualifications and interest in the ORR. Members also identified topics of future interest including: medical informatics, debt management, residents as teachers, transition from medical school to residency, undergraduate education curriculum, generalism and primary care physicians, financing graduate medical education, disability insurance, service vs. education, resident supervision, ambulatory education and ambulatory care, and chemical dependency.

Bernarda Zenker was elected as chair; Joseph Auteri was elected chair-elect. The following members will serve a two year term on

the administrative board: Mary Elise Moeller, Joshua Port and Louis Profeta. Rene' Herlong, Michele Parker, Carl Gold and Barbara Tardiff will service on the administrative board for a one year term.

Chair, Bernarda Zenker, commented that the ORR administrative board was very diverse with representation from both sexes and a mix of both primary care and non primary care specialties. Members did express concern that no underrepresented minorities were members of the ORR, and Dr. Waldman offered to communicate this concern to the CAS during the annual meeting.

Bernarda closed the meeting by encouraging participation from all representatives and asked members to keep in contact with her, the administrative board and AAMC staff.



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MEDICAL COLLEGES

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ORGANIZATION OF RESIDENT
REPRESENTATIVES



Election of Administrative Board



*Sunday, November 10, 1991
Capital Hilton Hotel
South American-B Room
16th and K Streets, N.W.
Washington, D.C.*

**Organization of Resident Representatives
Election of Administrative Board**

Sunday, November 10, 1991

Nominations for office in the ORR have been received from the following representatives:

Denise M. Dupras, M.D., Ph.D.
Internal Medicine
Mayo Graduate School of Medicine
Rochester, Minnesota

Cathy J. Halperin, M.D.
Obstetrics and Gynecology
Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois

Mark N. Hashim, M.D.
Anesthesiology
Virginia Commonwealth University/Medical College of Virginia
Richmond, Virginia

Thomas C. Head, M.D.
Neurology
University of Alabama Medical Center
Birmingham, Alabama

J. Rene' Herlong, M.D.
Pediatrics
Baylor College of Medicine Affiliated Hospitals
Houston, Texas

Mary Elise Moeller, M.D.
Pediatrics
Methodist Hospital of Indiana
Indianapolis, Indiana

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Michele C. Parker, M.D.
Family Practice
UCLA Family Health Center
Los Angeles, California

Joshua Port
Orthopaedic Surgery
Hospitals of the University Health Center of Pittsburgh
Pittsburgh, Pennsylvania

Louis M. Profeta, M.D.
Emergency Medicine
University of Pittsburgh Affiliated Residency
Pittsburgh, Pennsylvania

Kelly P. Roveda, M.D.
Pathology
University of South Alabama Medical Center
Mobile, Alabama

J. Kevin Smith, M.D.
Radiology
University of Alabama
Birmingham, Alabama

Barbara E. Tardiff, M.D.
Anesthesiology
Oregon Health Sciences University
Portland, Oregon

Susan C. Vaughan, M.D.
Psychiatry
Columbia-Presbyterian/New York State Psychiatric Institute
New York, New York

Bernarda Zenker, M.D.
Family Practice
University of Oklahoma Health Sciences Center
Oklahoma City, Oklahoma

Their personal statements and curricula vitae follow in alphabetical order. Nominations are separated by colored sheets.

AAMC-ORR Administrative Board Nomination

OCT - 1

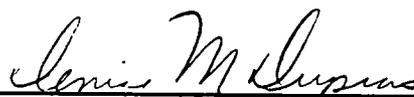
Name: Denise M. Dupras, M.D., Ph.D.
Specialty: Internal Medicine
Hospital or Other Institution: Mayo Graduate School of Medicine
Medical School of Graduation: MAYO MEDICAL SCHOOL
Postgraduate year (circle one): 1 2 **3** 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

Throughout my training I have served on committees. While a graduate student, I was a representative to the Research Training and Degree Program committee. It was the task of this group to oversee the "degree granting" section of the graduate school. As a committee it was our responsibility to set up requirements for the master and PhD programs, change the curriculum as needed, monitor the performance of the graduate students, and coordinate the graduate training of the MD-PhD students. As a resident I have served on the Internal Medicine Graduate Education Committee for the past 2 years. This year I was selected as an officer in this organization. This committee oversees the internal medicine residency program at Mayo. As a committee we have dealt with implementation of a research experience and out-patient continuity clinic, maternity/paternity leave policies, resident indebtedness and stipend level, and clinical competency assessments.

I am an outgoing individual and get along well with others. I have a strong background in research as a graduate student and a resident. At Mayo we have implemented a research experience in the internal medicine residency program, and I have first-hand experience in the advantages and problems associated with such a program.

I feel I am a strong candidate for an office in the ORR. If elected, I would bring my enthusiasm for medicine and research, as well as my prior committee experience to the office.


(signature)

Please return by October 4, 1991, to:
Michelle Keyes-Welch
Staff Associate, Graduate Medical Education
AAMC
2450 N Street, N.W.
Washington, D.C. 20037-1126

CURRICULUM VITAE

Personal

Name: Denise Mara Dupras
Address: 5925 Hwy 63 South
Rochester, MN 55902
Phone: 507-281-9057
Birthdate: 8/6/59

Education

UNDERGRADUATE

1977-1979 Grand Valley State College
Degree: None
Honors: Presidential Scholar Honors Program
Activities: Women's junior varsity basketball

1979-1983 Ferris State College
Degree: B.S. Pharmacy (Highest Distinction)
Honors: Rho Chi Pharmacy Honor Society
 Omicron Delta Kappa National Leadership and
 Scholarship Honor Society
 Who's Who Among Students in American Universities
 and Colleges
 National Dean's List

Awards: Outstanding Achievement in Biology
 Rho Chi Scholastic Achievement Award
 Outstanding Senior Pharmacy Student
 Outstanding Delegate to PanHellenic council
 Outstanding Member (2 years) - Lambda Kappa Sigma
 Graduating "Greek" woman with the highest G.P.A.

Activities: Lambda Kappa Sigma - Women's professional pharmacy
 fraternity
 SAPHa Summer Pharmaceutical Industry Internship

Research: HPLC methods development
 Synthetic medicinal organic chemistry

Teaching: Tutor/workshop instructor - biochemistry, pharmacology,
 medicinal chemistry, pharmaceuticals

POSTGRADUATE/MEDICAL

1983-1989 Mayo Medical School/Mayo Graduate School of Medicine
Degrees: M.D. and Ph.D. (Biomedical Sciences - pharmacology)
Honors: Boehringer Ingelheim Centennial Award - 1985 National
Pharmacology Essay Award (1st prize - MMS)
2nd Place poster competition - Midwest Student Medical Research
Forum XIX, Omaha, NE
ASPET Graduate Student Travel Award - 1987 ASPET meeting,
Honolulu, HA

Activities: Student representative
- Task Force on A.O.A.
- Research Training and Degree Programs Committee
- Institutional Services Self-study Subcommittee for
North Central Association of Accreditation
Member American Medical Students Association

Research: Thesis "Cyclosporine Drug Interactions"
Employment: Part-time pharmacist

1989-1991 Resident Internal Medicine, Mayo Graduate School of Medicine
Honors: 1990 Dupont Critical Care/ACCP Young Investigator Award,
ACCP meeting, Toronto, Ontario
1990 1st Place Original Investigations, American College of
Physicians, MN Scientific meeting, Rochester, MN
1991 Who's Who Among Rising Young Americans

Activities: Internal Medicine Graduate Education Committee
Membership: AMA, Zumbro Valley Medical Association, American
College of Physicians

Employment: Part-time Pharmacist

Abstracts

POSTER PRESENTATIONS

Dupras, D., Moore, D., Powis, G. and Jardine, I.: A canine model of cyclosporine (CSA) pharmacokinetic drug interactions. Presented at 1987 ASPET meeting sponsored by the American Society for Pharmacology and Experimental Therapeutics, Honolulu, HA, August, 1987.

Dupras, D. Moore, D. Powis, G. and Jardine, I.: A canine model of cyclosporine pharmacokinetic drug interactions and identification of two major metabolites. Presented at the XIX Midwest Student Medical Research Forum sponsored by the American Medical Association Education and Research Foundation, Omaha, NE, February, 1988.

Dupras, D., Powis, G. and Jardine, I.: Modeling of cyclosporine (CSA) pharmacokinetic drug interactions in Beagle dogs. Presented at the 1988 APS/ASPET meeting sponsored by the American Physiological Society and American Society for Pharmacology and Experimental Therapeutics, Montreal, Canada, October, 1988.

Dupras, D. and Pisani, R.: *Pneumocystis Carinii* infection in a predominantly non-AIDS population. Presented at the 56th Annual Scientific Assembly of the American College of Chest Physicians, Toronto, Canada, October, 1990.

Dupras, D. and Pisani, R.: A Clinical Definition of the Immunocompromised Host Based on Bronchoalveolar Results. To be presented at the 57th Annual Scientific Assembly of the American College of Chest Physicians, San Francisco, CA, November, 1991.

PRESENTATIONS

Dupras, D. and Pisani, R.: *Pneumocystis Carinii* infection in a predominantly non-AIDS population. Presented at the Minnesota Scientific Meeting of the American College of Physicians, November, 1990.

Publications (Abstracts)

Dupras, D. and Pisani, R.: *Pneumocystis Carinii* infection in a predominantly non-AIDS population. *Chest*, 98 (2), 101s, August, 1990.

AAMC-ORR Administrative Board Nomination

Name: Cathy Joy Halperin, M.D. OCT - 9 1991
Specialty: Obstetrics and Gynecology
Hospital or Other Institution: Rush-Presbyterian-St. Luke's Medical Center
Medical School of Graduation: Rush Medical College
Postgraduate year (circle one): (1) 2 3 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

I am interested in being one of the members of the administrative board. I would bring to the board a strong desire to strengthen the educational component of residency training programs.

My interest in medical education started during my first two years of medical school, when I was enrolled in a problem based learning (PBL) curriculum, which is a modern, highly effective form of education. As a third and fourth year medical student, I became involved in the restructuring of the OB/GYN clerkship. The restructured clerkship included an experimental PBL activity which was organized in accordance with the national core curriculum for OB/GYN clerkships. I developed an evaluation system to measure the effect of adding the PBL activity to the clerkship.

As a senior medical student, I participated in workshops and seminars about medical education in both the pre-clinical and clinical years. In addition, I helped to implement and evaluate an experiment conducted to explore the effect of adding a PBL activity into the traditional pre-clinical curriculum. I also assisted other senior students with the planning for PBL activities in other core clerkships.

In summary, I would bring to the administrative board fresh ideas about clinical medical education. These ideas are based upon four years of experience with an innovative modern approach to education. As a PGY1 resident, I would be willing to serve on the board throughout my training. My goals are to use my experience during medical school to offer new approaches to the education of residents, and to help provide continuity during the initial years of the ORR program.

Cathy Joy Halperin
(signature)

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Michelle Keyes-Welch
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Washington, D.C. 20037-1126

CURRICULUM VITAE

CATHY JOY HALPERIN
1130 N. Dearborn, Apt. 108
Chicago, Il 60610
(312) 440-9047

PERSONAL DATA

Born: November 30, 1961 (Chicago, Il)
Outside Interests: Tennis, Flute, Travel, Camping, Philosophy

CAREER GOALS

- * Practice and Teach in a Department of Obstetrics and Gynecology at a University Medical Center

CURRENT POSITION

- * Resident, Department of Obstetrics and Gynecology
Rush-Presbyterian-St. Luke's Medical Center (7/1/91 - present)

GRADUATE EDUCATION

- * Rush Medical College (Chicago, Il)
Doctor of Medicine (June, 1991)

HONORS

Outstanding Student Award in Obstetrics and Gynecology, Rush Medical College 1991

American Medical Women's Association Scholarship and Achievement Citation 1991

Alpha Omega Alpha 1990

Clinical 1989-1991

- * Obstetrics and Gynecology
- * Internal Medicine
- * Pediatrics
- * Infectious Diseases
- * Dermatology

Pre-Clinical 1987-1989

- * General Pathology
- * Pathology, Pathophysiology and Pharmacology
- * Behavioral Science
- * Psychopathology

RESEARCH PROJECTS

New Methods to Evaluate Basic and Clinical Problem Solving Skills

- * Principal Investigator: Howard J. Zeitz, M.D., Rush Medical College, 1989
- * Principal Investigator: Dee Fenner, M.D., Rush Medical College, 1990

EXTRACURRICULAR ACTIVITIES

1988-1991

- * Orientation Committee, Alternative Curriculum
- * Problem Solving Committee, Alternative Curriculum
- * Committee on Student Evaluation & Promotion
- * Committee on Judicial Review

UNDERGRADUATE EDUCATION

Northern Illinois University
DeKalb, Illinois

1983-1986

- * Bachelor of Science (Cum Laude)
- * Sigma Theta Tau: National Honor Society of Nursing

College of DuPage
Glen Ellyn, Illinois

1979-1981

- * Associates in Applied Science (Honors)

PROFESSIONAL EXPERIENCE

Westlake Community Hospital
Melrose Park, Illinois

1981-1987

- * Registered Professional Nurse
Staff Nurse/Charge Nurse, Medical Surgical
Intensive Care Unit

PROFESSIONAL ASSOCIATIONS

- * American Medical Association
- * Illinois State Medical Society
- * Chicago Medical Society

AAMC-ORR Administrative Board Nomination

Name: Mark N. Hashim, M.D. OCT - 4
VICE PRESIDENT

Specialty: Anesthesiology

Hospital or Other Institution: Virginia Commonwealth University/Medical College of Virginia

Medical School of Graduation: University of Pittsburgh

Postgraduate year (circle one): 1 2 3 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

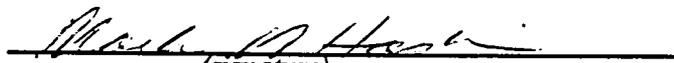
As members of the ORR, we have the potential to serve as a vital link between medical students, medical schools, residency programs and community practitioners. Our contributions can result in the implementation of ideas and goals which can better the medical climate.

Several issues that have recently been addressed by the Charles E. Culpepper Foundation - funded AAMC project (ACME-TRI) can benefit from the input and support of the ORR. To encourage interest in primary care, for example, a goal for the ORR should be to devise a plan which would encourage resident involvement in assisting medical students who are making career choices. By involving residents and increasing student exposure from the outset, students will be better informed about potential careers and the pros and cons associated with each.

The members of the newly formed ORR should become actively involved in lowering costs of a medical education and extending the grace periods of loans incurred to achieve this education. As a result, future physicians will be less inclined to seek the highly compensated subspecialties to pay off the cost of their education and more physicians will be attracted to the much needed primary care positions.

The ORR should also support the ACGME efforts of encouraging teaching universities to have structured regular internal reviews of individual educational achievements. Therefore residents, residency programs and their parent universities will take responsibility for continuing graduate medical education.

(continued)


(signature)

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AAMC-ORR Administrative Board Nomination

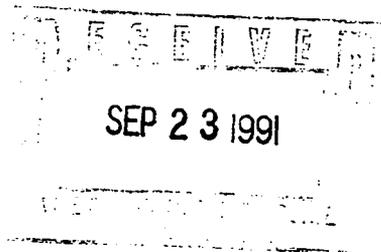
Mark N. Hashim, M.D.

Standards of medical education are currently being set by the LCME which could also benefit from recommendations sponsored by the ORR.

It is obvious that the members of the AAMC's newly formed ORR can offer ideas and establish goals to promote an improved medical society as we approach a new century. I am quite interested in developing these ideas, establishing and implementing these goals.



AAMC-ORR Administrative Board Nomination



Name: Thomas Head, M.D.
Specialty: Neurology
Hospital or Other Institution: University of Alabama Medical Center
Medical School of Graduation: University of Alabama, Birmingham
Postgraduate year (circle one): 1 2 (3) 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

I have had the opportunity to serve on numerous boards and committees, both professionally and in the community. It is of utmost importance to generate and maintain a smooth and productive flow of ideas from all members of the organization. In this manner, we can reap maximal benefits from our varied background and experiences. I would be honored to serve in any elected position in the ORR. My interpersonal skills are excellent, and I am frequently viewed as a facilitator of action in decision making environments. Exposure to a wide variety of cultural and educational levels has helped me to develop an appreciation for points of view which are often very different from my own. My forte lies in integrating these disparate approaches so that a unified goal may be attained. Over the next two years, the structure of my Neurology residency will allow ample time to attend to the necessary business and activities of the ORR.

I am certain that we are all enthusiastic about the opportunity to take part in this new organization. I would be pleased to serve in any capacity. Thank you for your consideration.

(signature)

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2450 N Street, N.W.
Washington, D.C. 20037-1126

CURRICULUM VITAE

NAME: Thomas Channing Head

HOME ADDRESS: 2988 Green Valley Road
Birmingham, Alabama 35243
(205) 967-7286

SOCIAL SECURITY NO.: 424-62-9822

PERSONAL DATA: Date of Birth: February 10, 1963
U. S. Citizen
Married; one child
Member, St. Stephen's Episcopal Church

POSTGRADUATE TRAINING: Neurology Residency, University of Alabama
at Birmingham, 1990-Present
Internship, Internal Medicine
University of Alabama Hospital
1989-1990

EDUCATION: Diplomate, National Board of Medical Examiners, 1990
University of Alabama School of Medicine, Birmingham, AL
M.D., 1989
Birmingham-Southern College, Birmingham, AL
B.A., 1985

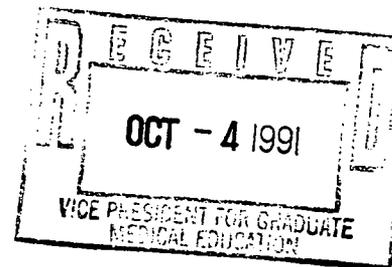
AWARDS AND HONORS: Outstanding Clinical Medicine Award, 1989
Cum Laude Graduate, 1985
Tri-Beta Biological Honor Society, 1982-85
Academic Scholarship, 1981-85
Dean's List 1981-85

RESEARCH: Initial Research into the Role of Sex Chromosome
Aneuploidy in Fetal Wastage, 1986
University of Alabama at Birmingham,
Department of Medical Genetics

PROFESSIONAL MEMBERSHIPS: American Medical Association, 1990-Present
Student Section, 1985-89
Jefferson County Medical Society, 1985-87
Medical Association of the State of Alabama, 1985-86
Phi Mu Alpha Professional Fraternity for Men in Music in
America, 1983-Present

INTERESTS AND ACTIVITIES: High School Percussion Instructor, 1981-Present
Theta Chi Social Fraternity, 1982-89
Historian 1982-83
Director of Music, Forestdale Presbyterian Church, 1982-87
Intramural Athletics Coach, 1986-87
Cahaba Heights Condominium Association Board of Directors
1988-Present
Secretary 1989-present

AAMC-ORR Administrative Board Nomination



Name: Rene Herlong, M.D.
Specialty: Pediatrics
Hospital or Other Institution: Baylor College of Medicine Affiliated Hospitals
Residency Program
Medical School of Graduation: Duke University School of Medicine
Postgraduate year (circle one): 1 2 **3** 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

I am excited about being a part of the Organization of Resident Representatives (ORR) of the Association of American Medical Colleges (AAMC). I believe ours is a valuable voice to the Association. Having been involved in education at various levels for many years, I feel that the input of all those involved in the educational process is pivotal to the ultimate success of that process.

Resident issues which I see as worthy of addressing include quality of resident life, incorporation of ambulatory care training in proper perspective, training of residents as clinical teachers, resident education regarding the economic and political exigencies of medical practice and the objective assessment of resident performance. I look forward to meeting with the ORR to discuss these and other issues. I seek a position on the administrative board because I would like to take part in defining the activities of the ORR and in representing the views of the ORR to the remainder of the AAMC. Together we can help shape the future of academic medicine.

(signature)

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Washington, D.C. 20037-1126

CURRICULUM VITAE

NAME: James René Herlong

ADDRESS: 2255 Braeswood Park Drive, #142
Houston, Texas 77030

TELEPHONE: (713) 796-0203 (home); (713) 770-1170 (days)

EDUCATION: 1980 - Valedictorian, Northwestern High School, Rock Hill, South Carolina
1984 - B.S. in Chemistry, magna cum laude, Davidson College, Davidson
North Carolina
1989 - M.D., Duke University School of Medicine, Durham, North Carolina

RESIDENCY: 1989 - Present: Resident, Department of Pediatrics, Baylor College of
Medicine, Houston, Texas

HONORS AND AWARDS:

Davidson College: Second honor graduate; Phi Beta Kappa; Samuel H. Bell
Honor Scholar; Charles A. Dana Scholar; National Merit
Scholar; Sandy Black Memorial Award (for outstanding
premedical student); Alpha Epsilon Delta; Phi Eta Sigma;
and North Carolina Fellow

Duke University
School of Medicine: Alpha Omega Alpha; Dr. John Haden Lane Memorial
Scholarship; McGraw-Hill Book Award; Microbeam
Analysis Society Distinguished Student Award; Electron
Microscopy Society of America Presidential Student
Award; Member, Institutional Review Board, Duke
University Medical Center; voted "The Ideal Physician" by
senior classmates; and Sandoz Community Service Award

PROFESSIONAL SOCIETIES:

American Academy of Pediatrics, 1989-Present
American Medical Association, 1985-Present
North Carolina Society for Electron Microscopy and Microbeam Analysis,
1988-Present
Organization of Resident Representatives, Association of American Medical
Colleges, 1991-Present

EMPLOYMENT:

1984-1985: Teacher of Mathematics, the Catawba School, Rock Hill, South
Carolina
1981-1984: Teaching Assistant, Davidson College, Davidson, North Carolina
1977-1988: Summer Camp Counselor and Program Director, Camp Cherokee,
King's Mountain State Park, South Carolina

PERSONAL DATA:

Date of Birth: December 24, 1961
Marital Status: Single
Outside Interests: Singing, piano, snow skiing, racquetball, camping,
juggling, swimming, youth work

BIBLIOGRAPHY:

Herlong JR, LeFurgey A, Ingram P, Shelburne JD, Mandel LJ, Hawkey HA. Quantitative x-ray imaging of human cystic fibrosis nasal epithelium. In Newbury DE, ed. Microbeam Analysis. San Francisco: San Francisco Press, 1988:447-450.

Herlong J. Cryopreservation of human cystic fibrosis nasal epithelium. In Bailey GW, ed. Proceedings of the Electron Microscopy Society of America. San Francisco: San Francisco Press, 1988:88-89.

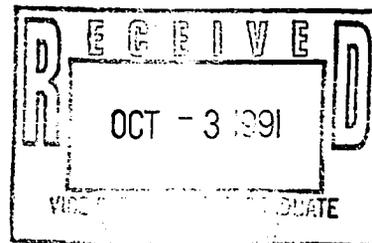
Herlong JR, LeFurgey A, Knowles MR, Boucher RC, Shelburne JD, Ingram P, Mandel LJ. Cryopreservation and quantitative elemental x-ray imaging of human nasal epithelium. Pediatric Pulmonology 1988; supplement 2:110.

Ingram P, LeFurgey A, Davilla SD, Sommer JR, Mandel LJ, Lieberman M, Herlong, JR. Quantitative elemental x-ray imaging of biological cryosections. In Newbury DE, ed. Microbeam Analysis. San Francisco: San Francisco Press, 1988:433-439.

Shelburne JD, Ingram P, LeFurgey A, Herlong JR. Preparatory techniques. In Ingram P, Shelburne JD, Roggli VL, ed. Microprobe Analysis in Medicine. Washington: Hemisphere, 1989:35-54.

Herlong JR, Ware RE, Kinney TR. Escherichia coli osteomyelitis of the metacarpal bone in a child with sickle cell disease. Pediatric Infectious Disease Journal 1990:9:144.

AAMC-ORR Administrative Board Nomination



Name: Mary Elize Moeller, M.D.
Specialty: Pediatrics
Hospital or Other Institution: Methodist Hospital of Indiana Department of Pediatrics
Medical School of Graduation: Michigan State University College of Human Medicine
Postgraduate year (circle one): 1 2 **3** 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

I was very pleased to be appointed as a representative to the ORR through the resident section of the American Academy of Pediatrics. I have served as a district coordinator for the resident section since its inception in October 1989. As a section, we have been successful in gaining support from the Academy on many resident-related issues such as work hour reform, parental leave & student loan deferrment. Our Executive Committee is presently working on formal statements concerning work hours and parental leave along with recommendations to the Executive Board of the Academy as to how to put these ideas into effect. With this background, I feel that all residents across all specialty areas could easily adopt and/or modify these ideas in order to make their residency experience a more successful and humane one.

I strongly believe that continuity of care is important to the education of physicians, but we all must also have time to ourselves and that precious time to pursue the academic side of our education. I feel that as a resident who has trained in a community, primary care based setting, I would be a valuable member of the Executive Committee of the ORR because I have worked in a program with a small number of residents, but which allows a great deal of flexibility, educational opportunities and time off for its residents. Some of these ideas could be adapted to work in larger residency programs as well. Residents always seem to have new ideas as to how their training could be made better and more effective for everyone involved. Through a position on the ORR Board, I could help to bring these ideas to light and thus improve the resident experience.

The ORR can be a driving force in the in the improvement of residency training through the experiences and ideas of its members. Thank you for considering me as a nominee to the Administrative Board of this organization. I hope to be able to serve you well.

Mary Elize Moeller MD
(signature)

Please return by October 4, 1991, to:
Michelle Keyes-Welch
Staff Associate, Graduate Medical Education
AAMC
2450 N Street, N.W.
Washington, D.C. 20037-1126

CURRICULUM VITAE

MARY ELISE MOELLER, M.D.

Current Address:

Phone:

6130F Georgetown Road
Indianapolis, IN 46254

(317) 293-5875

Date of Birth: October 21, 1963.

Place of Birth: Cincinnati, OH

Citizenship: United States

Marital Status: Single

Education:

College: Michigan State University, East Lansing, MI Sept. 1981 to June 1985
Major: Lyman Briggs School
Coordinate Major: Physiology
Degree: Bachelor of Science

Medical School: Michigan State University College of Human Medicine
Sept. 1985 to June 1989
Degree: M.D.

Residency Training:

PL-1 and PL-2 Michigan State University Kalamazoo Center for Medical Studies
Kalamazoo, MI
Pediatrics

PL-3 Methodist Hospital of Indiana
Indianapolis, IN
Pediatrics

Licensure:

Indiana # 01039268 issued May 23, 1991

Certifications:

Basic Cardiac Life Support --- recertification pending August 1991

Advanced Cardiac Life Support recertification pending August 1991

Pediatric Advanced Life Support 1989-1992

Pediatric Advanced Life Support Instructor

Advanced Pediatric Life Support

Neonatal Resuscitation

Honors and Awards:

Served as Chief Pediatric Resident during PL-2 year at MSU-KCMS

Resident representative to Pediatric Program Director Search Committee at MSU-KCMS

Michigan State University 22 Outstanding Seniors Award, class of 1985

Lyman Briggs College Alumni Association Outstanding Student Award, class of 1985

Mortar Board Senior Honor Society

Professional Organizations:

American Academy of Pediatrics

Resident Fellow

Charter member of the Resident Section

District V Resident section coordinator 1989 to present

American Medical Association

Medical Student Section:

Michigan State University Alternate Delegate and Delegate

State of Michigan Governing Council Secretary/Treasurer for 1 year

State of Michigan Governing Council Vice-Chairperson for 2 years

Michigan State University Alumni Association

Lyman Briggs College Alumni Association (Michigan State University)

AAMC-ORR Administrative Board Nomination

Name: Michele
 Michelle Parker, M.D.

Specialty: Family Practice

Hospital or Other Institution: UCLA Family Health Center

Medical School of Graduation: Univ. of Massachusetts

Postgraduate year (circle one): 1 2 3 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

With great enthusiasm I accepted the opportunity to serve on the ORR of the AAMC. Residents need to participate actively in reform of medical education since we are the most recent products. Also, we represent the next generation of doctors in this rapidly changing field of health care.

Being an officer of the ORR would allow me to take an active role in issues which have concerned me for a long time. Most urgent is the crisis in health care financing and its impact on access to care. As a first year medical student I spent my summer studying the British National Health Service, with emphasis on international differences in prenatal care and infant mortality. I also did a community medicine project by designing and conducting a door-to-door survey assessing the health needs of the Wampanoag Indians of Massachusetts.

Other important issues include improving medical education to make learning more active, relevant, and rewarding, and student evaluations more meaningful. In our own sphere, residents have been fighting for better working hours and struggling to repay student loans. On the academic front, biomedical research has come under financial and ethical fire.

About myself, I am a family medicine resident at UCLA, an academic center, but I also rotate through a county hospital, free clinics, and the V.A. In my rotations I work closely with residents of almost every specialty. I have leadership experience in being junior chief resident to 24 family medicine residents. I also represent a complex of 255 apartments in the UCLA Housing where I live. In college I was an R.A. (Resident Assistant) and a senior resident supervising 4 R.A.s, advising the student government in their spending, and being liaison to the college administration.

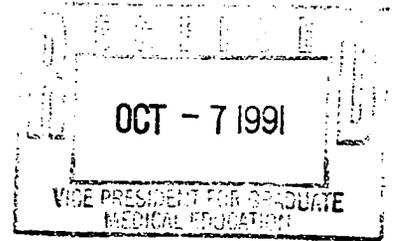
These issues I see to be our primary concerns: residents' hours, student loans, medical education, access to care, and biomedical research. There are many others. For the reasons above, I feel I am qualified and motivated to serve as an officer in the ORR, and I look forward to the challenge.

Michele C. Parker MD
(signature)

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AAMC-ORR Administrative Board Nomination



Name: Joshua Port, M.D.
Specialty: Orthopaedic Surgery
Hospital or Other Institution: Hospitals of The University Health Center of Pittsburgh Program

Medical School of Graduation: University of Pennsylvania

Postgraduate year (circle one): 1 2 3 **4** 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

In these rapidly changing times it is more important than ever for the medical community as a whole, and residents as a subset of that group to actively study changes and trends in order to best represent our needs. If we do not involve ourselves in the evolution of health care policy and delivery, then we will have new policy dictated to us. My personal background is in economics as well as medicine. I have an interest in delivery systems, resource allocation, insurance issues, and practice constraints. There is also a need to address resident specific issues such as loan financing, practice planning, liability, exposure, the fellowship process, and recertification. I am interested in helping us define and present our recommendations to the AAMC and the community at large. I feel that I could work more effectively as a member of the administrative board than as a general representative. I therefore offer myself to you for a board position. Thank you.



(signature)

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CURRICULUM VITAE

JOSHUA PORT

BIOGRAPHIC

Birthdate: November 10, 1962
Birthplace: Altoona, PA
Marital Status: Married- Wife: Leeanne
Occupation: Social Work
Social Security: 208-52-8263
Home Address: 5930 Walnut Street
Pittsburgh, PA 15232
Home Telephone: (412) 441-7558

EDUCATION

High School: Altoona Area High School 1977-1980
Altoona, PA
Undergraduate: University of Pennsylvania 1980-1984
Philadelphia, PA
Bachelor of Arts (Major: Economics)
Medical School: University of Pennsylvania 1984-1988
Doctor of Medicine

POST-GRADUATE TRAINING

General Surgery Internship: University of Pittsburgh
Pittsburgh, PA
1988-1989
Orthopaedic Surgery Residency: University of Pittsburgh
1989-1993

STATE LICENSURE: Pennsylvania 1990 (MD-042447-L)

AWARDS, HONORS, ACTIVITIES

High School: National Merit Scholar
Captain Varsity Track and Field 1980
Silver Medal High Jump PIAA (indoors)
Varsity Letters (6) Track, Basketball
Cross Country
Speech League State Bronze Medalist
Math Team Captain
Debate Team
Meritorious Student Service Award 1980

Undergraduate: Cum Laude (3.56/4.00)
Benjamin Franklin Scholar 1980-1984
Friars Senior Honor Society 1984
Deans List
Captain of Ivy and Heptagonal Track
and Field Champions 1981, 1984
Captains Council Member
(advised department of athletics)
Resident Advisor 1983
Interfraternity Council 1982

Medical School: Andrew Mallory Scholarship Winner
1984-1988
University Intramural Basketball
Champions (Captain) 1984, 1986
Intercity Professional League
Basketball 1984-1988
Special Olympics Organizer/Volunteer

Post-Graduate: National Orthopaedic Resident
Representative to AAMC 1991
Team Physician, Football
Seton-Lasalle High School 1988
Central Catholic High School 1989
Assisted at Duquesne University
Basketball 1989
University of Pittsburgh Gymnastics,
Wrestling coverage 1989

PRESENTATIONS

Digioia, T., Port, J., Harner, C.D. "A New Technique For High Tibial Osteotomy." Pennsylvania Orthopedic Society Spring Meeting, Pittsburgh, PA, 1990.

Port, J.: "Management of Burned Bone." Department of Surgery Burn Symposium, West Penn Hospital, March, 1989.

Port, J. : "Scapular Fractures." Mercy Hospital Orthopedic Conference May, 1991.

Port, J.: "Heterotopic Ossification." Mercy Hospital Orthopedic Conference February, 1991.

PUBLICATIONS

Port, J., Kaplan, F.S.: "Bone as a Buffer: Metabolic Stress and the Response of the Bicarbonate Bank." The University of Pennsylvania Orthopedic Journal, 4:33-36, Spring 1988.

Port, J., Harner, C.D., Digioia, T.D.: "Segmental Clavicular Fracture." The Pittsburgh Orthopedic Journal, 1: 1990.

Digioia, T.D., Port, J., Vroz, B.: "Towards Developing a Finite Element Model of the Ankle." The Pittsburgh Orthopedic Journal, 1: 1990.

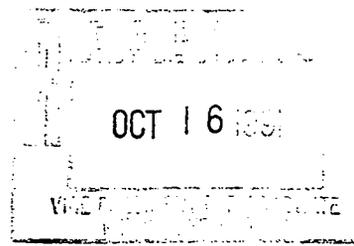
Port, J., Caborn, D., Harner, C.D., Fu, F.H.: "Current Trends in the Evaluation of the Patellofemoral Joint." The Pittsburgh Orthopedic Journal, 2: 80-85, 1991.

Port, J., Silvaggio, V., McClain, E.J. Jr.: "Polyethylene Wear Causing Total Hip Failure." The Pittsburgh Orthopedic Journal, 2: 89-93, 1991.

CURRENT RESEARCH

- 1) The Effect of Sequential Meniscectomy of the Medial Meniscus on Contact Pressures in the Knee.
- 2) Evaluation of the Accuracy and Reproducibility of a New Technique For High Tibial Osteotomy. (submitted for publication to Techniques in Knee Surgery).
- 3) Development and Evaluation of a Patellofemoral Jig; Defining Exam Parameters of the Patellofemoral Joint in a Normal Population. Early trials with a first generation jig are in progress.
- 4) Evaluation of Complications of Use of Laser in Arthroscopy.

AAMC-ORR Administrative Board Nomination



Name: Louis M. Profeta, M.D.
Specialty: Emergency Medicine
Hospital or Other Institution: University of Pittsburgh Affiliated Residency in
Emergency Medicine
Medical School of Graduation: Indiana University
Postgraduate year (circle one): 1 ② 3 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

While reading the list of the different specialties which will be participating in ORR, I realized that as a resident physician in Emergency Medicine I am constantly being called upon to interact with individuals from nearly every one of these departments. In addition, much of my educational experience, related to Emergency Medicine, derives from lectures and research from every field of Medicine, Surgery, Dentistry, Psychiatry and Pediatrics. I would like to serve as an officer in ORR since I feel that I am in touch with many of the concerns outside of my own specialty. In addition I have the full support of my residency director and, more importantly, of the American College of Emergency Medicine and of the National Emergency Medicine Residents Association which appointed me to ORR and AAMC.



(signature)

Please return by October 4, 1991, to:
Michelle Keyes-Welch
Staff Associate, Graduate Medical Education
AAMC
2450 N Street, N.W.
Washington, D.C. 20037-1126

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LOUIS M. PROFETA
5821 Darlington Road, #3
Pittsburgh, PA 15217
(412) 422-9432

PERSONAL INFORMATION

Date and place of birth: June 21, 1964: Indianapolis, IN

UNDERGRADUATE EDUCATION

B.S. Indiana University, Bloomington, Indiana - May 1986

Major: Molecular Biology

Activities:

Chairman - Indiana University Judicial Affairs
Coach - Indiana University Women's Gymnastics 1984
Associate Instructor Environmental Biology
Referee for Indiana University Hockey
Independent Honors Research in Animal Physiology
Emergency Medical Technician - Bloomington Hospital

Honors and Awards:

1984	Cook Medical Scholarship for the design and development of new and potentially life-saving medical devices
1985	Repeat recipient of Cook Medical Scholarship
1986	Undergraduate teaching award for research in Disease Ecology
1983- 1986	Dean's List

MEDICAL EDUCATION

Indiana University School of Medicine - MD completed May of 1990.

Activities:

Associate Instructor of Human Anatomy
Independent counselor for spinal recovery
St. Vincent Emergency Department Senior Extern

POST-GRADUATE MEDICAL EDUCATION

PGY II Resident Physician - University of Pittsburgh Affiliated Residency in Emergency Medicine

Activities:

Chairperson of the Administration and Liaison Committee of the National Chapter of the Emergency Medicine Residents Association.

Medical Economics Committee of Pennsylvania Chapter American College of Emergency Physicians.

CERTIFICATIONS

- 1991 Base Station Command Physician
- 1990 Advanced Cardiac Life Support
- 1990 Advanced Trauma Life Support
- 1990 Instructor, Advanced Cardiac Life Support

PROFESSIONAL SOCIETIES

- 1990 American College of Emergency Physicians
- 1990 Emergency Medicine Residents Association
- 1988 American Medical Association
- 1990 Pennsylvania Chapter of American College of Emergency Physicians
- 1990 Allegheny County Medical Society
- 1990 Pennsylvania Medical Society
- 1991 National Emergency Medicine Political Action Coalition

PUBLICATIONS

Profeta LM; "A piece of my mind: Come follow me". A look at parents whose children have suffered spinal trauma and other life-threatening injuries. JAMA October, 21, 1988, 2620:15, 2276.

Wenn DR, Fullenwider JL, Profeta LM; "Geometry of maternal offspring - contact in two rodents". Physiological Zoology 63(4): 821-844, 1990.

Profeta LM, Paris PM; "Managing Airway Obstruction". The Physician and Sportsmedicine. September 1991, 19:9, 35-40.

Profeta LM, "The Warm Front". A guide for Medical Students and Prospective Residents to the Field of Emergency Medicine. Copyright 1991 Emergency Medicine Residents Association Publishers.

HONORS AND AWARDS

- | | |
|------|---|
| 1989 | Indianapolis City Council Recognition
Special Resolution No. 34 for Heroism. |
| 1988 | American Medical Association Scholarship |
| 1989 | Richter Scholarship for Achievement in Child Psychiatry |
| 1989 | Lila B. Loudon Memorial Fellowship |
| 1990 | Certificate Recipient to National Red Cross Hall of Fame for Heroism. |

EMPLOYMENT HISTORY

1988- **St. Vincent Hospital** - Emergency department extern.
1990

1987 **Nasser, Smith and Pinkerton Cardiology** - Assisted with EKG, treadmills, technetium and thallium imaging.

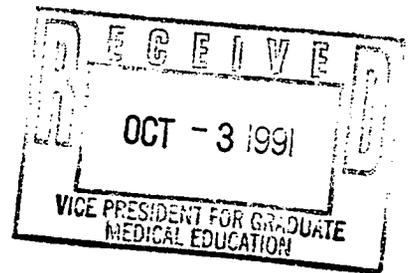
1981- **Indianapolis Youth Hockey** - Worked as an ice hockey referee for youth
1987 hockey and Indiana University.

1985- **Cook Incorporated** - Worked as a medical engineer; designed and 1986 developed a modified angiocath/flutter valve system for the decompression of tension pneumothorax. Designed sterilization sheaths for large gauge hypodermics. Designed the Profeta-Donahue cryothyrostomy set.

1982- **Profeta Lawn Care** - Owned and operated a large scale independent lawn
1984 care company.

1981 **Special Olympics** - Gymnastics instructor for participants in the Special Olympics program.

AAMC-ORR Administrative Board Nomination



Name: Kelly Roveda, M.D.
Specialty: Pathology
Hospital or Other Institution: University of South Alabama Medical Center
Medical School of Graduation: University of South Alabama College of Medicine
Postgraduate year (circle one): 1 **(2)** 3 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

As the daughter of a full-time dedicated educator, I have traversed the pathway toward the ultimate goal of knowledge many times. Not only do I continually strive to increase my own database, but also I try to impart my love of learning to others. For many years in the summer months, I tutored students in mathematics and science. After medical school, I chose a residency and career in pathology so that I could remain active in education. By teaching pathology to medical students, not only will I be furthering an individual's education, but also I will have the opportunity to influence a future physician. I welcome the challenge to serve on the Organization of Resident Representatives and ask for consideration to be elected to the administrative board.

Kelly Powers Roveda MD
(signature)

Please return by October 4, 1991, to:
Michelle Keyes-Welch
Staff Associate, Graduate Medical Education
AAMC
2450 N Street, N.W.
Washington, D.C. 20037-1126

CURRICULUM VITAE

Name: Kelly Powers Roveda

Birth Date and Place: November 27, 1964
Brooklyn, New York

Home Address: 2948 Cloverland Court
Mobile, Alabama 36693

Marital Status: Married

Spouse: John David Roveda

Undergraduate Education:

University of Notre Dame
Notre Dame, Indiana
August 1982 to May 1986
B.S. in Science Pre-Professional

Honors:

Member of the following honorary societies:
Phi Beta Kappa
Alpha Epsilon Delta
St. Thomas More Society
Graduated Summa Cum Laude

Medical Education:

University of South Alabama, College of Medicine
M.D. completed in June 1990

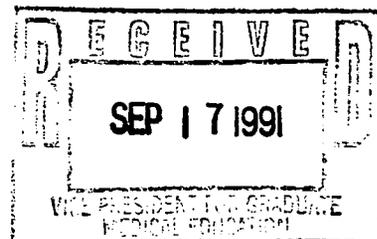
Honors:

Member of Alpha Omega Alpha Honor Medical Society
Recipient of the USA Medical Faculty Guild-Margaret Mendenhall Scholarship
Recipient of the Donna B. Ledet Memorial Scholarship
Recipient of a Merit Scholarship from the Alabama Board of Scholarships and Loans

Committees:

Chairman of the Fund Raising Committee
Member of the Search Committee for the Associate Dean of Academic and Student Affairs
Member of the Admissions Committee for 1989-1990
Member of the Alumni Association Board of Directors for the University of South Alabama College of Medicine

AAMC-ORR Administrative Board Nomination



Name: Kevin Smith, M.D.
Specialty: Radiology
Hospital or Other Institution: University of Alabama Department of Radiology
University of Kentucky, Lexington
Medical School of Graduation: _____
Postgraduate year (circle one): 1 2 3 (4) 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

Academic medicine in the 1990s faces a multitude of challenges, the outcomes of which will certainly alter the shape of residency training programs, as well as the academic medical practices that today's residents will soon enter. The AAMC is an organizational leader for academic medicine and a public advocate of its views, providing both guidance and representation for academic medicine. I am excited about the opportunity to participate in this organization as it molds the future of residency training and academic medicine.

By completing training for an M.D., a Ph.D., a general medicine internship, and a year of radiology residency, I have obtained a variety of experiences (as well as an extended duration!) in academic training. During graduate school I participated in several research grant proposals and worked with a variety of laboratory animals, developing an appreciation for the issues surrounding biomedical research funding and the use of animals in biomedical research. I also feel strongly that all physicians and scientists have a responsibility for teaching, both within their professional training programs and to the general public. My own teaching experiences range from the teaching of undergraduate physics and math to the teaching of radiology to medical students. I currently hold a half-time position as H.I.S. Resident Physician Liaison, for which I represent over four hundred residents, presenting their input and needs in the implementation of a hospital wide information system.

The Organization of Resident Representative to the AAMC presents a valuable opportunity for residents to provide input to the future directions of residency training and academic medicine, and I would be honored to serve as an officer in this organization.


(signature)

J. Kevin Smith, M.D., Ph.D.

Please return by October 4, 1991, to:
Michelle Keyes-Welch
Staff Associate, Graduate Medical Education
AAMC
2450 N Street, N.W.
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Curriculum Vitae
of
J. KEVIN SMITH, M.D., Ph.D.
311 Ridge Road
Birmingham, AL, 35209
(205) 870-8930

TRAINING

Residency	University of Alabama at Birmingham, Department of Diagnostic Radiology.	1995
Fellowship	University of Alabama at Birmingham, Hospital Information Systems.	1992
Internship	University of Alabama at Birmingham, Department of Internal Medicine.	1990

EDUCATION

Ph.D.	University of Kentucky Medical Center, Department of Physiology.	1989
M.D.	University of Kentucky Medical Center, with High Distinction.	1988
	Louisiana State University Medical Center-Shreveport.	1985
Undergraduate	University of Michigan, Honors Chemistry.	1983

ACADEMIC HONORS

Alpha Omega Alpha - Inducted as a Junior, 1985
Freshman Honors Award, 1984
NIH National Research Service Award Fellowship, 1984-1989
James B. Angell Scholar, 1982, 1983
Literature, Science, and Arts Merit Scholarship, 1981
Branstrom Scholar, 1980
Michigan Annual Giving Scholar, 1980
University of Michigan Freshman Scholar, 1980
National Merit Scholarship Recipient, 1980

RESEARCH INTERESTS

Imaging
Autonomic control of the circulation.
Computers in clinical medicine.

MEMBERSHIPS - PROFESSIONAL SOCIETIES

Alpha Omega Alpha
American Medical Association
American Physiological Society
American Roentgen Ray Society
Association for Computing Machinery
Jefferson County Medical Society
Organization of Resident Representatives to the AAMC
Radiological Society of North America
The Medical Association of the State of Alabama

PUBLICATIONS

Abstracts

SMITH, J.K., and K.W. BARRON. Microinjection of L-glutamate and tetrodotoxin into the rostral and caudal ventrolateral medulla in adult spontaneously hypertensive rats. Neuroscience Abstracts 1989.(Abstract)

BARRON, K.W., C.M. HEESCH, B.P. FLEMING, R.A. OREMUS, J.K. SMITH, and J.N. DIANA. Arterial pressure and cardiac output responses to nicotine (NIC) infusion in conscious rats. FASEB Journal 3:A410, 1989.(Abstract)

SMITH, J.K., and K.W. BARRON. Cardiovascular responses to microinjection of L-glutamate into the rostral and caudal ventrolateral medulla of young spontaneously hypertensive and normotensive rats. FASEB Journal 3:A1012, 1989.(Abstract)

BARRON, K.W., C.M. HEESCH, and J.K. SMITH. Effects of urethane vs. chloralose-urethane anesthesia on the cardiovascular responses to electrical stimulation of the posterior hypothalamus. Fed. Proc. 46:1987.(Abstract)

BARRON, K.W., C.M. HEESCH, and J.K. SMITH. Urethane vs. chloralose-urethane anesthesia on the cardiovascular responses to electrical stimulation of the CNS. Fed. Proc. 46:1987.(Abstract)

CHIEN, S., J.N. DIANA, E.P. TODD, W.N. O'CONNOR, T. MARION, and J.K. SMITH. A new autoperfusion preparation for long term organ preservation. American Heart Association 1987.(Abstract)

FLEMING, B.P., J.K. SMITH, and K.W. BARRON. Response of arterioles in rat cremaster muscle to stimulation of the posterior hypothalamus. Fed. Proc. 45:1161, 1986.(Abstract)

SMITH, J.K., and K.W. BARRON. Examination of cardiovascular interactions between the posterior hypothalamus and aortic depressor nerve in rats. Fed. Proc. 45:390, 1986.(Abstract)

Papers

SMITH, J.K., and K.W. BARRON. Cardiovascular effects of L-glutamate and tetrodotoxin microinjected into the rostral and caudal ventrolateral medulla in normotensive and spontaneously hypertensive rats. Brain Research 506:1-8, 1990.

SMITH, J.K., and K.W. BARRON. GABAergic responses in ventrolateral medulla in spontaneously hypertensive rats. Am. J. Physiol. 258:R450-R456, 1990.

SMITH, J.K., and K.W. BARRON. The rostral and caudal ventrolateral medulla in young spontaneously hypertensive rats. Brain Research 506:153-158, 1990.

SMITH, J.K., K.W. BARRON, and B.E. MALEY. Quantitative immunohistochemistry of GABA in the ventrolateral medulla in spontaneously hypertensive rats. 1990.(UnPub)

SMITH, J.K., and K.W. BARRON. Posterior hypothalamic influences on cardiovascular effects of aortic nerve stimulation. Am. J. Physiol. 257:H1994-H1989, 1989.

CHIEN, S., J.N. DIANA, E.P. TODD, W.N. O'CONNOR, T. MARION, and J.K. SMITH. New autoperfusion preparation for long-term organ preservation. Circulation 78[Suppl.III]:III-58-III-65, 1988.

SMITH, J.K. Semi-automatic augmentation of the MeSH tree structure for use as the basis of a biomedical knowledge base. 1988.(UnPub)

FLEMING, B.P., K.W. BARRON, T.W. HOWES, and J.K. SMITH. Response of the microcirculation in rat cremaster muscle to peripheral and central sympathetic stimulation. Circ. Res. 61[Suppl.II]:II26-II31, 1987.

OTHER EXPERIENCE

Private Computer Consulting -- Instruction, System setup, Database design.	1986-91
NIH Clinical Elective "Computers in Clinical Medicine."	1988
Yearbook Editor and Photographer - LSU Medical Center, Shreveport, LA.	1984-85
Pool Manager, Swimteam Coach, and W.S.I., Shreveport, LA.	1980-84
Tutor in Calculus and Physics, University of Michigan.	1981-83
Volunteer, Children's Hospital, University of Michigan	1982-83

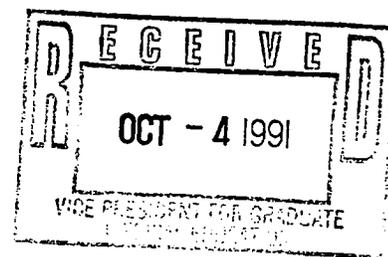
OTHER INTERESTS

Scuba diving, photography, club cycling, backpacking, sailing, snow skiing.

PERSONAL

Date and Place of Birth:	July 28, 1962, New Orleans, LA.
Wife's Name:	Linda W. Smith
High School Attended:	Huntington H. S., Shreveport, LA., 1980.
Social Security Number:	220-78-4208
Louisiana Medical License #:	020209
Alabama Medical License #:	15343
National Board Scores:	Part I: 690 Part II: 740

AAMC-ORR Administrative Board Nomination



Name: Barbara E. Tardiff, M.D.
Specialty: Anesthesiology
Hospital or Other Institution: Oregon Health Sciences University Department of Anesthesiology

Medical School of Graduation: Yale University School of Medicine

Postgraduate year (circle one): 1 2 3 ④ 5 6 7 >7
(I am currently a CA-1 resident. I have completed three years of pediatric residency)

My interest in being elected to an office in the ORR is expressed in the following statement:

I am committed to medical education and research. I am a perpetual student, current resident, developing teacher and researcher. My desire is to excel as a physician leader. I seek election to the ORR administrative board as an opportunity to contribute and gain experience that will make me more effective in the future.

Medical education should be viewed as an evolving continuum. Ideally, post-graduate training as well as continuing medical education should be integrated with other medical education systems. The residency experience of practice-linked learning within the context of patient care is an excellent model for education. One of the goals of medical education should be to cultivate this practice-linked learning as a life-long habit, allowing the student and ultimately practicing physician to direct his or her own education.

One of my special interests is information management and technology. Rapid progress in information science is transforming how we practice medicine. It is vital that we implement new technologies in cost-effective and appropriate ways, taking advantage of how they can liberate students and physicians from the traditional education setting, and how they can help us meet our goal of delivering high quality, high value, state-of-the-art medicine to all Americans.

Residents are in the process of evolution themselves. On the cusp of a transition from student to practicing physician, they are in an excellent position to provide insight into many of the concerns facing medical education. I see the Organization of Resident Representatives as uniquely poised to address the challenge of integrating information and educational systems into the clinical setting. These challenges include overcoming personal and organizational problems, encouraging commitment of necessary economic and human resources, and promotion and facilitation of cooperation between physicians, institutions, professional societies, researchers, and educational strategists.

Barbara E. Tardiff M.D.
(signature)

Please return by October 4, 1991, to:
Michelle Keyes-Welch
Staff Associate, Graduate Medical Education
AAMC
2450 N Street, N.W.
Washington, D.C. 20037-1126

CURRICULUM VITAE

Barbara E. Tardiff, M.D.

September 22, 1991

Department of Anesthesiology
Oregon Health Sciences University
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201
day (503) 494-7641

10770 N. W. McDaniel Road
Portland, Oregon 97229
home (503) 644-6195

PERSONAL INFORMATION

Born: Inglewood, California, May 30, 1956

Licensure: Oregon number MD14103

Board Certification: American Board of Pediatrics

EDUCATION

- | | |
|--------------|---|
| 1991-present | Oregon Health Sciences University
Portland, Oregon
Residency in Clinical Anesthesia |
| 1988-present | University of Oregon Continuation Center
Eugene, Oregon
Master of Science, Applied Information Management
(includes studies in business management, computing applications,
human/computer interface)
Anticipated completion Winter 1992 |
| 1983-1986 | Oregon Health Sciences University
Portland, Oregon
Residency in Pediatrics |
| 1976-1983 | Yale University
New Haven, Connecticut
M.D.; M.S., M.Phil., Biology |
| 1973-1976 | Oregon State University
Corvallis, Oregon
B.S., Biochemistry and Biophysics |

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EXPERIENCE

- 1990-1991 Pediatric Associates, P.C.
Portland, Oregon
Private practice, general pediatrics
- 1990 Student and House Staff Health Service
Assistant Professor, School of Medicine
Oregon Health Sciences University
Portland, Oregon
- 1986-1990 Mid-Valley Children's Clinic
Albany, Oregon
Private practice, general pediatrics
- 1986-present Instructor, Advanced Life Support and Pediatric Advanced Life Support
- 1986-1990 Oregon State Health Division
EMT Pediatric Curriculum Task Force
Founding Faculty, Pediatric Prehospital Care Course
Course director and faculty for a number of courses throughout the state
- 1986-1990 Instructor: Pediatric Emergency Medicine
EMT training and continuing education programs
- Albany, OR—Linn-Benton Community College
Salem, OR—Chemeketa Community College
Portland, OR—Paramedic Training Institute
Portland, OR—Portland Community College
Portland, OR—Oregon Health Sciences University
Roseburg, OR—Umqua Community College
LaGrande, OR—Eastern Oregon State College
Medford, OR—Rogue Community College
Lakeview, OR—Lakeview volunteer E.M.S.
Mt. Hood, OR—East Clackamas County E.M.S. Association
- 1985-present State of Oregon, Board of Medical Examiners (1985-1989)
Oregon Health Division (1989-present)
Examiner, Paramedic Oral Examination—Pediatrics
Consultant for pediatric written exam
- 1981-1983 Department of Biology, Yale University
teaching assistant, cell biology and electron microscopy
- 1976 Department of Biochemistry and Biophysics
Oregon State University
research assistant (metabolism of anti-tumor agents)
- 1975-1976 Environmental Research Laboratory
Environmental Protection Agency, Corvallis, Oregon
research assistant (organic and analytical chemistry)

PROFESSIONAL ACTIVITIES

- 1991-present Secretary-Treasurer, Oregon Branch
American Medical Women's Association
- 1991-present Member, Section on Computers and Other Technologies
American Academy of Pediatrics
- 1990-present Representative to the American Academy of Pediatrics Conference on
Women in Pediatrics
Editor, *Oregon Pediatric Society Newsletter*
Oregon Pediatric Society
- 1988-present Public Health and Safety Committee
Young Physicians Task Force
Oregon Medical Association
- 1988-1990 Delegate to Oregon Medical Association
Chairman, Reference Committee B (Spring 1989)
Member, Reference Committee B (Fall 1988)
- 1977-1983 Board of Student Editors
Journal of the History of Medicine and Allied Sciences
- 1977-1983 Association of American Medical Colleges
student representative
- 1976-1983 Nathan Smith Club, Yale University, medical history interest group
President, 1979-1980
Vice-president, 1978-1979

HONORS

- 1980-1981 Research Fellow, Connecticut Lupus Foundation
- 1977-1982 Insurance Medical Scientist Scholarship
- 1978 Summer Research Fellow
Division of Immunology and Allergy
Centre Hospitalier Universitaire Vaudois
Lausanne, Switzerland
- 1976 Milton Harris Scholar
Phi Kappa Phi
Iota Sigma Pi
Oregon State University

PROFESSIONAL SOCIETIES

American Society of Anesthesiologists
International Anesthesia Research Society
American Society of Regional Anesthesia
American Academy of Pediatrics
Oregon Medical Association
Oregon Pediatric Society
North Pacific Pediatric Society
American Medical Women's Association
Physicians for Social Responsibility
Institute for Science, Engineering and Public Policy

ACTIVITIES AND SPECIAL INTERESTS

Computer technology and information science
Oceanography, underwater medicine
Outdoor recreation—hiking, boating, camping
Music—piano, dulcimer, classical and traditional folk
Enology and viticulture
House remodeling, furniture refinishing

PUBLICATIONS

Keene, B. A pair of small linear extrachromosomal molecules in *Hydra attenuata*. M.D. thesis.

Keene, B. Portrait of a man protected against cholera. J. Hist. Med. Allied Sci. 37: 439, 1982.

Brunner, B. A singular operation. J. Hist. Med. Allied Sci. 34: 459, 1979.

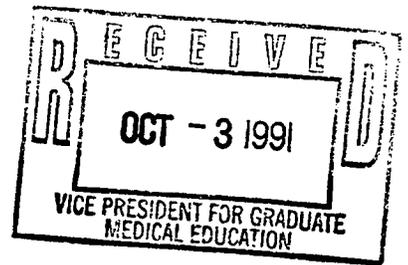
Brunner, B. Radiation treatment. J. Hist. Med. Allied Sci.: 550, 1978.

REFERENCES

Wendell C. Stevens, M.D.
Chairman, Department of Anesthesiology
Oregon Health Sciences University
3181 S. W. Sam Jackson Park Road
Portland, Oregon 97201
(503) 494-7641

Robert A. Mendelson, M.D.
Pediatrics Associates, P.C.
2525 N.W. Lovejoy, Suite 200
Portland, Oregon 97210

AAMC-ORR Administrative Board Nomination



Name: Bernarda Zenker, M.D.
Specialty: Family Practice
Hospital or Other Institution: University of Oklahoma Health Sciences Center
Medical School of Graduation: Louisiana State University Medical Center,
New Orleans, Louisiana
Postgraduate year (circle one): 1 2 **3** 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

The training of competent, adaptable physicians, who can practice effectively, answering the challenges and needs of society, commences with the beginning of medical education and culminates in the daily practice of medicine. The task is immense and the issues are complex. I would like to participate in the leadership of the Organization of Resident Representatives of the American Association of Medical Colleges, providing resident-physician input while searching for solutions for the evolving process of selection and preparation of individuals, who through a life balanced between professional and personal endeavors, may foster physical, emotional and spiritual health in an ever changing world.

The goal of medical education is to prepare individuals that can adapt and be responsive to the needs of medicine, society, and the health care system, while developing the knowledge, skills and attitudes that nurture excitement, commitment, and dedication to the care of patients and to ourselves. To develop well-trained, competent, compassionate and caring physicians, who will practice in the changing milieu of the twenty-first century is more demanding today than for any physicians-in-training who have come before. The responsibility of medical education, both in medical schools and in graduate medical education programs, involves providing extensive knowledge of medicine, science and people; keen skills of observation, communication, patience, and dedication; broad training in health maintenance, health promotion, medical systems management, increased skills in the care of elderly, and technical competency in computers and data management.

The future of medical education and health care demands visionary leaders who can provide a link between appropriate training and the health care needs of our society. I offer my skills, experience, and interests, as a leader of the Organization of Resident Representatives of the American Association of Medical Colleges, as a unique opportunity to provide resident contribution to the educational development of the physicians of today and the future.

Bernarda M. Zenker, M.D.
(signature)

Please return by October 4, 1991, to:
Michelle Keyes-Welch
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2450 N Street, N.W.
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CURRICULUM VITAE

BERNARDA MULLEK ZENKER, RN, MD

Home Address P.O. Box 12856
Oklahoma City, OK 73157
(405) 942-5040

Business Address Department of Family Medicine
800 N.E. 15th, Suite 503
Oklahoma City, OK 73104
(405) 271-2230

Born June 18, 1955 in Summerdale, Alabama
Marital Status Married in 1986 to Paul Zenker; no children

EDUCATION

1985-1989 Louisiana State University School of Medicine, New Orleans, Louisiana, MD
1983-1985 Loyola University, New Orleans, Louisiana (premedical studies)
1979-1982 L.S.U. School of Nursing, New Orleans, Louisiana
B.S., Nursing (Cum Laude)
1972-1977 Spring Hill College, Mobile, Alabama
B.A., English (Cum Laude)

Residency Training

7/90-Present Resident, Family Medicine Residency Program
University of Oklahoma Health Science Center, Oklahoma City, OK
7/89-6/90 Internship, Family Medicine Residency Program,
Floyd County Medical Center, Rome, GA

HONORS AND AWARDS

Mead Johnson Winner, Leadership Award in Family Medicine, AAFP (1991)
Burroughs-Wellcome AMA Scholar for Community Service (1991)
Gerald R. Gehringer Award in Family Medicine, Louisiana Academy of Family Physicians (1989)
Louisiana State Family Physicians Award (1989)
Who's Who Among American Medical Students (1989)
Lettie Pate Whitehead Academic Scholarship (1987)
Who's Who in American Colleges and Universities (1977, 1981)
Theriot Nursing Scholarship for Academic Excellence and Leadership (1981)
Academic Honor Scholarship, Spring Hill College (1974)
College "Top 10" Future Leaderships, Kiwanis Clubs of Alabama (1974)

CERTIFICATES AND LICENSURE

Oklahoma State Medical License (1990)
Registered Nurse, Georgia State Licensure (1989)
Registered Nurse, Louisiana State Licensure (1982)
ACLS (1989, 1991)

PROFESSIONAL EXPERIENCE

- March 1991-
present **Physician (part-time)**
Spectrum Emergency Care Services, Oklahoma City, OK
Medical Business Services, Inc., St. Louis, MO
Medical Business Services, Inc., Midwest City, OK
Central Oklahoma Medical Group, Oklahoma City, OK
- 1988 **Cardiovascular Staff Nurse**
Emory University Hospital, Atlanta, Georgia
- 1983-1988 **Intensive Care Unit and Staff Nurse, Pediatrics**
Tulane University Hospital, New Orleans, Louisiana
- 1982-1984 **Staff Nurse**
Children's Hospital, New Orleans, Louisiana
- 1980-1982 **Nursing Assistant**
Touro Infirmary Hospital, New Orleans, Louisiana
- 1972-1977 **Director, Infant Dept.**
Migrant Day Care Center, Battles Wharf, Alabama

PROFESSIONAL SOCIETIES

- Oklahoma Academy of Family Physicians
American Academy of Family Physicians
Society of Teachers of Family Medicine
American Medical Association
Oklahoma State and County Medical Society
Sigma Theta Tau Nursing Honor Society
Physicians for Social Responsibility

COMMITTEES AND PROFESSIONAL ACTIVITIES

- 1991 **Selected Participant, Child Abuse and Neglect Institute**
University of Oklahoma Health Sciences Center, Oklahoma City
- 1991 **Resident Delegate, Committee for Resident and Student Affairs, AAFP**
- 1991 **Co-Chair, Committee for Resident and Student Affairs, Oklahoma AAFP**
- 1991 **Residents Advisory Committee**
Bureau of Health Professions, Health Resource Service Administration
- 1991 **Member, Governor's Conference on Rural Health Care Planning Committee**
- 1990 **Alternate Delegate, Congress of Delegates**
American Academy of Family Physicians
- 1990 **Member, NCFPR, AAFP Reference Committee "A"**
- 1990 **Presenter, NCSM/NCFPR, AAFP, Getting Involved in the AAFP Workshop**
- 1990 **Resident Representative, AAFP National Invitational Nutrition Education Conference**
- 1990 **Resident Member, OAFP Legislative Committee**
- 1989 **National Student Chairperson, NCSM, AAFP**
- 1989 **National Student Observer, National Board of Directors, AAFP**
- 1989 **Student Chairperson, Committee for Resident and Student Affairs, AAFP**
- 1989 **Member, Obstetrics Task Force, AAFP**
- 1989 **Member, Interorganizational Student Interest Task Force, AAFP**
- 1989 **Member, Ad Hoc Committee On Student Interest, AAFP**
- 1988 **Student Representative, AAFP Commission on Legislation and Governmental Affairs**

COMMITTEES AND PROFESSIONAL ACTIVITIES (continued)

- 1986, 1987 **Student Representative to Board of Directors, Louisiana AFP**
1986, 1987 **President, Family Medicine Interest Group**
 Louisiana State University School of Medicine, New Orleans
1986, 1987 **Louisiana State Student Delegate, National Conf. of Student Members, AAFP**
1987 **Student Representative, National Convention**
 American Medical Student Association, New Orleans, Louisiana

Special Professional Activities

- 1991 **Co-Founder, "Health for Friends," a Norman, OK, based women's clinic**
1984 **Outward Bound Wilderness Survival Course**
1983, 1984 **Camp Nurse, Diabetic Summer Youth Camp, Louisiana Diabetic Association**
1983 **Member, Quality Assurance Committee on Nursing, Children's Hospital,**
 New Orleans

PUBLICATIONS

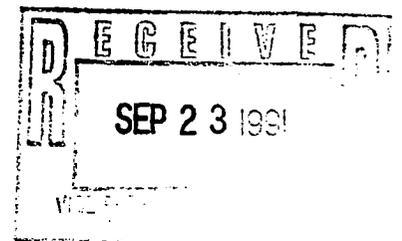
- Zenker BM. Community service sparks interest in family medicine. *AAFP Reporter*, February 1991.
Mullek B. (contributing author). *AAFP NCSM/NCFPR National Officers Handbook*. Kansas City, MO: AAFP, August 1989.
Mullek B. Student activities culminate at the NCSM. *AAFP Resident/Student Newsletter*, August 1989.
Mullek B. More on medicine. [letter]. *The New Physician* 38(1):3, 1989.
Mullek B. AAFP gives medical students outlet for involvement. *AAFP Resident/Student Newsletter*, 1989, p. 3.
Mullek B. Getting involved in the National Academy. *The Exchange* 2(1): 3, Winter 1989.

INTERESTS AND HOBBIES

- Canoeing
- Backpacking
- Scuba Diving
- Sewing
- Gourmet Cooking

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AAMC-ORR Administrative Board Nomination



Name: Susan Carole Vaughan, M.D.
Specialty: Psychiatry
Hospital or Other Institution: Columbia-Presbyterian/New York State Psychiatric Institute
Medical School of Graduation: Columbia College of Physicians & Surgeons
Postgraduate year (circle one): 1 2 **3** 4 5 6 7 >7

My interest in being elected to an office in the ORR is expressed in the following statement:

As founding members of the AAMC's new organization of resident representatives, we have a unique opportunity. As we work closely with the Council of Deans, the Council of Academic Societies, the Council of Teaching Hospitals and the Executive Council, we can address issues of medical and post-graduate education as well as biomedical research and health care as they are practiced in academic centers. As we see the effects of our influence in the AAMC's programs and policies, we can expect to develop and hone our leadership, management, teaching and program evaluation skills. We can also expect to have fun discussing issues that affect us directly with residents from other specialties and other areas of the country! However, in order to get this fledgling organization off to an impressive start, it will be essential to select officers with diverse backgrounds who have a desire to work hard to shape the ORR.

Throughout college, medical school and residency, I have had an interest in education and teaching and have gathered experience working within organizations. While at Harvard College I served on a faculty-student Committee on Undergraduate Education and taught writing and science. During medical school I designed, published and taught an interview teaching method which became a part of the second-year curriculum at Columbia. As an intern, I worked on our housestaff council as we negotiated a tricky transition to compliance with legislation limiting the hours we worked. I have also been quite involved with the American Psychiatric Association during residency, serving on my district branch committee and running for national office. As a psychiatrist, I believe I am a trained listener who can fairly represent our concerns and ideas to the other parts of the AAMC and can help moderate discussions within the ORR. However, I believe that my best attribute as a potential candidate for the ORR board is that I want to see us succeed and develop into a productive organization and that I am willing to work to make it happen. I appreciate your consideration of my candidacy.

Susan C. Vaughan MD
(signature)

Please return by October 4, 1991, to:
Michelle Keyes-Welch
Staff Associate, Graduate Medical Education
AAMC
2450 N Street, N.W.
Washington, D.C. 20037-1126

Susan Carole Vaughan

344 West 49th St. #6A
New York, NY 10019
(212)-262-4629

Postgraduate Training

- 6/90-present **Columbia-Presbyterian/NYSPI**
Psychiatry resident
Founding member, NYSPI Neural Network Society
Resident's Committee, NY County DB, APA
- 7/89-6/90 **St. Vincent's Hospital, New York, NY**
Transitional intern
Member, Housestaff Council
Volunteer, Community Health Project
Extensive work with AIDS patients

Education

- 8/85-6/89 **Columbia University, College of Physicians & Surgeons**
M.D., 5/89
Elected to AOA
Dr. William Rayner Watson award to member of graduating class
with most outstanding work in psychiatry
Taught journal writing and interviewing to medical students
Class representative, Plexus newsletter editorial board
Member of AMSA, AMWA
- 9/81-5/85 **Harvard-Radcliffe College**
A.B. magna cum laude, 5/85, Psychology and Social Relations
Hoopes Prize for outstanding senior thesis "Toward an Explanation for
the Unilateral Neglect Syndrome"
Dean's List, John Harvard and Harvard College Scholar
Elizabeth Cary Agassiz Scholar
Rhodes Scholarship Finalist
Technical director, producer, set designer for 20 theatrical productions
at the Loeb Drama Center
Boston Youth Coordinator, Frank McNamara U.S. Rep. campaign
Member, Committee on Undergraduate Education
Member, Visiting Committee, Department of Psychology
Tutor, Bureau of Study Counsel
Volunteer, Roxbury halfway house for schizophrenic patients

Presentations and Publications

- Vaughan, S. "When the Reader Writes," The Pharos (Journal of the AOA), Summer 1990.
- Forrest, D., Vaughan, S., Ahmad, R. et al "Getting Started in Neural Networks,"
Presented at NYSPI Grand Rounds, New York City, 6/90.
- Charon, R. and S. Vaughan "Medical Transformations," Presented at the Society for
Health and Human Values, Chicago, 4/89.
- Instructor, Radcliffe Summer Program in Science, 6/86-8/86.
- Researcher/writer, Spain and Italy, Let's Go travel guide series, 6/85-8/85.



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

can keep

PROCEEDINGS
OF THE
ORGANIZATION OF RESIDENT REPRESENTATIVES

NOVEMBER 9-10, 1991
WASHINGTON, D.C.

Organization of Resident Representatives
November 9-10, 1991

Participants

Reid Adams, M.D.
General Surgery
University of Virginia Health Sciences

Joseph Auteri, M.D.
Thoracic Surgery
Columbia-Presbyterian Medical Center

Dai Chung, M.D.
General Surgery
University of Texas/Galveston

Denise Dupras, M.D., Ph.D.
Internal Medicine
Mayo Graduate School of Medicine

Carl Gold, M.D.
Anesthesiology
Boston University Medical Center

Donald Hangen, M.D.
Orthopedic Surgery
Harvard Combined Residency Program

Thomas Head, M.D.
Neurology
University of Alabama Medical Center

Richard Hogan, M.D.
Internal Medicine
University Health Center of Pittsburgh

Joseph Houston, M.D.
Psychiatry
George Washington Medical Center

Laurel Leslie, M.D.
Pediatrics
University of California, San Francisco

Peter Anderson, M.D.
Otolaryngology
Oregon Health Sciences University

Natalie Ayars, M.D.
Psychiatry
UCLA Neuropsychiatric Institute

John Comerci, M.D.
Obstetrics and Gynecology
St. Barnabas Medical Center (NJ)

John Fattore, M.D.
Plastic Surgery
Massachusetts General Hospital

Cathy Halperin, M.D.
Obstetrics and Gynecology
Rush-Presbyterian-St. Luke's Medical Center

Mark Hashim, M.D.
Anesthesiology
Virginia Commonwealth University

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

James Hopfenbeck, M.D.
Pathology
University of Utah

Carol Karp, M.D.
Ophthalmology
University of Michigan

Stephen Lewis, M.D.
Psychiatry
University of Texas Southwestern

Karen Lin, M.D.
Neurology
Mayo Graduate School of Medicine

Cheryl McDonald, M.D.
Internal Medicine
University of Alabama Medical Center

Richard Obregon, M.D.
Radiology
University of Colorado

Joshua Port, M.D.
Orthopedic Surgery
University Health Center of Pittsburgh

Kevin Robertson, M.D.
Otolaryngology
University of Illinois

Kelly Roveda, M.D.
Pathology
University of South Alabama

Michael Sanchez, M.D.
Emergency Medicine
Joint Military Medical Command-San Antonio

J. Kevin Smith, M.D., Ph.D.
Radiology
University of Alabama

Susan Vaughan, M.D.
Psychiatry
Columbia-Presbyterian

Julie Weaver, M.D.
Pediatrics
Medical College of Virginia

Bernarda Zenker, M.D.
Family Practice
University of Oklahoma Health Sciences Center

John T. Lindsey, M.D.
Plastic Surgery
University of Texas Southwestern

Mary Elise Moeller, M.D.
Pediatrics
Methodist Hospital of Indiana

Michele Parker, M.D.
Family Practice
UCLA Family Practice Center

Louis Profeta, M.D.
Emergency Medicine
University Health Center of Pittsburgh

William Rosen, M.D.
Ophthalmology
University of California, Davis

Geronimo Sahagun, M.D.
Internal Medicine
Oregon Health Sciences University

Michael Sherman, M.D.
Anesthesiology
SUNY Health Science Center at Brooklyn

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

Thomas Waddell, M.D.
Thoracic Surgery
Toronto General Hospital

Benjamin Yokel, M.D.
Dermatology
Johns Hopkins Hospital

AAMC staff

Robert G. Petersdorf, M.D.
President

William Butler, M.D.
Chair, AAMC Assembly

Robert H. Waldman, M.D.
Vice-President, Designate
Division of Graduate Medical Education

August G. Swanson, M.D.
Vice-President
Division of Graduate Medical Education

Robert Beran, Ph.D.
Associate Vice-President
Division of Academic Affairs

Michelle Keyes-Welch
Staff Associate
Division of Graduate Medical Education

Lynn Milas
Administrative Assistant
Division of Graduate Medical Education

unable to attend:

Elaine Kaye, M.D.
Dermatology
Harvard Dermatology Training Program

Proceedings

Saturday

Dr. Petersdorf, President, welcomed the members of the Organization of Resident Representatives to the AAMC and the annual meeting and offered his support for the newly formed organization. Dr. Petersdorf commented that residents are an important and integral component of the medical education system and their voice in the AAMC is important. The Association represents all of academic medicine: faculty, deans, students, academic medical centers, and now, residents. There are also special interest groups within the Association including the Group on Public Affairs, Group on Faculty Practice, Group on Student Affairs, Group on Business Affairs and the Group on Educational Affairs.

Dr. Petersdorf also commented on the five barriers to implementing the Organization of Resident Representatives. Firstly, Dr. Petersdorf's predecessor did not advocate for a resident group because of concerns that the organization would become a housestaff union. Secondly, residents are transient members of medical education. However, the Organization of Student Representatives was organized in the early 1970's and provides important input for the AAMC. Thirdly, it was easy to organize the student representatives; each medical school was asked to designate one student. Organizing a housestaff group was more difficult because of the diversity and number of training programs. After considerable discussion about the appropriate method to designate residents, the AAMC decided to ask a selected list of Council of Academic Societies (CAS) members to designate two residents each to the ORR. Twenty-one CAS members representing program directors or chairs of clinical departments were asked to designate residents. Fourth, financing travel and programmatic expenses for the ORR will be costly, but the AAMC has decided to provide funds for the travel and meeting expenses of the ORR. Lastly, initially, there was no clear purpose for the organization or set of objectives.

Despite initial barriers to implementing an Organization of Resident Representatives, the Association proceeded with plans to develop it. Dr. Petersdorf offered his continued support of the ORR and encouraged all members to participate in the group and other AAMC activities.

Dr. William Butler, chairman of the AAMC Assembly, spoke on the need for an Organization of Resident Representatives within the AAMC. Dr. Butler pointed out that the emphasis and importance of graduate medical education have increased dramatically in the last fifty years. In 1940, only five thousand graduate training positions were available. In 1960, the number of graduate training positions had increased to over thirty thousand, and by 1990 there were over eighty thousand training positions. Four hundred of the academic medical centers and major teaching hospitals provide 78%

of the training positions in graduate medical education.

Dr. Butler also reiterated that the AAMC represents the continuum of medical education through its interests in undergraduate curriculum, accreditation of graduate training programs, federal financing of medical education and other topics that relate to medical education. Though other groups in the AAMC representing Deans, faculty and academic medical centers can provide input into the Association on graduate medical education issues, the ORR will play a vital role in assisting the AAMC in policy development, providing additional input into the Association and improving graduate medical education. Dr. Butler also offered his support for the ORR and encouraged representatives to participate fully in the group and the AAMC.

Dr. Waldman, Vice-President, designate, of the Division of Graduate Medical Education, facilitated a discussion between representatives about the four biggest problems in graduate medical education: access to care, cost of health care, control of graduate medical education and decreasing emphasis on education in the academic medical centers.

Dr. Waldman pointed out that there are large underserved populations in the country, particularly in rural and inner-city settings. Affluent areas may also have a shortage of primary care physicians. Graduate medical education may be able to provide a partial solution to the problems of access to care by decreasing the number of graduate medical education training programs in specialties with an adequate supply of physicians. Increasing the number of training positions in primary care programs will not solve the problem since many of the programs are unable to fill the number of existing positions. Related topics include the role of foreign medical graduates in providing care to the underserved and the closure of weak training programs that provide care to the underserved. Dr. Waldman indicated that the increasing costs of medical care are sometimes attributed to residents who order too many tests and the higher costs of treatment provided by specialists as compared to the care provided by generalists.

Dr. Waldman also pointed out the difficulty in identifying the group(s) responsible for the graduate medical education curriculum and the distribution of training programs. Medical schools feel that the hospital maintains much of the control and emphasizes service needs rather than education. Residency Review Committees are often unable to close weak programs; the ACGME and professional boards have been unable to suppress the proliferation of subspecialties and subspecialty training programs.

Dr. Waldman expressed his concern that too many academic medical centers place more emphasis on research and patient care service and less emphasis on the education and training of students and residents. The educational programs of an academic medical center

are the least productive, generate the least money and are often seen as less important than service and research.

ORR members responded to Dr. Waldman's comments by focusing on the importance of generalism and primary care physicians. All members agreed that more generalists are needed; representatives offered insight and many suggestions for improving the supply and distribution of generalist physicians. ORR members cited a lack of respect for generalists as one reason for students not pursuing a career in the primary care specialties. A tenure track for teachers and clinicians would combat some of the obstacles faced by primary care educators in academic medicine and might also provide additional "respect".

Participants also cited the need for more primary care role models and mentors in medical school, residency and in practice. Many members cited nurturing role models in other specialties that influenced their specialty choice decision. Despondent residents seen during the medicine rotation will not motivate students to choose internal medicine.

Participants also cited a need for primary care role models in medical school that expose students to the generalist physician's practice, including rotations in private physicians' offices and community or rural hospitals. Some members commented that their medical school did not provide this experience; other members commented that their medical school did provide this experience and it was very beneficial. Many participants cited the need to emphasize the importance of community training programs and community rotations.

ORR members also focused on the lack of primary care experiences in the medical school curriculum and recommended primary care rotations in the first two years of medical school instead of waiting until the clerkship years. ORR members who graduated from medical schools with an emphasis on primary care supported these recommendations and felt that early and frequent exposure to primary care and nurturing role models in primary care do have an impact on the specialty choices of medical students.

ORR members also expressed concern over the costs of medical education and indebtedness; some representatives felt that these factors did influence specialty choice while other members believed that their specialty choices were not influenced by debt or the costs of medical school.

Representatives cited the need for educating society of the important role that generalist physicians play in providing health care because some patients prefer to be treated only by specialists regardless of the ailment. Other representatives described primary care experiences and felt that society does appreciate the generalist physician and wants to be treated by the primary care

physician, not a group of specialists.

Some members commented that access to primary care may improve if pre-medical students interested in providing this care are counseled and encouraged to attend medical school. Preferential admissions treatment to qualified students interested in practicing in rural and/or underserved areas is a way to provide additional primary care physicians.

Participants also pointed out that their training institutions, for the most part, provide tertiary care with less emphasis placed on primary care. Residents in these training programs do not have the opportunity to rotate in primary care settings. Institutions can provide both tertiary care and primary care education experiences for students and residents by providing additional rotations to clinics, community hospitals and physicians' offices.

Representatives also commented on the need to educate federal and state legislatures of the importance of primary care and its influence on access to health care.

Participants generally concluded that focusing on developing role models, providing primary care exposure early in medical school and residency will provide more incentives to choosing primary care rather than limiting the number of specialist training positions which will only increase the competitiveness of these specialties.

Dr. Swanson provided a summary of the AAMC's interest in graduate medical education which began in 1876 with the first efforts to organize the Association. At that time most schools were proprietary operations run by practicing doctors for profit. One requirement for membership in the AAMC was that the name of the graduate should be on the school's diploma. Many of the schools found this requirement unacceptable, and there was no further discussion until 1890.

In 1890, the AAMC required that all member medical schools have a graded curriculum. The quality of the curriculum was evaluated by Dr. Fred Zappfe, Secretary of the AAMC from 1898 to 1948.

Stimulated by Flexner's condemnation of most schools and his admiration and endorsement of medical education that had been established at Harvard, Johns Hopkins and the University of Michigan, proprietary schools rapidly disappeared and most schools became university based.

Hospital-based graduate medical education began principally as a year of internship. Dr. Arthur Bevan, chair of the AMA Council on Medical Education and Hospitals from 1904 to 1928, set out to stimulate the medical schools and their parent universities to develop graduate medical education programs. Also during this time, specialty boards began to organize, thus establishing a

pattern of independent, autonomous bodies of specialists in medical education. By 1933, five certifying boards had been established. Also in 1933, the Advisory Board for Medical Specialties (later known as the American Board of Medical Specialties) was established. The purpose of this board was to improve certification methods and procedures. Seven additional boards were founded during this decade.

In 1939, an ABMS Commission on Graduate Medical Education published its report. The focus of the commission was to make graduate medical education a true graduate discipline, clearly different from a transient period of hospital work.

After World War II, there was rapid growth in the number of residency positions. In 1940, there were 5,118 positions. By 1950, there were 19,364 positions. Some mechanism to determine whether residency programs sponsored by hospitals were of sufficient quality was needed. A model was first developed by internal medicine through a tripartite effort of the American College of Physicians, the American Board of Internal Medicine and the AMA Council on Medical Education and Hospitals. Subsequently in 1950, the American College of Surgeons, the American Board of Surgery and the AMA Council founded a similar joint conference committee for surgery. These became the models for a graduate medical education accreditation system and were renamed residency review committees (RRCs) in 1953.

The RRC accreditation system had a characteristic which caused concern among some medical educators. Each RRC operated independently and focused solely on programs in its specialty with little consideration of the sponsoring organization and its other training programs. This created a fragmented system of graduate medical education with highly variable program quality.

In 1965, an AAMC committee released a report entitled Planning for Medical Progress Through Education. The report focused on the need for the university to assume responsibility for medical education. The following year the AMA's Citizens Commission on Graduate Medical Education issued its report. The Commission recommended that teaching hospitals should accept the responsibilities and obligations of providing graduate medical education and should make its programs a corporate responsibility rather than the individual responsibility of particular medical or surgical services.

As a result of the reports, AAMC was reorganized and the Council of Teaching Hospitals (COTH) and the Council of Academic Societies (CAS) were established. Both the AMA's Commission and a subsequent CAS report recommended the formation of a single organization to unite the fragmented graduate medical education structure with the authority to conduct the accreditation of residency programs. These recommendations ultimately resulted in the formation of the Liaison Committee on Graduate Medical Education (LCGME) in 1972.

The LCGME was not viewed with pleasure by the RRCs or the AMA's Council on Medical Education. Efforts to require evidence of institutional responsibility for graduate medical education were resented and blocked.

Finally, in 1980 the LCGME was reorganized into the Accreditation Council for Graduate Medical Education (ACGME). Also during this decade, COTH worked with HCFA and Congress to develop what eventually was called the "indirect medical education payment" to provide funds for the more costly care required by patients admitted to teaching hospitals. An AAMC report on financing graduate medical education also influenced Medicare to revise the resident stipend and payment policies.

The Association also developed a policy recommending limiting duty hours to 80 hours per week and providing one 24 hour day out of seven free of program responsibilities. The Association has approved the revisions in the General Requirements of the Essentials of Accredited Residencies that recommended a schedule of one night in three on duty and one day a week free of program responsibilities. The AAMC also approved a second revision that requires each RRC to have a policy that ensures that residents are not unduly stressed and fatigued.

Since the AAMC was reorganized in 1965, it has played an ever increasing role in the development of graduate medical education. ORR member contributions will provide added insight into AAMC's continuing efforts to improve the education and training of physicians in the United States.

Michelle Keyes-Welch provided a summary of the structure and organization of AAMC's constituency, governance and staff. A summary of the presentation is provided in the agenda book in addition to a organizational chart of the governance structure and AAMC staff.

Dr. Robert Beran, Associate Vice President of the Division of Academic Affairs, provided representatives with a summary of AAMC initiatives relating to debt management and answered specific questions relating to loan repayment and debt management. Dr. Beran commented that there had been increased emphasis on debt management because of the increasing costs of medical education and the rising amounts of funds that students borrow. Dr. Beran pointed out that the AAMC has faced barriers to assisting students and residents because legislatures see the need to concentrate on other areas, particularly in undergraduate education. Residents and students are seen as future high income earners and there is less sympathy for the high debt of medical students and residents, however, medicine has the longest training period of any other profession and the ability to repay loans during this period is often difficult.

AAMC, in cooperation with the new Section for Resident Education, will provide loan repayment, deferment and other debt management information to one contact person in each teaching hospital. This contact person will not be an expert but will serve as a resource person for residents and can assist them with debt management and loan deferment problems.

Dr. Beran commented on the current status of two bills on loans for medical education, HR 3508 and S 1933. The proposed language requires institutions to maintain specified default rates. If institutional borrowers exceed the default rate, higher insurance premiums may be charged to later borrowers attending the institution. The institution with a high default rate also may be asked to set aside reserve accounts to cover the loans of default borrowers.

The proposed legislation also addresses three deferment classes: hardship, disability and full time enrollment. Residents would not conform to any of the three classes as the language is presently written, so the AAMC is working hard to tie the economic hardship criteria with an income to debt ratio, repayment that is income sensitive to the financial position of its borrowers.

Dr. Beran also expressed concern over the consumer debt of residents in addition to the student loan debt. Residents with a limited income may pay credit card and consumer debt first and neglect payments on their educational loans. Dr. Beran cautioned that student loans are a part of the credit report, and lenders and banks are reporting late or delinquent accounts. Dr. Beran also encouraged residents to submit their deferment forms in a timely manner to avoid technical default.

Sunday

Representatives and AAMC staff began the second day with a brief question and answer session. Dr. Waldman pointed out in the question and answer session that the ORR will need to develop rules and regulations and to begin thinking about its involvement with other groups and sections within the AAMC.

Members running for the administrative board were asked to provide a brief summary of their qualifications and interest in the ORR. Members also identified topics of future interest including: medical informatics, debt management, residents as teachers, transition from medical school to residency, undergraduate education curriculum, generalism and primary care physicians, financing graduate medical education, disability insurance, service vs. education, resident supervision, ambulatory education and ambulatory care, and chemical dependency.

Bernarda Zenker was elected as chair; Joseph Auteri was elected chair-elect. The following members will serve a two year term on

the administrative board: Mary Elise Moeller, Joshua Port and Louis Profeta. Rene' Herlong, Michele Parker, Carl Gold and Barbara Tardiff will service on the administrative board for a one year term.

Chair, Bernarda Zenker, commented that the ORR administrative board was very diverse with representation from both sexes and a mix of both primary care and non primary care specialties. Members did express concern that no underrepresented minorities were members of the ORR, and Dr. Waldman offered to communicate this concern to the CAS during the annual meeting.

Bernarda closed the meeting by encouraging participation from all representatives and asked members to keep in contact with her, the administrative board and AAMC staff.