



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

103rd AAMC ANNUAL MEETING

"HEALTH CARE REFORM: ACADEMIC MISSION AND PUBLIC NEED"

ORGANIZATION OF RESIDENT REPRESENTATIVES

1992 FALL BUSINESS MEETING

AGENDA

NEW ORLEANS HILTON HOTEL

NOVEMBER 6-12, 1992

Organization of Resident Representatives 1992 Fall Business Meeting

Saturday, November 7

1:30 p.m. - 5:00 p.m.	Business Meeting	Ballroom C
1:30 p.m. - 2:00 p.m.	Comments on Morning Program	
2:00 p.m. - 2:30 p.m.	Legislative Update	
	Steve Northrup and Leslie Goode Legislative Analysts Association of American Medical Colleges	
2:30 p.m. - 3:15 p.m.	Discussion of Bylaws	Page 1
3:15 p.m. - 3:30 p.m.	Break	
3:30 p.m. - 4:00 p.m.	Chair Remarks	
4:00 p.m. - 5:00 p.m.	Discussion of Future ORR Projects Topic for 1993 Program	
5:30 p.m. - 6:30 p.m.	ORR Reception	Rosedown

Sunday, November 8

8:00 a.m. - 11:30 a.m.	Business Meeting	Oak Alley
8:00 a.m. - 9:00 a.m.	Report of Task Forces:	
	Generalist Physician	Bernarda Zenker, M.D.
	Health Care Reform	Louis Profeta, M.D.
	Electronic Residency	Barbara Tardiff, M.D.
	Update on Administrative Board Activities (minutes of previous ORR meetings)	Page 5
9:00 a.m. - 11:00 a.m.	Administrative Board Elections (see election booklet for personal statements)	
11:00 a.m. - 11:30 a.m.	Question and Answer Session, Evaluation of Meeting (evaluation forms to be provided)	

**Organization of Resident Representatives
1991-92 Administrative Board**

Chair

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

Chair-elect

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

Members-at-Large

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

Joshua Port, M.D.
Orthopaedic Surgery
Hospitals of The University Health Center
of Pittsburgh Program

J. René Herlong, M.D.
Pediatrics
Baylor College of Medicine
Affiliated Hospitals Residency Program

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

Mary Elise Hodson, M.D.
Medical Associates
Indianapolis, Indiana

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

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

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

ADOPTED BY THE ORGANIZATION OF RESIDENT REPRESENTATIVES

APPROVED BY THE EXECUTIVE COUNCIL

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

Section One--Name

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

Section Two--Purpose

The purpose of this organization shall be 1) to provide a mechanism for the interchange of ideas and perceptions among resident physicians and others concerned with medical education, 2) to provide a means by which resident physician views on matters of concern to the Association may find expression, 3) to provide a mechanism for resident physician participation in the governance of the affairs of the Association, 4) to provide a forum for resident physician action on issues that affect the delivery of health care, and 5) to provide professional and academic development opportunities.

Section Three--Membership

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

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

Section Four--Officers and Administrative Board

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

- 1) The chair whose duties shall be to:
 - a) preside at all meetings of the ORR
 - b) serve as ex-officio member of all committees of the ORR
 - c) communicate all recommendations and actions adopted by the ORR to the Executive Council
 - d) represent the ORR on the Executive Council
- 2) The chair-elect whose duties are to preside or otherwise serve in the absence of the chair and to succeed the chair in that office at the completion of his/her term of office. If the chair-elect succeeds the chair before the expiration of his/her term of office, such service shall not disqualify the chair-elect from serving a full term as chair.

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

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

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

Candidates for each respective office will be allowed to provide a brief oral summary of their qualifications and interest in the Organization of Resident Representatives prior to the casting of ballots. Election will be by closed ballot. The first to be called will be for chair-elect. The

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

nominee receiving the most votes shall be elected. In the event of a tie, a run-off election will be held.

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

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

Section Five--Representation on the AAMC Assembly

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

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

Section Six--Meetings, Quorums and Parliamentary Procedure

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

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

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

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

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

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

Section Seven--Operation and Relationships

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

Section Eight--Adoption and Amendments

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

**Minutes of the
Organization of Resident Representatives
Administrative Board Meeting
September 23-24, 1992**

Chair Bernarda Zenker, M.D. called the meeting to order; the minutes of the June administrative board meeting were approved.

Louis Profeta, M.D. provided the administrative board with a summary of the Health Care Reform Task Force; the next meeting will be held after the Executive Council meeting. The Task Force will hear summaries of health care reform proposals from several organizations.

Michelle Keyes-Welch provided the administrative board with an update on the ORR representation at the ACGME. The issue was discussed in the Committee on Structure and Functions of the ACGME. The AAMC request was passed by a vote of 5-2-1. Since the request involves an increase in the number of Council members, it will require a bylaws change. During the plenary session of the ACGME, the proposed change in the bylaws to appoint a resident representative from the ACGME was read; there was no discussion. At the next ACGME meeting in February, the bylaws change will be read again and voted on by the Council. The proposed change must receive a 2/3 vote to pass. If the vote is favorable, the proposed bylaws change will be sent to each of the five ACGME parents for a vote. All five parents must approve the change. Michelle Keyes-Welch will provide the administrative board with an update following the February ACGME meeting.

Dr. Robert Petersdorf, President, welcomed the administrative board back to Washington and provided additional background information on AAMC activities. There has been a dramatic increase in the number of applications to medical school; a 30% increase is expected. The number of matriculating students is stable. Dr. Petersdorf highlighted some events of the annual meeting; Dr. Sullivan will be addressing AAMC at the plenary session.

The domestic violence and abuse legislation introduced by Senator Widen of Oregon was also summarized by Dr. Petersdorf. The legislation requires that every medical school must teach domestic violence and abuse in its curriculum. The AAMC opposes legislative mandates on the curriculum, and most medical schools have already integrated domestic violence issues into the curriculum. The American College of Obstetrics and Gynecology (ACOG) has proposed a sample of educational programs that schools can use in developing their curricula in this area. The Executive Council approved the document with minor revisions.

Dr. Petersdorf also highlighted the Generalist Physician Task Force materials presented in the agenda materials. A separate financing Task Force will be established to discuss in more detail the financing issues relating to generalism.

Allan Shipp, Senior Staff Associate in the Division of Biomedical Research, provided the administrative board with background information on the institutional considerations in managing allegations of misconduct. The document is included in the Executive Council agenda materials and outlines the options that each institution has in terms of developing guidelines for scientific misconduct issues. The document was subsequently voted on at the Executive Council; it was approved in full.

Steve Northrup, Legislative Analyst, provided a brief update on loan deferment. Current borrowers have the opportunity to defer loans for up to two years. Economic hardship guidelines that may also allow borrowers to defer loan payments is being discussed.

Frankie Hall, Director of the Section for Student Programs, provided the administrative board with background information on the health services for medical students materials in the Executive Council agenda. The additions to the document include the need for policies concerning student exposure to TB and the need for infection control measures for airborne and blood pathogens. Ms. Hall also summarized the guidelines for the development of chemical impairment policies for medical students.

A draft schedule for the 1992 ORR annual meeting was approved. The professional development seminar will be held on Saturday morning, and the business meeting will be scheduled for the Saturday afternoon of the annual meeting. Administrative board elections will be held on Sunday morning.

Following lunch, the administrative board discussed the remaining Executive Council items. The ORR approved the election of new COTH members, CAS members and individual members. All were subsequently approved by the Executive Council. The ORR also approved the special membership categories and the LCME accreditation decisions; both were subsequently approved by the Executive Council. The proposed bylaw changes to the ACGME relating to liability insurance and conditions of resident employment were approved by the ORR; they were subsequently approved by the Executive Council. The Council of Deans expressed concern over the wording of one change; this will be communicated to the ACGME in writing.

The ORR administrative board discussed the Generalist Physician Task Force document and suggested minor wording changes. The Executive Council discussed the document extensively on Thursday; several concerns regarding the goal statement and the diversity of medical schools were expressed by the COD and CAS. The document was referred to the Executive Committee for revisions. The Executive Committee has subsequently approved the revisions to the Executive Summary and policy statement; the document will be distributed to all AAMC administrative boards.

An ORR newsletter was discussed, and the administrative board expressed interest in developing a newsletter. Newsletter topics include: 1) legislative column, 2) update on AAMC groups and activities, 3) financial and stress management issues, and 4) legal issues. Michele Parker, M.D. will coordinate the newsletter. Any ORR members interested in contributing to the newsletter should contact Michele Parker. The administrative board hopes to develop an informal update briefing by the annual meeting.

Chair Bernarda Zenker, M.D. briefly discussed the Sunday session at the annual meeting addressing the ethics of the match. Bernarda will be a member of the panel that responds to ethical issues of the matching process.

**Minutes of the
Organization of Resident Representatives
Administrative Board Meeting
June 24-25, 1992**

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

The minutes of the February administrative board meeting were approved.

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

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

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

Barbara Tardiff provided a summary of the Section on Resident Education (SRE) meeting in Santa Fe. Management of graduate medical education, financing, research and accreditation were discussion items on the agenda. Participants included hospital directors, program directors, chiefs of staff, directors of medical education and medical school administrators. There was much emphasis placed on generalism and primary care as well as improving

communication and networking. Barbara was pleased to participate and hoped that future SRE meetings would include resident input and attendance. The most rewarding portion of the program was the small group workshop on graduate medical education issues.

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

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

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

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

The administrative board discussed the November professional development program and identified potential speakers. A brief introduction will be followed by presentations on the early experiences in teaching, clinical practice and research. The second portion of the program will focus on developing academic leadership qualities. Addeane Caelleigh, Editor of Academic Medicine will present the third and final portion of the program on academic publishing.

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

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

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

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

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

**Minutes of the
Organization of Resident Representatives
Administrative Board Meeting
February 26-27, 1992**

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

Wednesday, February 26, 1992

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

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

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

Health care reform was also discussed at the retreat, but a task force will not be organized until a replacement for Jim Bentley, Ph.D. has been announced. Dr. Bentley was the Vice-President of the Division of Clinical Services. Clinical services staff have prepared a summary of many of the health care reform proposals.

Michele Parker expressed concern that the task force will concentrate only on the medical education aspects of health care reform and not address the access to care issues.

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

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

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

Ms. Joan Hartman Moore, Director
Section for Public Relations

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

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

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

Thomas E. Malone, Ph.D., Vice President
Division of Biomedical Research

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

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

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

Donald G. Kassebaum, M.D., Vice President
Division of Educational Research and Assessment

Dr. Kassebaum discussed the role of the Liaison Committee on Medical Education (LCME) in accrediting medical schools. The LCME is the national authority for the accreditation of medical education programs in U.S. and Canadian medical schools. The LCME was formed in 1942 under the joint sponsorship of the American Medical Association (AMA) and the AAMC, a relationship that exists today. The AMA and AAMC each appoint an LCME Secretary and maintain accreditation offices in Washington, DC and Chicago. There are seventeen members of the LCME which includes medical educators, administrators, practicing physicians, public representatives and medical students. Accreditation standards are developed and approved by the sponsoring councils in the AAMC and the AMA. These accreditation standards are published in the LCME's brochure, Functions and Structure of a Medical School. An educational program in substantial compliance with LCME standards is given full accreditation for seven years. Accreditation with probation is given pending correction of major deficiencies.

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

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

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

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

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

Dr. Kelly and Ms. Evans described the new Section for Resident Education (SRE). The SRE is an organization within the Group on Educational Affairs (GEA). The SRE members will include personnel in the medical school and hospital who have institutional responsibility for graduate medical education. An organizing committee met in July to begin working on the section's organizational structure and purpose. The SRE will hold its first national meeting in May in Sante Fe, New Mexico. This meeting will focus on such topics as quality management

and graduate medical education, preparing for changes in graduate medical education payment and shaping graduate medical education to the future needs of the health care system. The section is also working on bylaws and rules and regulations. Ad board members expressed an interest in becoming active in the SRE.

Linda E. Fishman, Senior Research Associate
Division of Clinical Services

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

Addeane S. Caelleigh, Editor, Academic Medicine

Ms. Caelleigh described the key points to submitting an article for publication including clear writing, meeting deadlines and dealing with mechanical requirements. Ms. Caelleigh also described the ethical considerations involved in designating authors, who should be considered authors and what order the authors should be listed in the article. Falsification of data, fabricating research and other unethical practices were also discussed. Ms. Caelleigh also spoke about the role of the editor in maintaining quality and integrity in their respective publications. Administrative board members expressed interest in learning more about the editorial process and later requested that Ms. Caelleigh present a more detailed program at the ORR's first professional development seminar during the annual meeting next fall.

Herbert W. Nickens, M.D., Vice President
Division of Minority Health, Education and Prevention

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

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

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

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

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

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

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

Thursday, February 27, 1992

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

The topic of the Saturday morning program will be the Transition from Residency to Academic Careers. A brief introduction provided by a leader in academic medicine will open the program. Ad board members expressed an interest in having Dr. Stemmler, AAMC Executive Vice-President, or Dr. Petersdorf, AAMC President, provide the opening remarks. A panel presentation would then speak on particular tracks in medicine including fellowship opportunities and clinical practice. Following a short break, a second panel will discuss the opportunities in clinical research, basic research and at the NIH. After a short break, the third and final presentation would address academic publishing. Ms. Addeane Caellegh, Editor of Academic Medicine, has agreed to present the third presentation. Following each panel discussion, ORR members will have the opportunity to ask questions and provide comments.

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

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

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

- 1) To provide a mechanism for the interchange of ideas and perceptions among resident physicians and others concerned with medical education:
 - A) survey of program ideas to all ORR members
 - B) telephone contact with all ORR members
 - C) liaison with other organizations, including OSR, SRE, etc.
 - D) communicate ORR actions to respective residency program or resident's group within professional society
 - E) chair and chair-elect representation on Executive Council

- 2) To provide a means by which resident physician views on matters of concern to the Association may find expression
 - A) chair and chair-elect representation on Executive Council
 - B) ORR representation on AAMC Task Forces
 - C) liaison with other AAMC groups and organizations, including the SRE, and OSR
 - D) resident representation on the LCME

- 3) To provide a mechanism for resident physician participation in the governance of the affairs of the AAMC
 - A) development of bylaws, goals and objectives
 - B) chair and chair-elect representation on the Executive Council
 - C) ORR representation on AAMC Task Forces
 - D) chair and chair-elect contact with other AAMC Councils

- 4) To provide a forum for resident physician action on issues that affect the delivery of health care
 - A) ORR program development
 - B) communicate concerns to AAMC

- 5) To provide professional and academic development opportunities
 - A) professional development program at annual meetings
 - B) guest speakers and invited presentations at administrative board meetings

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

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

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

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

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

Thursday, Executive Council Meeting

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

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

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

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

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

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

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

**Proceedings of the
Organization of Resident Representatives
Association of American Medical Colleges**

**November 9-10, 1991
Washington, DC**

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

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

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

Natalie Ayars, M.D.
Psychiatry
UCLA Neuropsychiatric Institute

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

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

Cathy Halperin, M.D.
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Virginia Commonwealth University

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Baylor College of Medicine

James Hopfenbeck, M.D.
Pathology
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Carol Karp, M.D.
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University of Michigan

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

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J. Kevin Smith, M.D., Ph.D.
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Pediatrics
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Bernarda Zenker, M.D.
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University of Oklahoma Health Sciences Center

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President

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

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

Lynn Milas
Administrative Assistant
Division of Graduate Medical Education

unable to attend:

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Dermatology
Harvard Dermatology Training Program

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

William Rosen, M.D.
Ophthalmology
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Geronimo Sahagun, M.D.
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Benjamin Yokel, M.D.
Dermatology
Johns Hopkins Hospital

William Butler, M.D.
Chair, AAMC Assembly

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

Michelle Keyes-Welch
Staff Associate
Division of Graduate Medical Education

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.

Debbie Martin



ASSOCIATION OF
AMERICAN
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WASHINGTON, DC 20037-1126
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December 2, 1992

MEMORANDUM

TO: Organization of Resident Representatives
FR: Michelle Keyes-Welch *MKW*
RE: Annual Meeting follow-up

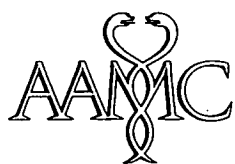
The minutes from the 1992 ORR meetings are attached. Also enclosed are copies of the most recent legislative update and Academic Physician. We will be forwarding the proceedings from the forum on the "Transition from Medical School to Residency," which was held the Friday before the ORR meeting. Also forthcoming is the ORR membership directory; we hope to have both of those to you soon. Thank you all for the wonderful New Orleans sweatshirt; I love it!

We hope you enjoyed the ORR annual meeting as well as the other AAMC activities. You should be completing your reimbursement requests as soon as possible; receipts are required.

For those of you on the administrative board, the meeting dates are as follows: February 24-25, June 16-17, September 22-23. The meeting usually begins around nine on Wednesday morning, so you may either arrive Tuesday evening or early Wednesday morning. More information about hotel accommodations, etc. will be forthcoming from the AAMC meeting office.

We will be sending out the designation letters to the 21 original CAS societies around February. (Nick and Deanna- since your society just designated you last year, we will not be sending a letter to them. You have another year on your terms.) If you are interested in being redesignated, it might be helpful to send a letter to the President of your CAS society expressing your interest in another term. If you need the current name and address of your CAS society President, please give me a call.

Hope everyone has a happy and safe holiday. If you have any questions or need additional information, please feel free to contact me.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

**Proceedings of the
Organization of Resident Representatives
Second Annual Meeting**

**November 7-8, 1992
New Orleans, L.A.**

**Organization of Resident Representatives
1992-93 Administrative Board**

Chair

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

Chair-Elect

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

Immediate Past Chair

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

Members

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

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

Mary Elise Hodson, M.D.
Medical Associates
Indianapolis, Indiana

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

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

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

**Organization of Resident Representatives
Membership Roster**

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

Peter Andersen, M.D.
Otolaryngology-Head & Neck Surgery
Oregon Health Sciences University

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

Natalie Ayars, M.D.
Psychiatry
UCLA Neuropsychiatric Institute

Dai Chung, M.D.
General Surgery
University of Texas Medical Branch at
Galveston

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Obstetrics and Gynecology
Saint Barnabas Medical Program

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Internal Medicine
Mayo Graduate School of Medicine

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

Nicholas Gideonse, M.D.
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Boston University Medical Center

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Donald Hangen, M.D.
Orthopaedic Surgery
Harvard University

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Anesthesiology
Medical College of Virginia

Deanna K. Haun, M.D.
Family Practice
St. Elizabeth's Hospital
Youngstown, Ohio

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

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

Mary Elise Hodson, M.D.
Medical Associates
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Psychiatry
George Washington University

Carol Karp, M.D.
Ophthalmology
University of Michigan

Elaine Kaye, M.D.
Dermatology
Harvard University

Laurel Leslie, M.D.
Pediatrics
UCSF

Stephen Lewis, M.D.
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University of Illinois

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

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

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

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

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

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

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

Susan Vaughan, M.D.
Psychiatry
New York State Psychiatric Institute

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

Benjamin Yokel, M.D.
Dermatology
The Johns Hopkins Hospital

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Saturday, November 7

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

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

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

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

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

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

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

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

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

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

The business meeting was then adjourned until the following morning.

Sunday, November 8

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

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

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

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

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

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

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

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

The business meeting was adjourned by Dr. Auteri.



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

103rd AAMC ANNUAL MEETING

"Health Care Reform: Academic Mission
and Public Need"

Final Agenda for the

Organization
of
Resident Representatives

New Orleans Hilton Hotel
November 6-12, 1992

Other Meetings of Interest to ORR Members

Friday, November 6

1:00 pm-4:30 pm Forum on the Transition from Medical
School to Residency

Sunday, November 8

1:30 pm-3:30 pm Association of Hospital Medical
Education/Section on Resident Education
"The Match Revisited: Ethical Ideals vs.
Reality"

1:30 pm-3:30 pm IME Exhibits

4:00 pm-6:00 pm AAMC Plenary Session
Awards Presentation
AAMC Chair's Address
AAMC President's Address

6:00 pm-7:00 pm AAMC General Reception

Monday, November 9

9:00 am-11:30 am AAMC Plenary Session
Beyond Health Care Reform
The Nature of Public Health After Reform
How Do We Get the Physicians We Need
How Science Will Change Health Care

Noon-4:30 pm IME Exhibits

Tuesday, November 10

7:30 am-8:30 am AAMC Assembly

8:30 am-Noon AAMC Focus Sessions

Noon-5:00 pm IME Exhibits

Association of American Medical Colleges
Organization of Resident Representatives
1991-1992 Administrative Board

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

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

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

J. René Herlong, M.D.
Pediatrics
Baylor College of Medicine Affiliated Hospitals Residency Program

Mary Elise Hodson, M.D.
Medical Associates
Indianapolis, Indiana

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

Joshua Port, M.D.
Orthopaedic Surgery
Hospitals of The University Health Center of Pittsburgh Program

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

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

Elected November 9, 1991

ORGANIZATION OF RESIDENT REPRESENTATIVES

Saturday, November 7

7:30 am-12:00 pm	ORR Professional Development Program "Transition from Residency to Academic Medicine" Ballroom C	9:20 am-9:35 am	Questions and Discussion, Research in Medicine	2:00 pm-2:30 pm	Legislative Update Steve Northrup and Leslie Goode Legislative Analysts Association of American Medical Colleges
		9:35 am-10:00 am	Break	2:30 pm-3:15 pm	Discussion of Bylaws
		10:00 am-10:40 am	Developing Leadership Skills Edward J. Stemmler, M.D. Executive Vice President Association of American Medical Colleges	3:15 pm-3:30 pm	Break
7:30 am-7:50 am	Welcome and Overview Robert G. Petersdorf, M.D. President Association of American Medical Colleges		Marjorie Bowman, M.D. Chair, Department of Family and Community Medicine Bowman Gray School of Medicine	3:30 pm-4:00 pm	Chair Remarks
7:50 am-8:10 am	Early Experiences in Teaching in Medicine Glenn Hamilton, M.D. Chair, Department of Emergency Medicine Wright State University School of Medicine	10:40 am-11:00 am	Questions and Discussion, Developing Leadership Skills	4:00 pm-5:00 pm	Discussion of ORR Future Projects Topic for 1993 Program
8:10 am-8:25 am	Questions and Discussion, Teaching in Medicine	11:00 am-11:45 am	Publishing in Academic Medicine Addeane Caelleigh Editor <u>Academic Medicine</u>	5:30 pm-6:30 pm	ORR Reception Rosedown
8:25 am-8:45 am	Early Experiences in Clinical Practice Martin S. Litwin, M.D. Lobrano Professor of Surgery Associate Dean and Medical Director of the Faculty Practice Plan Tulane Medical Center	11:45 am-Noon	Questions and Discussion, Publishing in Academic Medicine	8:00 am-11:30 am	Business Meeting Oak Alley
8:45 am-9:00 am	Questions and Discussion, Clinical Practice	Noon-1:30 pm	Joint OSR/ORR Lunch Ballroom A	8:00 am-9:00 am	Report from Task Forces, Update on Administrative Board Activities
9:00 am-9:20 am	Early Experiences in Research in Medicine Risa Lavizzo-Mourey, M.D. Deputy Director Agency for Health Care Policy and Research	1:30 pm-5:00 pm	Business Meeting Ballroom C	9:00 am-11:00 am	Administrative Board Elections
		1:30 pm-2:00 pm	Comments on Morning Program	11:00 am-11:30 am	Question and Answer, Evaluation of Meeting

Sunday, November 8