



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

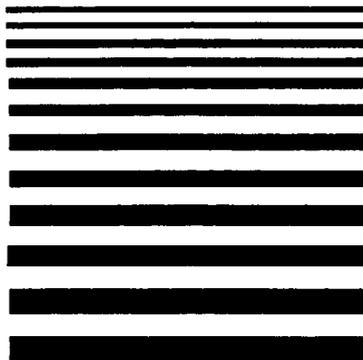


AGENDA

**Organization of
Resident Representatives**

Fall Business Meeting

**November 6-7, 1993
Washington Hilton & Towers
Washington, DC**



**Business Agenda
Organization of Resident Representatives
1993 Annual Meeting**

Saturday, November 6, 1993

Thoroughbred Room, New Member Orientation

7:30- 8:30 a.m. New Member Orientation
(Administrative Board Members should also attend)
Materials will be distributed during orientation

Thoroughbred Room, ORR Business Meeting

8:30 - 9:35 a.m. Call to Order
Joseph Auteri, M.D., Chair

Introductions

Review of 1992 Annual Meeting
Review of 1993 Administrative Board Meetings
Joseph Auteri, M.D., Chair

ORR newsletter
Plans for next edition of ORR newsletter
Michele Parker, M.D., Chair-elect

Reports of Task Forces/meetings
Group on Student Affairs Southern Meeting
Dai Chung, M.D.

Group on Student Affairs Session on Bloodborne Pathogens
Denise Dupras, M.D., Ph.D.

Health Care Reform Advisory Panel
Louis Profeta, M.D.

Electronic Residency Application Service Project
HRSA Resident Consortia Meeting
Barbara Tardiff, M.D.

Generalist Physician Task Force
Office of the Generalist Physician
Bernarda Zenker, M.D., Immediate Past-chair

Reports, Continued

ORR/OSR liaison
Michele Parker, M.D., Chair-elect

ORR and resident representation on the ACGME
Joe Auteri, M.D., Chair
Michelle Keyes-Welch

ORR Bylaws change
Joe Auteri, M.D., Chair

9:35 - 9:45 a.m. Break

9:45- 11:00 a.m. Small Group Discussions
(see accompanying background materials)

- *Generalist Supply and Demand
- *Medical Student Debt
- *Capping Residency Slots
- *Graduate Medical Education funding
- *Tort reform
- *Managed Care

Georgetown East Room, ORR Lunch

11:30 - 1:00 p.m. ORR Lunch
(Small group discussion leaders may wish to continue discussions if more time is needed)

West Ballroom, CAS/ORR Workshop

1:00 - 3:00 p.m. "To Teach is to Learn Twice: Teaching Residents How to Teach"
Marilyn Appel, Ed.D.
Director of Curriculum and Evaluation, Department of Medicine,
Hahnemann University School of Medicine

Neal Whitman, Ed.D.
Professor and Director of Educational Development, Department of
Family and Preventive Medicine, University of Utah
School of Medicine

West Ballroom, GSA/ORR Workshop

3:00 - 4:30 p.m. "Electronic Residency Application Service: A New Approach to the Residency Application Process"

Moderator: Andrew Wallace, Dean
Dartmouth Medical School

(Barbara Tardiff, M.D., ORR administrative board member, will participate on the discussion panel)

Military Room, ORR Reception

5:30 - 6:30 p.m. ORR reception

Sunday, November 7, 1993

Thoroughbred Room, ORR Business Meeting

7:30 - 8:30 a.m. ORR Business Meeting

- * Electronic Mail
- * *Academic Physician*
- * Other Business

8:30 - 9:30 a.m. Report of Small Group Discussions

9:30 - 10:15 a.m. Election of Administrative Board

- * Chair-elect election
- * Members-at-large elections (6 positions)

Recognition of retiring members

10:15 - 11:00 a.m. Topics for 1994

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

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

Saturday, November 7

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

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

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

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

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

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

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

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

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

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

The business meeting was then adjourned until the following morning.

Sunday, November 8

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

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

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

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

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

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

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

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

The business meeting was adjourned by Dr. Auteri.

Organization of Resident Representatives
February 23-24, 1993
Administrative Board Meeting Minutes

The administrative board of the ORR was called to order by chair-elect Michele Parker, M.D. The minutes of the 1992 annual meeting were approved. Dr. Parker also provided the board with an update on the OSR/ORR liaison relationship.

Louis Profeta, M.D. provided an update on the deliberations of the Health Care Reform Task Force; the ORR continued its discussion by reviewing the draft document in the Executive Council agenda. There were no serious concerns with the proposal, but many board members felt that resident participation should be clearly delineated in the document.

Next Barbara Tardiff, M.D. summarized the activities the Advisory Committee on the Electronic Residency Application. The preliminary survey of program directors on the feasibility of an electronic service has been very positive. Technical concerns were raised, particularly regarding security issues. Specialty specific questions on the application have also been discussed.

Louis Profeta, M.D. then recapped the HRSA resident group meeting that he attended earlier this winter. HRSA organized a resident consortia to facilitate communication among residents in the same specialties as well as across all specialties. The ORR is not an official member of the consortia, but Michelle Keyes-Welch asked that the ORR be invited to attend as a guest. There were no substantive decisions made at the meeting, although Louis indicated that the HRSA sponsorship was very prevalent.

The ACGME/ORR issue was addressed by Michelle Keyes-Welch. The proposal from the AAMC to appoint a resident representative was tabled during the plenary session at the February ACGME meeting because the AAMC representatives and staff did not feel that the proposal would pass. Another ACGME parent pointed out their new residents' group, further complicating the proposal. Further update will be provided at the June meeting. The AAMC will work with the other parent organizations of ACGME to achieve a compromise that can be supported by all ACGME sponsoring organizations.

Joseph Auteri, M.D. gave a summary of the AAMC officers' retreat. The 1993 annual meeting was discussed along with the changes on Capitol Hill. The new Clinton administration and its potential effects on academic medicine were discussed.

Michelle Keyes-Welch then reviewed changes within the AAMC organization and staff. She also presented the results of the annual meeting evaluations. Overall, the evaluations of the program were very positive, but representatives would like to have more time for small group discussions or break-out groups.

Next the administrative board reviewed the questions drafted by the CAS, OSR and

ORR for the dinner discussion later that evening. The dinner will address teaching and evaluation skills for faculty, residents and students.

Subsequently, the board finalized the program topic for the annual meeting. The professional development seminar will focus on teaching residents how to teach. The conference will be jointly sponsored by the ORR and CAS, possibly with involvement from the OSR. Joe Auteri will assume the responsibilities for working with the CAS on the program development. Michelle Keyes-Welch will assist with logistical arrangements and speaker suggestions.

Steve Northrup provided the board with a legislative update on student financial aid. He also advised the members on how to best contact their respective senator or congressional representative.

The administrative board then reviewed the Executive Council agenda items. The LCME accreditation decisions, progress reports and change in the accreditation standard were approved. The board also approved the ORR bylaws in addition to the request from the Group on Public Affairs (GPA) to change its name to the Group on Institutional Advancement (GIA). (All of these items were fully approved by the Executive Council.)

There was a lengthy discussion involving the HPSL student loan program changes. The board voted to repeal the loan program based on concerns for underrepresented minority student access to non-generalist specialties. (Despite ORR dissent, the Executive Council voted to attempt to modify the document rather than repealing the HPSL program. While the Council recognized the ORR's view, it did not feel that total repeal would be feasible. Modification of the existing document, through work with HRSA and congressional leaders, would be most effective in achieving the changes outlined by the AAMC.)

Following the health care reform discussion, the meeting was adjourned.

Organization of Resident Representatives
Minutes of the Administrative Board Meeting
June 16-17, 1993

Call to Order

Chair, Joseph Auteri, M.D., called the meeting to order at 9:30 a.m. The minutes of the February, 1993 administrative board meeting were approved.

Old Business, Reports

Michelle Parker, M.D. summarized the status of the OSR/ORR liaison. She attended the OSR administrative board meeting on Tuesday, June 15th to learn more about student concerns and issues of interest. During the annual meeting, the OSR has scheduled a Capitol Hill site visit on Friday, November 5th. ORR members who are interested in participating in this activity may also attend. Michelle Keyes-Welch will work with Donna Quinn Yudkin, staff person for the OSR, to mail invitations to all ORR members. The OSR plans to invite the ORR to its Friday (11/5) evening reception during the annual meeting; the ORR will also issue invitations to the OSR for its annual meeting reception on Saturday, November 6th.

Barbara Tardiff, M.D. provided the administrative board with an update on the electronic residency application process. A survey on the electronic application process was distributed to program directors, and there was support for further study and development of an electronic application system. There was general support for further study because of the potential savings in time and money for students, program directors, and Deans' offices. A cost and feasibility study is underway, and a prototype of the electronic system will be introduced during the annual meeting. This will be a joint CAS/ORR session. The confidentiality issue and use of a supplemental application are under discussion.

Bernarda Zenker, M.D. updated the administrative board on the status of the generalist physician initiative. The Office of the Generalist Physician was recently established at the AAMC. Dr. David Greer, former Dean at Brown University School of Medicine, is acting director. The office is in the process of developing a resource database of generalist initiatives and an annotated bibliography of related articles. The database will also include a summary of federal and state initiatives. The office has scheduled site visits to selected medical schools and hospitals with successful generalist programs.

Legislative Briefing

In a joint lunch session with OSR, the ORR received a summary of the Health Education Lending Program (HELP) from Brent Chism, legislative aide to Representative Fortney (Pete) Stark. The HELP program would provide medical students with \$60,000 for tuition and medical school-related expenses in exchange for a 1% tax on income until age 67. A \$120,000 loan would be available for students who need additional funding; this

requires a 2% income tax until age 67. The goal of the program is to stimulate interest in the generalist specialties and remove financial barriers for students interested in medicine. Mr. Chism felt that the proposal has many strengths including: affordable and automatic payments and ease of securing medical school financing. The program would be eventually revenue neutral; payments received from former recipients would be used to fund new loans. Payments could be forgiven for physicians who agree to practice in underserved areas. An insurance premium would also be included to account for default rates and assuring further continuation of the trust fund. OSR and ORR members were supportive of the proposal, but there were concerns about increasing the insurance premiums and the effectiveness of this program in increasing the interest in the generalist specialties. The OSR and ORR also expressed concerns about health care reform and its impact on this and similar proposals.

New Business

Michelle Keyes-Welch briefed the ORR on the status of the ACGME/ORR representation issue. The next ACGME meeting will be held on June 21-22. AAMC has proposed a rotational resident representation system. Each of the five ACGME parents would be asked to designate a resident representative for one year, with the designating organization rotating among the five associations (AMA, AAMC, AHA, CMSS and ABMS)

The ORR designation process is almost complete, with over 3/4 of the societies responding. The deadline for designating residents to the ORR was June 15th. Michelle Keyes-Welch will follow-up with the societies that have not responded with the names of new representatives.

Annual Meeting Planning

The administrative board finalized plans for the joint CAS/ORR annual meeting session on teaching residents how to teach. Dr. Neal Whitman, Director of Educational Development in the University of Utah's Department of Family and Community Medicine, will present the program. Dr. Marilyn Appel, Director of Curriculum and Evaluation at Hahnemann University School of Medicine, will co-present the workshop. Participants will learn to use strategies that promote collaboration in clinical teams and to provide feedback to students and residents that will help them build and improve clinical performance.

The administrative board reviewed the tentative ORR schedule of events during the annual meeting. On Friday, ORR members have the option of attending Capitol Hill visits and the Forum on the Transition from Medical School to Residency. The OSR has also invited the ORR to attend its reception Friday evening. On Saturday morning, the ORR will hold an orientation session for new representatives and begin its business meeting. Mid-morning, the ORR will break into a small group discussion of health care reform. Each representative will be assigned a small group; administrative board members will be leaders of the six discussion groups. The main topic will be health care

reform; each small group will have a component of health care reform to discuss including generalist supply and demand, medical student debt, capping residency slots, graduate medical education funding, tort reform and managed care. Background reading will be forwarded to each participant prior to the annual meeting. Following an ORR lunch, the ORR will hold its joint CAS/ORR workshop. Also scheduled is the joint session with CAS on the electronic residency application service. A reception is scheduled for early Saturday evening. On Sunday, the ORR will reconvene with a report of the small group discussions, a continuation of the business meeting and election of administrative board members. New topics for subsequent meetings will be scheduled as time permits.

Executive Council agenda items

The ORR approved the election of new COTH members; this item was deferred during the Executive Council meeting. The ORR approved the election of the Association of Professors of Cardiology and the Association of Laboratory Animal Sciences to the CAS. These were subsequently approved by the Executive Council. The ORR approved the LCME accreditation decisions, progress reports and survey reports. These were also approved by the Executive Council. The ORR did not express concerns about the proposed amendments to the LCME accreditation standards and approved the amendments unanimously.

The ORR discussed the proposed changes in the ACGME bylaws increasing the number of public representatives from one to two and the proposed changes to the general requirements addressing disability insurance and counseling and support services. All three proposals were supported by the ORR and subsequently approved by the Executive Council.

The ORR discussed the handbook for medical schools on students with disabilities. No concerns were noted during the discussion. The document was approved by the full Executive Council.

The ORR spent considerable time discussing the health care reform briefing papers. Changes from the previous draft were highlighted by chair, Joseph Auteri, M.D. The ORR expressed minor concerns with the wording of some sections but voted to approve the document in its entirety. The Executive Council subsequently approved the health care papers but directed the Executive Committee to work with staff on rewording some sections, particularly those addressing the medical education consortia.

The next ORR administrative board meeting is scheduled for September 22-23rd.

Organization of Resident Representatives
Administrative Board Meeting Minutes
September 22-23, 1993

Chair-elect, Michele Parker, M.D., called the meeting to order. The minutes of the June administrative board meeting were approved.

Michele Parker, M.D., reported on the status of the ORR/OSR liaison. There will be a joint OSR/ORR capitol hill visit and legislative briefing session Friday during the annual meeting (November 5). The OSR has invited all ORR members to the OSR reception on Friday November 5th. The ORR has invited the OSR to its reception on Saturday, November 6th. There will be a dinner sign-up sheet at the OSR table for students and residents interested in eating dinner together Saturday evening.

Barbara Tardiff, M.D., provided a summary of the ERAS project. The next committee meeting is scheduled for October 19-20th. There will be a joint GSA/ORR session at the annual meeting on the electronic system as well as a demonstration work station. Edward Stemmler, M.D., Executive Vice President, and Joseph Keyes, Vice President for Institutional Planning and Development, briefed the ad board on the history of the ERAS project and discussions with the AMA on their proposals. AAMC will move ahead with its plans for an electronic system.

Bernarda Zenker, M.D., reported on the status of the generalist initiative. A permanent director for the office is being recruited, and additional staff have been hired to support AAMC generalist activities. A draft of the final report will be distributed to the Deans during this meeting. The office is in the process of developing a resource center of generalist initiatives at the institutional and state level.

Michele Parker, M.D, reported that the ORR newsletter was recently distributed and a second issue will be distributed after the annual meeting.

Denise Dupras, M.D., reported on the GSA bloodborne pathogens session during the annual meeting. The ad board provided suggestions for the session including: 1) schools need to reinforce universal precautions early in medical school, 2) residency program directors need to take OSHA guidelines seriously, 3) institutions should make access to information on bloodborne pathogens more readily available and develop appropriate educational materials for physicians.

Michelle Keyes-Welch provided an update on the ORR/ACGME issue. The most recent proposal from AAMC suggesting an alternative mechanism for resident representatives was discussed at the recent ACGME meeting. The proposal was submitted as a first reading of the bylaws; an ACGME vote on the proposal is scheduled for February, 1994. The ad board endorsed the HELP proposal to establish funding for medical students in exchange for a stated percentage of future incomes. There were some general concerns about the proposals effect on increasing interest in the primary care specialties, but

members acknowledge that some students will find the programs attractive and assist in eliminating their debt load.

The ad board reviewed the document addressing the medical direction of residents by teaching physicians. Ad board members had some concerns about sections of the report addressing billings, graded responsibility and trauma services.

The ad board discussed the issue of ORR expansion. The group was supportive of a more open and diverse ORR but expressed concerns about having the organization grow too rapidly. Ad board members also expressed a desire to discuss the issue with the full ORR during the annual meeting. Also, a change in the designation process will require a bylaws change that would need to be voted on during the ORR meeting. Given these concerns, the ad board withdrew its request during the Executive Council meeting to expand the ORR. This issue will be discussed during the November meeting and may be presented again to the Executive Council at a subsequent meeting.

The ad board reviewed final plans for the annual meeting and provided suggestions for topics to include in the new member orientation.

The Residents' Report

Published For The AAMC Organization Of Resident Representatives

Summer 1993

Volume 1, Number 1

Chair's Message

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

Unfortunately, this newsletter brings the news of the untimely death of our leader, Dr. Robert Waldman. His support and guidance throughout the difficult process of getting the ORR off the ground will always be remembered and appreciated. We extend our condolences to his family. The AAMC will make a contribution to the Robert H. Waldman Cancer Research Fund; any individual ORR members may contribute. Call Michelle Keyes-Welch for more information.

On the brighter side, things are going quite well. As you can see, the newsletter is up and running, thanks to Michele Parker and Cathy Halperin. Bernarda Zenker has been a tremendous help to us in her new role with the AAMC on the Generalist Physician Task Force. Much work has been done on the policy statement for health care reform about which you will hear at the AAMC Annual Meeting in November. Plans for a joint ORR/CAS session during the Annual Meeting on "Teaching Residents How to Teach," are also being finalized. I look forward to seeing you at the Annual Meeting.

AAMC/ORR Activities

The OSR/ORR Liaison:

Upcoming events for both Organization of Student Representatives (OSR) and Organization of Resident Representatives

(ORR) at the annual meeting in November 1993 are in the works. At the June 1993 Administrative Board meetings, the OSR welcomed ORR members to join in for Capitol Hill visits in November. Details regarding preregistration and an informational briefing session prior to the visits will be forthcoming. Hill visits will occur at 9:00 a.m. on Friday, November 5, before the afternoon Transition From Medical School to Residency Forum.

Congratulations to Geronimo Sabagun, ORR member, for being appointed to The American College of Physicians Council. Geronimo will represent the Western Region.

Informal dinner meetings will also take place at the November annual meeting, where both residents and students may sign up for dinner at various Washington D.C. restaurants. Details will be forthcoming.

In addition the ORR was invited to the OSR reception on November 5, following the Transition Forum.

AAMC Office of the Generalist Physician

The Office of the Generalist Physician is a newly created office of the AAMC since November, 1992. Bernarda Zenker, M.D., immediate past chair of the ORR, has taken a position with the office. The staff will consist of a director, two salaried M.D. positions, and a staff associate. Their objectives are to develop a database to function as a resource for training of the generalist physician. Congratulations to Bernarda.

Electronic Residency Application

Soon medical students may be able to apply to residencies via a computer application process, which would also incorporate deans' letters and save thousands of dollars in postage. The issue of security and the fear of excessive numbers of applications have been raised. A preliminary survey of residency directors showed a very favorable response. The proposed process will be discussed in detail at a

ACGME UPDATE

The AAMC has been interested in increasing resident participation on the ACGME. The AAMC's Section for Graduate Medical Education has been working to secure a resident vote on the ACGME. Initially, one vote for a member of the ORR was requested. This proposal did not pass. The second proposal of the AAMC was to share the resident vote between all the sponsoring organizations with a resident group. The ACGME responded by sending this proposal to their Committee on Structure and Functions. In an effort to not let this issue get lost, the AAMC has now decided to send an amended letter suggesting that the resident member be appointed in a fashion similar to the public member. This procedure involves the majority vote of the representatives of the member organizations. We will keep you updated on the ACGME response.

forum during the annual meeting, Saturday, November 6 at 3:00 pm. If you will be unable to attend the meeting but would like to express your thoughts and concerns, contact Barbara Tardiff of the ORR.

ORR/CAS Annual Meeting Session - "Teaching Residents How to Teach"

Much enthusiasm for this topic was raised at the last annual meeting, so it was decided to conduct a workshop for the ORR and CAS (Council of Academic Societies) at the November annual meeting. Neal Whitman, Ed.D. Professor and Director of Educational Development, in the Department of Family and Preventive Medicine at the University of Utah School of Medicine, and Marilyn Appel, Ed.D. Director of Curriculum and Evaluation of the Primary Care Residency Training Program, at Hahnemann University School of Medicine, will conduct three 35-minute workshops, followed by questions and answers. The workshops include Building a Ward Team, Verbal and Non-verbal Communication, and Giving Feedback to Students and Residents. It is hoped that the residents who attend will acquire the skills to conduct similar workshops in their own residency programs.

Legislative Issues

Health Care Reform

Health care reform has certainly become the topic of the year. The two ORR Administrative Board meetings in February and June were spent discussing the AAMC's position regarding health care reform. The AAMC developed an Advisory Panel on Health Care, chaired by Bill Kerr, M.D. This panel created three position papers on health care reform.

PRELIMINARY PROGRAMS

The preliminary programs for the 1993 AAMC Annual Meeting were mailed in late-July. If you have not received a program by August 3rd, please contact Michelle Keyes-Welch. The ORR program is scheduled for November 6-7, 1993. See you there!

These papers outlined the goals and principles which the AAMC believes any reform proposal should include. While all issues are important, of particular interest were those related to graduate medical education. Briefly, the recommendations include: creating incentives for career choices in specialties that meet national needs; stable and broad based support for graduate medical education; and appropriate supply and specialty mix of physicians. This would be accomplished by the development of a national all-payer fund for graduate medical education and the formation of a National Physician Resource Commission as an independent body to undertake planning for workforce needs; also included is a continued role for ACGME in accrediting programs solely on the basis of established education criteria; recognizing the total costs of graduate medical education; recognizing the need for transitional funds; and, continued financial support for graduate medical education.

After a great deal of discussion, debate, and revision, these papers were adopted by the AAMC Executive Council in June with modifications.

Stark Proposal

Brent Chism, Legislative Assistant to Pete Stark (13th District, California), spoke to the OSR and ORR Administrative Boards at the June meetings to introduce a new student loan proposal. Under the Stark Health Education Loan Program (HELP), a medical student would be able to borrow \$60,000 for tuition and educational expenses (including board exams and child care), and pay a supplemental 1% income tax until the age of 67. No

payments would be required during the first three years of residency. Alternatively a student could borrow \$120,000, and pay a supplemental 2% income tax until age 67.

The proposal is intended to be advantageous to students entering primary care by creating affordable payments for a longer period of time, freeing capital early in one's career, and offers forgiveness of payments for practice in under-served communities. It also eliminates a layer of bureaucracy (bank charges) by operating via a trust fund. An insurance premium would be required to cover death or disability.

ORR Administrative Board

Joseph Auteri, M.D., Chair
Michele Parker, M.D., Chair-Elect
Bernarda Zenker, M.D.,
Immediate Past Chair
Members-At-Large
Denise Dupras, M.D., Ph.D.
Cathy Halperin, M.D.
Mary Elise Hodson, M.D.
Joshua Port, M.D.
Louis Profeta, M.D.
Barbara Tardiff, M.D.

AAMC Staff to the ORR

Robert L. Beran, Ph.D.
Associate Vice President
Division of Medical Student and
Resident Education
Michelle Keyes-Welch,
Staff Associate
Section for Graduate Medical
Education
LaTanya Johnson,
Administrative Assistant



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

2450 N STREET, NW
WASHINGTON, DC 20037-1126
TELEPHONE (202) 828-0400

September 30, 1993

Memorandum

To: ORR administrative board
Fr: Michelle Keyes-Welch
Re: Proposed bylaws change

As a follow-up to the administrative board meeting, a draft paragraph for the ORR bylaws is listed below. If you have any questions or comments, please call me before Monday (October 4th) at noon. We will need to send a notice of the proposed change to all ORR representatives early Monday. You can reach me at (202) 828-0422.

Section Three-Membership

Members of the Organization of Resident Representatives shall be resident physicians or fellows when designated by the member organization 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. (This is current language)

(add...) To the extent that a specialty recognized by the ACGME through accredited training programs is not represented on the ORR by either a CAS member program director or clinical chair group, the member society may submit a letter of interest to the ORR stating a desire to designate a (one) resident physician to the ORR. Upon approval by the Executive Council of the AAMC, the society will be asked to forward the name of the resident physician the society wishes to designate.

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

ADOPTED BY THE ORGANIZATION OF RESIDENT REPRESENTATIVES
November, 1992
APPROVED BY THE EXECUTIVE COUNCIL
February, 1993

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.

(draft addition in bold) To the extent that a specialty recognized by the ACGME with accredited residency training programs is not represented on the ORR by either a CAS member program director or clinical chair group, a member society may submit a letter of interest to the ORR stating a desire to designate a (one) resident physician to the ORR. Upon approval by the Executive Council of the AAMC, the society will be asked to forward the name of the resident physician the society wishes to designate.

Members of the ORR shall be designated to serve for a two-year term and may be reappointed by the societies for another two-year term if they meet membership requirements. The selection process should involve resident input to the extent possible by the organization's administrative structure and governance. The president or chair of the organization will respond to the Association with the names of the two resident physicians the organization wishes to designate.

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

Section Four-Officers and Administrative Board

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

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

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

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

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

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.

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 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.

Other AAMC Meetings of Interest
to ORR Members

Friday, November 5

- 9:00-10:00 a.m.
OSR/ORR Legislative Briefing
- 1:30-4:30 p.m.
Forum on the Transition from Medical
School to Residency
- 7:00-9:00 p.m.
OSR Reception

Sunday, November 7

- 1:00-3:30 p.m.
IME Exhibits
- 2:00-3:30 p.m.
GSA/OSR Plenary
- 4:00-6:00 p.m.
AAMC Plenary
- 6:00-7:00 p.m.
AAMC General Reception

Monday, November 8

- 9:00-11:30 a.m.
AAMC Plenary
- 11:30-4:30 p.m.
IME Exhibits
- 1:00-2:30 p.m.
GEA Plenary

Association of American Medical Colleges
Organization of Resident Representatives
1992-1993 Administrative Board

Chair

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

Chair-Elect

Michele C. Parker, M.D.
Family Practice
Tacoma Family Medicine

Immediate Past Chair

Bernarda M. Zenker, M.D.
Family Practice

Members

Denise Dupras, M.D., Ph.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.
Pediatrics
Medical Associates

Joshua Port, M.D.
Orthopaedic Surgery

Louis Profeta, M.D.
Emergency Medicine

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

Elected November 8, 1992



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

Program Agenda
for the
Organization of Resident
Representatives
during the
Association of American
Medical Colleges
104th Annual Meeting

November 5-7, 1993
Washington Hilton & Towers
Washington, D.C.

Saturday, November 6

7:30-8:30 a.m. - *Thoroughbred*
ORR New Member Orientation

8:30-9:35 a.m. - *Thoroughbred*
ORR Business Meeting
(Buffet breakfast available)

Discussion items:

- *Minutes
- *Newsletter
- *Reports of Task Forces
- *Update on ORR/ACGME
- *ORR/OSR liaison
- *ORR bylaws

9:35-9:45 a.m. - Break

9:45-11:00 a.m. - *Thoroughbred*
Small group discussions on health care reform:

- * Generalist supply and demand
- * Medical student debt
- * Capping residency slots
- * Graduate Medical Education funding
- * Tort reform
- * Managed care

11:30-1:00 p.m. - *Georgetown East*
ORR Lunch

Saturday, November 6

(continued)

1:00-3:00 p.m. - *West Ballroom*
Council of Academic Societies
Organization of Resident Representatives

Workshop - "To Teach is to Learn Twice:
Teaching Residents How to Teach"

Speakers: *Marilyn Appel, Ed.D.*
Neal Whitman, Ed. D.

3:00-4:30 p.m. - *West Ballroom*
Group on Student Affairs
Organization of Resident Representatives

Workshop - "Electronic Residency
Application Service: A New Approach to
the Residency Application Process"

(Barbara Tardiff, M.D. is a panel member)

5:30-6:30 p.m. - *Military*
ORR Reception

Sunday, November 7

7:30-8:30 a.m. - *Thoroughbred*
ORR Business Meeting
(Buffet breakfast available)

Discussion items:

- *Electronic Mail
- *Academic Physician

8:30-9:30 a.m.
Report of small group discussions

9:30-10:15 a.m.
Election of Administrative Board
members

Recognition of Retiring Board
members

10:15-11:00 a.m.
Topics for 1994



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Proceedings of the
Organization of Resident Representatives
Fall Business Meeting
during the
AAMC 104th Annual Meeting
November 6-7, 1993
Washington Hilton and Towers
Washington, DC

AAMC Staff

Robert L. Beran, Ph.D.
Associate Vice President for Graduate Medical Education

Michelle Keyes-Welch
Staff Associate

LaTanya Johnson
Administrative Assistant

**Association of American Medical Colleges
Organization of Resident Representatives
1993-1994 Administrative Board**

CHAIR:

Michele C. Parker, M.D.
Family Practice
Tacoma Family Medicine

Fernando Daniels, III, M.D.
Emergency Medicine
Howard University Hospital

CHAIR-ELECT:

Denise Dupras, M.D., Ph.D.
Internal Medicine
Mayo Clinic

William J. Fortuner, III, M.D.
Anesthesiology
Pennsylvania State University
Hershey Medical Center

IMMEDIATE PAST-CHAIR:

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

Nicholas Gideonse, M.D.
Family Medicine
Oregon Health Sciences University

MEMBERS

Deborah Baumgarten, M.D.
Radiology
Emory University

Michael Greenberg, M.D.
Pediatrics
University of California, San Francisco

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

Elected November 7, 1993

**Association of American Medical Colleges
Organization of Resident Representatives
Membership Roster**

Kimberley Aaron, M.D.
Pediatrics
Baylor College of Medicine

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

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

Natalie Ayars, M.D.
Psychiatry
Langdon Clinic

Peter Bach, M.D.
Internal Medicine
Johns Hopkins University

Rayvelle Barney, M.D.
Family Practice
Medical College of Georgia Hospital

Deborah Baumgarten, M.D.
Radiology
Emory University

Dan Boyd, M.D.
Psychiatry
Vanderbilt Medical Center

Raynor Casey, M.D.
Ophthalmology
University of North Carolina

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

John Thomas Comerci, M.D.
Obstetrics and Gynecology
Albert Einstein College of Medicine

Julia Corcoran, M.D.
Plastic Surgery
University of Cincinnati

Fernando Daniels, III, M.D.
Emergency Medicine
Howard University Hospital

Denise Dupras, M.D., Ph.D.
Internal Medicine
Mayo Clinic

Mark Epstein, M.D.
Emergency Medicine
University of New Mexico

William Fortuner, III, M.D.
Anesthesiology
Pennsylvania State
Hershey Medical Center

Nicholas Gideonse, M.D.
Family Practice
Oregon Health Sciences University

Michael Greenberg, M.D.
Pediatrics
University of California, San Francisco

Christina Gutierrez, M.D.
Anesthesiology
Cleveland Clinic

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

Deanna Haun, M.D.
Family Practice
Ohio State University

Judith Hoover, M.D.
Ophthalmology
Baylor College of Medicine

David Jones, M.D.
Thoracic Surgery
West Virginia University

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

Charles Lewis, M.D.
Psychiatry
University of Arkansas

Kathryn Mallak, M.D.
Anesthesia
Wake Forest-Bowman Gray

Kurtis Martin, M.D.
Plastic Surgery
University of Cincinnati

Edward McNellis, M.D.
Otolaryngology
Medical University of South Carolina

Michele Parker, M.D.
Family Practice
Tacoma Family Medicine

Joyce Paterson, M.D.
Pathology
Buffalo General Hospital

Brijit Reis, M.D.
Pediatrics
Johns Hopkins University

Stephen Ripple, M.D.
Orthopaedics
Henry Ford Hospital

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

Marci Roy, M.D.
Neurology
University of Texas Medical Branch

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

Joseph Schwartz, M.D.
Dermatology
SUNY- Health Science Center at Brooklyn

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

Kishore Tipirneni, M.D.
Orthopaedics
Henry Ford Hospital

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

Daniel Vincent, M.D.
Otolaryngology
Medical University of South Carolina

Theodore Wells, M.D.
Internal Medicine
SUNY at Buffalo Graduate Medical/Dental
Education Consortium

Alan Scott Zacharias, M.D.
Neurology
University of Virginia
Health Sciences Center

Alicia Zalka, M.D.
Dermatology
University of Rochester

**Association of American Medical Colleges
Organization of Resident Representatives
Minutes of the Fall Business Meeting**

**November 6-7, 1993
Washington, D.C.**

Saturday, November 6

The ORR program opened with an orientation session for all new representatives. Joseph Auteri, M.D., Chair, began the session by explaining the history of the ORR as well as its current structure. He then reviewed the AAMC's organizational and governance structure. Dr. Auteri encouraged the new ORR members to get involved with the ORR, particularly the administrative board. He expressed concern over the level of communication between the representatives beyond the annual meeting. He further encouraged participation in some of the other activities during the annual meeting.

After a short break, Dr. Auteri called the ORR business meeting to order. Following brief introductions of the ORR members, administrative board, and AAMC staff that were present, Robert Petersdorf, M.D., AAMC President, welcomed the residents to AAMC's 104th Annual Meeting. He explained that he began generating an interest in this particular group's formulation 15 years ago and still today feels that residents play a very important part in the medical education enterprise. He also discussed the increasing interest in medicine as a career. There were more students that applied to medical school in 1993 than at any other time in history. He expects a 10% increase in the number of 1994 applicants. Next, Dr. Petersdorf accented some of the annual meeting's activities, including Mrs. Hillary Rodham Clinton as keynote speaker of the AAMC opening plenary session. He addressed health care reform and cited the four documents which the Association has developed on the issue in response to the Clinton Administration and other proposals. He suggested the members familiarize themselves with the Clinton proposal for health care reform. He went on to discuss the generalist initiative, as well as the residents' role as teachers of other residents, medical students and patients. Finally, Dr. Petersdorf highlighted several ORR program activities including the workshops on residents as teachers and the new electronic residency application system. He encouraged the ORR members to get involved, ask questions and provide input into the many important issues facing academic medicine.

Next, Dr. Auteri reviewed the minutes of the 1993 ORR Administrative board meetings and 1992 ORR Fall business meeting. He then called for the reports from the residents on various task forces.

Michele Parker, M.D., Chair-elect, and Cathy Halperin, M.D., discussed efforts to produce and distribute the ORR newsletter this year. They are inviting other members' participation with the newsletter, as well as ideas on improvements. Drs. Parker and Halperin hope to distribute the next newsletter after this annual meeting and administrative board meetings next year.

Bernarda Zenker, M.D., Immediate Past-Chair, gave an update on the Generalist Physician's Task Force and the AAMC's Office of Generalist Physicians of which she is

now a staff member. She reviewed the Executive Summary of the Task Forces which includes the AAMC's pivotal policy statement that a majority of medical school graduates should enter the generalist's discipline as soon as possible. Those disciplines are defined as general internal medicine, general pediatrics and family practice. Dr. Zenker explained that the Office of Generalist Physician was established to be a resource for the AAMC's constitute members, and to increase the number of medical students choosing the generalist disciplines. The office has developed a database which consists of: 1) an annotated bibliography of all published literature on generalist disciplines/physicians; 2) a state legislative tracking record; and 3) generalist initiatives in the corporate world.

Barbara Tardiff, M.D., has been involved with the Electronic Residency Application project. There has been a positive response from medical students and deans; some program directors are apprehensive. Dr. Tardiff suggests the ORR and other residents work through their specialty organizations to affect the program directors.

Denise Dupras, M.D., addressed the issue of blood-borne pathogens and occupational risks. She stated that greater than 70% of housestaff nationwide have one or more needle sticks during the first two years of their training, and these injuries often go unreported. Dr. Dupras plans to disseminate pertinent information at a workshop during the annual meeting regarding disability, immunization, OSHA regulations and prophylactic AZT where there is HIV risk in a residency training program.

Susan Vaughan, M.D., distributed a survey on residents as teachers to the ORR members earlier this year. She expressed her disappointment in the number of responses and requested that the members present at the meeting complete and return the survey as soon as possible. She explained that the diversity within the group should provide a substantial insight into the various teaching methods used in residency programs throughout the country.

Next Dr. Louis Profeta discussed the trends in U.S. healthcare towards health maintenance organizations (HMO's) and preferred provider organizations (PPO's)-- organizations whose goal is to provide medical care at a reduced cost. He also reviewed the objectives of the AAMC's Health Care Reform Advisory Panel which was essentially formed to develop a response to the current Administration and other proposals on behalf of the nation's academic medical centers. He cited the 4 publications that were produced by the Advisory Panel. Future projects of the panel will include seeking continued funding for basic sciences and clinical outcomes research.

The Health Care Reform briefing session that was held in Washington, DC., in October was attended by Drs. Biglow and Daniels. Dr. John Biglow distributed information from the session as well as a summary of the Clinton Plan for Health Care Reform.

Cathy Halperin spoke on the visit to Capitol Hill arranged by the Organization of Student Representatives (OSR). The visit was highly informative and a good experience for residents and students who are unfamiliar with the legislative process. The participants were able to meet several key staff in the Senate and provide input on the primary care/generalist issue. She suggested the ORR pursue this type of experience as a group.

Dr. Michele Parker discussed the OSR/ORR liaison and the significance of the

relationship between the two groups. She is excited by the OSR program for the annual meeting and their enthusiasm towards professional medicine. She noted that the OSR is "older" than the ORR, and in terms of AAMC operations, she believes their knowledge and experiences are valuable. She invites a resident volunteer seriously interested in medical student issues to be the next liaison between the two groups since she will not have time as the new ORR chair.

After the task force reports, Dr. Auteri apprised the group on the ORR's push for resident representation on the Accreditation Council for Graduate Medical Education (ACGME). He explained that the AMA has resident representation with the ACGME, and the ORR administrative board felt that the AAMC should certainly be afforded the same opportunity to provide resident input on issues pertaining to graduate medical education. Michelle Keyes-Welch informed the members of the process involved with requesting this representation. The AAMC/ORR's petition will be further examined by the ACGME at their upcoming meeting in February.

The business meeting was adjourned until the following morning.

The ORR broke into small group discussions on health care reform which continued over lunch after the business meeting's adjournment. Six groups were formed highlighting generalist supply and demand, medical student debt, capping residency slots, graduate medical education funding, tort reform and managed care. Key points raised include: 1) generalists should receive the same recognition as other specialties, 2) there need to be incentives to choosing a generalist specialty, 3) role models are needed in all specialties, 4) medical student debt, while not found to be a major specialty choice influence, can play a part in some career decisions, 5) financial aid is needed to allow all students to choose among the specialties, 6) quality of training must be considered if capping residency slots is implemented, 7) academic medical centers must receive appropriate amounts of direct and indirect funding support to undertake teaching responsibilities, 8) tort reform is needed to keep the costs of medical care and malpractice insurance from rising further, 9) reform is also needed to prevent practitioners from restricting their practice based on suits or malpractice insurance premiums, 10) managed care is increasing in popularity as a health insurance plan, 11) physicians must be included in quality and medical decisions within the managed care environment. Several other points were discussed, and residents expressed their comments and concerns over health care in general and the proposed plans for health care reform.

A joint CAS/ORR workshop on teaching residents how to teach was held Saturday afternoon. Dr. Neal Whitman, Professor of Family Medicine at the University of Utah and Dr. Marilyn Appel, Coordinator for Primary Care Programs at Hahnemann University School of Medicine, presented the program. Dr. Whitman discussed the clinical teaching model, team building and the "games" that learners and teachers play. He described the similarities and differences between managers, teachers and learners and the importance of appropriate feedback and interaction. Dr. Appel focused on the appropriate methods of teaching a skill, and ways in which to give feedback. Both verbal and non-verbal communication were discussed.

The ORR also held a joint workshop with the Graduate Student Association (GSA) to present the prototype of the electronic application system. AAMC staff Paul Jolly and Frances Hall highlighted the components of the student, Dean's office and

program directors work stations and demonstrated the application process for students using the electronic system. A reactor panel comprised of student Deans, a resident, program directors and medical school officials presented follow-up comments on the electronic system. Dr. Barbara Tardiff presented a resident perspective on the prototype.

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The second half of the business meeting opened with remarks from Dr. Edward Stemmler, AAMC Vice President. He stated that the ORR represents all residents in the educational systems whose input is necessary for the AAMC to take the appropriate kinds of policy positions. He was also pleased at the level of attendance at the meeting and hopes this involvement will continue.

With task force reports continuing from the previous day, Dai Chung, M.D., discussed his attendance at the Group on Student Affairs Southern Meeting in April. The meeting's focus was on the importance of the resident's role as teacher-especially to medical students. Dr. Chung intends to summarize some of the main points of the various seminars and distribute them to ORR members in the future.

The next agenda item was a proposed change in the ORR Bylaws. Before opening the floor for discussion, Dr. Auteri explained that several specialty groups have approached the ORR with the desire to appoint representation to the group. Currently, there are 44 members of the ORR, two residents designated from each of 22 Council of Academic Societies (CAS) specialty organizations. The administrative board also informed the group that any Bylaws changes are subject to the AAMC Executive Council's approval. After a lengthy discussion the ORR elected to amend the current Bylaws to allow consideration of other specialty groups wishing to designate residents to the ORR. The proposed change regarding Membership states: "to the extent that a specialty recognized by the ACGME with accredited residency training programs is not represented on the ORR by either a CAS member program director or clinical chair group, a member society may submit a letter of interest to the ORR stating a desire to designate one resident physician to the ORR. Upon approval by the ORR Administrative Board and the AAMC Executive Council, the society will be asked to forward the name of the resident physician the society wishes to designate."

Lisa Larsen, President of *Academic Physician and Scientist*, visited the business session to query the member's needs from the magazine in relation to position advertisements. Currently the magazine is published 6 times a year, and its producers are constantly working to improve its content/format. Several representatives stated they would like to see a more comprehensive listing of positions available nationwide; program directors and specialty groups should be contacted for support and advertisement.

Next, Dr. Auteri expressed the need for new appointments on the AAMC Advisory Panel for Health Care Reform, volunteers to work with the ORR newsletter, and a new OSR liaison. Interested representatives should contact Michelle Keyes-Welch.

The ORR also discussed the use of electronic mail and communication using computers. Residents with access to Internet should contact Michelle Keyes-Welch with their e-mail address.

ORR administrative board elections for 1994 were held. The results were: Chair-elect--Denise Dupras, M.D., and new members--Deborah Baumgarten, M.D., Fernando Daniels, III, M.D., William J. Fortuner, M.D., Nicholas Gideonse, M.D., Michael Greenberg, M.D., and Cathy Halperin, M.D. Drs. Mary Elise Hodson, Louis Profeta, Joshua Port (absent), Barbara Tardiff, and Bernarda Zenker were recognized as outgoing officers and members. Michele Parker, M.D., presided over the duration of the meeting as the 1994 ORR Chair.

The final item for discussion was the topics of interest to the ORR for 1994. There was a wide range of suggested topics; however, the administrative board advised the group to choose six key topics and form discussion groups from these topics. The elected topics were: residents as teachers, cost containment, communication, tort reform, resident working conditions, disability, and GME funding. A list of each group's participants is attached.

The meeting was adjourned by Dr. Michele Parker.

Organization of Resident Representatives
Interest Groups

Residents as Teachers

Julia Corcoran
Susan Vaughan
Judy Hoover
Dai Chung
Joe Schwartz
Christina Gutierrez
Deborah Baumgarten
Brijit Reis

Cost Containment

Kelly Roveda
Alan Zacharias
Nick Gideonse
Bill Fortuner

Communication

Kevin Smith
Geronimo Sahagun
Nick Gideonse
Alicia Zalka

Other Interests:

Computers and communication--Geronimo Sahagun, Mark Epstein
Health Care Reform(Task Force)--Judy Hoover, Mark Epstein
Generalist Physician--Mark Epstein

Tort Reform

Marci Roy
Brijit Reis
Raynor Casey
Bill Fortuner

Working Conditions, disability

Geronimo Sahagun
Marci Roy
Kishore Tipirneni
Steve Ripple
Joe Schwartz
Christina Gutierrez
Rayvelle Barney

GME Funding

Geronimo Sahagun
David Jones
Joe Schwartz
Nick Gideonse
Bill Fortuner