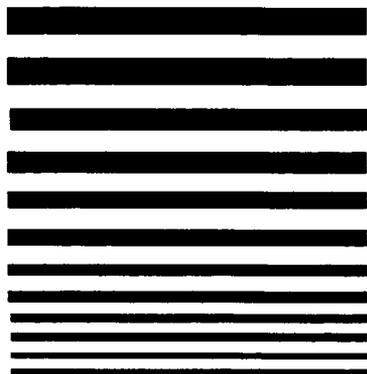




ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES



# AGENDA

## Organization of Resident Representatives

**Fall Business Meeting/Election of Administrative Board**

**October 28 - November 3, 1994**

**Westin Hotel**

**Boston, MA**





# 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.

### Sunday, November 6, 1993

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  
February 23, 1994  
Administrative Board Meeting Minutes

The meeting was called to order by ORR Chair Michele Parker, M.D. Members present were: Michele Parker, M.D., Chair, Denise Dupras, M.D., Chair-elect, Deborah Baumgarten, M.D., William Fortuner, M.D., Michael Goldberg, M.D., and Nicholas Gideonse, M.D. (Fernando Daniels, III, M.D., attended the afternoon portion of the meeting.) Dr. Parker reviewed the minutes of the 1993 ORR Annual Meeting; the minutes were approved.

Next Drs. Parker and Dupras discussed the AAMC Officer's Retreat last December. A major topic at the retreat was the theme for the 1994 Annual Meeting, which is, "Pushing the Boundaries of Traditional Medical Thinking." Dr. Parker noted that the ORR should begin planning its annual meeting as well, whose activities should preferably tie-in to the AAMC's theme. Dr. Dupras explained that the retreat's priority was strategic planning as a whole for the Association and preparation for the new AAMC President.

One objective the ORR leaders developed during the retreat is to establish other network lines for resident communication. Drs. Parker and Dupras are assembling a mailing list of resident groups and intend to contact state residencies and other medical specialty groups for assistance.

The next agenda item was production of the ORR newsletter. The administrative board formed deadlines for this year's production and distribution of the newsletter. ORR members will have three weeks to submit articles after each administrative board meeting; the newsletter will be distributed six weeks after the meeting. As a reminder, future ORR administrative board meetings will be held June 15-16, September 22-23, and October 29-30. **The deadline to submit articles for the next issue has been extended to April 15.** All articles should be sent with a diskette to Dr. Denise Dupras. The board also discussed the possibility of using electronic mail and Internet systems, as well as an ORR "bulletin board" to communicate information to the membership.

Dr. Parker explained the role of the ORR/OSR liaison and called for a volunteer to fill the position. Dr. Michael Greenberg, former OSR administrative board member was chosen to represent the ORR as liaison.

The administrative board discussed possible joint projects with the OSR for the year. The board is also reviewing AAMC policy on student mistreatment.

Robert Dickler, AAMC Vice President for Clinical Services, was present to discuss the issue of resident representation on the Accreditation Council for Graduate Medical Education (ACGME). He gave a brief history of the ACGME and explained the components of its governance. The ACGME is comprised of five parent organizations: The American Medical Association (AMA), The American Hospital Association (AHA), The Council on Medical Specialty Societies (CMSS), the American Board of Medical

Specialties (ABMS), and the AAMC. Mr. Dickler further explained that the resident representative to the ACGME has been appointed by the American Medical Association Resident Physician Section (AMA-RPS). There have been numerous proposals to modify resident representation on the ACGME; the AMA has previously objected to every proposed modification. The latest proposal recommends the ACGME appoint one resident to the Council, selected through nominations submitted by each of its parent organizations. At its recent meeting, the Council passed the latest proposal; now each parent organization must approve the recommendation. If one parent organization vetoes, the entire process will be discontinued.

The administrative board then discussed the 1994 ORR topics for discussion and the interest groups which were formed during the past annual meeting. Reference materials on each topic were distributed; a board member was designated to "steer" each interest group. (A revised list of interest group members and chairs is attached.) Dr. Dupras suggested the focal point of each group should be to stimulate discussion of the specific topic and produce results of the discussion at the annual meeting. Dr. Gideonse recommended that group progress reports be included in each ORR newsletter. Consequently the board concluded each group should periodically produce an update on current events, definition of ORR interests regarding the topic, and a final report at the annual meeting.

Steve Northrup and Mary Beth Bresch White provided the board with an update on legislative issues affecting medical students, residents and physicians. Steve distributed a publication produced by the Governmental Relations office on NIH biomedical research initiatives. He also discussed the Health Education Lending Program (HELP), designed by Rep. Pete Stark (D-Calif.), which will allow medical students to access up to \$60,000 to finance their education in return for a payment tax of 1% on the total lifetime income. Northrup explained that the bill offers an "income sensitive" repayment plan for borrowers. He further stated that loan forgiveness is available to those students who practice in underserved regions of the country. The key issue is whether students and residents prefer to keep the current HELP system or have a higher tax imposed on a lower income. Further discussion of the bill and a meeting with Stark staff members during the next ad board meeting in June is possible.

Mary Beth Bresch White discussed recent health care developments with the board and provided a comparison of reform proposals. (Copies of the comparisons are available through the AAMC Governmental Relations office.) She also noted the publication produced by the AAMC's Advisory Panel on Health Care Reform concerning graduate medical education reform.

The administrative board reviewed and voted on the Executive Council's agenda items (The proposed revision to the ORR bylaws was approved by the Council). The board also reviewed the 1993 ORR Annual Meeting evaluation results and noted the need for more time for small group/resident issues discussion during the next Annual Meeting.

The meeting was adjourned by Dr. Michele Parker.

Organization of Resident Representatives  
1994 Interest Groups

**Residents as Teachers**

Fernando Daniels (chair)  
Denise Dupras  
Michele Parker  
Julia Corcoran  
Susan Vaughan  
Judy Hoover  
Dai Chung  
Joe Schwartz  
Christina Gutierrez  
Deborah Baumgarten  
Brijit Reis

**Cost Containment**

William Fortuner (chair)  
Kelly Roveda  
Alan Zacharias  
Nicholas Gideonse

**Communication**

Michael Greenberg (chair)  
Michele Parker  
Kevin Smith  
Gernimo Sahagun  
Nicholas Gideonse  
Alicia Zalka

**Tort Reform**

Cathy Halperin (chair)  
Marci Roy  
Brijit Reis  
Raynor Casey  
William Fortuner

**Working Conditions, Disability**

Deborah Baumgarten (chair)  
Geronimo Sahagun  
Marci Roy  
Kishore Tipirneni  
Steve Ripple  
Joe Schwartz  
Christina Gutierrez  
Rayvelle Barney  
Fernando Daniels

**GME Funding**

Nicholas Gideonse (chair)  
Geronimo Sahagun  
David Jones  
Joe Schwartz  
William Fortuner

Organization of Resident Representatives  
Association of American Medical Colleges

Administrative Board Meeting Minutes  
June 15, 1994  
Washington, DC

The meeting was called to order by ORR Chair Michele Parker, M.D. Other members present were Denise Dupras, M.D., Ph.D., Chair-elect, Deborah Baumgarten, M.D., Fernando Daniels III, M.D., William J. Fortuner III, M.D., Nicholas Gideonse, M.D., Michael Greenberg, M.D., and Cathy Halperin, M.D.

Opening remarks were given by new AAMC President Jordan Cohen, M.D. He discussed the new directions he envisions for the Association and its renewed emphasis on education. He also reviewed current developments in healthcare reform legislation and how these might effect future graduate medical education. He expects that there will be federally imposed limitations on specialty training and also constraints on the total number of residency positions. This will inevitably effect the workload of residents and the need to use more non-physician providers to substitute for housestaff. Overall, there is concern that the costs of change, in terms of issues such as replacement workers or the costs of teaching in ambulatory settings, have been underappreciated. Securing a stable funding stream for education is a high priority for the Association in healthcare reform legislation. Dr. Cohen also emphasized the important role the ORR plays in the Association's deliberations, and he thanked the administrative board for their support and their participation in the AAMC 's governance.

Chair Michele Parker, M.D. introduced Dr. David Altman, Associate Vice President for Education Policy and Director of the Office of Generalist Physician Programs. Dr. Altman has assumed responsibility for the ORR as of April 1. He explained the restructuring of the Association under Dr. Cohen's direction, and stated that there is an active search for a Vice President for Education Policy who will have responsibility for the Section for Graduate Medical Education. Dr. Altman then reviewed the AAMC's activities with respect to generalist physician training and future plans for his office regarding graduate medical education.

Next Dr. Parker reviewed the minutes of the February meeting; the minutes were approved by the board.

Frances Hall, Director of Student Programs then gave an update on the AAMC Electronic Residency Application Service (ERAS) project. The system is being prepared for field testing. Discussions with the American Medical Association (AMA) have led to a decision that the Association's program will be further developed. An advisory committee to ERAS will be appointed and should have resident representation. ORR members should contact Michele Parker, M.D., if interested in serving on the committee.

Robert D' Antuono and Ingrid Philibert of Clinical Services were present to provide a report on the Section on Resident Education (SRE). Robert D'Antuono explained that the SRE was formed about 3 years ago as a professional development committee within the Group on Education Affairs (GEA). He stressed the need for stronger connections between

the SRE and ORR and proposed that a liaison be designated to increase communication between the two groups. The designated resident would benefit from attending the various meetings held by the SRE throughout the year. Dr. Parker added that she was invited to an SRE meeting regarding educational partnerships held in La Jolla, California earlier in June. She stated that the meeting was well-attended by individuals from a broad array of residency programs. Dr. Altman confirmed that Dr. Parker had given a talk on the issues of quality in resident education that was very well-received.

The next agenda item was OSR/ORR activities. The group discussed the possibility of a joint session with the OSR during the September board meeting in order to plan projects for 1995. Both OSR and ORR members have expressed an interest in working together, but due to schedule conflicts it has been difficult to coordinate any joint programs.

Chair-elect Denise Dupras, M.D., Ph.D., reported on the Advisory Panel for Healthcare Reform May 17 meeting. The panel reviewed Senator Kennedy's reform proposal, which is the first bill to include funding for medical schools. There were also two other presentations related to the costs of teaching hospitals and the concerns of childrens' hospitals. The panel will meet again in July.

The board reviewed a draft schedule of the ORR annual meeting program. In addition to the regular business meeting, there will be two Saturday afternoon sessions. The first session will deal with residency education and training. The second session, a joint presentation with the CAS, will address physician workforce reform. Speakers are being sought for both sessions.

Since the AAMC Executive Council's approval of the ORR by-laws concerning its membership at the February meeting, two additional societies have expressed an interest in being represented by the ORR. They are the Association of Academic Physiatrists and the Association of Teachers of Preventive Medicine. (At the June meeting, the Executive Council approved the ORR's recommendation that these societies be allowed to designate residents to the ORR.) There was also discussion of a possible review of the ORR by-laws during the business meeting to determine if anymore revisions are necessary.

Next Mary Beth Bresch White and Steve Northrup of Governmental Relations delivered an extensive update on legislative activities effecting AAMC constituency. Steve Northrup explained the there has been virtually no activity on the Stark/HELP bill due to current healthcare reform demands. Several handouts were also distributed on Congressional plans for healthcare. Residents are invited to contact the Office of Governmental Relations for any questions on legislation regarding healthcare.

Finally the board reviewed the Executive Council agenda items which included a recommended change in the ACGME bylaws regarding resident representation, and an analysis of several proposed Congressional healthcare initiatives.

The meeting was adjourned by Dr. Michele Parker.

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.

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 ORR administrative board and 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 elected<sup>1</sup>. 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

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<sup>1</sup> 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.

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 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.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ORGANIZATION OF RESIDENT REPRESENTATIVES  
FALL BUSINESS MEETING

OCTOBER 29-30, 1994  
BOSTON, MA

MINUTES

Saturday, October 29

The meeting was called to order at 8:15 AM by the ORR Chair, Michele C. Parker, M.D. Members present were Denise Dupras, M.D., Ph.D., Deborah Baumgarten, M.D., Fernando Daniels, III, M.D., Michael Greenberg, M.D., William J. Fortuner, III, M.D., Nicholas Gideonse, M.D., Julia Corcoran, M.D., Alan Zacharias, M.D., Charles Lewis, M.D., Christina Gutierrez, M.D., Joe Schwartz, M.D., Theodore Wells, M.D., Ed McNellis, M.D., Daniel Vincent, M.D., Steve Ripple, M.D., Kishore Tipirneni, M.D., David Jones, M.D., Natalie Bera, M.D., Natalie Ayars, M.D., Leslie Laurel, M.D., John Shumko, M.D., John Comerci, M.D., Stephen Shultz, M.D., Joyce Paterson, M.D., Kelly Roveda, M.D., Peter Bach, M.D., Judy Hoover, M.D., Marci Roy, M.D., John Biglow, M.D., Geronimo Sahagun, M.D. Also present were AAMC staff David Altman, M.D. and Michelle Reddie.

Dr. Altman, Associate Vice President for Education Policy and Director, Office of Generalist Physician Programs (OGPP) was introduced and gave a brief summary of changes that had occurred during the last six months at the AAMC and its effects on the ORR.

The minutes from last year's Annual Meeting and the Administrative Board meetings held throughout the year were reviewed and approved. John Biglow suggested that copies of the minutes be sent to the ORR members prior to the annual meeting.

The next item to be addressed was the ORR newsletter. Dr. Parker requested feedback from the ORR members regarding what changes could be made to improve the newsletter. Dr. Laurel Leslie suggested that the newsletter be used as a mechanism to keep residents abreast of what other resident organizations are doing and that we should provide information to those other organizations as well. It was also suggested that legislative updates be included in the newsletter.

Dr. Michele Parker discussed the changes in the bylaws that had been made last year to include in the ORR membership single representatives from the Council of Academic Society (CAS) groups that did not currently have representation in the ORR. This had been due to the fact that with the initial organization of the ORR, members were drawn from CAS

organizations that represented either department chairs or program directors. The new by-laws would also allow ORR membership from CAS member organizations representing specialties recognized by the Accreditation Council for Graduate Medical Education (ACGME) but not previously included due to the above restriction. The change has allowed the Association of Academic Physiatrists and the Association of Teachers of Preventive Medicine to designate new ORR representatives, John Shumko, M.D. and Natalie Bera, M.D. respectively.

The Executive Council of the AAMC approved the change to the bylaws, but they also suggested that designating two residents from each of the organizations to be newly included would be more equitable. Dr. Parker suggested that part of the bylaws be changed under Section 3 - Membership, second paragraph to read:

**"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 two resident physicians to the ORR. Upon approval by the ORR Administrative Board and Executive Council of the AAMC, the society will be asked to forward the name of the resident physicians the society wishes to designate." (changes underlined)**

Following a brief discussion, a motion to approve this change of the bylaws was made, seconded, and passed unanimously.

Dr. Altman commented on the procedures used by CAS organizations to designate residents as ORR members, as there has been concern raised regarding situations when both ORR representatives from a specialty society come from the same program. Dr. Altman suggested that academic societies be requested to select their resident representatives whenever possible from different programs. After various selection methods had been suggested, Dr. Dupras was asked to present informally to the CAS the concerns of the ORR regarding representation within the organization.

Dr. Parker then introduced Dr. Jordan J. Cohen, President of the AAMC. Dr. Cohen briefly described the success of National Primary Care Day which was held on September 29, 1994. Events occurred that day in over 98% of US medical schools. The program was cosponsored by a number of student organizations and the Association. National Primary Care Day also received the support of Hillary Rodham Clinton who gave a speech that day at George Washington University Medical School. In addition, a pre-recorded video-taped address by C. Everett Koop, M.D. was distributed to the participating institutions.

Dr. Cohen reported that the number of medical school applicants increased this year to over 45,000 college graduates, even though the number of places available has not changed in almost a decade. In addition, the number of underrepresented minorities

(African-Americans, Mexican-Americans, Mainland Puerto Ricans, and Native Americans) has also increased. When the AAMC's *Project 3000 by 2000* first started, only 9% of the matriculating class was made up of underrepresented minorities; today it has increased to 12% which is in keeping with the "linear track" of 3,000 matriculants by the year 2000.

Dr. Cohen then discussed the three new advisory panels that have been formed in order to address issues that affect a large part of the AAMC constituency. The Advisory Panel for Biomedical Research is addressing issues such as conflict of interest and scientific misconduct. The Advisory Panel on Strategic Positioning for Health Care Reform was established during the recent national debate on health care reform as a means of helping the Association formulate its policies and issues. With the assistance of the panel, the Association was able to propose policy positions that were presented to Congress and other policymakers early in the debate. The third and newest is the Advisory Panel on the Mission and Organization of Medical Schools (APMOMS), chaired by Andrew Wallace, M.D., Dean of Dartmouth Medical School. Participants on this panel include student and resident representatives. Its purpose is to investigate the impact on medical schools of the transformations in the practice of medicine and the delivery of health care, the developments in science and technology, and the changing societal expectations for medicine and medical science.

Dr. Cohen also mentioned that the Association has currently undertaken a strategic planning effort. This process is designed to take a very thorough look at what the Association is doing in terms of programs and policies, to review how it would best serve its constituency, and to provide insight into long term changes in its environment. The two primary objectives of the strategic plan are 1) to create a vision for the AAMC that will enable the Association to be a proactive force in the development of academic medicine; 2) to review the present products and processes to ensure that they are in "good alignment" with our constituents. Following Dr. Cohen's summary, a question and answer period followed.

Dr. Paul Jolly, Associate Vice President and Director of the Section for Operational Studies, then spoke about the latest developments regarding ERAS (Electronic Residency Application Service). ERAS, which has been in development for the last two years, was prompted by students, student affairs deans, program directors, and others who thought that there had to be a better way to deal with the process of applying for residencies. An electronic system was conceived and developed, and programs have now been written to support computer work stations for students, deans offices, and program directors. Testing of the system will begin later this winter with full implementation expected within two years.

Dr. Parker then gave her report as the liaison to the Section on Resident Education (SRE), including her attendance at the SRE meeting held in June 1994 in La Jolla, CA. She noted that the SRE has now formed a permanent steering committee and has requested that the ORR designate a resident representative to that committee.

Dr. Denise Dupras reported on her activities as a member of the Advisory Panel on Health Care Reform. She said that the AAMC has succeeded, with the help of the Advisory Panel, in ensuring that the general public and government officials are more aware of what academic medicine is and does. An important issue that has come to the forefront is health care workforce reform. She said that it is very important that the resident voice is heard at this time on this issue as any changes will have a profound effect on students now in the pipeline and those to come afterwards.

Steve Northrup from the AAMC Office of Governmental Relations gave a brief legislative update. He summarized the events that led up to the failure of health care reform. He then shared some predictions for 1995 (Medicare cuts to support deficit reduction will hurt teaching hospitals; the reauthorization of Title VII programs faces an uncertain future) and engaged in a short question and answer period.

Dr. Fernando Daniels reported on the conference of residents he attended sponsored by the Health Resources and Services Administration (HRSA) of the Public Health Service. He explained that HRSA has assembled a national consortium of resident physicians very similar to the ORR. During the meeting many talks were given regarding graduate medical education and health care reform. Dr. Daniels reported that Martin Seig-Ross, legislative aide to Sen. Nancy Kassebaum, predicted that graduate medical education will be taken out of the health care reform debate and addressed as a separate issue in 1995.

During the luncheon that followed, Dr. Parker distributed a survey which would be used to determine how residents judge the quality of their education and, if there was to be a move toward training in managed care settings, what changes should be made to maintain quality in resident education.

A series of speakers followed the lunch break. The first was Edward Stemmler, M.D., the former Executive Vice President and Senior Advisor to the President at the AAMC. Dr. Stemmler's talk, entitled "An Historical Perspective on Residency Training," described how residency training has evolved in the United States in the last 150 years.

The second speaker was Dr. Gordon Moore, Director of Teaching Programs at Harvard Community Health Plan, who spoke on "The Effect of Managed Care on Residency Training." Dr. Moore gave a thoughtful overview of the relationship between managed care organizations and teaching hospitals and the effect it will have on residency education. He outlined the challenge of training residents in an environment increasingly sensitive to costs. He also discussed the need to train residents to work more effectively in managed care settings.

Following Dr. Moore's talk, a joint session sponsored by the ORR and the CAS addressed the issue of the impact of "rightsizing" of resident physician workforce on education and career choice. Dr. Dupras served as moderator, and speakers included Dr. Michael Whitcomb of the AMA, Dr. Jack Colwill of the University of Missouri, and Dr.

Julien Biebuyck of Penn State University. The meeting was adjourned at 5:00 p.m. until the next day.

### **Sunday, October 30**

Dr. Michele Parker called day two of the Fall Business Meeting to order at 8:30 AM. She began with the remaining liaison reports.

Dr. Michael Greenberg reported that the Organization of Student Representatives (OSR) has published a document that outlines students' rights with regard to issues of mistreatment ranging from physical abuse and sexual harassment to intentional neglect or lack of communication. It was suggested that the incoming Administrative Board address this issue as it relates to residents. Those interested in a copy of the OSR document can obtain it from Darnell Privott at the AAMC, who can be reached at (202) 828-0681.

Dr. William Fortuner discussed his membership on the Advisory Panel on Mission and Organization of Medical Schools. The group had its first meeting in August and was charged with looking at the changes and the forces at work that will affect the future mission and organization of medical schools. Subcommittees of the Advisory Panel have been charged with examining the following major areas: enhancing the competitiveness of academic medical centers; nurturing the development of primary care; capturing the promise of biomedical research; tapping the power of information; adapting to resource constraints; and fulfilling the social contract.

Members of the Administrative Board who chaired discussions at the previous day's lunch tables presented brief summaries of the ideas that had been generated. Deborah Baumgarten chaired a discussion on working conditions and provided an annotated bibliography (attached). Fernando Daniels reported on a discussion of residents as teachers and the pressures on residents in their working with students and others. William Fortuner led a discussion of cost containment issues in health care and their impact on resident education.

Prior to the election of new members of the Administrative Board, Dr. Parker briefly described the responsibilities of the Board, the chair, and the chair-elect. Following this discussion, the elections were held with the results as follows (new Administrative Board members indicated with asterisks):

### **Administrative Board**

#### **Chair**

Denise Dupras, M.D., Ph.D.

#### **Chair - elect**

Nicholas Gideonse, M.D.

**Administrative Board (cont.)**

**Immediate Past-Chair**

Michele C. Parker, M.D.

**Members**

Deborah Baumgarten, M.D.

Natalie Bera, M.D.\*

Julia Corcoran, M.D.\*

Fernando Daniels, M.D.

Judith Hoover, M.D.\*

David R. Jones, M.D.\*

Elections were then held for representatives to serve as liaisons to other AAMC organizations and committees. The results of those elections were as follows:

**Liaisons**

Advisory Committee for the Office of Generalist Physician Programs - Stephen Shultz, M.D.

Section on Resident Education - Christina Gutierrez, M.D.

ERAS - Michael Greenberg, M.D.

Organization of Student Representatives - Marci Roy, M.D.

Dr. Michele Parker gave closing remarks and officially retired as Chair of the ORR. Following Dr. Parker's remarks, the new Chair, Dr. Denise Dupras, thanked Dr. Parker for her excellent service and spoke of her plans for the coming year.

The meeting was adjourned at 11:15 AM.

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ORR Working Conditions Annotated Bibliography  
Deborah Baumgarten, M.D.

Stoddard JJ, Kindig DA, Libby D. Graduate medical education reform: service provision transition costs. *JAMA*. 1994;272:53-58.

Economic models are used to estimate the cost of replacing house staff assuming there will be reductions in the number of residents under health care reform. Eliminating 23,200 house staff positions will cost \$1.4 to \$1.8 billion dollars per year in the short run, but may save money in the long run.

Kindig DA, Libby D. How will graduate medical education reform affect specialties and geographic areas? *JAMA*. 1994;272:37-42.

The 1992 GME cohort was used as a baseline to assess the impact of limiting the number of residency positions to 110% of US medical school graduates as well as achieving a goal of 55% generalists. There will need to be a significant change in the makeup of the GME pool.

Cohen JJ. From the president: time to staunch the flow of residents. *Acad Med*. 1994;69:464-465.

Options for limiting the number of physicians are discussed along with a call to action to achieve the appropriate balance of physicians on a voluntary basis before there is excessive governmental regulation.

American College of Physicians. Working conditions and supervision for residents in internal medicine programs: recommendations. *Ann Intern Med*. 1989;110:657-663.

Assumptions about current working conditions are discussed and recommendations are made to alleviate some of the problems of excessive hours.

Kahn NB, Addison RB. Comparison of support services offered by residencies in six specialties, 1979-80 and 1988-89. *Acad Med*. 1992;67:197-202.

Schwartz RJ, Dubrow TJ, Rosso RF, Williams RA, Butler JA, Wilson SE. Guidelines for surgical residents' working hours: intent vs reality. *Arch Surg*. 1992;127:778-783.

After voluntary compliance with California regulations limiting house staff hours, one program undertook a prospective study of actual working hours. Among surgery interns, an average of 100 hours was spent per week in the hospital (junior residents, 97 hours; chief residents, 95 hours). Intern spent about 20 hours per week on "scut."

Thorpe KE. House staff supervision and working hours: implications of regulatory change in New York State. *JAMA*. 1990;263:3177-3181.

A statewide survey in NY indicated that implementation of regulations limiting house staff hours would require hiring an additional 5358 full-time employee at a cost exceeding \$358 million. The broader implications of the regulation are also discussed.

Laine C, Goldman L, Soukup JR, Hayes JG. The impact of a regulation restricting medical house staff working hours on the quality of patient care. *JAMA*. 1993;269:374-378.

In-house mortality, transfers to ICU beds, CPR attempts, discharge dispositions, length of stay, medical complications, and house staff delays in ordering tests and procedures were compared before and after the institution of NY state regulations restricting residents' working hours. More patients suffered a complication and had a delay in test ordering after the regulations were instituted. However, there was no difference in the other variables.

Warner BW, Hamilton FN, Brunick BS, Bower RH, Bell RH. Study of surgical resident working hours and time utilization. *J Surg Res.* 1990;48:606-610.

Surgical residents on four general surgery services kept a log of their activities 24 hours a day for four weeks. An average of 95.8 hours per week were spent in the hospital. An average of 1 1/2 hours per day was spent on activities that could be performed by non physicians.

Scher KS, Peoples JB. A study of the on-duty hours of surgical residents. *Surgery.* 1990;108:393-399.

On average, surgical residents spent 90.1 hours in the hospital per week, 8.5 of them performing ancillary services.

Carey JC, Fishburne JI. A method to limit working hours and reduce sleep deprivation on an obstetrics and gynecology residency program. *Obstet Gynecol.* 1989;74:668-672.

A night float system is discussed as a solution to long working hours in a GYN/OB program. The authors suggest the plan can succeed with as few as 12 residents.

Cheng TL. House staff work hours and moonlighting: what do residents want? (a survey of pediatric residents in California). *AJDC.* 1991;145:1104-1108.

California pediatrics residents responding to a survey indicated support for limitations on working hours which if not instituted by individual departments or specialties, should be regulated at the government level. A majority were willing to restrict moonlighting hours if hours in general were limited.

Cheng TO. Working hours for pediatrics residents (letter). *AJDC.* 1992;146:541.

A comment about the article by Cheng TL, et al.

Trontell MC, Carson JL, Taragin MI, Duff A. The impact of the night float system on internal medicine residency programs. *J Gen Int Med.* 1991;6:445-449.

A survey was conducted to assess the impact of the night float system on internal medicine programs. In most cases the impact was reported as positive on resident morale and working hours, with no detrimental effect on patient care.

Bergman AB, DeAngelis CD, Feigin RD, Stockman JA. Regulation of working hours for pediatric residents. *J Pediat.* 1990;116:478-483.

A debate over pediatric resident hours that occurred at the annual meeting of the Ambulatory Pediatric Association is summarized. The comments of one resident are added.

Daigler GE, Welliver RC, Stapleton FB. New York regulation of residents' working conditions: 1 year's experience. *AJDC.* 1990;144:799-802.

The approach to reducing residents' working hours at one NY program is presented.

Kroboth FJ, Whitman AR, Karpf M. Amount and distribution of interns' working hours (letter). *Acad Med.* (sorry, I don't have the rest of the reference!).

A brief communication on the impact of changing from a 1 in 3 night call system to a 1 in 4 night call system. The workweek decreased from 96 to 92 hours.