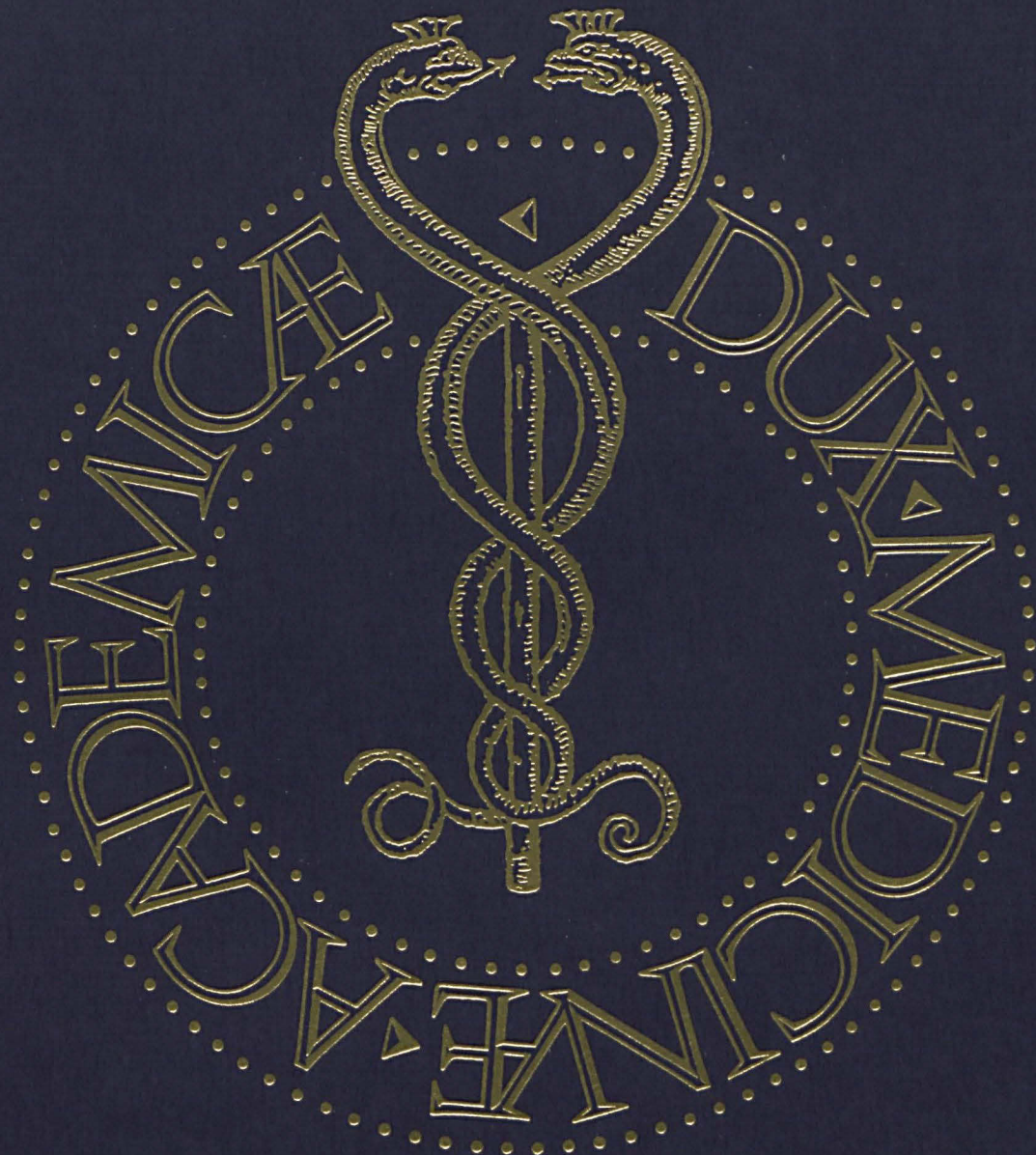


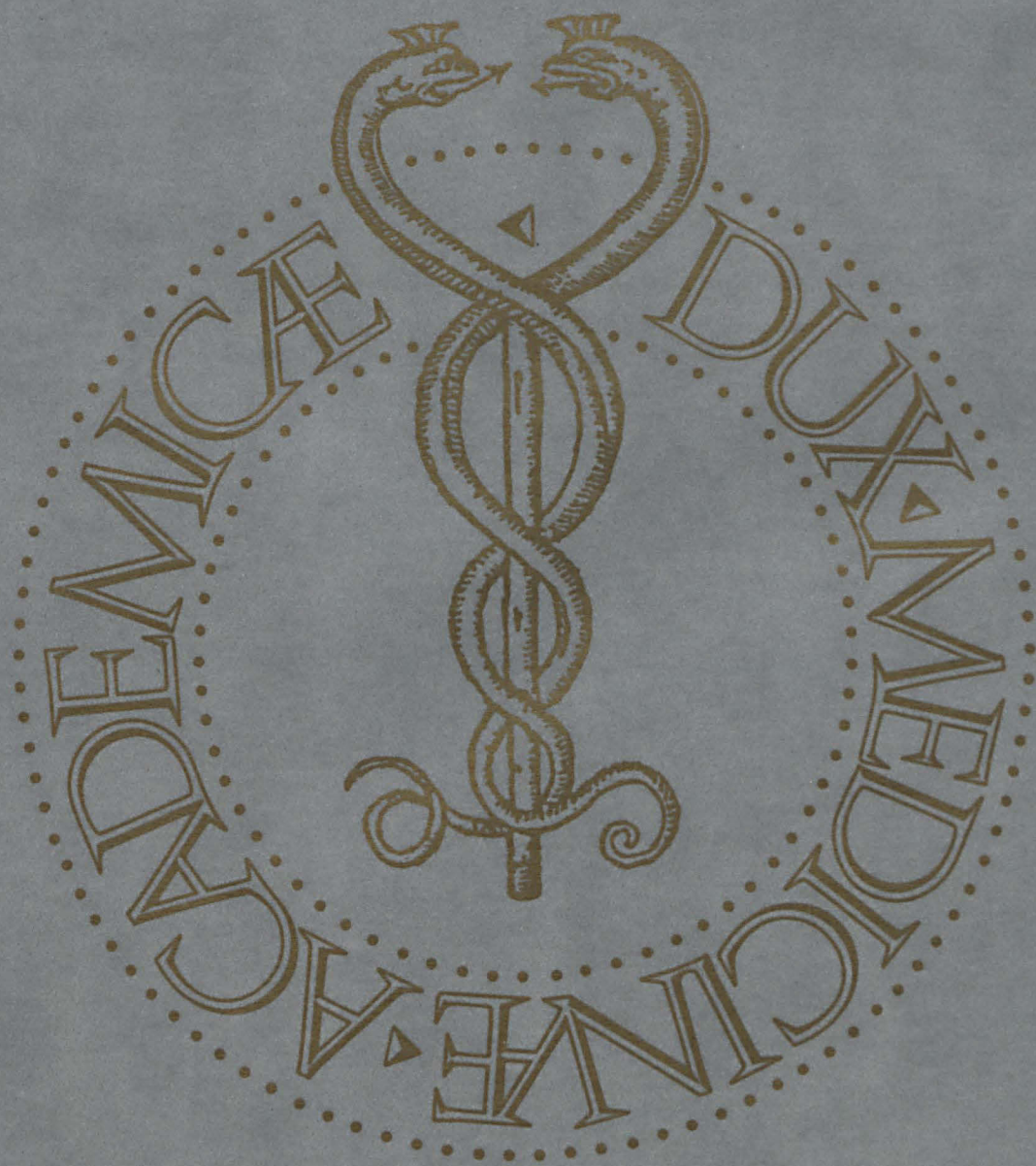


ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

1987-88
ANNUAL REPORT

LEADERSHIP FOR
ACADEMIC MEDICINE









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ACADEMIC MEDICINE

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Mission Statement

The Association of American Medical Colleges has as its purpose the improvement of the nation's health through the advancement of academic medicine.

Adopted by the
Executive Council
June 1988

As an association of medical schools, teaching hospitals and academic societies, the AAMC works with its members to set a national agenda for medical education, biomedical research and health care and assists its members by providing services at the national level that facilitate the accomplishment of their missions.

In pursuing its purpose, the Association works to strengthen the quality of medical education and training, to enhance the search for biomedical knowledge, to advance research in health services and to integrate education and research into the provision of effective health care.



Robert G. Petersdorf, M.D.
AAMC President

DURING THE PAST YEAR, the elected officers and senior staff of the Association have devoted considerable time and attention to the future of the organization and the directions in which it should move. These discussions are reflected in a new mission statement for the Association which delineates its principal concerns and interests and in a strategic plan that is in its final stages of development. Strengthening the quality of medical education and training, enhancing the search for biomedical knowledge, advancing research in health services, and integrating education and research into the provision of effective health care are priorities for the Association.

The quality of medical education and training has been an imperative for the Association since its inception in 1876. The Association is the primary national organization dedicated to medical education. To this end, the Association's commitment to medical education encompasses the content of professional education, the process by which it is transmitted, and the institutions and environment in which it is conducted. The Association's current programs in support of strengthening medical education include accreditation, a new series of seminars on problem-based learning, a position paper recommending guidelines for the supervision and working conditions for residents, and the dissemination of information on advances and innovations in medical education.

The Association enhances the search for new scientific knowledge through its strong advocacy of the biomedical and behavioral research programs of the National Institutes of Health, the Alcohol, Drug Abuse and Mental Health Administration and the Veterans Administration. However, the scientific community must recognize that it does not serve its interest to pledge blind allegiance to current programs and funding. Along with advocacy of adequate federal appropriations comes an obligation to recognize

problems that threaten continued public support and to propose solutions for those problems. For this reason the Association has been in the forefront of efforts to develop policies and procedures for dealing with allegations of research fraud and scientific misconduct.

The environment facing our academic medical centers is marked by fiscal and regulatory constraints, a climate that seems unlikely to change. It is necessary for academic medical centers not only to manage their resources prudently but also appropriate to develop new methods for effective health care delivery that can serve as models for other providers of medical services. As service delivery issues become more complex, the Association needs to work collaboratively with other organizations to see that research in health services contributes to the goal of improved health care for our nation.

The ultimate goal of the Association and its members is effective health care of our nation. Our constituency, the academic medical centers, are major providers of medical and health care services. The integration of teaching and research into the provision of service distinguishes academic medical centers from other health care organizations. The activities of the Association's members in training future generations of physicians and in transferring the technology of new scientific discoveries to patient care distinguish them from other institutions that provide medical care.

It is the Association's responsibility to communicate the value of the special purposes and unique contributions of its members to the general public and to policy-makers whose support is necessary for the continued vitality of academic medical centers. The Association provides this leadership for academic medicine by sponsoring the range of programs and policy initiatives that are presented in this report. As the Association and its members look to the future, setting a national agenda to meet the concerns of academic medicine will continue to be the principal focus of the Association of American Medical Colleges.


Robert G. Petersdorf, M.D.

THE TRADITIONAL AND MUTUALLY ACCEPTED COVENANT between academic medicine and society had its origin in trust and was based on the premise that academic medicine's programs and commitments were in society's best interests, thus justifying generous support and the privilege of self-regulation. Today, that underlying societal attitude is giving way to a clarion call for accountability and shared decision-making in both the public and private sectors. To adjust successfully to this fundamental change in the nature of our covenant, academic medicine must redefine and expand its commitments in response to society's changing expectations.

ACADEMIC MEDICINE'S SPECIAL PLACE
Over the past half century, academic medicine has enjoyed a special place in the priorities of this country, based largely on its substantial societal contributions. These contributions have emanated from each segment of our tripartite mission in education, biomedical research, and patient care. In return for these impressive accomplishments, society has rewarded academic medical centers by granting them substantial autonomy and generous financial support.

EROSION OF COVENANT
In contemporary times, this mutually supportive covenant is encountering substantial distress. We see waning respect for and advocacy of academic medicine's interests on the congressional front, in our state legislatures and from the business sector. The most noteworthy threats to the traditional covenant are the changing values and erosion of trust emanating from the competition model of delivering and paying for medical services.

CURRENT SOCIETAL EXPECTATIONS
These external pressures have not, however, reduced society's expectations of academic medicine. Academic medical centers are still expected to marshal highly trained basic scientists and clinical specialists, to maintain the appropriate

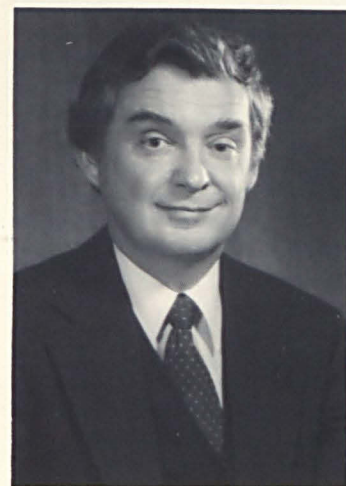
production of practicing physicians and other health professionals, and to generate advances in medical technology by sustaining the biomedical revolution. In addition, academic medical centers are expected to deliver the most complex services and highest quality patient care and provide access for the uninsured and underinsured, despite the diminished willingness of public and private insurers to share in the economic burden of caring for our nation's needy patients.

ACADEMIC MEDICINE'S RESPONSE
Not all of society's current expectations are realistic. A creditable response to society's current needs and expectations can best be undertaken by establishing a national agenda in academic medicine that places a high priority on health services research and the scientific analysis of our entire health care system. To achieve this, academic medical centers must establish and refine a broad health services research initiative that focuses on the critical issues of defining and measuring appropriateness and quality of medical services, rationalizing physician supply and distribution, and evaluating the premises and outcomes of the competition model in medical care. To meet the current expectations of society in these crucial areas, we must focus a portion of our greatest resource, academic medicine's brain power, on these important issues.

INSTITUTIONALIZATION OF HEALTH SERVICES RESEARCH
The key organizational elements and talent to support a "health services revolution" of this magnitude are already in place in a few of our academic medical centers. What is needed now is the institutionalization of health services research through expansion of the cadre of health service researchers, while providing a broader emphasis on academic rewards and recognition for initiatives in this critically needed area of investigation.

Through a willingness to help define and address these new challenges, we will meet society's contemporary needs, recapture the nation's waning trust in the medical care system, and sustain medicine as a respected and sought-after profession.

Chairman's Address—
A Précis



*John W. Colloton
Director of the University of Iowa
Hospitals and Clinics and Assistant to
the University President for Statewide
Health Services.*

John W. Colloton
John W. Colloton

A non-profit association founded in 1876, the AAMC includes in its membership:

- 127 U.S. and Canadian medical schools
- 470 teaching hospitals with substantial research and educational activities, including 74 Veterans Administration medical centers
- 88 academic and professional societies representing the 61,000 faculty at member institutions
- Medical students at U. S. schools
- Nearly 800 persons with demonstrated serious interest in medical education who belong to the Association as individual members
- Members of the faculty and administrators of medical colleges and academic medical centers who represent their institutions in groups of similar professionals within the AAMC:

- Group on Business Affairs
- Group on Faculty Practice
- Group on Institutional Planning
- Group on Medical Education
- Group on Public Affairs
- Group on Student Affairs

The AAMC is governed by three Councils, consisting of member medical college deans, teaching hospital directors and representatives of academic societies and by the Organization of Student Representatives. The Association's highest legislative body is its Assembly, composed of all 127 members of the Council of Deans, 63 members each of the Council of Teaching Hospitals and Council of Academic Societies and 10 percent of the institutionally appointed members of the Organization of Student Representatives. Council representatives are elected by the Assembly to serve on the policy-making Executive Council.

Each year staff and officials of the United States Congress and the Executive Branch address the Administrative Boards and Executive Council on issues of interest and importance to academic medical centers. In 1988, AAMC leaders heard the following speakers:

The Honorable David Obey
(D-WI)
Chairman, Joint Economic Subcommittee on Economic Resources and Competitiveness, House Appropriations Subcommittee on Labor-HHS-Education

Donald I. MacDonald, M.D.
Special Assistant to the President for Drug Abuse

S. Anthony McCann
Assistant Secretary for Management and Budget, U.S. Department of Health and Human Services

Brian Biles, M.D.
Majority Staff Director for Health House Committee on Ways and Means

Chip Kahn
Minority Counsel for Health House Committee on Ways and Means



John W. Colloton

- *Chairman of the Assembly:*

John W. Colloton*
University of Iowa Hospitals and Clinics

- *Chairman-Elect of the Assembly:*

D. Kay Clawson, M.D.*
University of Kansas School of Medicine

- *Immediate Past Chairman of the Assembly:*

Edward J. Stemmler, M.D.*
University of Pennsylvania School of Medicine

- *President:*

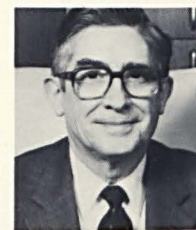
Robert G. Petersdorf, M.D.*
Association of American Medical Schools

- *Distinguished Service Member of the Executive Council:*

Edward N. Brandt, Jr., M.D.*
University of Maryland



D. Kay Clawson, M.D.



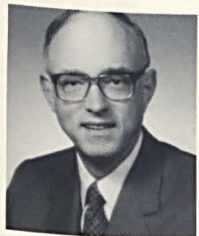
Edward J. Stemmler, M.D.

Council Of Deans
Administrative Board

Council Of Teaching Hospitals
Administrative Board

Council Of Academic Societies
Administrative Board

Organization Of Student
Representatives
Administrative Board



William T. Butler, M.D.



J. Robert Buchanan, M.D.



Douglas E. Kelly, Ph.D.



Kimberly Dunn

• *Chairman:*

William T. Butler, M.D.*
Baylor College of Medicine

• *Chairman-Elect:*

William B. Deal, M.D.*
University of Florida Medical College
(resigned-effective 10/88)

L. Thompson Bowles, M.D.*
George Washington University
School of Medicine and Health Sciences

George T. Bryan, M.D.
University of Texas Medical School
at Galveston

Phillip M. Forman, M.D.
University of Illinois
College of Medicine

John Naughton, M.D.*
SUNY-Buffalo,
School of Medicine and
Biomedical Sciences

Richard S. Ross, M.D.*
Johns Hopkins University
School of Medicine

Henry P. Russe, M.D.*
Rush Medical College

Robert E. Tranquada, M.D.*
University of Southern California
School of Medicine

W. Donald Weston, M.D.*
Michigan State University
College of Human Medicine

• *Chairman:*

J. Robert Buchanan, M.D.*
Massachusetts General Hospital

• *Chairman-Elect:*

Gary Gambuti*
St. Luke's Roosevelt Hospital Center

Spencer Foreman, M.D.*
Montefiore Medical Center

Jerome B. Grossman, M.D.
New England Medical Center

Leo M. Henikoff, M.D.
Rush-Presbyterian-
St. Luke's Medical Center

John E. Ives
St. Luke's Episcopal Hospital
Houston

William H. Johnson, Jr.
University of New Mexico Hospital

Larry L. Mathis
The Methodist Hospital
Houston

James J. Mongan, M.D.*
Truman Medical Center

Charles M. O'Brien, Jr.
Georgetown University Hospital

Max Poll
Barnes Hospital, St. Louis

Barbara A. Small
Veterans Administration
Medical Center
Durham, North Carolina

Raymond G. Schultze, M.D.
UCLA Medical Center

C. Edward Schwartz
Hospital of the
University of Pennsylvania

• *Chairman:*

Douglas E. Kelly, Ph.D.*
University of Southern California
School of Medicine

• *Chairman-Elect:*

Ernst R. Jaffé, M.D.*
Albert Einstein College of Medicine

S. Craighead Alexander, M.D.
University of Wisconsin
Medical Center

Lewis Aronow, Ph.D.
Uniformed Services University of the
Health Sciences School of Medicine

Joe Dan Coulter, Ph.D.
University of Iowa College of Medicine

William F. Ganong, M.D.*
University of California, San Francisco
Medical School

Myron Genel, M.D.
Yale University School of Medicine

Glenn C. Hamilton, M.D.
Wright State University
School of Medicine

Frank G. Moody, M.D.*
University of Texas
Health Science Center

Herbert Pardes, M.D.
Columbia University
College of Physicians and Surgeons

Vivian W. Pinn-Wiggins, M.D.
Howard University College of Medicine

Joel Sacks, M.D.
University of Cincinnati
School of Medicine

• *Chairman:*

Kimberly Dunn*
University of Texas Medical School
at Houston

• *Chairman-Elect:*

Clayton Ballantine*
University of Louisville
School of Medicine

Jeralyn Bernier, M.D.
Brown University Program in Medicine

Cynthia Carlson
University of Washington
School of Medicine

Vicki Darrow, M.D.
University of Washington
School of Medicine

Julie Drier
University of Minnesota
Medical School, Minneapolis

Maribel Garcia-Soto
University of California, San Francisco
School of Medicine

Sarah Johansen
Dartmouth Medical School

Bill Obremskey, M.D.
Duke University School of Medicine

Michael Rush
University of Kentucky
School of Medicine

Dan Shapiro, M.D.
Emory University School of Medicine

Andy Spooner, M.D.
University of Tennessee
School of Medicine

AAMC's Graphic Identity Program



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES



SINCE ITS FOUNDING 112 YEARS AGO, the Association of American Medical Colleges has evolved from a collegial association of medical school deans into an organization that represents all aspects of medical education—the medical colleges, teaching hospitals, academic societies and medical students.

To reflect this consortium of interests, the AAMC has developed a new graphic identity program based on three elements that create a strong visual expression of the Association's leadership role for academic medicine.

The Seal:

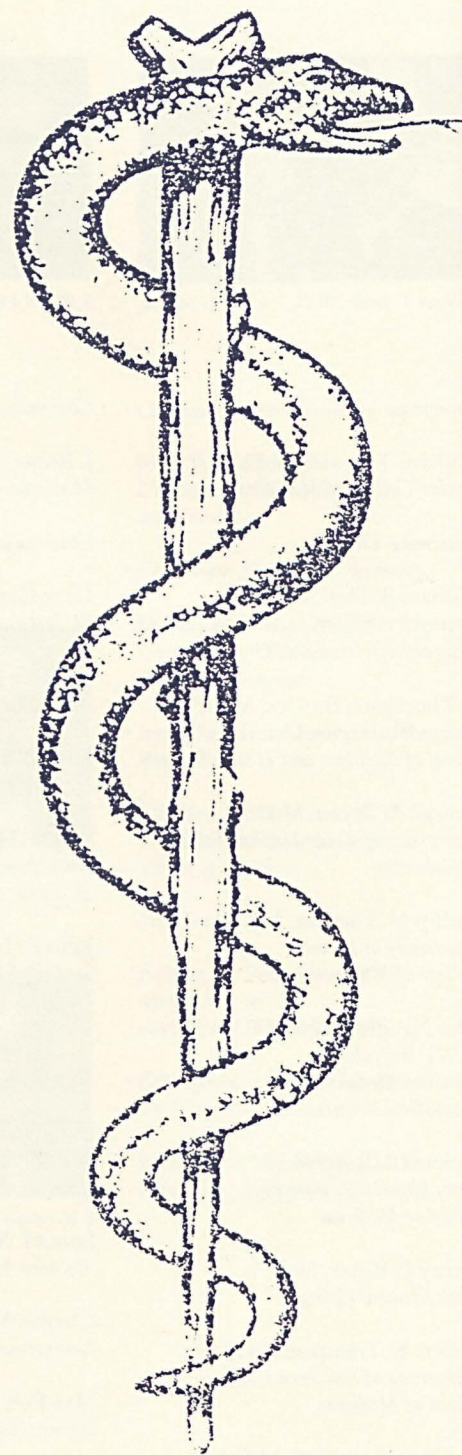
The seal represents the tradition of medicine and the role and importance of knowledge and intellectual pursuits in medical education. The Latin phrase, "dux medicinae academicae" (leadership for academic medicine), reinforces the direction and tone of the Association.

Typography:

Distinctive typography is the foundation of an effective graphic identity program. Over time, it becomes identified with the organization using it. The elegant type face, Augustea Inline, was chosen to reinforce AAMC's association with a long tradition of academic medicine in the United States.

The Mark:

The mark is a symbolic identification of an organization. The Association's mark and the caduceus, the ancient Greek symbol of medicine, combine representational elements of the DNA chain. These two elements represent the Association's affiliation with the rich history of medicine and the exciting advances in biomedical research and technology.



Caduceus of Aesculapius.

The Caduceus

MEDICINE AND THE MEDICAL PROFESSION have been represented throughout history by various combinations of a snake or snakes and the caduceus, each of which has significant meanings.

The word *caduceus* is derived from a Greek root meaning herald's wand or badge of office. Originally the caduceus was an olive branch, but it was later replaced by a staff entwined with snakes.

The caduceus is strongly associated with Hermes, the Greek messenger of the gods. Although he is not intimately connected with healing, Hermes is cited as the guardian of health. He received the staff from Apollo who gave it to him as a token of admiration to carry as a symbol of his office. According to Apollo, the staff, with its two winged snakes, was to bring peace and overcome disease.

The medical symbolism connected to the staff and snake has descended most vividly from Greek mythology in connection with the healer Aesculapius. Aesculapius' parents were the mortal Coronis and Apollo, the god who possessed all medical knowledge. Apollo passed along his healing powers to the centaur Chiron and gave Aesculapius into his care.

One day Aesculapius saw a snake crawl from a crack in the earth and entwine itself on his staff. Aesculapius killed the snake, but immediately thereafter another snake emerged from the crack carrying an herbal leaf in its mouth; it placed the leaf on the head of the dead snake, which miraculously revived.

The serpent became Aesculapius' constant companion, and Aesculapius became the patron of the temples of healing that sprang up throughout Greece.



Bronze caduceus of the fifth century B.C. discovered in a tomb in Sicily.

Caduceus of Hermes.

Handle of Egyptian Flint Knife.



Replicating DNA.

AAMC Highlights 1987-88

The Association of American Medical Colleges has a history of leadership and service working with its members to strengthen and advance academic medicine.

This section highlights significant areas in which the Association and its members have taken a lead role in analyzing and formulating health policy initiatives, improving student educational experiences, advancing institutional quality and developing collaborative partnerships.

Developing Policy Initiatives

Minorities
In Medicine

The AAMC identifies critical issues and develops policy initiatives vital to the interests of the academic medical community. Attracting young people to medicine and research, increasing opportunities for minorities, encouraging development of curricula that keep pace with a rapidly changing world and improving patient care through education and research are among the many initiatives launched during this past year of change and progress.

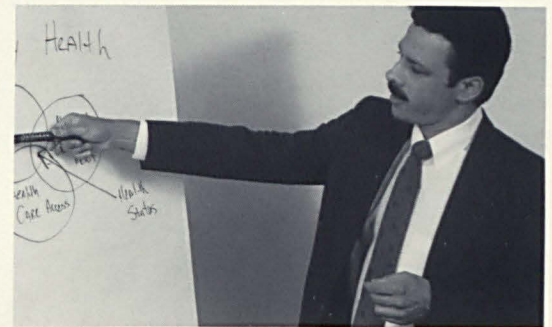
TEN YEARS AGO the Supreme Court ruled that use of quotas and special admissions committees to create educational opportunities for minorities aspiring to careers in medicine was discriminatory. The decision raised fears that affirmative action programs in medical education would be adversely affected nationwide. However, the opposite proved true.

In the first years following the Supreme Court decision, 40.9 percent of minority students who applied to medical school were accepted and minority enrollees composed 8.7 percent of the first-year class. Ten years later, 51.7 percent of minority applicants were accepted, making up 10.2 percent of their entering class.

But greater gains are needed. To increase minority representation in medicine, the Association proposes a new national effort and has created a Division for Minority Health, Disease Prevention and Health Promotion. This initiative builds on and expands the responsibilities of the Association's original Office of Minority Affairs established in 1969. New strategies must be devised to enlarge the pool of minority applicants to medical school and to eliminate barriers to successful advancement through all stages of medical education.

The new Division will continue to assist AAMC members to increase the number of minorities accepted for enrollment, improve their opportunities for graduate medical education and increase their appointment to and promotion on medical school faculties and administrations.

A look at the statistics highlights the need for continued effort. The percentage of minorities on faculties has held steady at 2.7 percent over the past ten years. In 1986 minorities were 7.2 percent of the total number of residents, a decline of 1.2 percent since 1981. Additionally, the unmatched rate to residency programs for minorities is twice that for nonminorities.



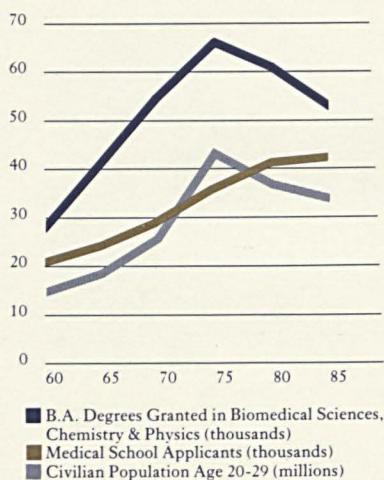
A broader concept for the Division includes program development in areas of disease prevention and health promotion, particularly as they relate to minorities. A first step in this initiative will be development of strategies for the Association to assist in meeting these challenges.

Herbert W. Nickens, M.D., M.A., joins the AAMC as vice president of the new Division for Minority Health, Disease Prevention and Health Promotion.

Developing Policy Initiatives

Task Force On Physician Supply

Medical School Applicants and B.A. Degrees Granted in Biomedical Sciences, Chemistry and Physics 1960-1985



The decline in medical school applicants since 1974 does not appear to have been caused by declines in the population from which most applicants are drawn, but it does seem to be related to the pattern of B.A. degrees granted in the main feeder fields for applicants.

Source: Section for Operational Studies.

ISSUES ASSOCIATED WITH THE SUPPLY AND DEPLOYMENT OF PHYSICIANS will hold a prominent position on the nation's health policy agenda over the next decade. The declining pool of applicants to medical school may portend a decline in the quality of future physicians and biomedical scientists.

Accordingly, the Association established a Task Force on Physician Supply that is examining the ramifications of physician supply and demand. Through committees, the task force is compiling and assessing information to assist the Association's members and others in addressing these issues.

The Task Force's Medical Student Education Committee is examining the relationship between estimates of the future supply of physicians and requirements for providing high quality health care. It also is concerned with the cost and duration of medical education as it relates to recruitment, especially of minority students. Staff are developing a model of physician supply which will take into consideration all the stages of medical education—applicants, matriculants, graduates, residents, and finally practicing physicians. Projections of supply are expected to be easier to make than projections of demand due to such factors as unanticipated disease patterns, technological changes and regulatory policies.

The Committee on Resident and Fellow Education is exploring the implications of

changing educational and service needs and roles that confront graduate medical education programs and training facilities. The committee has prepared a number of recommendations, including completion of an accredited residency program for all medical school graduates.

The Committee on the Education of Biomedical Scientists is evaluating the adequacy of current mechanisms to train physician investigators. It is stressing that federal support for biomedical research and research training should be reaffirmed as a high priority of public policy and that careers in the biomedical sciences must draw the most talented students in a finite pool.

The Foreign Medical Schools and Graduates Committee is studying the implications for domestic educational programs of the influx of foreign medical students and graduates. Its report recognizes the infeasibility of evaluating foreign medical schools. The committee has prepared a recommendation, however, that examinations for foreign medical graduates be improved and include a clinical component.

The task force report, due to be published in September 1989, will inform the discussion as national policy issues relating to manpower mix, access to health care and number of trained researchers are debated.

Housestaff Supervision And Hours

AIDS And The Academic Medical Center

NEW PATTERNS OF REIMBURSEMENT FOR PATIENT CARE, increases in scientific knowledge and dramatic changes in medical technology over the past decade are reshaping the residency experience. Patient stays are shorter, more procedures and treatments are scheduled and hospitalized patients are most often acutely ill. More than their predecessors, housestaff are called upon to make more decisions about sicker patients. With the increased physical and intellectual demands on residents, the AAMC felt compelled to review and evaluate current practices in resident supervision and the number of assigned hours.

The Executive Council, after extensive discussion and debate by the AAMC Councils, adopted a series of guidelines to assist members in responding to these issues. Their underlying purposes in examining this issue have been to maintain the highest standards of patient care and to preserve the high quality of residency programs. The guidelines recommend increased attention to resident supervision, varying levels of faculty supervision based on the resident's experience, no more than 80 hours of actual work per week averaged over a four-week period and funding by public and private payers of the costs necessary to make these changes.

AIDS AND THE EPIDEMIC OF DISEASES caused by the emergence of human immunodeficiency virus (HIV) pose a

number of unanticipated challenges for academic medicine and create a unique need for the Association and its members to respond to this national crisis.

Over the past year the AAMC Committee on AIDS and the Academic Medical Center has engaged in thoughtful reflection and intense deliberation to formulate policies and programs for the Association and its member institutions. The Association's Executive Council has adopted a committee-recommended statement affirming that medical students, residents and faculty are responsible for providing care and treatment to all patients assigned to them regardless of diagnosis.

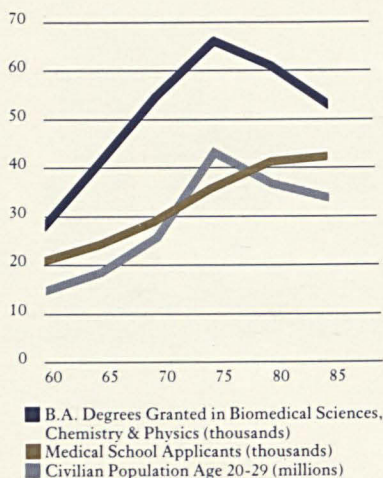
The Executive Council also approved for distribution "Policy Guidelines for Addressing HIV Infection in the Academic Medical Community," a committee-prepared report designed to inform institutional policy development. Specific recommendations were developed to resolve issues such as the appropriateness of testing medical students, residents, faculty or staff; the proper handling of sensitive information related to a person's HIV status; the need to protect infected persons from discriminatory treatment; administrative actions in response to known cases of HIV infection, and the relevance of a medical school applicant's HIV status to admissions decisions. The committee affirmed safety for both patients and health care workers and protection of the rights of the infected individual as the primary objectives of these policies.

The committee has turned its attention to the implications of the HIV epidemic for the education of medical students and residents. It expects to identify curricular areas that may need to be re-examined in light of the challenges AIDS will pose to medical practice and to discuss the potential impact of AIDS on general professional education.

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AIDS AND THE EPIDEMIC OF DISEASES caused by the emergence of human immunodeficiency virus (HIV) pose a

number of unanticipated challenges for academic medicine and create a unique need for the Association and its members to respond to this national crisis.

Over the past year the AAMC Committee on AIDS and the Academic Medical Center has engaged in thoughtful reflection and intense deliberation to formulate policies and programs for the Association and its member institutions. The Association's Executive Council has adopted a committee-recommended statement affirming that medical students, residents and faculty are responsible for providing care and treatment to all patients assigned to them regardless of diagnosis.

The Executive Council also approved for distribution "Policy Guidelines for Addressing Hiv Infection in the Academic Medical Community," a committee-prepared report designed to inform institutional policy development. Specific recommendations were developed to resolve issues such as the appropriateness of testing medical students, residents, faculty or staff; the proper handling of sensitive information related to a person's HIV status; the need to protect infected persons from discriminatory treatment; administrative actions in response to known cases of HIV infection, and the relevance of a medical school applicant's HIV status to admissions decisions. The committee affirmed safety for both patients and health care workers and protection of the rights of the infected individual as the primary objectives of these policies.

The committee has turned its attention to the implications of the HIV epidemic for the education of medical students and residents. It expects to identify curricular areas that may need to be re-examined in light of the challenges AIDS will pose to medical practice and to discuss the potential impact of AIDS on general professional education.

Developing Policy Initiatives

Fetal Research And
Fetal Tissue Research

Policy Analysis
For Teaching Hospitals

THE ASSOCIATION RECOGNIZED THE NEED to provide its members and the public timely, objective information about fetal research and fetal tissue research, to distinguish between the two and to address increasing public debate and controversy. The 1988 reauthorization legislation for the National Institutes of Health (NIH) was seen as a possible target for attack on the research. Additional restrictions on federal funding could only further hamper promising research at AAMC-member institutions.

Staff convened a group of more than 50 organizations to develop information for an educational campaign. With input from the group and expert reviewers, the AAMC prepared *Summary: Fetal Research and Fetal Tissue Research*, a report that defines the separate areas of research, describes their benefits and outlines legislative and regulatory issues.

The document has proved valuable to the Association and others in responding to proposed restrictions during consideration of the NIH reauthorization and other important legislation. During the House-Senate conference on FY 1989 Health and Human Services appropriations, four duplicative restrictions concerning fetal research and fetal tissue research were deleted. The Association also used the information in testimony to NIH's Human Fetal Tissue Transplantation Research Panel, convened in September 1988 to consider ethical, legal and scientific issues involved in federal funding of fetal tissue transplantation research.

TEACHING HOSPITALS CARRY A SPECIAL RESPONSIBILITY for the nation's health care. They provide primary sites for undergraduate and graduate clinical education, for medical fellowship training programs and for a significant share of nursing and allied health programs. They are active partners in the conduct of clinical research. They are major providers of medical care. They dispense regional tertiary care and essential backup and specialized support for community hospitals. They contribute to the care of a disproportionate share of the nation's poor and medically indigent.

Today, teaching hospitals face major challenges as a more diverse and competitive health care system evolves. The number of patients with inadequate or no health insurance continues to grow. Fixed and prospective payment systems affect hospital income and jeopardize the financing of medical education. The squeeze between health care cost inflation and cost containment pressures threatens the quality of patient care.

To analyze and address how these emerging forces will affect teaching hospitals, the AAMC, with support from The Commonwealth Fund, is developing a database on teaching hospital costs and operating characteristics.

Information from the database forms the foundation for three current research efforts: trends in teaching hospital profitability, variation in the costs of graduate medical education and the identification and distribution of high-cost patients among types of hospitals. These research topics are on the national policy agenda and must be examined so that teaching hospitals can continue to fulfill their unique missions of medical education, research and patient care in the face of a rapidly changing health care environment.

SUMMARY

FETAL
RESEARCH
AND
FETAL TISSUE
RESEARCH

JUNE 1988
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Improving Student Education Experiences

Dramatic changes in the practice of medicine, in medical care and in the delivery of health care call for changes in how students are selected and in the curricula they will pursue. The recent steady decline of applicants and the changing characteristics of the applicant pool—more women, older students and students with less traditional preparation and more varied work experience—require medical schools to re-examine their application, selection and retention processes.

Future Directions For MCAT

ALMOST 40 YEARS AGO, the Association first sponsored an objective test aimed at reducing the high attrition rate of entering freshmen. Every 10 to 15 years, the Association takes a broad look at this test, the Medical College Admission Test (MCAT), to assure that the content is timely and relevant and that the test meets the needs of medical school admissions committees.

Much of the data from the pilot project are encouraging. There have been no average score differences between examinees grouped by gender, rural/urban status, age and number of years of post-secondary education. Very small differences have been noted between examinees grouped by racial/ethnic status. Correlations between the essay and current MCAT tests indicate that the essay is assessing a skill or skills not measured by the other exams. Research continues on the development of test forms that are similar in prerequisite skills and overall difficulty. The committee will submit a final report on the pilot project to the AAMC Executive Council in February 1989.

Sample MCAT Essay Topic:

"The best swordsman in the world doesn't need to fear the second best swordsman in the world; no, the person for him to be afraid of is some ignorant antagonist who has never had a sword in his hand before; he doesn't do the thing he ought to do, and so the expert isn't prepared for him; he does the thing he ought not to do; and often it catches the expert out and ends him on the spot."

Samuel L. Clemens

Write an essay which explains what Clemens means by his description of the "best swordsman" and the "ignorant antagonist." Relate the Clemens concept to an area about which you are well informed.

A 16-member panel now is conducting a full-scale review of the content and format of the test. The panel's data and deliberations have led to several significant recommendations about changes to the format of MCAT, for example, increased emphasis on scientific problem-solving, critical thinking and logical reasoning; more balanced assessment of science and non-science content; restructuring for a shorter test day, and development of more useful support materials for students, medical school advisors and faculty admissions committees. This proposed reconfiguration responds to the desire of medical schools to admit more broadly prepared students. The new examination is scheduled for introduction in 1991.

The Ad Hoc Advisory Committee to the MCAT Essay Pilot Project concurrently is conducting research on the possibility of including an MCAT essay section in response to the Council of Deans' concerns about medical students' writing and communication skills. Similar concerns have been expressed by the public and the media who have noted that today's physicians seem to be more technology driven and to possess lesser communication skills.

Improving Student Education Experiences

MEDLOANS

Problem-Based Learning Workshop

EFFECTIVE TEACHING and the ways in which medical students are educated in member institutions are among the Association's primary concerns, leading the AAMC to develop programs to assist constituents in strengthening the ties between the classroom and patient care.

Last year the Association, working with a group of nationally recognized educators, developed a new workshop on "Managing Institutional Change: Introducing a Problem-Based Learning Curriculum." The program introduces teams of medical school faculty to alternatives to traditional teaching methods that emphasize lectures and laboratory work.

Workshop attendees participate as "students" in a problem-based approach to medical education that focuses on student-centered, student-directed learning. These methods incorporate small group tutorials where students explore a problem case, identify learning issues, raise questions for further inquiry and develop hypotheses and management strategies as the case evolves. This method addresses information overload, the application of basic science knowledge to the clinical situation and development of clinical reasoning skills and lifelong learning skills.

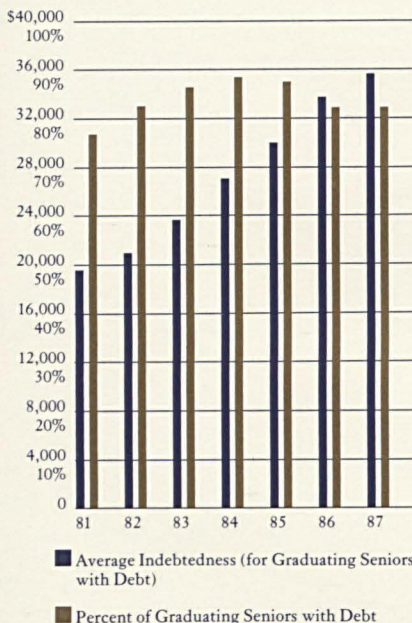
THE ASSOCIATION CONTINUES ITS COMMITMENT TO THE MEDLOANS PROGRAM, which seeks to minimize the cost of borrowing for students who need additional funds for their medical education. First-year tuition for 1987-88 averaged \$15,159 for private medical schools and \$4,611 for residents and \$10,923 for nonresidents at public medical schools. Tuition and other costs of attending medical school continue to rise. As a result, 82 percent of students now graduate in debt, with 20 percent of them carrying a debt greater than \$50,000. The average level of debt upon graduation has reached \$35,621.

MEDLOANS allows students to apply for three federal and one privately insured loan program through a simplified application procedure. Last year, the program introduced a new low-cost Supplemental Loans for Students refinancing option and a loan consolidation program. These programs represent the commitment of the participating organizations to offer a wide spectrum of services to the medical school community.

During the second year of the program participation by AAMC-member schools and students has increased substantially with July 1988 loan volume running 300 percent ahead of last year.

A technical advisory committee composed of medical school financial aid officers continuously reviews the program to assure that the overall package remains the best program available for medical student borrowers.

Indebtedness of Medical Graduates: 1981-1987



Source: LCME Questionnaire and Graduation Questionnaire, Association of American Medical Colleges.

Selection Of Medical Students

Education In The Ambulatory Setting

THIS YEAR THE ASSOCIATION SPONSORED the first conference on the implications of the declining applicant pool for medical student selection procedures. Attendees from 88 institutions representing medical school admissions officers, faculty members, health careers advisors and public affairs officers met to examine admission procedures and to assess the effectiveness of their recruitment processes in light of the changing applicant pool. They discussed the perceptions young people hold of medicine as a career and ways to attract qualified students. Special emphasis was placed on developing new strategies to enlarge the pool of minority applicants. Conference proceedings are available.

HOSPITAL-BASED CLERKSHIPS and graduate training programs have been the hallmark of clinical medical education in this century. However, changes in the hospital population and health care delivery system challenge medical educators to provide a full and rich clinical experience for medical students and residents.

With the support of the W. K. Kellogg Foundation, the Association convened an invitational symposium to examine the demands that teaching in the ambulatory setting imposes on residents and faculties. Symposium proceedings, *Adapting Clinical Education to New Forms and Sites of Health Care Delivery*, which provide an overview of the opportunities and problems, were published.

This past year the Association also completed a major study of education in the ambulatory setting. Supported by the Health Resources and Services Administration's Office of Graduate Medical Education, the study assessed alternatives for ambulatory training that might be appropriate for educating physicians and for developing strategies to organize the educational experience.

A research team visited nine academic medical centers and looked at training programs in internal medicine, general surgery, family medicine, pediatrics, psychiatry and ophthalmology. Their report, *Study and Comparison of Transition of Medical Education Programs from Hospital Inpatient to Ambulatory Training Programs*, delineates key factors influencing the choice of how ambulatory settings are used, identifies barriers to developing such programs and assesses the value of the experience.

Advancing Institutional Quality

Women In Medicine

Information Technology Seminar

AMONG APPLICANTS FOR THE 1987-88 ENTERING CLASS, 10,411—or 37 percent—were women; 60 percent of them were accepted to medical school. That year, women made up 34.3 percent of total medical school enrollment, 28 percent of residents and 19 percent of medical school faculty. The Association anticipates that these percentages will continue to increase for the foreseeable future. It has undertaken a number of initiatives to help institutional leaders address the concerns of women in medicine. For example, only 9 percent of medical school women faculty members have achieved the rank of full professor, compared to almost 32 percent of male faculty.

This spring, the AAMC sponsored a Career Development Seminar for women assistant and associate professors, supplying the 100 participants with strategic pointers for advancement in academic medicine and workshops on key skills such as grant proposal writing.

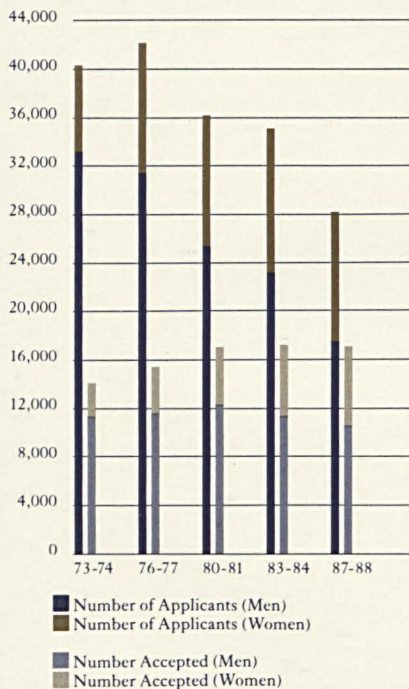
These efforts and others are building a program that is assisting medical educators to address the specific needs of women faculty and students. Women have engaged in a long struggle to become respected members of the profession. Their increasing representation in medicine is a positive force but may not reach full potential without continuing attention to barriers that may remain.

INFORMATION TECHNOLOGY offers academic medical center leaders important opportunities to improve the effectiveness of their academic and administrative programs through new levels of sophisticated information management. However, with many technical and organizational problems to be resolved, achieving the full potential of this impressive advance in information management is a formidable task. To close the gap between potential and achievement, the Association offers a seminar that examines the technology and its use as a management tool.

The seminar covers the range of possible information programs and their applications. These fall into three broad categories: day-to-day administrative and fiscal management and organizational development, decision making and assessment of research productivity, and academic uses such as computer-assisted learning and instructional programs.

The workshop addresses technical and organizational problems in developing a system and examines how members are solving them. It identifies trends and adaptations in information management systems, and it enhances AAMC constituents' management skills.

Comparative Acceptance Data for Men and Women Applicants 1973-1974 through 1987-1988



Source: Section for Student Services

As the ways medicine is practiced and paid for continue to change, it is crucial for managers to anticipate the future and to develop and implement innovative strategies. Through a variety of programs, the AAMC provides the essential link between promise and performance that makes the critical difference in management leadership.

Academic Medicine

Group On Faculty Practice

PUSHING THE BOUNDARIES OF KNOWLEDGE is the core of the academic medical community's mission. Research and resulting publications provide a forum for exploring and discussing new ideas necessary for the advancement of knowledge and the improvement of medical training.

Over the past year, the Association undertook an extensive study and review of the AAMC's peer-reviewed journal and concluded that an expanded journal could better serve the academic medical community.

The inaugural issue of *Academic Medicine*—the reorganized, redesigned and renamed *Journal of Medical Education*—will appear in January 1989. It will carry a broader range of articles and offer wider opportunities for authors. As the oldest English-language journal in medical education, *Academic Medicine* will continue to publish peer-reviewed articles on research in medical education. A large pool of specialist reviewers will critique all research submissions.

For the first time, the journal will solicit articles on major policy issues affecting academic medicine to be written by leading medical educators, political scientists, economic and social researchers and government leaders. Formal essays on controversial or sensitive issues in health care and medical training will promote discussion of these topics within the journal.

THE GROUP ON FACULTY PRACTICE (GFP) is the sixth and most recently established group within the Association. Staffed by the Division of Clinical Services, the GFP promotes professional development for the leaders of faculty practice plans in member institutions. Recognizing that faculty practice plans are organized in a number of different ways depending upon the structure, traditions and needs of the medical center, the focus of the Group is on institutional concerns rather than departmental or disciplinary issues.

The Executive Council approved the formation of the Group and invited the dean of each Association-member medical school to name two representatives. Following an initial program session at last year's Annual Meeting, the organizing committee met in January 1988 to draft bylaws and to plan its first professional development seminar, held in late summer. It is anticipated that the group will conduct surveys of the characteristics of faculty practice plans and analyze and exchange information on the impact of changes in payment for physician services.



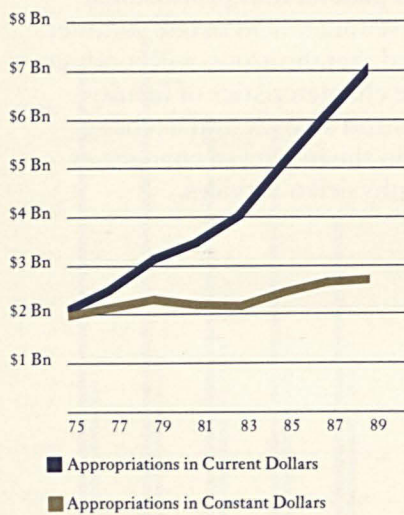
Establishing Partnerships

The Ad Hoc Group For Medical Research Funding

Coalition For Health Funding

Fraud In Research

NIH Appropriations Fiscal Years 1975-1989 (Dollars In Billions)



Concerted efforts by AAMC and other research-related groups have been important factors in gaining congressional support for increased research appropriations.

THE AD HOC GROUP FOR MEDICAL RESEARCH FUNDING is a diverse group of approximately 150 voluntary health agencies, professional and scientific societies and research institutions, united by their common support for increased funding for the National Institutes of Health (NIH) and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Each year for the past six years, the Ad Hoc Group has given careful consideration to the programmatic needs of these two agencies and the scientific opportunities currently available and then has developed a budget proposal for NIH and for the research and research training programs at ADAMHA. For 1989, the Ad Hoc Group recommended a 23 percent increase in funding. The recommendation is the second part in a five-year plan to provide sufficient funds to support 50 percent of approved research project grant applications by FY 1992 and to provide comparable support for other funding mechanisms, particularly for the research infrastructure.

THE ASSOCIATION RECENTLY REACTIVATED its participation in the Coalition for Health Funding, an organization that will enhance the AAMC's capability to make recommendations for function 550 (health funding) in the congressional budget process.

BECAUSE OF ITS UNQUESTIONED COMMITMENT to the highest standards of conduct in biomedical research and the increased media attention on fraud in research, the Association is once again shaping response to public and congressional allegations of fraud in the conduct of university and medical center research. A recent Association survey confirmed that nearly all AAMC-member institutions have adopted policies and procedures in compliance with recommendations made by the Association's Executive Council in June 1982. These recommendations were the basis of the 1982 report of an AAMC Ad Hoc Committee on the *Maintenance of High Ethical Standards in Conduct of Research*. However, subsequent legislation and guidelines and a recent spate of accusations of fraud point to the need for institutions and organizations to review and update their policy statements and procedures regarding the conduct of research and the appropriate response to allegations of fraud.

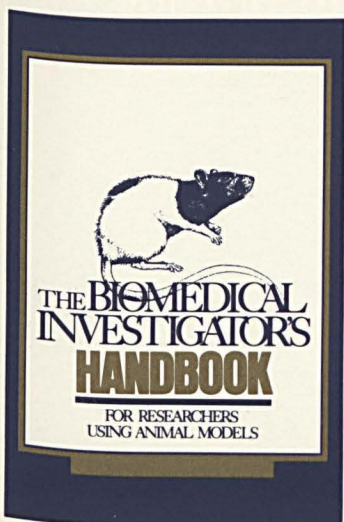
The AAMC, along with the Association of American Universities and other organizations in the higher education community, have developed an updated policy and procedures guide for member institutions. The guide was reviewed in September by the American Association for the Advancement of Science/American Bar Association's National Conference of Lawyers and Scientists and will be presented to the AAMC governance this winter for review and endorsement.

To meet the challenges of medical education, research and patient care, and to magnify the impact of its efforts, the AAMC traditionally has developed partnerships with other organizations. This year, the Association has collaborated in establishing several joint ventures and has continued strengthening its commitment to others.

Use Of Animals
In Research

International
Medical Scholars
Program

Friends of VA
Medical Care and
Health Research



THE USE OF ANIMALS IN RESEARCH is an issue of ongoing and compelling importance to the Association and its constituents. Although a recent poll indicated that the public continues to support the responsible use of animals for education and biomedical research, opponents to their use have achieved new levels of sophistication, financial support and aggression in their efforts to drastically reduce or eliminate it.

The Association remains in the forefront of efforts to defeat concentrated threats directed at the responsible use of animals in research. It supports the Foundation for Biomedical Research, the National Association for Biomedical Research and Incurably Ill for Animal Research, national organizations dedicated to assuring the continued availability of animal models. The AAMC vigorously promotes financial backing to enable all three institutions to expand their efforts, and senior Association officials serve on the boards of directors of the Foundation and the National Association.

THE INTERNATIONAL MEDICAL SCHOLARS PROGRAM was organized in 1987 by the AAMC, the American Board of Medical Specialties, the American Hospital Association, The American Medical Association, the Council of Medical Specialty Societies and the Educational Commission for Foreign Medical

Graduates (ECFMG). The program was founded to provide tailored learning experiences at U.S. medical institutions for foreign physicians who will return to their countries to assume service and leadership roles. This year the Scholars Program held its first Board of Directors meeting and named the ECFMG as its operating agency.

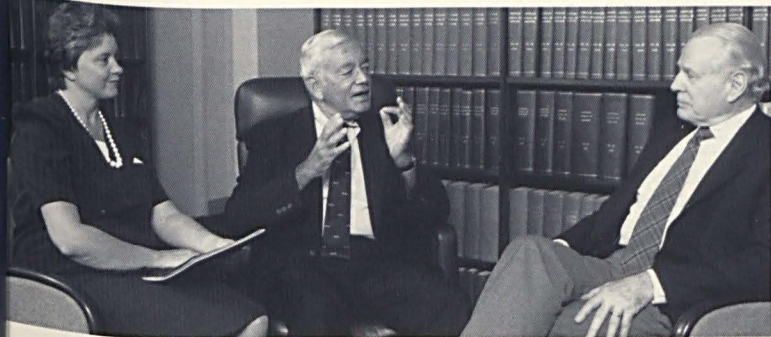
THE ASSOCIATION HAS PLAYED AN INSTRUMENTAL ROLE, in collaboration with the American Federation for Clinical Research, in the inauguration of a coalition effort to increase federal funding for the Veterans Administration medical care system.

The Friends of VA Medical Care and Health Research recommended a 6.9 percent increase in funding for the FY 1989 VA medical care budget to meet the ongoing needs of the nation's veterans and to respond to new challenges facing the VA health care system. The organization, which was staffed in part by the AAMC, also recommended a 22 percent increase in the VA research budget to continue current rehabilitation and health services research and to restore reductions that have been made in medical research program funding. The recommendations, which were endorsed by more than 60 organizations, were submitted to the Congress.

Providing Services To Members

Through its three offices and six divisions, the Association carries out a broad range of programs and studies to represent its members and to meet their needs. The AAMC continues to improve and expand the quality of services offered and to provide the focus and framework that truly represent leadership for academic medicine.

Office Of The President



Kathleen S. Turner
Assistant Vice President

Robert G. Petersdorf, M.D.
President

John F. Sherman, Ph.D.
Executive Vice President

THE OFFICE OF THE PRESIDENT gives the Association overall leadership and direction and represents it to the constituency and to external audiences.

During the past year, the Office has been active in revising the Association's mission statement and in developing a five-year strategic plan. Many hours of thoughtful discussion with the divisions and among executive staff have been devoted to developing the plan in preparation for its presentation to the officers and Executive Council.

This year the Office initiated a constituency relations program in which Association staff visit member schools and hospitals. This broadens contacts between staff and constituents, introduces staff to member institutions with which they had been unfamiliar and exposes staff to the diversities and innovations that characterize member institutions as well as to their common concerns and missions.

The Association's archives, which contain more than 7,000 historical records relating to the Association's founding and activities since 1876, noted 20 years of service in September. Its users range from staff and constituents to foundations, other associations and novelists.

The Office continued its direction of the Kaiser Family Foundation Faculty Scholars in General Internal Medicine program. The program encourages support of general internal medicine by providing five-year awards to young faculty members who show promise of leadership in that specialty.

Senior staff of the Association represents the interests of academic medicine through service on committees and special commissions. These include

- Special Medical Advisory Group of the Veterans Administration
- Board of the National Association for Biomedical Research
- Board of the Foundation for Biomedical Research
- Institute of Medicine Committee on NIH Intramural Research Programs
- Steering Committee of the Ad Hoc Group for Medical Research Funding
- Board of Trustees and Executive Committee of the Educational Commission for Foreign Medical Graduates
- Executive Committee of the National Resident Matching Program
- Council for Medical Affairs

Office Of Governmental Relations



Thomas J. Kennedy, Jr., M.D.
Associate Vice President

Richard M. Knapp, Ph.D.
Senior Vice President

THE OFFICE OF GOVERNMENTAL RELATIONS is the interface between the AAMC and the Congress on all legislative matters. The Office monitors legislative proposals related to medical education, research and hospital and physician payment and practice; provides background on legislative activity for AAMC constituents and staff, and coordinates Association communications with Congress and Executive Branch agencies.

National Institutes of Health

In 1988, Congress considered legislation to renew various NIH programs expiring at the end of FY 1988. As in other years, this "reauthorization" provided an opportunity to review a variety of research issues, including fetal research (discussed elsewhere), research facilities and the NIH organizational structure.

To address the increasing need for expanded and updated facilities for medical research, the Association worked with a number of other organizations, including the Association of American Universities and the National Association of State

Universities and Land Grant Colleges, to support a research facilities construction authority at NIH. This program not only recognized the critical need to revitalize the nation's research facilities but also reaffirmed the appropriateness of the federal role in maintaining and expanding the academic research infrastructure.

Efforts to create a National Institute on Deafness and a National Center for Medical Rehabilitation Research led the AAMC to call again for a formal mechanism to review proposals for organizational changes at NIH. In a statement submitted to the staff of the House Energy and Commerce Committee, the AAMC urged that "the NIH extend and formalize its current procedures to receive, evaluate and appropriately publicize proposals by advocacy groups for modifications in program content, emphasis or priority."

Health Manpower Act

The reauthorization of the Health Manpower Act, Title VII of the Public Health Service Act, was significant to the AAMC. Designed originally to respond to the nation's physician shortage in the 1960s, the focus shifted in the 1970s to other serious problems, including providing student financial assistance, supporting recruitment and retention of minority and disadvantaged students and funding programs aimed at ongoing problems with specialty selection and geographic distribution.

In terms of funding, Title VII is a relatively modest federal endeavor, totalling \$154 million in FY 1988. Yet, because its programs are highly specific and well-targeted, it has a significant impact on primary care training and on efforts to broaden medical education opportunities for minorities and the disadvantaged. Association testimony on the reauthorization emphasized the importance AAMC constituents place on these funds because of

the extra assistance they provide toward meeting the nation's physician manpower needs.

Politically, the reauthorization process was marked by tensions that threatened medicine's share of Title VII funding. Budget constraints led some members of Congress involved in developing the legislation to seek to prioritize programs, not only by category but also by discipline. Efforts on the part of other professions to tap existing programs and to create new authorities further complicated the congressional decision-making process. With manpower needs outpacing federal resources, the competition among health professions for congressional recognition and support was substantial.

Other Legislative Issues

Other legislative initiatives during 1988 included appropriations for biomedical and behavioral research, health manpower and student assistance programs; hospital and physician payments (particularly the Medicare indirect medical education adjustment and direct medical education payments); Medicare catastrophic health coverage; AIDS; fetal therapy and fetal tissue research; mandatory health insurance; animal research; VA health care; physician recertification; foreign medical graduate licensure, and a number of tax issues, ranging from non-elective deferred compensation to unrelated business income tax. There was minimal legislative activity with regard to Medicare this year primarily because the two-year budget summit agreement eliminated the need for budget reconciliation in 1988.

Group on Governmental Relations Representatives

Effective January 1, 1988, the Association of Academic Health Centers (AAHC) and the AAMC formed the AAHC/AAMC Group on Governmental Relations Representatives (GRR). Members,

AAMC Testimony 1988

who have responsibility for their institutions' government liaison for health programs, have been nominated by academic health center chief executive officers, medical school deans and teaching hospital chief executives.

In addition to coordinating GRR activities with AAHC and AAMC staff, the Group's nine-member Steering Committee will organize a "whip network" to facilitate rapid dissemination of information to the Group during legislative emergencies when there is no time for mail communication.

Pilot NIH Health Research Facilities Program

Presented by Richard Janeway, M.D., Vice President for Health Affairs and Executive Dean, Bowman Gray School of Medicine of Wake Forest University, and Louis J. Kettel, M.D., Associate Vice President for Academic Affairs, AAMC, before the Ad Hoc NIH Study Group on Extramural Biomedical Research Facilities Construction, February 9.

Accreditation of U.S. Medical Schools

Presented by Louis J. Kettel, M.D., Associate Vice President for Academic Affairs, AAMC, before the House Energy and Commerce Subcommittee on Health and the Environment, March 11.

Health Manpower Reauthorization

Presented by George T. Bryan, M.D., Dean of Medicine, University of Texas Medical School at Galveston, before the House Energy and Commerce Subcommittee on Health and the Environment, March 14.

The National Research Institutes Reauthorization Act of 1988

Submitted to the Senate Committee on Labor and Human Resources, April 12.

Educational Testing

Presented by Joseph A. Keyes, Jr., General Counsel, AAMC, before the New York State Senate and Assembly, April 27.

Health Manpower Reauthorization

Presented by Cecil O. Samuelson, M.D., Dean, University of Utah School of Medicine, before the Senate Committee on Labor and Human Resources, April 28.

FY 1989 Appropriations for VA Medical Care and Health Research

Presented by John I. Sandson, M.D., Dean, Boston University School of Medicine, on behalf of the Friends of VA Medical Care and Health Research, before the House Appropriations Subcommittee on HUD—Independent Agencies, April 28.

FY 1989 Appropriations for the Department of Health and Human Services

Presented by D. Kay Clawson, M.D., Executive Vice Chancellor and Executive Dean, University of Kansas School of Medicine, before the House Appropriations Subcommittee on Labor, Health and Human Services, and Education, May 4.

FY 1989 Appropriations for VA Medical Care and Health Research

Presented by Milton Corn, M.D., Dean, Georgetown University School of Medicine, on behalf of the Friends of VA Medical Care and Health Research, before the Senate Appropriations Subcommittee on HUD—Independent Agencies, May 9.

Proposed Options for Modification in the Unrelated Business Income Tax

Presented by Robert Heyssel, M.D., President, Johns Hopkins Health System, before the House Ways and Means Oversight Subcommittee, May 9.

FY 1989 Appropriations for the Department of Health and Human Services

Presented by L. Thompson Bowles, M.D., Ph.D., Dean for Academic Affairs, George Washington University School of Medicine and Health Sciences, before the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, May 18.

Consumer Product Testing Act

Submitted on behalf of the AAMC, American Diabetes Association, American Society for Microbiology, Association of American Universities and National Association of State Universities and Land Grant Colleges, to the House Energy and Commerce Subcommittee on Health and the Environment, May 31.

Financial Health of Teaching Hospitals

Submitted to the House Budget Committee Task Force on Health, August 1.



Robert Heyssel, M.D.
President
Johns Hopkins Health System

VA Health Care System

Presented by Harry N. Beaty, M.D., Dean, Northwestern University School of Medicine, before the Senate Committee on Veterans Affairs, September 9.

Human Fetal Tissue Transplantation

Presented by Myron Genel, M.D., Professor of Pediatrics and Associate Dean for Government and Community Affairs, Yale University School of Medicine, before the NIH Human Fetal Tissue Transplantation Research Panel, September 14.

Division Of Academic Affairs



August G. Swanson, M.D.
Vice President

Louis J. Kettel, M.D.
Associate Vice President

ALTHOUGH THE RATE OF DECLINE HAS SLOWED, applications to medical school continue decreasing. It is a time of challenge for the Association and its member schools. What motivates people to attend (or not to attend) medical school? What are the characteristics indicating medical school and professional success? What teaching methodologies will best prepare today's students to become tomorrow's physicians?

The Division of Academic Affairs strives to attract the most talented and broadly representative persons into medicine and to promote medical education of high quality consistent with the future practice of medicine. It does this by collecting and distributing an exhaustive body of data from the nation's medical schools about the demographics and characteristics of applicants, matriculants and graduates and through studies and recommendations concerning the educational process. The Division promotes the successful entry of minorities into medical school and the profession, an Association goal now assumed by the new Division of Minority Health, Disease Prevention and Health Promotion.

Data Collection

The Division surveys students at various points during their medical education. Since 1978 senior medical students have indicated, in the Graduation Questionnaire, their specialty choices, career plans and evaluation of their medical school education. In 1987 the Division added the Matriculating Student Questionnaire to obtain similar information from students immediately prior to their first year of medical school. With the two bodies of data collected at these significant points in the education continuum, the Division monitors changes over time in students' career perceptions and plans.

In 1983, the Division began tracking graduates through residency training. It now also tracks foreign medical graduates and pre-1983 graduates now in residency programs. Excellent participation by 767 teaching hospitals enables the Division to track individuals from the MCAT to entry into practice. The information is analyzed for trends in career and practice plans, which are related to training program implementation and to physician supply planning by institutions and specialty disciplines.

To elucidate contributing causes to the medical school applicant decline, the Division surveyed students who applied to medical school but did not enroll and students who sat for the MCAT but did not apply. The Non-Matriculating Student Questionnaire found high costs and strenuous workload to be chief among the obstacles to medical school and a number of potential students postponing rather than abandoning plans for a medical education.

Selection And Enrollment Of Students

Closely linked to the acquisition of data are the Division's services to help prospective students and

member institutions in the selection and enrollment processes.

The American Medical College Application Service (AMCAS) counts 107 participating schools for the selection of the 1989-90 entering class. The AMCAS single, consolidated application form makes it easier for students to apply to multiple schools and has been credited with broadening student choices.

For the 1987-88 class year, 28,123 persons applied to U.S. medical colleges, through AMCAS and individually, a decline of 10.2 percent from 1986. It is estimated that 26,800 individuals will have applied for 1988, a smaller than expected decline of only 4.7 percent, and that 15,900 students will enter medical school. In 1987, 15,927 students entered medical school, a decline of 1.1 percent from 1986. Total enrollment declined by 0.6 percent to 65,735 and graduates declined by 1.8 percent to 15,830.

The Division monitors AMCAS and MCAT data for trends in medical school application and enrollment. For a decade now, application and enrollment for underrepresented minorities have shown improvement. But the Association is committed to doing more. This year it conducted an intensive Study Skills Training Workshop, 12 Simulated Minority Admissions Exercise programs and four regional counseling workshops, the latter two made possible by a Health and Human Services Health Careers Opportunity Program grant. These programs assist medical school faculty and administrators involved in minority recruitment, admission and retention programs.

Academic Affairs also has created the CONFER computer service. Users at 107 participating institutions communicate privately, in open forum discussions and through requests for "expert" information from colleagues on topics ranging from curriculum content to faculty development.

The Transition To Residency Training

To bring greater uniformity to the residency application and selection process and to minimize interruptions of the fourth year of medical school studies, the Division has supported a number of recommendations of the Ad Hoc Committee on Graduate Medical Education and Transition from Medical School to Residency:

- Many residency program directors have confined the application and selection processes to October through February.
- The armed services have established a joint selection process. They and the medical schools now are observing November 1 as the date for the release of deans' letters.
- The majority of program directors have agreed to withhold their final evaluation of students' credentials until receipt of complete application materials.
- The National Resident Matching Program has moved Match Day to March 22.

Council Support

The Division provides staff support for meetings and programs of the Council of Deans (COD) and the Organization of Student Representatives (OSR). The COD comprises the deans of all AAMC-member medical colleges. The OSR comprises one elected representative from each AAMC-member medical college.

Constituent Groups

The Division supports two medical education constituent groups:

- The Group on Student Affairs fosters professional growth and development in applicant selection and student affairs. It facilitates communication between AAMC institutional staff and representatives responsible for admissions and student affairs.

- The Group on Medical Education advances curriculum development, instruction, educational research and evaluation in undergraduate, graduate and continuing medical education. It disseminates information, identifies critical issues and priorities, supports faculty development, collects data and conducts studies, provides consultation and technical assistance as needed and synthesizes opinions to contribute to national policy development.

Publications

Trends in Medical School Applicants and Matriculants provides up-to-date information about changes in demographics and academic qualifications of all medical school applicants and first-year matriculants.

Minority Students in Medical Education: Facts and Figures, produced under a grant from the Robert Wood Johnson Foundation, contains information on application, admissions, enrollment, retention, graduation, specialty and practice patterns for underrepresented minorities—Blacks, American Indians, Mexican Americans and Mainland Puerto Ricans.

Minority Student Opportunities in United States Medical Schools provides data and descriptions of medical school programs that are designed to help underrepresented minority groups pursue medical careers.

Division Of Biomedical Research



Thomas E. Malone, Ph.D.
Vice President

THE NATION'S SYSTEM OF BIOMEDICAL AND BEHAVIORAL RESEARCH has been a success of spectacular dimensions in terms of scientific achievement and improvement in the quality of life for the American people. Academic medical centers have played a major role in this progress by contributing new knowledge, providing the next generation of health care professionals and transferring new technologies to the patient. The Association is particularly concerned with policies, programs and issues that govern federal support of research. It works with other organizations in the public and private sectors in the interest of preserving the preeminence of American biomedical and behavioral research.

The Division has primary responsibility for ensuring an environment in which a strong biomedical research enterprise can flourish. It monitors the allocation of research funds by NIH and ADAMHA. For example, NIH expends almost 60 percent of its extramural budget in academic medical centers. Levels of support for research projects, training and facilities have been closely monitored. With growing administration and congressional

attention drawn to the issue of the rising costs of research, the question over how to best allocate NIH research funds is becoming increasingly relevant. In 1987, the AAMC began an ongoing investigation into this issue and concluded that for the period 1977-1986, the average increase in competing research project grant (RPG) awards did not keep pace with inflation as measured by the biomedical research and development price index. It also found that competing RPGs were funded at levels deemed scientifically appropriate by NIH review groups only once in that decade. In other years, cuts were implemented to achieve the administration's policy goal of a stable minimum number of funded RPGs.

Achievements in biomedical research require strong federal support for training and continued replenishment of research manpower. The Association monitors the National Research Service Award program, which provides funds for critical training and fellowship programs at NIH, ADAMHA and the National Center for Health Services Research. It endorsed a \$350 million FY 1989 authorization level for the research service program in NIH reauthorization legislation for 1988. This was based on the estimated cost of supporting the 13,465 trainees recommended by the National Academy of Sciences-Institute of Medicine Personnel Needs Study.

Monitoring Research Policies and Regulations

The Division follows closely those policies that relate to the regulation of research and to research administration. For example, it prepared the summary report on fetal research and fetal tissue research, discussed earlier, and participated in the development of a collaborative guidebook on handling allegations of fraud in research. It also worked closely with NIH to clarify regulations regarding the salaries of and

hours worked by university faculty with Public Health Service grants and commitments at VA hospitals. As part of a concerted effort by the higher education community, the AAMC commented in December 1987 on the Notice for Proposed Rulemaking on nonprocurement debarment and suspension activities for federal agencies. The final rule, published in May 1988, covers such activities as grants, cooperative agreements, fellowships and loans.

The Division monitors, assesses, responds and reports to constituents on a number of other issues that affect biomedical research. Among these are federal regulation of biotechnology, technology transfer, federal promotion of mapping the human genome, federal grant administration and peer review policies, the management of infectious and hazardous wastes, university-industry relationships, research space management, dissemination of scientific information, the use of human subjects and animals in research, and support of the environment in which research takes place.

Council of Academic Societies

The Division provides staff support to the Council of Academic Societies. The 88 academic and scientific societies that make up the Council represent all basic and clinical disciplines. They provide a powerful medium for faculty participation in the formulation of national policy related to medical education, research and patient care. The Council's Administrative Board this year initiated a liaison project to enhance communications between the Board and member societies.

Division Of Clinical Services



Joyce V. Kelly, Ph.D.
Associate Vice President

James D. Bentley, Ph.D.
Vice President

TEACHING HOSPITALS ARE THE LOCI for all of the Association's missions. They constitute a major health service resource and are major providers of medical care services to the poor and medically indigent. They provide an environment conducive to the conduct of clinical research—the testing and development of drugs, devices and treatment methods.

Teaching hospitals serve as the training site for the clinical education of the full spectrum of health professionals. Although 1,234 hospitals are involved in graduate medical education, 79 percent of the residents in the United States train in the 440 members of the Association's Council of Teaching Hospitals (COTH). Nearly 150 Veterans Administration hospitals, including 75 Association members, support the graduate medical education of approximately 11 percent of residents.

The Division develops programs and services to support these activities. Through members of the Association, it gathers and organizes information, then distributes it to Association members to promote the vitality of teaching hospitals and medical

schools. For example, the 1988 *COTH Survey of Housestaff Stipends, Benefits and Funding* showed that the rate of increase for stipends has remained relatively stable since 1984-85, with increases for this year up 3.3 percent over the 1987-88 year.

With other divisions, Clinical Services tracks federal regulations that affect reimbursements for hospital and physician services provided and alerts members to proposed changes. This year, the Association notified members that the Health Care Financing Administration (HCFA) was considering a proposal to eliminate the differences in physician payment by specialty and that it had proposed regulations to revise the Medicare prospective payment system for FY 1989 to apply to all discharges occurring on or after October 1. The major proposed PPS changes would increase DRG prices slightly and modify the calculation of the wage index and outlier payments.

The Division also tracks the deliberations of the Prospective Payment Assessment Commission, the Joint Commission on the Accreditation of Healthcare Organizations and the Secretary's Commission on Nursing.

Clinical Services often works in collaboration with AAMC members. It surveys members and reports on salaries and fringe benefits for chief executive officers, senior administrative staff and departmental executives at teaching hospitals. A special, confidential analysis is prepared from the survey's findings relating to salaries of the chief executive and five most senior administrators. Members also are surveyed annually for a confidential report on operational, financial and staffing characteristics of academic medical center hospitals.

COTH representatives participate in the development of major policy issues. They sit on the AAMC Committee on AIDS and the Academic Medical Center and on

the Task Force on Physician Supply, with special emphasis on the committee discussing the implications of changing educational and service needs and roles that confront graduate medical education programs and training facilities.

COTH

Staff of the Division support the activities of the COTH, providing planning and implementation support for its meetings, preparing annually the information for the COTH directory, soon to be merged with the *Directory of Medical Education*, and producing a monthly newsletter that highlights current events of interest to COTH member institutions.

Group on Faculty Practice

The Division supports the new Group on Faculty Practice, discussed previously, which promotes professional development for the leaders of faculty practice plans in member institutions.

Division Of Institutional Planning And Development



Donald G. Kassebaum, M.D.
Associate Vice President

H. Paul Jolly, Ph.D.
Associate Vice President

Joseph A. Keyes, Jr.
Vice President and General Counsel

THE DIVISION WORKS TO STRENGTHEN THE CAPABILITY OF member institutions to plan, manage, accomplish and evaluate their missions and purposes. It promotes high quality institutional performance and facilitates access to the means of achieving it.

Liaison Committee For Medical Education

Since 1942, the AAMC and the American Medical Association jointly have supported the Liaison Committee for Medical Education (LCME), the national accrediting agency for all medical education programs leading to the M.D. degree in the United States. This year the Association named Donald G. Kassebaum, M.D. to a new associate vice presidency within the Division to direct the Section on Accreditation and take primary responsibility for support of the Association's LCME activities.

Institutional Support

The Division strengthens institutional management through educational programs, seminars, workshops and symposia for academic executives and management teams. The original and most enduring of the

Association's Management Education Program series is the Executive Development Seminar, developed to advance academic medical center leadership and managerial capacity through exploration of management theories and techniques. The Clinical Evaluation Workshops, a recent addition to the seminar series, are designed for institutional teams. Using case studies, institutional teams assess the strengths and weaknesses of their institution's policies and practices and design more effective clinical evaluation systems. A seminar conducted at the request of and in affiliation with the Veterans Administration explores with assistant and associate directors of VA medical centers the management of the VA-medical school clinical affiliation.

The Division collects, processes, analyzes and reports quantitative information on medical students and applicants, medical school faculty members and medical school characteristics. It prepares annual reports for member institutions on faculty salaries, alumni faculty appointments and medical school finances. Its databases support the Association's analytical and policy studies and provide information for member institutions, collaborative organizations, federal agencies and others. It maintains information on faculty appointment and promotion policies and procedures and, this year, prepared a discussion paper on the effects that eliminating mandatory retirement will have on academic medical centers. It provides professional support to Association task forces and committees that deal with strategic issues for academic medicine, including the task forces on AIDS and on physician supply.

Women In Medicine

As part of the AAMC's Women in Medicine program, the Division provides staff support for Women Liaison Officers at member institutions. With the appointment of 65 liaison officers this

year, they now total 175. The Association conducts workshops, maintains an up-to-date library on women in medicine, current statistics on women in medical education and liaison with all major women's organizations in higher education and medicine.

Constituent Groups

The Division supports two constituent groups that provide professional growth and development in planning and management.

- The Group on Institutional Planning fosters the state of the art of professional planning approaches and techniques in academic health sciences centers and the exchange of information among its members.
- The Group on Business Affairs advances the art and science of business, fiscal and administrative management of medical schools and facilitates interaction between members and the Association.

Comprehensive Databases

- Student and Applicant Information Management System (SAIMS): Data on all individuals applying to or pursuing a degree at a U.S. medical school or in residency training. Supports AAMC reports, publications and studies.
- Faculty Roster System: Provides information about the sex, ethnicity, rank, degree, age and departmental distribution of faculty members at U.S. medical colleges. Supported by Faculty Roster representatives at participating medical schools, it provides the basis for AAMC's recruitment assistance to member schools.
- Institutional Profile System: Brings organization, integrity and accessibility to institutionally descriptive data on enrollments, curriculum, faculty counts and salaries, institutional revenues and expenditures and student financial aid.

Division Of Communications



Elizabeth M. Martin
Vice President

AS THE ASSOCIATION MOVES TO CENTER STAGE as the leader for academic medicine, it often is the Division of Communications that interprets its policies and programs to diverse audiences—constituents, the media and the public.

To create an image commensurate with the AAMC's actions, the Division developed a new graphic identity for the Association and has been applying it to publications and other printed materials. The journal has been revised as *Academic Medicine*, as described previously, and a new brochure has been produced to introduce the Association to those unfamiliar with it.

Public Relations

The Division computerized its media mailing lists this year and increased the number of news releases distributed, describing expansion and innovation in Association staff and programs, explaining policy positions and noting progress in medical education. For example, on the occasion of the tenth anniversary of the Supreme Court decision in the Bakke case, it announced increases in minority enrollments.

It helps to interpret the decline in applicants to medical school and is producing a videotape about careers in medicine that will be available to member institutions for use at undergraduate colleges and high schools. To help attract an increasing number of minorities to medicine, it has begun supplying articles prepared by member public affairs offices to black newspapers across the country.

The Division is increasing in several ways its collaborative efforts with and in behalf of member institutions and, this year, is developing a resource notebook for communicators to assist them in effectively informing target audiences of responsible use of animals in research and education.

Publications

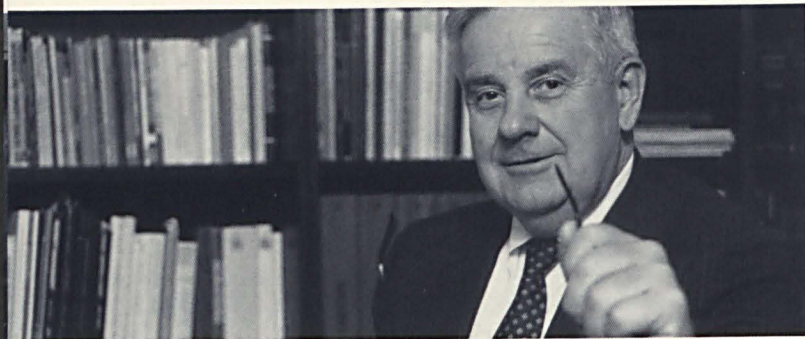
To keep members and others concerned with academic medicine apprised of the issues and actions of the Association, the Division publishes the *Weekly Report* throughout the year and distributes it to 7,000 readers nationwide. Annually, it produces the *Directory of Medical Education*, the *Curriculum Directory* and *Medical School Admissions Requirements*, reference tools that are widely used by medical educators, health career advisors and students. This year, production schedules were changed to put the *Directory of Medical Education* in the hands of its users following the Annual Meeting to reflect the election of new officers to the Administrative Boards and Executive Council. This year's edition also incorporates material previously found in the Council of Teaching Hospitals directory, which no longer will be published separately.

Group On Public Affairs

The Division provides staff support to the Group on Public Affairs, whose purpose is to enhance awareness, understanding and support by the

public, alumni, donors and the media for medical education, health care and biomedical research. The Group fosters professional growth and development for its members—the public relations, development and alumni officials at member schools and teaching hospitals—and facilitates interaction among them and between public affairs officials and the Association.

Office Of Administrative Services



Edwin L. Crocker
Vice President

THE OFFICE OF ADMINISTRATIVE SERVICES manages the Association's business and financial operations and informs the governance of how resources are used to foster the Association's mission and goals. It also manages the Association's internal support and service functions.

Mathematical models are becoming recognized as useful to planning and decision making. Administrative Services has developed and implemented a planning model to answer "what if" questions related to the Association's strategic and long-range planning tasks.

This year saw a change to a more functional financial reporting format, a major step toward keeping the President and governance apprised of the AAMC's fiscal condition. To obtain a fresh, independent auditing viewpoint, the Association selected Coopers & Lybrand to perform the FY 1987-88 audit.

During the past year, the Investment Committee was reconstituted. It has been viewing AAMC investment policies and objectives to assure that maximum investment returns are realized within acceptable limits of risk and consistent with the purpose of the funds.

Having outgrown its current spaces at One Dupont Circle and 1776 Massachusetts Avenue, the Association has leased an additional floor in the building on Massachusetts Avenue. This expansion should provide sufficient space through 1991. A staff committee is exploring options to enable the Association to move into its own building in January 1992. This will fulfill AAMC's long-term space requirements and will diversify the Association's investments at the same time.

Office automation took a notable step forward with the installation of 84 additional personal computers. The expansion had a profound, positive impact on the workplace. In addition, the Association has upgraded one of its two minicomputers and plans to replace the other with a state-of-the-art super minicomputer. These steps were taken to assure that the Association can meet computer user needs through FY 1996.

Report Of The Treasurer

Fiscal 1987-1988 was another satisfying year for financial operations as well as program accomplishments. The Association made progress in a number of areas consistent with an array of fiscal goals and policies designed to maintain financial equilibrium.

Highlights

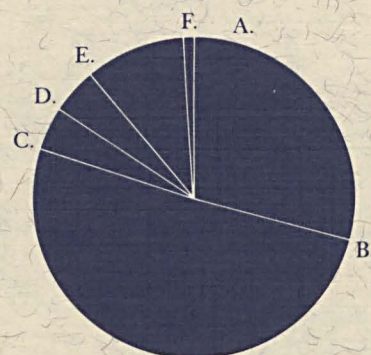
- The Association ended the fiscal year with a surplus of unrestricted operating revenue over expenses. An operating deficit was budgeted, but careful expenditure control combined with a number of budgeted positions remaining vacant contributed to the \$131,755 surplus.
- The aggregate result for the fiscal year was a \$791,902 increase in fund balances. Total fund balances as of June 30, 1988 were \$18,914,832. Fund balances are the Association's equivalent of "equity capital."
- Despite volatile financial market conditions, the market value of the Association's investment portfolio increased from \$22,533,707 on June 30, 1987 to \$23,163,563 at the close of the fiscal year.

Operating Results

Revenue from operations totaled \$12,650,565 while expenses, including \$244,614 of computer equipment purchases, amounted to \$12,518,810. In addition, the Association realized \$1,036,992 of nonoperating revenue from the net gain on sales of investments.

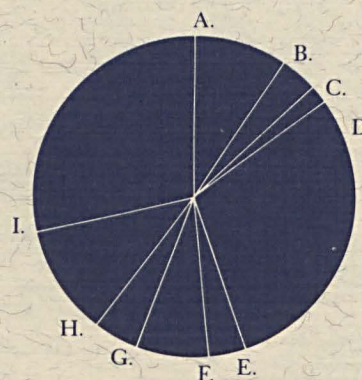
Income from private and government contracts and grants reached \$1,274,321 and expenses totaled \$1,200,507. During the fiscal year, there were no additions to Council-designated funds, but \$406,988 of funds designated for special studies were expended.

During the fiscal year roughly \$400,000 was spent for capital equipment and building improvements. The Association took significant steps in enhancing office automation, including the purchase of eighty-four microcomputers and an upgrade of one of its two Hewlett Packard minicomputers.



Association of
American Medical Colleges
Unrestricted Operating Revenue

- A. Dues (29.1%)
- B. Service Fees (50.9%)
- C. Publications (4.4%)
- D. Meetings (4.7%)
- E. Investments (10.1%)
- F. Other (0.8%)



Association of
American Medical Colleges
Unrestricted Operating Expenses

- A. Institutional Planning (9.3%)
- B. Government Relations (3.8%)
- C. Biomedical Research (1.9%)
- D. Academic Affairs (29.8%)
- E. Clinical Services (3.8%)
- F. Communications (7.3%)
- G. Special Studies & Meetings (4.5%)
- H. President's Office (11.3%)
- I. Administrative Services (28.3%)

Balance Sheet

Association of American Medical Colleges June 30, 1988

Assets	Cash and Cash Equivalents	\$ 521,189	
	Investments	21,512,425	
	Accounts and Notes Receivable	441,732	
	Deposits and Prepaid Items	247,696	
	Land, Building and Equipment (Net of Depreciation)	1,896,279	
	Total Assets	<u>\$24,619,321</u>	
Liabilities and Fund Balances	Liabilities:		
	Accounts Payable and Accrued Expenses	\$ 893,552	
	Custodial Funds and Deferred Compensation	2,118,937	
	Deferred Income	2,692,000	
	Total Liabilities	<u>5,704,489</u>	
	Fund Balances:		
	Restricted	\$ 582,428	
	Undesignated	11,865,441	
	Council Designated	2,168,649	
	Plant Funds	<u>4,298,314</u>	
	Total Fund Balances	18,914,832	
	Total Liabilities and Fund Balances	<u>\$24,619,321</u>	

Statement of Unrestricted Operating Revenue and Expenses

Association of American Medical Colleges For the Year Ended June 30, 1988

Revenue	Dues and Service Fees from Members	\$ 3,685,307	29.13%
	Special Services	6,442,622	50.93%
	Publications	549,653	4.35%
	Meetings and Workshops	593,742	4.69%
	Investment Dividends and Interest	1,280,441	10.12%
	Other	98,800	0.78%
	Total Revenue	<u>\$12,650,565</u>	100.00%
Expenses	Division Administration and Programs:		
	Institutional Planning and Development	\$ 1,167,102	9.32%
	Governmental Relations	475,550	3.80%
	Biomedical Research	239,953	1.92%
	Academic Affairs	3,730,985	29.80%
	Clinical Services	470,692	3.76%
	Communications and Publications	914,573	7.31%
	Special Studies, Meetings and Committees	568,442	4.54%
		<u>\$ 7,567,297</u>	
	Administration and General Expenses:		
	Office of the President	1,408,746	11.25%
	Office of Administrative Services	3,542,767	28.30%
		<u>4,951,513</u>	
	Total Expenses	<u>\$12,518,810</u>	100.00%
	Excess of Revenue Over Expenses	<u>\$ 131,755</u>	

Sponsored Programs
Current as of June 30, 1988

Committees

PRIVATE FOUNDATION SUPPORT

- Baxter American Foundation
Burroughs Wellcome Fund
- *Support for the Annual AAMC Award for Distinguished Research in the Biomedical Sciences*
- Commonwealth Fund
- *A four-year award to develop a better policy analysis capability for teaching hospitals (\$496,000)*
- Robert Wood Johnson Foundation
- *A four-year award for the preparation and publication of information on minorities in medical education (\$50,000)*
 - *A one-year award to support research on medical education and the practice patterns of young physicians (45,157)*
- Henry J. Kaiser Family Foundation
- *Award to support administration of the Kaiser Family Foundation Faculty Scholars in General Internal Medicine program (\$109,175)*
 - *A three-year award for the establishment and operation of an advisory committee for the New Pathway Program at Harvard Medical School (\$114,000)*
- Pew Foundation
- *A three-year award in support of minority fellowships for preparation in the Executive Development Seminars of the AAMC (\$33,000)*

CORPORATE GRANTS

The following corporations support the general operations of the Association as sustaining and contributing members:

Abbott Laboratories
Baxter Travenol
Bristol Laboratories
Ciba-Geigy Corporation
Eli Lilly & Company
Merck, Sharpe & Dohme
Miles Laboratories
Morgan Guaranty Trust
Orotho Pharmaceutical Corporation
Pfizer, Inc.
A. H. Robins Company, Inc.
Sandoz Pharmaceutical Corporation
Syntex Corporation

FEDERALLY SPONSORED PROGRAMS

- U.S. Department of Health and Human Services
Health Resources and Services Administration
- *A six-year Health Careers Opportunities Program grant to conduct workshops on admissions, counseling, and early identification of potential underrepresented students (\$634,365)*
 - *A two-year contract to analyze the practice patterns of post-graduate physicians (\$249,801)*
- National Institutes of Health
- *A five-year contract for the continued maintenance and development of the faculty roster database system and for the conduct of policy studies (\$535,470)*
- Veterans Administration
- *A one-year contract comparing VA Physicians to U.S. Medical School Faculty (\$96,736)*

INVESTMENT COMMITTEE

- Richard Janeway, M.D.
(Chairman)
Bowman Gray School of Medicine
- James Cavanaugh, Ph.D.
Smith, Kline & French Laboratories (U.S.)
- Spencer Foreman, M.D.
Montefiore Medical Center
- Robert M. Heyssel, M.D.
Johns Hopkins Health System
- George Houston, Jr.
Georgetown University

AUDIT COMMITTEE

- J. Robert Buchanan, M.D.
(Chairman)
Massachusetts General Hospital
- Douglas Knab, M.D.
Uniformed Services University of Health Sciences
- Milton Corn, M.D.
Georgetown University School of Medicine

Committees

The Executive Council and Administrative Boards make extensive use of committees of AAMC constituents to guide their deliberations on key policy matters and to provide oversight for AAMC operations.

**AAMC/ALPHA OMEGA ALPHA
DISTINGUISHED TEACHER AWARD
COMMITTEE**

Selects recipients for two teaching awards—established in 1988

**FLEXNER AWARD SELECTION
COMMITTEE**

Chooses recipient of Abraham Flexner Award for Distinguished Service to Medical Education

**AIDS AND THE ACADEMIC
MEDICAL CENTER**

Charged with recommending policy positions and initiatives for the Association

Committees

The Executive Council and Administrative Boards make extensive use of committees of AAMC constituents to guide their deliberations on key policy matters and to provide oversight for AAMC operations.

Chair, Basic Science Award:

Lloyd H. Smith, Jr., M.D.
*University of California,
San Francisco School of Medicine*

Chair, Clinical Science Award:

Robert Chase, M.D.
Stanford University Medical Center

Lewis Barness, M.D.
*University of South Florida
College of Medicine*

Harry N. Beaty, M.D.
*Northwestern University
Medical School*

Richard E. Behrman, M.D.
*Case Western Reserve University
School of Medicine*

Purnell Choppin, M.D.
Howard Hughes Medical Institute

Charles Christian, M.D.
Cornell University Medical School

William H. Luginbuhl, M.D.
*University of Vermont
College of Medicine*

Daniel Nathans, M.D.
*The Johns Hopkins University
School of Medicine*

Parker Small, M.D.
*University of Florida
College of Medicine*

Norman Snow, M.D.
*Cleveland Metropolitan
General Hospital*

Harvey V. Sparks, M.D.
*Michigan State University
College of Human Medicine*

Chairman:

Robert H. Waldman, M.D.,
*University of Nebraska
College of Medicine*

B. Lyn Behrens, M.B.B.S.
*Loma Linda University
School of Medicine*

Thomas C. King, M.D.
*Columbia Presbyterian
Medical Center*

Andrew G. Wallace, M.D.
Duke University Hospital

Andrew R. Edelstein
Miami, Florida

**RESEARCH AWARD SELECTION
COMMITTEE**

Chooses recipient of annual AAMC Award for Distinguished Research in the Biomedical Sciences

Chairman:

Walter J. Daly, M.D.
Indiana University School of Medicine

Harvey J. Cohen, M.D.
*University of Rochester
Medical Center*

John W. Kendall, M.D.
*Oregon Health Sciences University
School of Medicine*

Mortimer Mishkin, Ph.D.
National Institute of Mental Health

Henry J. Ralston, III, M.D.
*University of California,
San Francisco
School of Medicine*

Chairman:

Jay P. Sanford, M.D.
*Uniformed Services University
of the Health Sciences*

Festus Adebajo, M.D.
*Mebarry Medical College
School of Medicine*

Richard E. Behrman, M.D.
*Case Western Reserve University
School of Medicine*

Kenneth I. Berns, M.D.
Cornell University Medical College

James J. Farsetta
*Veterans Administration
Medical Center, Brooklyn*

Kevin Flanigan
Rush Medical College

Elaine Freeman
Johns Hopkins Medical Institutions

John F. Griffith, M.D.
*Georgetown University
Medical Center*

Claire Guthrie
*Deputy Attorney General,
State of Virginia*

Harry Holloway, M.D.
*Uniformed Services University
of the Health Sciences*

Christopher Mathews, M.D.
*University of California, San Diego
School of Medicine*

Janis Mendelsohn, M.D.
*University of Chicago
Pritzker School of Medicine*

Steven H. Miles, M.D.
University of Chicago

Robert G. Newman, M.D.
Beth Israel Hospital, New York

Vivian W. Pinn-Wiggins, M.D.
Howard University College of Medicine

Lt. Col. Robert Redfield, M.D.
Walter Reed Army Institute of Research

Mark Smith, M.D.
Philadelphia Commission on AIDS

Robert Zeppa, M.D.
University of Miami School of Medicine

COMMONWEALTH FUND PROJECT
ADVISORY COMMITTEE

JOURNAL OF MEDICAL EDUCATION
EDITORIAL BOARD

MANAGEMENT EDUCATION
PROGRAMS PLANNING COMMITTEE

MCAT EVALUATION PANEL

*Better Policy Analysis Capability
for Teaching Hospitals Advisory
Committee*

*Provides guidance for the Association's
monthly scholarly journal*

*Designs and implements seminars to
assist constituents in development of
management skills*

*Conducts a full-scale review of the
format and content of the MCAT*

Chairman:

John T. Dunlop, Ph.D.,
Harvard University

Stuart H. Altman, Ph.D.
Brandeis University

Richard A. Berman
*McKinsey & Co.
New York, New York*

Robert J. Blendon, Sc.D.
*Harvard University
School of Public Health*

Don E. Detmer, M.D.
University of Virginia

Robert M. Heyssel, M.D.
The Johns Hopkins Health System

William B. Kerr
*University of California,
San Francisco*

Gerald S. Levey, M.D.
*University of Pittsburgh
School of Medicine*

William H. Luginbuhl, M.D.
*University of Vermont
College of Medicine*

Carol M. McCarthy, Ph.D., J.D.
American Hospital Association

Joseph P. Newhouse, Ph.D.
Harvard University

James H. Sammons, M.D.
American Medical Association

Carl J. Schramm, Ph.D.
*Health Insurance Association
of America*

Samuel O. Thier, M.D.
*Institute of Medicine
National Academy of Science*

Bernard R. Trasnowski
Blue Cross/Blue Shield Association

Chairman:

L. Thompson Bowles, M.D., Ph.D.
*George Washington University
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Task Force On Physician Supply

COMMITTEE ON IMPLICATIONS OF
PHYSICIAN SUPPLY ISSUES FOR
MEDICAL STUDENT EDUCATION

COMMITTEE ON IMPLICATIONS OF
PHYSICIAN SUPPLY ISSUES ON
PROGRAMS FOR THE EDUCATION OF
BIOMEDICAL SCIENTISTS

COMMITTEE ON RELATIONSHIPS OF
FOREIGN MEDICAL SCHOOLS AND
GRADUATES TO DOMESTIC PROGRAMS
AND EDUCATIONAL STANDARDS

COMMITTEE ON IMPLICATIONS OF
PHYSICIAN SUPPLY FOR RESIDENT
AND FELLOW EDUCATION

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AAMC

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Vice President for Biomedical Research
Joseph A. Keyes
*Vice President for Institutional
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Executive Vice President
Elizabeth M. Martin
Vice President for Communications
Edwin L. Crocker
Vice President for Administrative Services

Seated, from left:

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Vice President for Clinical Services
Kathleen S. Turner
*Assistant Vice President
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Richard M. Knapp, Ph.D.
*Senior Vice President
Office of Governmental Relations*
Louis J. Kettel, M.D.
*Associate Vice President for Academic
Affairs*
Herbert W. Nickens, M.D., M.A.
*Vice President for Minority Health, Disease
Prevention and Health Promotion*

The administrative strength of the AAMC was bolstered this past year. Two vice presidents were appointed: Thomas E. Malone, Ph.D., vice president for the Division of Biomedical Research, and Herbert W. Nickens, M.D., M.A., vice president of the AAMC's new Division for Minority Health, Disease Prevention and Health Promotion. Two associate vice presidents were also named: Donald G. Kassebaum, M.D., associate vice president for Institutional Planning and Development and director of the Section for Accreditation, and Joyce V. Kelly, Ph.D., associate vice president, Division of Clinical Services.

Dr. Malone comes to the Association from the University of Maryland Graduate School in Baltimore where he served as associate vice chancellor for research. For nine years previously, he had been deputy director of the National Institutes of Health where he participated in directing the programs of the institutes divisions, the 540-bed research hospital and its 1,000 adjoining laboratories. He supervised the Office for Protection from Research Risks, including programs involving humane care and use of laboratory animals. Dr. Malone is directing a broad spectrum of AAMC

research-related programs and activities including formulation of research policy, research training, technology transfer, university-industry relations, use of animals in education and research and fraud in research.

On December 1, Dr. Nickens comes to a newly created position at the AAMC where he will be responsible for developing program activities and research studies to increase the role of minorities in medicine. He also will develop strategies to address issues of health promotion and disease prevention, especially among minorities. The Association created the Division to focus its commitment to an expanded role for minorities in medicine and to identify ways to increase the recruitment of qualified minority applicants to medical school. A psychiatrist, sociologist and geropsychiatrist, Dr. Nickens is director of The Office of Minority Health at the U.S. Department of Health and Human Services.

Dr. Kassebaum is responsible for matters regarding the AAMC sponsorship and support of the Liaison Committee on Medical Education. He also will serve as a consulting editor on AAMC's revised journal *ACADEMIC MEDICINE*. He joins AAMC after serving as executive dean of the University of Oklahoma College of Medicine where he inaugurated extensive curriculum reform. Previously he was director of the University Hospital of the Oregon Health Services University in Portland.

Dr. Kelly joined the Association in a new position. She supports AAMC services to teaching hospitals, faculty practice plans, clinical faculty and residents. She increases the Association's health services research capacity and serves as an important liaison to that research community. Dr. Kelly comes from the National Center for Health Services Research and Health Care Technology Assessment where she developed and implemented a broad program of policy-relevant research on hospital performance.

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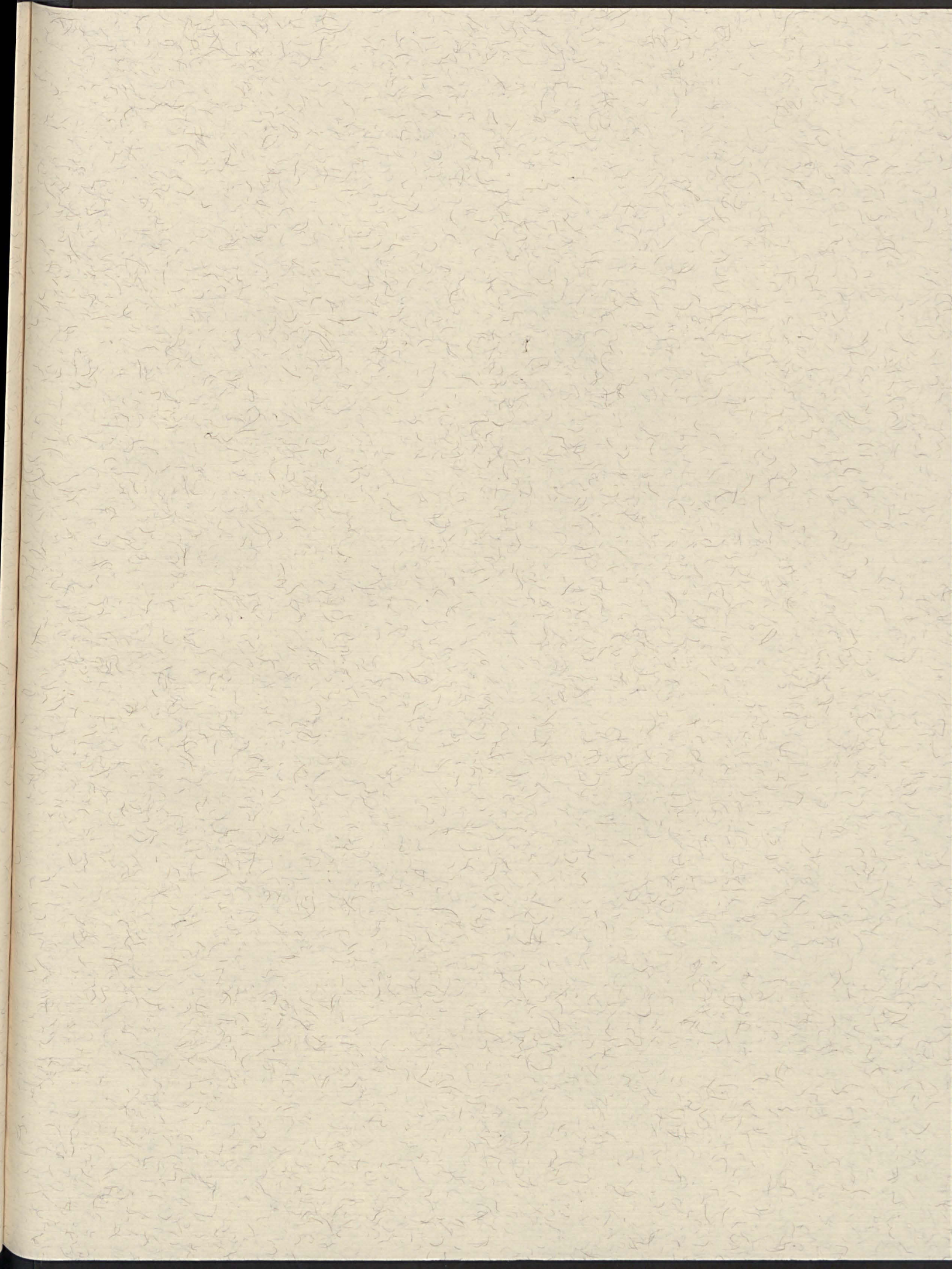
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