



Tomorrow's Doctors, Tomorrow's Cures®

# 2011

Transforming Our World, Our Community, Ourselves

ANNUAL REPORT

Learn  
Serve  
Lead

Association of  
American Medical Colleges

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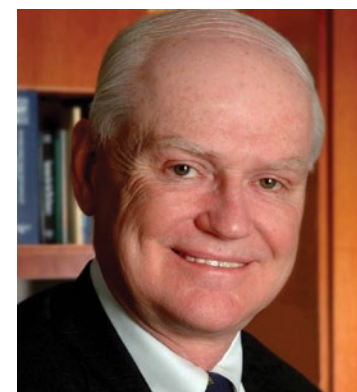
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## President and Chair's Message



Dear Friends of the AAMC,

A troubled economy and seemingly endless wrangling on Capitol Hill marked much of 2011. Yet despite the challenges on the national stage, America's medical schools and teaching hospitals made solid progress toward the innovation and eventual transformation of our country's health care system that must happen to improve the health of all.

This report highlights the major ways the AAMC worked to advance academic medicine's missions of medical education, patient care, and medical research during the last year, and the progress we made with your support:

- Preserving federal support of graduate medical education
- Completing a three-year review of the MCAT® exam with 14 recommended changes that will make the exam an even more effective admissions tool
- Working with the other health professions to advance interprofessional education
- Supporting the full continuum of research through a unique partnership that uses implementation science to improve care
- Improving the quality and safety of patient care in our teaching hospitals by implementing best practices today, studying ways to improve them, and teaching them to the next generation of physicians.

On the following pages, you will read about these and many other ways the AAMC provides leadership, collaborative opportunities, and vital services that help our members fulfill their missions. In 2011, AAMC service programs such as the AMCAS® medical school application and the ERAS® residency application helped tens of thousands of students and residents pursue their medical education and training in the nation's medical schools and teaching hospitals. Additionally, more than 10,000 individuals at AAMC-member institutions participated in the association's 16 professional development groups through more than 80 AAMC-sponsored meetings.

The coming year will most assuredly reveal new challenges. But even with the 2012 elections, looming physician shortages, and uncertainty as the Supreme Court prepares to rule on the Affordable Care Act, America's medical schools and teaching hospitals will continue to lead the transformative changes needed to improve health and health care. The AAMC will be there with you.

Darrell G. Kirch, M.D.  
AAMC President and CEO

Thomas J. Lawley, M.D.  
2010–11 Chair, AAMC Board of Directors

## AAMC BY THE NUMBERS

The AAMC worked in countless ways in 2011 to advance our members' missions, provide professional development, and provide services to the nation's medical schools and teaching hospitals, applicants, medical students, and residents. Here are some statistics that reflect those efforts.

91,600	Medical College Admission Tests ( <a href="#">MCAT®</a> ) administered
43,919	Total applicants who applied to medical school for the 2011 entering class, as recorded by the AAMC's American Medical College Application Service ( <a href="#">AMCAS®</a> )
7,288	Total number of individuals approved for the AAMC's <a href="#">Fee Assistance Program</a> , which assists MCAT examinees and AMCAS applicants who would be unable to take the MCAT exam or apply to medical school without financial assistance
51,332	Electronic Residency Application Service ( <a href="#">ERAS®</a> ) users
7,383	Number of students who used the AAMC's Visiting Student Application Service ( <a href="#">VSAS®</a> )
86,000	E-mails sent to Congress urging opposition to Graduate Medical Education (GME) cuts
16,500	Medical students who sent e-mails to Congress on GME cuts

6,800	Residents who sent e-mails to Congress on GME cuts
80	<a href="#">Meetings</a> hosted by the AAMC in 2011
10,356	Registrations for all AAMC meetings and conferences in 2011
10,388	AAMC constituents who participated in the AAMC's 16 <a href="#">professional development groups</a>
4,689,877	Dollar amount of grants the AAMC distributed to support member initiatives
1,227,000	Average monthly visitors to the AAMC's <a href="#">Web site</a>
4,259	<a href="#">AAMCtoday</a> Twitter followers
7,488	<a href="#">AAMC Facebook</a> fans
7,321	Subscribers to the AAMC <a href="#">Reporter</a>
6,800	Number of times <a href="#">Academic Medicine</a> articles were cited in 2011

## MAJOR AAMC ACTIVITY IN 2011

### Advocating for Academic Medicine in Washington, D.C.

#### SUSTAINING SUPPORT FOR GRADUATE MEDICAL EDUCATION

As Congress and the Joint Select Committee on Deficit Reduction, or “super committee,” grappled with proposals to trim \$1.2 trillion from the nation’s deficit, the AAMC worked to advance a balanced approach to our nation’s fiscal challenges and to educate members of Congress and the public about the potential public health consequences of federal cuts to graduate medical education (GME), medical research, and other programs essential to academic medicine’s mission.

With Medicare’s support of GME a prime target in the deficit reduction debate, the AAMC waged a multifaceted advocacy and communications effort that included [public opinion research](#) and an inside-the-Beltway print and radio advertising campaign to raise awareness of how cuts would exacerbate the doctor shortage and limit access to care. Leaders at AAMC-member institutions from across the country issued a rallying cry by publishing opinion editorials and letters to the editor in more than 30 newspapers, and by initiating an extensive grassroots effort involving medical students that generated more than 86,000 letters and e-mail messages to Congress. Bolstering the effort was a July AAMC letter to President Obama urging him to take GME cuts off the table in deficit reduction negotiations with congressional leaders and an October letter, spearheaded by the AAMC and jointly signed by

39 hospital and physician groups, urging the super committee to preserve existing Medicare financing for GME. The joint letter was the first time such groups came together on the issue.

With the failure of the super committee at the end of the year, and cuts looming in 2013 for Medicare, Medicaid, and medical research, the AAMC will continue its efforts to sustain federal support for the missions of the nation’s medical schools and teaching hospitals throughout 2012.

[View](#) opinion editorials, letters to the editor, and other communications on the GME funding issue.



An extended [AAMC print and radio advertising campaign](#) raised awareness of the need to sustain GME funding.




## VICTORY IN FINAL ACO RULE

In the wake of last year's passage of the Affordable Care Act, the AAMC helped shape the rules for new Accountable Care Organizations (ACOs). Specifically, the AAMC urged the Centers for Medicare and Medicaid Services to exclude indirect medical education and disproportionate share hospital payments from the methodology used to determine ACO expenditures, noting that inclusion of these payments would create a disincentive to send patients to teaching hospitals. The final regulations reflected the association's concerns. "By not including these policy payments in the historical cost analysis, medical schools and teaching hospitals—institutions that often treat the sickest and most vulnerable patients—have a better opportunity to participate in the ACO initiative," said AAMC President and CEO Darrell G. Kirch, M.D.

Learn more about the ACO issue in an [AAMC Reporter article](#).

## AAMC LEADERS SPEAK AT THE ATLANTIC'S ANNUAL HEALTH CARE FORUM

AAMC leaders discussed current and future challenges for the nation's health care system, and the role of medical schools and teaching hospitals in leading health care change at *The Atlantic* magazine's Health Care Forum 2011. The event brought together top health and medical experts in a lively discussion of key health care cost, safety, and quality-of-care issues. Joining AAMC President and CEO Darrell G. Kirch, M.D., on discussion panels were AAMC Board of Directors members Peter L. Slavin, M.D., president of Massachusetts General Hospital and chair of the Council of Teaching Hospitals and Health Systems, and Sheila Burke, R.N., M.P.A., Senior Public Policy Advisor, Baker, Donelson, Bearman, Caldwell & Berkowitz. The AAMC helped sponsor the forum, which attracted policy and opinion leaders from around the nation. To view a video of the event visit [The Atlantic](#) 



AAMC President and CEO Darrell G. Kirch, M.D., (center) participated in a panel discussion at *The Atlantic's* 2011 Health Care Forum along with Mark McClellan, M.D., of the Brookings Institution and Carolyn M. Clancy, M.D., of the Agency for Healthcare Research and Policy.

## Advancing Medical Education

### MR5 COMMITTEE SETS STAGE FOR MCAT<sup>2015</sup>

The AAMC MR5 Committee (Fifth MCAT<sup>®</sup> exam review) completed its three-year process to reformulate the MCAT exam. The goal has been to transform the exam into a better medical school admissions tool by implementing recommendations that preserve what works best about the current MCAT exam, eliminate what doesn't, and enrich the exam by giving attention to concepts that future physicians are likely to need.

After rounds of consultation with medical school administrators and faculty from the United States and Canada, as well as pre-health advisors and baccalaureate faculty, the committee made 14 recommendations that include items such as testing prospective students on concepts in behavioral and social sciences; testing their knowledge and use of concepts in the natural sciences; eliminating the writing sample; and updating the exam content on a schedule that ensures it keeps pace with the rapid changes in science.

The AAMC Board of Directors will review the recommendations for final approval during its February 2012 meeting, with a new exam anticipated for release in 2015. A new [Preview Guide to MCAT<sup>2015</sup>](#), a [video](#), and a webinar series all describe the new exam. Other products and services are in development. [Visit](#) the MCAT<sup>2015</sup> Web site.



A new [Preview Guide to MCAT<sup>2015</sup>](#) will help prepare students for the coming changes to the MCAT exam.



AAMC Chief Medical Education Officer Carol A. Aschenbrener, M.D., presented the new report on interprofessional education competencies at a June press event. [Learn more](#) about IPEC and its partners. 

### INTERPROFESSIONAL EDUCATION COLLABORATIVE CHARTS COURSE TO IMPROVE PATIENT CARE

In partnership with five other health education associations, the AAMC catalyzed the formation of the Interprofessional Education Collaborative (IPEC), an alliance that will develop core competencies required by future health care professionals to provide integrated, high-quality, cost-effective care to every patient. The coalition marks the first time the six associations have worked together to advance interprofessional education, a sign that education leaders in the health profession are committed to advancing the integration of interprofessional competencies into their educational programs.

At a May [press conference](#), IPEC released a report, [Core Competencies for Interprofessional Collaborative Practice](#), which outlines competencies that address values and ethics, and roles and responsibilities for collaborative practice, interprofessional communication, and interprofessional teamwork. "The health care we want to provide for the people we serve—safe, high-quality, accessible, person-centered—must be a team effort," said Carol A. Aschenbrener, M.D., AAMC's chief medical education officer. "No single health profession can achieve this goal alone."

## JOINING FORCES TO IMPROVE MILITARY HEALTH

To raise awareness in the academic medicine community about the critical health issues facing military families and veterans, the AAMC began a partnership with the Joining Forces initiative, led by First Lady Michelle Obama and Dr. Jill Biden. During an event at Virginia Commonwealth University on Jan. 11, 2012, Michelle Obama announced that 105 AAMC-member medical schools had made the commitment to enrich medical school curricula to prepare future physicians for the unique needs of America's soldiers; disseminate the most up-to-date information on conditions such as post-traumatic stress disorder; grow the body of knowledge available through new research and clinical trials; and collaborate with other stakeholders to deliver the best care possible. Twenty-five schools from the American Association of Colleges of Osteopathic Medicine also signed the pledge, and the number of participating AAMC-member schools is expected to grow in the upcoming year.



First Lady Michelle Obama addressed the crowd at Virginia Commonwealth University during a Joining Forces event that announced the commitment of more than 100 AAMC-member medical schools in an effort to improve curricula and research linked to health challenges faced by military service members and their families. The AAMC collaborated with the White House in sponsoring the event.

## USING EVIDENCE TO IMPROVE CARE

Implementation science, also known as knowledge translation or delivery science, studies the best ways to encourage interventions in real-world settings. A new partnership between the AAMC and hospitalists at 15 institutions is using implementation science to improve patient outcomes and disseminate evidence-based practices. The Homerun initiative, unveiled in November, will build an outcomes network to measure what works for whom—and when. Initial activities included Transitions of Care, a multi-site pilot study that focused on understanding factors that predict preventable hospital readmissions, and a Consensus Conference to establish implementation research priorities for hospital medicine. Using outcomes research, the network will establish quality metrics for hospital medicine, improve safety and quality, and reduce costs. AAMC comments to the Patient-Centered Outcomes Research Institute (PCORI) stressed the importance of using evidence-based science in the decision-making process. “Medical schools and teaching hospitals have a long tradition of conducting patient-centered outcomes research,” said AAMC President and CEO Darrell G. Kirch, M.D.

## BEHAVIORAL AND SOCIAL SCIENCES COMPETENCIES REPORT



The AAMC published *The Behavioral and Social Science Foundations for Future Physicians*, which makes the case that the behavioral and social sciences serve to prepare medical school graduates for comprehensive, patient-centered practice, and provide the conceptual framework needed to address complex societal

problems that have direct bearing on health and health care disparities. The new report serves as a companion to the 2009 report, *The Scientific Foundations for Future Physicians*.

## Leading Change to Improve the Health of All

### BEST PRACTICES FOR BETTER CARE

From medical breakthroughs to the latest treatments, America's medical schools and teaching hospitals, and their physicians and scientists, have a legacy of advancing medicine and setting the standard for the best patient care. A new AAMC initiative, Best Practices for Better Care (BPBC), is helping put proven practices in place to improve the quality and safety of patient care through surgical checklists, protocols to reduce central-line infections, and measures to reduce hospital readmissions for high-risk patients.

What makes BPBC different from other quality and safety efforts is that it builds a culture of safety by teaching these best practices to new doctors and makes safety part of medical education from day one. In addition, through research and evaluation, BPBC will refine these best practices, discover new ones, and share the lessons-learned knowledge with others to improve health and health care in the future.

Nearly 100 medical schools, teaching hospitals, and health systems are participating in the campaign, which kicked off with a press event on Capitol Hill in June.

University HealthSystem Consortium (UHC), an alliance of academic medical centers, joined the effort as a key partner, providing self-reporting tools for institutions and aggregating the data. Participating institutions will self-report their progress, posting the data to a Web site where all health providers—physicians, nurses, and students—can access the results and work to ensure that the best practices become standard in patient care. Initial results are expected by spring 2012.

Learn more about [Best Practices for Better Care](http://www.aamc.org/bestpractices).



AAMC Board of Directors members Peter L. Slavin, M.D., president of Massachusetts General Hospital, and Claire Pomeroy, M.D., MBA, chief executive officer of UC Davis Health System, spoke at the June Best Practices for Better Care kickoff event on Capitol Hill. They were joined by national quality safety expert Peter J. Pronovost, M.D., Ph.D., of Johns Hopkins Medicine and Julie Ceresse R.N., M.S.N., of University HealthSystem Consortium.

Watch videos from the Best Practices for Better Care briefing. 

## We're Making Sure Our Best Practices Make the Rounds

From medical breakthroughs to the latest treatments, America's medical schools and teaching hospitals, and their physicians and scientists, drive the innovation that improves health and sets the standard for the world's best medical care. Learn more about how we are working together to improve health care quality and safety.

**BEST PRACTICES FOR BETTER CARE**  
LEADING CHANGE TO IMPROVE HEALTH

[www.aamc.org/bestpractices](http://www.aamc.org/bestpractices)





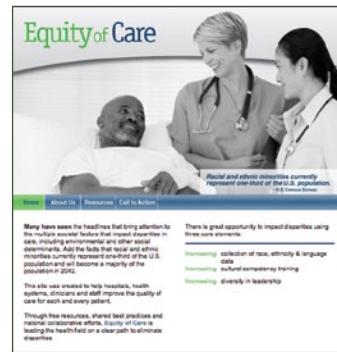
## READINESS FOR REFORM INNOVATION CHALLENGE

To recognize member programs that transform health care delivery while integrating education and research, the AAMC launched its first [Readiness for Reform innovation challenge](#). Three institutional winners, announced at the AAMC Annual Meeting in Denver, received \$5,000 each to help support continued innovations within their programs. [View](#) the winning submissions for 2011.

As part of its [Readiness for Reform](#) campaign, the AAMC launched the [iCollaborative](#), a new, centralized online resource that showcases innovations spanning medical education, health care delivery, and research. Features include effective practices, policies, and guidelines; educational and assessment tools in development; and other valuable resources to support efforts to improve the health of all. The iCollaborative is cross-referenced with [MedEdPORTAL®](#), the AAMC's free online educational repository of medical and oral health teaching materials, assessment tools, and faculty development resources.

## PARTNERSHIP TO ELIMINATE HEALTH DISPARITIES

In July, the AAMC joined the American Hospital Association, the American College of Healthcare Executives, the National Association of Public Hospitals and Health Systems, and the Catholic Health Association of the United States in a joint Call to Action to Eliminate Health Care Disparities. Primary objectives include increasing the collection of race, ethnicity, and language data of hospital patients to better track outcomes; ensuring hospital clinicians and support staff receive cultural competency training; and broadening diversity among health system boards and leadership teams to ensure they reflect the patient populations they serve.



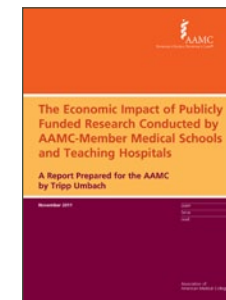
A library of tools, best practices, and resources is available at [www.equityofcare.org](http://www.equityofcare.org), sponsored in part by the AAMC.

## U-HEALTH: QUALITY CARE FOR ALL

In October, the association [announced U-HEALTH](#) (Universities for Health Equity through Alignment, Leadership, and Transformation of the Healthcare workforce), the first coalition with university presidents that will drive health equity in urban communities. In partnership with the Coalition of Urban Serving Universities/Association of Public and Land-grant Universities (USU/APLU) and with generous support from the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health, the coalition will seek strategies to create a diverse workforce that ensures quality care for all. An interdisciplinary approach will engage university presidents and deans in nursing, medicine, dentistry, pharmacy, public health, and other allied health professions.

## Sustaining the Environment for Research

### AAMC-COMMISSIONED STUDY FINDS MEDICAL RESEARCH IS STRONG ECONOMIC DRIVER



Medical research funnels billions of dollars into the U.S. economy and funds hundreds of thousands of jobs, according to a [study](#) released by the AAMC in November. Specifically, publicly funded research conducted at the nation's medical schools and teaching hospitals in 2009 generated \$45 billion in economic activity and supported nearly 300,000—or 1 in 500—U.S. jobs. The AAMC commissioned the study, which was conducted by the economic consulting firm Tripp Umbach.



Listen to NIH Director Francis S. Collins, M.D., Ph.D., discuss the economic impact of medical research and the financial challenges faced by the NIH at the [AAMC Annual Meeting in Denver](#). 

## ADVISING NIH ON PROPOSED CHANGES TO RESEARCH TRAINING PROGRAMS

Responding to a request from a National Institutes of Health (NIH) working group seeking input on the future of U.S. biomedical research training programs, the AAMC sent an October letter recommending the institutes revamp training programs to include a stronger focus on team science and collaborative and cross-disciplinary research, and define success in these programs broadly to include career outcomes in industry, government, or other areas outside of academe. Ann C. Bonham, Ph.D., AAMC chief scientific officer, and representatives from AAMC-member institutions, also were named to the Working Group of the NIH Advisory Committee to the Director on Diversity in Biomedical Research.

Read the [complete letter](#) outlining the AAMC recommendations.

## ADVOCATING FOR RESEARCH SALARIES

Also in October, the AAMC joined more than 100 institutions and organizations in support of retaining the annual salary cap on NIH extramural grants at \$199,700 (Executive Level I). An October [letter](#) to the chairs and ranking members of the House and Senate Labor-HHS-Education Appropriations Subcommittee noted that the proposed reduction to \$165,300 (Executive Level III) “particularly disadvantages the most productive investigators who likely dedicate the majority of their time in research and who have a sustained track record in breakthrough discoveries and will have a chilling effect on gifted new investigators.”

## FINANCIAL REPORT

### Financial Position Fiscal Year 2011

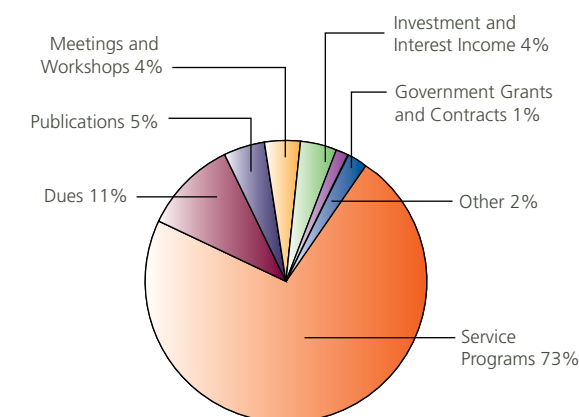
#### Highlights

- Total assets as of June 30, 2011, were \$225.5 million, \$22.4 million more than the previous year.
- The total values of cash and investments as of June 30, 2011, were \$162.6 million, an increase of 8.2 percent from the prior year.
- For the year ended June 30, 2011, the AAMC had an increase in net assets from operations of \$10.5 million, compared to \$12.3 million in the previous year. Non-operating activities, consisting primarily of investment gains, increased by \$11.8 million. The combined \$10.5 million increase from operations and the \$11.8 million in nonoperating gains resulted in a total increase in the AAMC's net assets of approximately \$22.3 million. Total net assets as of June 30, 2011, were \$135.3 million.

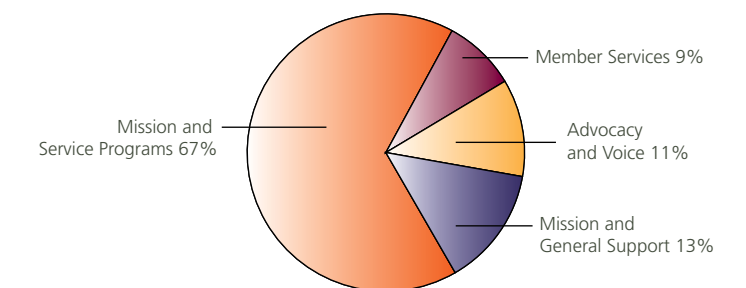
### Operating Results Fiscal Year 2011

- Operating revenues increased by \$5.4 million, or 4.6 percent, over the prior year. Net service program revenue accounted for the full increase, and offset decreases in investment income government grant funds. Revenue from the Electronic Residency Application Service (ERAS®), the Medical College Admission Test (MCAT®) and the American Medical College Application Service (AMCAS®) increased as the total number of applicants and examinees increased. Publication revenue and meetings and workshops revenue increased slightly.
- Operating expenses increased by \$7.1 million, or 6.8 percent, over the prior year. Approximately 4 percent is attributable to increases for staff salaries and benefit expenses. The remaining increase is attributable to other program expenses to meet the association's strategic initiatives and objectives.

### Operating Revenue FY 2011



### Operating Expenses FY 2011





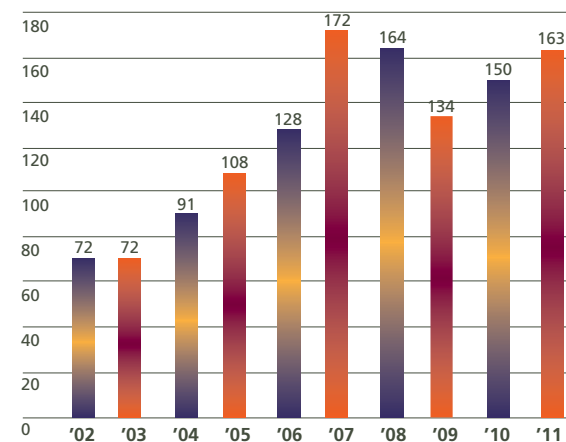
## CONSOLIDATED STATEMENTS OF FINANCIAL REPORT

June 30, 2011

Assets	2011	Liabilities and Net Assets	2011
Cash and cash equivalents	\$ 5,235,174	Accounts payable and accrued expenses	\$ 16,079,293
Investments	162,584,805	Amounts held for others	451,289
U.S. government contracts receivable	168,982	Deferred revenue	24,066,305
Accounts receivable, net of allowance for doubtful accounts of \$3,042,619	2,546,868	Deferred compensation and supplemental retirement benefits	28,800
Supplies, deposits, and prepaid expenses	6,655,795	Accrued interest payable	533,900
Property and equipment, net	47,375,248	Bonds and term note payable, net	47,109,432
Deferred leasing costs, net of accumulated amortization of \$1,502,361	—	<b>Total liabilities</b>	<b>88,269,019</b>
Deferred financing costs, net of accumulated amortization of \$821,852	919,506	<b>Net assets:</b>	
<b>Total assets</b>	<b>\$ 225,486,378</b>	Unrestricted	135,284,302
		Temporarily restricted	276,927
		Permanently restricted	1,656,130
		<b>Total net assets</b>	<b>137,217,359</b>
		<b>Total liabilities and net assets</b>	<b>\$ 225,486,378</b>

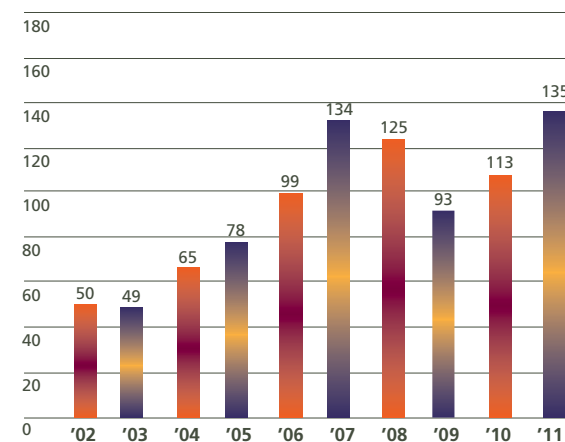
### Investments, at Market

for the fiscal year ended June 30 (in millions)



### Unrestricted Net Assets

for the fiscal year ended June 30 (in millions)



## Operating Statement Highlights

Year ended June 30, 2011

	2011
<b>Operating revenues and support:</b>	
Dues	12,794,905
Service programs	89,638,844
Publications	5,859,799
Meetings and workshops	5,362,972
Government grants and contracts	971,724
Investment and interest income	4,898,650
Other	2,751,904
Total operating revenue and support	122,278,798
<b>Operating expenses:</b>	
Mission and service programs	74,786,896
Advocacy and Voice	12,253,232
Membership services	9,990,513
Mission and general support	14,703,021
Total operating expenses	111,733,662
Increase in unrestricted net assets from operations	10,545,136
<b>Nonoperating income, expenses, gains, and losses:</b>	
Investment gain (loss), net	12,381,156
Building rental income	193,919
Building rental expenses	(769,514)
Total nonoperating gain (loss)	11,805,561
Increase (decrease) in unrestricted net assets	22,350,697

## PRIVATE PHILANTHROPY IN 2011

The AAMC was pleased to receive generous support from various foundations and corporations with strong commitments to medical education, health care, diversity, and the physician workforce.

### Josiah Macy Jr. Foundation

A four-year \$482,670 grant from the Macy Foundation continues to provide support for “Learning from the Experience of a Consortium of New and Developing Medical Schools,” a project initiated by the AAMC in 2009.

### Robert Wood Johnson Foundation

The AAMC welcomed a \$50,000 grant from the Robert Wood Johnson Foundation this year to develop “interventions to reduce variations in health care use while enhancing quality and lowering costs,” a new initiative to study the costs and efficacy of various medical procedures and their outcomes.

Since 1988, the AAMC Summer Medical and Dental Education Program has been a signature program of the foundation and the AAMC. The program, supported by a \$992,857 grant from the foundation, helps increase diversity in the medical and dental fields.

The Robert Wood Johnson Foundation also supports the AAMC to serve as the primary source of data on minorities in medical education. Beginning in 2007, the AAMC publication [Diversity in Medical Education: Facts and Figures](#) has been supported by an eight-year grant of \$328,940 from the foundation.

In addition, the [David E. Rogers Award](#), presented at the AAMC Annual Meeting in recognition of a medical school faculty member who has made major contributions to improving health and health care delivery, was established with the help of a 10-year grant of \$277,353 from the foundation

### Pfizer Inc.

Through a 12-year commitment of \$1,881,998, beginning in 2000, Pfizer Inc. makes it possible for the AAMC to continue the unique Medicine in the Community Grant program (formerly the Caring for Community Grant program), which supports medical-school-based, student-run free clinics and various patient-advocacy programs.

### Arnold P. Gold Foundation

At the association’s annual meeting, an award is presented to a medical school faculty physician who exemplifies the qualities of a caring and compassionate mentor. The Arnold P. Gold Foundation [Humanism in Medicine Award](#) is supported in part by a \$36,000 grant from the foundation.

## GOVERNMENT GRANTS AND CONTRACTS

### U.S. Department of Health and Human Services

The association continues its effort to develop and strengthen the collaborations between the disciplines of medicine and public health with support from a 12-year, \$68,317,222 cooperative agreement with the Centers for Disease Control and Prevention.

The AAMC continues the development and maintenance of the Faculty Roster database through the Faculty Administrative Management Online User System (FAMOUS), supported through a five-year, \$2,911,353 contract from the National Institutes of Health.

In an effort to eliminate health disparities, U-HEALTH (Universities for Health Equity through Alignment, Leadership, and Transformation of the Healthcare workforce), a partnership between the Coalition of Urban Serving Universities/ Association of Public and Land-grant Universities (USU/APLU) and the AAMC, has received support through a five-year, \$4,183,044 grant from the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health.

### Health Resources and Services Administration

The AAMC has commenced an effort to develop a framework for an online oral health in medicine model curriculum collection through MedEdPORTAL, AAMC’s free, peer-reviewed, open access, online repository of educational resources and teaching materials, with support from a three-year award of \$599,156 from the Maternal and Child Health Bureau (MCHB) division of the Health Resources and Services Administration (HRSA).

In addition, HRSA provided support in the amount of \$35,000 for the Team-Based Competencies: Building a Shared Foundation for Education and Clinical Practice conference held in Washington, D.C., Feb. 16-17, 2011, and for the ensuing publication titled *Core Competencies for Interprofessional Collaborative Practice*.

## DONOR PROFILE



### Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation (RWJF) is the nation’s largest private philanthropy dedicated exclusively to health and health care. In the past 39 years, the foundation has awarded more than \$21 million in grants supporting a wide range of AAMC programs. The [Summer Medical and Dental Education Program](#), initiated by RWJF and administered nationally by the AAMC and the American Dental Education Association, has provided nearly 20,000 students from minority and disadvantaged backgrounds the tools and coursework necessary to be successful medical and dental school applicants. Other AAMC programs the foundation supports include the Health Professions Partnership Initiative, the Minorities in Medical Education report issued annually by the AAMC, and the David E. Rogers Award to recognize medical faculty contributions to improving health and health care.

The foundation became a national philanthropy in 1972 with a personal bequest from Robert Wood Johnson, who built the family business Johnson & Johnson into a global leader in health and medical care products. With the mission to improve the health and health care of all Americans, RWJF focuses on reversing the rise in childhood obesity; improving the quality of care and reducing disparities; raising the visibility, effectiveness, and readiness of our public health system; ensuring that everyone in America has stable, affordable health care coverage; and attracting, developing and engaging a diverse, well-trained workforce to meet current and future needs.

“The Robert Wood Johnson Foundation and the AAMC are partners on the same path, by investing today in the health professionals and systems to shape research, policy, and delivery for years to come,” said RWJF president and CEO Risa Lavizzo-Mourey, M.D., M.B.A. “We recognize that reducing health disparities and improving the quality of care for all requires a commitment to diversity and inclusion of underrepresented groups as providers and as leaders and teachers in academic medicine. We value the important contributions you make and the opportunity to work with you.”

## AAMC GOVERNANCE, MEMBERSHIP, AND SERVICES

### BOARD OF DIRECTORS

The AAMC is governed by a 17-member board of directors, which manages the affairs of the association by providing strategic direction, fiduciary oversight, and generative thinking. The board includes the AAMC chair, AAMC chair-elect, AAMC past chair, AAMC president and CEO, the Council of Deans chair and chair-elect, the Council of Teaching Hospitals and Health Systems chair and chair-elect, the Council of Academic Societies chair and chair-elect, a resident physician, a medical student, at least one public member, and various at-large members.

During 2011, implementation of the Affordable Care Act legislation continued to be a primary focus for the board. As the year (and federal funding battles) progressed, the board engaged actively in efforts to protect GME funding. A significant fiduciary action taken by the board was approval of the AAMC's plan to build a new headquarters building, expected to be completed in 2014, which will be designed as a destination learning center where the majority of AAMC's D.C.-based meetings will be hosted.

The bi-annual Leadership Forums, hosted by the board, continue to serve as an important venue for bringing together representatives of our entire academic medicine community, through our councils, organizational forums, advisory panels, and professional development groups.



## AAMC BOARD OF DIRECTORS 2010–2011



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**Thomas J. Lawley, M.D.**  
Emory University



Chair-elect  
**Mark R. Laret**  
University of California,  
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Immediate Past Chair  
**Deborah E. Powell, M.D.**  
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President and CEO  
**Darrell G. Kirch, M.D.**  
Association of  
American Medical Colleges



**Marna P. Borgstrom, M.P.H.**  
Yale-New Haven Hospital



**Sheila P. Burke, R.N., M.P.A.**  
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Health System



**J. Lloyd Michener, M.D.**  
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**Kathleen G. Nelson, M.D.**  
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**Lois Margaret Nora,  
M.D., J. D., M.B.A.**  
Commonwealth Medical College



**Philip A. Pizzo, M.D.**  
Stanford University School of  
Medicine



**Claire Pomeroy, M.D., M.B.A.**  
University of California, Davis



**Diane C. Reis, M.D.**  
UT Southwestern



**David J. Skorton, M.D.**  
Cornell University



**Peter L. Slavin, M.D.**  
Massachusetts General  
Hospital



**Javeed Sukhera, M.D.**  
University of Rochester



**Valerie N. Williams, Ph.D., M.P.A.**  
University of Oklahoma

## AAMC MISSION AND MEMBERSHIP

The AAMC serves and leads the academic medicine community to improve the health of all.

The AAMC represents all 136 accredited U.S. medical schools and 17 accredited Canadian medical schools; approximately 400 major teaching hospitals and health systems, including 62 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians.

Through its many programs and services, the AAMC strengthens the world's most advanced medical care by supporting the entire spectrum of education, research, and patient care activities conducted by our member institutions. The AAMC and our members are dedicated to the communities we serve and are steadfast in our desire to earn and keep the public's trust for the role we play in improving the nation's health.

[Learn more about the AAMC's mission, vision, and strategic priorities.](#)

In 2011, the AAMC welcomed nine new member institutions, including three medical schools, three teaching hospitals, and three academic societies. Those new members are:

### Medical Schools

- Cooper Medical School at Rowan University
- University of South Carolina School of Medicine - Greenville
- Charles E. Schmidt College of Medicine at Florida Atlantic University

Learn more about AAMC-member medical schools and search for information about [AAMC-member medical schools](#).

### Teaching Hospitals

- Virginia Mason Medical Center
- Kaiser Foundation Hospital
- Orlando VA Medical Center

See a listing of all [AAMC-member teaching hospitals](#).

### Academic Societies

- American Association of Neuromuscular & Electrodiagnostic Medicine Foundation for Research & Education
- Academy on Violence and Abuse
- American Academy of Hospice and Palliative Medicine

See a listing of all [AAMC-member academic societies](#).

## AAMC AFFINITY GROUPS

The AAMC's affinity groups provide constituents from AAMC-member institutions with opportunities for professional development, networking, and collaboration.

### Councils and Organizations

#### Council of Deans (COD)

The COD's purpose is the continuing improvement of the nation's medical schools. As a forum, the COD identifies issues affecting academic medicine and develops strategies to achieve the various missions of medical schools.

#### Council of Teaching Hospitals and Health Systems (COTH)

The AAMC's Council of Teaching Hospitals and Health Systems (COTH) is composed of approximately 400 major teaching hospitals and health systems, including 64 Veterans Affairs medical centers.

#### Council of Academic Societies (CAS)

The CAS represents the faculty leadership of medical schools and teaching hospitals through representation of 89 member professional organizations. The CAS assists faculty in their primary responsibilities of research, education, and patient care.

#### Organization of Resident Representatives (ORR)

The ORR's mission is to improve resident physician education and training for the purpose of improving the quality of health care.

#### Organization of Student Representatives (OSR)

The OSR represents medical students nationwide and provides an active role for students in advancing the AAMC mission to improve the nation's health.

### Professional Development Groups

#### Chief Medical Officers Group (CMOG)

The Chief Medical Officers Group (CMOG) provides information, networking opportunities, and professional development resources for CMOs and other physicians who lead clinical programs in AAMC member organizations.

#### Compliance Officers' Forum (COF)

The COF is composed of compliance leaders from AAMC-member medical schools, teaching hospitals, and health systems. The COF provides a national forum for networking, professional development, and collaborative opportunities.

#### Forum on Conflict of Interest in Academe (FOCI Academe)

The Forum on Conflict of Interest in Academe offers educational opportunities related to conflict of interest issues provides a national forum for discussion of the development and application of conflict of interest standards related to research, medical education, and clinical decision making and serves as a resource for institutions, policymakers, the media, and the public.

#### Government Relations Representatives (GRR)

The GRR advances nonpartisan advocacy for academic medicine by providing a forum for federal relations staff at medical schools, teaching hospitals, and academic societies to consult with AAMC staff on evolving federal legislative and regulatory issues, initiatives, and strategies.

#### Group on Business Affairs (GBA)

The Group on Business Affairs (GBA) advances administrative and fiscal management in academic medical institutions to support medical education, research, and health care.

#### Group on Diversity and Inclusion (GDI)

The Group on Diversity and Inclusion (GDI) serves as a national forum and recognized resource to support the efforts of AAMC member institutions and academic medicine at the local, regional, and national levels to realize the benefits of diversity and inclusion in medicine and biomedical sciences.

#### Group on Educational Affairs (GEA)

The purpose of the GEA is to advance medical education and medical educators through faculty development, curriculum development, educational research, and assessment in undergraduate, graduate, and continuing medical education.

#### Group on Faculty Affairs (GFA)

The mission of the Group on Faculty Affairs (GFA) is to build and sustain faculty vitality in medical schools and teaching hospitals. The GFA does this by supporting faculty affairs deans and administrators in their development and implementation of institutional policies and professional development activities that advance the academic missions of teaching, research, and clinical care.

#### Group on Faculty Practice (GFP)

The GFP is composed of physician leaders and administrative executives from medical school-affiliated faculty practice plans. The GFP works to advance the clinical mission of academic medical centers.

### Group on Graduate, Research, Education, and Training (GREAT)

The GREAT Group provides professional development to, and fosters the exchange of information and ideas among, the faculty and administrative leaders of biomedical Ph.D., M.D.- Ph.D., and postdoctoral programs.

### Group on Information Resources (GIR)

The GIR promotes excellence in the application and integration of information resources in academic medicine. In an age when information technology is a strategic asset, GIR's research, professional development, and policy setting is vital to the advancement of medical teaching institutions.

### Group on Institutional Advancement (GIA)

Comprising medical school and teaching hospital professionals working in alumni relations, development, marketing, public affairs, and public relations, the GIA is the only national institutional advancement group devoted exclusively to academic medicine. Its goal is to enhance awareness and support for medical education, health care, and biomedical research. Members have the opportunity to network with colleagues on common challenges and share solutions in advancing medical schools and teaching hospitals.

### Group on Institutional Planning (GIP)

The primary mission of the AAMC's Group on Institutional Planning (GIP) is to advance the discipline of planning in academic medicine by enhancing the skills and knowledge of professional planners; to promote the value of planning; and to connect people, resources, and ideas.

### Group on Regional Medical Campuses (GRMC)

The GRMC fosters professional growth and development, information sharing, communication, and discussion of key issues among administrators, staff, and faculty of regional medical campuses.

### Group on Research Advancement and Development (GRAND)

AAMC's professional development group for research deans provides a national forum for action on issues critical to the research enterprise, and for linking advances in research with improvements in health.

### Group on Resident Affairs (GRA)

The GRA develops institutional leaders of graduate medical education (GME) to oversee the quality, accreditation, administration and financing of residency programs as documented in its monograph "Core Competencies of Institutional GME Leaders." The GME Leadership Development Course and other GRA professional development activities build networks and serve as resources to strengthen institutional accountability for GME.

### Group on Student Affairs (GSA)

The Group on Student Affairs addresses issues in medical school admissions, student financial aid, medical student diversity, student affairs, and student records at all member medical schools.

### Group on Women in Medicine and Science (GWIMS)

GWIMS advances the full and successful participation of women within academic medicine by addressing gender equity, recruitment and retention, awards and recognition, and career advancement.

### THE LEADERSHIP FORUM

The twice-annual AAMC Leadership Forum brings together the AAMC Board of Directors and representatives of the AAMC's councils and professional development groups. The forums are designed to engage multiple diverse voices in generative thinking around issues that affect the academic medicine community and inform the AAMC board on possible future considerations.

The year's first Leadership Forum in June focused on "Interprofessional and Team-Based Care for the Future Health Care System," with discussion on the [IPEC report](#) (see page 7). Diversity and inclusion were the driving themes at the AAMC's second Leadership Forum of 2011. "Diversity 3.0: A Systems Upgrade" brought together more than 100 leaders from the AAMC's membership community.



Scott Page, M.A., M.S., Ph.D., Leonid Hurwicz Collegiate Professor of Complex Systems, Political Science, and Economics at the University of Michigan, Ann Arbor, presented at the AAMC Leadership Forum in Washington, D.C., in December.



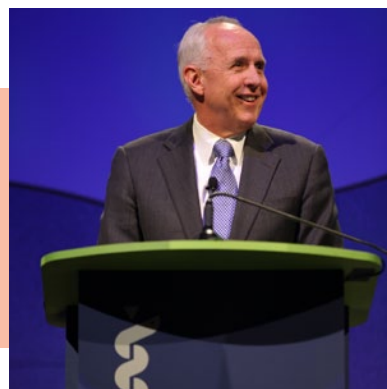
## 2011 AAMC ANNUAL MEETING



Playwright and actress Anna Deavere Smith took the stage during the AAMC Leadership Plenary Session to discuss and perform excerpts from her one-woman play, "Let Me Down Easy." *Variety* describes the play as a vivid theatrical exploration of "the power of the body, the price of health, and the resilience of the spirit."



College and high school students attend the AAMC's annual Minority Student Medical Career Awareness Workshop. Free to students, this event gives college and high school students, parents, advisors, guidance counselors, school administrators, and other individuals the opportunity to meet and interact with representatives from more than 90 U.S. medical schools and other health professions colleges.



AAMC President and CEO Darrell G. Kirch, M.D., delivered his address, "[The New Excellence](#)," during the annual meeting's Leadership Plenary session. Also addressing the audience was AAMC Chair Thomas J. Lawley, M.D., who discussed how medical schools and teaching hospitals have been "holding up the sky." [Watch videos or read the text](#) of their presentations.

To meet the unique professional development needs of the association's diverse membership, the AAMC convenes hundreds of meetings and conferences throughout the year.

Key among them is the association's largest conference, the AAMC Annual Meeting. Held this year in Denver, Nov. 4–9, the meeting attracted 4,156 professionals in academic medicine, including nearly 800 first-time registrants, who gathered to discuss wide-ranging issues that affect the nation's medical schools and teaching hospitals.

Designed as a touchstone event to stimulate substantive conversations, the meeting this year featured a three-session "transformation arc"—transforming our world, transforming our communities, and transforming ourselves. Major speakers included actress and playwright Anna Deavere Smith, who discussed and performed

excerpts from her one-woman play, "Let Me Down Easy," and National Institutes of Health Director Francis Collins, M.D., Ph.D., who presented on the serious funding challenges faced by the NIH.

The 2011 meeting marked the first time sessions were webcast live, including a town hall forum in which AAMC President and CEO Darrell G. Kirch, M.D., along with other members of the AAMC Leadership Team, took questions from the audience and engaged in dialogue on the current state of academic medicine.

Read presentations, browse PowerPoint slide shows, watch videos, and see program highlights from the [2011 AAMC Annual Meeting](#).

## 2011 AAMC AWARD WINNERS

[Read more](#) about these outstanding individuals and [view photos](#) from the AAMC Annual Meeting awards dinner.



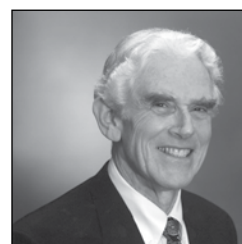
### Spencer Foreman Award for Outstanding Community Service

Massachusetts General Hospital



### Abraham Flexner Distinguished Service to Medical Education

David M. Irby, Ph.D.  
*University of California, San Francisco School of Medicine*



### Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award

Gerald D. Abrams, M.D.  
*University of Michigan Medical School*



### Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award

Dennis H. Novack, M.D.  
*Drexel University College of Medicine*



### Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award

Mark T. O'Connell, M.D.  
*University of Miami Miller School of Medicine*



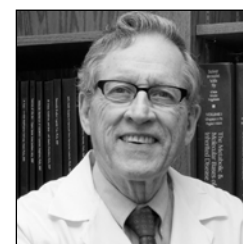
### Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award

LuAnn Wilkerson, Ed.D.  
*David Geffen School of Medicine at the University of California, Los Angeles*



### Arnold P. Gold Foundation Humanism in Medicine Award

Henri R. Ford, M.D., M.H.A.  
*Keck School of Medicine of the University of Southern California*



### Award for Distinguished Research in the Biomedical Sciences

William S. Sly, M.D.  
*Saint Louis University School of Medicine*



### David E. Rogers Award

Paul A. Offit, M.D.  
*Children's Hospital of Philadelphia*



### Herbert W. Nickens Award

Elijah Saunders, M.D.  
*University of Maryland School of Medicine*

## AAMC SERVICE PROGRAMS

The AAMC provides important resources to member medical schools and teaching hospitals, applicants, students, residents, and medical education professionals through an array of innovative and secure service programs.

### American Medical College Application Service (AMCAS)®

AMCAS is a centralized application processing service for first-year applicants at participating U.S. medical schools. Most medical schools used AMCAS as the primary application method for the 2012 entering class.

### Careers in Medicine® (CiM)

Designed to help medical students identify career goals, explore specialty and practice options, choose a specialty, select and apply to residency programs, and make career decisions.

### Electronic Residency Application Service (ERAS)®

ERAS streamlines medical students' transition to residency by transmitting standardized applications, letters of recommendation, Medical Student Performance Evaluations, transcripts, and other supporting credentials to residency program directors.

### FindAResident®

A Web-based service designed to help administrators and program directors fill open residency and fellowship positions.

### GME Track®

A resident database and tracking system, GME Track assists GME administrators and program directors in the collection and management of GME data.

### MedEdPORTAL®

A free online database, MedEdPORTAL facilitates sharing of peer-reviewed educational material.

### Medical College Admission Test® (MCAT)

The MCAT exam is a standardized test that assesses knowledge of science concepts necessary for the study of medicine, as well as problem solving, critical thinking, and writing skills.

### Visiting Student Applicant Service (VSAS)®

VSAS makes it easier for U.S. medical students to apply for elective courses at other LCME-accredited medical schools or independent academic medical centers by submitting a single application for all institutions.

[Find more](#) information about these and other AAMC services.



## AAMC PUBLICATIONS

AAMC publications provide information about the latest trends, data, issues, and technologies affecting medical schools, teaching hospitals, and their missions. To access these and other publications, please visit the [AAMC Publications site](#).

### RECURRING PUBLICATIONS

#### The Reporter

The flagship news publication of the AAMC.

#### Academic Medicine

The peer-reviewed journal of the AAMC.

#### AAMC STAT (Short, Topical, and Timely)

Weekly e-newsletter offering brief news bites summarizing AAMC initiatives, policy statements, and relevant national news and links.

#### Washington Highlights

Weekly e-newsletter featuring brief updates on legislative and regulatory activities affecting medical schools and teaching hospitals.

#### Analysis in Brief

Recent findings from the AAMC's data collection and research activities in a concise, easy-to-read report. Published several times a year.

#### Choices

Quarterly publication providing information about specialty choice, residency, and career planning.

The association also maintains a daily updated Twitter feed called [AAMCtoday](#) and an active presence on [Facebook](#).

## SELECT 2011 PUBLICATIONS

All of the publications listed below are available for order from the [AAMC Publications site](#), many as free downloadable files.

[AAMC Data Book: Medical Schools and Teaching Hospitals by the Numbers 2011](#)

[Academic CME in the US and Canada: The 2010 AAMC/SACME Harrison Survey](#)

[An Exploration of Part-time U.S. Medical School Faculty: A Thematic Overview](#)

[Behavioral and Social Science Foundations for Future Physicians](#)

[The Case for Strategic Talent Management in Academic Medicine](#)

[Charting Outcomes in the Match: Characteristics of Applicants Who Matched to Their Preferred Specialty in the 2011 NRMP Main Residency Match](#)

[Core Competencies for Interprofessional Collaborative Practice](#)

[C-Suite Recruiting Practices in Academic Medical Centers: How Teaching Hospitals Find Top Talent](#)

[Directory of American Medical Education 2011](#)

[The Economic Impact of Publicly Funded Research Conducted by AAMC-Member Medical Schools and Teaching Hospitals](#)

[Medical School Admission Requirements \(MSAR®\) Guidebook 2012-2013](#)

[Medical Simulation in Medical Education: Results of an AAMC Survey](#)

[Medical Student Education: Cost, Debt, and Loan Repayment Facts](#)

[MSAR®: Getting Started \(Kindle\)](#)

[Report on Medical School Faculty Salaries 2009-2010](#)

[The Case for Strategic Talent Management in Academic Medicine](#)

[The Official Guide to the MCAT® Exam \(2nd Edition\)](#)

[Women in U.S. Academic Medicine: Statistics and Benchmarking Report 2009-2010](#)

## AAMC Leadership Team



Darrell G. Kirch, M.D.  
President and Chief  
Executive Officer



Carol Aschenbrener, M.D.  
Chief Medical Education  
Officer



Ann Bonham, Ph.D.  
Chief Scientific Officer



Joanne M. Conroy, M.D.  
Chief Health Care Officer



Atul Grover, M.D., Ph.D.  
Chief Public Policy Officer



Bernard K. Jarvis, M.B.A., C.P.A.  
Chief Financial and  
Administrative Officer



Robert F. Jones, Ph.D.  
Chief Operating Officer



Jeanne L. Mella  
Chief Information  
Officer



Marc A. Nivet, Ed.D.  
Chief Diversity Officer



John E. Prescott, M.D.  
Chief Academic Officer



Jennifer M. Schlener  
Chief of Staff



Elisa K. Siegel  
Chief Communications and  
Marketing Officer



Frank Trinity, J.D.  
Chief Legal Officer