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**SOCIETY OF DIRECTORS OF RESEARCH IN MEDICAL EDUCATION
EXECUTIVE COMMITTEE MEETING**

Ann Arbor, Michigan
August 15 & 16, 1988

AGENDA

Implementation of Mission Statement

1. Announcements/Set Agenda
2. Minutes of Executive Committee/Spring Meeting
3. History of SDRME
4. SDRME Dues
5. Joe's Letter to Ed Rosinski
6. Membership and Survey Committee Reports
7. Liaison Activities
 - a. Development of liaison policies and procedures
 - b. AMA
 - August 26, 1988 meeting
 - informal/formal
 - projects - longitudinal
 - c. NIH
 - prioritize recommendation
 - NIH liaison committee
 - d. AAMC
 - response from AAMC
 - Associate Editor, Wayne
 - other initiatives
8. Development of SDRME
 - a. Policy and procedure manual
 - b. Brochure

9. Strategies for Attending to:
 - a. Critical Success Factors
 - funding agencies
 - improve quality of research
 - council of Deans
 - increase membership
10. Strategies for Promoting Values
 - Scholarship
 - dissemination of new knowledge
 - development, implement, reevaluate programs
 - Collegiality
 - support members
 - Service
11. Strategies for Our Vision Statement
 - recognize for advancing field of medical education
 - increase number of units
 - internationally known
12. World Federation of Medical Education
 - Edinburgh Declaration
 - response to selection and evaluation of projects
13. AMA Open House in November
14. AAMC 1/2 Day Agenda

MINUTES
Meeting of the Executive Committee, SDRME
August 15-16, 1988
Ann Arbor, Michigan

AUGUST 15 - 7:00 P.M. - 10:00 P.M. - ALL PRESENT

- During dinner, previously distributed agenda (attachment 1) was reviewed and Dohner recounted his attendance at the World Federation of Medical Education meeting in Edinburgh (see agenda item 12 below).

AUGUST 16 - 8:00 A.M. - 5:00 P.M. - ALL PRESENT
(Abrahamson departed 4:00 P.M.)

Agenda 1 - Announcements/Set Agenda Dohner convened meeting, noted distribution of all Skaneateles meeting materials to all members, (including minutes) and he stated three broad issues that concerned him and hoped that we could discuss these issues within the context of working through our formal agenda. The issues were:

1. Responsiveness of members (Dohner noted 3 letters from members since Skaneateles).
2. How much should we be doing as a society?
3. How do we as a society respond to other organizations such as AMA, AAMC, NIH, etc.?

With respect to issue 1, Sheehan noted (from Hale Ham) that responsiveness tends to increase as issues of concern move from being abstract to becoming concrete. Davis noted that responses to the dues statement would be informative.

With regard to issue 3, it was noted that this would be covered during discussion of agenda item 7, liaison activities.

Agenda 2 - Minutes of Executive Committee/Spring Meeting Minutes of Spring meeting were approved.

Agenda 3 - History of SDRME Publication of The History of SDRME, written by Ed Rosinski, was discussed as follows:

- laser printing
- attractive cover
- 200 copies
- include notation showing SDRME as publisher
- get some help from graphic artists
- include preface by President of SDRME noting unique perspective of author
- Dohner will follow through.

Agenda 4 - SDRME Dues Dues memo and invoice, developed by Davis, were discussed (attachment 2). Following changes were agreed to:

- memo should show dues for Institutional Unit; not Director/Unit
- invoice should show Davis as Treasurer, SDRME
- change remit date to 1 October
- delete, "if you have already paid ..." from invoice

Davis will plan to send second notices, where needed, by October 15. Note letter from Dohner to Krum (attachment 3) establishing SDRME account at University of Michigan.

Agenda 5 - Joe's Letter to Ed Rosinski Discussion centered around the second paragraph of Sheehan's letter to Rosinski (attachment 4). Although not formally endorsed as a request from SDRME to Rosinski, the notion of a retrospective look at the activities of the pre-formal organization society - accomplishments, mistakes, contributions, institutional impacts, etc., was quite attractive. Abrahamson will discuss informally with Rosinski.

Agenda 6 - Membership and Survey Committee Reports Dohner will talk/write to Meleca re executive committee interests in "ad hoc" or "ex officio" members (non-voting); emeritus membership (but clarified); and sentiment against "honorary" members. Dohner will also communicate with Littlefield re executive committee interests in surveys, to wit: "skeletal approach omitting mission and effort and including budget and sources; perhaps salary survey every 2-4 years". *

* Executive Committee Minutes, June 22, 1988

Agenda 7a. - Development of Liaison Policies and Procedures Dohner noted Davis letter to Dohner of July 12 (attachment 5) and Dohner elaboration thereof into Guiding Principles for Liaison Relationships for SDRME (attachment 6). These guidelines were discussed extensively, reflecting the importance of this issue, and were revised as shown in attachment 7.

Agenda 7b. - Liaison Activities - AMA Dohner noted that the liaison meeting with AMA, originally scheduled for August 15, had been rescheduled for August 26, 9:00 - 11:00 A.M. All Executive Committee members were invited to join Dohner and Davis. Williams agreed to do so. At the meeting, Dohner anticipates that we will meet with Drs. Roy Schwarz, Carlos Martini, Bud Baldwin, and Henry Jonas. He anticipates three agenda items:

- continuing discussion of an informal relationship between SDRME and AMA.
- possible SDRME participation in AMA sponsored longitudinal study.
- discussion of AMA orientation/open house during AAMC meetings for SDRME members - to help us better understand AMA (perhaps late Monday afternoon November 14 following SDRME meeting and at AMA building).

Following points were made in discussion:

- AMA now provides mail and phone service at AMA for the Society of Medical College Directors of Continuing Medical Education.
- How strong is the AMA commitment to medical education?

Agenda 7c. - Liaison Activities - NIH Recommendations from the Stritter/Davis memo to SDRME June 22 (attachment 8) were discussed in detail:

1. "Develop a list of educational issues, recommendations or potential educational topics every two years and communicate it to appropriate individuals at NIH" - Instead of developing issue lists, send selected articles and abstracts, with notes establishing contexts to appropriate individuals at NIH.
2. "Possibly subscribe to NHB, a newsletter which is \$165 a year with the best update information about what is happening at NHLBI" - SDRME informs members about this newsletter, but Society per se should not subscribe.
3. "Stay in touch with Bill Harlan to see if selected members of our group might be appointed to his advisory committee and eventually to his charter committee if it is approved. A charter committee for his prevention division is currently being considered" - Davis will send a membership list to Harlan.
4. "Be aware of a new NHLBI program, R 18-Education and Demonstration Research Grants. This is a new process, the applications for which must be discussed by an intermediate group for programmatic relevance and importance. This program funds many educational research projects and is definitely worth considering for units of our type" - SDRME should provide copies to members. Done. (See attachment 9).
5. "Propose running a workshop on scientific issues around education in which we would focus on educational research regarding specific disease states. For example, the role of continuing education in lowering cholesterol levels in the US public would be one such possibility. This proposal would go to Bill Harlan and Elaine Stone at NHLBI. It would be a way of obtaining visibility" - NIH Liaison Committee should do this (see below).
6. "Individual investigators should work in collaboration with the staff at NHLBI to develop good research proposals. Many of the staff are interested in discussing possibilities" - This is an open invitation to each SDRME member.
7. "Submit selected curriculum vitae of directors to the Division of Research Grants and the Review Branches so that more could be nominated to serve on the committees. Bill Friedewald indicated that we should carefully select CV's and not simply send a list of all interested individuals" - NIH Liaison Committee should establish criteria thought to appeal to NIH and invite membership self evaluation and possible response. Executive Committee suggests criteria as follows: associate professor or equivalent (and higher), participated in previous reviews,

has had NIH grant, has published in referred journals.

- 8. "Periodically submit examples of excellent research publications to selected individuals at NIH in areas where we consider them relevant. This could possibly be combined with the first recommendation and undertaken every other year" - See response to recommendation 1.
- 9. "Continue to talk with NIH staff so that SDRME members could be added to ad hoc and special review panels" - NIH Liaison Committee responsibility.
- 10. "NHLBI is obviously interested in increasing and improving health care delivery through educational and outreach programs. Such programs, however, must be carefully researched to demonstrate their effectiveness" - NIH still needs to be convinced that having educators on NIH grants leads to better outcomes.

Dohner will appoint NIH Liaison Committee (Davis, Brooks, Littlefield, Ingersoll) with report anticipated at November meeting.

Establishment of this committee suggested consideration of additional liaison committees. Executive committee sentiment was that explorations with the AMA have not moved far enough to warrant a liaison committee. Maatsch and Sheehan will informally explore possibilities for liaison with NBME.

Agenda 7d. - Liaison Activities - AAMC Dohner noted that, although there had been no response to his June 10 letter to Kitay (see Skaneateles meeting materials) several interesting events have taken place as noted in Davis letter to Dohner of July 12 (attachment 10).

- John Littlefield has been appointed to the RIME committee, and joins Davis there.
- Davis will chair RIME for the coming year.
- Davis will serve as Associate Editor for Innovation in Medical Education of the Journal of Academic Medicine.

Further discussion re our relationship with the AAMC included:

- letter to Petersdorf or Kettle from Dohner, following discussions with Anderson, indicating our competence and interest in making substantive contributions to the AAMC (a "take the high ground" letter).
- Maatsch will talk with his dean, Don Weston who believes there are several issues related to medical education (especially teaching in ambulatory care settings) where the AAMC Council of Deans might like hear authoritative reviews from SDRME. (see also discussion under Agenda 9, 10, 11)
- Dohner will pursue the idea of an AAMC open house for SDRME members during a future AAMC meeting in Washington.

Agenda 8a. - Development of SDRME - Policy and procedure manual Williams will compile list of current committees and will make provisions for routine updating. Williams will also begin planning a policy and procedures manual for the Society. (committee structure shown in attachment 11)

Agenda 8b. - Development of SDRME - Brochure Maatsch will prepare draft of SDRME brochure for review in November.

Agenda 9 - Strategies for Attending to Critical Success Factors;

Agenda 10 - Strategies for Promoting Values;

Agenda 11 - Strategies for our Vision Statement Revisions were made in the July 15 version of our statement of MISSION, VALUES, VISION and CRITICAL SUCCESS FACTORS. A copy of this revision is provided in attachment 12.

Ideas for strategies for attending to Critical Success Factors were developed as follows:

1. Improve the quality of research in medical education
 - follow through on relationship with NIH
 - contribute articles to RIME and Journal of Academic Medicine
 - form an Association for Research in Medical Education
 - certification of research specialists in medical education
 - nurture and protect faculty who are doing good research in medical education
 - SDRME sponsors competition for best research paper presented at RIME, Generalists, STFM, ASE, etc.
 - SDRME offers workshop on new research techniques
 - inventory, through Directors, all faculty in medical education units with brief description of research interests and activity
 - have outside speaker at spring meetings to focus on research techniques
 - arrange for peer critique of research proposals prior to submission
 - encourage faculties to attend AERA pre sessions
 - arrange for SDRME members to wrestle with this issue (see agenda 14 below)

2. Create a clear and favorable conception of our profession in the Council of Deans
 - get on Council of Deans agenda to present on topics of interest to deans - suggested topics included:

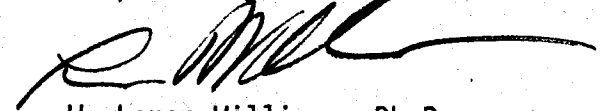
- faculty development (in this connection see attachment 13, a piece provided by Maatsch from a meeting of the Council of Academic Societies)
 - teaching in ambulatory care settings
 - applicant pool
 - affirmative action that works
 - distinction between academic and non-academic disciplinary actions regarding students
 - assessment of clinical competence of students
 - efficacy of problem based learning
 - career choice of medical students
 - medical informatics
 - criteria for promotion of faculty who are clinician teachers
 - other topics from informal conversations between SDRME members and own deans
3. Increase membership and number of units of research in medical education
- determine if there are hidden offices
 - need to sharpen arguments for efficacy of stand alone units
 - interview deans with and without units
 - get more involved in accreditation process
4. Develop strong relationships with funding agencies and organizations (see agenda 7b, c, d).

Agenda 12 - World Federation of Medical Education Dohner provided copies of Edinburgh Declaration (attachment 14) and editorial pieces by H.J. Walton (attachment 15). Walton had requested that SDRME, through Dohner, provide ideas on criteria for selecting countries in which medical education reform, as outlined in the Edinburgh Declaration, might be supported (not a lot of money, however) and ideas for criteria to be used in program evaluation. Each SDRME member is invited to send ideas to Dohner.

Agenda 13 - AMA Open House in November (see agenda 7b)

Agenda 14 - AAMC 1/2 Day Agenda Executive Committee. (Draft will include small group work on critical success factors - especially improving quality of research and on international thrust of SDRME).

Respectfully submitted:



W. Loren Williams, Ph.D.
Secretary
September 22, 1988