

Members Present (for all or part of the meeting): Mark Albanese (Wisconsin), Bill Anderson (Michigan State), Giulia Bonaminio (Kansas), Gwendie Camp (Texas/Galveston), Sheila Chauvin (Tulane), David Cook (Alberta), Carol Elam (Kentucky), Kristi Ferguson (Iowa), Larry Gruppen (Michigan), Robin Harvan (Colorado), Diane Heestand (Arkansas), Maurice Hitchcock (USC), Carol Hodgson (UCLA)*, Sharon Krackov (NYU), John Littlefield (Texas/San Antonio), Kathleen Mazor (UMass)*, George Nowacek (MCO), Linda Perkovski (Texas/Houston)*, Gordon Page (UBC), Michael Ravitch (NorthWestern)‡, Myrnice Ravitch•, Charlotte Ringsted (København, Denmark)†, Les Sandlow (Illinois), Frank Schimpfhauser (NY/Buffalo), Hilary Schmidt (Columbia), John Shatzer (Johns Hopkins), Judy Shea (Pennsylvania)*, Jamie Shumway (West Virginia), Deb Simpson (MCW), John Veloski (Jefferson), Fred Wolfe (Washington)

* New members † International member ‡ Emeritus member •Guest

Membership and Society Officials

The new members were introduced by the Membership Chair, John Shatzer, who also introduced the International member, Charlotte Ringsted. David Cook announced the results of the election. Sheila Chauvin and George Nowacek were elected to the Executive Committee, after a closely fought race. Hilary Schmidt and the Nominating Committee were thanked for the excellence of the candidates nominated. Gwendie Camp announced that the Executive Committee had approved the following officials for the coming year:

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| • Past-President: Gwendie Camp | Treasurer: Jon Veloski |
| • President: Sharon Krackov
Nowacek | Treasurer-elect: George |
| • President Elect: John Shatzer
Shatzer | Membership Chair: John |
| • Secretary: David Cook
Sheila Chauvin | Membership Chair-elect: |

Treasurers Report

Jon Veloski provided the meeting with the Treasurers Report. Dues have been received from all but about twenty members. An overview of the trends in the finances of the Society reveals that the bank balance is stable, with some recent increases in both income and expenditures. In general we spend what we gain each year. Decreases in revenue, for example arising from the discontinuation of a grant from Upjohn, has been offset by increased membership. An item for discussion was the AAMC/SDRME leadership workshop, which, each year, absorbs about 20% of our total income. The treasurer agreed to provide a draft budget for the coming year to see if this sort of planning improved our status, as opposed to spending on the basis of need.

"One minute updates" were then given by each member present.

- **George Nowacek:** Development of a creative education centre/Accepted as site for NBME testing student evaluation. George will be moving to a position as Director of the Office of Medical Education at Wake Forest University.
- **Jon Veloski:** Obtained significant contracts with the Federal Government/Completed publication of an SDRME review in Evaluation in the Health Professions
- **Frank Schimpfhauser:** Has been approved as a site for Standardized Patient testing and development/15 communication cases have been developed for teaching
- **Les Sandlow:** Upcoming meeting on Medical Education to be held in Chicago/Has developed a program of on line instruction/A graduate core curriculum in medical education/EBM as a teaching tool/Curriculum change/International efforts include an MSc program for Brazil, India
- **Robin Harvan:** New building for the campus/Centre for clinical performance studies/Core competencies in yrs 1 and 2/Pilot study of return of basic sciences/New initiatives in the curriculum/Academic physician-scientist in education/Development of informatics training
- **Sharon Krackov:** New position at NYU/Curriculum change/Grant to study of teaching of humanism and professionalism/Faculty rewards and recognition
- **Charlotte Ringstead:** Postgraduate education teacher development/ Internet site for involving EBM in education/Courses for Faculty Development
- **Kristi Ferguson:** New teaching scholars program/New College of Public Health/Endowed Chair in Medical Education/New building will soon be ready
- **Linda Perkovski:** New unit/Curriculum change/Centre for teaching excellence/Educational Technology Consortium between the Texas schools
- **John Shatzer:** Year II summative evaluation using SPs/Post encounter tests/Ethical decision-making for physicians and nurses/ Increasing organ donations/"End of Life" sessions organized
- **Mike Ravitch:** No-one currently in the office at Northwestern, but Jay Thomas is expected to join shortly/SP training/Sharing of information/Dealing with "hawks" and "doves" among graders/Training in communication/Studies of student perception of learning an evaluation/Studies of Medical decision-making
- **Deb Simpson:** Development of Mission based budgeting/SP Program/Faculty Development programs in place/Education modules for community preceptors available on the web/Development of a mentor program/Requirement of a teaching portfolio has led to guidelines for rank and tenure decisions/Input and advice welcomed on initiative on end-of-life and palliative care education
- **Jamie Shumway:** Medical Education team includes Office of Student Affairs + Jamie's Office/Curriculum Development/Student Affairs involvement an monitoring of academic progress/LCME accreditation coming up. Jamie will be taking a sabbatical, and welcomes information and advice
- **Diane Heestand:** Major emphasis on training in Geriatrics/Distance education/Faculty Development with a teaching scholars program for distance learning in a variety of areas/Development of some new research initiatives

- **Giulia Bonaminio:** Major effort has been involved in facilitating major curriculum change
- **Kathleen Mazor:** Approved as NBME test site/Development of a Curriculum in Communication/Database development/Curriculum inventory
- **Judy Shea:** Development of new integrated clerkships/requirement for teaching portfolios/Program which will provide an integrated approach to nutrition
- **Larry Gruppen:** Medical Education Scholars Program which involves 12 Faculty for one half day each week./A curriculum in multiculturalism/Institution of a small grants program
- **Bill Anderson:** Piloting developments in the medical school curriculum/A program for development of residents as teachers/computer "boot camps" to assist in the use of technology and for such things as developing course websites/Information management and science will be a new component of undergraduate medical training
- **Maurice Hitchcock:** Curriculum reform/Faculty development for teaching-learning-leadership-management/Regrowth of the Department at USC with the appointment of three new staff/ Development of a testing service (advice welcomed)
- **John Littlefield:** Development of a satellite campus/New curriculum which makes use of 3rd year students as tutors for 1st year students/Technology-based evaluation of teaching
- **Mark Albanese:** Faculty development program/ Teaching, leadership, core doctoring curriculum/Distance education/Professional skills assessment/Some new Government money is available
- **David Cook:** Interprofessional education course initiated/Small grants program for Medical Education Research/Anonymous student comments available to instructors. New Curriculum and LCME Accrediation happened this year
- **Gwendie Camp:** Accreditation by LCME happened this year/New curriculum/Mission-based management program/OED "Scholars in Education" program/Would welcome applications for vacancies in Medical Education (Position in Faculty development, as Educator in the Departments of Internal Medicine and Surgery)

Tributes

- **Mark Albanese** was congratulated for being the recipient of the Hubbard Award. It was pointed out that this prestigious award has been received by members of SDRME a number of times previously
- **George Miller** who died last year received a tribute from Les Sandlow, who stressed the pivotal role George played by institution of the principles of adult education into medical training, and by forming an office of research in medical education. This office became a centre of educational research, faculty development, assessment, and investigation of curriculum change and its impact. George was also, perhaps, responsible for the concept of a Masters program in research in Medical education. He was a strong leader and a forceful personality right up to the time of his sudden death.

- **Mike Ravitch** had been unanimously elected by written ballot to Emeritus status at the beginning of the meeting. Frank Schimpfhauser, John Shatzer and Linda Perkowski recalled a number of Mike's more successful jokes, and Frank presented Mike with a plaque, which, with extraordinary tact, made no reference in its inscription to any of Mike's jokes, but did point out the huge contributions he has made to the Society. Mike thanked everyone and assured us that his supply of jokes was far from exhausted.

Membership Survey

Mark Albanese reported that he was working with George Nowacek on the development of a web-based survey. Gwendie Camp emphasized the importance of this survey and asked for everyone's co-operation in completing it. If you fail to complete the survey because of problems with the questions asked, please call Mark, rather than simply failing to send it back.

Web Page

Diane Heestand, the Webmaster, reported that the site had had 3000 hits in June of this year. Please check that the information about you and your School is correct, and if not send the new information to Diane. She suggested that there be a Domain Registration of the URL, and SDRME.org is available. This was *approved unanimously*.

SDRME Projects

The *SDRME/AAMC Professional Development Conference* This matter surfaced again later in the meeting. That discussion is included in this section of the minutes.

- Funding for has been approved for this year, but the future of the program is to be reconsidered.
- The program was recognized as valuable, but SDRME needs to be much more prominent at the conference itself. This could be achieved by:
 - Having an information session on SDRME which describes our structure and function
 - Arranging a session in which the interaction of service and research is discussed and emphasized
 - Ensuring that there is a more general discussion of speakers and program within SDRME
 - Provide those attending with a membership list and other details about SDRME
- The conference should be self-supporting. Currently support for this meeting consumes about 20% of our annual income.
- It would be helpful if we had a list of the registrants from past workshops, both from the administration and from SDRME

A discussion of the SDRME/AAMC Professional Development Conference will be added to the agenda of the Fall meeting of SDRME. Before that meeting, Sharon Krackov and Brownie Anderson will meet to discuss this matter.

Commissioned Review status is as follows:

- The "Research Methods Handbook" – Geoff Norman and others has been shelved. The participants have insufficient time to complete this project
- The Review Paper on Professionalism has been shelved. The project proved to be more difficult and diffuse than originally anticipated
- The Review Paper on health care systems has just been published (Xu, Hojat, Veloski, Gonnella, *The Changing Health Care System: A Research Agenda for Medical Education, Evaluation and the Health Professions*, June, 1999, 22(2)152-168).
- The Review Paper of Evaluation using Standardized Patients which has been stalled for some time has been re-activated. Emil Petrusa and John Shatzer will have a draft suitable for publication submitted by the beginning of next year.
- A review paper on Changes in Curriculum will be drafted by Dr. Joel Lamphear from UTMB. Sharon Krackov and Sheila Chauvin will be the Society liaison and collaborators on that publication.

There have been two other informal applications to write reviews for SDRME.

It was emphasized that this is an important activity. If you are interested in authoring a review, please let the Executive Committee have a note of your intentions in this regard.

The **FMER** program was reviewed by Bill Anderson and George Nowacek. This matter surfaced again later in the meeting, and that discussion is included in this section of the minutes.

Bill and George suggested that it was time to re-think the FMER model. There are various other options: The Fellows could become involved in the Teaching Scholars Programs at the various sites, the responsibility for the program could be redistributed to the different regions of GEA-RIME, or perhaps the program should focus on the placement of applicants from schools which do not have their own office of medical education. Regardless, the FMER program will not survive unless SOMEONE takes a leadership role.

Although there was no immediate consensus as to the role of SDRME in the FMER Program, there was general support for examining possible changes. A motion that SDRME support the FMER program and that the Society agrees to provide mentors was proposed and seconded (Hodgson, Heestand) and carried with no dissenting votes. The following plan was developed:

- Sharon Krackov will initiate a discussion with Brownie Anderson at AAMC

The future of the Society

Much of our time at Spring Green was taken up with a discussion of what we are, what we should be, and how the meetings of the Society should reflect these issues. This is a continuation of the discussion which was started at the Fall meeting in New Orleans, in 1998. To provide a chronological account of this wide ranging debate and the contributions of each discussant is not useful. These notes represent a synthesis of the reasoned view of the membership. I hasten to add that, there was considerable agreement, but no absolute consensus. I hope that these notes are an adequate representation of the views expressed. Everyone present contributed at least one idea or comment. I hope you will forgive me, for presenting these notes without reference to the originator of the thought, and for grouping them logically rather than chronologically.

The original "non-group" formed at a time in which the environment for medical education was very different. RIME did not exist, there was extensive dependence on "soft-money" and the original concept which developed into SDRME was a group of maverick medical education researchers who met to provide mutual support under circumstances where there was little or no outside help. The original group was "politicized" over some early objections, because it was recognized that the group would have more clout if it was a "real" Society.

Currently, most of us spend between 10 and 25% of our time on research matters and the rest on service, which includes a variety of issues such as psychometrics for Medical Student examinations, Faculty Development, curriculum innovation and management, and so on. This does not mean that we do not care about research, nor that we fail to use research results to inform our service roles, but it does mean that the things which unite us are more likely to involve service than research. Left to ourselves, we would probably all do more in the way of research, but the reality is that we all have many roles. In addition, there are considerable differences between one Office and another and one Director and another, and we differ widely in the extent and nature of our academic experience. If wisely used this is a strength.

Thus the FUNCTION of SDRME can be seen as the following:

- To provide a collegial atmosphere for interaction and networking among those who have some problems and delights in common.
- To provide some external validation and credibility for our Offices and ourselves
- To share perspectives on research which will inform the direction of medical education training in our own institutions. That is, to learn more about research in medical education.
- To learn things which help to make us more effective and make our lives easier in all our professional roles, from the wisdom and experience of others.
- To help with matters such as recruiting, promotion etc.
- To contribute to the development of medical education in North America and beyond by providing a visible leadership organization

Or, more concisely, **TO LOOK AFTER OURSELVES AS A GROUP, TO THE BENEFIT OF MEDICAL EDUCATION.**

Our meetings and other activities should thus reflect these functions. If they do, the Society will flourish, because we all want things which help us; we all want to look after ourselves. If the meetings lose focus, and become diffuse, and there is either too little free time for the communication we need, or too much free time, so that the meeting becomes a boondoggle, we will be in trouble.

The following are concrete suggestions for improving our Society:

49. Get a one-page summary of the progress of each attendee in advance of each meeting, and distribute it. This would make the "one minute updates" more focussed, give the Directors more chance to think what information will be useful to others, and provide a reference sheet for those who were not able to attend the meeting.
50. Invite individuals to identify one or two interests in which they would really like some advice, and one or two areas where they feel that they could offer some advice, before they attend the summer meeting. We would then form small "focus groups" at the meeting, who would have time to interact in depth about topics which were high on their agenda.
51. Ask each Director, to provide a one-page outline of the nature of their office – what we do and how we do it, and put this on the web, with a required update every couple of years. This should include the research mission.
52. Consider having an "open house" immediately before the summer meeting, in which those members who wished could visit the office of the "host" director, meet the staff, and gain an in depth understanding of the function of that office.
53. Prepare an expertise list, including both research interests and service experience (this may need to be recorded both by Director and by office, since there may be a great expert on one area in our office who is not the Director of the Unit)
54. Invite experts to our meetings from time to time, who are not members of SDRME, but who can help us.
55. Focus on the practical things – the day-to-day stuff which drives us crazy, and where outside advice or discussion can really help.
56. Collaborative research is an area which receives little focus in SDRME, but the Society is a perfect environment in which to initiate just that. This is both trendy and sensible.
57. We need to make sure that new members receive useful experiences at the meetings, and a periodic check to make sure that the Society is meeting their needs is a good idea.
58. The issue of structured vs unstructured time is controversial. Some want to start earlier and finish later, so that more is achieved in a formal setting, while others want unstructured time so that there are lots of highly profitable informal exchanges. A compromise might be to have the "clusters" or "focus groups" meet together for some mutually agreed social activity for one of the afternoons, where there is lots of opportunity for work-related chat, but we are not actually in a hotel seminar room.

We need both value and enjoyment in belonging to SDRME, for the Society to flourish. If the meetings become all work in uninteresting places, we will lose people – if they are fun but a waste of time in terms of our role, we will lose people.