### TABLE OF CONTENTS

1. AAMC President’s Message
2. Program Spotlight
4. 2009 Program Highlights
16. Quick Reference—Did You Know?
17. Academic Medicine Last Page: 10 Years of Project Medical Education
18. Resources
18. Photo Credits

*cover photos: Taylor Cook with Texas Governor Rick Perry’s Health Care Policy Council and Hailey Vincent, a fourth year medical student, listen for a beating heart of a patient simulator during Operation Scott & White-A&M HSC. Justin Palmer, legislative assistant for U.S. Representative John Boccieri, confidently practices his new-found medical skills at The Ohio State University Medical Center. (Center), Marc Bertrand, M.D., director of graduate medical education, poses for a class photograph with Dartmouth-Hitchcock Medical Center PME participants.*
Dear Colleague:

Not only did 2009 mark Project Medical Education’s 10th anniversary, it also set a record for the number of programs hosted. Last year, 15 AAMC member institutions from across the country conducted 21 Project Medical Education (PME) programs. What began ten years ago as an idea by a few AAMC constituents to ensure Congress had timely and accurate information has become an institutionalized effort to proactively educate policymakers, opinion leaders, and the public about the vital role academic medicine plays in our health care system.

Through Project Medical Education, our member institutions this year engaged federal and state policymakers, their staff members, and other leaders in a memorable set of educational activities. Whether participating in a mock white coat ceremony, shadowing an attending physician on her rounds, or taking part in a panel discussion on medical education, PME participants saw first-hand what a day in academic medicine is like. Project Medical Education promoted a better understanding of academic medicine and its tripartite mission of education, research, and patient care, as well as the complex funding mechanisms that support our institutions. Year after year, Project Medical Education has shown itself to be highly effective at addressing knowledge gaps and cultivating new champions for academic medicine.

Our challenging journey toward health care reform further affirms that our need to inform legislators and thought leaders about the work of our institutions is more important than ever. In many ways, the debate has provided a valuable “teaching moment,” reminding us that we must employ every tool possible to inform policymakers about the innovation taking place at our medical schools and teaching hospitals.

I hope you enjoy reading about the 2009 programs detailed in Project Medical Education—2009 Year in Review, and I invite you to take an active part in our ongoing initiatives.

Sincerely,

Darrell G. Kirch, M.D.
President and CEO
Association of American Medical Colleges
What better way for legislators to learn more about medical education, research, and two topics that particularly affect Kentuckians—obesity and diabetes—than to make them an actual medical student at the University of Kentucky? While it was a daunting task squeezing four years of medical education into just nine hours, that is precisely what we did when we hosted 25 legislators and community leaders for our first Project Medical Education (PME). After being transformed from suit coats to white coats during a “white coat ceremony,” legislators attended lectures on metabolism, diabetes, and obesity; toured our gross anatomy lab; learned about the difference between a normal and a fatty liver in a histology small group study session; toured radio telemetry labs, metabolic chambers, and other research labs to learn how UK studies the effects of hypertension, diabetes, and obesity; participated in clinical rotations with UK physicians, residents, and medical students; and graduated and received their “Match Day” placement information for their residency programs together with a statement of the debt they had accumulated over “four years.”

The PME was a resounding success, and I believe having a single theme throughout the day really helped tie all the many parts together for the participants. Although they were exhausted at the end of the day, the legislators were blown away by the hands-on experience they had just completed. One legislator even stated, “This has been my best day since joining the legislature 13 years ago.” This was such a great experience that UK College of Medicine by “popular demand” will be holding two more PME events in 2010 during the College of Medicine’s 50th anniversary. Because of the buzz this event has created, our university president has chosen to serve as a host for one event designed for business leaders and donors. In August we will hold an additional PME for another 25 legislators who had heard about the last event and want to attend.

After hosting this PME, we quickly realized that it is “the gift that keeps on giving.” We have strengthened our rapport with many of our state leaders who have reached out to us since conducting this event and we have even been in contact with some of them since completing this event. Without a doubt, hosting a PME has been one of the most successful institutional advancement programs our college of medicine has ever undertaken.

“Without a doubt, hosting a PME has been one of the most successful institutional advancement programs our college of medicine has ever undertaken.”

At-a-Glance

Project Medical Education (PME) is helping to educate Congress, congressional staff, and other federal and state policymakers about medical education—its process, the benefits it provides, its complex funding mechanisms, and the essential role of the government in providing financial support. PME promotes an on-campus model educational program to reach all congressional delegations and other key audiences that will empower them to make insightful decisions on issues that affect the future of medical education.
It’s one thing to talk with policymakers and opinion leaders about the role and challenges of a teaching hospital. It’s another thing altogether to invite them to experience our mission first-hand. At Dartmouth-Hitchcock Medical Center (DHMC), our Project Medical Education (PME) participants interact with medical students, faculty, researchers, residents, and fellows. That personal interaction gives them a unique look at our unwavering commitment to “advance health through research, education, clinical practice, and community partnerships.”

Many PME participants have told me that one of the highlights of the program is meeting Dartmouth Medical School (DMS) students and faculty. They learn what an average day is like for a student in each class year and what these students hope to accomplish in their careers. We present the core values and skills we strive to instill through the DMS curriculum. It’s a wonderful conversation and covers everything from career choices, student loan debt, match programs, and physician reimbursement. The students are inspiring and the faculty members can’t help but convey their excitement about teaching these future physicians.

My favorite part of PME at DHMC is when our participants debrief at lunch on the second day of our program. They have just completed their “residency,” shadowing a resident or fellow in patient care areas. I usually ask, “What did you observe?” or “What surprised you?” Their responses inevitably hit upon an important facet of our mission. They frequently comment on how well the physician explains the diagnosis and treatment plan to the patient and family; how compassionate and personal they are. They are often amazed at how teaching is woven into every patient care experience and how every member of the care team is engaged. Our PME participants have varied experiences: running with the hospital code team; witnessing childbirth; observing surgeries; and seeing patients with ravaging conditions such as that resulting from life-long smoking. Nothing is scripted. What they see is what happens every day at DHMC. They usually are in awe of the health care providers they shadow and have a new respect and understanding for what it means to be a teaching hospital.

And that is the whole point of Project Medical Education at DHMC—educating policymakers and opinion leaders about the role and challenges of a teaching hospital. After several years of hosting PME, there are nearly 100 individuals in New Hampshire and Vermont who have a better appreciation for our mission. That
knowledge helps guide them in the policy and business decisions they make that are related to health care.

Project Medical Education is a wonderful collaborative effort of DHMC’s graduate medical education and government relations departments and the dean’s office at Dartmouth Medical School. The guidance offered by the Association of American Medical Colleges has also been invaluable to the success of our PME program. I would encourage other teaching hospitals to consider a Project Medical Education program at their institution.

Last spring, I received a message from Atul Grover, a George Washington University School of Medicine and Health Sciences alumnus and the AAMC’s chief advocacy officer, about having his alma mater serve as a host for a Project Medical Education (PME) session in Washington, D.C. Dr. Grover pointed out the benefits of having a PME session in the nation’s capital over the summer session break for Congress.

On August 25, we held a day-long session for congressional staffers. The PME attendees included members of the Senate Committee on Health, Education, Labor, and Pensions; members of The Medicare Payment Advisory Commission (MedPAC); and employees of the Centers for Medicare and Medicaid Services (CMS). When we started with a panel of GW medical students, residents, and attending physicians, the discussion quickly turned to the topic of the diminishing number of primary care physicians, student debt, and the variety of personal and structural factors that influence medical students’ career choices. The staffers’ questions were thought-provoking, and their level of understanding the complexities of health care were impressive.

I came away from the event with a greater appreciation of the difficulty of making such far-reaching policy decisions on health care. I only hope that they discovered a better understanding of the perspective of physicians and researchers on the front lines of the battle to better our nation’s health.

“The staffers’ questions were thought-provoking, and their level of understanding the complexities of health care were impressive.”

James L. Scott, M.D.
Dean, George Washington University School of Medicine and Health Sciences

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<td>Inaugural “PME Idea and Information Exchange” series launched with Louisiana schools hosting. Meeting serves as an opportunity for PME hosts to share information and best practices about their programs. Today hosts meet annually with AAMC staff for a “PME Best Practices Meeting.”</td>
<td>AAMC begins administration of program, which expands to all AAMC members. PME Participant Directory is compiled.</td>
<td>U.S. Senator Edward M. Kennedy (D-Mass) is honored with the inaugural AAMC PME Champion of Medical Education award. PME returns to Capitol Hill—luncheon held for alumni and health care staff with a focus on patient safety.</td>
<td>PME hosts first reception for AAMC deans and CEOs, members of Congress, and congressional staff in the Rayburn Building on Capitol Hill during the AAMC Annual Meeting.</td>
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2009 PROGRAM HIGHLIGHTS

During 2009, 21 PME programs were held:

- Vermont – University of Vermont College of Medicine/Fletcher Allen Health Care (4)
- Michigan – Michigan State University College of Human Medicine/Spectrum Health/Grand Rapids Medical Education & Research Center
- New Hampshire – Dartmouth-Hitchcock Medical Center (2)
- New York – SUNY Upstate Medical University
- Maryland – University of Maryland School of Medicine (2)
- North Carolina – Duke University School of Medicine/Duke University Medical Center
- Ohio – The Ohio State University Medical Center
- Washington, D.C. – The George Washington University School of Medicine and Health Sciences
- Tennessee – East Tennessee State University James H. Quillen College of Medicine and the VA Medical Center
- New York – Albany Medical Center
- Texas – Scott and White Healthcare/ Texas A&M Health Science Center (2)
- Ohio – The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute
- Michigan – Southeast Michigan Center for Medical Education/Wayne State University School of Medicine
- Kentucky – University of Kentucky College of Medicine
- New York – Weill Cornell Medical College

**Vermont**

**University of Vermont College of Medicine/Fletcher Allen Health Care (community-and-state focused)**

The University of Vermont College of Medicine and Fletcher Allen Health Care hosted 56 state legislators, community and civic leaders, and other key policymakers at one of four Community Rounds programs during 2009. In addition to the elected officials, participants represented Vermont Public Radio, the United Way, Vermont Department of Health, Champlain Valley Area Health Education Center, AARP, and others.

Two clinical rotations were a major part of the program, and a new session added this year highlighted quality and operational effectiveness at Fletcher Allen. Research sessions showcased systems and treatments for improving diabetes outcomes; exploring the links between infections and the risk of leukemia and lymphoma; chronic pain research; and the Vermont Child Health Improvement Program, now a national model for the quality delivery of children’s health care.

During the two-day program, Community Rounds interns also explored the medical education experience, from prospective student to resident, and spent time with students and faculty from the College of Nursing and Health Sciences.

The annual Community Rounds dinner drew nearly 100 alumni and faculty from the program with a presentation and discussion on Vermont’s innovative Blueprint for Health medical home project.

The program continues to be a great success, with nearly 350 leaders invited to the 2010 planned programs.

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**2006**

9 programs

**2007**

13 programs

- PME hosts second reception for AAMC deans and CEOs, members of Congress, and congressional staff in the Rayburn Building on Capitol Hill during the AAMC Annual Meeting.

- New congressional ethics rules are released, and PME releases compliance guidelines for these new travel and lobbying regulations.

**2008**

15 programs

- PME private Web site launched as a source of information for PME hosts.

**2009**

AAMC-member institutions host a record 21 programs.
Michigan
Michigan State University College of Human Medicine/Spectrum Health/Grand Rapids Medical Education and Research Center (state-focused)

Michigan State University College of Human Medicine, Spectrum Health, and the Grand Rapids Medical Education and Research Center jointly sponsored a Project Medical Education program at the Spectrum Health Medical Center in Grand Rapids for 13 state legislators and two house leadership staff members.

The half-day interactive workshop focused on timely issues including physician loan repayment, Medicaid graduate medical education, and Medicaid physician payments. During the workshop, the legislators received their white coats, experienced the classroom, and joined residents and College of Human Medicine students in diagnosing and treating simulated patients. The legislator-students also waited with anticipation to learn if they matched to their residency choice and later joined residents and physicians on morning hospital rounds.

For many legislators, this was the first time they fully understood the relationship between medical schools, residency programs, and hospitals – and the impact medical education has on access to health care. “Project Medical Education was an informative experience for me and has helped me immensely with health care policy making decisions,” said Roy Schmidt, state representative (D-Grand Rapids).

The three sponsoring organizations are currently in the process of planning a Project Medical Education experience this spring for federally elected officials and key staff.

New Hampshire
Dartmouth-Hitchcock Medical Center (community- and state-focused)

This year, Dartmouth-Hitchcock Medical Center hosted its seventh and eighth PME programs in Lebanon, N.H. Participants came from a variety of state and national organizations, including the New Hampshire Endowment for Health, the N.H. Hospital Association, the N.H. Governor’s Office, the U.S. Senate Budget Committee, U.S. Rep. Paul Hodes’s (D-N.H.) office, state legislators, and others.

The day-and-a-half program focused on both undergraduate medical education and graduate medical education. During day one, participants were introduced to the fundamentals of clinical practice and the education that shapes today’s well-rounded, empathetic doctors. Adding to the messages, medical students spoke candidly about their motivations and decisions to enter medical school.
On the second day, participants visited the new 8,000-square-foot state-of-the-art Patient Safety Training Center, designed for lifelong learning. Rounding experiences with residents allowed participants to tie it all together—from the early stages of education to the intense levels of collaboration that exist all the way to a patient’s bedside.

New York
SUNY Upstate Medical University (state-focused)

The SUNY Upstate Medical University in Syracuse, N.Y., hosted its sixth PME for an audience of 17 individuals who work in state government policy and funding. Participants included an elected official, representatives from the division of budget, department of health, staff from health and higher education committees, and individual legislators’ staff.

The day-and-a-half program focused on academic medicine—its complex mission, funding streams, and challenges. During laboratory visits, participants learned about National Institutes of Health funding and its role in bringing research from the bench to the bedside; they also were introduced to the importance of standardized patients in the medical education learning process. Some new sessions this year included “The Life of a Medical Student” panel and a workforce panel done in cooperation with the state hospital association and the local medical society. Participants also were treated to a sneak preview of the almost-completed new children’s hospital.

As in past years, the program continued to cultivate connections between the leaders at Upstate and the policymakers who shape policy and funding decisions. “PME is one of the most important tools we have to build understanding and support for our mission,” says David R. Smith, M.D., president of SUNY Upstate Medical University. “I look forward to each program as much as the participants.”

Maryland
University of Maryland School of Medicine (state-focused)

The University of Maryland School of Medicine hosted its fourth and fifth PME programs for state legislators, staff, and congressional staff. Offered in two different half-day sessions, a total of 32 participants attended, including U.S. congressional staff, Maryland state senators and delegates, Maryland legislative and committee staff, and staff from the Maryland higher education commission. During his welcome to participants, Albert E. Reece, M.D., Ph.D., M.B.A., vice president for medical affairs and dean, announced participants would “simulate very rapidly what it is like to go through medical school.” As the group began its fast-paced journey, participants recited the Hippocratic Oath, which, according to Dr. Reece, “represents the knowledge, skill, and community of the medical profession.”
Participants visited the gross anatomy laboratory, clinical skills laboratory, and the R. Adams Crowley Shock Trauma Center, a core element of the state of Maryland’s emergency medical system. Researchers also shared highlights from projects. In light of the recent infusion of $10 billion in National Institutes of Health funding, Curt I. Civin, M.D., associate dean for research, spoke passionately about his work saying

that “not only does research generate jobs, but research is the job.” In addition, participants learned about the University of Maryland Medical Center’s partnership with the medical school and the state and how it is a success story in privatization.

The most effective piece of the program, according to program planner Jennifer Litchman, assistant dean of public affairs, “was the interaction the participants had with our students, either while chatting one-on-one during meals, or when the students took part in the program and spoke about their own experiences at medical school [be it] scholarships, residency choices, etc.” Litchman stressed that the program is key to deepening and widening relationships with state and federal legislators and staff, and she suggests that first-time planners attend a PME session before beginning to plan as it will make the process less daunting. University of Maryland plans to conduct a program every other year, with the next one slated for 2011.

**North Carolina**

**Duke University School of Medicine/ Duke University Medical Center (federal-focused)**

As one of the founding institutions of PME, Duke University School of Medicine and Duke University Medical Center hosted a program for congressional staffers from the offices of U.S. Representatives Sue Myrick (D-N.C.), Mel Watt (D-N.C.), G. K. Butterfield (D-N.C.), and David Price (D-N.C.) during the August congressional recess. The objectives of the two-day program...
were clear: to explain the interrelated missions of academic medical centers, to enhance understanding of the key role of biomedical research in the discovery of new frontiers and the foundation for emerging practices in medicine, to demonstrate new models of care that can contribute to national health care reform, and to discuss how a public-private partnership is essential to the health and well-being of all Americans.

In tackling these topics, participants were first educated about the path to becoming a physician through hands-on demonstrations of patient simulators and 3-D virtual reality interactive technology. A visit to the emergency department demonstrated the increased pressures due to the growing uninsured and undocumented population base, increased mental health needs, and disaster preparedness. In another session, participants gained a clearer understanding of the emerging roles of genomics, personalized and translational medicine in the study of disease. Duke's program also explained new models of care such as the “medical home” that positions primary care within the community to ensure the most efficient use of resources. A visit to the Duke Integrative Medicine Center for Living campus exposed participants to the latest research and practice related to the roles of the mind, body, spirit, and community in a patient’s healing process.

This program, like others, opened the door to new ideas within the policymaking community. “It’s critical for Congress to understand how the policies made in D.C. impact doctors, nurses, and patients in the hospitals back home,” said Paul Vick, associate vice president for government relations for Duke University Health System. “If you don’t understand that, you can’t make good policy.”

**Ohio**

**Ohio State University Medical Center (federal-focused)**

The Ohio State University Medical Center sponsored its fifth PME for congressional staffers from the offices of U.S. Representatives Marcia Fudge (D-Ohio), Patrick J. Tiberi (R-Ohio), Steve Driehaus (D-Ohio), Steve Austria (R-Ohio), Robert Latta (R-Ohio), and John Boccieri (D-Ohio). The two-day program provided time to cover medical education, patient care, and research.

The first day began with an overview of the history of medicine from senior vice...

“**It’s critical for Congress to understand how the policies made in D.C. impact doctors, nurses, and patients in the hospitals back home. If you don’t understand that, you can’t make good policy.”**

– Paul Vick, Duke University School of Medicine

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Dean Nancy Andrews, M.D., Ph.D., cloaks participant Sarah Hale from U.S. Representative Sue Myrick’s office with the white coat during Duke’s program.

Fourth-year medical student Nikhil Theyyumi guides Sarah McHugh, legislative assistant for U.S. Representative Steve Driehaus, through the art of pig skin suturing during the clinical skills training portion of The Ohio State University’s PME.

LaDavia Drane, legislative counsel for U.S. Representative Marcia Fudge, works diligently at placing an internal line at The Ohio State University Medical Center.
“Remember that while the white coat is a very powerful symbol—like the stethoscope or the doctor’s bag—it’s the person wearing the coat that is important.”

— Steven Gabbe, M.D., M.A.,
The Ohio State University Medical Center

During the program, participants were engaged in standardized patient encounters and practiced new skills with ultrasound machines, patient simulators, and interactive activities like suturing pigskin. Other highlights included sessions about personalized health care, imaging research, sports medicine, and graduate medical education. They also met a former cancer patient who provided a riveting testimonial about his experience in a clinical trial; then, with the help of several researchers, the group role-played a research experiment that walked them through the life cycle of a cancer study. Overall, participants left with a new-found appreciation of the incredible work being done at Ohio State to accomplish overlapping missions every day.

Washington, D.C.
The George Washington University School of Medicine and Health Sciences (federal-focused)

The George Washington (GW) University School of Medicine and Health Sciences hosted its first PME program for congressional committee staff and other policymakers. The eight participants included staff from the U.S. Senate Committee on Health, Education, Labor, and Pensions Committee; the U.S. House Ways and Means Committee; the Medicare Payment Advisory Commission (MedPAC); and the Centers for Medicare and Medicaid Services (CMS).

As a medical school, GW is “no doubt driven and defined by its location being on Pennsylvania Avenue, seven blocks from the White House,” Dean James Scott, M.D., said in welcoming the group. “[In fact, this is both our] biggest strength and biggest challenge.” The school was approached by the AAMC to host a program because of its location and the need to educate committee staffers who rarely travel to state-based PME programs.

In addition to the typical PME hands-on activities such as patient rounding, standardized patient encounters, and patient simulators, GW chose to spend time focusing on physician workforce issues—how many physicians are needed regionally, nationally, and internationally, and in which fields? Due to its complexity, the questions sparked excellent conversations among the participants as well as students and residents. Some areas of discussion included primary care versus specialty care, diversity, the increase in international medical graduates, and the disproportionate share of GME slots compared to the rising number of medical school graduates. Other sessions included a personalized medicine and genomics case study and an overview of the community service outreach projects conducted in the greater D.C. community.
Tennessee
East Tennessee State University James H. Quillen College of Medicine and the VA Medical Center (federal-focused)

This summer, East Tennessee State University’s (ETSU) Quillen College of Medicine hosted its second program for congressional staffers from the offices of U.S. Senator Lamar Alexander (R-Tenn.), U.S. Representatives Marsha Blackburn (R-Tenn.), Phil Roe (R-Tenn.), John Tanner (D-Tenn.), and the chief of staff for Lieutenant Governor Ron Ramsay. Participants spent two days of programming learning about undergraduate and graduate medical education.

As noted in ETSU’s mission statement, the Quillen College of Medicine’s primary mission is “to educate future physicians, especially those with an interest in primary care, to practice in underserved rural communities. In addition, the college is committed to excellence in biomedical research and is dedicated to the improvement of health care in northeast Tennessee and the surrounding Appalachian Region.” This mission was made evident through special sessions with medical students who shared why they chose ETSU and what area they plan to practice medicine in the state. A unique feature of the program was an afternoon excursion from the campus in Johnson City to a more rural part of the state—Mountain City. In Mountain City, participants learned about the rural primary care track designed to shape the future workforce in Tennessee. Participants visited Johnson County Community Hospital, a two-bed critical access hospital site where medical students spend part of a four-month clerkship.

Other features included visits to the gross anatomy lab; the forensic facility, which houses forensic pathology and toxicology; the Veterans Affairs hospital; and the children’s hospital. Participants also worked through simulated patient case studies.

Kenneth E. Olive, M.D., F.A.C.P., executive associate dean for academic

“Because of the PME program, I was able to gain new insight in to medical school education by having the opportunity to see first-hand the medical education process through the eyes of the students, professors, and administrators.”

— PME Participant, East Tennessee State University Quillen College of Medicine
and faculty affairs, noted, “Project Medical Education proved to be a very positive experience for us. It forced us to think about which of our myriad activities best exemplified our key roles in a way that policymakers with non-medical backgrounds could understand. Members of our faculty and staff who do not normally work together enjoyed collaborating to make the event a success. Our students took pride in highlighting their experiences to our visitors. It also helped us get to know ourselves better. Overall, we were exceptionally pleased with having made the effort to be a part of Project Medical Education.”

Participant Elizabeth Brown from U.S. Representative John Tanner’s office felt that, “because of the PME program, I was able to gain new insight into medical school education by having the opportunity to see first-hand the medical education process through the eyes of the students, professors, and administrators.” ETSU plans to conduct a program in 2010 for state legislators.

New York
Albany Medical Center (state-focused)

Albany Medical Center sponsored its first PME program for 27 participants including state legislators; legislative fiscal and policy committee staff; and individuals from the governor’s office, the division of budget, the office of the State Comptroller, the Healthcare Association of New York State, and others. Using Albany Medical Center as a case study to illustrate the value of an academic medical center serving 23 counties in northeastern New York, program hosts had two objectives—to help policy advisers appreciate the unique role and challenges of the only academic medical center serving a large region, and to establish Albany Medical Center as a resource as public policy matters are considered.

During the one-day program, participants learned about undergraduate medical education and practical training at the simulation center. The research portion focused on translational research, clinical trials and funding; and the day culminated with discussion about patient care, health information technology, graduate medical education, and quality.

Program evaluation responses confirmed a greater understanding of Albany Medical Center’s contributions to the region. Based on participant responses, program hosts agree that PME will be a significant tool in reaching out to policymakers and will increase their role as leaders and resources for public policy issues. Albany Medical Center plans to hold another session next fall, possibly offering a more in-depth view of one of its unique programs or services.

“The feedback from participants certainly encourages us to hold another session,” said Kim Fine, a senior vice president at Albany Medical Center whose responsibilities include government relations. “Our location in the state’s capital city positions us to provide ongoing educational opportunities about academic medicine, and to serve as a resource as funding and policy issues arise.”

Ferdinand Venditti, M.D., vice dean for clinical affairs, delivers a documentary-style presentation of "a day in the life” of three Albany Medical Center physicians at Albany Medical Center’s PME.

Staff representing members and committees of the New York state Senate and Assembly listen to a simulated heart beat at Albany Medical College’s Clinical Competency Center during its PME program.
Texas
Scott and White Healthcare/Texas A&M Health Science Center (state- and federal-focused)

Scott and White Healthcare/Texas A&M Health Science Center sponsored its fifth annual PME program. Due to an overwhelming response to the original program, planners added a second, identical program. Thirty-nine participants included federal staff from the offices of Senator John Cornyn (R-Texas) and Representative John Carter (R-Texas), state legislative staff from Governor Rick Perry’s office and the Senate and the House of Representatives, and representatives from the Texas Hospital Association and the Texas Medical Association.

The one-day program began with an overview of the institutions and a brief update on the status of federal health care reform. Interactive sessions included medical student/resident exercises with patient simulators and standardized patients, and a session highlighting the patient journey in an integrated health care system using the emergency department, cardiology, and bed management as examples of such integration. Later, participants visited the Institute for Regenerative Medicine where they learned about the latest in adult stem cell research.

One participant commented: “The event was a great learning experience. I often look forward to hearing about innovation in institutions using our state resources in hopes of encouraging others to do the same. My appreciation goes out to Scott and White for its creative approach to provide a truly exceptional model of care with great value.”

Ohio
The Ohio State University Comprehensive Cancer Center (state-and local-focused)

The Ohio State University Comprehensive Cancer Center, which includes the Arthur G. James Cancer Hospital (The James) and Richard J. Solove Research Institute, launched its first Project Cancer Education program, an idea that grew out of the success of the PME held at the college of medicine and medical center as listed in this report. Elected state officials and their staffs, along with representatives from the governor’s office and the Ohio Department of Health, attended.

“The event was a great learning experience. I often look forward to hearing about innovation in institutions using our state resources in hopes of encouraging others to do the same.”

– PME participant, Scott and White Healthcare/Texas A&M Health Science Center
one of two sessions allowing them to experience what it would be like to be a cancer patient and to learn how care is provided from the bench to the bedside.

“Participants came with the understanding that they would be entering as a staff ‘physician,’ but they later assumed the role of a cancer patient,” according to Jennifer Carlson, assistant vice president for government relations at The James. “Their assigned ‘diagnosis’ enabled them to experience a cancer journey similar to those of actual patients. Common problems regarding health insurance were presented to participants, and this gave them a sense of the challenges our patients regularly face.”

The program was highlighted at the annual meeting of the Association of American Cancer Institutes in fall 2009, and along with PME will continue to be a part of the institution’s educational efforts of policymakers.

**Michigan**

Southeast Michigan Center for Medical Education/Wayne State University School of Medicine (state-focused)

Southeast Michigan Center for Medical Education and Wayne State University School of Medicine partnered to host a one-day program for state legislators and staff. In his welcome remarks, Robert R. Frank, M.D., executive vice dean for Wayne State University School of Medicine, stressed the importance of “being engaged in the political process, not just as a citizen but as a physician citizen.” He further underscored PME as an educational tool for legislators and staff on issues most important to the medical community.

Edward Salsberg, senior director from the AAMC’s Center for Workforce Studies gave the keynote address, “Physician Workforce Dynamics in a Changing World.” During the afternoon, participants attended rounds at Doctor’s Hospital of Michigan, Oakwood Hospital, and Crittenton Hospital. According to program hosts, PME was well received by participants, medical students, and residents, thereby opening new lines of communication.

**Kentucky**

University of Kentucky College of Medicine (state-focused)

Kentucky state legislators, the mayor of Lexington, and the secretary of the Cabinet for Health and Family Services experienced medical school firsthand as “students” in the University of Kentucky (UK) College of Medicine’s inaugural program. This one-day program was

“Being engaged in the political process, not just as a citizen but as a physician citizen [is important].”

– Robert R. Frank, M.D., Wayne State University School of Medicine
With these words of inspiration, the newly cloaked students were ready to begin their journey. Employing the key themes, they were shown that success in the field of medicine stems from an understanding of the science behind it. Students, researchers, and clinicians detailed the impact of diabetes in Kentucky along with a lesson about the big picture of metabolism and the latest research advances. After visits to the learning center and the gross anatomy and histology laboratories, participants rotated through a number of research laboratories where they engaged in obesity and diabetes experiments conducted on mice. This experience illustrated how biomedical research allows scientists to make invaluable contributions to solving problems that so many Americans face today.

Later in the day, one-on-one shadowing with medical students and attending physicians demonstrated the impact of obesity and diabetes. Medical students from the UK Jumpin’ Jaguars program completed the day by explaining this initiative’s role within the community to encourage children to exercise, eat healthy, and have fun. Senator Ken Winters stated “the greatest thing that I picked up today is how the research component and the academic component are so intertwined. It isn’t that just research goes on over here, but students are brought in to be a part of that research project and carry on a lot of the work, and it creates a great experience for them.” Based on the success of the inaugural program, the school plans to conduct two more programs in 2010 in celebration of its 50th anniversary.

“The greatest thing that I picked up today is how the research component and the academic component are so intertwined. It isn’t that just research goes on over here, but students are brought in to be a part of that research project and carry on a lot of the work, and it creates a great experience for them.”

– PME participant, University of Kentucky College of Medicine

Kentucky State senator Ken Winters gains hands-on experience in the laboratory during the PME program at the University of Kentucky School of Medicine.

University leaders answer questions regarding the University of Kentucky’s (UK) involvement in research, the status of the UK Chandler Hospital construction.

Antonio M. Gotto, M.D., D.Phil., provost for medical affairs and dean of Weill Cornell Medical College presents PME participant Roberta Hopkins with her PME graduation certificate.
New York
Weill Cornell Medical College (state- and federal-focused)

Weill Cornell Medical College sponsored its first program for seven policymakers including federal staff from the offices of Representatives Gary Ackerman (D-N.Y.) and Edolphus Towns (D-N.Y.), three state assemblymen and staff, and participants representing the Health Care Association of New York State and Associated Medical Schools of New York. With a focus on undergraduate medical education, the one-day program began with the white coat ceremony where Antonio M. Gotto Jr., M.D., D.Phil., dean of the medical college and provost for medical affairs, welcomed the “students” and introduced them to the program. Throughout the day, participants and speakers candidly discussed the multiple missions of an academic medical center, the financial management of a medical college, and the varied roles and responsibilities of faculty physicians.

According to participants and planners, one of the most memorable sessions gave participants the chance to try their hand at problem-based learning. Carol Storey-Johnson, M.D., senior associate dean of education, engaged participants in a case study that helped them to better appreciate the art and science of medicine. The session illustrated how small-group discussions, active participation by practicing faculty, and self-directed inquiry all play an important role in developing tomorrow’s doctors. Through visits to research laboratories and the clinical skills center, participants also observed how the curriculum incorporates basic and clinical sciences.

Later during the community service session, students showcased several outreach projects taking place throughout the greater New York City community and beyond the walls of the medical school.

Overall, the program was well received with one participant noting, “I truly enjoyed experiencing the different teaching tools used by educators for today’s medical students.” The school is planning another program in the near future.

“I truly enjoyed experiencing the different teaching tools used by educators for today’s medical students.”

– PME participant, Weill Cornell Medical College
The suggested target audiences for PME programs are federal and state policymakers and their staff. But do you know your state’s composition of elected officials? This quick chart will help you to keep track of the number of policymaker seats at both the national and state-levels.

While every state has two U.S. senators, the number of U.S. representatives is determined by population so no state has a fixed number of representatives. Each state legislature has varying numbers of members and staff; moreover, legislatures are either full-time or part-time. PME is an excellent vehicle to build ongoing relationships with these policymakers and their staffs, especially since there is a particularly high rate of staff turnover at the federal level and many state legislatures have term limits.

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<th>Upper House state members (i.e. Senate)</th>
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AM Last Page: 10 Years of Project Medical Education (PME)

Sallyann Bergh, MPA, Senior Communications Specialist, Association of American Medical Colleges, Washington, DC

Mission: To work with America’s medical schools and teaching hospitals to inform Congress, other policy makers, and opinion leaders about medical education for the benefit of all Americans.

PME’s Key National Messages

Medical education is...
- The foundation and future of our nation’s health care system;
- The process of cultivating the next generation of doctors who will provide timely care to the public;
- A complex, collaborative process requiring reliable, consistent funding; and
- In jeopardy if we ignore and do not continue to educate policy makers.

10 Years of PME

PME Program Distribution

*Shading signifies a state in which a program has been held.

By the Numbers

- 129 PME programs at 62 institutions in 27 states and the District of Columbia
- 550+ state policy maker participants
- 350+ U.S. Senate and participants from House of Representatives (including both members and staffers)

PME Progress

*Because of more stringent federal lobbying, gift, and travel rules for Congress, fewer new institutions hosted PME programs, causing a plateau effect in 2007; however, as more institutions became educated about the rules, continued growth is expected for 2010 and beyond.

Identified Knowledge Gaps Among Congressional Staff:

- The number of years of education and training required to become a physician;
- The costs involved in the funding of medical schools and teaching hospitals;
- The role of faculty in research and patient care;
- The role of research in education and patient care;
- The level of care academic medical centers provide for the underserved;
- The level of community service faculty, residents, and students provide; and
- The interdependence of the academic missions of patient care, research, and education.

How PME Reduces Knowledge Gaps

Participants...

- Play the roles of medical students, residents, and faculty physicians;
- Perform hands-on interactive exercises such as patient simulation, suturing, and clinical rotations;
- Hear firsthand from medical students, residents, and young researchers; and
- Build relationships with medical school and teaching hospital leaders, faculty, and staff.

*These knowledge gaps were identified through AAMC research conducted in 1999 with seven members of Congress and a number of congressional staff; this research helped to shape the PME program.
RESOURCES

The AAMC has a number of helpful resources for developing and implementing your PME program. The AAMC encourages ongoing collaboration among faculty and staff at its member institutions to continually build best practices in hosting PME programs.

The following resources are available:

**AAMC PME Workshop:** Workshops are a great way to help you and your institution plan your first or next program. Geared toward faculty and staff responsible for public affairs, government relations, education affairs, or any other discipline involved in educating policymakers or influential stakeholders, this workshop lays the framework for planning a successful event while helping you pinpoint key messages.

**One-on-one Program Support:** In addition to attending a workshop, program hosts are urged to seek the advice of AAMC staff. AAMC staff are available to help you develop your program in a number of ways: initiating conference calls with your planning team; serving as a source of additional feedback for materials you create, such as invitations, agenda, and talking points; and supporting the program with objective follow-up feedback.

**PME Planning Manual and CD:** Every workshop attendee receives a PME manual and CD that includes everything from developing your target audience, sending the first invitation, creating talking points for speakers, choosing hands-on-activities, and much more.

**PME Private Site:** The PME private Web site is your one-stop shop for download of the most up-to-date modules and other program materials.

**Best Practices Meeting:** Past program hosts are invited each year for a special dinner and half-day program as a means to exploring new ideas for individual PME programs.

**Program handouts:**

- **The Road to Becoming a Doctor:** This short report can be used as a primer to educate audiences about the medical education process—from Year 1 to residency and beyond.

- **The Road to Discovery:** This short report is an excellent tool for educating audiences about medical research: what it is, why it is important, who conducts it, and how it is funded.

PHOTO CREDITS

Many thanks to all the photographers and host institutions for sharing photos with the AAMC.

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Tim Webb Photography, University of Kentucky College of Medicine
Pages 14 and 15
Weill Cornell Medical College
Project Medical Education (PME), a national program managed by the Association of American Medical Colleges (AAMC), allows policymakers and opinion leaders the unique opportunity to assume the roles of medical student, resident physician, and academic physician. Through experiential learning, participants discover what it takes to become a doctor and examine the linkage between education, patient care, research, and community service.

What began as a pilot program with four AAMC-member institutions in 1999 is now a national initiative. Currently in its tenth year, more than 900 state and federal policymakers have attended one of the 100-plus programs offered at more than 60 different teaching hospitals and medical schools throughout the country.

If you are interested in learning more about attending or hosting a program, please contact:

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