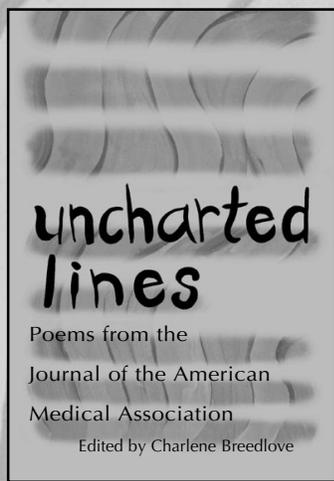


**P**oetry related to medicine has burgeoned over the past decade, becoming a recognizable genre in its own right. As health and medicine encompass ever more of our public and private concerns, the rising poetic response from those whose lives brush against illness seems a vibrant sign.



## uncharted lines

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## RESIDENT PHYSICIAN FORUM

### DELEGATE'S REPORT, PART 2

Last week's Resident Forum column summarized resolutions on public health submitted by the American Medical Association Resident Physicians Section (AMA-RPS) to the AMA House of Delegates 1998 Interim Meeting. This week's column focuses on resolutions concerning graduate medical education and residency training.

*Health and Disability Insurance Coverage for Medical Students and Resident Physicians.* This resolution called for the AMA to take several actions to ensure that residents and students have access to health and disability insurance, including coverage for human immunodeficiency virus. These actions include preparing educational material explaining the need for coverage, studying current disability coverage and the feasibility of providing it as a benefit to AMA members, and working with educational institutions, accreditation agencies, and medical societies to encourage insurance coverage.

*Resident Representation on Residency Review Committees.* This resolution asked the AMA to adopt policy regarding the term and selection of resident representatives to the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committees (RRCs). The AMA called for the resident member to serve for at least a 1-year term as a full and voting participant at all RRC meetings. The resolution had also asked that the resident be peer-selected. Because the ACGME is currently reviewing different selection methods to determine which would be best for all RRCs, this portion of the resolution was referred to the AMA Board of Trustees.

*Resident Work Hours.* This resolution asked that the AMA use all available means to ensure that the existing work hour requirements set by each special-

ty's RRC are being met. The resolution also asked for AMA representatives to the RRCs to report annually on the effectiveness of work hour policies within individual residency programs.

*Support for Alternatives to Night Call.* This resolution had asked the AMA to encourage alternatives to traditional night call systems. The resolution was referred to the Board of Trustees for further study.

*Penalties for Discrimination against IMGs Seeking Residency Positions.* This resolution asked the AMA to reaffirm its policy that residency appointments be based solely on the individual applicant's merit and qualifications. The resolution also called on the AMA to inform all residency program directors about federal law and AMA policy opposing discrimination by country of medical education.

*Impact of the Balanced Budget Act of 1997 on Graduate Medical Education Funding in Nonhospital Settings.* This report, prepared by the Board of Trustees, asked the AMA to continue to advocate for additional funds from the federal government and other third-party payers for GME programs that take place in non-hospital settings. It also asked the AMA to urge the Secretary of the Department of Health and Human Services to develop a system to obtain annual information on costs per resident to calculate direct GME payments.

I would like to thank all the residents and other members who testified or assisted in other ways at the 1998 Interim Meeting. Your hard work on testimony coordination and preparation was greatly appreciated and made for a successful meeting.

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