

AMRITSAR MEDICAL & DENTAL  
ALUMNI ASSOCIATION OF NORTH AMERICA  
(AMDAANA)

*Report of*  
FUTURE OF AMDAANA TASK FORCE

*Commissioned by*  
GENERAL BODY OF AMDAANA

*Prepared by*  
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*Presented at the 25<sup>th</sup> annual meeting of AMDAANA*  
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# **FUTURE OF AMDAANA TASK FORCE REPORT**

**Satwant Singh**

**July 26, 2003**

## **Background**

Amritsar Medical and Dental Alumni Association of North America (AMDAANA) has faced declining attendance at its annual meetings and general apathy and disinterest from its loyal members over the past several years. This problem was officially acknowledged during the annual general body meeting in Washington, DC on July 27, 2002. The general body approved appointment of a task force titled *Future of AMDAANA Task Force*. Satwant Singh was asked to head the Task Force and recruit volunteer members to assist him. The Task Force was assigned to take an in depth look at the problem and suggest remedies. It was commissioned to report its findings at the annual general meeting to be held in July 2003.

## **Process**

Satwant Singh proceeded to form a task force that represented the general cross-section of AMDAANA. It was decided that one member each would represent the decades representing our membership i.e. 1950s, 1960s, 1970s, 1980s, and if available 1990s. In addition, one dentist would represent the dental membership and CAMDAANA will also send a representative. The following volunteers were assembled for this task force:

1950s - Yash Kataria  
1960s - Satwant Singh  
1970s - Ripu Arora  
1980s - Jasvinder Singh Sidhu  
Dentist - None Available  
CAMDAANA - Navneet Butter

Despite the best efforts, the Task Force was unable to recruit a dentist.

The Task Force communicated primarily by e-mails and on occasion by telephone. It decided that the best way to tackle the problem was to develop a questionnaire to survey the membership. The questionnaire was developed with the belief that the members would be candid in expressing their opinions anonymously and this would help us to nail down the problem and come up with appropriate remedies. The Task Force also set arbitrary deadlines for itself in order to move things along in a timely manner. The Task Force actually beat all deadlines except gathering an updated mailing list of the membership. It is to be noted that the last concerted effort to update the membership data was undertaken in 1997. The Task Force used several sources for updating the membership information – 1997 AMDAANA Directory, information available with the most recent AMDAANA secretaries and AAPI list. In addition, a class representative

was chosen from each class when possible to furnish updated information on a particular class.

The finalized questionnaire (copy attached) was mailed to approximately 800 available member addresses. Over 100 mailings were returned as undeliverable. These names have been permanently stricken off of the new database. In addition to the USPS mailings, the questionnaire was also e-mailed to approximately 100 members whose e-mail addresses became available. E-mails were periodically repeated and were successful in coaxing more than a few procrastinators to respond. I (Satwant Singh) also followed up with telephone calls to AMDAANA loyalists who failed to respond and in selected cases also re-sent questionnaires by USPS mailing.

### **Results**

A total of 150 people responded; 50 of these elected to update the directory information only. The remaining 100 completed the questionnaire. It is to be noted that every responder did not answer all questions, therefore, the totals do not necessarily add up to 100. Another very important fact in proper interpretation of these results is to look at how the question was phrased. Most of the questions were phrased “what do you like about...” or “check off those you like...”. Very few questions asked the responder to answer yes or no. Therefore, if for example, 70 people checked off CME under the question “which of the following activities you like during the annual AMDANNA meeting”, it does not mean that only 70% approve of the activity and the remaining 30% disapprove. It simply means that 70% like that particular activity and the remaining 30% are either neutral or may dislike the activity.

The results are presented in tabulated form in the attached power point presentation that was delivered at the 25<sup>th</sup> Annual General Body Meeting in Niagara Falls on July 26, 2003.

While the current and updated version of AMDAANA directory lists 679 members, the best guess of the Task Force is that approximately only 200 AMDAANA members are active i.e. those who have attended at least one meeting. Using this as the denominator, we had an astounding response rate of 75% with 50% of members completing the questionnaire. Even if we utilize the denominator as 679 (total members listed in the directory), we still have a 22% return rate with 15% members completing the questionnaire. This is far above the national questionnaire return rate, which usually runs in single digits. This was very heartening and can only be interpreted as the fact that membership is highly interested in the welfare of AMDAANA.

Whereas AMDAANA directory has over 250 members from 1960s and 1970s, it only lists 63 members from 1980s and 10 from 1990s. All of the 1990s members and a portion of 1980s members were unearthed by the Task Force. This underscores the striking paucity of young membership.

The vast majority of the responders are AMDAANA members and have attended at least one annual AMDAANA meeting. An overwhelming majority agrees with and supports current activities of AMDAANA. However, there was also tremendous interest in additional activities that AMDANNA should undertake, especially to improve Medical and Dental Colleges, Amritsar, India (see power point slides for details).

All activities currently undertaken at the annual meeting have the support of the majority of the responders. A majority by a wide margin believed that the annual meetings are too expensive. A majority (including many who did not think meetings are too expensive) believed that a reduction in the cost to a more reasonable level would enhance their chance of attending the meetings. A sizable majority favored meetings at resorts and voted against a meeting in the metropolitan cities.

In order to attract younger members to AMDAANA, membership was very enthusiastic about having residents/fellows and younger physicians (those within three years of finishing their training) attend annual AMDAANA at subsidized rates. The subsidy level suggested for residents and fellows was 50% and 25% for the younger physicians who had recently completed residency and/or fellowship training. For both subsets, consensus was that up to four physicians should be sponsored in each group.

The membership was also very enthusiastic about a web site to improve communications. This site should allow easy contact with AMDAANA through e-mail, have all the information including annual general body meeting available at the site, have a complete membership directory and also be interactive.

The principal reason members have stopped attending the annual AMDAANA meetings is the politicization of AMDAANA and unpleasant atmosphere that has prevailed in last several meetings. An additional and significant reason has been drop off in the attendance of ones' class members.

Please refer to power point slides for general comments by the membership on various issues. The Task Force found these comments especially revealing and gratifying, once again underlining memberships' interests in revitalizing the organization.

It is to be noted that only 12 of the 100 responders to the questionnaire exercised the option of anonymity. It underscores the commitment of membership to set AMDAANA on the right track.

## **Recommendations**

The Task Force has drawn the following conclusions from the results of the survey and extensive discussions amongst its members.

- I. Key reason for decline** of AMDAANA and apathy amongst its' members are: scarcity of young members, politicization of AMDAANA and unpleasant

atmosphere at the annual meetings, poor communications, rather expensive annual meetings, and lack of a clear purpose for AMDAANA.

**II. Revival plan:** The Task Force makes the following **recommendations** for the revival of AMDAANA:

**Master plan** – AMDAANA should develop a master plan which should address the key issues that have been identified to be the main problems in this report. These elements are:

1. **Recruit new members** – we need to go all out to unearth graduates of 1980's and 1990's and add them to the AMDAANA directory so that they become aware of AMDAANA and its activities.
2. **Eliminate/ minimize politicization** of AMDAANA and make the atmosphere at the annual general body meeting cordial and congenial.
3. **Improve communication** by creating an interactive web site and issuing press releases.
4. **Give AMDAANA a real purpose** – benefit of Medical and Dental Colleges, Amritsar, India.
5. **Changes in the annual general body meeting** – primary focus on cost reduction.
6. **Additional changes**, which may not seem that significant individually, but together, would make a significant impact.

**III. Detailed recommendations:**

**1. Recruiting new members** - New members should be recruited using the following measures:

- i. AMDAANA should appoint a **membership committee** that will make active effort throughout the year to find and enroll new members. The committee will submit six monthly reports to the Executive Council and shall also be required to present a report during the annual general body meeting.
- ii. Contact **local Indian medical associations** and **local city and county medical societies** for younger physicians who may be graduates of Medical and Dental Colleges, Amritsar, India.
- iii. Contact **residency/fellowship programs** in your cities. In fact, your local physician association would also greatly benefit from making these (ii and iii) contacts.
- iv. **Word of mouth** – face-to-face, telephone, e-mail – is the most effective tool. If each AMDAANA member, or just the concerned AMDAANA members take this initiative in their own community, we should be able to add a few hundred members in no time.
- v. AMDANNA should **invite 2-4 residents/fellows free** to its annual meetings. They should be chosen on a first come first served basis and to keep everything above board, their application would be submitted

simultaneously to at least two members of the Executive Council so that no-one is able to make a switch after the fact. A given resident would be allowed to attend only one meeting during their entire training, both residency and/or fellowship. They shall also be excluded from qualifying for subsidy as young physicians as defined under (vi.) below. If the spouse happens to be an AMDAANian as well, they still get only one (lifetime) subsidized meeting between the two of them. The underlying idea is to introduce AMDAANA to as many youngsters as possible, and induce them to join us. The Executive Council can work out additional details or set up a separate committee for this purpose.

- vi. **Invite two young AMDAANians** (for instance those who have finished their training within three years of the given AMDAANA annual meeting) to the annual general body meeting at **50% subsidy**. Once again, the selection will be on a first come first served basis and will be capped at one lifetime meeting per candidate. If the spouse happens to be an AMDAANian as well, they still get only one (lifetime) subsidized meeting between the two of them. Those who have attended a free/subsidized meeting under (v.) above shall not be eligible under this plan.

**2. Eliminating/minimizing Politicization of AMDAANA** and making the atmosphere at annual general meeting cordial, pleasant and exciting – Human nature does not allow elimination of politics. However, we should be able to minimize it. The politicization and unpleasantness of AMDAANA meetings coincided with the introduction of elections for the post of secretary-elect. It goes without saying that the secretary's job is very tough and voluntary. Given this, we do not expect too many AMDAANians volunteering for the post at any given time. Therefore, if more than one person is interested in the job, they can decide amongst themselves who would volunteer for this year and the next year and so on i.e. **eliminate elections through consensus**. This will restore camaraderie and cordiality that was the hallmark of AMDAANA for more than the first decade of its existence.

**3. Poor communication** – bringing AMDAANA into the **electronic age** will vastly improve communication.

- i. AMDAANA should develop an **interactive web page** which allows it to post all relevant information including information for the annual meeting, a fully updated membership directory with e-mail addresses, have full capacity to communicate with members through e-mail and down the road have the capability of posting pictures and allowing registration for annual meetings and payment via credit card. It should also post tips for residency and announcements for practice opportunities.

- ii. Communicate frequently with the members through **e-mail**. This is a cost free opportunity to communicate with the membership.
- iii. Down the road the AMDAANA Executive Council should produce a **quarterly newsletter**, which should go to all members by e-mail.

**4. Changes in annual AMDAANA meetings:** The following changes are suggested based on this survey

i. **Reduction in the cost** – while the annual meeting may not be more expensive in relation to other CME or national meetings, a majority of the membership views it as a vacation rather than a CME meeting. Furthermore, the CME is now available at very low cost on the web. Cost of meeting including the travel for the meeting held in Washington in 2002 was about \$2,000.00. This amount of money can give a much longer vacation than 2 days and 3 nights. AMDAANA therefore needs to bring down the cost of the meetings immediately.

Our recommendations are: **Cap the charges for food** at 10-20% above the cost, and keep registration at \$50.00 per family. This should provide adequate cushion for incidentals and cost run over. We should **eliminate CME registration fee**; it will boost the much needed attendance at CME session with minimal loss of revenues. Pharmaceutical industry could be tapped to make up this loss. We should choose the meeting site early to get the best rates. In fact, the secretary-elect's post was created with the idea that the meeting site would be determined 18 months ahead of time, allowing one to choose better places at cheaper prices. In actuality, the decision for the meeting site has seldom been announced 6 months prior to the meeting. This should be corrected immediately and the secretary-elect should determine and announce the site of 2005 meeting at the 2004 annual AMDAANA meeting. Holding meetings at resorts and avoiding large metropolitan cities should further reduce the cost of meetings.

ii. **Class Reunions:** AMDAANA should officially incorporate class reunions beginning at ten years and then every five years, into its' annual meetings. This will automatically insure a significantly larger attendance at the meetings. Furthermore, AMDAANA should **sponsor the class reunions**. The sponsorship would mean that AMDAANA elects a **class reunion director** who will work with the class representative of the said classes. AMDAANA will officially **designate Thursday night as the class reunion night**. AMDAANA would recognize the reunions and add little touches to make it special i.e. giving a rosebud to the ladies or having reserved seating for the special reunions etc.

iii. **Show that we care** – lots of younger members feel isolated and get the feeling that nobody cares. With the minimal effort and no cost this can be completely corrected. AMDAANA should appoint a **welcome and reception committee** that will individually seek the younger members, the first time and overseas attendees of the meeting and make them feel welcome. The first time and overseas attendees should be acknowledged at the Saturday night banquet.

**5. Defining a real purpose for AMDAANA:** The only purpose of existence for an alumni association is for the **benefit of its mother institution**. We have been trying to

help Medical College, Amritsar, India since inception of AMDAANA. In fact, I (Satwant Singh) had included money in the first projected budget of AMDAANA (at its inception in 1979) for scholarship for needy students, medical books, and journal subscription for the library at Medical College, Amritsar, India. Several of us have made repeated attempts to contact the Principal of Medical College, Amritsar, India with no response whatsoever. In fact, I (Satwant Singh) have written 3 letters to the Principal, Medical College, Amritsar, India in the past 8 months and spoken to one professor numerous times without any progress. It is clear that this is the toughest part of our revival plan. The Future of AMDAANA Task Force further recognized that being a government institution, Medical and Dental colleges, Amritsar, India are not going to close, but will continue to crawl along. We, therefore, have an obligation to make our very best effort to make them into a first rate institutions once again.

The Task Force recommends that we **create another task force** to work exclusively with the Medical and Dental Colleges, Amritsar, India. This task force should comprise of people who will commit their time, effort and money and make a commitment to travel to India regularly at their own expense. The task force members should utilize their personal contacts and will need to persevere and be thick skinned. They shall try to develop a liaison with the Alumni Association of Medical and Dental Colleges, Amritsar, India and with their administration and ask them what they need most before we come up with our own plans. Nevertheless, we should be able to introduce visiting professorships and a periodic CME meeting at Medical and Dental Colleges, Amritsar, India even before a full-fledged plan can be developed to work with them. The Task Force recommends the following guidelines for the composition of the new task force to work with Medical and Dental Colleges, Amritsar, India:

- i. It should be limited to 5 members for the sake of efficiency.
- ii. It should represent cross-section of AMDAANA – i.e. should include members from different decades including a dentist, and if possible, also include representation from both genders.
- iii. The members must make commitment to devote a significant chunk of time, effort and money to the project i.e. making phone calls, sending repeated e-mails/letters and making regular visits to the Medical and Dental Colleges, Amritsar, India. In addition, they will need to communicate regularly amongst themselves and with the Executive Council of AMDAANA.
- iv. The task force should have the freedom to recruit AMDAANA members to committees/subcommittees they desire to form to help them in various tasks.
- v. Considering the difficulties enumerated above, the task force appointees should have tenure of at least 3-5 years.

The new task force will develop the mechanism of funding as the plans are finalized and cost is determined. One idea, that was floated at the general body meeting and received well, was to use funds from AMDAANA master account with matching contributions from individual members.

The task force will submit six monthly progress reports to the Executive Council and also present a report at the annual AMDAANA meetings.



## Conclusions

The task force believes that a **master plan**, which includes the following element and is executed with sincerity and perseverance, will revitalize AMDAANA into a progressive organization, which will have a strong impact on the future graduates of Medical and Dental Colleges, Amritsar, India.

1. Make a concerted effort to **recruit new members**, especially those who graduated in the 1980s, 1990s and later.
2. **Minimize/eliminate politics** and improve the atmosphere of annual general body meetings by **attempting to avoid elections through consensus**.
3. Establish immediately **a task force to work aggressively with Medical and Dental Colleges**, Amritsar, India for their betterment through a well thought out master plan.
4. Improve communications with the membership through establishing an **interactive web site** and frequent **e-mail** communications.
5. **Improve attendance at annual general body meeting** through **reducing the cost** of meals and negotiation with resorts well ahead of the meeting, **inviting residents/fellows and younger physicians to attend AMDAANA meetings cost-free or at subsidized rates** and **acknowledge** and actively **welcome** first time attendees/ younger graduates.

## Appendix

The Task Force recognizes that all of above recommendations cannot be executed by the Executive Council alone since it is also responsible for day to day running of the organization. We, therefore, recommend the following structure/plan to accomplish the variegated tasks recommended here in.

- I. The following tasks would be best handled by the Executive Council:
  1. Invitation and selection of residents/young physicians to attend annual AMDAANA meeting free/at subsidized rates.
  2. Development of the web page.
  3. Appointing a class reunion director from within its ranks to supervise and sponsor class reunions and facilitate interactions between AMDAANA Executive Council and the classes celebrating reunion that year.

- II. The following tasks would be best handled by special committees/task force:
1. A task force to deal with Medical and Dental Colleges, Amritsar, India. Recommend 5 members with a tenure of 3-5 years.
  2. A membership committee to focus on enrolling younger members. Recommend 3 members with a tenure of 2-3 years. One member of Executive Council will be its ex-officio member.
  3. A welcome and reception committee to welcome and recognize youngsters, and first time and overseas attendees at the annual AMDAANA meetings. Recommend 3 members with a tenure of 2-3 years. One member of Executive Council will be its ex-officio member.

### **Acknowledgements**

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