MEDICAL EDUCATION

Last twenty-five years (1980-2004) of the Residency Program in Obstetrics and Gynecology of the University of Puerto Rico: Reflexions of the Program Director and Associate Director

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Formal education in the various medical specialties after graduation from medical school, known in the United States under the name Residency, was initiated some seventy-five years ago. Prior to that, specialists evolved by young physicians working together with mentors for varying periods of times, until they felt confident about the missions they had chosen to fulfill. At the University of Puerto Rico (UPR) the first Residency Programs were started in the early 1950's, including that in Obstetrics and Gynecology. Initially, most Residency Programs required that the graduate of the medical school completes a year of clinical training, known as "Internship", before joining a Residency Program. Internships often involved rotation through major clinical departments (eg. Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, and Psychiatry) to ensure that the future specialist had at least some contact with clinical medicine in other areas than his chosen Residency. The prerequisite of an Internship, however, did not last long, and already in 1950 many University hospitals had integrated the experience to be gained in the internship year in the first year of the residency program. Thus, the Residency in Obstetrics and Gynecology became a four-year program, not an internship and a three to five year residency as it was initially.

Size of our Program. According to our records, 1956 was the year the first Resident graduated from the University of Puerto Rico program in Obstetrics and Gynecology. Three years later the graduates had increased to three, and five years later to four. It remained so until 1976 when the graduating class contained six seniors. From that year on, the size of our program remained unchanged until 1996 when we increased the program to 10 per year by integrating the program at Caguas Regional Hospital with ours. At that time we had one of the largest residency programs in Obstetrics and Gynecology in the United States, but it was reduced to 8 positions per year by the RRC (Residency Review Committee). Four years later, with the loss of Caguas Regional Hospital, we had to reduce the program to 6 residents per year (See Appendix I). In 2001 a further reduction was called by RRC to 4 residents per year. This was due to a decrease of patients admitted to the University Hospital and the UPR satellite Hospital at Carolina, resulting from the Health Care Reform implemented by the Government of Puerto Rico.

We requested a review of the RRC decision, demonstrating that our case volume per resident, even with 8 seniors, due to rotation of residents through select community hospitals, was at the national average. We also emphasized that more than 90 percent of our patients were of general service status, thus making the resident the primary surgeon, rather than an assistant or an observer of the operative procedure. In addition, we pointed out that our Department does not have Fellowship programs in any subspecialty of our discipline, unlike most other university hospital programs, which inevitably reduces the "hands on" experience of the residents, including that of the seniors. Our efforts were not in vain. On the first of June this year (2004) we received news from the RRC Office in Chicago that our Residency has been given a full accreditation status, and that we have been given the permission to expand our program from the present size of four residents per year to five per year. Needless to say how much this meant to our faculty, residents and even third year students contemplating to enter our Residency program following their graduation the following spring.

The end of this academic year brought another set of good news for our Residency Program. At the fifty-

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second Annual Meeting of the American College of Obstetricians and Gynecologists held in Philadelphia in May 2004, our Program Director was presented the Distinguished Service Award of the College for his contributions to our discipline, the highest honor given by the College.

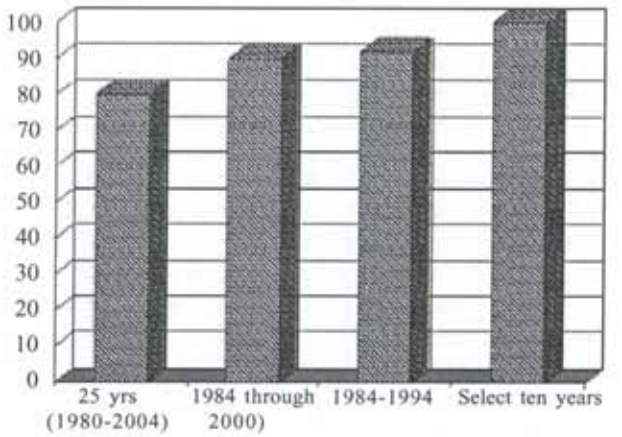

Figure 1. Board (Part I) Passage Rate (means) of Graduates from the Residency Program in Obstetrics and Gynecology at the University of Puerto Rico

Gender distribution in our program. In the 1950's Residency programs in Obstetrics and Gynecology, like those in other surgical specialties had, with rare exceptions, male physicians only. At our program, which graduated the first resident in 1956, the first female graduate was in 1965. A second female graduated in 1970, and then there were none for the next eleven years. This changed rather dramatically with the graduating class of 1981, when four of the six senior residents were women. In spite of our efforts to increase female enrollment in our program, we could not match the success of some of the prestigious OB/Gyn Residency Programs on the mainland, such as those at Harvard (Brigham and Women's Hospital) and at Brown (Women and Infants Hospital). At Brown, of the 28 Residents (class 2004 to 2008), there were only 3 male residents; a similar picture pertained also to Harvard. Our twenty-five year distribution (1980 to 2004) of the 173 graduating seniors is 36.4 per cent females, and 63.6 percent males. The last 10 years gives a further progression of the proportion of female residents, being 43 percent (36 of 84).

Most of our faculty does not subscribe to the view that "ideally, in some more distant future," all obstetricians and gynecologists should be women. There is, and most likely there always be, a sufficient fraction of women who will prefer a male obstetrician or a male gynecologist.

Evaluating the relative success of our program. There are several ways to evaluate the relative success of a residency program, and there is no general agreement which variable is the most informative. Some programs concentrate on the proportion of residents that complete the curriculum without transferring to another program, which might be even in another specialty.

According to such criteria, our program has done rather well. Over the last twenty-five years, only six residents have left our program. One resident changed to Urology, one to Psychiatry, while three relocated to OB/Gyn programs on the mainland, and one to Ponce Medical School, in the Southern region of Puerto Rico.

When I was a resident and faculty member at Columbia-Presbyterian Medical Center in New York, which had a pyramidal five year program after Internship, we were told that the only way how to measure the success of a residency program is to count the Departmental Chairpersons among the former graduates, since the board passage at graduation was understood as a prerequisite for anyone accepted in the residency program. Using such highly unusual definition of "success", our program would have to be declared as "non successful". From the slightly more than one half of our graduates from 1980 to 2004 who have relocated to the mainland, only a handful have continued an academic career after completing their subspeciality fellowships. Not one of them, at least by now, has become a chairperson of a University Department of Obstetrics and Gynecology, except Dr. Juana Rivera, who is Acting Chair of our Department. Several of our graduates, however, have reached the rank of Associate Professor, and are, or have been considered for positions of Division Directors. Dr. José Gonzalez is the Director of the Residency Program in El Paso, Texas. Another recognition of our graduates is the inclusion of Dr. Carmen Zorrilla among the examiners of the American Board of Obstetrics and Gynecology.

Passage rate of the written examination given by the Boards of the various medical specialties (Part I), is probably the most widely used indicator to assess the overall quality of a residency program. Indirectly, however, it does include also the variable how the program is viewed by the applicants to a given Residency Program, since the top students of all medical schools are likely to do well in such examination, irrespective of the quality of education and training offered in the four clinical years as a Resident.

The introduction of the nationwide *Resident Matching Program* three years ago did widen considerably the horizons of the more achieving students at the less visible medical schools, particularly those who had been elected to the Alpha Omega Alpha Honor Society. As expected, when such graduates were offered through the Matching Program first year positions at prestigious institutions, most of them would accept the offer even without having

any personal knowledge of how the visibility and prestige of that institution related to the quality of education of a resident in a given discipline.

Institutions like ours paid a rather high price for this mobility of the exceptional medical school graduate. When one of our 1998 graduating student matched at Harvard, and four years later was chosen a valedictorian by that institution, she erased whatever discrimination there might have been against applicants from minority medical schools, and ensured that our Alpha Omega Alpha graduates will be accepted by prestigious residency programs on the mainland. Thus, we were not surprised that the last AOA member entering our program was in 2000.

The Board Examination (Part I) passage rate over the last 25 years has been more than satisfactory, being 80 percent (See Figure 1). The best eleven-year period was from 1984 (when the first group recruited in 1980 by the present Residency Program Director graduated) to 1994, when the Board passage rate had a mean of 94 percent. It is noteworthy that in ten of the twenty-five years, the passage rate was 100 percent, including year 1997 when nine seniors took the examination (See Figure 1). The faculty is very pleased with the performance of our graduates in Part I Examination given by the American Board of Obstetrics and Gynecology, and hopes that the loss of AOA students from their ranks will not diminish their performance unduly.

Access of our Residents to Fellowship programs in subspecialities. Because of the decision of our Department not to have Fellowship Programs in the various subspecialities of our discipline, because they invariably dilute the "hands on" experience of the residents, we had to address the question how successful have been our graduates to gain acceptance to competitive fellowship programs at other institutions. We counted as their assets the rich clinical experience at our institution, their active participation in National and International scientific events as presenters, and on their faculty-instilled, commitment for scientific validation of all medical interventions.

Our optimism seemed justified. Although the fraction of our seniors applying for fellowships was rather small, all applicants secured position in institutions, which they had ranked on top, or near the top of their lists. Perhaps graduates of year 1999 illustrate this feature best. Of the nine seniors, three applied for fellowships: Dr. Reinaldo Acosta, Dr. Nabal Bracero, and Dr. Annette Pérez-Delboy. When the results were announced, they could not be happier with their assignments. Dr. Acosta matched at Stanford, Dr. Bracero at Johns Hopkins, and Dr. Pérez-Delboy at Columbia-Presbyterian Medical Center in New York. Dr. Patricia Santiago, in 2002 matched at one of the most competitive and largest programs of Maternal-Fetal Medicine: the University of Texas at Dallas. The two graduates of 2003, Dr. Teresa Diaz and Dr. Luis Santos, secured their Oncology fellowships at Johns Hopkins Hospital, in Baltimore and at the University of Southern California, respectively.

In-training examination. The annual In Training Examination serves mostly the purpose to let the Resident know what subject areas need more attention in preparation for the Board Examination (Written Part) given at the conclusion of the fourth year. Our Residents, except the seniors, do not seem to attach much significance to this test. Perhaps that is the explanation why they do not perform as well as Residents of other University Hospital-based programs. In general, our seniors score $\pm$ 0.5 SD around the mean, except for those hoping to win the prize given to the highest scorer among all residents. This year the highest scoring senior was Dr. Sara Diaz, who reached the 90th percentile nationwide. She was, however outscored by Dr. Eduardo Torres, a third year resident who reached the 93rd percentile. The highest scorer in the history of our Department is Dr. Jose Luis Gonzalez, who in his senior year in 1990 reached the 99th percentile nationwide. Dr. Eduardo Torres, however, is the only resident who has been the highest scorer of our program (the means are adjusted according to level of training) for three consecutive years, and who is likely also to win the Karlis Adamsons Prize in the senior year. That would be a truly unique achievement, probably unprecedented in the national experience of the In-training Examination.

Participation of Residents in research projects. It has been a tradition of the last twenty-five years to involve the residents in various research projects of our Department. We have made even effort to involve third and fourth year medical students in research activities and have recognized their contributions by making them Scientific Program Participants at local, national and even international scientific events.

Our Residents have been major contributors to the Annual Chancellors' Research Forum held on our Campus. The most memorable year was 1990 when 17 residents (out of 24), assisted by members of Faculty, gave 30 presentations. It is unlikely that this number will be exceeded even by the larger clinical departments of our Medical School. Two 4th year medical students (Dibe Martin and Aixa Rodríguez), both of whom became our Residents graduating in 1994, gave 6 presentations. Among the Residents, the most active participants were: Dr. Reynaldo Sánchez, PG-3 with 5 presentations, Dr. Mildred Ramirez, PG-3 with 4 presentations, and Dr. José L. González, PG-4 and Dr. Eddie Estrada, PG-3 with 3 presentations each.

Among the faculty, Dr. Adamsons was senior author of 18 presentations, Dr. Josefina Romaguera and Dr. Alberto de la Vega with 7 each, Dr. Jesús Carrodeguas 6 and Dr. Carmen Zorrilla 4.

We are at a loss to explain what gave our students, residents and members of our faculty such inspiration, motivation and energy, at a time of our Departmental history when our full time faculty was small, our Residency program had only six residents per year, and our clinical workload was considerable.

The Annual Meetings of the Society for Gynecology Investigation, probably the most selective society regarding membership in our discipline, has been the other forum for presentations by our residents. Rarely, however, we have given more than three presentations at any given meeting, and most of them have been poster presentations.

The every third year meetings of the World Congress of Gynecology and Obstetrics (FIGO) has been a cherished event for Residents. At the 1997 meeting held in Copenhagen, Demmark Program Participants included two fourth year medical students: Rebeca George (became resident at our Program) and Iris Colon (became Resident at the Harvard University OB/Gyn Program) and five members of our faculty: Dr. Carmen Zorrilla, Dr. Juana Rivera, Dr. Susana Schwarz, Dr. Anayda De Jesús, and Dr. Karlis Adamsons.

At the last FIGO Meeting held in November 2003 in Santiago, Chile, two Senior Residents, Dr. Sara Diaz and Dr. Damaris Rodriguez together with Dr. Arsenio Comas, our Vice-Chair, were presenters and co-presenters of 3 podium presentations, one of which, by Dr. Diaz, was selected for publication in the February issue of *OB/Gyn News*. Dr. Comas also presided over two scientific sessions. Dr. Juana Rivera and Dr. Sara Diaz were also co-presenters of the Invited Presentation on "Elimination of the permanent sequelae of gestational diabetes" given by Dr. Adamsons.

The pride and joy for our Department will remain, perhaps forever, the Fourth and the Fifth World Congresses of Perinatology held in Buenos Aires in 1999, and in Barcelona in 2001. In Buenos Aires our rather small delegation, containing two of our future Residents (Rosimar Torres and Rubén Santiago) and our Chief Resident Dr. Patricia Santiago gave seven presentations and Dr. Adamsons gave an Invited Presentation and served as speaker at four Round Table Discussions. At the Closing Ceremony the President of the Congress Professor Miguel Margulies recognized Dr. Adamsons as the *Father of Perinatology*, and at that Congress the leader of the most active program participating department, chosen from more than two thousand participants, representing more than one hundred University departments.

Inspired and energized by our success in Buenos Aires, we strengthened our delegation to the 2001 World Congress in Barcelona, Spain. The new team contained two faculty members: Dr. Patricia Santiago, and Dr. Alberto de la Vega, and eight Residents: Dr. Ricardo Burgos, Dr. Iris Colon (borrowed from Harvard), Dr. Sara Diaz, Dr. Verlee Fines, Dr. Eumari Salicrup, Dr. Ruben Santiago, Dr. Idalia Talaveras, and Dr. Maribel Verdiales. The large team was needed because the organizers had accepted 16 submissions! Although Dr. Adamsons did not join the team, he was senior author of ten presentations. All 16 presentations were published in the *Supplementum of Perinatology*. Each participant received a bound volume of the sixteen reprints. It is unlikely that this event will ever fade from the memories of the participating residents and faculty.

Mentors and role models. Graduate medical education at University Hospitals differs from many other educational processes by virtue of the fact that the principal mentors of the graduate student ("Resident" or "Intern") are not members of the faculty, but more senior residents and fellows. Fellows in clinical programs are usually individuals who have completed the Residency and who are involved in a two to three year additional clinical education program in a subspeciality of the discipline. Thus, they are, in the majority of cases, the consultants for, and the supervisors-teachers of the senior residents in the management of the more complicated patients.

As mentioned before, our Residency program differs from most University Hospital programs by the absence of fellowships. We decided that fellowships will inevitably reduce the experience of the residents by making the fellow rather than the resident the principal physician in managing the difficult cases. In addition, the fellows by virtue of their position, increase the distance between the residents and the attending physicians.

Evaluating our graduates for the last fifteen to twenty years, and comparing them with graduates of other university residency programs, it is our conclusion that our projections about fellowships have been rather accurate. Our graduates have been judged as exceptionally well prepared clinicians by the directors of some of the most competitive fellowship programs, excelling particularly in their surgical skills. In addition, our graduates have had a much closer relationship with the faculty than I had as the first three year resident in an Internship and five-year pyramidal OB and Gyn Residency Program at Columbia-Presbyterian Medical Center in New York, in which the fourth and the fifth year residents were my *de facto* attendings. When I was in that position myself, I was made aware that my experience as a clinician was

only a fraction of that of my faculty, and how much there was still for me to learn!

The diversity of our faculty provided our Residents with a rich selection of role models, role models from which perhaps only some characteristics will be internalized by the resident. Our earlier graduates will remember vividly Dr. Mario García Gamboa, who in his eighties had still an inexhaustible energy to visit patients living in the mountains of our Island, and who had a larger collection of obstetrical forceps than most medical museums. Or Dr. Carl Gemzel, one of the worlds first gynecologic endocrinologist, originally from Sweden, who was low-keyed and willing to listen to the residents, without letting them suspect that in his earlier years he was one the most sought-after consultant in field. And then the large group of "home grown" attendings, fresh from our Residency, like Dr. Alberto De la Vega, Dr. Ricardo Moscoso, and Dr. Josefina Romaguera, who were always accessible to the residents. Among our graduates, Dr. Carmen Zorrilla, deserves special attention as a mostly self-nurtured clinical investigator, who has risen to an international prominence by entering a new, but extremely rapidly growing field (HIV and the Pregnant Patient). Another role model of different variety is Dr. Sharee Umpierre, a Cornell, Harvard, Baylor and M.D. Anderson educated gynecologic oncologist. An eloquent communicator and fine surgeon, she is always available to the residents and not only in helping them with complex cases, but also by advising them in career planning. We would not forget to mention the "ideal practicing physician" Dr. Fidel Santos, who is a vivid reminder of residents and medical students that there will be always a need for a male obstetrician and gynecologist. We close the short list of our faculty with a master organizer, consummate clinician and our communicator with the American College of Obstetricians and Gynecologists, Dr. Arsenio Comas, who in February 2005 will celebrate his organized, and exemplary directed twenty-fifth Sunshine Seminar, the most admired post-graduate course in our discipline in the Caribbean region.

Projections for the next twenty-five years. The rapidity with which society causes, or imposes changes on many of our activities, including graduate medical education, reduces significantly the probability that our projections regarding events in rather distance future will come near to what actually will occur. In the past, medicine was a relatively self-contained universe, which controlled education, patient care as well as research. In several respects this autonomy served the society well. Patient care progressed rapidly due to innovations in surgical interventions and undelayed availability of promising pharmacological substances for cure of many diseases caused by infectious agents. Adverse experiences were relatively infrequent and appeared well accepted by our patients.

Graduate medical education was demanding, necessitating allocation of most time and energy to achieve the expected objectives, with little or no concern regarding other interests of the young physicians. The price was high, but appeared worth paying it, since already in the last half of the twentieth century, United States educated and trained young specialists were considered among the best in the world. But, changing perception of the society what rights it had, or should acquire, to monitor medical education, research and medical practice has, over the last decades, destroyed the former autonomy. Legal profession seems to have been in the forefront to strip from the physician the special rights and privileges members of our profession enjoyed during the first part of the twentieth century.

It convinced the public that all unfavorable outcome associated with, but not always resulting from, medical intervention, constituted medical malpractice. Discipline like obstetrics and gynecology was particularly vulnerable to such allegation, to the point that many young physicians originally interested in woman's health, would chose specialities like Dermatology or Radiology, just to escape the predictable and recurring litigations in their practices. This is convincingly demonstrated by the fact that in the year 2004, only 65 percent of the available first year resident portions in OB/Gyn residencies in the United States were filled by graduates from Medical Schools in the United States of America.

Protection of private lives of Residents by limiting their work week to 80 hours per week, and no continued "on duty" for more than 24 hours, was a seemingly positive step, which, however, reduced the experience of providing continued care of complex cases and seeing their resolution. An additional experience through which residents have to go is the process of Institutional Review Board (IRB) approval of research projects. For residents and others investigators to actively participate in research projects, they have to apply for IRB approval of such project. The requirements for research with human subjects were established to protect the rights of participants in either clinical or behavioral studies. Even chart reviews and studies designed to describe the experience in a given institution need to be reviewed to protect the confidentiality of certain information. Although seemingly cumbersome, residents need to know the rules and experience the process of research activities in order to better judge and utilize the scientific information derived from such studies.

Considering the rather unpredictable further influences of the above-discussed factors on our Residency Program,

can we dare to cast our projections at least for the next decade? We are also reminded that in the last twenty-four out of the last twenty-five years the coordination of resident education, care of patients, and clinical research was facilitated because the Director of the Residency Program was also the Chairman of the Department of Obstetrics and Gynecology. We think that we can, and most of them probably will pertain, also to remaining fifteen years. First, we are confident that our Program will survive, irrespective of the future demands of the Residency Review Committee. The size of the Program most likely will return to six residents per year, in view of the ample clinical material available to us in the Metropolitan San Juan area.

We might consider integration of our Program with the two other Residency Programs in Obstetrics and Gynecology in Puerto Rico. This could be particularly successful if we can persuade our Third and Fourth year medical students, interested in our speciality, that our program, because of the many special features (e.g. absence of Fellows in the various subspecialities, mostly patients of the general service category, and the strong presence of a faculty dedicated to teaching and clinical investigation) is likely to offer them a better educational experience than programs of national prominence. Clinical programs are mostly judged according to number of publication in peer-reviewed journals by Residents, Fellows and Faculty, the number of Faculty members who are editors or associate editors of journals, and who are contributors to leading textbooks. Some programs reach national visibility by being identified as referral centers for patients with complex medical or surgically treatable conditions. In our opinion these qualities and features do not tell much about of the education of the residents. We hope that the students applying to our program would share our views regarding this issue.

The proportion of female residents will increase, although not by as much as it has already now in the more visible programs in the United States. We explain this by the very favorable image of our male faculty as women's health care providers. We also share the opinion of most professional and academic organizations of our discipline that not an insignificant proportion of our patients does prefer a male gynecologist and even a male obstetrician and hence, obstetrics and gynecology is unlike to become a one gender (female) provider discipline.

Our Residents will be, as in the past, mostly from the University of Puerto Rico Medical School. We should not expect, however, that many of them be academically exceptional performers (*Alpha Omega Alpha*) unless our students recognize that mainland university programs, because of their fellowship program, cannot offer as good Resident education as we can. The exodus of our graduates to the US mainland is likely to continue because of the stronger economy and the rapidly increasing Hispanic population, which often gives our bilingual former residents advantages over the graduates of the mainland program. This situation, however, might be altered by the malpractice issue, which is likely to be more favorably resolved in Puerto Rico.

Regarding our future residents as part-time researchers-scientists, we should be patient in our expectations. The faculty will have to spend considerable time and effort to make them co-workers in faculty-initiated projects, and support them to be presenters at the Chancellors Research Forum and at national and international scientific events. Perhaps our IRB will mature in time and become more a facilitator and not an intimidator of research projects.

There are several promising areas for our future residents as clinical investigators. Early diagnosis of preeclampsia, based on our recognition that rise of blood pressure in the capillaries precedes rise in arterial blood pressure, is one such project. We are still waiting for a green light from our IRB. The role of alpha adrenergic receptors as protectors of cerebral circulation against sudden rise in blood pressure (e.g. in preeclampsia), a project in collaboration with Neurosurgery, and the Caribbean Primate Center, also will count on the participation of our residents. The proposal of how to eliminate (or at least reduce) the permanent sequelae of hyperandrogenization of the brain of the male fetus (reduced intelligence, antisocial and confrontational behavior) in collaboration with our Primate Center, has already entered a planning stage. The same also applies to a project to evaluate the adverse effects of incessant ovulation on certain target organs. The faculty hopes that these exciting research projects will attract also the attention of our third year medical students, and make them reflect on our discipline as one that has many important issues awaiting resolution.

Regarding our future Program Directors, do not expect her or him to endure and enjoy the challenges of this mission for as long as the present Program Director did. Remember, that the mean "life expectancy" in the States for Program Directors in Obstetrics and Gynecology is, at present, only six years. Longer periods might have, however, some advantages, because they introduce change only when change benefits the program. But maintaining one's enthusiasm for the entrusted mission is probably the most important factor.

Appendix I
Graduating Seniors of the University of Puerto Rico Residency in Obstetrics and Gynecology
1980 ñ 2004

1980
Iván del Toro, MD
Carlos González, MD
Santiago Díaz, MD
Luis Rivera, MD
José J. Vicens, MD
Henry Rodríguez, MD

1981
Lillian Bermúdez, MD
Edwin Candelario, MD
José A. Pagan, MD
Himirce Vázquez, MD
Sonia Sustanche, MD
Maria Román, MD

1982
Claritza Malave, MD
Madeline Ortega, MD
Ana R. Marcial, MD
Carmen Zorrilla, MD
Mercedes Carrión, MD
Fidel Santos Santos, MD

1983
Alberto Carrera, MD
Ailed González, MD
Hiram Malaret, MD
Héctor Rosario, MD
Daniel Cruz, MD

1984
Ramón Castillo, MD
Ricardo Moscoso Moscoso, MD
Josefina Romaguera Agrait, MD
Rosa I. Cruz Burgos, MD
Efraín Pérez, MD
Carlos Alvarez, MD

1985
William Alemañy, MD
Maria Carmen Del C. Ríos, MD
Eugenio Labadie, MD
Raul Yordan, MD
Theresa Mangual, MD
Carlos E. Ramírez González, MD

1986
Luis A. González, MD
Alma Padilla, MD
Pedro Palou, MD
Manuel Quintana, MD
Edgar Ramos, MD
José W. Rodríguez, MD

1987
Luis Fernández Sifre, MD
Maria I. Carreras, MD
Francisco, L. Gaudier Pirallo, MD
Angel L. Gelpi, MD
José R. Alvarez, MD
Rafael Rodríguez Mojica, MD

1988
Guillermo Calderón, MD
Jesús Carrodeguas Chao, MD
Alberto De la Vega Pujols, MD
Geraldo del Valle, MD
Juana I. Rivera Viñas, MD
Lillian Sanabria, MD

1989
José A. Bermúdez Segarra, MD
Rafael Berrios Marcano, MD
Roberto Díaz González, MD
Jorge Ostolaza Bey, MD
Arnaldo Torres Escalera, MD
Sonia J. Trujillo Cabrera, MD

1990
Edwin Bello Rosario, MD
Jaime Sepúlveda Toro, MD
José F. Battistini López, MD
José L. González Sánchez, MD
Angel L. Rosas Acevedo, MD
Susana Schwarz Reitman, MD

1991
David Caiseda Acantilado, MD
Eddie Estrada Velázquez, MD
Yolanda E. González Zamora, MD
Denis A. Pérez Pastrana, MD
Mildred M. Ramírez Padilla, MD
Reinaldo Sánchez Torres, MD

1992
Rafael E. Alonso Godines, MD
Pablo González Ramil, MD
Maria de los A. Pizarro Gutierrez, MD
Angel M. Ríos Santiago, MD
Wilfredo Rivera Ortiz, MD
Arturo Romero Figueroa, MD

1993
Elena De Jesús Pagan, MD
Daisy Vázquez Dubeau, MD
Orlando Sánchez Santiago, MD
Francisco Sosa Portillo, MD
Luis O. Morales Colon, MD
Francisco Jusino Ruíz, MD

1994
Jorge Alvarez Hernández, MD
Edgardo Aponte Sánchez, MD
Dibe Martín Ruaigip, MD
José Nieves Sosa, MD
Aixa Rodríguez Mariani, MD
Angel D. Vélez Rodríguez, MD

1995
Romulo Corrada Rivera, MD
Anayda De Jesús Cruz, MD
José Irizarry García, MD
Manuel Martínez González, MD
Rohel Pascual Villaronga, MD
Jorge Sánchez Castro, MD

1996
Livette Milan Sepúlveda, MD
Vilma Ortega Vidaurre, MD
Pedro Roca Mattei, MD
Ernesto Rodríguez Granados, MD
Fernando Romero González, MD
Rolando Vega Figueroa, MD

1997
José R. Cruz Díaz, MD
Cynthia Galinaltis Vega, MD
Ruth Maisonet Pérez, MD
Gladys Negron Huertas, MD
Stanley Santiago Rivera, MD
Hector Zavala Quiñónez, MD

Jane Lión, MD
Gonzalo Vázquez, MD
Ivan Guzmán , MD
Manuel Gómez, MD

1998
Pedro A. Díaz Betraña, MD
Magdalena Flores López, MD
Herbert Guzmán Cruz, MD
Antonio Medina López, MD
Iris Pérez Ortiz, MD
Alexis Rojas Chavez, MD
Luis Rosario Vargas, MD
Jorge E. Silva Santos, MD
Wanda Torres Oyola, MD
Luis D. Usuga Osorio, MD

1999
Reinaldo Acosta Cajiao, MD
Nabal Bracero Serrano, MD
Pedro Cruz Torres, MD
Maruja Fernández Boratti, MD
Otoniel Huertas López, MD
Marisol Maldonado Rodríguez, MD
Annette Pérez Delboy, MD
Eduardo Muñiz Vélez, MD
Miguel Vázquez Guzmán, MD
Gretchen Velasco Osorio, MD

2000
Daniel Hernández Gutierrez, MD
Luis F. López Caballero, MD
Rodolfo M. Lozano Otero, MD
Roberto Oliveras Márquez, MD
Herminio J. Olivero López, MD
Luis Rivera Berrios, MD
Eduardo Torres Berrios, MD
Patricia C. Santiago Muñoz, MD

2001
Angel Avilés Avilés, MD
Maria del Pilar Bravo Alonso, MD
Pablo Cruzado Santiago, MD
Rebeca George Iguina, MD
Oscar Osorio Cano, MD
Carla Rampolla Saavedra, MD
Eduardo Robles Emanuelli, MD
Jesusmanuel Salgueiro Bravo, MD

2002
Javier Burgos Cotto, MD
Rafael Burgos Sanabria, MD
Omaira Colon Rodríguez, MD
Christine Briones Calderon, MD
Verlee Fines Hernández, MD
Gladysmaria Figueroa Rubero, MD
Rafael Jordan Mattei, MD
Idalia Talavera Avilés, MD

2003
Antoni R. Alvarez Rodríguez, MD
Teresa Díaz Montes, MD
Carlos A. Rodríguez Barreto, MD
Eumari Salicrup Zayas, MD
Rubén Santiago Romera, MD
Luis J. Santos Reyes, MD
Rosimar Torres León, MD
Efraín Vázquez, MD

2004
Sara I. Díaz Valentín, MD
Madeline Dick Bioascochea, MD
Nitza Figueroa Rivera, MD
Frances A. Martínez Díaz, MD
Eugenio Quiñonez Vélez, MD
Damaris Rodríguez Irizarry, MD