

OSR Reps,

Here are 5 of the 10 summaries from the national meeting. The following are a list of the summaries from the 2005 AAMC-OSR National Meeting. The bolded summaries are found below. Enjoy!

-Your 2005-2006 Communications Crew

(Jason Phillips, Sara Brenner (2004-2005), Diane Reis (2005-2006), Karan Garg, Carlan Wendler, Robbie Hollowell)

- 1. Friday OSR Breakout session 1A Global Health Opportunities for Medical Students**
- 2. Friday OSR Breakout session 1B Affecting Curricular Change**
- 3. Friday OSR Legislative Update/Loan Consolidation**
4. Friday OSR/ORR Plenary session: The cost of creating doctors
5. OSR Business Meeting I
6. Saturday OSR Breakout Session 2A: Student educational Costs and Debt: Recommendations of the AAMC Working Group.
- 7. Saturday OSR Breakout Session 2B: Organs, Ethics and End of Life Issues**
- 8. Saturday OSR Plenary session: Evaluation of Medical Students.**
9. OSR Breakout Session 3a: Medical Law or Legal Medicine: Educating Medical Students for the Real World.
10. OSR Breakout Session 3b: Inequities in access to healthcare: a role for future physicians.

Special thanks to the OSR members who wrote up summaries on the sessions: Michelle Shaw, OHSU; Katie Jiries, OHSU; Kristin Schmid, Loma Linda U.; Carlan Wender, UMich; Heather Spader, U. of South Dakota.

1. OSR Breakout Session #1A Global Health Opportunities for Medical Students

Speaker: Robin Paetzold, Global Programs Coordinator, University of Iowa Carver COM

This session involved a discussion about opportunities for medical students to study abroad in different capacities including clinical, research, and volunteer and with public health projects. Ms. Robin Paetzold from the University of Iowa Carver COM spoke about her experience as a Global Programs Coordinator. The main points of her talk were the following: start early, assess your skills, define your objectives and personal needs, and plan financially. Some websites she suggested were from the following organizations: GHEC, AMSA, Global Health Council, IFMSA, and MAP-RDIF.

2. OSR Breakout Session 1B: Affecting Curricular Change

Speakers: Dr. Jess Mandel, University of Iowa Carver College of Medicine; Danielle Waldrop, Southern Illinois University SOM

This panel was designed to advise students on how to best influence curricular change at their respective schools. Dr. Mandel provided insight into how the curriculum is structured at most schools and the many players who may have an interest in its content. The public, teaching faculty, researchers and students all share a dedication to the mission of medical education and excellence of the school. Some methods for student influence include independent efforts by

students, participation in constructive feedback forums, and involvement in curriculum committees. Dr. Mandel advised students that in proposing curricular change, one must prepare good evidence of concrete benefits, anticipate areas of resistance, and have alternate solutions prepared. Danielle Waldrop, representing the student perspective, encouraged students to identify the areas most in need of change, discuss proposals and gain ideas from other students, and determine what resources are needed to implement change. An essential role for the student leader is to impress upon the students that their voice is being heard and encourage participation. The panelists emphasized a need for an effective feedback and evaluation system that promotes constructive communication between faculty, students, and others who have a vested interest in curricular change. Adversarial relationships must be avoided and consensus must be reached for change to be achieved and sustained.

3. OSR Loan Consolidation/Legislative Update

Speakers: Julie Fresne, Director, AAMC Student Financial Services; Dave Moore, Senior Associate Vice President, Office of Government Relations, AAMC

Consolidating medical school loans has the benefit of a locked-in interest rate, which is calculated using the weighted average interest rate of underlying loans and rounding up to the nearest one-eighth of a percent. The interest rate is currently capped at 8.25%. This lowers monthly loan repayments but may cost more in the long run. You also lose certain borrower benefits that came with the original loans. The interest rate for federal loans changes annually and is based on the Treasury bill (T-bill) which is auctioned off every May. The new T-bill takes effect in July for the following school year. The interest rate for the 2004-2005 year was at a record low of 2.77% for grace and deferment periods and 3.37% for forbearance and repayment. These low rates explain the rush to consolidate at the end of last year. This year, interest rates are up to 4.7% for grace and deferment periods and 5.3% for forbearance and repayment. Currently, the T-bill is already up another 1.5% for next year. Advice for fourth year students contemplating consolidation is to attend any debt/consolidation seminars at your school, bookmark your lender's website, take advantage of any borrower benefits before consolidating, and be wary of solicitations offering unbelievable consolidation deals. Consider consolidation to be a long-term relationship with the lender, and stay with trustworthy lender names. For more support, reference the MD2 and the Careers in Medicine websites.

As the 109th Congress draws to a close, there are still decisions to be made about appropriations, budget reconciliation, and higher education reauthorization. The budget reconciliation bills in the House and Senate contain cuts for Medicare and Medicaid, including physician payments. The bills, meant to cut government spending and reduce the federal deficit, are complicated by the need for emergency funding for Katrina relief. Also of interest to medical students is the higher education reauthorization bill (H.R. 609). The AAMC agenda was to increase annual loan limits and expand economic hardship deferment to extend beyond 3 years and include all qualified educational debt in the calculation. At this point, the House Committee on Education and the Workforce has approved increasing the annual unsubsidized loan limit to \$12,000, eliminating the single holder rule, and reducing origination fees over 4 years to 1%.

7. OSR Breakout Session 2B - Organs, Ethics, and End of Life Issues

Speaker: Mark D. Fox, MD, PhD, MPH

"Whereas most people understand supply and demand issues to drive

transplantation ethics, these [ethics] ultimately rest on values."

Establishing those values and describing their complex interplay was Dr. Fox's objective in posing such questions as: - Who should receive a newly available deceased donor kidney? Should HLA compatibility be the first consideration? Should age? Time on the wait list? - How can we get more donated organs? Financial incentives? Conscription (where every citizen is a donor upon their death)? Opt-out policies (like conscription except citizens can opt-out during life)?

He pointed out some of the ethical problems surrounding organ assignment, both from deceased and living donors, and advanced directives. For example, should a hospital override the wishes of relatives when they recommend against donating the organs of their loved one who issued a clear advance directive wishing to be a donor? On the one hand is donor autonomy and the possibility of saving a life; on the other, the comfort of the grieving family. These and many more issues were presented and addressed by Dr. Fox, but in the end he issued two challenges to those in attendance.

- 1) Push the technologic envelope - the discovery of CPR changed the definition of death (to "brain death") and allowed for more donor organs; what changes lie ahead?
- 2) Rethink the Hippocratic ideal - "first do no harm" proves inadequate when trying to advocate for proper use of organs because MY patient may not be the BEST patient to receive that organ; what ethics come into play now?

8. OSR Plenary Session – Evaluation of Medical Students

This plenary session presented different ways to evaluate medical students.

Dr. Joseph Fantone from the U. of Michigan discussed the Pass/Fail system and Dr. Joseph Gonnella from Jefferson Medical College spoke about the merits of a traditional grading system and Dr. Donald Melnick, President of the NBME, gave the perspective of the NBME about the pass/fail vs. traditional grading debate.

1. **Pass/Fail:** Dr. Fantone spoke about the experience of the U. of Michigan in making the first two years of medical school pass/fail. He stated that the advantages of this system included making students take more responsibility for learning and less competition. Michigan just made the switch to pass/fail. The first class has not seen a significant different in test scores but they need a few more years to be able to see the effects of this change.
2. **Traditional Grading Systems:** Dr. Gonnella presented a study that looks at years of data from Jefferson Medical College and found that first year grades are highly predictive of success on board exams, clerkship grades and other measures of success in medical school. He argued that since the data indicate that there is a strong correlation between grades and success, why not use letter grades because something has to be used to stratify medical students in the residency selection process.
3. **NBME Perspective:** Dr. Melnick spoke about the history of the NBME and the debate about pass/fail and traditional grades. He said that throughout the history of the NBME this has always been an issue but they have always come back to the fact that the board scores have a high reliability in assessing medical student knowledge. The exception to this is Step 2 CS which had a reliability of 0.8. Therefore, the board thought that this exam was best reported as pass/fail but they will revisit this grading system after more data have been collected. He also said that if the NBME decided to go to a straight

pass/fail system for the other exams, residency directors would look for other quantitative ways to assess medical students that may not be as good predictors of medical student knowledge.