

# Association of American Medical Colleges

## Proceedings for 1966

Meeting of the Institutional Membership  
February 5, 1966

Institute on International Medical Education  
March 27-30, 1966

Meeting of the Institutional Membership  
July 19-20, 1966

### Seventy-Seventh Annual Meeting

Conference on Continuation Medical Education  
October 21, 1966

Meeting of the Group on Student Affairs  
October 21, 1966

Meeting of the Council of Teaching Hospitals  
October 21-24, 1966

Conference on Research in Medical Education  
October 22-23, 1966

Conference on International Medical Education  
October 22-23, 1966

Plenary Sessions  
October 22-23, 1966

Business Meeting  
October 24, 1966

Discussion Panels on Medical Education  
October 24, 1966

*Office of the Executive Director  
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Association of American Medical Colleges  
Proceedings for 1966

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# Meeting of the Institutional Membership

Palmer House  
Chicago, Illinois  
February 5, 1966

Presiding: THOMAS B. TURNER, President

The meeting was called to order by Dr. Thomas B. Turner at 9:10 A.M., and the roll of Institutional Members of the Association of American Medical Colleges was taken by Dr. Richard H. Young, Secretary; 18 medical schools were not represented.

## PROVISIONAL MEMBERS

Dr. Robert C. Berson then presented the Executive Council's recommendation that the University of Hawaii School of Medicine (a two-year medical school) be voted to Provisional Membership. This motion was seconded and carried.

Dr. Berson then said that the Executive Council had also recommended that Mount Sinai School of Medicine be elected to Provisional Membership. This was not a unanimous recommendation, because Mount Sinai Medical Center does not have a university affiliation. During the discussion that followed, it was clarified that Mount Sinai might be considered as having an acceptable academic sponsor since they have been authorized by the State of New York to give the Ph.D. and M.D. degrees. The motion was then seconded and carried, and Mount Sinai was voted into Provisional Membership.

## 1969 ANNUAL MEETING

Dr. Turner then presented the Executive Council recommendation that the AAMC Annual Meeting be held in Cincinnati, Ohio, in 1969; that will be a sesquicentennial year for the University of Cincinnati College of Medicine. The motion was seconded and carried.

## NATIONAL FUND FOR MEDICAL EDUCATION

Dr. Turner then asked Dr. Berson to present the following Executive Council recommendation with respect to the National Fund for Medical Education (NFME):

The Executive Council recommends to the Board of the National Fund for Medical Education that the following modification in procedures be adopted:

1. That all funds collected by the NFME be expended as Class C grants.
2. That the NFME establish a grants review committee charged with the responsibility of appropriately expending these funds and which committee the AAMC would give any assistance deemed appropriate by the NFME.
3. That all project proposals handled by the NFME and originating in the schools or from the national organization of the AAMC should be screened and acted upon by the grants review committee.
4. That in selected instances the grants review committee will act as a liaison body between the grantee and prospective grantors.
5. The Executive Council is hopeful that in view of the extraordinary privileges contained in the national charter, the Board of NFME will give further thought to the

possibility of continuing its fund-raising activities with appropriate modification of the procedure used to fit present circumstances.

6. The Council notes with pride and gratitude the tremendous contributions which have been made to medical education over the past fifteen years by the NFME. It views with enthusiasm and optimism this step forward in adaptation of the organization and activities of the NFME to fit the challenges of the present and future.

Dr. Berson presented some background on the NFME, pointing out that its past success in getting corporations to donate funds to be distributed as grants to higher education might encounter difficulties if distribution were continued in the form of formula grants. The NFME had asked the AAMC to suggest a new approach for its grants and activities that would meet the needs of the medical schools and would also attract the support of the corporations. There was some discussion in which it was pointed out that some of the recipient schools might have done a better job of reporting their utilization of funds to the NFME.

Dr. James Faulkner, President of NFME, was then asked to make some comments:

Dr. Faulkner: One piece of general information: there isn't enough money in the kitty to continue the Class A and Class B grants through next year. There will be no distribution of Class C grants this next year. In the discussion which has just taken place, it has occurred to me that perhaps the first item here, "That all funds collected by the NFME be expended as Class C grants," may be a little too specific for what I think we had in mind. Perhaps if it were reworded, "to be expended as a special purpose grant within the broad field of medical education," it could go further than what we have been considering as Class C grants. In other words, funds might be appropriated for a building. If a medical school had been unable to get quite enough matching funds to build its library, this might be a perfectly appropriate way for some of these funds to be spent.

I'm afraid that we are facing the fact that it looks as if the Board would be unwilling to go along with the across-the-board distribution of funds. We find there is this feeling within the Board and within the groups of corporate givers with whom we discussed this subject. On the other hand, we do find a lot of good will toward medical education, a lot of continued interest. Many heads of corporation donation committees have said that they wish to continue to support medical education in one way or another; and I think perhaps with this new pattern they will turn to the grants review committee to advise them on the wise expenditure of these funds. They will also welcome the opportunity to put their contributions toward specific purposes, and to give directly from an individual corporation to an individual medical school, particularly where they can get the maximum visibility and where it suits either their geographical or their particular corporate interests.

There will still be, I'm sure, a number of corporations, especially those who have been giving less than \$1,000 or so a year, who will simply put these funds into the hands of the grants review committee to do with whatever it wishes. It would seem also that the grants review committee might be able to come up with suggestions about appropriate places for corporate money to be invested in medical education and present these to the corporations.

I have the impression that if this new pattern is accepted, and if we can hold the present structure of the National Fund together, we may actually be able

to develop more corporate funds going into education than we did under the old formula.

On motion, seconded and carried, the Executive Council's recommendation was endorsed by the Institutional Membership.

#### FEDERAL HEALTH PROGRAMS

Dr. John Parks, chairman of the AAMC Committee on Federal Health Programs, then made the following report:

Dr. Parks: In 1965 there was extensive legislation that presented a challenge to American medicine, and to medical educators in particular, to increase the manpower in the health professions and to make available to all the people the advances of medicine. This came about in 12 health bills passed by the 89th Congress. Of greatest importance to AAMC members are the extension of the Health Research Facilities Act, and the extension and expansion of the Health Educational Facilities Act, particularly 2 new features of the latter act—the general support in basic and general improvement grants and the scholarship provisions. There are also the Medical Library Assistance Act; Heart Disease, Cancer, and Stroke Amendments; medicare; Community Mental Health Centers extension; and the extension of the Hill-Burton Bill for urban and hospital improvements.

I will say that the AAMC has had splendid cooperation throughout all of the last Congress as we testified before the congressional committees. Dr. Berson, spending a great deal of his time in Washington, has had close contact with members of the congressional committees and particularly with the secretaries of these committees, who are very important people as far as information is concerned. Testimony by the AAMC membership before the various congressional committees has been received very favorably, and the Committee on Federal Health Programs and members of the AAMC have been called upon to help in the wording and drafting of some of the legislation. In all of this, we have endeavored to present the programs and wishes of the AAMC.

Now, when a bill is passed, this is only legislation giving authority to act. After that come regulations; application blanks must be written and appropriations must be made before legislation becomes effective. I think you realize that such important things as the Medical Library Assistance Act, for instance, have not been funded. We are watching these things closely. Our most recent meeting in Washington, January 7, was with Dr. Philip Lee, Assistant Secretary of the DHEW, and representatives from the Bureau of State Services, from the Surgeon General, and from the National Institutes of Health. At this meeting, to give you an example of the type of communications that are in progress, we discussed budget features of the various medical programs, clarification of the expansion of the enrollment provisions in the construction and in the basic support grants, administration of the scholarship program, the possibility of simplifying and coordinating site visits for the purpose of conserving the time of professional people in medical education, the likelihood of animal care legislation in the present Congress, and the relationship of medical education to medicare.

There won't be time here to discuss in detail very many of these important features, but perhaps Dr. Berson can add to this presentation.

Dr. Berson: Actually so much goes on, it is difficult to get it organized to present in orderly fashion.

First, concerning regulations governing the Health Professions Educational Assistance Act, we find that there is a new council to deal with. It had its first meeting this week, and I understand that they approved the guidelines for education in essentially the form that had been drafted. A few of our people, including one member of our Committee on Federal Health Programs, had an opportunity to review them, but the time to comment before the council met was extremely short. Naturally, some aspects of these regulations are extremely important. For example, with respect to the basic improvement grants, the question of whether increasing enrollment in order to qualify for a construction grant could be limited to the legal requirements (5 students or 5 per cent) or whether the school was stuck with a larger increase than already planned, has, I understand, been clarified; it is the legal requirement that is necessary, not the larger figure.

In the sums available for basic improvement grants in this fiscal year, if you do the arithmetic and assume that every school provided for in the act will have a basic improvement grant, it becomes apparent that there is only enough money to pay about 70 per cent of what the act authorizes. The people responsible for administering this program do not have an accurate count of the number of schools that will in fact apply for basic improvement grants in this fiscal year. Of course, if it is less than 100 per cent of the schools, then the amount of money that can be paid out will be increased considerably. I am informed that they are going to ask each institution immediately to file a letter of intent or non-intent to apply for grants in this particular year, so that they can make the right sort of decisions the next time the council meets.

There are some aspects about the administration of the scholarship programs that have seemed very difficult to our Group on Student Affairs. These have been discussed extensively, and I believe the regulations that have been decided upon represent a considerable improvement over what had been planned in the first place.

The educational construction program is not presenting very many problems at the present time, except for its integration with the research facilities construction program. The funds recommended in the President's budget for the next fiscal year do not provide as much as is authorized for the construction of educational facilities, but they do not fall very far short. We sent a memorandum to each of you that was specific about these amounts. The President's recommendation concerning research facilities construction, however, does fall far short of providing for the backlog of apparently good applications already on hand and of the amount that surely would be applied for in the development of many medical schools. As you may know, his recommendation was only \$15 million against an authorization for a much larger sum, which I believe was \$100 million. As you know, the congressional committees will consider these appropriations, and our AAMC Committee will have to decide what to do in the way of testifying before the congressional committees about that and many other aspects of the President's budget.

Incidentally, the President's recommendation concerning basic improvement grants would provide enough money to pay 100 per cent of the amount for the second-year program for all eligible schools.

The National Library of Medicine's program seems to be moving along fairly well. The President's budget does not provide as much as was authorized, but



it does provide some increase over what had been provided in the present fiscal year.

One of the very time-consuming and, I think, important things that we are involved in now is continuing discussion with the federal officials who are developing policies within the laws that have already been passed. I think it is interesting and encouraging that at the end of our last meeting with Dr. Philip Lee, his suggestion was that we plan to have such meetings at least once a month, which we do plan to do. The next meeting will be February 11. I'm sure you can see that this is pretty time-consuming for the members of our Committee, but it is an opportunity for simple and easy communication about issues that are very important to all of us.

Although our Committee has not yet met with him, the new Chief Medical Director of the Veterans Administration, Dr. H. Martin Engle, is exhibiting a very cordial attitude toward medical education and has told me he is convinced that the key to the past and future success of the VA is the Deans Committee. He is quite new in his position, and I think our Committee on Medical School-Veterans Administration Relationships will meet with him in the fairly near future.

A very difficult matter that some of us have been involved in discussing is the question of the cost of operation of clinical research centers. It is a complicated issue. The point at the moment is that at the present time the right people in the National Institutes of Health are writing to the grantee institutions suggesting lines for settling this matter in each institution; I believe this to be a considerable improvement over what they had in mind before engaging in some conferences during which there was some pretty frank discussion on this particular issue.

Another matter of present concern is the question of animal care legislation. Early this week the administration had not announced the decision as to whether there will be an administration bill on this topic or not. I know this has been extensively discussed within the administration. There are many other indications that there will be hearings about legislation on this topic which has already been introduced, and a great many people feel that the question is not whether there will be legislation in this field, but what kind of legislation it will be. It is my own belief that it would be extremely helpful if the administration does introduce a bill, provided it is one that the institutions and the scientific community can live with at all. As you know, there are people within the administration who are very well aware of the dangers and difficulties, so that it is likely that an administration bill would be a great improvement over what the Congress is otherwise likely to do.

The final event I might mention is one that has happened so recently that we don't know nearly enough about it, and that is the President's message on international health, which implies that there will be important legislation in this field. What it will contain is not yet clear at all. I have the vague impression that a good many of the recommendations made by this Association in its report to the Agency for International Development\* will be followed. Our

\* The advance print of this report, *A World Program for Health Manpower*, appeared in October, 1965; and it served as resource for participants in the 1966 AAMC Institute on International Medical Education held in March, 1966. The final version of the report appears as Chapter 3 in the book reporting the Institute, *Manpower for the World's Health*, published as Part 2 of *The Journal of Medical Education*, Volume 41, September, 1966.

national program in this field will require some sort of constructive response on the part of all or most of our medical schools in the very early future.

#### DISCUSSION

Following these reports, there was some discussion, mostly with respect to confusion on interpreting the requirements about enrollment increases. There was clear recognition that the federal emphasis is on manpower. A show of hands indicated that only a few schools were not planning to apply for basic improvement grants.

There was some discussion about the shift away from federal research support in favor of the manpower theme, and it was mentioned that schools should speak up about how difficult it is to attract faculty manpower when there is no solid research support. A question was raised concerning medicare and its implications with respect to patients in the teaching hospitals (see Dr. Crispell's later report). There were also some comments on the problems of cost sharing and other items that later in 1966 were to lead the membership to consider development of a new white paper.

There were some comments on animal care legislation, and it was mentioned that reports would be forthcoming in the new *Bulletin of the Association of American Medical Colleges*. Reference was made to the desirable role of the National Society for Medical Research.

#### OTHER REPORTS

It was announced that the first issue of the *Bulletin*, which will report on developments on the national scene, would appear in a few weeks, under the editorship of William G. Reidy.

Dr. Donald G. Anderson reported for the task force examining location of the AAMC headquarters, which the Coggeshall Report† had recommended to be relocated in Washington, D. C. He stated they were studying background material and planned a meeting with auditors and legal counsel to explore the legal, fiscal, and real estate problems involved. [Later in 1966 it was decided to retain the AAMC headquarters in Evanston, Illinois, for the present, keeping a smaller office in the nation's capital.]

Dr. Kenneth R. Crispell reported for the task force on bringing faculty members into active AAMC participation, another Coggeshall Report recommendation. This committee's deliberations with academic societies and its consideration of per-school faculty representation had not yet gotten under way. [In July, 1966 the membership voted in favor of the approach through academic societies, and in October, 1966 formally established an AAMC Council of Academic Societies.] Dr. Crispell's comments were mostly on an *ad hoc* assignment his task force had been given to consider such items as residency reimbursement under medicare, the problem of particular concern to surgeons in the teaching hospital. Dr. Ward Darley, Consultant to the AAMC Executive Director, and Dr. Russell Nelson from the AAMC Council of Teaching Hospitals were planning to meet with the task force to consider all the problems foreseen with implementation of Title XIX and the other Social Security legislation. Dr. Crispell also reported

† Coggeshall, L. T. *Planning for Medical Progress Through Education*. Evanston, Illinois: Association of American Medical Colleges, 1965.

on a rather difficult meeting with some directors of medical education in community hospitals.

Dr. Isaac Taylor reported for the task force which had been given the assignment of exploring affiliation with groups in the related health professions, another Coggeshall Report recommendation. The task force had met only once, a month before, but it expected to pursue informal discussions with allied professional educational groups, particularly those in the university setting. [No further reports in this area appear in the Institutional Membership meetings during 1966.]

There was no report of the Committee on Constitution and Bylaws, chaired by Dr. George A. Wolf, Jr. [Its complete report appears as part of the report of the Seventy-Seventh Annual Business Meeting (See pages 591-592) held in October, 1966, at which time its recommendations were approved and it was discharged.]

Dr. Berson reported on the Council of Teaching Hospitals, the first of the AAMC councils. Their dues-paying status was being implemented and the appointment of a staff person was forthcoming.

The above reports all represent progress in implementing the Coggeshall Report. Dr. Arden Miller moved a formal statement of appreciation to Dr. Lowell T. Coggeshall. This was seconded and carried, and the Secretary was instructed to draft a letter.

#### OTHER DISCUSSION

Before adjournment, Dr. Glen Leymaster, Dean of Woman's Medical College, made a formal request that the AAMC develop guidelines for the nonuniversity medical schools.

There was also some discussion on the National Intern Matching Program and the problem with some hospitals, both university and community, that were pressuring students to tell in advance how they were going to rank their internship choices. Both the AAMC Council of Teaching Hospitals and Group on Student Affairs might study this problem.

The meeting adjourned at 12:20 P.M.

# Institute on International Medical Education

Pan American Health Organization Building

Washington, D.C.

March 27-30, 1966

Since World War II there has been an increasing emphasis on the obligation of American medical schools to participate actively in international assistance efforts with respect to less fortunate schools in developing countries. There have been many outstanding projects of international cooperation in medical education; however, how effective these activities have been overall, and how developed countries can best contribute to the solution of medical problems in underdeveloped countries were 2 major areas explored at this Institute on International Medical Education.

Dr. Robert A. Moore, President and Dean, State University of New York Downstate Medical Center College of Medicine, served as Chairman of the 1966 Institute. A steering committee and 3 subcommittees, assisted by AAMC staff under the direction of Dr. Henry van Zile Hyde, Director, Division of International Medical Education, organized the Institute content within the following 3 topical areas: (a) "The Medical, Economic, and Social Factors Which Bear on Medical Education in the Developing Countries"; (b) "Patterns and Effectiveness of Past and Present Programs of International Cooperation in Medical Education"; and (c) "The Future and Role of the Association of American Medical Colleges and Its Member Schools." A plenary session was devoted to each area, followed by adjournment to small-group discussions. Participants in the 1966 Institute included some 258 medical vice-presidents, deans, and liaison officers on international activities; guests from Africa, Asia, Europe, Latin America, and the Middle East; representatives of schools of public health and other health professions; and representatives from private, governmental, and intergovernmental agencies concerned with the international effort.

## PLENARY SESSIONS

The first session was held Sunday evening, March 27. Dr. Moore opened the Institute and then presented Dr. Thomas B. Turner, President of the AAMC, and Dr. Abraham Horwitz, Regional Director, World Health Organization, and Director, Pan American Health Organization, both of whom presented welcoming addresses. The Institute was fortunate to have Barbara Ward (Lady Robert Jackson) deliver the keynote address, entitled "Development: The Irreversible Revolution."

Dr. LeRoy E. Burney, Vice-President for Health Sciences, Temple University, who was scheduled to preside at the plenary session on Monday morning, March

28, was unable to attend; Dr. Lewis H. Rohrbaugh, Director, Boston University Medical Center, and Provost for Medical Affairs, Boston University, substituted. The first paper, by Dr. Walsh McDermott, Livingston Farrand Professor of Public Health, and Chairman, Department of Public Health, Cornell University Medical College, dealt with "Modern Medicine and the Demographic-Disease Pattern of Overly Traditional Societies: A Technologic Misfit." Following this presentation, Dr. A. Peter Ruderman, Economic Adviser, Pan American Sanitary Bureau, World Health Organization, discussed the "Economic Factors and Medical Education in the Developing Countries." "Cross-Cultural Medical Education: Some Social and Cultural Factors," was the title of the third paper, presented by Dr. George M. Foster, Professor of Anthropology, University of California, Berkeley.

Dr. Rohrbaugh also presided at the Monday afternoon session. Dr. Ihsan Dogramaci, President, Hacettepe Medical Center, Ankara, Turkey, commented on "An Experiment in Medical Education in Turkey." Another address given at this session was "Medical Education in Developing Societies," by Dr. K. N. Rao, Director General of Health Services, Ministry of Health, Republic of India.

Comprising the evening activities were a reception and dinner, during which Dr. Philip R. Lee, Assistant Secretary of Health and Scientific Affairs, Department of Health, Education, and Welfare, made a few remarks.

Dr. Maxwell E. Lapham, Director of the Academic Administration Internship Program, American Council on Education, presided at the Tuesday morning plenary session. Dr. Robert B. Watson, Associate Director, Medical and Natural Sciences, The Rockefeller Foundation, presented a paper on "Patterns and Effectiveness of Past and Present Overseas Programs of Cooperation in Medical Education and a Forecast of the Future." Dr. Royden Dangerfield, Associate Provost and Director of International Programs, University of Illinois, discussed "Interinstitutional Relations in Medical Education." "Impact of Research Programs on Medical Education in Developing Countries," was the subject of comments by Dr. William J. Darby, Chairman, Department of Biochemistry, Vanderbilt University School of Medicine. Dr. Howard M. Kline, Associate Director for Education and Exchange, Office of International Health, U. S. Public Health Service, provided an account of "Direct Assistance Programs."

Dr. Walter S. Wiggins, Secretary, Council on Medical Education, American Medical Association, reported on the "Responsibility of U. S. Medical Education in Training Foreign Interns and Residents" at the Tuesday afternoon session.

Presiding at the Wednesday morning plenary session was Dr. Vernon Lippard, Dean, Yale University School of Medicine. Dr. Robert S. Morison, Director, Division of Biological Sciences, Cornell University, presented a paper on "Opportunities and Obligations with Respect to International Action by U. S. Medical Education."

Dr. Robert A. Moore and Dr. Thomas H. Hunter presided when the plenary session reconvened after the discussion group sessions. The fourteenth Institute of the AAMC concluded with 2 messages, one from the World Health Organization by Dr. John Karefa-Smart, Assistant Director General, World Health Organization, and the other from the Agency for International Development by David E. Bell, Administrator, Agency for International Development.

The book reporting the Institute on International Medical Education was published in record time under the title *Manpower for the World's Health*, edited by Henry van Zile Hyde, and is available in both clothbound and paperbound editions. It appeared as Part 2 of the September, 1966 issue of *The Journal of Medical Education*. Most of the Institute papers were published in this book, which also includes some chapters written from the post-Institute perspective, a revised bibliography on medical education in the developing countries, and an updated version of "A World Program for Health Manpower," the AAMC report to AID which had served as such important resource for Institute participants.

# Meeting of the Institutional Membership

Sheraton-Chicago Hotel

Chicago, Illinois

July 19-20, 1966

Presiding: THOMAS B. TURNER, President

This special meeting of representatives of the Institutional Members of the Association of American Medical Colleges, held at the suggestion of representatives of 12 institutions, was called to order by President Thomas B. Turner at 1:00 P.M. on July 19. The roll was called by Secretary Richard H. Young; 67 institutions were represented, 54 by the deans and 13 by designees. Several past-presidents of the AAMC and 4 representatives of Provisional Members were also present. It was noted that this was a remarkable turnout in view of the airline strikes in progress at the time.

## REGIONAL ORGANIZATION AND THE EXECUTIVE COUNCIL

A document, prepared by a group of deans from schools in the Southeast, was read by Dr. Manson Meads; it recommended that the AAMC Institutional Membership should have final authority for policy establishment; that a formal regional organization should be established; and that AAMC councils of special groups should relate to the regional and national structure of the AAMC, should have representation on the Executive Council, and should have staff support. Although a motion was made and seconded to accept this document in principle and to appoint a committee to study it and report at the October 24 Institutional Membership Meeting, it was clear that those present wished to discuss the various elements before accepting any statements of principle.

After some discussion, on motion, seconded and carried unanimously, the principle that the Institutional Membership should have final authority for the establishment of the policies of the Association was clarified.

The membership then discussed the function of the Executive Council. On motion, seconded and carried with 1 opposing vote, the membership clarified the principle that the major function of the Executive Council should be to execute policy, take interim action for the Institutional Membership, and carry out such other duties and functions as may be delegated to it by the Institutional Membership.

A regional organization for the AAMC was the next item considered. The discussion made it quite clear that improved communication, enabled by smaller and more frequent meetings, and basic focus on national concerns of medical education were the primary objectives of regionalization, not fragmented parochialism. On motion, seconded and carried with 4 opposing votes, the following principle was accepted: "A formal regional organization of Institutional Members should be established. The major function of such an organization should

be to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion on such issues at the national level."

The discussion then turned to the question of regional representation on the Executive Council. On motion, seconded and carried with 4 opposing votes, the principle was established that the Executive Council should be reconstituted so as to be representative of the regions. Two more specific possibilities—that Executive Council members actually be elected by the regions or at least nominated by them—were discussed. However, the clear intent of the membership was that the task of working out the details of this statement of principle, and of the 3 others voted on previously, should be referred to the Committee on Constitution and Bylaws, chaired by Dr. George A. Wolf, Jr.

#### FACULTY PARTICIPATION IN THE AAMC

A task force headed by Dr. Kenneth R. Crispell had been given the assignment of studying faculty participation in the AAMC. The establishment of an AAMC Council of Faculty consisting of 1 representative from each member medical school was discussed first. Some favored this mechanism for faculty involvement in the AAMC, but a number of deans felt that they should be the ones to speak for the faculty of their own schools. A motion to establish such a Council of Faculty was defeated.

Discussion then turned to the possibility of reaching faculty through academic societies. Although some members felt there would be problems with special interest groups, most seemed to feel that this was the best mechanism not only for enhancing faculty awareness of the national scope of the demands made upon medical education, but also for providing a forum through which faculty opinion could be brought to bear in the formulation of national policies. There was some concern about the proper definition of "academic society"; but on motion, seconded and carried with 1 opposing vote, it was agreed to approve the formation of a Council of Academic Societies and give to a task force the job of working out the details and bringing these back to the Institutional Membership at its next meeting.

#### PROBLEMS INVOLVING FEDERAL PROGRAMS

Following a ten-minute recess, an extended discussion on AAMC relationships with the federal government got under way. Dr. Sherman M. Mellinkoff read a draft of a letter to John Gardner, Secretary of the Department of Health, Education, and Welfare, which had been composed by Western deans. This draft then served as a basis for discussion of the fragmentation of present federal financing patterns. It was the sense of the discussion that the AAMC White Paper of 1961 had been successful, but that public policy on health manpower, the recent flurry of legislation (for example, the regional complexes and medicare), and the continuing complexity of existing grant requirements (for example, cost sharing, time-and-effort reporting, and multiple site visits) made necessary a strong new AAMC statement of objectives—the presentation of a constructive program.

In the course of the discussion, Dr. Luther Terry, former Surgeon General, suggested that many different approaches could be made to various individuals and agencies of government, but that in each case it was important to specify



clearly which were problems that required legislative action and which could be overcome through administrative adaptation. He stated that a new white paper would be desirable, but that it should be developed "in a highly professional, technical manner, and be well backed up with specifications."

Before Dr. Turner adjourned the July 19 session at 5:00 P.M., Dr. Robert C. Berson, Executive Director of the AAMC, commented that liaison with and entrée to officials in Washington were excellent at the present time, but that more information and more problem case reports from the schools were necessary to improve communications.

The July 20 session was called to order at 8:35 A.M. by Dr. Turner. Dr. John Parks, chairman of the AAMC Committee on Federal Health Programs, reported on the basic improvement grants. Because of appropriations, schools received only 70.18 per cent of the statutory formula amount; there were no funds available for special improvement grants. Later in the morning, Dr. Berson reported that good relations were being established with the President's Commission on Health Manpower. Dr. Robert Q. Marston, Associate Director, National Institutes of Health, and Director, Division of Regional Medical Programs, reported briefly on the regional programs, mentioning that in the 35 or 40 applications that had been received, there was great emphasis on continuing education, which has implications for the AAMC. He also said that the AAMC should take advantage of the initial stage of flexibility and participate in the legislative structuring for the regional programs.

Most of the session was devoted to discussion which centered on the problems of multiple site visits and multiple sources of construction funds. One view expressed was that a unified administrative organization for medical center construction was needed. A report was read of a meeting of the Committee on Governmental Relations of the National Association of College and University Business Officers, and it was clear that all academic institutions are facing comparable problems with federal construction grants. Because of the time-consuming, uncoordinated paper work caused by time-and-effort reporting and cost sharing for a variety of individual grants, one hope was expressed that it would be desirable if both could be included on an institutional basis.

#### RESOLUTION

Mr. William G. Reidy, Editor of the *Bulletin of the Association of American Medical Colleges*, read the following draft of a resolution:

**RESOLVED**, That the deans of our nation's schools of medicine, convened in Chicago, Illinois on July 19-20, 1966, in a session specially called because of the urgency of the situation, do agree and do instruct the officers of the Association of American Medical Colleges to call to the attention of the proper legislative and executive officials of our government the intolerable, wasteful, and self-defeating situation described below and to request from them such appropriate action as is recommended:

**WHEREAS**, In little more than a decade the Congress has written a magnificent record of legislation designed to better the health of America's people; and

**WHEREAS**, This legislation has offered our schools of medicine great opportunities to better do the job that is theirs and, concurrently, imposed great obligations on those schools; and the faculties and administrative personnel

of our medical schools represent one of the most specially trained and critically short pools of essential manpower in our nation; and

**WHEREAS**, Each of the excellent pieces of legislation referred to above did of necessity bring into being a governmental regulatory body and a set of regulations and accounting procedures designed to assure the proper expenditure of the federal funds involved; and

**WHEREAS**, There has been little or no effort made to coordinate either legislative enactments or administrative bodies and procedures, the result has been to subject each medical school and its limited personnel to a now unbearable burden of attempting to deal concurrently with a host of agencies and a plethora of often contradictory regulations and accounting procedures; and

**WHEREAS**, This has led to such perhaps individually justifiable but in their totality absurd procedures as:

1. To require highly trained and extremely scarce men of teaching or research ability to devote hours of time in a ridiculous effort to decide what percentage of each hour they spent on one or another of perhaps 6 differently funded programs which the federal government urged them to undertake—so-called time-and-effort reporting.

2. To require administrators and faculty members of medical schools to account, in meticulous detail, project by project, researcher by researcher, grant by grant, et cetera, et cetera, exactly how much the institution was contributing as its share of the costs of the undertaking even though it might mean attempting to decide how much of a secretary's salary was to be charged against each of the 4 projects.

3. To require team upon team of overburdened faculty members to make visit after visit to the same medical school in the same year to check into its eligibility not only for grants to help construct different, essentially needed buildings but even to check on the permissibility of different grants to help pay for a single room in a single building, notwithstanding the fact that each site visit occasions a considerable drain on the time of both overburdened faculty and administration of the school being visited.

4. To require medical schools to attempt to cope with conflicting standards of construction enunciated by different agencies or even by separate divisions of the same agency, often formulated without consultation with those who would use the prospective buildings, even though they are simply undertaking to build the classrooms and laboratories needed for the training of increased numbers of doctors which the government wants produced.

**THEREFORE**, It is of immediate urgency that officials of the highest level of all agencies whose operations impinge on our schools of medicine be assured that our schools of medicine are wholeheartedly in partnership with them in the attempt to achieve the objectives for which the Congress has legislated and the people need; and

**THEREFORE, BE IT RESOLVED**, That in conference with the representatives of America's schools of medicine and without further studies—of which there have been a plenty—they proceed to:

1. Coordinate and simplify procedures, regulations, and accountancy vis-à-vis our government and medical schools to the greatest extent possible under existing legislation.

2. Determine and recommend to the Congress such changes in legislation as may be needed to achieve that same objective.
3. Recommend to the Congress such additional legislation as will enable our medical schools to further our mutual objective of providing our country with the men of medicine it needs, through methods which will not waste or spend fruitlessly the time, energy, skills, and knowledge of the relatively few it now has.

On motion, seconded and carried unanimously, the resolution was approved in principle. This established the basis for President Turner to send a resolution backed by the Institutional Membership with a letter of transmittal to the President, Secretary Gardner, and others in government.

#### CONTINUING ACTIVITIES OF THE AAMC

Following a ten-minute intermission, Dr. Berson summarized briefly the current staff-supported activities of the AAMC, and Dr. Turner asked for comments on the programs. In the discussion that ensued, it was clear that the Institutional Members are very much concerned with the total span of medical education, particularly the entire post-M.D. educational period and including continuing education. It was suggested that AAMC activity in this area might well have staff support. The international activities of the AAMC were mentioned as being of increasing importance.

At this point Dr. Robert J. Glaser, on behalf of 12 Western deans, presented the following proposal:

It is proposed that there be regular meetings of the deans of American medical schools to be held at least annually for the purpose of determining AAMC policy on topics of national concern to medical education. Adequate time for discussion at these meetings and an adequate number of such meetings to achieve this purpose should be assured. Such meetings should have first priority among AAMC activities and expenditures, and formulation of major policies should not be relegated to other meetings.

On motion, seconded and carried, the statement urging more frequent meetings of the Institutional Membership was approved.

Before adjournment, there was a very brief discussion on some of the problems facing medical schools and teaching hospitals with respect to medicare in general and to Titles XVIII and XIX in particular. It became apparent, however, that it was too soon for definitive statements on actual or anticipated problems and possible state differences.

Dr. Turner assigned the chairmanship of a new committee to President-Elect William N. Hubbard, Jr. He charged the committee with task of distilling the objectives of the AAMC with respect to support of medical education by the federal government and putting these in a document to be considered later by the Institutional Membership. Dr. John R. Hogness was asked to be vice-chairman; the other members suggested by Dr. Turner were Dr. Kenneth R. Crispell, Dr. Franklin G. Ebaugh, Jr., Dr. Vernon W. Lippard, and Dr. Sherman M. Mellinkoff. Dr. Hubbard announced that the first meeting of the committee would be held immediately following the current proceedings.

The special meeting of representatives of Institutional Members was adjourned 12:10 P.M.

# Conference on Continuation Medical Education

San Francisco Hilton Hotel

San Francisco, California

October 21, 1966

The Conference on Continuation Medical Education was held in San Francisco on Friday, October 21, 1966. Opening the meeting with announcements and introductory remarks was Dr. Seymour Farber, Dean of Educational Services, and Director of Continuing Education, Health Sciences, University of California School of Medicine, San Francisco Medical Center.

Dr. Robert Q. Marston, Associate Director, National Institutes of Health, and Director, Division of Regional Medical Programs, presented a paper entitled "The Interdependence of Regional Medical Programs and Continuing Education" (1). Coauthor of the paper was Dr. William D. Mayer, Associate Director for Continuing Education, Division of Regional Medical Programs, National Institutes of Health. Dr. George E. Miller, Director, Office of Research in Medical Education and Center for the Study of Medical Education, University of Illinois College of Medicine, then discussed the topic, "Continuing Education for What?" (2). Mr. Howard Gossage of Freeman and Gossage, Inc., originally scheduled to speak, was unable to attend the Conference. The substitute speaker was Mr. Hanley Norins, Vice-President and Associate Creative Director of Young and Rubicam, Inc., who addressed the Conference on "How to Sell Your Product to the Consumer."

Dr. John N. Lein, Assistant Dean, and Director of Continuing Medical Education, University of Washington School of Medicine, opened the Friday afternoon session with a speech entitled "The Labor and Delivery of a New Department of Continuing Medical Education." Following this presentation there was a discussion period in which the various speakers participated.

Two workshops were held simultaneously in which the topics under consideration were "Starting a Program of Continuation Medical Education" and "Financing Continuation Medical Education."

#### REFERENCES

1. MARSTON, R. Q., and MAYER, W. D. The Interdependence of Regional Medical Programs and Continuing Education. *J. Med. Educ.*, 42:119-125, 1967.
2. MILLER, G. E. Continuing Education for What? *J. Med. Educ.*, 42:320-326, 1967.

# Meeting of the Group on Student Affairs\*

San Francisco Hilton Hotel

San Francisco, California

October 21, 1966

## OPEN SESSION

The meeting was called to order at 9:10 A.M. by Dr. John L. Caughey, Jr., Group on Student Affairs (GSA) National Chairman, with approximately 300 people in attendance. These included not only GSA members but also a number of deans, premedical advisers, faculty members, and others.

### MEDICAL COLLEGE ADMISSION TEST

The first paper of the morning was presented by Dr. Woodrow W. Morris, Associate Dean for Student Affairs, University of Iowa College of Medicine. Dr. Morris discussed the topic "Interpreting the MCAT Science Test Scores of Repeaters." Among his conclusions was the observation that for someone repeating the MCAT, the best estimate of his science information was probably derived by averaging his 2 science scores.

Dr. George P. Hollenbeck, Assistant Director, Professional Examinations Division, The Psychological Corporation, then presented an "Analysis of the 1965 MCAT Applicant Population." Differences in the composition of the 1965 spring and fall test groups were found in college status, geographical region, age of the applicants, and in the number of "repeaters" and "first-timers" in each group. Comparisons with the data for 1962 indicated that the 1965 population had higher mean scores on each of the MCAT sections, the greatest differences being in Quantitative Ability.

### MINORITY GROUPS

Dr. Edwin B. Hutchins, Assistant Director (Basic Research), AAMC Division of Education, then presented a paper on "Minorities, Manpower, and Medicine." He indicated that there had been a slight increase in the percentage of women entering medical school, rising from 4.5 per cent in 1929 to 8.9 per cent in 1965. He noted that data concerning Negro applicants and students are not generally available and suggested that it might be desirable to obtain such information routinely in the future, possibly via a third-party clearinghouse rather than directly from each medical school.

### PROJECT TALENT

After a brief intermission Dr. Richard F. Manegold, Director, Department of Hospitals and Medical Facilities, American Medical Association, presented a progress report on the study being conducted on medical students tested in 1960

\* Summary prepared by Davis G. Johnson, Ph.D., Assistant Director (Student Studies and Services), AAMC Division of Education.

as part of "Project Talent." He indicated that data were now available on 428 medical students coming from all but 6 states. He reported plans to follow these students through medical school and to cross-validate current findings against other "Project Talent" students who may enter medical school in 1966 and 1967.

#### STUDENT CHARACTERISTICS

Dr. Harrison G. Gough, Associate Director, Institute of Personality Assessment and Research, University of California, Berkeley, then presented a paper on "Non-intellectual Factors in the Study of Medical Manpower" (1). He suggested that a useful strategy for identifying nonintellectual characteristics relevant to medicine as a career was to focus on decision-making periods, such as the selection of a premedical major, the appraisal of applicants by admissions committees, and the choice of specialty. In his concluding remarks Dr. Gough suggested that medicine needs not only students who will do well according to present standards, but also students with atypical talents and skills and even an occasional "poor risk." He noted that change and innovation are to a certain extent dependent upon heterogeneity of views and capacities, and therefore it is important that selection not be narrowed down so sharply that only a particular type of applicant (the test genius and superachiever) can ever be accepted.

A report of the GSA Survey Concerning Applicants and Students with Emotional Problems was then presented by Dr. Morton Levitt, Associate Dean for Academic Affairs, Wayne State University School of Medicine (2). Coauthor of his paper was Ben Rubenstein, Ph.D., Director of Admissions and Student Advisement at the same medical school. Among their conclusions were the following recommendations:

We must begin by accepting the fact that young people generally are in conflict within themselves or with the external world. There are areas of life, however, which the individual must manage competently and which can be accepted as a gauge of his mastery of his conflicts. Such gauges are:

1. His objective overall academic performance as compared to his potential (the usual combination of HPA [Honor-Point Average] and MCAT or CEEB scores).
2. The ability to conduct himself with a sense of ethical responsibility.
3. Demonstration of internal discipline, that is, the ability to live generally within the rules of the institution, or society, or whatever. Borrowing liberally from physiology, we have called this the "functional capacity" of an individual, and feel these 3 areas should be managed without undue organic or functional upset and with some degree of enthusiasm and humor.

#### CHAIRMAN'S ADDRESS

The Open Session concluded with an address by Dr. Caughey, GSA National Chairman, entitled "Nonintellectual Components of Medical Education" (3). Dr. Caughey indicated among other things that student affairs officers should strongly encourage their faculty members to consider the nonintellectual qualities of their students to a greater extent. He also recommended that GSA members should place more emphasis on their role as educators by helping the faculty teach the whole student, by encouraging better relations between students and faculty, and by educating students concerning values and attitudes by means of individual counseling and guidance.

## EXECUTIVE SESSION

The afternoon Executive Session was called to order by Chairman Caughey at 2:05 P.M. Dr. Caughey reported briefly as National GSA Chairman and as Chairman of the AAMC Committee on Student Affairs. He indicated that his work in these capacities during recent years had been aided to a considerable extent by the AAMC Central Office, particularly the Section on Student Studies and Services.

## SELECTIVE SERVICE

Dr. Caughey then reported briefly on the recent Selective Service Questionnaire that had been circulated by the AAMC at his request. He indicated that although a number of schools had to make extensive efforts to keep students from being drafted, to date no students had actually been forced to leave their medical studies for military service. He then called on Dr. Shirley C. Fisk, Deputy Assistant Secretary for Health and Medicine of the U. S. Department of Defense. Dr. Fisk showed a number of slides presenting statistical data concerning the Berry Plan and the Selective Service classification of physicians. In reply to a question about the draft eligibility of students who take a year off for research, Dr. Fisk indicated that there should be no problem if this year off was considered to be an accepted part of the medical school curriculum. He also indicated that there should be no problem in the case of students required to repeat a year of medical school.

## HEALTH PROFESSIONS RECORDS PROJECT

Dr. Davis G. Johnson, Assistant Director (Student Studies and Services), AAMC Division of Education, then reported on the Health Professions Records Project that had been suggested at the previous annual meeting. He indicated that in early September a 27-page proposal for a two-year contract totaling approximately \$270,000 had been submitted to the U.S. Public Health Service. The proposed project is the development of a model manpower record system for the health professions. Although major focus would be on medicine, extensive co-ordination would also be sought with dentistry, pharmacy, and nursing and to a lesser extent with many of the other health professions. The information system would include not only applicants and students but also alumni and faculty.

## ADMISSION BOOK

Miss E. Shepley Nourse, AAMC Editorial Coordinator, reported that 12,688 copies of the 1965-66 edition of *Medical School Admission Requirements, U.S.A. and Canada* had been distributed. She also noted that Admission Book reprints were being distributed free this year to the medical schools.

## ROLL CALL AND ELECTIONS

The roll was then called and a total of 83 schools were represented, including 75 U. S. schools with students, 4 U. S. schools without students, and 4 Canadian schools. The schools with voting rights that were not represented were Arkansas, Boston, Emory, Georgia, Howard, Johns Hopkins, Mississippi, Oklahoma, South Carolina, South Dakota, Texas (Southwestern), Vanderbilt, the University of Washington, Yale, and the American University of Beirut.

Election of the national GSA officers for the coming year was then held. Dr.

Joseph J. Ceithaml, Dean of Students, University of Chicago School of Medicine, was unanimously elected National Chairman; Dr. Woodrow W. Morris, Associate Dean for Student Affairs, the University of Iowa College of Medicine, was elected Vice-Chairman in a close contest with Dr. George Perera, Associate Dean, Columbia University College of Physicians and Surgeons; and Dr. Davis G. Johnson, AAMC, was unanimously reelected Secretary.

#### COMMITTEE REPORTS

*Relations with Colleges and High Schools.*—Dr. William B. Kennedy, Associate Dean, University of Pennsylvania School of Medicine, indicated that he had recently been asked to replace Dr. James R. Schofield as Chairman of the Committee on Relations with Colleges and High Schools because of Dr. Schofield's promotion to the position of Dean of Academic Affairs at Baylor University College of Medicine. He expressed appreciation for Dr. Schofield's pioneering work with that Committee. Dr. Kennedy also noted that the Committee would meet on the following day and would review such major committee projects as the *Directory of Premedical Advisors* and *The Advisor*, the newsletter to pre-medical advisors.

Dr. Caughey then invited Dr. Robert G. Page, Associate Dean, University of Chicago School of Medicine, to report on the conference on "Preparation for the Study of Medicine." Dr. Page indicated that this was a small invitational conference concerned with changing patterns in preparation for the study of medicine and that it would be held in April, 1967 under the joint sponsorship of the University of Chicago and the AAMC. He also noted that the admissions officers of U. S. medical schools with students would soon be asked to complete a questionnaire relative to any changes in admissions requirements or in medical school curricula that were being made at their schools in response to the significant changes that have been occurring at the high school and college levels. He indicated that although the conference was necessarily a small one, the results would be widely publicized and feedback would be provided to the entire Group on Student Affairs.

*Financial Problems of Medical Students.*—Dr. John Chapman, Associate Dean for Student Affairs, University of Kansas School of Medicine, then reported for the Committee on Financial Problems of Medical Students. He indicated that the Committee had helped provide material for the October, 1966 issue of *The Advisor*, which dealt with advising students about financing a medical education. He also noted that the Committee had reviewed in detail the AAMC booklet, *Financing a Medical Education*, and had recommended revisions to the AAMC. Dr. Chapman then introduced Dr. James Lovett, Director, Health Professions Student Loan Program, United States Public Health Service, who reported on the federal scholarship and loan programs. Among the major points made by Dr. Lovett were the following:

1. The authority for the scholarship program extends from fiscal year 1967 (July 1, 1966-June 30, 1967) through fiscal year 1970.
2. The best way to encourage the continuation of the federal scholarship and loan programs is to help administer them in such a way that their continuation can be justified to Congress.
3. Reports from the medical schools concerning the utilization of the scholarship



funds will include the names of the individuals receiving the awards, the amount they receive, their sex, and their class year.

4. Unused funds cannot be carried over from one year to the next but the fact that they are not used may be considered as a mark of prudence rather than as an indication of lack of need.

5. It is wiser to give scholarship and loan payments in installments rather than all at one time.

6. There may be a change in the funding of the loan program which would include the federal government loaning all of the money to the schools rather than having the schools provide one ninth of the money themselves. If all of the money is loaned to the schools, the federal government will sell certificates of these loans to mortgage associations which will apparently reduce the amount of money actually spent by the federal government.

After some discussion of item 6 above, Dr. Chapman presented the following motion which was passed unanimously by those present: "The GSA requests that the AAMC Executive Council do all in its power to encourage the continuation of the present direct system of funding the Health Professions Educational Assistance Act (HPEA) medical student loan program, rather than the new and more complicated financing methods which do not appear to offer any advantages over the present system."

*Student Aspects of International Medical Education.*—Dr. John Wellington, Associate Dean for Student Affairs, University of California School of Medicine, San Francisco, then reported for the Committee on Student Aspects of International Medical Education in the absence of Chairman Thomas J. Brooks, Jr., of the University of Mississippi School of Medicine. Dr. Wellington indicated that the Committee had provided a new section for *Medical School Admission Requirements (1966-67)* entitled "Information for United States Students Who Are Considering Earning a Medical Degree Abroad." He also noted that the recommendations concerning such students made by Dr. David McL. Greeley in his *Study of American Foreign Medical Graduates (4)* were under consideration by his committee. Finally, he gave a brief report of the new continuing study of foreign students that had been prepared by Mrs. Dorothy Klaub and Dr. Davis G. Johnson of the AAMC. A comparison of questionnaire results for 1965-66 foreign students with results for such students previously studied over a twelve-year period suggest that the medical schools are now applying more stringent selection procedures, including more interviewing and more use of the Medical College Admission Test.

*Research on Student Affairs.*—For the Committee on Research on Student Affairs, Dr. Woodrow W. Morris indicated that the emotional problems survey presented at the morning session had been conducted under the auspices of this Committee. He also noted that the committee was continuing with its consideration of student evaluation, and that he and Dr. Hutchins were preparing a position paper to be presented to the Committee on Student Affairs at its February, 1967 meeting. Dr. Morris then called on Dr. William Sedlacek, Acting Director for Basic Research of the AAMC Division of Education, who reported on the committee's recent study concerning the months during which the 1966-67 enrolled medical students had been offered a place. Among the major findings were the following:

1. Total enrollments as a percentage of total offers made to applicants (batting average) ranged from 32 per cent at one school to 98 per cent at another, the median being 59 per cent.

2. The Southern and Great Plains regions had the highest "batting average" at 63 per cent and the Northeast region the lowest at 50 per cent.

3. Offers made closer to the beginning of the school year (September, 1966) were for obvious reasons likely to result in more acceptances by applicants.

4. Nearly half of all offers were made in November and December.

5. Overall "batting average" is probably a complex statistic influenced by such variables as admissions policies and their restrictions, number and characteristics of applicants, class size, financial considerations, and the role the school plays in the student's application strategy. These and other variables will be studied further in an effort to learn more about the admission process.

*Communication with Student Organizations.*—Dr. John Githens, Associate Dean for Student Affairs, University of Colorado School of Medicine, then reported for the Committee on Communication with Student Organizations. He noted that in March, 1966 invitations had been sent to 9 national medical student organizations relative to the availability of the Committee as a communication channel. Concerning the proposed reduced student rate for *The Journal of Medical Education*, he indicated that a pilot study was planned in a few medical schools to determine the potential demand for such subscriptions. It was noted that the national president of the Student American Medical Association (SAMA), Mr. Blair Behringer, University of Missouri Medical School, had met with this Committee and had requested moral support for SAMA's increasing scientific and scholarly activities and for its efforts in educating medical students about the changing character of medical practice. Dr. Githens encouraged GSA members to support such efforts if they have SAMA chapters at their institutions. Finally, it was noted that Dr. Gerald Green, University of Southern California College of Medicine, had represented GSA at the National SAMA Convention in Los Angeles and that Alpha Epsilon Delta, the international premedical honorary society, had requested liaison with this Committee.

*Medical Student Health.*—Dr. L. W. Earley, Chairman of the Committee on Medical Student Health, then presented a preliminary report of the results of the Student Health Questionnaire that had been circulated to all U. S. medical schools with students during the summer of 1966. Although he indicated that recommendations based on the questionnaire would not be forthcoming until after they had been carefully reviewed by the entire Committee, it appeared that these recommendations would probably include a strong plea for simplifying the preliminary health screening of applicants. He cited an example of 1 undergraduate university having to hire 8 physicians for the sole purpose of completing application forms for students applying to graduate school.

#### REPORTS FROM REGIONAL GROUPS

The Chairmen of the GSA regional groups were then invited to report recommendations from their groups.

*Northeast region.*—Dr. George Perera indicated that there had been considerable

concern relative to the National Intern Matching Program and presented the following motion that was discussed at some length and then passed unanimously:

The GSA deplors the changes made in NIMP procedures for 1966-67 and requests that AAMC communicate to NIMP the concern of GSA about the proposed changes in transmitting the results of the Matching Plan to medical schools, urging that: (a) if possible, a return be made in 1967 to the procedures formerly employed; (b) if the proposed new procedures are employed, arrangement be made which will assure delivery of the Matching results to the medical schools not later than 7:30 A.M. local time on Monday morning; and (c) consideration be given to having representation of the AAMC Group on Student Affairs on the NIMP Board.

*Midwest region.*—Dr. Levitt indicated they had discussed the “early acceptance plan” and made the motion that this plan “be placed on the agenda for all regional groups for later consideration at the 1967 National GSA meeting.” After brief discussion, this motion also was passed unanimously.

*Great Plains region.*—Dr. Morris then reported that a pilot study of rejected applicants was being conducted by the AAMC at 8 schools in their region. He also reported that their group had recommended that a GSA committee be set up to investigate the possibility of a central application system, including transcript analysis. [This motion was referred to the Committee on Student Affairs, where it was accepted and implemented at its October 23 meeting.]

*Western region.*—Dr. Githens reported recommendations that (a) the MCAT Science subtest be expanded to include meaningful subscores for biology, chemistry, and physics; and (b) that more data be developed relative to equating undergraduate college grading systems.

*Southern region.*—Dr. Robert Tuttle, Associate Dean, Bowman Gray School of Medicine, and regional vice-chairman, indicated there were no formal recommendations from their region.

#### STATEMENT OF APPRECIATION

Turning to new business, Dr. Ceithaml expressed gratitude for the confidence indicated by his election and pledged that with the cooperation of the membership he would do everything possible to serve effectively in this role. He then presented the following resolution concerning the outgoing chairman, which was unanimously adopted with a standing ovation:

WHEREAS, John L. Caughey, Jr., of the Western Reserve University School of Medicine was a member of the original Planning Committee for the 1956 Institute on the Appraisal of Applicants to Medical Schools and was instrumental in the formation of the Association of American Medical Colleges' Group on Student Affairs; and

WHEREAS, He served as National Chairman of the GSA for the first ten years of its existence; and

WHEREAS, He simultaneously served as Chairman of the AAMC's Committee on Student Affairs during this same period of time; and

WHEREAS, He has in all of these capacities proven himself to be a conscientious, diligent, able, forceful, and courageous leader who gave unstintingly of his time and efforts; and

WHEREAS, In addition, he possesses those personal qualities and attributes which have earned him the respect and admiration of the entire GSA membership.

**THEREFORE, BE IT RESOLVED,** That the GSA unanimously express its deepest appreciation and its profound gratitude to Jack Caughey on this 21st day of October, 1966 at the Tenth Annual Meeting of the AAMC's Group on Student Affairs held in San Francisco, California.

**SELECTIVE SERVICE**

The final item under new business was related to Selective Service. After some discussion, the following motion was presented by Dr. Joseph Gardella, Associate Dean of Harvard Medical School, and was unanimously adopted by the GSA: "The GSA requests that the AAMC take appropriate steps to procure from the highest levels of authority in Washington a clear directive to Selective Service Local Boards differentiating the status of Students of the Healing Arts from that of other graduate students, to assure the deferment of all accepted and enrolled medical students."

The meeting was adjourned at 4:55 P.M.

**REFERENCES**

1. GOUGH, H. G. Nonintellectual Factors in the Study of Medical Manpower. *J. Med. Educ.* (in press).
2. LEVITT, M., and RUBENSTEIN, B. Medical School Faculty Attitudes Toward Applicants and Students with Emotional Problems. *J. Med. Educ.* (in press).
3. CAUGHEY, J. L., JR. Nonintellectual Components of Medical Education. *J. Med. Educ.*, 42:619-625, 1967.
4. GREELEY, D. McL. American Foreign Medical Graduates. *J. Med. Educ.*, 41:641-650, 1966.

# Meeting of the Council of Teaching Hospitals

San Francisco Hilton Hotel

San Francisco, California

October 21-24, 1966

The newly organized Council of Teaching Hospitals (COTH) of the Association of American Medical Colleges welcomed its membership and all of those attending the 77th Annual Meeting of the AAMC with a fully attended reception on Friday evening, October 21, at 6:00 P.M., in the Rosewood and Teakwood Rooms of the San Francisco Hilton Hotel, San Francisco, California.

The program activity for the first annual meeting of COTH convened in Ballroom No. 6 of the Hotel at a luncheon at 12:30 P.M. on Saturday, October 22, 1966, with Russell A. Nelson, M.D., COTH Chairman, presiding.

## PLENARY PROGRAM SESSION

The afternoon program session was called to order on October 22 at 2:00 P.M. by Dr. Nelson. The program was initiated by a panel presentation on the theme of "The Changing Environment of Health Care—Impact on Educational Programs." Many of the implications of medicare and other legislation for the educational programs of teaching hospitals—which had also received attention in the morning session of the general AAMC meeting (See pages 550-552)—were developed in more detail by 4 panelists. The speakers and their assigned topics were as follows: (a) "The Effect of Title XII—Casey Law—on California Hospital Educational Programs," Roger O. Egeberg, M.D., Dean, University of Southern California School of Medicine; (b) "The Changing Environment in Clinical Teaching," Douglas D. Bond, M.D., Professor of Psychiatry, School of Medicine, Western Reserve University, and Director of Psychiatry, University Hospitals of Cleveland (Dr. Bond's presentation was published as an editorial under the title "The Impact of Medicare" in the May, 1967 issue of *The Journal of Medical Education*, pages 460-462); (c) "The Public's Expectations in Changing Health Care Programs," Nelson H. Cruikshank, Director (retired), Department of Social Security, AFL-CIO, and Member, HIBAC (Health Insurance Benefits Advisory Council) of the Social Security Administration (Mr. Cruikshank's paper is scheduled for publication in a forthcoming issue of *The Journal of Medical Education*); and (d) "Intern-Resident Training Under Medicare Programs," Charles G. Child, 3rd, M.D., Chairman, Department of Surgery, University of Michigan Medical School.

The Saturday afternoon session adjourned following a full and active discussion from the floor, in which many of the more than 400 in attendance participated.

## DISCUSSION GROUPS

The session on Sunday afternoon, October 23, was devoted to 6 Group Discussion Sections, each section exploring more thoroughly for full membership participation various aspects of the theme, "The Changing Environment of Health

Care—Impact on Operation of Teaching Hospitals." Participants made their own selection from the 6 groups that met simultaneously from 2:00 P.M. to 4:30 P.M. to consider the following topics: (a) "Changing Administrative Organization," Moderator, Lester E. Richwagen, Administrator and Executive Vice-President, Mary Fletcher Hospital; (b) "Facilities—Design and Finance," Moderator, Lad F. Grapski, Director, Loyola University Hospital; (c) "Manpower—Training and Supply," Moderator, Matthew F. McNulty, Jr., Director, Council of Teaching Hospitals; (d) "Medical Staff Organization," Moderator, Stanley A. Ferguson, Director, University Hospitals of Cleveland; (e) "Comprehensive and Ambulatory Care Programs," Moderator, Richard T. Viguers, Administrator, New England Medical Center Hospitals; and (f) "Finance of Operations," Moderator, LeRoy S. Rambeck, Administrator, University Hospital, Seattle.

The total attendance for the 6 groups was approximately 250 persons. In addition to the moderator, a subject-matter expert presented highlight facets of each of the subject areas, following which each of the groups, numbering from 25 to 55 individuals, engaged in active discussion.

#### PLENARY BUSINESS MEETING

The first annual business meeting of the Council of Teaching Hospitals, was called to order at 9:00 A.M. on October 24 with Russell A. Nelson, M.D., Chairman, presiding.

#### COMMENTS BY THE CHAIRMAN

Dr. Nelson gave his particular thanks to the members of the COTH Executive Committee and to his fellow officers for their work during the year, which was particularly significant since it involved the initial organizational effort for the new Council. Dr. Nelson reported a membership of 310 hospitals, plus 11 more whose memberships were pending. Of these 321 institutions, 226 were nominated for membership by medical school deans and admitted. Ninety-five hospitals applied for membership on the basis of an independent approved residency program in the specific disciplines of Medicine, Surgery, Ob-Gyn, Pediatrics, and Psychiatry. It was indicated that a total of approximately 500 hospitals had made inquiry for membership.

The current membership was considered adequately representative of teaching hospitals in the United States, nonprofit association hospitals, public hospitals of various types, church hospitals, university hospitals, and hospitals in all regions of the country. Size was reported as varying from a few hundred to a few thousand beds, altogether representing more than 30 per cent of the beds in acute general hospitals in the country. There were 6 Canadian teaching hospitals participating as affiliate members of the COTH, paying dues at one-third the rate of U. S. hospitals (consistent with the same policy for Canadian medical school members of AAMC). Dr. Nelson reported also 1 member hospital in the Canal Zone and 2 member hospitals in Puerto Rico. There were 43 Veterans Administration hospitals and 3 U. S. Public Health Service hospitals among the COTH membership.

It was reported that of the 321 institutions approved as membership eligible, 260 member hospitals had already paid the 1966-67 (July 1 through June 30) dues. The total dues income to date from the COTH members contributed an

important resource to the AAMC as a whole, affording the opportunity for the future staffing and program planning of the COTH. Dr. Nelson referred to 2 recommendations which the COTH had already accomplished with the AAMC Executive Council, one with respect to a liaison committee with the American Hospital Association and the other to a Government Relations Committee.

Dr. Nelson then called on Matthew F. McNulty, Jr., recently appointed Associate Director of the AAMC and Director of the COTH, to comment on the future plans for the development of staff and program on behalf of the COTH.

#### COMMENTS BY THE DIRECTOR

Mr. McNulty outlined the organizational activity of the Council of Teaching Hospitals and the functional relationship of the Council to the other operational units of the AAMC, including the Office of the Executive Director, the Division of Business Affairs, the Division of Education, the Division of International Medical Education, the Division of Operational Studies, *The Journal of Medical Education*, and the National Intern Matching Program.

He then presented a brief history of the COTH since its beginning in 1958 as a section of the AAMC, known then as the Teaching Hospital Section, through its emergence at the annual meeting in 1965 as an essential unit of the AAMC to provide a focus and a forum broadly based for all interested hospitals with a major commitment to education for the health sciences. Mr. McNulty outlined the opportunities of effective consideration and action that could come to the teaching hospitals, and vice versa, through the COTH existence as a part of the total AAMC.

The Rules and Regulations for the Council of Teaching Hospitals, as approved December 12, 1965 (by both the Executive Committee of the COTH and the Executive Council of the AAMC) were outlined. Since many of the member hospitals present at this meeting were not familiar with the Rules and Regulations and since endorsement of this document was desirable, the following sections were read to the membership:

At the meeting of the Institutional Members of the Association of American Medical Colleges held Tuesday, November 2, 1965, in Philadelphia, the Association acted to convert the Teaching Hospital Section into a "Council of Teaching Hospitals," with its voting membership to be determined in the same way as membership in the Teaching Hospital Section has been and to provide that the Council nominate a person to be elected by the Institutional Membership as a voting member of the Executive Council. The discussion which preceded formal action included the desire for the Teaching Hospital Section to develop and propose appropriate ways to bring into its activities, on the basis of affiliation, other major teaching hospitals.

*Purpose and Function.*—The Council is organized to provide as part of the program of the AAMC special activity relating to teaching hospitals. For this purpose, a teaching hospital is defined as an institution with a major commitment in undergraduate, post-doctoral, or postgraduate education of physicians. In keeping with the action of the AAMC, each medical school will designate a primary teaching hospital and other eligible institutions may be designated by schools

or become members by virtue of meeting specific requirements in teaching programs as may be set up by the Council from time to time. It is expected that the Council will hold educational meetings, conduct and publish studies, and take group action on various subjects concerning the teaching hospital. The Council's program will be subject to the approval of the AAMC.

*Nature of the Program of the Council.*—As a part of the AAMC, the Council of Teaching Hospitals would develop, through the appointment of specific study groups, information concerning specific items or problems relating to hospital operation as it relates to the furtherance of education in medicine. The Council would conduct meetings for the presentation of papers and studies relating to education in hospitals and would stimulate, in addition to annual meetings, regional and local meetings of the educational type as seems indicated. The Council could also from time to time recommend group action on items considered of importance for the furtherance of medical teaching in hospitals and upon approval of appropriate bodies take action as indicated to further this objective.

*Membership in the Council.*—Hospitals as institutions will be members of the Council and each institution will be represented by a person designated by the hospital for the purpose of conducting the business of the Council.

Membership in the Council will be annually determined and consist of: (a) those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school, and (b) teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in 3 of the following 5 departments: Medicine, Surgery, Ob-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

*Officers and Executive Committee.*—Officers and appropriate members of the Executive Committee shall be elected annually by all members, at which time the Chairman, Chairman-Elect, Secretary, and indicated members of the Executive Committee will be chosen. From time to time a member representative shall be nominated for membership on the Executive Council of the AAMC by vote of the single medical school representative members.

There shall be 9 members of the Executive Committee, serving for three-year terms. Each year 3 members shall be elected. In addition, the immediate Past-Chairman, the Chairman, the Chairman-Elect, and the Council of Teaching Hospitals' representative on the Executive Council of the AAMC shall be ex officio members of the Executive Committee. The Executive Committee shall meet as frequently as necessary under the chairmanship of the Chairman of the Council. It shall carry the authority of the members between meetings and all actions shall be considered for ratification at the next meeting of the members.

*Operation and Relationships.*—The Council shall report to the Executive Council of the AAMC, and shall be represented on the Council of the AAMC by a member



nominated for a three-year term by the teaching hospital members. Creation of standing committees and any major action shall be taken only after recommendation to and approval from the Executive Council of the AAMC.

*Staff, Expenses for Attendance at Meetings, and Dues.*—It is intended that the Council of Teaching Hospitals will be provided adequate staff for the conduct of its work. It is also intended that the Executive Committee of the Council shall have standing and *ad hoc* committees of its members, which shall meet from time to time, with expenses of these meetings paid for by the Association. In all this, it is understood that the staff and the basic conduct of the program are subject to the approval of the officers and Executive Council of the AAMC.

It is intended that the activities of the Council of Teaching Hospitals shall be financed by its members through appropriate dues established at the outset at \$500.00 per year.

Mr. McNulty then continued his report indicating that currently items of membership benefit—which the member hospitals would be receiving as of regular mailing date, in the same manner as the medical schools—would include regular issues of *The Journal of Medical Education*, supplements to *The Journal*, the *Bulletin of the Association of American Medical Colleges*, the AAMC Directory, Datagrams, AAMC Memoranda, and COTH Memoranda and Reports. Available also through the AAMC publications office, which functions as a centralized service for all activities of the AAMC, there are now Institute Reports and other reports, books, and pamphlets of interest which continue to be augmented by the ongoing activities of the COTH and the AAMC.

Mr. McNulty reported on the 6 1965-1966 meetings of the Executive Committee of the COTH, outlining generally how the Rules and Regulations (see previous comments) were developed and the processes of review and approval of member hospitals. The meetings which were held were the following: December 12, 1965 at the Third Teaching Institute of the AAMC; February 4, 1966 in Chicago, Illinois; March 25, 1966 in Baltimore, Maryland; June 17, 1966 in New York, New York; September 9, 1966 in Baltimore, Maryland; and October 21, 1966 in San Francisco, California.

Finally, Mr. McNulty indicated that his one month of activity in his new assignment had not afforded an opportunity to do more than locate in a temporary office. However, in thinking to date it was evident that there would be no lack of challenge and opportunity to develop, first, an understanding and awareness of the operations of AAMC and the functional role of COTH as a new activity; and second, an interest in the potential contribution of the COTH and in subject matter for program activity. Each of these 2 areas would be developed over perhaps an initial two-year period. For the interest more specifically of the membership, Mr. McNulty then outlined the following purposes and possible objectives for attainment to some degree in the early years of activity:

#### PURPOSES

1. To arrange a partnership of understanding, confidence, and mutually sought objectives between deans of medical schools and directors of teaching hospitals—this partnership to be developed within the AAMC so as to produce relationships, beliefs, acceptances, actions, and continued dialogue that would benefit teaching hospitals and schools of medicine in the service of the health welfare of the public

with emphasis on education and in no way to diffuse the traditional patterns of leadership within the hospital field.

2. To serve as an organizational focus, informational center, and forum of discussion, analysis, policy formation, and prescription recommendation for the member teaching hospitals so that through comprehensive, voluntary, cooperative action, programs could be advanced directly, as well as the continued development of the environment for programs of medical education and education for other health sciences, and for the advancement of patient-care research.

3. To provide a central location and a capability for identifying issues or problems of national, regional, and institutional concern through the accumulation of information, the exchange of ideas, the evaluation of such matters and, where appropriate, the recommendation and implementation of basic policy positions.

4. To express collective views on particular objectives, in such broad subject areas as health science, health education, and patient-care and health-care research, for the information of Congress, various federal agencies, foundations, institutions, associations, and other appropriate bodies, as such views result from the findings, judgments and positions, and projects of concern to the teaching hospitals, medical schools, and the public.

#### OBJECTIVES

To engage in exploration, investigation, and determination for possible action in areas of concern to teaching hospitals, among which are the following:

1. Funding of capital construction for teaching hospital activity, including such questions as how to modernize, expand, or replace obsolescent and overcrowded facilities.

2. All forms of reimbursement which relate to educational activity, such as federal agency reimbursement, Social Security Title XVIII and Title XIX reimbursement, and Blue Cross reimbursement.

3. Operational problems, with particular emphasis at this time on ambulatory patient clinics and emergency department activities.

4. The role of the teaching hospital in community planning and in participation in extended-care services and home-care, visiting-nurse, and homemaker programs.

5. The leadership responsibility of teaching hospitals, in cooperation with medical schools, to encourage merger and consolidation with other hospitals, establishment of satellite hospitals, and similar efforts at more effective and efficient health care which is of benefit to teaching programs.

6. The continuance of medical education, including such questions as how and where it should be accomplished and how to improve the facilities and communication resources involved.

7. Funding and administrative operation of clinical research centers with emphasis particularly on the various factors of reimbursement.

8. Creative Federalism—Social change has been overwhelming in the last two years. The impact of this change on the educational activities of the teaching hospitals has been considerable. In fact, some of the impact is not yet measurable. Certainly, much of the effect of "Creative Federalism" on teaching hospitals has been to produce reaction rather than leadership. The challenge to the teaching hospitals as a group is to provide creative, voluntary leadership to

balance the effective creative federalism leadership. The absence of a balance over a long period of time would introduce distortions into the voluntary system.

#### APPROVAL OF ACTIONS OF THE EXECUTIVE COMMITTEE

Following the Report of the Director, Chairman Nelson indicated that the action of the Executive Committee, in general, and the formulation of the Rules and Regulations and the admission of member hospitals in particular, both accomplished by the Executive Committee, should be discussed if there were any questions or recommendations. There were no questions or recommendations, with the actions of the Executive Committee receiving the concurrence of the membership.

#### GENERAL DISCUSSION

Dr. Nelson then invited discussion on subjects of priority interest to the COTH membership.

Medicare legislation and the problem of physician fees for patient services in the university hospital received a few comments. The general reaction seemed to be that there were many unanswered questions as there probably always would be, and that the general problem was being discussed enough by the AAMC as a total organization. Several individuals observed that the subject eventually was a local matter but commented that "here in San Francisco and in Chicago much helpful information was made available." (A special meeting, called by the new office of the COTH, was held on August 29, 1966 in Chicago.)

One suggestion was made that the COTH leaders, in consultation with government representatives, develop a statement about fees for circulation to the membership. Other members indicated that physician fee arrangements are individual physician-institutional matters.

It was mentioned that effective lines of communication should be established between the Social Security Administration and the teaching hospitals. There was general agreement expressed that as soon as a COTH staff was developed there should be a constant "surveillance section" established to evaluate quarterly—or at least semiannually—the impact of P. L. 89-97 (both Title XVIII and Title XIX) on the educational responsibilities of the teaching hospital.

The only other comment about financial problems as related to education was with reference to house officers in the Emergency Department when the emergency clinic functions as an educational component. To observations concerning financial arrangements in general, several discussants pointed out that the special common ground of COTH membership was health-sciences education; all agreed to leaving general fee problems to other organizations like the American Hospital Association.

Some discussion centered around the medical and health manpower theme. There was concern with the prospect of increasing shortages of good interns and residents and consequent competition among the hospitals. Several community teaching hospital members expressed concern as to the possibility that the good students were being counseled away from their educational programs. Several references were made to a matching plan for first-year residents or perhaps for all years. There was a brief discussion of the need to define the educational role of the hospital with respect to allied health personnel as well as with respect to

physician education. Generally, the comments in this area stressed the importance of the teaching hospital as a general educational facility of its community. Several members emphasized that each community and its general education officials should be informed on a continuing basis of the contribution of teaching hospitals.

One participant recommended the development of a COTH position on the important implications of Millis Report recommendations. (This report, commissioned by the American Medical Association, was published in 1966 under the title *The Graduate Education of Physicians*. John S. Millis, President of Western Reserve University, was Chairman of the Commission.)

Dr. Nelson suggested that some consideration be given to the possibility of regional meetings for COTH members, along the lines of the regional organization proposed (and subsequently established) for the AAMC as a whole. A show of hands indicated a small negative reaction, but a clear majority of the membership seemed to feel, and several so expressed, that an organization as large as COTH would accomplish more in smaller meetings that could explore issues in some detail and recommend policy to be established by the national group as a whole. A request for the appropriate time and date of such meetings indicated less unanimity. Several suggestions for "nonconflict" time mentioned that short one-day trips in summer months "were in least conflict."

Other items briefly mentioned in the discussion were the development of special programs for foreign medical graduates and the possibility of liaison with directors of medical education.

#### ELECTION OF OFFICERS

The report of the nominating committee was presented by Philip D. Bonnet, M.D. (The original nominating committee chairman was Mr. McNulty, who had withdrawn after subsequently assuming the AAMC Directorship for the COTH.) There being no nominations from the floor, on motion, seconded and carried, the following slate of officers as presented by the nominating committee was elected unanimously as the Officers and Executive Committee for 1966-67: Chairman, Stanley A. Ferguson, Director, University Hospitals of Cleveland; Chairman-Elect, Lad F. Grapski, Administrator, Loyola University Hospital; Immediate Past-Chairman and COTH voting representative (three-year term) to the AAMC Executive Council, Russell A. Nelson, M.D., President, Johns Hopkins Hospital; and Secretary, Matthew F. McNulty, Jr., Director, Council of Teaching Hospitals. Elected to three-year terms on the Executive Committee were LeRoy E. Bates, M.D., Director, Palo Alto-Stanford Hospital Center; Charles H. Frenzel, Administrative Director, Duke University Medical Center; and T. Stewart Hamilton, M.D., Executive Director, Hartford Hospital. Elected to two-year terms were Dan J. Macer, Director, Veterans Administration Hospital, Pittsburgh, Pennsylvania; Lester E. Richwagen, Executive Vice President and Administrator, Mary Fletcher Hospital, Burlington, Vermont; and Richard D. Wittrup, Administrator, University of Kentucky Hospital. The following men were elected to one-year terms: Ernest N. Boettcher, M.D., Director, St. Louis University Hospitals; Charles R. Goulet, Superintendent, University of Chicago Hospitals and Clinics; and LeRoy S. Rambeck, Director, University of Washington Hospital.

Dr. Nelson turned the meeting over to the new Chairman, Mr. Stanley A.

Ferguson, who thanked Dr. Nelson for his very effective chairmanship during the initial year of the COTH. Mr. Ferguson made a few remarks, emphasizing again what Mr. McNulty had said about the broadly based strength potential for the COTH as an integral part of an actively functioning AAMC. There being no further business, Chairman Ferguson adjourned the meeting at 11:40 A.M.

#### MEETING OF THE EXECUTIVE COMMITTEE

Chairman Stanley A. Ferguson convened the first meeting of the 1966-67 Executive Committee of the Council of Teaching Hospitals on October 24 at 12:30 P.M. at the San Francisco Hilton Hotel. Among other items of business, the Chairman appointed and the Executive Committee concurred in the designation of 2 committees, the Committee on Government Relations and the COTH-AHA Liaison Committee. Chairman of the Committee on Government Relations for 1966-67 is Charles H. Frenzel, Administrative Director, Duke University Medical Center. Members of the Committee for 1966-67 are J. Theodore Howell, M.D., Director, Henry Ford Hospital; and Harold H. Hixson, Administrator, University of California Hospitals, San Francisco Medical Center. Chairman of the COTH section of the Liaison Committee for 1966-67 is Lad F. Grapski, Administrator, Loyola University Hospital. COTH members are Russell H. Miller, Associate Director and Administrator, University of Kansas Medical Center; and Ernest C. Shortliffe, M.D., Executive Director, Wilmington Medical Center, Wilmington, Delaware. Chairman of the AHA Section is Mark Berke, Director, Mt. Zion Hospital and Medical Center, San Francisco. AHA members are David B. Wilson, M.D., Director, University of Mississippi Hospital; and Howard R. Taylor, Director, Aultman Hospital, Canton, Ohio.

# Conference on Research in Medical Education

San Francisco Hilton Hotel

San Francisco, California

October 22-23, 1966

The Annual Conference on Research in Medical Education was held on Saturday and Sunday afternoons, October 22 and 23, 1966. Serving on the Program Committee for the Conference were the following: Betty H. Mawardi, Ph.D. (Chairman), Western Reserve University School of Medicine; Stephen Abrahamson, Ph.D., University of Southern California School of Medicine; Renée C. Fox, Ph.D., Barnard College, Columbia University; J. A. L. Gilbert, M.D., University of Alberta Faculty of Medicine; George E. Miller, M.D., University of Illinois College of Medicine; Charles F. Schumacher, Ph.D., National Board of Medical Examiners; and Paul J. Sanazaro, M.D. (Secretary), Association of American Medical Colleges.

The Saturday session convened at 2:00 P.M. with Betty Mawardi, Ph.D., serving as chairman. The following papers were read at this session: "Personality Characteristics of First-Year Medical and Law Students," by Norman Solkoff, Ph.D., and Joan Markowitz, M.A., State University of New York at Buffalo School of Medicine; "An Attitudinal Objective: Its Measurement Through the Use of the Taxonomy II," Harvey D. Strassman, M.D., University of California, California College of Medicine, Alexander Nies, M.D., University of Vermont College of Medicine, and Evelyn McDonald, M.D., University of Illinois College of Medicine; "Attitudes of Medical Students and Graduate Students Toward Emotional Illness and Psychiatric Practice," Donald F. Kausch, Ph.D., University of Missouri School of Medicine; "The Relationship of Student's Experiences Before and During Medical School to Their Conceptions of Professional Responsibility," Douglas S. Snyder, Ph.D., University of Washington School of Medicine; "Evaluation of a Programmed Text in Six Medical Schools," Preston Lea Wilds, M.D., and Virginia Zachert, Ph.D., Medical College of Georgia; and "Study Skills in Medical Education: A Report and Analysis," Leo Shatin, Ph.D., New Jersey College of Medicine and Dentistry.

George E. Miller, M.D., served as chairman of the Sunday afternoon program. The following presentations were made: "Social Class and Academic Performance by Medical Students," Bryan T. Woods, B.A., Milton D. Jacobson, Ph.D., and Martin G. Netsky, M.D., University of Virginia Medical School; "Medical School and Career Performances of Medical Students with Low Medical College Admission Test Scores," James W. Bartlett, M.D., University of Rochester School of Medicine and Dentistry; "A Quantitative Evaluation of Student Performance in the Medical Interview," Robert A. Barbee, M.D., University of Wisconsin

School of Medicine, Sol Feldman, Ph.D., Northern Illinois University, and Louis W. Chosy, M.D., University of Wisconsin School of Medicine; "Estimating the Quality of Patient Care in a Pediatric Emergency Room," Ray E. Helfer, M.D., University of Colorado Medical Center; "Performance Analysis in Pediatric Practice: Preliminary Report" Abraham B. Bergman, M.D., Jeffrey L. Probstfield, B.A., and Ralph J. Wedgwood, M.D., University of Washington School of Medicine.

With the exception of the paper presented by Dr. Shatin, proceedings of the Conference and abstracts which were submitted for it appeared as a special issue of *The Journal of Medical Education* in March, 1967.

# Conference on International Medical Education

San Francisco Hilton Hotel

San Francisco, California

October 22-23, 1966

Dr. Henry van Zile Hyde, Director, Division of International Medical Education, AAMC, presided over the Saturday afternoon opening session, which was devoted to "Medical Education in the Communist World."

A paper on "The Soviet Union" was presented by Dr. Mark Field, Professor of Sociology, Boston University, and Associate, Russian Research Center, Harvard University. Dr. Ronald V. Christie, Dean, McGill University and Dr. H. Bruce Collier, Professor of Biochemistry in Pathology, University of Alberta, reported on "The People's Republic of China." Dr. Christie discussed "Medicine and Medical Education in China" (1), and Dr. Collier talked on "Teaching and Research in the Basic Medical Sciences in the People's Republic of China, 1965" (2).

At the well-attended luncheon on Sunday Dr. Thomas H. Hunter, Chancellor for Medical Affairs, University of Virginia, and Chairman of the AAMC Committee on International Relations in Medical Education, presided; Dr. Hyde introduced the foreign visitors. Dr. Margaret Mead, Curator of Ethnology, American Museum of Natural History, was the luncheon speaker.

At the afternoon session Dr. Hyde introduced Dr. Malcolm H. Merrill, Director, Health Service, Office of Technical Cooperation and Research, Agency for International Development (AID), who spoke on "The Manpower Problem in International Health" (3), making frequent reference to the AAMC Report to AID (4). This was followed by a brief discussion.

Then Dr. Hunter introduced the discussion panel. Dr. Harold Margulies, Associate Director, Division of International Medical Education, AAMC, served as chairman of the discussion, which dealt with "The Foreign Medical Graduate—Responsibilities and Opportunity." Panel participants were Dr. John C. Nune-maker, Associate Secretary, Council on Medical Education, American Medical Association; and Dr. Mead, substituting for Dr. Kelly McG. West, Chairman, Department of Continuing Education, University of Oklahoma, who was unable to attend. The panel was followed by some general discussion from the floor.

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2. COLLIER, H. B. Teaching and Research in the Basic Medical Sciences in the People's Republic of China, 1965. *J. Med. Educ.*, 42:467-470, 1967.
3. MERRILL, M. M. The Manpower Problem in International Health. *J. Med. Educ.*, (in press).
4. The Rationale of the World Program for Health Manpower: The Association of American Medical Colleges Report to the Agency for International Development. In "Manpower for the World's Health." Hyde, H. van Z. (Ed.). *J. Med. Educ.*, 41:27-134, September, Part 2, 1966.



# The Seventy-Seventh Annual Meeting of the Association of American Medical Colleges

San Francisco Hilton Hotel

San Francisco, California

GENERAL SESSION

October 22, 1966

Presiding: THOMAS B. TURNER, President

The meeting was called to order by Dr. Thomas B. Turner at 9:00 A.M. He welcomed the teaching hospital administrators particularly, since this was the first Annual Meeting of the Association of American Medical Colleges in which they participated as the Council of Teaching Hospitals—a new staff-supported structure that grew out of the earlier Teaching Hospital Section. As the first council of the AAMC, the Council of Teaching Hospitals points the way to a broadened base of Association activity.

## WELCOME TO FOREIGN GUESTS

Dr. Turner then extended a cordial welcome to the foreign visitors from some 13 countries. The complete list of these guests appears below:

### Brazil

Edison Teixeira  
School of Medicine and Surgery  
Rio de Janeiro

### Colombia

Rodrigo Guerrero  
University del Valle  
Cali

Antonio Illera

Professor of Morphology  
University of Colombia  
School of Medicine  
Popayan, Cauca

Bernardo Moreno

Executive Director

Colombian Association of Medical Schools  
Bogota

### Ethiopia

Lij Kassa Wolde Marion  
President  
Haile Sellassie I University  
Addis Ababa

### France

Georges Desbuquois  
Dean, Faculty of Medicine  
University of Tours  
Tours

Jean Jacques Guilbert  
Chief, Medical Section  
Ministry of Education  
Paris

Gaston Meyniel  
Dean, Faculty of Medicine  
Clermont-Ferrand

Jean Claude Pages  
Faculty of Medicine  
University of Paris  
Paris

Jean Pasquier  
Faculty of Medicine  
University of Lyon  
Lyon

Henri Warembourg  
Dean, Faculty of Medicine and Pharmacy  
University of Lille  
Lille

**Germany**

Johannes Kapuste  
Director  
Arbeitsgemeinschaft für  
Ausbildungsforschung  
Munich

**India**

Harcharan Ghandi  
Head, Department of Preventive  
and Social Medicine  
Sarojini Naidu Medical College  
Agra

K. N. Rao  
Director General  
Ministry of Health  
New Delhi

**Indonesia**

Dr. Djamaloeddin  
Professor of Surgery and Vice Dean  
University of Indonesia  
Djakarta

**Israel**

Joseph Brandes  
Hadassah Medical School  
Haifa

**Mexico**

Blanca Jiminez-Lozano  
National University of Mexico  
Mexico City

Jose Manuel Alvarez Manilla  
National University of Mexico  
Mexico City

Juan Alvarez Tostado  
National University of Mexico  
Mexico City

**Nigeria**

H. O. Thomas  
Dean  
University of Lagos  
Medical School  
Lagos

**Paraguay**

Archimedes Canese  
Professor of Bacteriology  
and Immunology  
University of Paraguay  
Asuncion

**Philippines**

Buenaventura Angtuaco  
Dean, Faculty of Medicine  
University of Santo Tomas  
Manila

Augustus C. Damian, Jr.  
University of Philippines  
School of Medicine  
Manila

**Switzerland**

Hannes Pauli  
Department of Internal Medicine  
University of Bern  
Bern

Arthur Teuscher  
University of Bern  
School of Medicine  
Bern

**NINTH ALAN GREGG MEMORIAL LECTURE**

The first speaker of the morning was Dr. James A. Shannon, Director, National Institutes of Health, and long-time supporter of the interests of medical education, who had been selected to deliver the Ninth Alan Gregg Memorial Lecture. The theme of his lecture (1) was historical—a twenty-year view of the role of the National Institutes of Health and the advancement of medical research during the postwar period. Despite the remarkable increase in knowledge that resulted and is continuing, Dr. Shannon warned against complacency in the future. He illustrated his point with a quote from Voltaire that still, regrettably, describes much of medicine today: "Doctors pour drugs, of which they know little, for diseases, of which they know less, into human beings, about whom they know nothing."

For the first time in AAMC history, the Alan Gregg Memorial Lecturer was recipient of the Abraham Flexner Award for Distinguished Service to Medical

Education the same year. Dr. Shannon received the award at the annual banquet that evening.

#### SPEAKERS

The theme of the Annual Meeting was the educational implications of the manpower requirements for the health-care system. The first speaker after Dr. Shannon was Dr. Kerr L. White, Division of Medical Care and Hospitals, Johns Hopkins University School of Hygiene and Public Health, who discussed "Medical Care Research and Health Services Systems" (2). He traced the history of such research, making reference to Great Britain, and then presented some definitions, concepts, and methods.

Dr. Robert H. Ebert, Dean, Harvard Medical School, spoke on "The Role of the Medical School in Planning the Health-Care System" (3), emphasizing the interdisciplinary education, research, and service opportunities in the university-organized community models of health care.

Then Dr. Robert Q. Marston, Associate Director, National Institutes of Health, and Chief, Division of Regional Medical Programs, presented a progress report on the regional medical programs, coauthored by Karl Yordy, Assistant Chief, Division of Regional Medical Programs (4). He reported that preliminary guidelines had been established and were to be finalized by July 1, 1967; and that 39 planning grant applications had been received to date. He mentioned the opportunities for new relationships that would develop as the regional programs became implemented.

The final speaker of the morning was Philip D. Bonnet, Past President, American Hospital Association, whose topic was the impact of medicare on teaching hospitals (5), a subject further considered at the Meeting of the Council of Teaching Hospitals. It seems clear the changing character of the teaching patient will require some new attitudes. This speaker did not agree with those who anticipated the problem of excessive numbers.

The first general session adjourned at 12:00 noon.

#### ANNUAL BANQUET

October 22, 1966

Presiding: THOMAS B. TURNER, President

The annual banquet was served at 7:30 P.M., following which the evening session was called to order by Dr. Thomas B. Turner. After the introduction of guests at the head table, the annual awards were presented.

#### ABRAHAM FLEXNER AWARD

Dr. James A. Shannon, Director of the National Institutes of Health, received the Ninth Annual Abraham Flexner Award for Distinguished Service to Medical Education. The presentation was made by the Chairman of the Committee on the Flexner Award, Dr. E. Hugh Luckey, President, The New York Hospital-Cornell Medical Center, and Vice-President for Medical Affairs, Cornell University. Dr. Shannon, who was also the Alan Gregg Memorial Lecturer for 1966,

was the first award winner from outside the university, demonstrating the important partnership between the federal government and medical education which is so benefiting society.

**BORDEN AWARD**

Dr. Oliver H. Lowry, Professor and Head of the Department, and Dr. Janet V. Passonneau, Assistant Professor, Department of Pharmacology, Washington University School of Medicine (St. Louis), received the Twentieth Annual Borden Award in the Medical Sciences. The presentation was made by the Chairman of the Committee on the Borden Award, Dr. DeWitt Stetten, Jr., Dean, Rutgers Medical School. Dr. Lowry and Dr. Passonneau each made some remarks on their research in enzymology, which has led to a model for understanding the intrinsic biological regulation of the rates of biochemical events. They commented also on the possibilities of some new methods of micromasurement and showed a number of slides.

Following the presentation of the awards, the evening session recessed.

**GENERAL SESSION**

October 23, 1966

Presiding: **THOMAS B. TURNER**, President

**PRESIDENTIAL ADDRESS**

The meeting was called to order at 9:00 A.M., and Dr. Thomas B. Turner delivered his presidential address, "The Medical Schools Twenty Years After" (6), in which he discussed the impact of the extramural research support programs of the National Institutes of Health. The theme of his address was that the partnership between medical education and the federal government is moving into a new phase of even higher levels of cooperation for the common good, which cannot be realized effectively unless both partners make a conscientious effort to resolve some differences. He outlined some problems and made some constructive suggestions.

**SPEAKERS**

Following the presidential address, Dr. Charles G. Child, 3rd, Chairman, Department of Surgery, University of Michigan Medical School, spoke on "Residents, Physicians, and Universities Under Medicare" (7), a subject which also received attention at the Council of Teaching Hospitals meeting. Then Dr. Darrel J. Mase, Dean, College of Health Related Professions, University of Florida, spoke on the "Role of the Medical Center in the Education of Health Related Personnel" (8). His comment was that if members of the health team are trained together they may work together.

The final speaker was Dr. Robert B. Howard, Dean, University of Minnesota Medical School, who presented a paper coauthored by Dr. William N. Hubbard, Jr., Dean, University of Michigan Medical School (9). Their topic was the educational environment of the large medical center, the advantages and disadvantages of size. One desirable objective might be to have a large medical center, of which one or several small medical schools were components.

Dr. Turner adjourned the general sessions of the Seventy-Seventh Annual Meeting following the final paper.

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3. EBERT, R. H. The Role of the Medical School in Planning the Health-Care System. *J. Med. Educ.*, 42:481-488, 1967.
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5. BONNET, P. D. The Impact of Medicare and Other Federal Health Legislation on U. S. Teaching Hospitals. *J. Med. Educ.*, 42:385-391, 1967.
6. TURNER, T. B. The Medical Schools Twenty Years Afterwards: Impact of the Extramural Research Support Programs of the National Institutes of Health. *J. Med. Educ.*, 42:109-118, 1967.
7. CHILD, C. G., 3rd. Residents, Physicians, and Universities Under Medicare. *J. Med. Educ.*, 42:392-403, 1967.
8. MASE, D. J. The Role of the Medical Center in the Education of Health Related Personnel. *J. Med. Educ.*, 42:489-493, 1967.
9. HOWARD, R. B., and HUBBARD, W. N., JR. The Educational Environment in the Large Medical School. *J. Med. Educ.* (in press).

# The Seventy-Seventh Annual Business Meeting

San Francisco Hilton Hotel

San Francisco, California

October 24, 1966

Presiding: **THOMAS B. TURNER**, *President*

Dr. Thomas B. Turner called the meeting to order at 9:10 A.M. Dr. Richard H. Young, Secretary, then called the roll, and all but 3 Institutional Members were represented by the dean or a designee.

Dr. Robert C. Berson, Executive Director, presented a brief report, calling attention to the "annual reports of staff and committees" booklet, supplemented by the reports of 2 other committees (Constitution and Bylaws and Federal Health Programs) which were distributed on separate sheets. These reports follow:

## REPORT OF THE EXECUTIVE DIRECTOR

**ROBERT C. BERSON, M.D.**

Since the business meeting on November 1, 1965, in Philadelphia, the Executive Council has met 7 times: on November 2 and December 12-13, 1965; and February 4, March 30, June 21-22, July 19, and September 12-13, 1966. In addition to discussions which led to recommendations to the Institutional Members for consideration at their meetings on February 5, July 19-20, and October 24, 1966, and appropriate action on routine business matters, the Council considered and acted on a number of items of importance.

On the recommendation of President Thomas B. Turner, the Council concurred in the appointment of a Committee on Constitution and Bylaws, consisting of George A. Wolf, Jr. (chairman), Joseph Stokes, Warren Bostick, John Deitrick, Manson Meads, Charles Sprague, Vernon Lippard, Douglas Surgenor, Marcus Kogel, Vernon Wilson, Winston Shorey, and Roger Egeberg. The recommendations of that Committee to the Institutional Members are on the agenda for consideration at the meeting on October 24.

### COUNCIL OF TEACHING HOSPITALS

At the business meeting in November, 1965, the Institutional Members authorized the conversion of what had been the Section of Teaching Hospitals into a more formal part of the Association, to be known as the Council of Teaching Hospitals. At its meeting in December, the Executive Council approved rules and regulations for the Council of Teaching Hospitals, which, among other things, specify the criteria to be used in determining a teaching hospital's eligibility for membership in the Council and establish the level of annual dues. The Executive Committee of the Council of Teaching Hospitals met several times

during the year to formulate plans for the annual meeting, to discuss activities the Council should undertake and the staff support needed for those activities, and to consider hospitals applying for membership and recommend those considered eligible to the Executive Council.

At the time of the Executive Council's meeting in September, 1966, 81 teaching hospitals had been nominated as voting representatives by the medical schools, 149 additional hospitals had been nominated by medical schools on the basis of the importance of their affiliation for medical education, and 90 additional hospitals had been judged by the Executive Committee of the Council of Teaching Hospitals and the Executive Council of the AAMC as meeting the requirements for membership. On September 1, 1966, Mr. Matthew F. McNulty, Jr., Immediate Past-Chairman of the Section of Teaching Hospitals, joined the staff of the AAMC to develop a Division of Teaching Hospitals to support the programs of the Council. He reports to the Executive Director and will work very closely with the Executive Committee and the members of the Council of Teaching Hospitals. It is anticipated that annual and interim reports of the activities of the Council of Teaching Hospitals will be made to the Institutional Members, as well as to the officers and the Executive Council of the AAMC. The Committee on Constitution and Bylaws is recommending revision of the bylaws that will clarify the role of councils such as the Council of Teaching Hospitals in the AAMC.

#### TASK FORCES AUTHORIZED IN DECEMBER

At its December meeting, the Executive Council authorized the appointment of 3 *ad hoc* task forces:

*Location of headquarters and organization of the staff of the AAMC.*—At its March meeting, this task force, which consists of Drs. Donald G. Anderson, William Anlyan, and Robert Howard, recommended to the Council that it take official action to indicate that both the Evanston and Washington offices would be continued and expanded, have the present and projected space needs of the Association studied by a competent firm of architects or engineers, and have a study made of the possibility of an addition to the Evanston building. These studies are under way but have not yet been completed.

*Affiliation with other organizations composed of medical school faculty members.*—Drs. Kenneth Crispell, George N. Aagaard, and Robert J. Slater were appointed to this task force. They have had a number of informal discussions with individuals who are very active in certain academic professional societies and have arranged a meeting with a number of these individuals October 20 and 21 to discuss active and close cooperation in specific programs in the early future.

*Affiliation with groups in the health-related professions.*—The members of this task force, Drs. Isaac Taylor, Robert Hardin, and Samuel Martin, have had a number of exploratory discussions with people active in educational associations in the allied health professions. These discussions have been encouraging but have not yet resulted in clearly defined plans.

#### GROUP ON STUDENT AFFAIRS

At its February meeting the Executive Council approved bylaws for the Group on Student Affairs, which have been circulated to each Institutional Member as well as to the members of that group. The Council also approved in principle the recommendation from the Group on Student Affairs that individuals not be

required to accept binding commitments for residency appointments until at least six months of their internship year have passed. The Council has not, however, found any effective way to implement this desirable policy.

The Council approved the development of plans and the seeking of financial support for a national Health Professions Records Project. The proposal has been developed in cooperation with representatives of a number of educational organizations in the health field and presented to the U. S. Public Health Service, but no decision about its financial support has been reached.

#### BULLETIN OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

The Executive Council authorized the development and publication of a *Bulletin of the Association of American Medical Colleges* to report on current developments of great importance to medical educators. To date, 7 issues of the *Bulletin* have been mailed to institutional and individual members, officers of foundations and federal agencies, and a considerable list of other interested individuals. William G. Reidy, who edits the *Bulletin*, and the Executive Director would appreciate suggestions for its improvement. It is anticipated that the issues will become somewhat more frequent as experience with this new publication is gained.

#### NATIONAL FUND FOR MEDICAL EDUCATION

While the Executive Council has no authority over the National Fund for Medical Education, it is deeply interested and feels a sense of responsibility toward it. Members of the Council and the Executive Director have followed the developments of the National Fund closely during the years. At its annual meeting in March, the National Fund decided (a) to modify its granting programs and concentrate on development and improvement grants to medical schools, (b) to ask Dr. Robert A. Moore, President of the AAMC during 1955-56, to accept the position of medical director on a part-time basis and to be chairman of an evaluation committee, and (c) to ask the AAMC to nominate 4 of the 8 members of that committee. Dr. Donald G. Anderson, President of the AAMC in 1961-62, was elected President of the National Fund. Dr. James Faulkner, Past-President of the Fund, continues as an active member of the Board of Directors. The Association's representatives on the evaluation Committee are John Hogness, Leon Jacobson, William Maloney, and Charles Sprague. After fifteen years of effective service, Chase Mellen retired as Executive Director of the Fund. He was succeeded by Howard Corning, Jr. During this transitional year, the National Fund estimates that its collections from corporations will run approximately 50 per cent of those in 1965, or somewhere between \$1 million and \$1.2 million. Experience so far is consistent with this estimate. The reaction of many corporate donors to the "new directions" of the Fund are quite encouraging, and the Board and officers of the Fund believe that donations from corporations will increase next year and the years thereafter. The effectiveness of the National Fund, in obtaining donations from corporations, will be greatly enhanced by cogent reports from the medical schools as to how helpful grants they receive are toward obtaining their objectives. In June the Ford Foundation notified the Fund that it had approved a three-year extension of the grant in the amount of about \$600,000, which had been scheduled to run out this year. The National Fund plans to keep the medical schools well informed about the evolution of its program and to notify



them of action on the applications for improvement and development grants early in the calendar year 1967.

#### BORDEN AWARD EXTENSION

On the recommendation of the Executive Director, the Executive Council approved the extension of the agreement of the Borden Company Foundation to continue the Borden Award for the Medical Sciences on approximately the same basis for the five years 1967 through 1971.

#### CONFERENCES

*Conference on psychiatry in medical education.*—The AAMC and the American Psychiatric Association are jointly sponsoring this conference, which has been scheduled for March 6-10, 1967.

*Conference on state licensure barriers to innovations in medical education.*—The Executive Council accepted the invitation of the Federation of State Boards to join it in sponsoring this conference, to be held Saturday, February 11, 1967, at the Palmer House in Chicago.

#### LIAISON WITH THE ACADEMY OF GENERAL PRACTICE

At its February meeting the Executive Council approved the recommendation that Dr. Darley act as moderator at a series of regional conferences of medical educators and practitioners in cooperation with the Academy of General Practice and the Family Practice Foundation. Four such regional conferences have been held which brought forth a number of interesting ideas. The transcriptions of these conferences have not yet been pulled together for summarization.

#### DR. CHEVES SMYTHE, ASSOCIATE DIRECTOR

On August 1, Dr. Cheves Smythe joined the staff of the Association, succeeding Dr. William F. Maloney, as Associate Director. Dr. Maloney resigned to accept the position of Dean of the School of Medicine of Tufts University. Dr. Smythe's primary responsibility will be the Association's continued program of visitation to and accreditation of medical schools and work with the Liaison Committee on Medical Education. He is based in the Evanston office and will represent and speak for the Executive Director on many occasions and on many topics. He is already playing a key role in staff discussions of improvement of the Association's total program of collection, analysis, storage and retrieval of a wide variety of factual information about medical students and medical schools and study of the feasibility of developing a computerized data bank.

#### REPORT OF THE SECRETARY

RICHARD H. YOUNG, M.D.

The Liaison Committee on Medical Education carried out the following medical school surveys during the academic year 1965-66:

Tulane University School of Medicine, January 25-28, 1965

The University of Maryland School of Medicine, September 27-30, 1965

State University of New York at Buffalo School of Medicine, October 11-14, 1965

The University of Saskatchewan College of Medicine, November 8-11, 1965

The Creighton University School of Medicine, November 15-18, 1965

University of Montreal Faculty of Medicine, March 6-10, 1966

New Jersey College of Medicine and Dentistry, March 21-24, 1966  
Meharry Medical College School of Medicine, January 17-20, 1966  
Howard University College of Medicine, January 17-20, 1966  
Hahnemann Medical College, January 31-February 3, 1966  
Loyola University Stritch School of Medicine, February 14-17, 1966  
The Ohio State University College of Medicine, February 14-17, 1966  
The University of Miami School of Medicine, February 21-24, 1966

The following reports are to be completed:

Queen's University Faculty of Medicine, November 4-5, 1965  
The University of Missouri School of Medicine, January 24-27, 1966 (report now with team members)  
McGill University Faculty of Medicine, March 28-31, 1966 (report now with team members)  
The University of New Mexico School of Medicine, March 21-24, 1966 (report in first draft)

The following established schools are scheduled for accreditation visits in 1966-67:

Albany Medical College, September 26-29, 1966  
University of Southern California School of Medicine, October 3-6, 1966  
University of Manitoba Faculty of Medicine, October 3-6, 1966  
Dalhousie University Faculty of Medicine, October 11-14, 1966  
University of Chicago School of Medicine, October 31-November 3, 1966  
Medical College of Georgia, December 5-8, 1966  
University of California, Los Angeles, School of Medicine, December 12-15, 1966  
Loma Linda University School of Medicine, January 9-12, 1967  
University of California, California College of Medicine, January 16-19, 1967  
The George Washington University School of Medicine, February 6-8, 1967  
University of Virginia Medical School, February 20-23, 1967  
The University of Arkansas School of Medicine, February 20-23, 1967  
Meharry Medical College School of Medicine, March 6-9, 1967  
University of Nebraska College of Medicine, March 20-23, 1967  
New Jersey College of Medicine and Dentistry, March 27-30, 1967

## REPORT OF THE TREASURER

ROBERT B. HOWARD, M.D.

The accompanying audited statements, submitted by Ernst & Ernst, constitute the substance of the Treasurer's Report. The audit shows clearly that the finances of the Association are capably handled. Operating economies effected by the Director of Business Affairs have made it possible to maintain a reasonably stable financial situation in the face of rising costs.

Major fiscal problems facing the Association at this time include the financing of badly needed additional physical facilities and the financing of the Division of Education and the Division of International Medical Education, both of which have been supported by foundation grants that are nearing their expiration.

## AUDITORS' REPORT

Executive Council  
Association of American Medical Colleges  
Evanston, Illinois

We have examined the balance sheet of Association of American Medical Colleges as of June 30, 1966, and the related statements of equity and income and expense for

the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We previously made a similar examination of the financial statements for the preceding year.

In our opinion, the accompanying balance sheet and statements of equity and income and expense present fairly the financial position of Association of American Medical Colleges at June 30, 1966, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

## ERNST &amp; ERNST

Chicago, Illinois  
August 5, 1966

BALANCE SHEET  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1966	June 30 1965
<b>ASSETS</b>		
Cash	\$ 74,863	\$ 48,816
United States Government short-term securities—at cost and accrued interest	221,499	285,336
Accounts receivable	196,406	133,079
Accounts with employees	5,639	5,562
Supplies, deposits, and prepaid expenses	21,573	24,351
Inventory of publications, at the lower of cost or market—Note A	8,355	10,552
Land and building—at cost—Note B:		
Land improvements	\$ 9,002	\$ 9,002
Building	287,854	287,854
	<u>\$296,856</u>	<u>\$296,856</u>
	<u>\$825,191</u>	<u>\$804,552</u>
<b>LIABILITIES AND EQUITY</b>		
<b>Liabilities:</b>		
Accounts payable	\$ 28,317	\$ 21,741
Salaries, payroll taxes, and taxes withheld from employees	5,828	11,652
	<u>\$ 34,145</u>	<u>\$ 33,393</u>
<b>Deferred income:</b>		
Institutional dues received in advance	\$ 55,750	\$ 750
Other dues received in advance	35,494	37,880
Subscriptions	11,506	13,292
	<u>\$102,750</u>	<u>\$ 51,922</u>
<b>Equity:</b>		
Restricted for special purposes	\$293,167	\$333,344
Invested in land and building	296,856	296,856
Retained for general purposes	98,273	89,037
	<u>\$688,296</u>	<u>\$719,237</u>
<b>Lease commitments—Note C</b>	<u>\$825,191</u>	<u>\$804,552</u>

See notes to financial statements.

STATEMENT OF EQUITY  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
Year ended June 30, 1966

	Restricted for Special Purposes	Invested in Land and Building	Retained for General Purposes	Total
Balance at July 1, 1965	\$333,344	\$296,856	\$89,037	\$719,237
Expenses in excess of income	40,177		9,236*	30,941
<b>BALANCE AT JUNE 30, 1966</b>	<u>\$293,167</u>	<u>\$296,856</u>	<u>\$98,273</u>	<u>\$688,296</u>

\* Indicates income in excess of expenses.

See notes to financial statements.

STATEMENT OF INCOME AND EXPENSE  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	Year Ended June 30			1965 Total
	Special Purposes	General Purposes	Total	
<b>Income:</b>				
Dues		\$241,304	\$ 241,304	\$ 219,989
Grants	\$639,685	2,351	642,036	671,841
Services		276,332	276,332	256,841
Publications		130,166	130,166	118,424
Sundry		24,963	24,963	9,618
Transfers in-out**	50,807**	50,807	-0-	-0-
<b>TOTAL INCOME</b>	<u>\$588,878</u>	<u>\$725,923</u>	<u>\$1,314,801</u>	<u>\$1,276,713</u>
<b>Expenses:</b>				
Salaries	\$204,897	\$367,752	\$ 572,649	\$ 585,091
Other expenses	376,319	396,774	773,093	703,643
Transfers in-out**	47,839	47,839**	-0-	-0-
<b>TOTAL EXPENSES</b>	<u>\$629,055</u>	<u>\$716,687</u>	<u>\$1,345,742</u>	<u>\$1,288,734</u>
<b>EXPENSES IN EXCESS OF INCOME</b>	<u>\$ 40,177</u>	<u>\$ 9,236*</u>	<u>\$ 30,941</u>	<u>\$ 12,021</u>

\* Indicates income in excess of expenses.

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
June 30, 1966

Note A—Inventory of Publications:

The Association follows the practice of including in inventory only those publications which are ten years old or less and provides an allowance equal to the carrying amount of publications older than one year. Following are the details of the inventory at the beginning and end of the year:

	June 30 1966	July 1 1965
Carrying amount of publications	\$52,344	\$49,204
Less allowance for publications over one year old	43,989	38,652
<b>TOTAL</b>	<u>\$ 8,355</u>	<u>\$10,552</u>

**Note B—Land and Building:**

The national headquarters of the Association are located on land donated by Northwestern University. Under terms of the grant, the land must be used as the site of the national headquarters and may not be sold or mortgaged without the consent of the University.

**Note C—Lease Commitments:**

At June 30, 1966, aggregate rentals of \$6,400 remain to be paid under several equipment lease agreements which expire in 1967. The Association has the option to purchase the equipment for approximately \$4,300 at the end of the lease terms.

**Note D—Grants to be Received in Future Periods:**

It is the practice of the Association to include grants in income when they are received. At June 30, 1966, the Association had been notified by several grantors that it may expect to receive \$791,750 for special purposes within the next six years.

**REPORT OF THE DIVISION OF BUSINESS AFFAIRS****JOHN L. CRANER****ACCOUNTING DEPARTMENT**

The program accounting pilot study was instituted during the year 1965-66, as recommended in the Coggeshall Report. The study was accomplished with existing accounting personnel, but increased Tabulating Department expenses were incurred. The evaluation of the pilot study will be made in early 1967.

Division directors continue to receive monthly IBM reports which enable them to compare expenditures against the budgets established for their divisions. Contributors and grantors continue to receive financial reports consistent with their requirements.

**THE JOURNAL OF MEDICAL EDUCATION, ADVERTISING**

A new direct-mail program was instituted this year. This program resulted in a 4 per cent return (82) of prospects for *Journal* advertising. The program was necessitated by the lack of a full-time advertising representative on the staff. A recent analysis continues to indicate that the probable cost of a full-time advertising manager may not be justified. Income from advertising for the period June 30, 1965 to July 1, 1966 was \$34,341; expenses incurred during that period were \$24,508. All income in excess of expense is applied to support of *The Journal*.

**MEMBERSHIP AND SUBSCRIPTIONS**

New procedures have been instituted this year in an attempt to process the work load of this Department without increasing personnel.

In the past two years the Membership and Subscription Department has assumed responsibility for the following additional functions: (a) distribution of all publications, except the *Bulletin of the Association of American Colleges*, which is distributed by the American Council on Education in Washington; and (b) mailings to Datagram subscribers.

A breakdown of the distribution lists follows:

	No. of Plates
<b>New addressograph lists</b>	
Individual members who are premedical advisers	212
Datagram mailings	320
Washington <i>Bulletin</i>	147
Foreign medical schools	519
Council of Teaching Hospitals	231
Subtotal	1,429
<b>Present addressograph lists</b>	
<i>Journal</i> distribution	6,300
Nursing schools	820
Junior and senior colleges	2,000
Advertisers	1,700
Department heads	1,725
Miscellaneous	2,300
Subtotal	14,845
Total	16,274

This Department continues to maintain the standard aging policy for individual memberships (July 1 through June 30 of each year). However, to give an up-to-date report, October 1 is used in the following tables:

October 1, 1966	Individual Membership	3,187	
October 1, 1965	Individual Membership	3,248	
	Net Decrease		61
October 1, 1966	Sustaining Membership	23	
October 1, 1965	Sustaining Membership	26	
	Net Decrease		3
October 1, 1966	Contributing Membership	19	
October 1, 1965	Contributing Membership	27	
	Net Decrease		8

Paid subscriptions to *The Journal of Medical Education* are also reported as of October 1, 1966:

October 1, 1966	1,523	
October 1, 1965	1,466	
Net Increase		57

In order to meet the requirements of the U.S. Post Office regarding zip codes, it has been necessary to study and reevaluate the entire record and addressograph system. The Department is now in the process of zip-coding all domestic addressograph lists, approximately 12,000 plates. This involves a manual search and recording and graphotyping on each plate. A study is also under way for new

methods and procedures that may make it possible to revise the basic structure of this Department.

#### DIRECTORY

The new format instituted in the 1965-66 edition of the Directory resulted in a decrease of the personnel required for editing. The 1966-67 edition should be published shortly after the 1966 Annual Meeting. This will make it possible to incorporate the names of the new AAMC officers and committee members.

#### MAILING AND REPRODUCTION

An investigation has been undertaken to determine the feasibility of locating this Department out of the headquarters building in order to release space for other divisions. The M & R Department has met the requirements of the Association this year without the addition of any major equipment or personnel. The following statistics give a picture of the activity of this Department:

	Year			
	1965-66	1964-65		
Number of Jobs Produced	1,100	958		
Amount Charged	\$108,698	\$109,608		
Expense	109,588	104,312		
Excess	<u>\$ (890)</u>	<u>\$ 5,296</u>		
Temporary Help	\$ 4,304	\$ 5,383	Decrease	<u>\$1,079</u>
Overtime	\$ 5,518	\$ 6,371	Decrease	<u>\$ 853</u>

In accordance with recommendations from the AAMC auditors, \$4,000 was applied to Pioneer Leasing Company in order to retire the lease on the equipment at an earlier rate.

It should be noted that even though the M & R Department handled 142 more jobs during the 1965-66 period than in the previous year, the dollar amount charged to various budgets was almost \$1,000 less. This is due to the fact that (a) procedures are under constant review to effect more economical methods of operation; and (b) a program to educate the various divisions and department personnel on the high cost of crash printing jobs has met with some success. These 2 programs resulted in a reduction in expenditures for temporary help in the amount of \$1,079 and a similar reduction in expenditures for overtime in the amount of \$853. This Department continues to investigate methods for further cost reduction.

#### PUBLICATIONS

The storage of all publications has been consolidated into one physical location in order to comply with the recommendations of the auditors. New procedures have been instituted to maintain closer control of the publications inventory.

#### FILM LIBRARY

The Film Library has been transferred to the American Medical Association (AMA) by direction of the Executive Council. The film handling equipment has been sold.

## DATA PROCESSING DEPARTMENT

The Department continues to process the regular reports and studies: Applicant Study, Faculty Salary Study, Medical School Operating Costs, National Intern Matching Program, Accomplishment Reports to Undergraduate Schools and to the Medical Schools, the Competitive School Report, and various in-school reports.

New projects added during the current year include a Residency Matching Program, Program Accounting, an expanded Faculty Roster with counts of all professional and supporting personnel in the medical schools, and the Women in Medicine Study.

Approximately 200,000 IBM cards will be involved in preparing up-dated forms from the new Faculty Roster information. This volume of cards has made the use of a computer imperative to provide the statistical analysis desired.

The Applicant Study indicates an increase in the number of applicants to the medical schools. The 87,111 applications for the 1965 year is a 3 per cent increase over the previous year.

## MISCELLANEOUS ACTIVITIES

*National Intern Matching Program.*—The National Intern Matching Program's accounting function is performed by this Division. Association procedures are used and the books are audited yearly by NIMP auditors.

*Building services.*—This Division continues to supervise the cleaning and maintenance requirements of the Headquarters office and the Annex. In spite of overcrowded conditions the Association continues to meet the Evanston Fire Department's safety regulations.

*School visitations.*—That portion of the school visitations program formerly handled by the Division of Business Affairs has been transferred to the Office of the Associate Director.

*Council of Teaching Hospitals.*—Under the direction of the Executive Committee of the Council of Teaching Hospitals and the Executive Director of the Association of American Medical Colleges, the Division of Business Affairs assisted in the development of and initiated and supervised procedures for the administrative functions of the Council during the preliminary organizational stages; this included printing the application blank, typing letters of invitation, invoicing, record keeping, and setting up and maintaining the files. The Division has prepared reports for the Executive Council Meetings of AAMC and Executive Committee meetings of COTH. Addressograph plates have been cut and a mailing list maintained for members of the Council. All functions of COTH previously handled by this Division, except maintaining the mailing lists and the accounting activity, have been transferred to the Washington office.

*Meetings.*—The Division continues to handle the physical arrangements for the Annual Meeting and most other meetings. This consists of site inspection of the proposed cities and available hotel facilities. A report is then made to the Executive Council. This Division establishes liaison with the convention bureau and the hotel selected and sets up and supervises the meeting rooms. The Division has no control over sleeping rooms.



*Exhibits.*—The AAMC Exhibit has been displayed at the Annual Meeting of the AMA, the 1965 Annual Meeting of the AAMC, and the AMA Annual Congress on Medical Education.

## REPORT OF THE DIVISION OF OPERATIONAL STUDIES

LEE POWERS, M.D.

This, the eighth Annual Report of the Division of Operational Studies (DOS) of the Association of American Medical Colleges, summarizes the activities and accomplishments of the Division over the past year.

### STAFF

Lee Powers, M.D., is Director of the Division; Mr. Augustus J. Carroll is Assistant Director; Mr. Harry Wiesenfelder is Research Associate; Rex Parmalee, Ph.D., is part-time Research Associate; Miss Marian Weber and Mrs. Sylvia Mussche are secretaries.

### ACTIVITIES OF THE DIVISION

#### Medical Center Financial Support

*Trends in financing medical education.*—The continuing study of trends in financing medical education was expanded to include medical school expenditure data for 1963-64. The staff of the Division provided special tabulation of this data for Dr. Ward Darley's article "Medical School Financing and National and Institutional Planning," published in the February, 1966 issue of *The Journal of Medical Education*, and provided assistance to Dr. Darley in preparation of several additional articles and addresses.

*Program costs in medical schools.*—The DOS continued to provide consultation to medical schools in the utilization of the system of estimating medical school program costs.

*Program costs in teaching hospitals.*—Criteria and procedures for program cost analysis in teaching hospitals are being developed and extensively tested in the Yale-New Haven Hospital. The resulting system will require approval by a committee composed of representatives of the American Medical Association (AMA), the American Hospital Association (AHA), and the AAMC. It is expected that this committee will resolve questions caused by conflicting interests and produce a system that will be acceptable to all concerned.

*Summary of financial data for J.A.M.A.*—The DOS for the fifth consecutive year provided the analysis of U. S. medical school expenditures for 1963-64, which was incorporated as a section of the Education Number of *The Journal of the American Medical Association*, Vol. 194, No. 7, November 15, 1965.

*Medical school profile data.*—The annually updated profile facts on each medical school maintained by the DOS have been modified. A graphic method of presentation enhances the usefulness of this data for medical school deans in determining their position relative to all other medical schools in the important characteristics included in the profile. The new format has also been made available to the Liaison Committee on Medical Education for inclusion with preaccreditation survey materials.

### Medical Center Staff

*Medical Faculty Roster.*—A major updating of the Faculty Roster was undertaken under support of a National Institutes of Health (NIH) contract signed in February, 1966. A new system was developed whereby all existing AAMC information on full-time medical faculty members at the rank of instructor and above is listed on a departmental basis. These departmental lists are designed to be sent to departmental secretaries in the schools for verification or necessary modification to update information. A series of regional orientation meetings were held at 8 locations throughout the country and were attended by 2 or more representatives of each school in the region. Detailed instructions were given on the preparation of the Faculty Roster forms, and one representative of each institution assumed the responsibility for providing assistance to departmental personnel. It is planned to update the information obtained in the Faculty Roster Study on an annual basis each January, with the 1966 data serving as a base year for analysis of faculty staffing pattern trends.

A number of schools have expressed interest in the development of a basic medical faculty record that could be incorporated with the permanent personnel files. The DOS prepared, pretested, and distributed such a form to interested schools. Utilization of this form and its accompanying change-of-status form would obviate the need of preparing an annual faculty roster updating. General acceptance of this form would provide a faculty record system similar to the AAMC student record system, giving detailed, accurate information on a continuing basis.

*Faculty vacancies.*—Information on faculty vacancies by medical school departments, as tabulated annually from the AAMC-AMA Liaison Questionnaire, was made available to applicants seeking academic appointments. The vacancy rate has remained at a relatively constant level, as have the requests for information from interested applicants.

*Faculty salary study.*—The faculty salary studies have proven of considerable value to the member schools in planning budgetary needs and in obtaining necessary financing. Beginning in 1965, the salary studies were made on an annual basis to assure availability of the most up-to-date salary information.

*Study of faculty fringe benefits.*—A report was made of fringe benefits available to medical faculty members; it was based on data obtained in the salary study and revealed a wide range of potential benefits. Interschool comparison indicates considerable difference in the potential dollar value of these benefits on both a total and individual basis.

*Student-faculty ratios.*—The student-faculty ratios annually computed from information obtained in the AAMC-AMA Liaison Questionnaire were completed for the 1964-65 academic year. As the number of students for whom medical faculties have teaching responsibility continues to increase, the ratios in terms of student equivalents, as well as the person-to-person ratios, assume greater importance than before.

### Information Services

The DOS is called upon frequently to provide supplemental information pertaining to medical faculties, facilities, or finances by a vast array of agencies both private and governmental. These requests for information serve to highlight

subject areas of current interest and have led to the initiation of data collection where no prior data have been available.

*Datagrams.*—The monthly issue of Datagrams, detailing findings of AAMC studies and other information pertinent to medical education, continue to generate many inquiries and favorable comments. A cumulative index of the 7 volumes of Datagrams was published in July, 1966.

*Reprint file and library.*—The reference reprint file initiated by the DOS is showing a rapid growth, reflecting the publication explosion occurring in the health sciences. The reference library maintained by the DOS for the AAMC shows greater qualitative rather than quantitative growth in the past year, as dictated by limitations of space and funds.

*Microfilm document file.*—The DOS has prepared, on microfilm, a collection of legal documents pertaining to formal organizational structures related to medical schools. These include the previously developed file of Affiliation Agreements Between Medical Schools and Hospitals, the Medical School Constitutions and Bylaws file, and a new file of Medical Center Administrative Organization.

#### Other Division Activities

*Institutes on Medical School Administration.*—The Third Institute on Medical School Administration was held at the Americana Hotel, Bal Harbour, Florida, on December 12-15, 1965. This, the final in a series of 3 Administrative Institutes was devoted to an exploration of the interrelationships of the medical center and the university. The Institute examined the goals and purposes of the medical center as they relate to the following 3 major interdependent processes, which were treated as subtopic areas; education, research, and service.

In addition to the resource materials developed specifically for the Third Administrative Institute, participants received copies of the final reports of the 2 previous Administrative Institutes. The final report of the Third Administrative Institute is scheduled for completion in 1967 and is to be followed at some future date by a total report of all 3 Administrative Institutes.

*Special study of medical practice activities of women physicians.*—The DOS is proceeding with the tabulation analysis and the preparation of a report on the study of medical practice activities of women physicians, now in progress. To date, responses have been received from more than 80 per cent of a sample of male and female medical school graduates of selected years from 1931 to 1961. The high rate of response to this questionnaire should yield valuable new information on the levels of activities of male and female medical school graduates. Data analysis will be made to determine if trend changes have occurred in the level of professional activity among more recent women graduates.

*Study of affiliation agreements.*—The study of medical school-hospital affiliations made by Dr. Cecil G. Sheps, formerly of the University of Pittsburgh, and his associates, was published in final form in Part 2 of the September, 1965 issue of *The Journal of Medical Education*.

*Consulting services.*—Members of the Division are increasingly being called upon to provide consultative services to medical centers and other institutions and organizations. During the past year, the staff provided consulting services in the areas of grants and fiscal management, administrative organizations, hospital affiliation agreements, and a variety of other related topics.

JOINT REPORT OF THE COMMITTEE ON RESEARCH IN EDUCATION  
AND  
THE DIVISION OF EDUCATION

JULIUS B. RICHMOND, M.D.

PAUL J. SANAZARO, M.D.

The Division of Education of the Association of American Medical Colleges was established in 1962 with the support of a five-year grant from the Carnegie Corporation. Its primary functions are to stimulate research in medical education; to promote the application of research results to on-going educational programs; to continue the AAMC's long-established program of basic research; and to provide consultative services to faculty members, medical schools, and professional and scholarly societies. A major responsibility of the Division is the Medical College Admission Test (MCAT) program. Those activities of the Division which are of direct benefit to the medical student are supported by the AAMC. Other projects and special studies are often funded by grants from private foundations or the U. S. Public Health Service. The Division furnishes staff services for the Committee on Student Affairs and its several subcommittees, and other AAMC committees which are administratively related to the Division.

During the past year, the Committee on Research in Education, which has served in an advisory capacity to the Division since its inception, has reviewed the overall programs of the Division. On the basis of this review, the Committee has recommended to the Executive Council a number of significant changes which will be implemented in the coming year.

ORGANIZATION AND STAFF

The Division of Education conducts its programs within 3 integrated units. The Director is in charge of the unit on Educational Research and Services, which includes the MCAT program and the CORE program. Edwin B. Hutchins, Ph.D., serves as Assistant Director in charge of the Office of Basic Research, assisted by William E. Sedlacek, Ph.D., Research Psychologist to the Division. Davis G. Johnson, Ph.D., is Assistant Director in charge of the Office of Student Studies and Services. This Office provides staff services for the AAMC Committee on Student Affairs, the Group on Student Affairs (GSA), and its several subcommittees. Miss Mary H. Littlemeyer is Administrative Assistant to the Division.

EDUCATIONAL RESEARCH AND SERVICES

All staff members of the Division contribute to the programs of this unit. Its major functions are to promote and undertake research in the educational process, to collect and provide information on curricular changes, to provide consultative assistance to medical schools in educational self-study, to promote the development of objective criteria for the assessment of educational programs, and to administer the MCAT program.

*Annual Conference on Research in Medical Education.*—The Annual Conference on Research in Medical Education was conducted October 31, 1965. In addition to the presentation and discussion of original papers, formal critiques of their research design and methodology were presented. The Conference Proceedings, including these critiques, were published as a special issue of *The Journal of*

*Medical Education* (1). The 1966 Annual Conference will be conducted October 22-23. The Conference is planned by a committee, which is appointed by the Committee on Research in Education. This year the members are Betty H. Mawardi, Ph.D., Chairman; Stephen Abrahamson, Ph.D.; Renée Fox, Ph.D.; J. A. L. Gilbert, M.D.; George E. Miller, M.D.; Charles F. Schumacher, Ph.D.; and Paul J. Sanazaro, M.D., Secretary.

*The Medical College Admission Test (MCAT)*.—The MCAT program is under the supervision and guidance of an MCAT Advisory Committee, which is appointed annually by the Committee on Research in Education. The members are Paul J. Sanazaro, M.D., Chairman; John L. Caughey, Jr., M.D.; Roy K. Jarecky, Ed.D.; Schuyler Kohl, M.D.; Woodrow W. Morris, Ph.D.; and William Schofield, Ph.D. Ex officio members are Edwin B. Hutchins, Ph.D., and Davis G. Johnson, Ph.D.

During the past year, the MCAT Advisory Committee conducted a searching analysis of the MCAT program. As a result of this, the existing contract with The Psychological Corporation was renewed but significantly modified according to recommendations of the MCAT Advisory Committee.

An *ad hoc* Advisory Committee on the Science subtest assisted in the development of an experimental test based upon the primary concepts of problem-solving rather than recall of information. This experimental subtest was administered in the spring of 1966. Based upon analysis of the results, the test will be further refined and developed for ultimate inclusion in the MCAT.

An *ad hoc* Behavioral Science Advisory Committee, which was convened at the request of the MCAT Advisory Committee, concluded that it is not currently feasible to include an achievement test in the behavioral sciences as a regular subtest of the MCAT.

In view of the development of molecular biology as a major discipline in colleges and universities and the emergence of unifying principles in the field of human biology, increasing numbers of medical school applicants already possess extensive knowledge in the areas which heretofore have been defined as basic medical sciences. In recognition of this, planning is under way for the development of achievement tests which may assist medical schools in developing working policies for the granting of advanced placement credit in certain subject areas.

Also under study is the inclusion of a brief biographical inventory as a portion of each MCAT administration with the intent that the resulting information be made available to medical schools as a preliminary application form.

On the recommendation of the MCAT Advisory Committee, the Committee on Research in Education has in turn recommended to the Executive Council that a full-time staff person be appointed whose primary responsibility would be to monitor the MCAT program.

*Intramural Seminar*.—The Division of Education conducted its annual Intramural Seminar based on an educational self-study with the Medical College of Georgia. The study concentrated upon an analysis of student characteristics, student and faculty attitudes, use of house staff in teaching, medical school characteristics, and the existing curriculum. The results of the self-study were analyzed during a five-day seminar conducted for selected faculty members and key administrative officers. Consultants who assisted in the self-study and in the conduct of the seminar were Stephen Abrahamson, Ph.D.; Lawrence A. Fisher, Ph.D.;

George E. Miller, M.D.; and Christine McGuire, M.A. Paul J. Sanazaro, M.D., Edwin B. Hutchins, Ph.D., and William E. Sedlacek, Ph.D., represented the AAMC staff.

*Conference on Preparation for the Study of Medicine.*—This Conference will be an invitational workshop cosponsored by the University of Chicago and the AAMC. Robert Page, M.D., Associate Dean of the University of Chicago School of Medicine, is Chairman, and Paul J. Sanazaro, M.D., is Cochairman. The Conference will be held at the University of Chicago in April, 1967. The Planning Committee has defined the following major problem areas: (a) changes in content and teaching of disciplines in high schools, colleges, and medical schools, with major emphasis on biology and chemistry; (b) changes in curriculum in colleges and medical schools, for example, advanced placement, honors, independent study, and special programs; and (c) implications of these changes for medical schools, including admissions requirements. The Conference is supported by grants from the Markle Foundation and the National Science Foundation. Data collected in preparation for the Conference and the discussions at the Conference will be summarized for publication. The report will serve as a definitive statement on the nature and magnitude of changes in the teaching of science in colleges which must bring about compensatory changes in admission procedures and teaching in medical schools.

*Exploratory study of undergraduate programs in surgery.*—Sponsored by the Society of University Surgeons and supported by a grant from a private foundation, Paul J. Sanazaro, M.D., and Thomas C. King, M.D., conducted a comparative study of teaching programs in 3 departments of surgery. The results of this exploratory study indicate the feasibility of applying techniques of educational assessment to the study of departmental teaching programs. [A report of the study has been published (2).]

*Research in medical education.*—The Division has continued to compile and analyze descriptive and comparative information which permits a direct assessment of educational programs in medical schools. By drawing upon studies which have been conducted under other auspices and by other divisions of the Association, the Division of Education has demonstrated the capability for more definitively characterizing the educational process in medicine. A summary of the Division's experience in the self-studies, augmented by the results of other projects, is in preparation and will be published as a suggested "protocol for self-study in medical education."

Because of the heightened interest in the issue of optimal class size and its effects on the quality of education, an analytic review of this topic has been completed. Data were drawn from other areas of higher education as well as medical education itself. [The paper has been published (3).]

Research in medical education appears increasingly to focus upon the interrelationships of medical education and patient care. The perspectives which have emerged in the course of the Division's activities over the past four years have been presented elsewhere (4, 5).

*CORE program.*—In 1963 the Division of Education proposed a program of research which, if implemented, would enable the Association and medical education at large to utilize the resources of the university in more clearly defining major trends and issues which increasingly will influence the future direction of

medical education. The details of the 4 projects have been presented in previous reports, notably that for 1964 (6). A summary of the current status of the CORE program follows:

1. Project A—Projection of Physician Manpower: A formal research project has been designed by an interdisciplinary team. It focuses on the development of techniques for analyzing the major determinants of future supply of and demand for physician manpower. With the support of the AAMC, the project has been funded by a private foundation.

2. Project B—Criteria of Performance of Practicing Physicians: The study is funded by a research grant from the U.S. Public Health Service and is now in its second year. The study will provide additional follow-up data on graduates of medical schools who served as subjects of the AAMC Longitudinal Study (7). When the study is completed, information will be available on the interrelationships in this sample of (a) student characteristics, including ability level, social and academic background, and personal characteristics; (b) their education in medical school, internship, and residency; and (c) their level of performance in practice.

3. Project C—Joint Study of Teaching Programs in Comprehensive Medicine: Eight medical schools have cooperated in a study of teaching programs in comprehensive medicine. Data have been collected on the biographical and personal characteristics of students and their academic performance in medical school and on National Board examinations. These will be related to their level of performance in comprehensive medicine as assessed on a rating scale designed for this purpose. A formal report of the Joint Study is currently in preparation.

4. Project D—Research in Patient Care: In view of the increasing interest in the quality of patient care as it relates to and influences clinical medical education, the Division of Education sponsored a Seminar on Research in Patient Care in March, 1965. Widespread interest has been engendered by the Seminar, and the Proceedings have been described in a number of publications (8-11).

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## OFFICE OF BASIC RESEARCH

*Medical College Admission Test (MCAT).*—A number of reports pertaining to the MCAT program were prepared this past year. A study of the effect of restriction of range artifacts on the interpretation of validity coefficients was completed and presented at the Fourth Annual Conference on Research in Medical Education (1). In a paper presented at the Midwestern Psychological Association meeting on May 7, 1966, Drs. Hutchins and Sedlacek discussed an extension of the basic method of this study which makes it possible to explore input-output differences based on MCAT and National Board data and the relation of these differences to independent indexes of the educational environment.

A technical report (No. M662) was prepared to explain the nature of an artifactual shift in MCAT Quantitative Ability scores as a function of practice effects in the norming procedures used in test development. This report was distributed to the admissions officers of all medical schools.

*Studies on nonintellectual characteristics of medical students.*—Analyses have progressed on parts of the Longitudinal Study. The 1965 follow-up questionnaires obtained information on student career choice patterns and, in addition, involved the readministration of the Medical School Environment Inventory (MSEI). Information on the construct validity of this instrument was presented in a technical report (No. L661), which will be submitted for publication.

Analyses of data on the female subjects were made separately and a paper is now in draft form. The data presented in this paper should offer valuable supplementary information to that presented in the AAMC study of attrition and to the study of women in practice being conducted by the AAMC Division of Operational Studies. Part of this material will also be presented to the Group on Student Affairs Session of the AAMC Annual Meeting in October, 1966 (See page 530).

The analyses of the Career Attitudes (CA) instrument are essentially completed and scale score profiles indicate that this instrument can distinguish career choice groups. Pretesting of the instrument as a counseling device in a school setting has been accomplished.

Computer programs for the scoring of the MSEI and the CA have been prepared to facilitate the servicing of requests for the use of these instruments.

A symposium dealing with the measurement of career attitudes in a changing profession which was organized by the Office of Basic Research has been scheduled for the meeting of the American Psychological Association in September, 1966. Both Dr. Hutchins and Dr. Sedlacek will present papers.

Work has begun on the development of a measure of student attitudes toward their role as students and will continue over the next year.

*Survey research.*—During the past year the returns from the study of Negro applicants were analyzed. The rate of return was quite low, but the study can serve as a pilot project.

Dr. Sedlacek cooperated with the Office of Student Studies and Services in a study of the type of reports of medical student progress transmitted by the schools to hospitals. The confidence of medical school administrators in these reports was explored (Technical Report No. S662).

*Cooperative projects and general support.*—Cooperative projects and support efforts which account for major allotments of staff time included data preparation



and participation in the Intramural Seminar, data collection and analyses for the Division's Joint Study of Teaching Programs in Comprehensive Medicine, participation in faculty retreats and seminars at a number of schools, and consultation to the research staffs of other organizations. Consultations with researchers in medical education and dissemination of research data to schools and researchers involved a large commitment of time. Excluding data compiled or disseminated as part of a major study, the Office of Basic Research filled approximately 100 requests for data or information from researchers and medical educators.

*Additional professional activities.*—Dr. Sedlacek presented a paper summarizing the research on job satisfaction at the Midwestern Psychological Association meetings and presented a paper on the use of factor analytic technique in the assessment of the efficacy of theory at the American Psychological Association meetings in September, 1966.

#### REFERENCE

1. HUTCHINS, E. B., and SEDLACEK, W. E. An Empirical Demonstration of Restriction of Range Artifacts in Validity Studies of the Medical College Admission Test. *J. Med. Educ.*, 41:222-229, 1966.

#### OFFICE OF STUDENT STUDIES AND SERVICES

The major functions of the Office of Student Studies and Services are to conduct studies, to provide services, and to provide staff support in the areas of admissions and student affairs.

*Student studies.*—The major study conducted by this Office was the Study of Medical Student Attrition, supported by the Maurice Falk Medical Fund (1, 2). The final report, "Doctor or Dropout?: A Study of Medical Student Attrition," will be published as a special issue of *The Journal of Medical Education*. Davis G. Johnson, Ph.D., and Edwin B. Hutchins, Ph.D., are the coauthors. [The report has been published (3).]

The results of the USPHS-AAMC Survey of Medical Student Financing were published as USPHS Publication No. 1136 under the title *How Medical Students Finance Their Education*. The significance of this report and how it supplements other AAMC studies of student finances has been emphasized in an editorial (4).

Another major study which was done by this Office was the 1964-65 Study of Applicants (5, 6). Smaller studies conducted in whole or in part by this Office included: (a) a study of medical student grading and of the reporting of medical student performance to hospitals; (b) a study of the time of acceptance of 1965-66 first-year medical students; (c) a survey of policies and practices concerning medical school applicants and students with emotional problems; and (d) a survey of current and proposed systems for handling records of applicants, students, and alumni.

Finally, a number of special reports for various groups and agencies, including the Educational Council for Foreign Medical Graduates, the National Institutes of Health, and several medical schools, were prepared.

*Student services.*—This Office maintains complete and accurate records of medical school applicants and students as a basic service to medical schools. Based on these central records, a substantial amount of informational exchange continued

to be provided to all medical schools in accord with recommendations developed by the AAMC Group on Student Affairs (GSA). More than the usual amount of time and effort went into the preparation of information related to the Medical College Admission Test (MCAT). A new records system was developed for studying foreign students.

Major effort during the year was given to exploring the feasibility of developing a comprehensive system to improve the manpower records of applicants, students, alumni, and faculty of medical schools and schools of the other health professions. Several planning meetings were held and funding for the project is being sought.

A final aspect of student services was the considerable amount of correspondence and consultation with medical school applicants, premedical advisors, GSA members, and others.

*Staff services.*—The major staff effort of this Office is in planning and supporting GSA activities and projects. At the national level much of this activity focused around preparing for and implementing the 1965 GSA annual meeting, which included for the first time an orientation session for new GSA members.

A revised directory of GSA members, which includes lists of committee members, regional affiliations, schedules of meetings, and the newly adopted GSA Bylaws, was published.

At the regional level, this Office coordinated the preparation of background references for consideration at the GSA regional meetings and provided staff representation at most of these meetings. Among the items considered at the 1966 regional meetings were preliminary application procedures, early acceptance plans, use of psychological tests in evaluating applicants, relations between medical schools and pharmaceutical companies, and financial aid for students.

This Office also provided staff services for the GSA Subcommittees. Under the auspices of the Committee on Relations with Colleges and High Schools (James R. Schofield, M.D., Chairman), a revised and enlarged Directory of Premedical Advisors for 1965-66 was prepared and distributed. The Directory identifies those undergraduate colleges which designate official committees for providing recommendations on applicants to medical schools.

The Committee on Financial Problems of Medical Students (John Chapman, M.D., Chairman) maintained liaison with the federal government on its scholarship and loan programs. The Committee also suggested revisions for the AAMC booklet, "Financing a Medical Education," which was originally published during the summer of 1965. The second edition is being prepared by E. Shepley Nourse, M.B.A. and Davis G. Johnson, Ph.D., and is scheduled for publication during the fall of 1966.

The Committee on Student Aspects of International Medical Education (Thomas J. Brooks, Jr., M.D., Chairman) refined the details of gathering data concerning foreign students who enroll in U.S. medical schools. The Committee prepared a new statement, "Information for U.S. Students Who Are Considering Earning a Medical Degree Abroad," for *Medical School Admission Requirements*.

The Committee on Research on Student Affairs (Woodrow W. Morris, Ph.D., Chairman) sponsored studies of reporting student performance to hospitals, acceptance dates of entering students, and emotional problems of applicants and students. It also continued consideration of student evaluation.

## EDUCATION ADVISORY COMMITTEE

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 Granville Bennett, *Illinois*  
 Roger Egeberg, *Southern California*  
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 Carleton B. Chapman, *Dartmouth*  
 Robert J. Glaser, *Stanford*  
 John Parks, *George Washington*  
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INTERNATIONAL RELATIONS IN  
MEDICAL EDUCATION

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 Thomas J. Brooks, Jr., *Mississippi*  
 John A. D. Cooper, *Northwestern*  
 Joseph Hirsh, *Albert Einstein*  
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 Manson Meads, *Bowman Gray*  
 Robert A. Moore, *SUNY (Brooklyn)*  
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## STUDENT AFFAIRS

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 James W. Bartlett, *Rochester*  
 Thomas J. Brooks, Jr., *Mississippi*  
 John L. Caughey, Jr., *Western Reserve*  
 John Chapman, *Kansas*  
 L. W. Earley, *Pittsburgh*  
 John H. Githens, Jr., *Colorado*  
 William B. Kennedy, *Pennsylvania*  
 Schuyler G. Kohl, *SUNY (Brooklyn)*  
 Morton Levitt, *Wayne State*  
 Woodrow W. Morris, *Iowa*  
 Walter G. Rice, *Georgia*  
 John S. Wellington, *California*  
 (*San Francisco*)  
 Richard H. Young, *Northwestern*



A GSA Bylaws Committee (James W. Bartlett, M.D., Chairman) proposed a set of Bylaws for the Group on Student Affairs, which were approved by the GSA representatives. The Bylaws were also approved by the AAMC Executive Council on February 4, 1966.

The Committee on Communication with Student Organizations (William D. Mayer, M.D., and John H. Githens, M.D., Chairmen) represented the AAMC in communicating with the Student American Medical Association (SAMA) and other national student organizations.

A new Committee on Medical Student Health (L. W. Earley, M.D., Chairman) was organized and was approved by the AAMC Executive Council as the appropriate AAMC Committee to establish and maintain liaison with the American College Health Association. This Committee prepared a questionnaire on medical student health which was sent to all U.S. medical schools during the summer of 1966.

*Additional staff services.*—This Office continued to provide staff service for other committees, most notably for the AAMC Committee on Student Affairs, which held 3 meetings during the period covered by this annual report. Staff effort was also contributed to the MCAT Advisory Committee and to the Planning Committee for the Conference on Preparation for the Study of Medicine.

#### REFERENCES

1. JOHNSON, D. G. The AAMC Study of Medical Student Attrition: Overview and Major Findings. *J. Med. Educ.*, 40:913-920, 1965.
2. AAMC Division of Education. Failure to Graduate from Medical School. (Datagram.) *J. Med. Educ.*, 40:885-886, 1965.
3. JOHNSON, D. G., and HUTCHINS, E. B. Doctor or Dropout?: A Study of Medical Student Attrition. *J. Med. Educ.*, 41:1097-1269, 1966.
4. JOHNSON, D. G. How Medical Students Finance Their Education. (Editorial.) *J. Med. Educ.*, 40:868-869, 1965.
5. JOHNSON, D. G. The Study of Applicants, 1964-65. *J. Med. Educ.*, 40:1017-1030, 1965.
6. AAMC Division of Education. Application Activity and MCAT Data of Applicants to the Class of 1964-65. (Datagram.) *J. Med. Educ.*, 40:1003-1004, 1965.

### JOINT REPORT OF THE COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION AND THE DIVISION OF INTERNATIONAL MEDICAL EDUCATION

THOMAS H. HUNTER, M.D.  
HENRY VAN ZILE HYDE, M.D.

#### INSTITUTE ON INTERNATIONAL MEDICAL EDUCATION

The highlight of the year was the Institute on International Medical Education, which was held in Washington, D.C., March 27-30, 1966 in the new headquarters building of the Pan American Health Organization. The Institute was attended by 280 persons, representing essentially all of the Institutional Members of the AAMC and including representatives of private foundations and governmental

and international agencies. Sixteen international guests also attended and participated in the discussion groups. These guests were prominent medical educators from, particularly, the developing countries. The speakers at the Institute included Barbara Ward (Lady Robert Jackson), the distinguished British economist; Dr. Karefa-Smart, Assistant Director General of the World Health Organization; Dr. K. N. Rao, Director General of Health of India; and David E. Bell, Administrator, Agency for International Development. The Institute explored the question of medical education in the developing countries as a prelude to the Third World Conference on International Medical Education. The Report of the Institute was published as Part 2 of the September, 1966 issue of *The Journal of Medical Education*.

#### AID ADVISORY COMMITTEE ON HEALTH MANPOWER

Acting upon the recommendation of the AAMC in its report "A World Program for Health Manpower," AID appointed an Advisory Committee on Health Manpower which met on June 2-3 under the Chairmanship of Dr. James P. Dixon, Jr., who had served as Chairman of the Advisory Committee on the AAMC-AID Study on Medical Education in the Developing Countries. The Committee includes in its membership Dr. Thomas H. Hunter, Chairman of the AAMC Committee on International Relations in Medical Education, and Dr. John A. D. Cooper, Editor of *The Journal of Medical Education*. The staff work for the Committee was carried out primarily by the AAMC-AID Project Staff. The Committee adopted certain broad guiding principles for the AID program directed at medical health manpower, recommended the involvement of Committee members in project planning and review, and planned to meet again in October.

#### COOPERATION WITH AID

The AAMC signed a new contract with the AID, effective June 1, 1966 and extending through May 31, 1969. The contract covers the general nature of the cooperative relationship and defines broad areas of joint activity, as well as covering the details of administrative procedures. It provides a mechanism for entering into subsidiary agreements through "task orders" which provide support for agreed upon programs and projects. Task Order Number One was signed simultaneously with the new contract and provides for a basic project staff consisting of a Project Director, 2 professional assistants, and the necessary secretarial staff. This Task Order covers the same three-year period and provides for expenditure of approximately \$100,000 per year.

Dr. Harold Margulies serves as AID Project Director and as Associate Director of the Division of International Medical Education. In connection with this development, AID has appointed a full-time staff man to deal with the problems of health manpower working in close conjunction with the AAMC project.

#### ANNUAL CONFERENCE ON INTERNATIONAL MEDICAL EDUCATION

In conjunction with the Seventy-Sixth Annual Meeting of the AAMC in Philadelphia, the Association convened the Annual Conference on International Medical Education on October 31, 1965. Dr. Marcolino Candau, Director General of the World Health Organization, was the luncheon speaker. Other speakers included Dr. Robert Debré, the distinguished French pediatrician and medical educator; Dr. Antonio Gallego, Professor of Physiology at the University of Madrid;

Dr. Jacob Chandy, Editor of *The Indian Journal of Medical Education*; and Dr. Malcolm Merrill, the newly appointed Director of Health of AID. A special feature of the Conference was a panel discussion on "Aspects of Medical Education in the Americas." The panel consisted of the members of the Administrative Committee of the Pan American Federation of Associations of Medical Schools, which was meeting in Philadelphia in conjunction with the AAMC Annual Meeting.

#### THE COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

Dr. Thomas H. Hunter succeeded Dr. Robert A. Moore as Chairman of the Committee. This change came at the request of Dr. Moore, who had served as Chairman since 1958 and was the chief architect of the international program of the Association. During his period as Chairman of the Committee, the idea of the Division of International Medical Education was conceived, its general objectives and programs outlined, funds obtained, the Director and staff appointed, and a program initiated and carried out. During this time as well, the student foreign fellowship program administered by AAMC under funds granted by Smith Kline & French Laboratories was initiated, with Dr. Moore as Chairman of the Selection Committee; the contract with AID was consummated; and the Institute on International Medical Education was organized, with Dr. Moore as Chairman of the Steering Committee.

The Director of the Division wishes to take this opportunity to express his appreciation for the friendly and constructive support that he has been given at all times by Dr. Moore in his various capacities in relationship to the international program. Appreciation is also expressed to the retiring members of the Committee, who have provided wise and helpful support to this growing program. The retiring Committee members are Drs. Leroy E. Burney, Thomas P. Almy, Robert C. Berson, Lowell T. Coggeshall, Maxwell E. Lapham, Vernon E. Lip-pard, and Francis Scott Smyth. The new appointees to the Committee are Drs. Joseph Hirsh, Dieter Koch-Weser, Charles C. Sprague, and Douglas M. Surgenor.

The newly constituted Committee met May 24-25 at the Yale Club in New York City to review the policy and program of the AAMC in light of the deliberations at the Institute on International Medical Education. The Committee took 2 actions: one was the adoption of a resolution calling for continued support of the program by the Executive Council, and the second was the adoption of a Statement of Policy and Program (Appendix) as a base for the AAMC's continuing activities in this field. This Statement was approved by the Executive Council on June 22.

#### INDIAN ASSOCIATION FOR THE ADVANCEMENT OF MEDICAL EDUCATION

The Annual Meeting of the Indian Association for the Advancement of Medical Education was convened in Bombay, January 1-3, 1966. Dr. George E. Miller and Dr. Robert A. Moore addressed the meeting, which was also attended by the Director of DIME. The theme of the meeting was "Medicine and Society." The April issue of *The Indian Journal of Medical Education* included a 450-page report of the meeting.

On the instruction of the Board of Directors, the President of the Indian Association addressed a request to the AAMC for the development of a cooperative exchange program that would include the following elements: (a) interchange of

undergraduate students in their senior clinical years, (b) interchange of junior teaching staff who have completed their formal requirements for teaching positions, (c) interchange of senior teachers for shorter periods, (d) participation in the intensive medical teachers' training course in the United States, and (e) cooperative exploration in medical education research and in other areas. The request was signed by Sir Arcot L. Mudaliar and was addressed to Dr. Thomas B. Turner, President of the AAMC. A series of conferences have been held in Washington to study this proposal, one of which was attended by Dr. K. N. Rao, the Director General of Health of India, during the course of his attendance at the Institute on International Medical Education. The question continues to be under study by the U. S. Public Health Service and AID, both in Washington and New Delhi. It is hoped that a program can be developed and administered jointly by the 2 Associations under P.L. 480 funds available to the U. S. Public Health Service or AID.

#### ASSOCIATION OF MEDICAL SCHOOLS OF AFRICA

The Annual Meeting of the African Association, which convened in Ibadan, Nigeria, April 12-15, was attended by Dr. Harold Margulies as the representative of the AAMC. He gave a paper on the use of objective examinations in medical education. He also visited Ghana, at the request of the Department of State, to determine the position with regard to medical education subsequent to the fall of Nkruma.

#### PAKISTAN

Dr. Margulies visited Pakistan twice during the course of the year as a member of White House missions sent to explore the initiation of a program in medical education in response to President Johnson's commitment to President Ayub Khan during his visit to Washington. Dr. Margulies' first visit was in the company of Dr. Peter Bing of the Office of Science and Technology on January 21-February 7. The second, on July 14-24, was made with Dr. Colin MacLeod, Deputy Director of the same office; Dr. M. David Levitt, Deputy Assistant Secretary of HEW; and Dr. Theodore Woodward, Professor of Medicine at the University of Maryland. Dr. Margulies had previously served for four years under an AID-University of Indiana Contract, as Director of the Postgraduate Medical Center of the University of Karachi.

#### THIRD WORLD CONFERENCE ON MEDICAL EDUCATION

Dr. Moore continued to serve as Chairman of the Headquarters Executive Committee of the Third World Conference on Medical Education, with the Director of DIME as a member of the Committee and consultant to the Secretary of the Conference. Dr. Moore and Dr. Hyde both attended a joint meeting of Headquarters and Host Executive Committees in New Delhi on January 5, 1966, at which plans for the Conference were reviewed and approved.

#### GREECE

The Director visited Greece on January 8-11, consulting with Dr. Sotirios Papastamatis; Dr. Thomas Doxiadis, Director of the Evangelismos Hospital; Dr. Spyros Doxiadis, Chairman of The Queen Anna-Maria Institute of Child Health; and others concerned with medical education in Greece. Dr. Spyros Doxiadis is a member of the 5-man committee planning the new university in Patras. It



was in this connection that he visited the AAMC in April, to study developments in medical education in the United States with a view toward introducing certain principles in the new school in Patras that it has not yet been possible to introduce into the older schools in Athens and Salonika.

#### PAN AMERICAN FEDERATION OF ASSOCIATIONS OF MEDICAL SCHOOLS

Dr. John A. D. Cooper continued to serve as a member of the Administrative Committee of the Pan American Federation. As noted previously, this Committee met in Philadelphia in conjunction with the Annual Meeting of the AAMC. The second meeting of the Council of the Federation and the first of its Conferences were convened in Bogota on August 22, 1966. The Executive Council approved as the AAMC delegates to these 2 meetings the following: Drs. George A. Wolf, Jr., Robert C. Berson, John A. D. Cooper, Thomas H. Hunter, and Henry van Zile Hyde.

#### CONFERENCE FOR FOREIGN MEDICAL SCHOLARS

The Tenth Annual Conference on Medical Education for Foreign Scholars in the Medical Sciences was held June 19-22 at the University of Minnesota College of Medical Sciences in Minneapolis. The Eleventh Annual Conference will be held June 18-21, 1967 at Duke University in Durham, North Carolina.

#### FOREIGN FELLOWSHIPS PROGRAM

The Selection Committee, under the Chairmanship of Dr. Robert A. Moore, awarded foreign fellowships to 35 medical students from 85 applications received from 55 medical schools under the program financed by Smith Kline & French Laboratories. Funds were also provided for 4 professionally qualified wives to accompany their husbands and participate in the program. A list of this year's grant recipients by school and sponsor station is given in the accompanying exhibit.

### EXHIBIT

#### SMITH KLINE & FRENCH FOREIGN FELLOWSHIPS PROGRAM GRANT RECIPIENTS—1966

Student	School	Foreign Station
Bergfalk, Judith F.	Minnesota	India
Blake, Paul A.	Boston	Congo
Bransford, Richard S.	Johns Hopkins	Kenya
Brooker, Reginald J.	Emory	Burundi
Clayton, Paul S. and wife	Florida	Philippines
Cooke, Cynthia W.	Wisconsin	Peru
Dill, Thomas E.	Georgia	Ecuador
Eckert, David W.	Washington, Univ. of	South Africa
Erickson, Daryl R.	Northwestern	Thailand
Goellner, John R.	Iowa	Congo
Greene, Robert F.	California (San Francisco)	Tanzania
Haakenson, Robert C. and wife	Louisiana	Ethiopia

Harris, John D.	Pittsburgh	Nepal
Hollingshead, Joel D. and wife	Ohio	Nigeria
Horkheimer, Ronald W.	Marquette	Tanzania
Hunteman, Roy K.	Indiana	India
Irwin, Linda-Jane	Texas (Galveston)	Tonga
Korobkin, Melvyn T.	Yale	Uganda
Martin, Lewis K.	Virginia, Univ. of	Kenya
Martinson, Alice M.	George Washington	Malaysia
McCarthy, Mary D.	Western Reserve	Nigeria
McKay, Judith L.	Tufts	Nigeria
McMullan, John B.	Mississippi	Thailand
Michaelian, Melvyn J.	Southern California	Ivory Coast
Murphy, Garland D.	Arkansas	Kenya
Newkirk, Darrel D.	Tulane	Tanzania
Popp, Albert J.	Albany	Philippines
Purtilo, David T. and wife	North Dakota	Swaziland
Reid, Audrey Y.	Howard	Uganda
Soles, William P.	Cornell	Tanzania
Stahmann, Fred D.	South Dakota	Malagasy
Watkins, Robert P.	Baylor	Ethiopia
Winer, Stephen F.	Wayne State	India
Wright, Elizabeth A.	Kentucky	Israel
Yudin, Sybil A.	SUNY (Syracuse)	Brazil

## APPENDIX

### ASSOCIATION OF AMERICAN MEDICAL COLLEGES INTERNATIONAL PROGRAM POLICY AND PROGRAM STATEMENT

#### LONG-RANGE GOAL

The Association of American Medical Colleges is concerned with the development of medical education to the highest academic level consistent with the economic position of each country. The long-range goal of its international program is to speed the progress of medicine and of world health through effective application of available U. S. resources in the advancement of medical education and by the facilitation of productive interaction between practitioners of medical science and education in all cultures and places.

The interest of the U. S. medical school in participation in international affairs is in supporting the attainment of the humanitarian objectives of the United States and in widening the professional and cultural experience of American medicine. Such participation is viewed as a particularly enriching experience.

#### GENERAL POLICY

As a professional organization, the AAMC is concerned with defining standards of medical education appropriate to the resources and often massive quantitative

needs of the different countries and working with professional counterparts in institutions in all parts of the world to assist them in accomplishing their objectives.

As a social organization, the AAMC is concerned with the development of a deeper understanding of man's health needs and with the extension of effective health and medical care to all peoples through the training of health manpower at all levels.

As a national organization, the AAMC supports the attainment of the world objectives of the United States through the provision of advice and services to appropriate U. S. and international agencies.

As an institutional organization of the medical schools of the United States, the AAMC is concerned with assisting its member schools in the development and maintenance of effective international programs.

#### PRIORITIES

In its participation in international programs, the AAMC will concentrate its efforts on programs and projects that appear to promise significant and identifiable results and will give priority attention to the ones that are designed to increase the supply of teachers, particularly programs that aim to build or strengthen training institutions abroad and to increase the supply of paramedical and subprofessional personnel. Assurance will be required that the programs are, in fact, wanted by those directly concerned, consistent with the national health plan, based on dependable indigenous leadership, and mutually beneficial.

#### IMMEDIATE OBJECTIVE

The immediate objective of the AAMC will be to accomplish, through its influence and programs, the following:

1. Establishment within each member school of an organized approach to international activities, which will provide a recognized international focus within the school and a link with other schools and agencies; will concern itself with the development of understanding, interest, and orientation among students, faculty, and foreign fellows with regard to international matters; and will stimulate increased participation, within the capacity of the school, in international programs.

2. A substantial increase in the number of cooperative programs between U. S. schools and counterparts abroad.

3. Establishment of a national clearinghouse on international medical education, which will assemble and integrate relevant information from the U. S. medical schools and all other available sources here and abroad, will provide reference services in international medical education, and will distribute information on international medical education in useful form regularly to all interested persons and agencies.

4. Establishment of a system of local and regional programs for the orientation of foreign medical scholars to the principles and practices of American medical education.

5. Federation of national and regional associations devoted to the advancement of medical education to provide mechanisms for regular international interchange

of information and for convening, at regular intervals, world conferences on medical education.

6. Effective application of modern teaching methods and devices in the developing countries through organized programs involving training, distribution of materials, service, and experimentation.

7. Establishment of a coordinated national program to provide appropriate and competent professional training and cultural orientation for foreign physicians, including the conduct of relevant studies and surveys and the development of reception and orientation centers.

8. A substantial increase in support provided by the U. S. Government and international agencies, through grants, contracts, loans, and services, for the development of medical educational institutions in the developing countries, including the provision of the financial support required by U. S. medical schools in carrying out programs contributing to this objective.

## JOINT REPORT OF THE EDITOR AND EDITORIAL BOARD THE JOURNAL OF MEDICAL EDUCATION

JOHN A. D. COOPER, M.D., Ph.D.

*The Journal of Medical Education* published 1,781 pages of editorial material (including supplements) for the period from July 1, 1965 to June 30, 1966.

### SPECIAL ISSUES

*March, 1966.*—Proceedings of the Fourth Annual Conference on Research in Medical Education.

### SUPPLEMENTS

*September, 1965.*—Medical Schools and Hospitals: Interdependence for Education and Service.

*October, 1965.*—Research, Graduate Education, and Postdoctoral Training in Departments of Preventive Medicine: Report of the Conference of the Association of Teachers of Preventive Medicine, Saratoga Springs, New York, June 10-14, 1963.

*November, 1965.*—Medical School-Teaching Hospital Relations: Report of the Second Administrative Institute. Report of the Twelfth AAMC Institute, Association of American Medical Colleges, Miami Beach, Florida, December 6-9, 1964.

### EDITORIAL BOARD AND STAFF

Dr. John A. D. Cooper continued as Editor of *The Journal*. Assistant Editors are Mrs. Rosemarie D. Hensel and Miss Carol A. Spears, who was appointed Assistant Editor October 1, 1965. Mrs. Leah Simon was appointed secretary on June 23, 1966 to replace Mrs. Sue Johns, who resigned June 30, 1966.

In accordance with the Editorial Board's decision to extend the Board Members' terms of service from three years to five years, Drs. John J. Conger, Leonard D. Fenninger, and Peter V. Lee were appointed to serve five-year terms beginning December 1, 1965 to replace Drs. George Harrell, William N. Hubbard, Jr., and Kenneth Penrod, whose Board duties terminated November 30, 1965. Drs. Gordon

W. Douglas and Peter F. Regan were appointed to five-year terms on the Board beginning May 1, 1966. Dr. C. Arden Miller resigned his Board position as of June 30, 1966. Members of the Editorial Board continue their invaluable efforts to maintain the high standards of *The Journal*.

## REPORT OF THE COUNCIL OF TEACHING HOSPITALS

MATTHEW F. MCNULTY, JR.

It is interesting to note, retrospectively, that the original Teaching Hospital Section first met on October 10-11, 1958 at the Hotel Sheraton in Philadelphia, Pennsylvania. It was at the same hotel in October, 1965, that the Institutional Members of the Association of American Medical Colleges approved the establishment of the Council of Teaching Hospitals.

### MEMBERSHIP AND ACTIVITIES

The year of 1965-66 has been devoted largely to the organizational phases of the new Council, which now consists of 310 member hospitals. Hospitals nominated by deans of medical schools (1 type of membership in the Council) now number 220. Of this number (220), 81 hospital chief administrative officers represent hospitals designated as voting members by the dean of each medical school. Ninety hospitals qualified as members by having approved internship programs and full residencies in 3 of the following 5 disciplines: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, and Psychiatry. At the Annual Meeting of the Council all members vote for officers and members of the Council's Executive Committee. Voting on all other matters is limited to the representative hospital administrator designated by each medical school. In order to give broad representation, the hospital administrator designated as a voting member is urged to consult with other Teaching Hospital Council members in his geographic region.

Enthusiasm for the Council of Teaching Hospitals has been observed country-wide and manifested specifically in correspondence, other communications with the COTH office, and the prompt submission of a large number of applications for membership.

During the 1965-66 year, the Executive Committee of the Council met 6 times to review thoroughly each application for membership and to discuss other business in relation to membership as well as Council business generally.

The 310 hospitals accepted into membership were presented to the Executive Council of the AAMC at their meeting September 13, 1966. The Executive Council unanimously approved the membership list. Other membership applications will be considered by the COTH Executive Committee as submitted and eligible.

A well attended informational meeting of the general membership of the COTH was held in Chicago at the Hall of States of the American Hospital Association on Monday, August 29, 1966. The meeting call was issued quickly in response to membership request. The purpose was to establish a forum for discussion of certain aspects of the medicare program as those aspects relate to teaching hospitals. The program included comments as to the status of reimbursement for General Clinical Research Centers. No definitive results were anticipated since

the meeting was planned as a discussion session. Discussion was very active and included effective comments from Harold L. Bost, Ph.D., Deputy Director, Bureau of Health Insurance, Social Security Administration.

#### STAFF AND HEADQUARTERS

The initiation of a full-time staff was accomplished September 1, 1966, with the appointment of the Director of the COTH. Effective that day also, Miss Mary L. Doty joined the AAMC as secretary to the COTH.

As a result of the capable leadership of Chairman Russell A. Nelson, M.D., the very effective work of Secretary Lad F. Grapski, and the helpful follow-through of the Evanston staff of the AAMC, files on each member hospital are being accumulated. The files are currently in transit from the Evanston office to the Washington office of the AAMC, where the headquarters of the COTH is located.

It is planned to use a computer resource for the various roster types which have been suggested and are of interest to a number of public and voluntary agencies in Washington. It will be several months before the mechanics of establishing rosters, statistical information, and the like are completed.

#### FUTURE PLANS

Following the establishment of "administrative housekeeping routine," emphasis will be placed on program activity; designation of priority for the elements of the program; gradual appointment of committees; and recruitment of staff to insure a well developed, carefully implemented, and vigorously sustained program to meet the needs of the membership. Establishment of priority order for the programs of the Council will be accomplished through evaluation and decision by the Executive Committee of the Council and the concurrence of the Executive Council of the AAMC.

### REPORT OF THE COMMITTEE ON FEDERAL HEALTH PROGRAMS

JOHN PARKS, M.D.

During the past year, this Committee has been particularly concerned with 3 areas: (a) regulations and procedures involved in implementing the vast body of legislation passed in 1965; (b) proposals being considered by the Congress in 1966; and (c) new or emergent forces in Washington which are having or which will have pronounced effect on both the size and direction of expenditure of the federal health dollar in the years immediately ahead of us.

#### THE WASHINGTON OFFICE

The Washington office proved very effective in shaping health legislation important to the AAMC in 1965. During 1966, the Washington office has continued to be of inestimable value to the Association. The ability to maintain constant contact with the Administration while regulations and procedures essential to the operation of the 1965 legislation were being formulated was tremendously important. Dr. Berson, Mrs. Goodwin, Mr. Reidy, Dr. Margulies, Mr. McNulty and their limited staff have built and maintained essential relationships with

members of the U. S. Public Health Service and with other governmental agencies in Washington.

Dr. Berson and his staff have analyzed and evaluated pending legislation and Dr. Berson has prepared testimony and coordinated the presentations of the various representatives of the AAMC before Congressional committees. He has testified to and informally consulted with those Congressional leaders who move both the legislation and the appropriations that give the legislation meaning. On several occasions he has been able, overnight, to mobilize key AAMC people whose help was needed at vital stages of the legislative process. Moreover, he has been able in person, by phone, through memoranda, and through the *Bulletin* to keep us all informed about key developments. Dr. Berson and his staff deserve a vote of thanks for work well done.

#### COMMITTEE INTEREST AND ACTIVITIES

Since January, 1966, the Committee on Federal Health Programs has had the following day-long meetings: January 7, with Assistant Secretary of the Department of Health, Education, and Welfare (HEW), Philip Lee and with Drs. Leo Gehrig, John Sherman, and Aaron Christensen; February 11, with Drs. James Shannon, George Silver, Leo Gehrig, Paul Q. Peterson of the National Institutes of Health (NIH), and with Mr. Ralph Mueller of the Bureau of the Budget; April 1, with Drs. Lee and Silver, with Surgeon General Stewart, and with Mr. Dave Tilson of NIH; on May 6, a morning session with Dr. H. Martin Engle of the Veterans Administration and an afternoon session with Dr. Shannon and his staff; July 8, a morning meeting with Dr. Peter Bing of the President's Commission on Health Manpower, and an afternoon session with HEW's Assistant Secretary for Legislation, Mr. Ralph K. Huitt, and his staff. On September 13, Surgeon General Stewart met at O'Hare Airport for a half day with the Committee and the Executive Council for a mutual exchange that proved most helpful and enlightening. On October 13, members of the Committee met with Mr. James Kelley, Dr. Ernest Allen, Mr. Nat Karol, and Dr. Leo Levitt at HEW.

At each of these sessions and in the closed meetings accompanying them, the Committee discussed and worked on problems incident to the 1965 legislation and on those raised by bills being considered in Congress this year.

In connection with the former, the Committee would like to express its deep appreciation for the service rendered the Association by Dr. Russell Nelson, particularly with regard to his work on the implementation of medicare and Title XIX of the Social Security Act and for his help on other legislative problems.

In the nonlegislative area, the Committee has been concerned also with operations of the Selective Service Act. The Washington office has maintained contact with the Selective Service officials and has presented recommendations to the President's Commission on Selective Service, which is due to present its report at this year's end. Particular stress has been given to the importance of maintaining stable staffing in the medical schools and the teaching hospitals.

#### LEGISLATIVE DEVELOPMENTS

In connection with 1966 legislative developments, the Committee took the following positions:

*Animal Care (H.R. 13881).*—Collaborating with others concerned with the world of biomedicine, much time and effort was spent in attempting to defeat

or modify various crippling proposals. Dr. Thomas B. Turner represented the AAMC very effectively before the Senate committee. Following the passage of a bill so modified as to be acceptable, efforts have been concentrated on an attempt to secure appropriations to finance the building of needed facilities.

*Allied Health Professions (H.R. 13196, S. 3102).*—The Committee supported the measure vigorously but strongly urged amendments that seemed essential if schools of medicine or dentistry were to be permitted to play their proper roles in the training of paramedical personnel. The student loan provision of the bill was also opposed. Dr. Samuel P. Martin, of the University of Florida, appeared before the House Committee and was particularly effective in having the undesirable student loan provisions removed from the bill. Dr. Berson and the Washington staff made urgent recommendations to Senator Hill and his staff concerning the amendments which were considered to be essential. The Senate made the desired changes in the bill and the House accepted them.

*Comprehensive Health Planning (H.R. 13197, S. 3008).*—This bill presented complex problems. Its scope was so potentially vast and its local administration so potentially diffuse as to cause concern. Yet its basic objectives—the strengthening of state health departments and the substitution of general for categorical grants—have long been desirable. The AAMC favored passage of the bill but urged that its administration at the state level be vested in a new department in which those responsible for the education of health personnel would be properly represented.

*International Health (H.R. 12453).*—Dr. Thomas Hunter, chairman of AAMC's Committee on International Relations, testified in behalf of this bill before the House committee, urging that it be passed. The committee reported the bill favorably; however, it was never brought to a vote in the House, because members of the Rules Committee objected to the idea of sending more American doctors abroad at a time of physician shortage at home.

*V. A. Educational Function (H.R. 11631).*—The AAMC as an association and scores of deans throughout the country supported this measure in the House committee, with Senator Randolph's subcommittee, and with Senator Hill's Committee on Labor and Public Welfare. The Senate committee has reported the bill favorably, and it is likely that it will be taken up by the Senate quite soon.

*Veterinary Medical Education (H.R. 3348).*—The AAMC thoroughly approved of this bill as originally introduced. However, as passed by the House, the bill would add schools of veterinary medicine to the list of those already covered by the Health Professions Educational Assistance Act, for which both authorizations and appropriations are decidedly inadequate, instead of providing separate and additional funds for those schools. Recommendations were made to representatives of the schools of veterinary medicine and they, in turn, made strong representations to the Senate that the bill should pass but that it should not be financed from funds already in the process of being appropriated for other schools.

*HEW Appropriations.*—This has been a major concern ever since the President's budget was made public. The Committee has been particularly concerned with the woefully inadequate request for only \$15 million for research facilities construction and, of course, with the cost-sharing provisions of the bill. Dr. Berson and the chairman of the Committee testified before the House committee and Dr.



George Harrell before the Senate committee. Dr. Berson also presented the AAMC's case through numerous written and oral communications with Senator Hill, Congressman Fogarty, and their staffs. Various deans who called upon their friends in Congress during the crucial days between Senate passage of the bill and the conference with the House were most helpful.

The battle concerning appropriations never ends. The Committee will do what it can to attempt to persuade the Administration to spend what has been appropriated in the best possible fashion. It will continue to try in behalf of medical education to properly influence the drafting of budgets for fiscal 1968 and for fiscal 1969—a process which is already under way. In this connection the members of the AAMC are urged to do 2 things which can be of immeasurable assistance to the Committee, to the Washington office, and to the Association as a whole.

First, keep the Committee informed of the results of contacts with members of the Congress or the Administration with regard to matters concerning legislation, appropriations, or administration, including both what was suggested and how they reacted. This can be of vital assistance in knowing where and how the Association needs to concentrate its efforts.

Second, when proposed legislative or administrative practices threaten to have an adverse effect on any school, inform the Washington office, in detail, of the possible effect. The AAMC cannot properly present its case to the Congress or the Administration without the facts. When Senators or Congressmen call to ask how their schools may be affected by proposed legislation, it is necessary to have the facts. The schools are in the best position to give this needed information.

Responses have been received from the President, from Undersecretary Cohen, and from members of the U.S. Public Health Service with reference to the concerns expressed at the Institutional Membership Meeting on July 19 and 20 (see pages 524-528). Several extended conversations have been held with representatives of HEW and NIH, but most important of all from these communications were the assurances given by the Surgeon General when he met with the Committee and Executive Council at O'Hare Airport on September 13, 1966. He stated that when the USPHS reorganization becomes effective on January 1, 1967, Ernest Allen, who is known to be a very effective and understanding man in government and in medicine, will be attached to the Surgeon General's office in charge of an Office of Extramural Programs. He will be responsible for directives applicable to relations with institutions such as the medical schools and these will be binding on every bureau, division, or branch of the USPHS. Effective coordination and simplification of the AAMC's multifaceted relations with NIH and the USPHS are anticipated.

#### REPORT OF THE COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE, M.D.

Upon the retirement of Captain Bennett F. Avery, M.C., U.S.N., the MEND Committee desires to express its appreciation to and commend Captain Avery for his work as National Coordinator. Captain Avery's imaginative work and enthusiasm has been one of the major reasons for the MEND program developing from

an initial program in 5 schools to its present level in which all medical schools are participating.

The Committee also wishes to express its appreciation to Mr. Ralph Hirsch for the able way in which he handled the administrative aspects of the MEND program during his tenure with the Navy and to wish him much success in his new duties with the U.S. Public Health Service.

The Committee welcomes Lt. Colonel David M. Tormey as the new National Coordinator and Mr. Charles W. Pendergraft as Administrative Officer in the National Coordinator's office.

We further desire to express appreciation for the great support given the MEND program by Rear Admiral William N. New, M.C., U.S.N. Admiral New's able handling of the MEND affairs in the Office of the Secretary of Defense is largely responsible for the recognition of this program at Department of Defense level and the development of a more stable program of financing these activities. The Committee extends its best wishes to Admiral New in his assignment to other duties and welcomes Brigadier General Bedwell, M.C., U.S. Air Force, as Admiral New's successor.

Through the MEND activities, medical school faculty are able to keep up to date on medical data and Armed Force experience in the handling of casualties in disaster situations, as well as those professional programs essential for the medical programs of the Armed Forces. The orientation of young faculty and the refresher programs of value to experienced faculty are considered to have great value in the medical education programs needed for national defense.

#### ACTIVITIES FOR 1965-66

The attendance of faculty at MEND symposia and courses has been as follows:

Course	FY 64	FY 65	FY 66
Symposia	395	553	965
Short Courses	114	68	187
Mass Casualty	209	211	230

The instructional program for faculty during 1965-66 was excellent, and Colonel Tormey and Mr. Pendergraft are to be congratulated on the excellent content and arrangements.

#### PLANS FOR 1966-67

*Symposia.*—The following symposia have been scheduled:

1. New Field for New Doctors—October, 1966, Washington, D.C.
2. Trauma: From Battlefield to Highway—December, 1966, Washington, D.C.
3. Aerospace Medicine—February, 1967, San Antonio, Texas
4. Infectious Diseases: A Global Perspective—April, 1967, Atlanta, Ga.

*Short Courses.*—There will be 239 spaces available in 14 courses; the places at which the courses will be held are to be announced.

*Mass Casualty Courses.*—There will be 300 spaces in 2 courses; these will be held in San Antonio, Texas.

*Coordinator's Conference.*—The theme for this conference, which will be held in Puerto Rico in January, 1967, will be "Health Manpower."

## DEFERMENT OF MEDICAL STUDENTS AND ESSENTIAL FACULTY

The MEND Committee through its Chairman has kept careful check on national policies in regard to deferment. In recent months the dissatisfaction in some areas with deferment policies has led some local boards to use their prerogative on questioning the deferment of medical students and essential faculty. While the national policy has not changed, local board actions are leading to more appeals on reclassification, and there is a need for a statement of position on the deferment of medical students and essential faculty at the highest governmental manpower level.

## REPORT OF THE COMMITTEE ON STUDENT AFFAIRS

DAVIS G. JOHNSON, Ph.D.

As in previous years, the Committee on Student Affairs has functioned primarily as an Executive Committee for the AAMC Group on Student Affairs (GSA), which is composed of persons designated by the dean of each medical school to represent him in matters related to students. It has also worked closely with the AAMC Division of Education, receiving staff assistance from its Office of Student Studies and Services. Further details concerning these staff services are given in the Joint Report of the Committee on Research in Education and the Division of Education (See pages 574-576).

## MEETINGS

The Committee on Student Affairs held meetings on October 29 and 31, 1965, in Philadelphia, and on February 6, 1966, in Chicago.

The following recommendations from the Group on Student Affairs were formally approved by the Committee on Student Affairs for forwarding to the AAMC Executive Council:

1. That the GSA Bylaws, which were adopted by the GSA on October 30, 1965, without dissenting vote, be transmitted to the AAMC Executive Council for approval by whatever means that Council deems necessary.

2. That the AAMC Executive Council, when it considers the AAMC committee structure as outlined in the Coggeshall Report, include a Standing Committee on Student Affairs, with a direct relationship to the AAMC Group on Student Affairs and to a Division of Student Studies and Services of the AAMC.

3. That a special subscription rate for *The Journal of Medical Education* be established for medical students to encourage these individuals to subscribe to this publication.

4. That the AAMC Executive Council take such action as would result in the adoption nationally of a single date for final commitment to a residency appointment and that this date be moved as far as possible into the internship year, particularly after the results of the Berry Plan have been released.

The Committee also recommended that a new GSA Committee on Medical Student Health be formed and that this should serve as official liaison with the American College Health Association. All 5 of these recommendations were approved by the AAMC Executive Council; the matter of a special student rate for *The Journal* was forwarded to the Editorial Board for consideration.

## HEALTH PROFESSIONS RECORDS PROJECT

The Committee on Student Affairs was kept informed of the development of a proposed Health Professions Records Project and has suggested that this might be tied in with the gathering of biographical material via the Medical College Admission Test, thus eliminating the need for students to provide such information separately to each medical school. The Committee was informed that the AAMC Executive Council, at its meeting of February 4, authorized the seeking of funds from appropriate foundations and/or governmental agencies to finance the development of this proposed uniform records system for applicants, students, alumni, and faculty of medical schools and possibly schools of other health professions.

## OTHER ACTIVITIES

The Committee also reviewed changes in test scores on both the Medical College Admission Test and on Part 1 of the National Board examinations. The Committee sponsored an orientation program for new GSA members which was held on October 29, 1965, and also sponsored the preparation of an Annotated Bibliography on Admissions and Student Affairs by Miss E. Shepley Nourse and Dr. Davis G. Johnson.

The Committee on Student Affairs helped prepare the agenda for the 5 GSA regional meetings and for the national GSA meeting (See pages 530-537).

The Committee nominated and sponsored the election of the following GSA national officers for 1966: Chairman, Dr. John L. Caughey, Jr., Western Reserve; Vice-Chairman, Dr. Joseph J. Ceithaml, University of Chicago; and Secretary, Dr. Davis G. Johnson, AAMC.

## ACTIVITIES OF GSA COMMITTEES

Detailed reports of the activities of the GSA Committees that report to and are coordinated by the Committee on Student Affairs are included in the Joint Report of the Committee on Research in Education and the Division of Education and in the Proceedings of the Annual Meeting of the AAMC Group on Student Affairs.

REPORT AND RECOMMENDATIONS OF THE  
COMMITTEE ON CONSTITUTION AND BYLAWS

GEORGE A. WOLF, JR., M.D.

In response to the wishes of the Institutional Members, expressed at the November, 1965 meeting, Dr. Thomas Turner, President, appointed Dr. George A. Wolf, Jr. as chairman and Drs. Joseph Stokes, Warren Bostick, John Deitrick, Manson Meads, Charles Sprague, Vernon Lippard, Douglas Surgenor, Marcus Kogel, Vernon Wilson, Winston Shorey, and Roger Egeberg as members of an *ad hoc* Committee on Constitution and Bylaws. On the basis of the decisions reached at the special meeting on July 19 and 20 and its own deliberations, this Committee recommends that the revisions of the Bylaws which follow be adopted.

The major objectives of these revisions are to (a) establish regional meetings of the AAMC; (b) reconstitute the Executive Council so it will contain an individual from each region; (c) state explicitly the responsibility and authority of

Institutional Members to establish policies for the Association and of the Executive Council and officers for carrying out policies, taking interim action, and managing the business affairs of the Association; (d) clarify the role of "councils," such as the Council of Teaching Hospitals; and (e) establish the role of the Nominating Committee.

In reconstituting the Executive Council, it is recommended that the office of Vice-President, which has had a one-year term, be abolished and one additional elected member be added to the Executive Council. It is also recommended that the office of Secretary be abolished, its corporate duties be added to those of the Treasurer, and an additional elected member be added to the Executive Council. It is also recommended that the incumbent Secretary, Dr. Richard Young, serve as that elected member for the two years remaining in the term of Secretary to which he was elected.

This will result in an Executive Council with 9 elected members, including one from each region (presumably 5 regions initially) and 1 from the Council of Teaching Hospitals, plus the 4 elected officers (President, President-Elect, Past-President, and Secretary-Treasurer). The Executive Director is an ex officio member without vote.

The Committee believes that a specific regional pattern for the AAMC should be adopted by the Institutional Members; but it does not believe the details of this pattern should be included in the Bylaws, since it may be desirable to modify those details from time to time.

## REPORT OF THE NOMINATING COMMITTEE

CLIFFORD G. GRULEE, JR.

*President-Elect:* John Parks, George Washington University

*Secretary-Treasurer:* Robert B. Howard, University of Minnesota

*Executive Council:* Russell A. Nelson, Johns Hopkins University (one year)  
 Richard H. Young, Northwestern University (two years)  
 Robert M. Bucher, Temple University (three years)  
 Franklin G. Ebaugh, Jr., Boston University (three years)  
 John R. Hogness, University of Washington (three years)

At the Seventy-Seventh Annual Business Meeting, on motion, seconded and carried, these nominations were accepted.

## DISCUSSION AND ACTION

Dr. George A. Wolf, Jr., Chairman of the Committee on Constitution and Bylaws, reported briefly on the Committee's activities and called attention to the report (See pages 591-592) and to the material on pages 1 through 16 in the agenda book. There were no questions and Dr. Wolf moved that the proposed bylaw changes as printed in the agenda book be approved. The motion was seconded. The vote was called and the motion carried. Dr. Turner then discharged the Committee on Constitution and Bylaws. The Bylaws of the Association of American Medical Colleges, as amended, appear below:

## BYLAWS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

## SECTION 1. INSTITUTIONAL MEMBERSHIP

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as the Institutional Members shall from time to time elect at an annual meeting by the affirmative votes of three-fourths of the Institutional Members present. The first Institutional Members shall be those medical schools and colleges which were on January 1, 1955, Institutional Members of an unincorporated voluntary association called the Association of American Medical Colleges.

b) Standards. Each Institutional Member shall conduct its educational program in conformity with the following standards of curriculum:

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can be best achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thoroughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These 5 requirements are obviously not distinctly separable, but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person, and be able to gain and maintain the confidence and trust of those he treats, the respect of those with whom he works, and the support of the community in which he lives.

The curriculum should extend over a period of at least four academic years.

c) A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources, and curriculum as may be prescribed by the Executive Council and expressing its readiness to be reviewed from time to time. The Executive Council shall consider the application and report its findings and recommendation for action at the next annual meeting of members.

d) The Executive Council shall appoint at its discretion representatives to survey programs of schools and colleges applying for membership or reinstatement, and also those in membership in the Association. The survey reports, together with recommendations, shall be furnished a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, Bylaws, and education standards established by the Association. Any Institutional Member or Affiliate Institutional Member, which, after accreditation visit, has been found not to conform to the then-existing Articles, Bylaws, or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council be placed upon "open probation" for a period to be decided by the Council. This action will not be taken except after a school in question has been on confidential probation for at least one year. Any Institutional or Affiliate Institutional Member that is on confidential or open probation may be reinstated to unqualified membership when, in the judgment of the Executive Council, circumstances so warrant. To drop an Institutional or Affiliate Institutional Member from Association membership will require a recommendation and justification of the Executive Council and the affirmative vote of two-thirds of the Institutional Members present at an annual or special meeting.

#### **SECTION 2. AFFILIATE INSTITUTIONAL MEMBERSHIP**

There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges which were on January 1, 1955, Affiliate Institutional Members of an unincorporated, voluntary association called the Association of American Medical Colleges and such Canadian medical schools and colleges as the Institutional Members shall from time to time elect. Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way, but shall have no right to vote.

#### **SECTION 3. PROVISIONAL INSTITUTIONAL MEMBERSHIP**

There shall be a class of Institutional Members entitled Provisional Institutional Members consisting of those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States, its possessions, or Canada having an acceptable academic sponsor; the sponsor must have made a definite commitment to establish such school, college, or program, must have appointed a full-time dean, and must have filed acceptable plans for the development of construction, faculty, and curriculum with the Executive Council 60 days prior to a regular meeting of the Institutional Membership. Provisional Institutional Members will be elected for one-year periods in the same manner as Institutional Members and reelection each year will be by the Institutional Membership based upon an acceptable progress report that has been received by the Executive Council 60 days prior to the next regular annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussion but shall not be entitled to vote.

#### **SECTION 4. GRADUATE AFFILIATE INSTITUTIONAL MEMBERSHIP**

There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an

accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members; they shall have the privilege of the floor in all discussions but shall not be entitled to vote.

**SECTION 5. EMERITUS, INDIVIDUAL, SUSTAINING, AND CONTRIBUTING MEMBERSHIP**

There shall be 4 classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members. The first Individual Members shall be those persons who were on January 1, 1955, Individual Members of an unincorporated voluntary association called the Association of American Medical Colleges.

a) **Emeritus Membership.** Emeritus Membership shall be reserved for those faculty members, deans, other administrative officers of medical schools and universities, foundation officers, and government officers, who have been active in the affairs of the AAMC and who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education; and who, because of the retirement policies of their medical schools, universities, foundations, or government agencies, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual, or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifications by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) **Individual Membership.** Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

c) **Sustaining and Contributing Membership.** Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

**SECTION 6. MEETING OF MEMBERS**

a) The annual meeting of all members shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any class may be called by the President, by a majority of the voting members of the Executive Council, or by 10 Institutional Members.

Regional meetings of Institutional Members shall be held at least twice each year in each of the regions established by the Institutional Members, to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion or action at the national level. The Executive Council member elected from each region shall set the time and place of such meetings.



c) All meetings shall be held at such place in Illinois, or elsewhere, as may be designated in the notice of the meeting. Not less than twenty or more than forty days before the date of the meeting written or printed notice stating the day, hour, and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) One representative of each Institutional Member shall cast its vote. The Association may accept the written statement of the Dean of an Institutional Member that he or some other person has been properly designated to vote for the institution.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by the Dean or properly designated representative of all Institutional Members.

f) A majority of the Institutional Members shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

g) The decisions and actions taken at a meeting of the Institutional Members shall establish policy for the Association.

#### SECTION 7. OFFICERS

The officers of the Association shall be a President (who shall serve as Chairman of the Executive Council), a President-Elect, who shall also be Vice-President, an Immediate Past-President, a Secretary, a Treasurer, and an Executive Director. The same person shall be Secretary and Treasurer, and may be designated Secretary-Treasurer. The President-Elect shall be elected at the annual meeting of the Institutional Members to serve in that office for one year, then be installed as President for a one-year term in the course of the annual meeting the year after he has been elected. The Secretary-Treasurer shall be elected for a three-year term and shall be eligible for election to a second term of three years. The Executive Director shall be appointed by the Executive Council, which on his recommendation may appoint an Assistant Secretary to assist the Secretary and perform his duties in his absence. The other officers shall be elected by a majority of the Institutional Members present and voting and may be removed by a vote of two-thirds of such members.

The officers shall have such duties as are implied by their respective titles or are assigned to them by the Executive Council or by action of a meeting of the Institutional Members. If the President dies, resigns, or for any other reason ceases to act, the President-Elect shall immediately be designated by the Executive Council as President and shall serve for the remainder of that term and the next term.

The Executive Director shall recommend to the Executive Council the organization of the staff of the Association.

#### SECTION 8. EXECUTIVE COUNCIL

a) The Executive Council is the board of directors of the Association and shall manage its affairs. It shall have charge of the property and financial affairs

of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Institutional Members and take necessary interim action for the Association and carry out duties and functions delegated to it by the Institutional Members. It shall set high educational standards as prerequisites for the election of Institutional Members.

b) The Executive Council shall consist of 9 elected members and, ex officio, the Immediate Past-President, the President, the President-Elect, and the Secretary-Treasurer, all of whom shall be voting members. The Executive Director shall be an ex officio member without vote.

c) Of the 9 elected members of the Executive Council, 3 shall be elected annually by the Institutional Members at the annual meeting, each to serve for three years or until the election and installation of his successor. He shall be eligible for reelection for one additional term of three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the Institutional Members present and voting.

One elected member of the Executive Council shall be from each region of the Association.

In order to have 9 elected members beginning in 1966, not only shall 3 members be elected as aforesaid at the 1966 annual meeting to succeed those whose terms then expire, but the 4 elected members whose terms do not then expire shall continue to serve the terms to which they have been elected, and the person who was Secretary of the Association immediately prior to that meeting shall serve as a member for two years, and also 1 member shall be elected at that meeting to serve for one year.

d) The annual meeting of the Council shall be held immediately following the election of Council members at the annual meeting of members and at the same place.

e) Meeting of the Council may be called by the President or any 2 voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

f) A quorum of the Council shall be a majority of the voting Council members.

g) The Executive Council may appoint and dissolve from time to time such committees as it seems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control.

h) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Administrative Committee to act during intervals between meetings of the Council, consisting of 3 or more voting Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any member of the Council, of any responsibility imposed upon them by law.

#### SECTION 9. COUNCILS OF THE ASSOCIATION

Councils of the Association may be established or dissolved at any annual meeting by a majority vote of the Institutional Members present and voting. The

purpose of such councils shall be to provide for special activities in important areas of medical education, as part of the program or as an extension of the program of the Association. Such Councils with approval of the Executive Council may appoint standing committees and staff to develop, implement, and sustain program activity. For purposes of particular emphases, need, or timeliness, such councils are expected to appoint *ad hoc* committees and study groups, develop facts and information, and also to call national, regional, and local meetings for the presentation of papers and studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity of the council. Such councils are encouraged to recommend action to the Executive Council on matters of interest to the whole Association and concerning which the Association should consider developing a position. Such councils shall report at least annually to the Institutional Membership and to the Executive Council.

#### SECTION 10. NOMINATING COMMITTEE

A nominating committee composed of 5 persons, each from a different region of the Association shall be appointed by the Executive Council. After soliciting suggestions from the Institutional Members, the committee will report to the Institutional Members at the annual meeting, nominating individuals to be elected as officers and members of the Executive Council. Additional nominations may be made by the representative of any Institutional Member at the annual meeting. Election shall be by a majority vote of the Institutional Representatives present and voting.

#### SECTION 11. WAIVER OF NOTICE

Whenever any notice whatever is required to be given under the provision of these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

#### SECTION 12. SEAL

The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

#### SECTION 13. FISCAL YEAR

The fiscal year of the Association shall be from July 1 to June 30.

#### SECTION 14. DUES

The Annual Dues shall be:

Institutional Members (four-year schools)	\$1,500
Institutional Members (two-year schools)	750
Affiliate Institutional Members	500
Graduate Affiliate Institutional Members	1,000
Provisional Institutional Members	750
Individual Members	15
Sustaining Members	1,000
Contributing Members	200 to 500
Council of Teaching Hospitals Members	500

#### SECTION 15. AMENDING BYLAWS

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the Institutional Members present at any meeting of Insti-

tutional or Affiliate Institutional Members for which thirty days' written notice has been given.

#### SECTION 16. AMENDING ARTICLES OF INCORPORATION

The Articles of Incorporation may be altered, repealed, or amended by the Institutional Members in the manner provided by statute.

#### REGIONAL ORGANIZATION FOR THE AAMC

Dr. William N. Hubbard, Jr., moved passage of the following pattern for the regional organization for the AAMC:

*Purpose.*—The major purpose of regional meetings of the Institutional Members of the Association shall be to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion of such issues at the national level. Faculty and medical center administrative officers of each member institution should be encouraged to participate actively in the regional discussions and meetings.

*Designation of regions.*—The initial 5 regions will be as follows: (a) Northeast, consisting of Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, New York, Pennsylvania, New Jersey, Delaware, Maryland, the District of Columbia; (b) South, including West Virginia, Virginia, North Carolina, South Carolina, Georgia, Florida, Tennessee, Kentucky, Alabama, Mississippi, Louisiana, Arkansas, Texas, and Oklahoma; (c) Midwest, consisting of Ohio, Indiana, Illinois, Michigan, and Wisconsin; (d) Great Plains, consisting of Kansas, Missouri, Nebraska, Iowa, North Dakota, South Dakota, and Minnesota; (e) West, including Wyoming, Montana, Colorado, Nevada, New Mexico, Arizona, Utah, Idaho, California, Oregon, Washington, Alaska, and Hawaii. It is to be explicitly understood, however, that any institution may, at its own discretion, elect to attend meetings of an adjoining region, or to identify itself regularly with a region different from that set forth, if that seems most convenient. Each region should organize meetings in a way representatives of institutions in that region believe will best accomplish their purposes.

*Communications.*—For the regional organization to be most effective, a pattern of communication between the regional and national organizations should be devised. The officers and members of the Executive Council who live in each region should work with the regional membership in obtaining opinion on matters pertinent to the business of the Association and on any which may require rapid consensus. There should be 2 stated meetings of each regional group per year. These meetings should be scheduled at times and places that are most convenient for the regional membership. The staff of the Association should be called on to assist with the arrangements for such meetings, to distribute appropriate material in advance of the meetings, and where feasible to attend them. A method for recording the proceedings of each regional meeting and the transmission of such records to the national organization should be devised by each regional group.

Decisions on matters of policy affecting the whole Association will be reached on a national and not on a regional basis.

The above motion was seconded. Earlier in the meeting there had been some discussion, including 1 strong voice against regionalization on the basis of geography. However, when the vote was called, the motion carried with 3 opposing votes.

#### AAMC RELATIONS WITH ACADEMIC SOCIETIES

At the previous meeting on July 19-20, 1966, the Institutional Membership had approved in principle the idea of bringing faculty members into active participation in the AAMC through academic societies and had authorized a task force to study the matter. The approach through the academic societies was

avored over per-school faculty representation on an AAMC Council of Faculty. Dr. Kenneth R. Crispell, chairman of the task force, reported that its members had met with representatives of medicine, surgery, pediatrics, pathology, neurosurgery, and neurology. He moved passage of the task force's recommendation of the formation of an AAMC Council of Academic Societies as set forth in a handout sheet. This motion was seconded by Dr. William G. Anlyan, who spoke strongly in favor of timely action by the AAMC in view of the implications of medicare and the AMA-initiated Millis Report.\*

There was some discussion, with a few voices pleading for further rumination before "rushing" into hasty action. Dr. Turner emphasized the fact that the task force had very thoroughly examined the issues surrounding the establishment of a new Council of Academic Societies and gave reassurance that Dr. Crispell's task force would not be dismissed whatever the action of the Institutional Membership might be.

Dr. Turner suggested discussing each of the 6 points in the handout separately. This was done. Each item was discussed, motions were made and seconded proposing some amendments in language, and each of these 6 motions carried. The resulting document is as follows:

1. An Academic Society is defined as a society which has as a prerequisite for membership appointment to a medical school faculty or a society which in the opinion of the Executive Council of the Association of American Medical Colleges has as one of its major functions a commitment to the problems of medical education.

2. The societies to be represented on the Council of Academic Societies will be proposed by the Executive Council and determined by a vote of the Institutional Members.

3. To form the Council, each of the selected societies will be asked by the Executive Council of the AAMC to designate 2 members, one of whom shall be a department chairman and one a faculty member not holding a major administrative position.

4. The Council of Academic Societies will nominate 4 members to the Executive Council of the AAMC—2 from the basic sciences and 2 from the clinical sciences.

5. In those teaching disciplines in which such societies do not now exist, the teaching discipline may be given the same consideration as academic societies for membership in the Council of Academic Societies and be invited to nominate 2 members to the Council of Academic Societies. Subsequently, they may be encouraged to form such a society.

6. This Council of Academic Societies would be encouraged to function as an integral part of the regional organization of the AAMC.

Through the action at this meeting, item 3 above defines a smaller initial group than the task force had originally envisioned. With respect to item 4 above, a substitute motion that would have delayed any action until February was defeated. Item 4 will require a bylaws change increasing Executive Council membership from 9 to 13.

Following the series of actions on each of the 6 points, it was moved and seconded that the amended document as a whole be accepted by the Institutional Membership. The motion was carried.

Following the luncheon break, Dr. Turner reported that the Executive Council had met and 2 proposals had been drawn up. These were presented to the Institutional Membership by Dr. William N. Hubbard, Jr. A sheet listing 2 of 3 groups that would require representation in the new Council of Academic Societies was

\* John S. Millis was chairman of the Citizens Commission on Graduate Medical Education commissioned by the American Medical Association. The Commission's report, *The Graduate Education of Physicians*, was published in the fall of 1966.

distributed. By 2 separate motions, duly seconded, the Institutional Membership approved choosing professorial societies representing the following areas: Medicine, Pediatrics, Surgery, Radiology, Preventive Medicine, Otolaryngology, Obstetrics-Gynecology, Psychiatry, Anatomy, Physiology, Pharmacology, Pathology, Dermatology, Anesthesiology, and Urology.

Also approved were the following distinguished societies: the Association of American Physicians, the American Society for Clinical Investigation, the American Surgical Association, the Federated Societies, and the National Academy of Sciences.

Recommendations with respect to the third group of societies—the practitioner societies—will be forthcoming at a later date.

#### RELATION TO TRAINING FOR FAMILY PRACTICE AND THE GRADUATE EDUCATION OF PHYSICIANS

Dr. Vernon E. Wilson referred to the Executive Council recommendation on page 18 of the agenda book with respect to an *ad hoc* study committee on medical schools and the AAMC in relation to training for family practice and the graduate education of physicians. He moved passage of the statement, and the motion was seconded. There was one plea to make the statement broader and stronger, but the vote was called and the motion carried. The recommendation that was endorsed reads as follows:

A number of recent reports, both published and unpublished, indicate widespread and growing interest in future physicians being appropriately educated and trained for the role of "family physician" or "primary physician." The report of the National Commission on Community Health Services, the report of the Citizens Commission on Graduate Medical Education, and the as yet unpublished report of the *Ad Hoc* Committee on Family Practice,\* each gave considerable emphasis to this matter and strongly urged that the medical schools develop adequate training programs to provide future physicians with appropriate attitudes and skills. Among other indications of the widespread public interest in this matter is the fact that the newspaper articles, following the release of the report of the Citizens Commission on Graduate Medical Education, concentrated on the chapter in the report dealing with the training of "primary physicians" and said almost nothing about other portions of that report.

These reports also recommend that medical schools develop "comprehensive care" services with faculty of equal stature with those in established departments [and] inpatient and outpatient facilities, and assume the responsibility for providing "comprehensive care" to limited numbers of patients.

The Executive Council of the AAMC recognizes the need to closely study the import of these recommendations. They have very important implications for the objectives of the medical school, the allocation of resources among the several functions of the institution, the relations between the university and the medical school and the teaching hospital and the medical profession. The Council believes this whole matter is of such importance as to deserve the thoughtful and prompt consideration, in depth, of both the AAMC and the faculty and administration of each medical school.

#### THE EXECUTIVE COUNCIL RECOMMENDS:

1. That the Institutional Members of the Association go on record as requesting the President to appoint an *ad hoc* study committee to: carefully review the statements on

\* The report of the *Ad Hoc* Committee for Family Practice was published by the American Medical Association in 1966 under the title, *Meeting the Challenge of Family Practice*. William R. Willard was Chairman of the Committee.

this subject mentioned above, consider the possible impact such programs might have on the medical educational system and how changes resulting from such programs might affect the relationship between medical schools and extramural groups and institutions, and prepare a concise analysis of the issues involved.

2. That this analysis be used as a point of departure for discussion in the regional meetings of the AAMC at the earliest possible date.

3. That following such regional discussions, the *ad hoc* committee draft a statement of position on this important topic for the Association and a set of suggested guidelines for member institutions contemplating the development of such programs; these statements to be considered in a meeting of all of the Institutional Members as soon as feasible.

#### MEDICAL SCHOOLS AND SELECTIVE SERVICE

Dr. William G. Anlyan spoke of the need for a unanimous AAMC voice about the reorganization of the United States Selective Service System, especially an expression of support for further centralization. He moved that the statement on page 19 of the agenda book be endorsed in principle. The motion was seconded. The vote was called and the motion carried. Preceding the vote there was some discussion in which it was brought out that the Group on Student Affairs had been seriously disturbed by several instances of reclassification of medical students due to the behavior of local draft boards. At the GSA meeting there had been strong feeling for an immediate action that would clarify the deferred status of medical students. The Executive Council statement which was approved reads as follows:

The Executive Council of the Association of American Medical Colleges has given serious consideration to the problems medical schools and teaching hospitals are facing due to the need for a larger number of draftees and young physicians to go on active military duty and the way in which individuals are selected for such active duty.

The Council is confident that it speaks for all medical schools and teaching hospitals when it avows a continued desire to see to it that the needs of our armed forces for medical manpower are given first priority over all considerations. The Council and the Association also adhere to the belief that all students of medicine should continue to understand that they are obligated to serve their country upon completion of their training, and that such deferments as are granted them in their capacities as students or physicians-in-training must continue to be regarded as "deferments" and not as "exemptions" from the draft. The Council would emphasize, however, that the long-range needs of our armed forces, as well as the total health needs of our nation, require that the selection of young physicians for active duty at the present stage of military commitment be carried out in a way that will disrupt as little as possible the education of medical students and young physicians and the efforts of medical schools and teaching hospitals to expand enrollments to more fully meet the future needs for health manpower.

Within this frame of reference the Council would point out that there is a continuing need to recruit and provide uninterrupted training for an optimum number of medical students. It has long been the policy of Selective Service to defer medical students and interns. The recent necessity to reactivate the college qualifications test and to draft some college and graduate students has created uncertainty in the minds of the present generation of intending and actual medical students as to whether this policy will be continued.

During the last academic year (1965-66) some teaching services were seriously disrupted by having a very large percent of their residents called to active duty, and many teaching services now face such uncertainty as to how many residents will be

able to complete their programs, that planning new and badly needed programs to increase the number and quality of medical manpower is made much more difficult.

We believe the problems which have arisen can be solved. We believe these problems stem from the fact that individuals continue to be registered with Selective Service boards in the communities in which they were resident at age eighteen during the whole period of their registration, despite the fact that during the years in which they are progressively medical students, interns, residents, and young members of the faculty, they migrate to other communities and progress through different roles in the medical school and teaching hospital. The Council believes that medical students, interns, residents, and young members of the faculty should be considered as a national pool of scarce and essential manpower from which selections should be made on the basis of national needs; but the fact is that selection is often based on the various situations confronting local boards which have but little knowledge of the effect of their decisions on the institution in which the young physician is serving or on the national picture.

The Council believes that 2 things are needed: (a) a reaffirmation of the policy that no student who has been formally accepted for, or is enrolled in, an accredited school of medicine and doing work acceptable to that institution will be called up prior to the completion of the four years of medical school and one year of internship, and (b) the development of procedures that will give due consideration to the need of the medical schools and teaching hospitals to insure the continuity of educational programs by the retention of a reasonable number of residents and junior members of the faculty until suitable replacements become available.

THE EXECUTIVE COUNCIL RECOMMENDS: That the Institutional Members endorse the above statement in principle and ask the officers of the Association to request opportunities to explore with the President's Commission on Selective Service and on Manpower ways in which to improve the military health manpower situation and, at the same time, continue medical education and other health activities in a better coordinated way.

#### RELATIONS WITH FEDERAL GOVERNMENT

At the July meeting of the Institutional Membership, an *ad hoc* committee on AAMC policy was established under the chairmanship of Dr. William N. Hubbard, Jr., with the charge to distill AAMC objectives with respect to support of medical education by the federal government. Here at the October 24 meeting, Dr. Hubbard presented a document identified as third draft, intended for discussion by the Institutional Membership. Dr. Turner stated that this document should be considered by the regional groups just established, and expressed the hope that a revised version of the document might be ready for a vote by the Institutional Membership as a whole in February. It was moved and seconded that the document identified as third draft (October 23, 1966) be accepted in principle. The vote was called and the motion carried.

During the brief discussion, a number of people inquired about the letter that had been sent to the Secretary of Health, Education, and Welfare and the President of the United States after the July meeting of the Institutional Membership. Dr. Turner reported that receipt of the letter had been acknowledged and that, about ten days previously, AAMC people had had a meeting with their representatives. Dr. Berson made reference to a new research grants policy office in the office of the comptroller of the Department of Health, Education, and Welfare, to be headed by Nathaniel Karol. He praised Mr. Karol's cooperative attitude and that of Dr. Ernest Allen, who has a similar position in the Surgeon General's



office. A series of liaison meetings with the AAMC Committee on Federal Health Programs is being planned.

Dr. John Parks, chairman of the AAMC Committee on Federal Health Programs, called attention to the report of his committee (See pages 585-588) and made some comments, including a plea that individual medical schools who have contacts with key individuals in Washington on matters of concern to all should keep the AAMC informed so that the Committee and the AAMC staff in Washington could be most helpful.

Mr. William G. Reidy reported that Congress had adjourned and that the allied health professions bill (H.R. 13196, S. 3102) was ready for the President. He called attention to the fact that the Veterans Administration can now engage in education for the health professions. He also made reference to problems with state planning bodies in connection with the bill on comprehensive health planning (H.R. 13197, S. 3008).

The discussion on federal health programs ended with comments on the National Society for Medical Research and its role in supporting the right kind of legislation in the animal care area. There were some questions about the National Society's source of income, and Dr. John S. Hirschboeck reported that the Society's liaison with the AAMC would be improving and that further financial information would be available.

#### PROVISIONAL INSTITUTIONAL MEMBERS

Dr. Turner introduced the deans, or their representatives, from the new medical schools that were present. It was moved and seconded that 11 medical schools described on pages 21-32 of the agenda book be elected or reelected to Provisional Institutional Membership in the AAMC. The vote was called and the motion carried. Provisional Members for 1966-67 are as follows:

- University of Arizona College of Medicine  
Tucson, Arizona (four year)
- University of California, San Diego, School of Medicine  
La Jolla, California (four year)
- University of Connecticut School of Medicine  
Hartford, Connecticut (four year)
- University of Hawaii School of Medicine  
Honolulu, Hawaii (two year)
- University of Massachusetts School of Medicine  
Boston-Worcester, Massachusetts (four year)
- Michigan State University College of Human Medicine  
East Lansing, Michigan (two year)
- Mount Sinai School of Medicine  
New York, New York (four year)
- The University of New Mexico School of Medicine  
Albuquerque, New Mexico (four year)
- Pennsylvania State University College of Medicine  
Milton S. Hershey Medical Center  
Hershey, Pennsylvania (four year)

Rutgers Medical School  
 Rutgers—The State University  
 New Brunswick, New Jersey (four year)  
 University of Texas, South Texas Medical School  
 San Antonio, Texas (four year)

#### EMERITUS MEMBERS

Emeritus Membership in the AAMC is reserved for those individuals who have distinguished themselves in dealing with problems of and in contributing to the progress of medical education. The men listed below were nominated by their institutions, from the direction of the affairs of which each has retired. On motion, seconded and carried, the following were elected to Emeritus Membership:

Joseph M. Hayman, Jr., M.D., Dean Emeritus, Tufts University School of Medicine.

Joseph C. Hinsey, Ph.D., Director Emeritus, New York Hospital, Cornell University Medical Center; formerly Dean, Cornell University; President, AAMC—1949-50; and Recipient of Abraham Flexner Award—1958.

Robert A. Moore, M.D., President Emeritus, State University of New York, Downstate Medical Center, Brooklyn; formerly Dean, Washington University School of Medicine; Vice-Chancellor, University of Pittsburgh; and President, AAMC—1955-56.

David S. Pancratz, M.D., Dean and Director Emeritus, University of Mississippi School of Medicine.

#### INDIVIDUAL MEMBERS

On motion, seconded and carried, a total of 253 individual members, as listed on pages 36-41 of the agenda book, were voted into the AAMC.

#### OTHER BUSINESS

Dr. Berson reported that the idea of seminars on administration for new deans is being explored. This might be similar to the American Council on Education's training program for new college and university presidents. Dr. Cheves McC. Smythe of the AAMC staff is working with Dr. Berson on a more detailed proposal.

On motion by Dr. John R. Hogness, seconded and carried, the Institutional Membership delivered a vote of thanks to Dr. Kenneth R. Crispell and his task force for their work in studying ways to bring faculty members into active participation in the AAMC.

#### INSTALLATION OF NEW OFFICERS

The next item of business was the report of the Nominating Committee by Dr. Clifford G. Grulee, Jr. (See page 592).

New President, Dr. William N. Hubbard, Jr., was escorted to the podium by Dr. Manson Meads and Dr. Vernon W. Lippard. There was an acclamation of thanks to Dr. Thomas B. Turner for his presidency, and Dr. Hubbard adjourned the meeting at 3:30 P.M.

# Discussion Panels on Medical Education

San Francisco Hilton Hotel

San Francisco, California

October 24, 1966

Four simultaneous panels for "Discussions on Medical Education" were held on Monday, October 24, 1966, from 9 A.M. to 12 noon.

Dr. George E. Miller, Director, Office of Research in Medical Education and Center for the Study of Medical Education, University of Illinois College of Medicine, was moderator of the first panel discussion entitled "The Office of Research in Medical Education: Its Organization and Functions in the Medical School." Other members of the panel were: Dr. Stephen Abrahamson, Director, Division of Research in Medical Education, University of Southern California School of Medicine; Dr. William J. Grove, Associate Dean, University of Illinois College of Medicine; and Dr. Edwin F. Rosinski, Director, Office of Research in Medical Education, Medical College of Virginia.

Moderated by Dr. Kerr L. White, Professor, Department of Public Health Administration, Division of Medical Care and Hospitals, Johns Hopkins University School of Hygiene and Public Health, the second panel discussion was devoted to the topic of "Patient Care Research in the University and Medical Center." Comprising the panel were: Dr. Jack Elinson, Professor, Administrative Medicine, Columbia University School of Public Health and Administrative Medicine; Dr. John W. Williamson, Assistant Professor, Department of Public Health Administration, Division of Medical Care and Hospitals, Johns Hopkins University School of Hygiene and Public Health; and Dr. Richard D. Yoder, Assistant Director, Division of Medical Computing Sciences, Tulane University.

Dr. Betty H. Mawardi, Associate Professor of Medical Education Research, Division of Research in Medical Education, Western Reserve University School of Medicine, served as chairman for the third panel, which discussed "Research Methods in Studies of Teaching and Learning." Dr. Robert W. Hetherington, Research Sociologist, University of California School of Public Health, Los Angeles; Dr. Hilliard Jason, Director, Office of Medical Education Research and Development, Michigan State University College of Human Medicine; and Dr. Steven E. Ross, Associate Professor, Department of Radiology, University of California School of Medicine, San Francisco, were members of the panel.

Moderating the fourth panel discussion, which was devoted to "The Uses of the Medical College Admission Test in Admissions and in Research," was Dr. James W. Bartlett, Associate Dean, University of Rochester School of Medicine and Dentistry. Panel members included: Dr. John H. Githens, Associate Dean for Student Affairs, University of Colorado School of Medicine; Dr. Harrison G. Gough, Professor of Psychology and Associate Director, Institute of Personality Assessment and Research, University of California, Berkeley; and Dr. Edwin B. Hutchins, Assistant Director (Basic Research), Division of Education, AAMC.

## AAMC Books and Bulletins Published During 1966\*

The following list presents the books and bulletins published by the AAMC between January and December, 1966. Two of these 17 titles appeared as supplements to *The Journal of Medical Education*, and 2 are special issues; 2 are publications of related agencies; one is published with the cooperation of another agency. The 1966-67 AAMC *Directory* is not listed because its publication was delayed until early 1967. Items such as the monthly *Datagrams*, which appear in regular issues of *The Journal of Medical Education*, are not included, nor are a few reports that are limited in interest or confidential in nature. Inquiries about limited-distribution items and orders for publications should be addressed to the AAMC Evanston office, unless otherwise specified.

The intent of the descriptive annotations is not only to supply the conventional bibliographic information for all items, but to indicate their content and emphasis and relationship to the entire AAMC program of rapidly expanding activities. Reprints of this 1966 list are available, as are reprints of its companion piece, "AAMC Books Published During 1965" (1965 was the year the landmark Coggeshall Report appeared and the year the AAMC adopted new and broadened objectives as the first step in implementing the recommendations made in the report).

### THE NATIONAL SCENE

**Bulletin of the Association of American Medical Colleges.** Edited by WILLIAM G. REIDY. Paper, \$20 per year.

The *Bulletin* first appeared in February, 1966, and 8 issues were published during its initial year. This newsletter, published with the cooperation of the American Council on Education, developed in response to

\* Prepared by Suellen Muldoon, Editorial Assistant, under the supervision of E. Shepley Nourse, Editorial Coordinator.

the need for prompt information and concise analysis of fast-emerging changes in federal government programs and other current developments of interest to education for the health professions. These reports are primarily factual, but they occasionally comment on attitudes, motivations, concerns, trends, moods, and personalities that may have significant effect on programs involving the AAMC. As a service to the membership, the *Bulletin* is distributed free in fixed quantities to designated members. The editor of the *Bulletin* works closely with the Washington office of the AAMC in its expanding relationships with the federal government and with the national headquarters of other organizations concerned with education and health. (The *Bulletin* may be ordered from the ACE Publications Division, 1785 Massachusetts Ave. N.W., Washington, D.C. 20036.)

### INTERNATIONAL MEDICAL EDUCATION

**Manpower for the World's Health.** Edited by HENRY VAN ZILE HYDE. xvi + 344 pp. Cloth, \$4.00; paper, \$2.00.

The year 1966 was an active one for AAMC interest in international medical education. The fourteenth annual AAMC Institute was devoted to this subject and, for the first time, the book reporting the Institute appeared during the same year the conference was held. This book explores the challenge to American medical education to participate actively in international development efforts, with particular attention focused on manpower for world health. Many constructive commentaries by experienced observers — economists, anthropologists, other social scientists, international experts, and health professionals—are presented in this report, along with a vast array of fact and opinion data. The book is a basic resource for both the expert and the student on all aspects of international medical education, and it includes historical

data, case reports, demographic data, and an extensive bibliography. There are 12 maps, 11 tables, and 13 figures.

The content is organized in 5 parts. Part I, "Keynote for the Institute on International Medical Education," establishes some prevailing themes that were apparent throughout the plenary sessions and small-group discussions—a broad new awareness of global social responsibility, the dedicated interest of the world health community, and the obvious commitment of the United States government. Part II, "A World Program for Health Manpower," examines comprehensively the current status of medical and related education in the developing countries, with particular reference to the health and manpower needs of these societies. Part III, "The Medical, Economic, and Social Factors Which Bear on Medical Education in the Developing Countries," outlines the diverse forces that determine the course of health and discusses attendant problems faced by developing nations—there are insights for advanced cultures which are reexamining their own health services. Part IV, "Patterns and Effectiveness of Past and Present Programs of International Cooperation in Medical Education," is concerned with the practical aspects of implementing effective assistance programs and their impact both in the United States and abroad. Part V, "The Future and Role of the Association of American Medical Colleges and Its Member Schools," further defines and clarifies issues regarding opportunities and obligations of the United States for future efforts in international medical education and states the AAMC policies and priorities in this area. (Published also as Part 2 of *The Journal of Medical Education*, Volume 41, September, 1966.)

**Program and Agenda. Workbook for Participants in the 1966 Institute on International Medical Education.** iv + 60 pp. Paper, limited distribution.

This workbook (one of 2) contains the materials that were needed by the participants in the 1966 Institute on International Medical Education: the program itself, as-

signment of participants to discussion groups, brief agenda material for small-group discussion, and rosters of the steering committee, 3 subcommittees, and staff.

**Reference and Study Material. Resource Book for Participants in the 1966 Institute on International Medical Education.** vii + 83 pp. Paper, limited distribution.

This workbook, companion volume to the Program and Agenda workbook, contains material for general orientation, reference, and study by participants before, during, and after the 1966 Institute on International Medical Education. The maps, tables, graphs, and narrative material are organized in 4 parts: Part 1, "The World Situation"; Part 2, "Physicians, Present and Future"; Part 3, "Resources of the United States"; and Part 4, "United States Cooperation in International Medical Education," consisting of case reports. The appendix section discusses the 1965 version of the report, "A World Program for Health Manpower"; reprints a paper on the education, services, and manpower required for a comprehensive health care program in India; and contains a select bibliography on medical education in the developing countries, 1956-64. Both 1966 Institute workbooks are of largely historical interest, since the basic content, including the entire AAMC report to the Agency for International Development, was revised and updated for inclusion in the book reporting the Institute, *Manpower for the World's Health*, described above.

**Sabbaticals 1966-75.** 84 pp. Paper, limited distribution.

This booklet, prepared by the Division of International Medical Education, lists full-time members in United States medical schools who have indicated an interest in service abroad and who will become eligible for sabbatical leaves during the years 1966-75. Organized by year of availability, and by specialty, each listing includes the name and address and, by code, the identification number, present school affiliation, and current academic rank. This publication is intended to be useful to medical schools

and other institutions in recruiting faculty members for service abroad.

#### STUDENT AFFAIRS

**Medical School Admission Requirements: U.S.A. and Canada.** 1966-67 Edition. viii + 272 pp. Paper, \$4.00.

This seventeenth edition of the official handbook of premedical preparation, like its predecessors, contains 2-page descriptive entries for all medical schools in the United States and Canada considering applicants for the first-year classes starting in the fall of 1967. The University of Puerto Rico, American University of Beirut in Lebanon, and the University of the Philippines are included. General information, requirements for entrance, selection factors, financial aid, application-acceptance timetables, expenses, and applicant statistics are presented for a total of 109 medical schools. Six newly developing United States schools not yet ready to consider applicants are listed briefly.

Included in this edition are 5 chapters of introductory text and 4 appendix sections. Data and supplementary discussion are presented for students and their advisers on premedical planning, choosing a medical school, the medical school admission process, financial planning, the nature of medical education, career planning for high school students, the problems of foreign applicants, considerations for study abroad, and books about medicine. Each edition of this well-accepted book contains accurate and up-to-date information designed to answer the most frequently asked questions. The handbook is revised annually, each revision being based on suggestions received from the AAMC Group on Student Affairs and a variety of other sources, including premedical students and their advisers.

Because of the request for accurate career information in a brief and readable form, select reprints from the Admission Book are made available as listed below. Individual medical school entries can be reprinted to order by special arrangement.

*Financial Information for Medical Students.* 4 pp. Green paper, complimentary.

*Information for Foreign Applicants.* 4 pp. Yellow paper, complimentary.

*Information for United States Students Who Are Considering Earning a Medical Degree Abroad.* 4 pp. Tan paper, complimentary.

*Career Information for High School Students.* 4 pp. Pink paper, complimentary.

*Recommended Acceptance Procedures of the AAMC.* Single sheet. Blue paper, complimentary.

**Doctor or Dropout? A Study of Medical Student Attrition.** DAVIS G. JOHNSON and EDWIN B. HUTCHINS. *J. Med. Educ.* 41: 1097-1269, 1966 (special issue). Cloth, \$4.00; paper, \$2.00.

This book represents a significant contribution to the research that is currently needed, in view of health manpower demands, to study and resolve the attrition problem in medical education. The study provides and relates an array of facts regarding the dropout dilemma and further documents the urgency of elucidating the processes of learning, the conditions under which learning takes place, and the evaluation of learning accomplishment.

Among the topics discussed in this report are the etiology of the dropout; the national attrition picture; the biographical, intellectual, and nonintellectual characteristics of the student; student and school in interaction; and suggestions to the student, undergraduate college, and medical school that would be of aid to each of them in reducing the number of dropouts per year.

**Summer Session Bulletin.** 1966 Edition. 18 pp. Mimeographed, free.

This bulletin is directed to medical students and their advisers, and lists, alphabetically by school, the pertinent information on summer offerings available to qualified students from all medical schools. Make-up coursework and a number of the many special clerkships and other opportunities are also summarized. An index is provided which lists summer offerings by department. (Revised annually.)

**Medical College Admission Test: 1967 Announcement.** 24 pp. Paper, free.

The Medical College Admission Test (MCAT) is prepared and administered for the AAMC by The Psychological Corporation. This brochure for students who plan to take the test on May 6 or October 21, 1967, states general information about the test and provides sample questions from each of the 4 subtests: Verbal Ability, Quantitative Ability, General Information, and Science. An application blank is included, along with all the necessary information on application procedure. There is a complete list of testing centers. The MCAT is required or recommended for applicants by all United States medical schools and several Canadian schools. The tests given in 1967 are for students who seek entrance to medical schools in the fall of 1968. The examination fee is \$15.00, which includes 6 score reports; extra reports are \$1.00 each. (The brochure is revised annually and is available in quantity from The Psychological Corporation, 304 East 45th Street, New York 10017.)

**1966-67 Directory of the AAMC Group on Student Affairs.** iv + 33 pp. Paper, limited distribution.

Considerable detail on the organization and membership of the AAMC Group on Student Affairs (GSA) is summarized in this directory, which is designed primarily for use by GSA members and their deans. There is at least one member of the GSA from each United States and Canadian medical school. Appointments are made by the deans, who supplied the information for this edition during July-August, 1966. Included in this directory are: (a) explanatory notes; (b) the actual membership roster, organized by school and including dean's name, address, phone numbers, and responsibilities of each GSA representative; (c) AAMC-GSA relationships; (d) GSA committees; (e) other related committees; (f) regional affiliations; (g) schedule of 1967 meetings; (h) GSA bylaws; and (i) description of GSA standing committees. (Revised periodically.)

**Suggested References on Admissions and Student Affairs.** 12 pp. Mimeographed, free.

Compiled especially for new members of the AAMC Group on Student Affairs (GSA), this select bibliography is of wider interest. It includes annotated references for particularly relevant AAMC publications, publications from other sources, and articles from *The Journal of Medical Education* and other journals. Among the publications reviewed are the reports of the 1956 and 1957 AAMC Institutes, which deal with the appraisal of the applicant and the ecology of the student. In the section entitled "Publications from Other Sources," a number of titles appear that are primarily concerned with the sociology of medical education. Items of information accompanying each entry are name of publisher, year published, number of pages, and price of the publication (if available).

**The Advisor: A Newsletter for Premedical Advisors.** 4 pp. Free to premedical advisors and student affairs officers.

This bulletin, published by the AAMC under the auspices of its Group on Student Affairs (GSA), will appear more frequently in the future than it has since it started in 1964. During 1966, one issue appeared; this is bulletin number 3, which discusses how to advise students on financing their medical education. It includes 4 tables, 1 graph, and some bibliographic suggestions for college counselors.

**The Student and the Matching Program.** National Intern Matching Program—1967. 16 pp. Paper, free.

The National Intern Matching Program (NIMP) is a corporation established jointly by the AAMC, American Medical Association, American Hospital Association, Catholic and Protestant hospital associations, and Student American Medical Association; it is operated under contract by the AAMC and is housed at its headquarters. This brochure is designed for medical students who wish to participate in the 1967 program in securing their internships. The

matching of student and hospital is completely objective, based on clearly defined procedures for comparing both student and hospital preference rankings. This brochure outlines the operation, philosophy, historical background, rules, and participation procedures of the program. (Revised annually.)

#### RESEARCH IN MEDICAL EDUCATION

**Examinations and Their Place in Medical Education and Educational Research.** Edited by JOHN P. HUBBARD. *J. Med. Educ.*, 41: July, Part 2, 1966. v + 69 pp. Paper, \$2.00.

This book is the Report of the Fiftieth Anniversary Invitational Conference of the National Board of Medical Examiners held in March, 1965. The collected papers appearing in this volume examine both the values and limitations of current testing procedures with a view toward changing patterns in medical education. The 225 participants at this conference were interested in assessing the place of examinations in the total process, progress, and product of medical education.

The following is a summary of the table of contents: the role of examinations in the attainment of educational goals; extramural evaluations of medical education; sequential examinations in assessing the impact of a new medical curriculum; some new approaches in testing; accreditation: the profession's response to a public responsibility; a pretest-post-test study of the internship in air force and army hospitals; an in-training evaluation of residency training programs and trainees; examinations abroad; and an appendix section providing the roster of participants in the conference.

**Proceedings of the Fourth Annual Conference on Research in Medical Education.** *J. Med. Educ.*, 41: March, 1966 (special issue). Paper, \$2.00.

All of the papers presented at the AAMC's Fourth Annual Conference on Research in Medical Education, held in 1965, appear in their entirety in this special issue

of *The Journal*, of which Dr. Paul J. Sanazaro was guest editor. His editorial is entitled "Quality and Purposes of Research in Medical Education." The discussion period that followed presentation of each of the 13 papers at this conference, plus critiques of the morning and afternoon sessions prepared by Dr. John R. Ginther and Dr. Hilliard Jason, are also recorded in this report. Dr. George E. Miller was chairman of the program committee.

#### BASIC REFERENCE

**Bibliography on Medical Education for 1964 and 1965.** *J. Med. Educ.*, 41: November, Part 2, 1966. vi + 249 pp. Paper, \$2.00.

This publication, issued as a supplement to the November, 1966 issue of *The Journal of Medical Education*, represents the first in a series of cumulated bibliographies on medical education, all of which will be published in collaboration with the National Library of Medicine. The Medical Literature Analysis and Retrieval System, known as MEDLARS and developed by the National Library of Medicine, makes possible the rapid production of *Index Medicus* and the *Cumulated Index Medicus*, as well as demand searches and recurring bibliographies in specialized fields.

Each citation is indexed by subject and author. The general subject headings include: education, medical; education, medical, postgraduate; internship and residency; licensure, medical; and schools, medical. All the other terms that were used to index these articles also appear alphabetically as headings in the subject index. In the author index, each title appears separately under the name of each of its authors; the arrangement is also alphabetical.

**Association of American Medical Colleges Proceedings for 1965.** (Reprinted from *J. Med. Educ.*, 41:521-631, June, 1966.) 110 pp. Paper, \$1.50.

According to Dr. Robert C. Berson, Executive Director of the AAMC, "This volume is the 1965 report to the membership of the Association of American Medical Colleges. It contains either the record of



or references to the most important events taking place in American medical education. Published annually, these proceedings are assuming considerable importance in the world's literature in medical education."

The following meetings and conferences are documented in this booklet: (a) February, 1965 Meeting of the Institutional Membership; (b) Fourth Annual Conference on Continuation Education; (c) Ninth Annual Meeting of the Group on Student Affairs; (d) Eighth Annual Meeting of the Medical School-Teaching Hospital Section, later to become the Council of Teaching Hospitals; (e) Fourth Annual Conference

on Research in Medical Education; (f) Second Annual Conference on International Medical Education; (g) Meeting of the AAMC-VA Liaison Committee; (h) Discussion on Federal Medical Programs; (i) The Seventy-Sixth Annual Meeting; (j) The Seventy-Sixth Annual Business Meeting, including discussion and action on the Coggeshall Report and the adoption of new and broadened AAMC objectives; (k) Discussions on Medical Education; and (l) Third Institute on Administration: The Medical Center and the University. An annotated listing of "AAMC Books Published During 1965" is also included.

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