

1959 Outline: The Association of ~~Administrative~~  
Medical Colleges: What it is doing.  
What it should be doing. O

Folder 26

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OUTLINE

The Association of American Medical Colleges

What it is doing. What it should be doing.

1959

The Association of American Medical Colleges was founded in 1876 to "consider all matters relating to reform in medical college work", with meetings held annually until 1882. However, with the loss of many of the founding members, no annual meeting was held during the years 1883 through 1889. It was the consensus that the new organization had tried to raise standards too rapidly. The Association was reorganized in 1890 and has continued without interruption since.

The broad objectives of the Association are the improvement and advancement of medical education by developing increasingly effective means of selecting the most able students for the study of medicine; by encouraging experimentation in curriculum development and medical teaching methods; by supporting experimentation, studies and programs aimed at improving the ability of students to learn and teachers to teach; by supporting efforts to improve the hospital internship and residency as educational experiences; by supporting efforts to improve and broaden the influence of continuing medical education; by developing the knowledge and leadership necessary to provide for the long range progress and stability of medical education and by creating and maintaining effective avenues of communication between medical educators and between medical educators and the American public.

The principles that seem most applicable to the above objectives are:

1. That since the Association has no authority over any of its member schools, any actual changes in medical education that it might encourage must depend upon educational rather than legislative processes and
2. That most of what is done should be to enable th medical schools to do collectively what they cannot do as well individually and also to enable each to do more for itself.

All of the Association's programs have been developed to support the above objectives and adhere to the above principles. These programs are concerned with:

- I. Giving substance to communication by the gathering and development of information and ideas,
- II. Development of the avenues of communication essential to the proper dissemination of information and ideas,

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- III. Specific services for medical schools, faculty and other agencies and individuals that are evolving or will evolve out of the work of the above programs,
- IV. Development of the forums necessary to the adequate discussion and critical review of information and ideas so that the planning and direction of the individual medical schools (the ultimate units in which medical education must occur) can be of maximum effectiveness, and
- V. AAMC administrative and organizational structure necessary to support all of the above activities.

In the following elaboration of the above program headings, in order to pinpoint the areas in which activity is inadequate or wanting, the appropriate sentences or paragraphs have been underscored.

I. Program aimed at giving substance to communication by the gathering and development of information and ideas.

A. Activities of the Division of Basic Research.

1. The objectives of this Division are to conduct research having to do with the intellectual and non-intellectual qualities and capacities of medical students, student bodies, medical teachers and faculty bodies and to correlate these with selected characteristics of the individual medical schools and also with selected components of medical education as they may exist at present or change with time. It is intended to seek a better understanding of the psychological, environmental and pedagogical factors necessary for improved education, and as a consequence, provide for the more intelligent and deliberate adjustment of medical school environments and programs to the learning potential of students.

To be more specific, medical educators will be provided with information that will facilitate:

- a. The more intelligent consideration of medical school applicants.
  - b. Better methods for the prediction and evaluation of medical student accomplishment.
  - c. More effective student counselling throughout all levels of medical education.
  - d. The better evaluation of educational experiments and innovations.
  - e. The better appreciation of the nature and significance of the differences between medical ~~schools~~, particularly in the light of variables such as geographical region, enrollment restrictions, type of control, costs of operation and characteristics of student body and faculty.
2. In order to carry out the above objectives, the following programs are in process or are planned:
- a. The conduct and development of the Medical College Admissions Test. While this test was originally developed to assist with the selection of medical students, the information obtained therefrom is gradually becoming of importance to almost every facet of Association activity. The test has been developed to yield information regarding degree of acquaintance with present-day society, ability to handle the English language and the capacity to understand basic scientific and mathematical concepts. The test is now being studied with the view of adding the assessment of the student's potential for educability in such areas as flexibility in thinking, critical perception, selection and synthesis of information and judgment formation. It is important to realize that the MCAT scores constitute the only yardstick against which virtually all medical school applicants and medical school students can be measured.

*Students and medical student bodies*

- b. A longitudinal study of the freshman class of 1956-57. This study, involving 28 medical schools, is planned to follow certain selected and measurable intellectual and non-intellectual traits as they may be correlated with the student selection of careers, with varying degrees of success in medical school, the internship, the residency and medical practice, and with variables between schools such as geographical region, type of control, restrictions on enrollments, costs of operation, etc.
- c. The conduct of research that has to do with the intellectual and non-intellectual characteristics that make for good medical teaching and practice. This is essentially virgin territory but is an area in which intensive work is badly needed.

faculty

One significant step in this direction will be taken when the battery of procedures now being used in the above-mentioned longitudinal study of medical students is applied to a selected group of better-than-average medical teachers and practitioners. The reason for this is to have a yardstick against which the medical student group can be measured.

The studies of general practice in North Carolina, of the preceptor program in Wisconsin, of medical teachers and teaching at the University of Buffalo and of the General Medical Clinic of the University of Colorado all represent good beginnings of research which should be of help as the Association may seek a sense of direction for further work in this very important area.

- d. Studies and research that have yielded data and information for the annual teaching institutes. A perusal of any of the institute reports will reveal the usefulness and importance of this activity. Much of the data, particularly that for the last three institutes, has yet to be analyzed. An effort to catch up with this is presently underway.

One of the reasons for the success of the institute data gathering process has been the fact of their organization around the medical school participant. The participant for each school has always been the one responsible for the data from his school.

- e. Other research, often the need for which develops inadvertently in connection with the above, is underway which is concerned with the theoretical and methodological aspects of psychological measurement. The effort here is to make a basic contribution to the methodologies and practicalities of the behavioral sciences and also to increase an understanding of the phenomena of medical teaching and learning.

B. Activities of the Division of Operational Studies

1. The objectives of this Division are to seek and organize information needed for the improved understanding, administration and financing of the facilities, faculties and student bodies essential if medical educators are to strengthen and extend our system of medical education to meet present and future needs in a manner that will make for maximum efficiency and effectiveness.
2. In order to carry out the above objectives, the following studies are in process or are planned:
  - a. A working index and reprint library, sufficiently cross-indexed so that any information, regardless of source, that is pertinent to the objectives of this Division will be readily available.
  - b. Studies of students: socio-economic backgrounds, "going to school costs", sources and means of financing, amount of indebtedness. Studies of the future pool of students, the factors that discourage or encourage young people to study medicine, attrition rates in medical schools and the reasons for attrition, the fate of students not admitted to medical school.
  - c. Studies of faculties: educational and professional backgrounds; profile of each faculty as to numbers; subjects taught; balance as to full-time, part-time, or volunteer; distribution of time as to research, patient care and various teaching and administrative responsibilities; academic deficits in terms of faculty needs. The establishment and maintenance of a central faculty registry, so that the above kinds of information can be kept up-to-date. Determination of academic deficits in terms of need for faculty.
  - d. Studies of physical facilities: their development and need as of now and the future.
  - e. Studies concerned with the financial and administrative problems of medical education: cost and income analysis according to responsibilities and programs; deficits in terms of financial need; the possibility of new and/or augmented sources of medical school income; medical school-hospital relationships; medical school-university relationships; university-hospital relationships; medical school-hospital-community relationships, medical service plans, the purposes they serve, their present and potential relationship to medical school financing.
  - f. Studies of the internship in medical school-controlled hospitals as it is related to the last year of medical school, the first year of residency and to the service demands of the hospital.

- g. Studies of the residency in medical school-controlled hospitals as it is related to the medical school and particularly the intern years and to the service demands of the hospital. The factors that enter or should enter into the remuneration of the resident badly need consideration. The extent and manner of use of interns and residents as teachers also need study.

Note: It must be remembered that intern and residency matters are primarily the jurisdiction of the hospital staff and of appropriate professional and hospital agencies (for the most part brought together under the umbrella of the AMA). From many standpoints this is reasonable because medical school hospitals cannot begin to provide or supervise all of the internship or residency programs that exist and are needed in this country. But, the medical schools and faculties, by virtue of the fact that they control a sizable block of hospitals, are in a unique position to provide leadership and set standards in the field of intern and residency education and the complex relationships that must exist between hospital service, administration and, more recently, hospital sponsored research. In fact, this is a responsibility that is just being recognized.

C. Activities of the Division of Educational Studies and Coordination.

Because this is a new activity that is just in the proposal stage, considerable detail is presented. In view of the length of this portion of the outline, only the statement of objectives is underscored.

1. Objectives:

It will be the purpose of this Division to consummate the ultimate objective of the Association -- the constant improvement of medical education. The realization of this broad objective will depend upon four things:

First, the persistent and consistent bringing together, selection, analysis and organization of all of the information and ideas, irrespective of source, that are applicable.

Second, the recognition of those areas in which additional information and ideas are needed. At the present time the particular needs here are information and ideas that will make for the more efficient and effective coordination of the teaching capacities of teachers and the learning potential of students, and of the curricular objectives, content and organization and teaching methods, patients and research that must thereby be involved.

Third, the development of badly needed philosophies, concepts and judgments that the careful and wise use of such information and ideas can make possible, and

Fourth, the utilization of appropriate channels of communication and forums to the end that information, ideas and suggested philosophies, concepts and judgments can involve medical school administrators and faculties to the point of planning and directing programs of medical education that can be of maximum effectiveness.

2. In order to carry out the above objectives, the following activities will be in order:
  - a. A working index and reprint library, sufficiently cross-indexed so that all information, regardless of source, that is pertinent to the objectives of this Division will be readily available.
  - b. The thorough study of the past and current studies, surveys and other documents that have important implications for this Division's assignment and, where indicated, the preparation of abstracts or summaries thereof. This will involve all documents of historical importance since the days of the Flexner Report and all publications that may emanate from other Divisions of the Association, individual medical schools, such agencies as the AMA, National Science Foundation or the Federal Government, and the general field of higher education.
  - c. To recognize these areas in which ideas and information are needed, to see to it that the needs are satisfied by planning and conducting the appropriate studies within the framework of the Association or by stimulating or cooperating with interested agencies that are independent of the Association. For the studies that may be planned and conducted within the framework of the Association, the following procedures would be logical:
    - (1) School visitation. Since the work of this Division will be as much concerned with the ascertainment and development of philosophies and concepts as with information and ideas, the school visitation will be its most useful single tool. There will be at least five conditions under which such visits can be profitable. Listed in the order of ascending importance these are:
      - (a) Visits in connection with special occasions (commencements, dedications, faculty retreats, etc.). While such visits represent but a brief contact, they do yield worthwhile impressions and opportunities for conversation. They also pave the way for future explorations.
      - (b) Visits made to a particular school rather soon after it is known that said school is committed to an innovation in medical education. This is important, not only because the innovation itself may have implications important to the general field of medical education, but also because the Association staff, Executive Council and appropriate committees must know the essential facts and be in a position to enter into the inevitable discussion and questioning that will follow.



- (c) Requests for consultation that frequently emanate from schools that may be in difficulties or are contemplating new developments.
- (d) Official visits of the Liaison Committee on Medical Education. While the Association's share of the planning and staff work for these visits is the responsibility of the Secretary's office and is financed through his budget, there will be many occasions when the Director of the Division of Educational Studies and Coordination will wish to become involved -- particularly since the time may be at hand when the surveys covering each two-year period will be planned so they can be summarized and published as a continuing survey of medical education. If this develops, it will be as a joint AMA-AAMC enterprise with the AAMC's responsibility being largely carried by the Secretary and the Director of this Division.
- (e) Unofficial visits (independent of the AMA) but carefully planned and arranged. These would not be predicated upon a pre-visit questionnaire (as are the Liaison Committee visits) but all that is known about the school, much in the confidential files of the AMA, AAMC and NIMP, would be collated ahead of time: information routinely collated in the pre-survey questionnaires and survey reports of the Liaison Committee; student MCAT scores and drop-out rates and reasons; data concerning student financing and indebtedness; information about the student body that may have been obtained in the "longitudinal study"; faculty profile (as summarized from the faculty registry), extra-curricular privileges and distribution of time and energy between teaching, research and patient care; administrative and faculty turnover rate; nature and extent of intern, residency, Ph.D. and other educational programs; past and present relationships between medical school and hospital, university and medical profession; sources and amounts of income to the medical school; geographic, demographic, socio-economic, cultural and medical nature of the community of which the medical school is a part, etc., etc.

At the time of the visit, with all of this pertinent information in mind, the plan would be, in addition to meeting with key university officials such as Board Members, the President and the Deans of Graduate School, Faculties and Liberal Arts, to have very deliberate sessions with the medical school officials, general and departmental faculties, those individual faculty members who are doing interesting and significant things (volunteer, part-time as well

as full-time faculty must be included), an adequate sample of all categories of students, and finally, representative members of the medical profession and others in a position of community responsibility as far as the medical school is concerned. It is particularly important to develop contacts with the faculty, both collectively and individually, in a manner that will provide judgment as to general caliber, areas of strength and weakness, and range of thinking and feeling about the issues in medical education that may be both current and important. It will also be of importance to meet with all categories of students in order to ascertain their thinking and feeling regarding their academic and professional goals, and both the degree and nature of the satisfactions they think they are experiencing. Interns and residents are being used as teachers with increasing frequency. The extent, manner and value (or harm) of this practice needs better understanding. Last but not least, of course, will be an understanding of the ins and outs of financing and of how this is related to the university upon the one hand and all affiliated agencies upon the other.

The modus operandi of these visits is gone into in this detail because it is not the idea that these visits would add up to a survey of medical education. Rather, they would represent a series of case studies which, as they move from school to school (selection done very carefully and deliberately), would provide profiles in depth as well as breadth, which if studied with care and wisdom, should permit judgments, not only about the schools in question, but also about many of the general complexities presently causing concern, even confusion, in medical education. Perhaps the most important result of such case studies would be a more secure understanding of the significance of the differences (also the similarities) among our schools of medicine that are so marked and also of the manner in which these differences fit together to compensate or aggravate the academic deficiencies that presently seem so common.

- (2) Attendance at meetings that are of importance to the objectives of this Division, particularly the annual meeting of the AAMC, the two annual meetings of the AMA, the annual Congress on Medical Education and Licensure, the annual meeting of the American Council on Education and perhaps others.
- (3) The appointment of ad hoc committees or commissions, each made up of particularly knowledgeable individuals and each

supported by adequate staff work and travel funds, to study and formulate suggestions or recommendations regarding such things as the following:

- (a) The objectives of each of the many programs that have now become the responsibility of our schools of medicine. For example and to go from the general to the specific: the objectives of medical education, of a teaching medical center, of medical teaching (each level), of medical learning (each level), of the use of patients and of research in medical teaching and learning (all levels). The Association's rather long standing published statement of the objectives of medical education needs intense restudy.
- (b) The definition of each of the components that go to make up the teaching situation. For example: the definition of a teaching medical center, a medical school, a medical teacher (absolute and geographic full-time, part-time, volunteer, etc.), a medical student (each of the various levels), a teaching patient.

Note: As to the question of objectives and definitions -- as things stand now the words involved here mean different things to different people. This will always pertain. But if thoughtful objectives and definitions can be suggested, even though disagreement will be inevitable, said suggestions can serve as common points of reference and the common denominators that are involved can receive recognition to the end that a better and more workable understanding will result.

- (c) Suggestions regarding content, teaching resources and teaching methods that can be applied to the many problem areas that are appearing upon the academic scene, particularly those that are involving new disciplines, multiple disciplines or older disciplines that are changing their objectives and content. Geriatrics, rehabilitation, preventive medicine, biostatistics, genetics and the implications of the social and behavioral sciences as they are applied to or modified by ~~medicine~~ all represent areas that need this kind of consideration. Recommendations that have already been made regarding curricular content and organization in the interests of the MEND program (Medical Education for National Defense) and in the interests of alcoholism (by the AMA) are examples of what can be done.

*medical education*

- (d) Ascertainment of the impact upon medical education which may be resulting from such extra-university

and medical school influences as the specialty boards, certain professional and scientific societies and associations, various state and federal governmental agencies (National Institutes of Health, Veterans Administration, Atomic Energy Commission among others), certain private foundations, voluntary health agencies, insurance and welfare programs as they affect the number and kinds of patients available for medical teaching and certain academic societies and associations -- even the AAMC itself!

- (e) Ascertainment of the impact upon medical education of certain practices that operate from within the framework of the medical school and/or its hospitals and clinics. Geographic full-time, voluntary and salaried full-time, absolute full-time, the use of private patients and the use of medical students as externs or interns are of particular importance here.
  - (f) Consideration and evaluation of the best possible use of the major resources necessary to medical teaching at all levels (undergraduate, graduate, postgraduate): the use of patients (indigent, insured, full pay; ambulatory, hospitalized, home confined; continuous vs. episodic observation); of research; of extra-medical school community resources such as public health and welfare facilities; of audio-visual aids (particularly motion pictures); and of text books (should special text books for medical students be developed?). One objective here would be to determine the qualitative and quantitative aspects of the minimum and maximum patient care and research programs as they should pertain to the educational needs of the medical students, interns, residents, Ph.D. candidates and the self-education of faculty, and to relate all of this to the relative needs of the nation for medical practitioners (general physicians, specialists and consultants), teachers and investigators. These are very complex problems but with many schools seemingly taking on patient care and research responsibilities of tremendous magnitude, they must be given some very knowledgeable consideration. It is here that a common concept of the objectives of medical teaching, particularly for the first four years, becomes of first importance.
- (4) Surveys and statistical studies may occasionally be indicated. As a rule these will be worked out in cooperation with the Divisions of Basic Research and Operational Studies. As the Division of Educational Studies and Coordination may have occasion to act independently in this area, it will most likely be upon a sample basis, working closely with selected individuals in selected schools.

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D. A Division of International Education.

The leadership of the AAMC is beginning to realize that a program aimed at assisting this country in meeting its international obligations should begin to take shape. It is not yet possible to fill in the objectives and activities of such a Division, but in general both would center around such things as developing files of faculty people qualified and interested in one to two-year assignments or in serving as consultants abroad, of similar opportunities in this country for faculty people from abroad, of opportunities abroad for American students (all levels), and of opportunities in this country for foreign students (particularly fellowships and residencies). The Division would seek information and develop liaison with those agencies in this country and abroad that have information and programs that can facilitate the international exchange of faculties, students and information about medical schools and medical education.

Such a division would take care of the Association's growing correspondence with foreign schools of medicine and individuals and also of the foreign visitors that are visiting the office with increasing frequency. In fact, the point has now been reached where to take care of foreign correspondence and to satisfy the interests of foreign visitors, means definite interference with the day-to-day responsibilities of the AAMC staff.

- E. The work of the standing committees is particularly important as a source of ideas that are important in the development of the Association's program. In the list of the standing committees that follows, the names will stand as indicative of their assignments. In addition to the assignments as noted, these committees serve upon a standby basis, accepting assignment as questions arise that require their consideration. The perusal of any of the minutes of recent annual meetings of the Association will give a good idea of the manner of work these committees do (Journal of Medical Education, February 1959, for example).

1. Committee on Education and Research

The over-all committee is primarily the steering committee of the Division of Basic Research. It is this committee that has developed the "traffic rules" which maintain some semblance of order in the timing of student applications and appointments to medical school. Much of this committee's work is done through three subcommittees. The subcommittee on teaching institutes takes most of the responsibility for their over-all planning. The subcommittee on student affairs works closely with the Continuing Group. The subcommittee on research and testing acts as a steering body for behavioral research.

2. Editorial Board

This board plans the Journal and shares in the reading and approving of manuscripts, the planning and solicitation of articles, the writing of editorials and book reviews, etc.

3. Committee on Internships, Residencies and Graduate Medical Education.

Because of the frequent proposals for the modification of the internship and the efforts to develop residencies in family practice, this committee keeps quite busy. Presently it is serving as the steering group for the study on the hospital internship.

4. Committee on Medical Education for National Defense

This committee is responsible for the development and operation of the MEND program (see II-B-2-e below), represents the Association on the Liaison Committee with the AMA Councils on Medical Education and Hospitals and National Defense (see II-D-1-b below) and arranges the agenda for the annual meeting with the representatives of the Federal government (see II-B-2-d below).

5. Committee on Medical Care Plans

This committee is involved in the philosophical and ethical considerations that concern the practice privileges of faculties and also that concern the reimbursement and professional privileges of residents. Two very controversial resolutions were developed in 1958 which, if they did nothing else, are focusing long delayed interest upon these problems.

6. Committee on Financing Medical Education

This committee is on a standby basis for consultation regarding federal legislation that concerns the medical schools: construction, research overhead and research itself.

7. Committee on International Relations in Medical Education

It is frequently necessary to ask this committee for recommendations regarding matters of policy. Currently the committee is developing an over-all recommendation for a program which the Association might develop in the interests of international medical education.

8. Committee on Medical School-Affiliated Hospital Relationships.

This is a newly-appointed committee which will largely be concerned with the activities of the Medical School-Teaching Hospital Section of the Association. It is anticipated that this committee will make recommendations and suggest priorities for special studies that will be used as points of reference for the annual meetings of the Section.

9. Committee on Public Relations

Advisory upon a standby basis to the Association's public information staff.

10. Committee on Licensure Problems

Standby and advisory.

11. Committee on Veterans Administration-Medical School Relationships

This committee is on a standby, advisory basis. It is presently digesting the returns on a questionnaire developed through the Division of Operational Studies which solicited information and opinion regarding the relationships between the Veterans Administration Dean's Committee hospitals and the medical schools that are involved.

12. Steering Committee on Operational Studies

Standby and advisory to the Director of the Division of Operational Studies.

As a rule these committees meet at the time of the AAMC annual meeting or the AMA Congress on Medical Education and Licensure. This has a serious disadvantage in that the committee members and the AAMC staff that should be assisting are always pressed for time and thus the kind of consideration a serious question should command is always limited, and also because of inability to defray travel expenses, limits the use of the rank and file of faculty in many areas where they have much to contribute. The AAMC would realize much greater help from its committees if travel funds would permit meetings under different conditions.

II. Program aimed at the development of the communication essential to the proper dissemination of information and ideas.

A. Publications

1. Journal of Medical Education. A monthly publication with a circulation that was 500 in 1956 and is now 6200. There are over 600 foreign subscribers in 44 countries. Over the past two years the number of indexed pages has increased from an average of 50 to an average of 100 and the number of articles from four to eight. The quality of articles has improved; about one of three that are submitted is accepted; the lag between acceptance and publication is about four months.

Special Journal features include (a) a series of articles by foreign authors, (b) a series of articles dealing with the history of medical education, (c) a series of articles on library development and another on the development of new schools (these will begin to appear in the near future), (d) abstracts of the world literature dealing with medical education, (e) carefully prepared book reviews of new books that are of particular importance to medical educators, (f) reports of Association research and special studies (an important part of this is a recent Journal section called "Datagrams" that presents collated data without accompanying text -- this so as to get information and data into the hands of the readers before it has become outdated), (g) a section on audio-visual news which will primarily be concerned with reviews of new motion pictures, (h) editorials, news and other features to be expected in such a publication.

Except for 1958, the Journal has never been properly indexed. An index for the past five years is now being prepared.

Once or twice a year the Journal publishes a separate volume as a supplement. The study of Dr. Herman Weiskotten, "Trends in Medical Practice", and of Dr. Osler Peterson, "An Analytical Study of North Carolina General Practice", are examples of this. The reports of the teaching institutes are all published as Journal supplements.

2. Teaching Institute Reports. The reports of the first three institutes deal with the teaching of the basic sciences: physiology, biochemistry, pharmacology, pathology, microbiology, immunology, genetics, anatomy and anthropology.



The reports of the next two deal with the appraisal of applicants to medical school and the ecology which the medical school provides for the medical student.

The institutes for 1958 and for 1959 deal with the objectives, content and the methods involved in clinical teaching.

3. A handbook entitled "Admission Requirements of American Medical Schools". This is an annually revised handbook on premedical preparation. Its purpose is to provide a comprehensive and dependable source of up-to-date information, thus encouraging young people who aspire to a medical career to approach their goals realistically and enabling their counselors to give sound, practical assistance.
4. Medical Mentor. This is a house organ type of publication, containing news and announcements that should be of importance and interest to individual faculty people. Six to eight issues a year are planned. Inserted with this will be the current issues of "Data-grams" (this means distribution two to three months ahead of publication in the Journal).
5. The Annual Directory of the Association. Every effort is being made to make this a useful document. It contains the kinds of information important to all of those who must keep in frequent touch with the Association and the schools and individuals who constitute its membership.
6. Special publications such as "Medical Education Today" published several years ago and more recently "Problems in Medical Student Selection", a report of the first national meeting of the Continuing Group (see outline reference II-B-2-b) and the book by Mr. A. J. Carroll, "A Study of Medical College Costs".
7. Special bulletins as necessary to the chief administrative officers of our medical schools and their medical centers.

#### B. Meetings

1. Annual meeting: Over the past ten years the attendance of the annual meeting has grown from about 200 to around 1000 -- from a meeting attended largely by deans to one at which all who have a responsible interest in medical education are welcome. The programs are planned accordingly. One day is given over to invited participants to cover topics of immediate importance to the general structure and function of medical education, another to participants who have offered papers dealing with their own interests and activities in medical education (most but not all of the papers given at the annual meeting are published in the Journal), and a third to the annual business meeting which consists mainly of the presentation and discussion of reports from the officers, staff, Executive Council and standing and ad hoc committees and of the decisions that are related thereto. The consideration of committee

work is facilitated by open hearings upon each committee report the afternoon before this business meeting. A feature of the 1959 meeting will be short reports from agencies with interests closely allied to medical education which will be included in the convention packet and printed with the minutes.

2. Meetings that immediately precede the annual meeting.

- a. Teaching Institutes: The reference to the teaching institutes in I-A-2-d and the discussion of the institute reports in II-A-2 outline the manner in which the research and content of the institutes have been and are being developed.
- b. Meeting of the Continuing Group. This group consists of those who are primarily concerned with the selection, admission and counselling problems of students. The group has intensified its work by occasionally holding regional meetings. This makes possible a more intensive discussion, particularly of cases that are of current concern to the individual schools or participants.
- c. The Medical School-Teaching Hospital Section. This meeting brings together those who are concerned with the problems of bringing patients, students, teachers and investigators together in a manner that will be of maximum benefit to all. The range of problems that are considered is very considerable because of the great variety of arrangements that exist between medical schools and hospitals -- from complete ownership by the university or medical school, through control by contract to loose affiliation with relatively little control.
- d. An annual meeting established for reports from and discussions with representatives of the federal agencies that have an active interest in medical education -- armed services, USPHS, etc.
- e. Meeting of the Coordinators for the MEND program. The MEND (Medical Education for National Defense) program represents the mechanism by which the Federal Government helps each school finance teaching important to civilian and military disaster medicine. The meeting is necessary in order to provide for coordination between the Washington MEND office (maintained jointly by the armed services and OCDM) and the MEND program as it operates in the individual schools.

3. Regional meetings and workshops.

Regional meetings and small group workshops are activities that medical educators have not developed to any great extent. The

Continuing Group (II-B-2-b) is doing this and the "Southern Association of Medical Colleges and Teaching Hospitals" (largely limited to deans and hospital administrators) has been meeting for several years. While national meetings are of importance, they involve relatively few individuals as compared to the regional and workshop type of activity. As the Association continues with the further development of its program of education, it may be that a valuable approach is being neglected. Ideally, both regional meetings and workshops would be the most effective if a host school would plan and execute each program, asking the various study divisions of the Association to gather and develop the data and information as it would be needed.

4. Institutes and retreats within the framework of a single faculty with or without invited guests. This is an activity that is just beginning to make its appearance. The faculty of Bowman Gray held a retreat, centering its discussion around its own self-study, in the spring of 1959. The University of Michigan has just completed its second institute upon student selection and counselling.

Note: All small meetings that are dedicated to intensive work can only succeed if built around well-organized data and information. This emphasizes the importance of an institution's research into its own structure and function and of the research and study programs of the AAMC.

- C. Exhibits: As part of its effort to make the Second World Conference on Medical Education as meaningful as possible, the Association developed its first exhibit. The results of this were so satisfactory that the exhibit, with slight modification, could with profit be sent to most of the national meetings that involve high school and college educators and public information people, physicians and others who should know more about the structure and function of American medical education.
- D. Official liaison with agencies that are involved in activities important to medical education:
1. Liaison with the American Medical Association
    - a. Council on Medical Education and Hospitals
      - (1) <sup>Medical</sup> Liaison Committee on Education Education
      - (a) Medical School Accreditation

Since the turn of the century, in order to maintain increasingly high standards, the Association of American Medical Colleges and the Council on Medical Education and Hospitals of the American Medical Association have joined in a program in which they pay a periodic visit to each of the medical schools of Canada and the United States and its possessions.

The mechanism which the AMA and the AAMC have established for the conduct of these visits is known as the Liaison Committee on Medical Education. While the visits as conducted by this committee are essential to the official accreditation of these schools, they have also become the medium through which each school can be made aware of its weaknesses, of what is needful to correct these weaknesses, and also of its strengths and the opportunities and challenges these provide.

The visiting teams represent the best collective thinking of the educators and the profession. The standards that are adhered to are quite general and are set up so as to provide an umbrella under which each school can use its own initiative in planning an effective curriculum. No attempt is made to dictate what should be taught or the number of hours a subject should require or to legislate regarding faculty, equipment or facilities. The visitors are free to use their judgment as to the nature and extent of any recommendations they may develop for the consideration of either the school being visited or the Liaison Committee and its parent organizations. It is rare that the visitors' recommendations are not accepted by all concerned.

(b) Help in the establishment of new schools.

First, joint publication of two pamphlets: "Structure and Functions of a Modern Medical School" and "Structure and Functions of a modern School of Basic Medical Sciences" and

Second, upon request, visitation by a team of selected consultants.

- (c) A jointly developed exhibit and brochure on the history of American medical education. This exhibit and brochure were first used at the recently-held Second World Conference on Medical Education.
- (d) A jointly developed motion picture and brochure intended to inform high school students of the potentialities of medicine as a career. These will both be released in the near future.
- (e) An annual joint questionnaire which goes to all schools and brings in much of the data that stands behind the annual educational number of the JAMA. The AAMC receives duplicate copies of these returns which are also used in its various study programs.

- b. Councils on both Medical Education and Hospitals and National Defense. This liaison group is known as the Liaison Committee on Medical Education for National Defense and is meeting to develop recommendations intended to preserve the integrity and effectiveness of medical education in the event of total mobilization short of attack, and to develop the schools as resources for care in the event of attack.
- c. Standby liaison between the AMA Board of Trustees, the Council on Medical Education and Hospitals, the AAMC Executive Council and selected university presidents. This group has held one meeting and stands on call at any time that is necessary.

## 2. The National Intern Matching Program

The National Intern Matching Program was organized in 1951 as a separate corporation to serve as a clearing house for helping the graduating student obtain an internship at the hospital of his choice as well as to help the hospital obtain the graduate of its choice. NIMP is jointly controlled and operated by the American Medical Association, the American, Catholic, and Protestant Hospital Associations, the Student American Medical Association and the Association of American Medical Colleges. A student voluntarily registers with the program and after giving careful consideration to all of the hospitals in which he is interested, submits a confidential list ranking his preference among the internships for which he has applied. The hospital submits a similar confidential ranking list of the students who have applied to it. The Matching Program then, through the use of business machines, matches the student-hospital choices and notifies each of the result.

If they choose, graduates of foreign medical schools may seek internship matching through the NIMP. They are not required to do this, but since many United States hospitals will not accept interns except as they may be matched through the program, foreign graduates desiring internships in these hospitals do join.

NIMP is housed with the Association and is under the supervision of its Executive Director.

## 3. Educational Council for Foreign Medical Graduates

Co-sponsored by the American Hospital Association, the American Medical Association, the Federation of State Medical Boards of the United States, and the Association of American Medical Colleges, the Educational Council for Foreign Medical Graduates was established in 1957 as a means of evaluating those foreign medical graduates desiring to take internship and resident training in the United States. In order to accomplish this, two world-wide examinations are given each year. Those who succeed in passing this examination and thereby receive certification of the Council may then use this as evidence of their qualification when they approach hospitals

for house staff appointments or state licensing or specialty boards for examination. Certification of foreign medical graduates by ECFMG is required for registration with the National Intern Matching Program.

4. The Student American Medical Association

The AAMC is in an anomalous position as far as the Student American Medical Association is concerned. While this organization enrolls some 20,000 medical students, it is not representative of all students. There are some ten schools that do not have chapters and in those that do, there is no instance where all students belong. The organization, because of its income (around \$400,000 per year) from insurance dividends (arrangements have been made for low-cost life insurance), from journal advertising (The New Physician boasts a circulation of 60,000 -- it goes to all medical students, interns and residents) and dues supports a very active, aggressive full-time staff. "SAMA is the only organization that has ever done anything for the medical students" is the rallying cry. SAMA is here to stay and in order to keep informed as much as anything else, the Executive Director has accepted a position upon its National Council of Advisors and has asked a few members of Chicago medical school faculties to accept advisory appointments upon other committees.

5. In addition to the above, the AAMC has official representation upon:

- a. The Advisory Board for Medical Specialties
- b. The Internships Review Board of the AMA Council on Medical Education and Hospitals
- c. The National Board of Medical Examiners
- d. Advisory Council of the National Fund for Medical Education
- e. National Health Council
- f. American Council on Education

III  
IV. Specific services for medical schools, faculty and other agencies and individuals that are evolving or will evolve out of the work of the above programs.

A. Services provided by the Division of Basic Research

1. Medical Schools

a. Reports

- (1) MCAT scores of all candidates; individual and summary reports (biannual)
- (2) Summaries of MCAT scores of applicants according to undergraduate school (annual)
- (3) Lists of newly accepted students (November through June at 2-4-8 week intervals)
- (4) Competitive school reports: eventual disposition of all applicants to a given medical school (biennial)
- (5) Drawing power report: ability levels of all applicants to all medical schools from a given undergraduate college vs. ability levels of those applying to each medical school (biennial)
- (6) Undergraduate origins reports (biennial)
  - (a) Four-year progress record of students from each undergraduate college
  - (b) Four-year progress record of students at each medical school coming from two major undergraduate supplier colleges and all other colleges
- (7) Distribution and mean scores on all MCAT subtests of applicants and enrolled students (annual, beginning in 1960)
- (8) Catalogue of all summer session opportunities in American medical colleges (annual)
- (9) Reports of irregularities in applications to medical schools (as needed)

b. Consulting and data-furnishing activities

- (1) Provide consulting services on design and analysis of individual school research programs
- (2) Furnish data to administrative offices, faculty groups and individual investigators (special analyses of data involved in regular reports and basic research programs)

- (3) Provide lecture and consulting services at meetings held by medical schools for premedical advisory groups and/or medical school faculty groups.

## 2. Colleges and Universities

### a. Reports

- (1) Applications made, acceptances received and first-year grades of all former students reported to each undergraduate college (annual)
- (2) Four-year accomplishment and progress report of all students who entered medical school in a given year (annual)
- (3) Distributions and mean MCAT scores of medical school applicants from each undergraduate college (biennial, covering four years)

### b. Consulting and data-furnishing activities

- (1) Provide consulting service on design and analysis of studies of premedical students
- (2) Furnish data to individual schools involving special analyses of AAMC records
- (3) Consult with and occasionally provide data to individual investigators from non-medical disciplines

## 3. Services to other agencies

- a. Provide consulting services to foreign medical schools and societies; e.g., preparation of aids and educational materials for development of objective testing techniques, assistance in planning surveys (recent recipients: England, Scotland, France, Argentina, Vietnam)
- b. Special analyses of AAMC data furnished to local, state, regional and national educational and governmental agencies
- c. Provide consulting service and reports for medical specialty groups; e.g., studies made of characteristics of 1956 seniors who planned to enter fields of psychiatry (for Joint Commission on Mental Health) and gynecology (for American Society of Gynecology)

## 4. Cooperative research: studies made in cooperation with other agencies and major programatic research organizations

- a. Educational Testing Service: revision and validation of MCAT



- b. National Board of Medical Examiners; studies of relations between Board examination performance and grades, abilities, personality characteristics
  - c. California Center for the Study of Higher Education: study of characteristics of 1955-56 seniors and 1956 freshmen
  - d. American Medical Association: provide special analyses of AAMC records for large number of JAMA Education Issue tables
  - e. Continuing Group on Student Affairs: special studies of regional subgroups, etc.
5. General Public Services
- a. Maintenance of vocational guidance reading list on medicine and other health professions
  - b. Advisory service to individual high school and college students
  - c. Maintenance of records of medical college enrollments
6. Annual Publications
- a. Admission Requirements of American Medical Colleges
  - b. Reports of AAMC Teaching Institutes
  - c. Report on Applicants to Medical Schools
- B. Services provided by the Division of Operational Studies
- 1. Development of bibliographies on selected topics for faculty members and authorized private and governmental agencies
  - 2. Organization and provision of unpublished factual information from AAMC studies for authorized individuals and agencies
  - 3. Assistance and consultation to other organizations planning acceptable studies involving medical education
  - 4. Maintenance of a current information file relating to studies by "outside" organizations in an attempt to avoid duplication with our studies or those of other groups
  - 5. Review proposed studies by "outside" interests from which recommendations to the administrative committee are made as to whether or not the proposed study is of value or needed
  - 6. Occasionally, the Division will organize and assist special ad hoc committees of experts to consider and/or develop information concerning special problems. Examples of this activity are:

- a. the forthcoming publication "Some Considerations in Planning New Medical Schools".
  - b. the proposal to develop a set of essentials for satisfactory relations of medical schools and their affiliated institutions.
- C. Just as important services have evolved out of the programs of the Divisions of Basic Research and Operational Studies, so will the same happen if Divisions of Educational Studies and Coordination and International Medicine are established. This is inevitable to a good program.

IV

III. Program that concerns the forums necessary to adequate discussion and critical review of information and ideas so that the planning and direction of the individual medical schools can be of maximum effectiveness.

The important thing here is activity that will commit the deans, faculties and all others who should play a responsible role in medical education to an active and continuing interest in the problems important to medical education in general and to the improvement of teaching and learning in particular. This means the clear presentation of the challenges that are involved and the opportunity to enter into the activity that should follow.

The section of this outline that has just dealt with the development of channels of communication has inadvertently outlined the forums that should also be involved -- an effective channel of communication constitutes at one and the same time a forum for discussion. But what has not been presented is the kinds and numbers of people -- the "publics" of medical education -- that should be reached and the channel of communication and forum that will be most applicable to each. Hence this portion of the outline will hinge around the publics we should try and reach and, to each, the channels of communication or forums that will best apply.

A. The Deans. This is the pivotal group in medical education. The dean's office is a two-way point of congestion that must coordinate the "publics" that are within the medical school with those that are without. As a consequence of this, while all of the Association's avenues of communication and forums are of importance to the deans, the following are of particular significance (in the listings that follow no effort for a priority arrangement has been made):

- Individual Membership
- Bulletins from the AAMC office
- Business meetings of the Institutional Membership
- Medical Mentor and its Datagrams
- Journal of Medical Education
- Teaching Institute Reports
- A. J. Carroll's publication: A Study of Medical College Costs
- AAMC Annual Directory
- Annual Meeting of the Association
- Assignment to the committees of the AAMC
- Regional meetings and workshops

P. Those "publics" within the medical school that must be reached and involved.

1. Faculty. This is the group upon which the effectiveness of any educational operation must rest. It is also a group that is pressed for time and energy. Research, patient care and teaching must compete for this limited time and energy, and in this competition, teaching, particularly contemplation and discussion of its essential components, is having a tough time. It is competition for this kind of faculty time and energy that is one of the Association's primary concerns. The avenues of communication and the forums most important to this area that are beamed

directly to faculty people are:

- Individual Membership
- Journal of Medical Education
- Teaching Institutes and their reports
- Medical Mentor and its Datagrams
- Annual Directory of the AAMC
- Assignment to the committees of the AAMC
- AAMC Annual Meeting
- Regional meetings and workshops

Ultimate progress here rests within each medical school and its administrative and academic leadership. Faculty meetings and the work of committees that concern themselves with the study, discussion and improvement of educational aspects of their own programs are of particular importance. The activities of the Association, therefore, that will support such intramural faculty activity are of great importance. The entire study and reporting program of the Association will be of importance here.

2. Students. This is the group, of course, that must be the primary concern of the medical school. In many schools the student group is very conscious of the competition for the time and energy of senior faculty that exists between itself, intern, resident and Ph.D. education, local and national committee work, research, and patient care (particularly the care of private patients). If the medical student group is one of the public's important to medical education, the medical school is the level at which the basic approach should be made. Does the apparent success of the Student American Medical Association mean that many of the schools of medicine (particularly those that have chapters of SAMA) and also the AAMC have been missing the boat in this area?

- a. The lines of communication and forums that are most important here are those that will quicken faculty interest and awareness in students and their problems:

- Bulletins and individualized reports from the Division of Basic Research
- The Journal of Medical Education
- The Teaching Institutes and their reports
- Assignment to the Committee on Education and Research
- Meetings of the Continuing Group (both national and local)
- Regional meetings and workshops

- b. Lines of communication and forums that are primarily beamed upon students:

- AAMC library of teaching films
- Liaison with NIMP
- Unofficial liaison with SAMA

The work of the Division of Basic Research and the service programs that are resulting therefrom also represent an important contact between the AAMC and the medical students.

3. Patients. Basically the medical school is the point of approach to the patient group as one of the publics with which medical education must be concerned. Considering the number of patients receiving care within the constellation of medical care programs for which our medical schools are responsible, this is an important public. The years ahead and the growth of health insurance and third-party payment will place growing emphasis upon this fact. Except for news that may be released for public consumption and the related activity of the staff and committee on public relations and the indirect effect of working with industrial and educational groups, the AAMC has little in this area that is beamed directly upon the patient group. The AAMC, however, through its various study and reporting programs, can provide considerable support to the medical schools as they increase their dealings with this public. The activities of the Division of Operational Studies, the Committee on Medical School-Affiliated Hospital Relationships and the Medical School-Teaching Hospital Section will be of particular importance here.
  
4. Hospital administrators, staffs and boards of directors. These publics and the need for them to have a better understanding of the structure and function of medical education has been taken for granted for a long time. The changing complexity of the teaching patient due to the growth of health insurance and third-party payment, the growing importance of the hospital as a research center and its potential importance as a research and instructional laboratory for the disciplines other than medicine are creating situations in which these publics are of extreme importance.

The opportunities for direct AAMC contact between these publics are just being developed. The most important of these are:

A. J. Carroll's "A Study of Medical College Costs"

The study of medical college costs that will be undertaken during the winter of 1959-60

The activities of the Committee on Medical School-Affiliated Hospital Relationships

The activities of the Committee on Medical Care Plans

The activities of the Committee on Veterans Administration-Medical School Relationships

The newly-formed Medical School-Teaching Hospital Section

The survey of the internship now underway and other activities of the Committee on Internships, Residences and Graduate Medical Education

Individual Membership

The Journal of Medical Education

The 1958 and 1959 teaching institutes covering the teaching of clinical medicine

The AAMC annual Directory

The liaison arrangements with the Council on Medical Education and Hospitals and its Internships Review Board, the Advisory Board on Medical Specialties, NIMP and ECFMG

Basically it is the medical dean and the hospital director that constitute the paths through which the hospital-connected publics can best be reached. To help these individuals with their tasks, all of the research, study and communications programs of the AAMC are of the first importance.

C. Those "publics" outside of the medical school that must be reached and involved:

1. Those publics that are within the framework of the university or its equivalent.
  - a. The presidents of universities, their boards of trustees and the equivalent of these individuals in the non-university-connected schools. In an increasing number of instances the medical school dean reports to his president through a vice president, provost or medical center director. These individuals must therefore be added to the above. In any case, the problem of competition for the president's time is very considerable.

Activities of the AAMC that have implications for direct contact with these groups are:

Individual membership in the AAMC  
Journal of Medical Education  
Liaison with the AMA Board of Trustees  
Liaison with the National Fund for Medical Education  
Liaison with the American Council on Education

Except for the above, the presidents' panel given at the 1958 Annual Meeting and an appearance of the Executive Director before the Association of American Universities, there has been no direct contact between the AAMC and university presidents as a group. Such contact is difficult because there is no one organizational structure, except that of the gigantic American Council on Education, to which all universities and medical schools are eligible for membership. In fact, the AAMC is the only organization within which the university presidents or their equivalent from the non-university schools of medicine can be brought together. It would be highly desirable if the AAMC could find some mechanism for accomplishing this.

Basically the medical school dean is the point of approach to the president as a public with which medical education must be concerned. To help the dean with this very important task, all of the research, study and communications programs of the AAMC take on considerable significance.

- b. The other faculties of the university or non-university medical school center and their respective deans or directors, particu-

larly those of the liberal arts college and graduate schools. These two groups constitute important publics because they are preparing students for and taking graduates from our schools of medicine, and also because almost all of their disciplines can contribute to or make use of the programs of the medical school. And yet in spite of this, except for the recently-developed programs at such places as Western Reserve, Dartmouth, Johns Hopkins and Stanford, very little deliberate machinery for stimulating such give-and-take has been established. Hostility of the liberal arts faculties over salary differential accounts for part of this situation; pressures competing for faculty time and interest the rest.

The opportunities for direct contact between these groups and the AAMC are many, but relatively few individuals are involved. Due to the competition for time and attention, the AAMC avenues of communication reach comparatively few. Direct invitation to assist with AAMC affairs therefore takes on considerable significance. Examples of such have been:

Individual membership in the AAMC  
 Buck Hill Falls institute on preprofessional education  
 Teaching Institutes  
 Committee membership (Committee on Education and Research)  
 Medical school accreditation (usually the dean of a  
 graduate or liberal arts school)  
 Programs of Annual Meeting, Continuing Group or Medical  
 School-Affiliated Hospital Section

Basically the medical dean, the liberal arts premedical advisors and the graduate deans are the contacts through which these publics can best be approached. To help these individuals with this very important task, all of the research, study and communications programs of the AAMC take on significance.

- c. Premedical advisors. This group constitutes a very important liaison between the medical school, the liberal arts faculty and those students preparing for medicine. The group consists of those formally appointed to the task and a large number of faculty (certainly most of those in biology and chemistry) who act as advisors upon an unofficial basis. There can be no doubt but that the screening going on at the level of the pre-medical advisor and his unofficial faculty helper has been cutting down upon the number of applicants for medical school. Much of this may well be the result of overzealous or unintelligent advice resulting in steering good students away from medicine into other disciplines. This highlights the importance of finding the best possible way of increasing the understanding of the liberal arts faculties regarding the structure and function of medical education.

Those programs and communications beamed directly upon the premedical advisors are:

- Individual membership in the AAMC
- The handbook "Admission Requirements of American Medical Colleges"
- AAMC annual Directory
- Teaching Institutes and their reports
- Activities of the Continuing Group
- Deliberately organized institutes and regional workshops
- Journal of Medical Education
- Annual AAMC meeting
- Exhibits

Here again it is the dean of the medical school through whom this public is best reached, so that to help with this important contact, all of the research, study and communication programs of the AAMC take on significance.

- d. The liberal arts students. Since it is from this group that all medical students must come, it is important that this public receive considerable attention, particularly if medicine is to be successful in competing with the growing number and attractions of the other professions and disciplines.

Those communication programs of the AAMC that are beamed directly upon this public are:

- The handbook "Admission Requirements of American Medical Colleges"
- The Teaching Institute reports on the Appraisal of Applicants to Medical School and the Ecology of the Medical Student
- The report of the first national meeting of the Continuing Group: "Problems in Medical Selection"
- Activities associated with the AMA-AAMC Liaison Committee on Medical Education:
  - two exhibits: "A Career in Medicine: The Most Demanding--Rewarding Profession" and "The Story of American Medical Education"
  - two brochures: "The Story of American Medical Education" and "Medicine as a Career"
  - motion picture: "I am a Doctor"

Basically the official premedical advisor group, working with the medical school deans and admissions officers, constitute the principal contacts through which this public can best be approached. To help these individuals with this very important assignment, those research, study and communications activities of the AAMC that are of the most importance are:



The handbook "Admission Requirements of American Medical Colleges"

The teaching institute reports, particularly those on "The Appraisal of Applicants to Medical School" and "The Ecology of the Medical Student"

Activities associated with the AMA-AAMC Liaison Committee on Medical Education:

two exhibits: "A Career in Medicine: The Most Demanding--Rewarding Profession" and "The Story of American Medical Education"

two brochures: "The Story of American Medical Education" and "Medicine as a Career"

motion picture: "I am a Doctor"

- 2. Those publics that are outside of the universities and/or the schools of medicine.

This group of publics is of great importance because collectively the result of their interest and activity has everything to do with the financial and moral support essential to the effectiveness and progress of American medical education.

- a. Medical school alumni. Except for a dozen or so instances, our schools of medicine are not involved in an active alumni giving program of their own. Those that are so involved enjoy a very considerable annual financial support from this source. The program of the AMA American Medical Education Foundation has been and is making great effort to augment alumni giving to schools of medicine. There is a general feeling that while the per capita support the medical profession gives to this Foundation is of help, it could be much more than it is. The Foundation now finds itself in the paradoxical situation of competing (and therefore causing resentment) with existing programs on the one hand and on the other of being completely acceptable to most of the remaining schools. There are a few instances where a school's annual giving program and the program of AMEF have been deliberately coordinated. The result is considered as satisfactory.

Be all of this as it may, it is apparent to all concerned that the alumni of our medical schools could be better informed about medical education than they are, and that if this situation could be corrected, alumni support of medical schools would increase.

The AAMC activities that can be beamed upon the individual members of this group are:

General news releases from the public relations office of the AAMC, particularly those that are picked up by medical journals, Medical Economics and the newspapers of the AMA and drug houses

Individual membership in the AAMC and the receipt of the Journal of Medical Education, the Medical Mentor, etc. that are incident thereto.

Basically it is the dean of the medical school, his public relations staff and officers of his alumni organization that constitute the media through which each school can reach its own alumni. So to help these individuals with this important work, all of the research, study and communications programs of the AAMC become of importance.

3. The medical profession and its many organizational units. Since the medical profession must take a fundamental interest in its own continuity, this group constitutes one of medical education's most important publics. It is regrettable that the relationships between the organized profession and practically all of our medical schools at one time or another have been fraught with conflict with harm to both parties. All of those who have reason to be concerned with this problem feel that the basic difficulty has been a lack of adequate communication, and this in turn, to a lack of the kind of information basic to such communication. It is encouraging that since 1956 the leadership of both organized medicine and the organized schools of medicine have been improving this situation. The most important factors responsible for this have been the setting up of definite mechanisms for communications, arrangements to develop the information needed for communication and then have given the time and spent the money essential to making all of this work. The result has been that, except for general news releases which inadvertently reach the profession in one way or another, and for the activities beamed upon the medical school alumni, most of the AAMC efforts to develop a working relationship with the medical profession have been in cooperation with the AMA. The most significant of these developments are:
  - a. A liaison arrangement whereby members of the AAMC Executive Council, selected university presidents and members of the AMA Board of Trustees and Council on Medical Education and Hospitals can be on call for the discussion of particularly important matters. This keeps responsibility at the level where it belongs.
  - b. Liaison arrangements with the Council on Medical Education and Hospitals through the Liaison Committee on Medical Education. In general, this agency provides a framework within which unofficial communication takes place almost constantly. This permits both the AMA and the AAMC to keep the many matters that are of mutual concern continually up-to-date. Those activities that are the particular responsibility of this committee are:

Accreditation of medical schools  
Counselling new medical schools  
Developing exhibits and brochures

- c. Liaison arrangement with the AMA Councils on Medical Education and Hospitals and National Defense. This is intended to provide planning for the part which schools of medicine should play in the event of total mobilization or national disaster.
- d. While the following liaison arrangements are primarily not between the AAMC and the AMA, they are so closely related that they can be listed at this point.

National Intern Matching Program  
Educational Council for Foreign Medical Graduates  
American Board of Medical Specialties  
AMA Internships Review Board

It is recognized that in intimate arrangements such as the above, care must be taken that the AAMC is not taken over or that the activities that should be its primary responsibility are not neglected. The only hedge against such an eventuality is an organization with officers and staff that have a secure sense of direction and both the moral and financial support essential to the respect and security which independence in such a relationship requires.

4. High school students and advisors. Since this is the group from which all college students must come and the colleges, in turn, must supply the medical students, this group constitutes a most important public. The AAMC-AMA, unless it be through the motion picture "I Am a Doctor" and the brochure that goes with it, have had no activity specifically beamed upon this group. Since the high school is a period when the question of career choice is in every student's mind, it is important that this group be made aware of medicine and the education and the challenges that are involved. Organized medicine, with the roots of its influence extending into every nook and cranny of our society, has easy access to this group. Unfortunately in most instances the objectives and challenges that will be presented here will be both superficial and short-ranged. How can the view of medical education, which should present the broad and distant perspective, be presented to the high school? In all probability, provided the factor of distance does not interfere, the best approach is through the individual medical school, working both independent of and with the liberal arts colleges. Open house for students and open house, workshops and even summer fellowships involving high school counsellors and teachers, and open house and workshops for the personnel used by the colleges in dealing with high school counsellors and students would be examples of this kind of approach.

Much of the effectiveness of this kind of activity will be predicated upon the availability of a body of knowledge about medical education. This, in turn, emphasizes the research, study, service and communications programs of the AAMC.

5. Agencies of the Federal Government. Whether we like or not, medical schools, both individually and collectively, will increasingly be confronted with the need to keep in touch and associate with many branches of the Federal Government: Congress, HE&W, the armed services, OCDM, AEC and the Bureau of the Budget particularly. There are many factors that make this a most difficult situation.

On the government side of the fence, as individuals and agencies with special interests and prejudices take up matters that are of importance to medical education, they usually do so by ignoring or advising with its leadership, either individually, segmentally or collectively, in a manner that best suits their purposes. On the side of medical education, with individuals from within the schools, individual schools or groups of schools varying in their viewpoints, concerns and convictions, we have a situation where a united front upon any issue is almost out of the question. The unanimous or majority vote of the Association's Institutional Membership and the setting up of an organized approach, including the employment of special counsel, is as close as the schools can come to collective action, but even this cannot cope with the interplay of special interests and powerful personalities that goes on behind the scenes.

As the dollar volume of federal money going into and around our schools of medicine increases and as the schools become increasingly dependent thereon, this situation will grow in complexity and difficulty. But whatever the solution, we can be certain that the availability of accurate facts and information and also of well-ordered concepts and philosophies about medical education will be involved. And if this is so, importance of the Association's program of research, studies, service and communications should be self-evident.

6. Agencies of state governments. State appropriations are becoming more and more important as a source of financial support. Occasionally a legislature ties admission limitations on increases to appropriations. Three states subsidize private schools. The ability of a medical school to deal effectively with its legislature depends upon said school being able to present facts and information about itself. Many times this information can be obtained or amplified by the research, study and service program of the Association.
7. Voluntary health agencies are chiefly interested in supporting research and fellowships. The National Foundation and American Cancer Society pay something near the full costs of the research they support -- the others up to 5 percent. The fact that this is not done has hurt the case for the medical schools as they have attempted to obtain full reimbursement from Congress. It is to be hoped that after the Association's cost study has been completed this coming year, all of these agencies will agree to provide full reimbursement for research. If all agencies supporting research -- voluntary agencies, foundations and the U. S. Government -- would provide for the full costs of research, the financial ills of our schools of medicine would be much less than they are.
8. Agencies that may conduct special studies of or important to medical education -- N.S.F., N.R.C., N.I.H., etc. While many past studies by agencies outside the world of medical education have been done and some have yielded valuable information, these have frequently been associated with four difficulties. Data analysis and publication are so slow that it has done little good. Data regarding the medical school is mixed with that for universities and/or hospitals and is difficult or impossible to use. A study is primarily done to serve the purposes of the agency, not the medical schools. And finally, in many of these situations variation in definitions and schedules has made comparisons as between the different studies difficult, if not impossible.

The Association, with its present programs, by coordination or cooperation, by conducting its own studies or by discouraging unnecessary studies, is now in a position to make this total national effort much more fruitful.

9. National news media. The magazine and newspaper world is taking an increasing interest in medical education and with increasing frequency

is turning to the Association for assistance. This is important because it is an opportunity to stimulate coverage that might be more complete and accurate than would otherwise be the case.

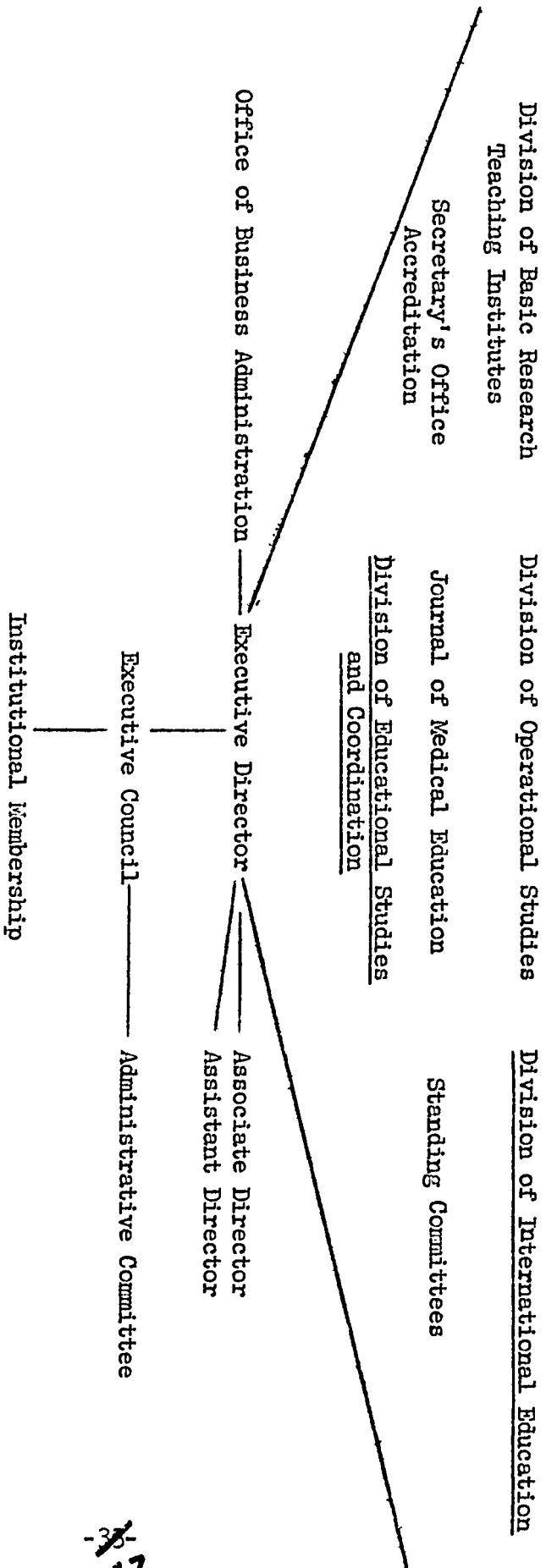
10. Industry. The formation of the National Fund for Medical Education makes this a most important public. The activities of the Fund are of particular importance because they result in funds for the schools that can be used to satisfy any need that exists. It has been unfortunate that until recently, the medical schools have not been able to supply the Fund with the information or the help it has needed in order to fully explain their financial difficulties. This may well be one of the reasons why the annual amount raised has leveled off the past two years. The situation has now changed. Early during the coming December a small number of the officers and staff of the Association are meeting with the NFME Board of Directors, presenting some of the recent financial data, with the hope that thereafter similar meetings with representatives of certain key industries will make it possible to stimulate them to provide greater support. A meeting such as this has already been held with a group of presidents representing the membership of the Pharmaceutical Manufacturers Association. Similar meetings upon a regional basis are being planned.

Another outcome of these activities will be opportunities for the officers of the Association and the deans of the schools, using information that is now becoming available, to serve as speakers for small meetings which the Fund will arrange. This is a procedure that has been tried in the past, but not too successfully.

- V. AAMC administrative and organizational structure necessary to support its research, studies, services, communications and forums.

The functional table of the administrative and organizational structure follows.

AAMC ADMINISTRATIVE AND ORGANIZATIONAL STRUCTURE  
NECESSARY TO SUPPORT ITS RESEARCH, STUDIES, SERVICES, COMMUNICATIONS AND FORUMS



Note: Underscores indicated projected activities

The table is intended to depict the idea that those units of activity listed above the Executive Director represent the basic responsibilities of the Association -- its excuse for existence. The proposed Division of Educational Studies and Coordination is listed as the last of these to emphasize its coordinative function -- to study and bring together everything the Association does that can be made applicable to the essential elements of medical teaching and learning.

The table is also intended to depict the idea that those units inclusive of and below the Executive Director are supportive to those that appear above. Organization and administration are not ends in themselves -- they must be means to ends.

Since the functions and responsibilities of the units listed above the Executive Director have been amplified throughout the outline thus far, the outline to follow will confine itself to those activities that are primarily supportive thereto.

The Institutional Membership consists of the undergraduate medical schools of the continental United States, Puerto Rico and of the American University of Beirut, and of the Mayo Foundation Graduate School of the University of Minnesota. This is the base upon which the Association and all of its activities must rest. The membership holds one or more business meetings a year, at which time it determines the basic policies of the Association, acts upon reports of the Executive Council, officers and standing committees and elects Council members and officers.

The Executive Council consists of the members and officers elected by the Institutional Membership. It meets two or more times a year. Acting within the broad policies as laid down in the constitution and by-laws, and as determined by the Institutional Membership, the Executive Council is responsible for the conduct of all affairs of the Association. The Council carries out this responsibility with the help of an Administrative Committee which is authorized to act for the Council between regular meetings.

The Executive Director is appointed by the Executive Council. In general, it is his responsibility, working within the policy framework as determined by the Institutional Membership and/or the Executive Council, to serve as the liaison between the Executive Council, the Association staff and the Institutional Membership and to coordinate all of the research, studies, services, communications, forums and administrative units of the Association into an effective whole. And in doing this, with the help of officers, deans, faculty and staff, to see that any gaps between the Association and its publics that are not filled by its continuing, organized programs are properly recognized and crossed. This means that with such help, it is the responsibility of the Executive Director to see to it that the Association is represented in the many national, regional and local situations that are always developing upon an ad hoc basis and that frequently require a personal touch.

In addition to those who head the research, study and related activities, the Executive Director is expected to give continuity to the



administration of the Association by the assistance of three key staff: an Associate Director, Assistant Director and a Director of Business Administration.

The Associate Director is also the Director of the Division of Operational Studies and, as such, spends full-time. The staff position is important, however, so that when the Executive Director is absent from the office a responsible person, who is generally familiar with Association activities and publics, is always available.

The Assistant Director. The individual in this position, together with his staff, perform the following functions:

1. Serves as a chief of staff, in which capacity he sees that the work in the Executive Director's office goes smoothly. He screens and answers much of the Executive Director's mail, telephone calls and appointments, taking care of those matters that come within his range of responsibility as it may be modified by circumstances and time.
2. Takes responsibility for many matters that pertain to public information and public relations, serving as the liaison between the Association and the many news media with which it must work, and as the secretariat to the Committee on Public Relations.
3. Depending upon circumstances, directly assists the Executive Director and other major Association staff and officers on occasions when personal representation is required, particularly when such representation is of a public information or public relations nature.
4. Takes responsibility for the preparation of news and audio-visual and personnel items that go to the Journal of Medical Education. He is also responsible for the publication of the Medical Mentor and the Association's annual Directory.
5. Takes responsibility for the sale and editing of Journal advertising.
6. Maintains the membership records of the Association and the notifications and billings that are related thereto.
7. Serves as the secretariat for the Medical School-Teaching Hospital Section and the Committee on Medical School-Affiliated Hospital Relationships.
8. Administers the teaching film library and serves as secretariat to the Committee on Audio-Visual Education.
9. Serves as the secretariat and provides staff supervision to the planning and coordination essential to the "academic" aspects of the annual meeting and sees that this is coordinated with the business and contractual arrangements which are the responsibility of the Office of Business Administration.

The Office of Business Administration. The Director of Business Administration reports to the Executive Director and his duties include the responsibility for the conduct of all business functions of the Association; the mechanics of assisting the other Directors in the preparation of the budget; the collection, disbursement and accounting functions; the preparation of management reports; the supervision of the Association's physical plant and the providing of common office services.

Specific areas of responsibility:

1. The conduct of all business functions of the Association, including purchasing and review of contracts.
2. The consolidation of budget estimates and the operation of necessary controls to insure that budget limitations are observed.
3. The maintenance of official books of account for the Association. Accounting has been placed on IBM machines for more efficient control.
4. The collection and disbursement of all Association funds. The maintenance of inventory and forms control.
5. Preparation of financial and statistical reports to the Executive Director, Administration Committee and the Executive Council of the Association with interpretations of trends indicated by the reports.
6. The supervision of the maintenance, repairs, utilization and physical operation of the Association's physical plant.
7. The provision of a variety of office services for all segments of the Association, including duplicating services, records management and archival services, mail and inserting services, maintaining addressograph plate file of medical academicians.
8. Operation of a personnel department for recruiting, interviewing and screening of prospective employees, and performing terminal interviews. Taking job descriptions and compiling manual on personnel policies.
9. Maintain office procedure manual.
10. Supervise the typing and distribution of medical school accreditation reports.