

# Association of American Medical Colleges



## Proceedings for 1962

Meeting of the Institutional Membership  
February 3, 1962

National Institutes of Health  
Medical Schools Regional Meetings  
May 28-June 4, 1962

Sixth Annual Meeting of the Continuing Group on Student Affairs  
October 27, 1962

Conference on Continuation Medical Education  
October 26-27, 1962

Fifth Annual Meeting of the Medical School-Teaching Hospital Section  
October 27-28, 1962

Meeting of the Institutional Membership  
October 29, 1962

The Seventy-Third Annual Business Meeting  
October 30, 1962

First Annual Conference on Research in Medical Education  
October 31, 1962

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# Meeting of the Institutional Membership

Palmer House

Chicago, Illinois

February 3, 1962

Presiding: DONALD G. ANDERSON, President

The meeting convened at 2:00 p.m. in the Palmer House, Chicago, Illinois, with Dr. Donald G. Anderson, President, presiding.

Dr. Richard H. Young, Secretary, called the roll and announced a quorum of the Institutional Members present.

Dr. John F. Sheehan, Vice-President, assumed the chair, calling Dr. Anderson as Chairman of the Executive Council to present the report of the Council.

Dr. Anderson stated that the Executive Council met on December 3, 1961, and on February 2-3, 1962, during which meetings its significant activities included:

1. Appointment of a committee to study and make recommendations concerning long range financing of the Association;
2. Acceptance of the resignation of Dr. Helen Gee as Director of the Division of Basic Research;
3. Approval of a pilot study on the educational costs in teaching hospitals to be jointly conducted with the AMA and AHA;
4. Appointment of a joint committee with the AMA to review the two organizations' programs of accreditation, defining objectives, methods, and scope of these programs;
5. Requesting Dr. William S. Stone, Chairman of the Association's Committee on Medical Education for National Defense, to obtain current information on government plans, regulations, and procedures for the mobilization of medical manpower and to recommend actions that the Association should take to insure the continuance of strong programs of medical education in medical schools and teaching hospitals;
6. Considering in much detail at each meeting the status of HR 4999 and S 1072;
7. Designating the Administrative Committee and representatives of the Federal Health Programs Committee which met with Dr. James Shannon in January to review the status of some of the more important programs of the National Institutes of Health involving the medical schools as a whole. At this time, the need for improved communication between the NIH and the medical schools was stressed and Dr. Anderson urged the schools to forward any problems and questions they might encounter to the AAMC's central office for presentation to the NIH. Dr. Shannon reiterated his concern that the new general research support grant be most carefully administered and proposed that the Association consider sponsoring a series of regional meetings at which any major problems about the grants might be thoroughly discussed with representatives from the NIH. Problems of the career research awards and the training programs were also discussed.
8. Voting to recommend to the Institutional Membership that the Bylaws be amended

to increase the annual dues for individual membership from \$10 to \$15, effective July 1, 1962. The proposed change would modify Section 10 of the Bylaws as follows:

Section 10. Dues—The annual dues shall be:

Institutional Members (4-year schools).....	\$1,000
Institutional Members (2-year schools).....	500
Affiliate Institutional Members.....	250
Individual Members.....	15
Sustaining Members.....	1,000
Contributing Members.....	200 to 500

Dr. Anderson moved that this amendment to the Bylaws be adopted. The motion was duly seconded, and after discussion was carried by more than a two-thirds majority voice vote.

9. Voting to recommend to the Institutional Membership that it adopt a resolution proposed by Dr. Robert Moore, expressing AAMC's opposition to the federal control of animal experimentation. Dr. Darley presented the resolution as follows:

WHEREAS, legislation has been introduced into the Congress of the United States which would provide federal regulation of the use of experimental animals;

WHEREAS, it is believed that legislation of this type would be inimical to a continuation and improvement of the high quality and character of biological and medical research in this country;

THEREFORE, BE IT RESOLVED, that the Institutional Members of the Association of American Medical Colleges go on record as opposed to federal regulatory legislation in this field; and

BE IT FURTHER RESOLVED that the Association give every support to programs of research and training in the humane care and use of experimental animals and encourage its member institutions to work with the voluntary accrediting and certifying agencies.

Following Dr. Anderson's motion that the resolution be adopted, it was seconded and carried by a majority voice vote.

At the conclusion of the report of the Executive Council, Dr. Anderson moved that it be accepted as a whole. His motion was duly seconded and carried by a majority voice vote.

Resuming the chair, Dr. Anderson called on Dr. Robert C. Berson, Chairman of the AAMC's Federal Health Programs Committee.

Dr. Berson reported on the status of HR 4999 and S 1072, the "Health Professions Educational Assistance Act of 1961," reviewing the concerted efforts of the medical schools, the universities, the Federal Health Programs and Administrative Committees, and other agencies such as the American Medical and Dental Associations, in testifying in favor of HR 4999 in January of 1962 and in otherwise exerting appropriate measures supporting these bills. Dr. Berson commended the Institutional Members for their active participation in supporting the legislation.

Following Dr. Berson's report, Dr. William S. Stone, Chairman of the Committee on Medical Education for National Defense introduced General Douglas B. Kendrick, Colonel Hayden C. Withers, and Drs. Edward C. Thomas and Paul C. Barton, representatives from the federal government, who were present to discuss matters related to the military status of residents.

Dr. Stone explained that in 1961 the Department of Defense had expected to obtain approximately 2,025 physicians for active duty from the Berry Plan and Selective Service. Because the requirements of the Department of Defense

changed and because the Berry Plan did not provide the anticipated number of physicians, there was a shortage of 400 physicians.

Dr. Stone read the following quotation from the Selective Service Operation Bulletin No. 177, issued July 17, 1957 and amended November 3, 1961: A physician should not be placed in Class 2A for the purpose of completing a residency unless (1) in the opinion of the local board his services are essential to the operation of the hospital.

Discussing the question of appeal from classification, Dr. Stone stated that individual appeal must be made to the local Selective Service board where the man is registered within the statutory period of ten days. If the local board does not grant the appeal, an appeal can be made to the government agent of the local appeal board, to the State or to the National Director of Selective Service, or to the President. If an individual has been granted the right to appeal, he cannot be inducted by the local board until the appeal has been settled.

Dr. Stone recommended that the fact be established that the residency programs are educational programs necessary for the continued production of the medical specialists the country needs and that these educational programs must be maintained for the safety of the country. Also, he suggested that the medical schools develop with both the Department of Defense and the Selective Service a reasonable way of making the necessary manpower available to the Armed Forces, still maintaining the educational programs for the country as a whole.

General Kendrick commented that the individual applicant, upon applying for residency, should notify not only the board to which he is obligated but also the local board in the city in which he is taking his residency and complete the necessary questionnaire which will be made available to both boards, thus enabling the local board to arrive at a judgment.

Regarding types of appeals, Dr. Kendrick pointed out that there is the appeal for classification and the appeal for deferment. Further, once a man is commissioned and given his orders, he has an option to appeal to the military to delay his call to active duty.

Dr. Stone emphasized the need to have each hospital record the exact status of individuals in internship and residency programs, both by Reserve and National Guard responsibilities, as well as by their Selective Service classifications.

Dr. Thomas cautioned the deans to be fully informed of the military obligations of their senior classes and to inform them of what these obligations are. He also suggested that a hospital should, when it accepts a resident, notify his local board, stating that he has been accepted as a resident, giving his Selective Service number, pointing out that he has a military obligation, and defining his essentiality in that particular residency training program. Subsequently, the head of the residency program under which the resident will serve should follow-up with a letter, outlining the program and the needs involved.

At the conclusion of this discussion, there being no further business, the meeting was adjourned at 4:00 p.m.

# National Institutes of Health—Medical Schools Regional Meetings\*

May 28-June 4, 1962

The National Institutes of Health has wished to watch very carefully the uses of and administrative practices for the General Research Support Grant. In consultations which the Executive Committee of the Association of American Medical Colleges have had with the Director of the NIH and his staff it was decided that discussion with the deans of the medical schools and their associates on the General Research Support Grant would be useful. Subsequently, a number of developments made it advisable to add to the agenda of these meetings a discussion of other grant programs and of the respective responsibilities of the NIH and of the medical schools for grants management.

Accordingly, the AAMC arranged five regional meetings over the period, May 28 through June 4, followed by a final meeting for the convenience of those who could not attend the regularly scheduled conferences. The significance attached by the schools to this unprecedented set of meetings is indicated by the fact that every two-year and four-year medical school in the United States (including Puerto Rico) was represented. In view of the productivity of the frank exchange of views at the meetings, the AAMC and the NIH are considering whether such meetings should be held periodically.

A summary statement of the highlights of the presentations and discussions at these meetings follows.

## GENERAL RESEARCH SUPPORT GRANT

Presentations by the medical schools indicated that there is need for careful adjustment of the uses of the grant to the varying needs of the schools. These needs range from heavy emphasis upon central research facilities to research training of medical students. With few exceptions, the schools reported uses of the funds which were clearly proper in the light of guidelines established for the grant. There are some proposed uses which are legal but inadvisable, such as purchase of reproducing equipment for use in libraries. It was the advice of the NIH staff that in the initial years of the grant the schools should not use the funds for any purpose which could be questioned. The most serious problem in this connection was the proposed use of the grant by some schools to finance research training of medical students which is a formal part of the requirement for the M.D. degree.

In connection with stewardship of the funds, virtually all schools reported that they had established careful accounting systems to record the purposes for which the grant is being expended. All schools must keep careful accounts of the expenditures of the funds in view of the importance of ability to demonstrate the uses to which this new type of grant have been put. So far as formal reports to NIH are concerned, the essentiality of a carefully considered report outlining the unique contribution of the grant to the development of the total research program of the schools was emphasized.

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\* Summary prepared by NIH Staff.

Most schools have a faculty research committee, apart from the executive faculty, which decides on the allocations of funds for research projects. However, administrative patterns for handling the grant varies among the schools.

It appeared that some schools were using the General Research Support Grant in a rather random way to cover miscellaneous research costs. It was the advice of the NIH staff that the grant should be used to meet carefully considered, high priority program objectives of the school.

Many schools reported that they had underestimated the urgency of the need for fluid research funds to support smaller projects or projects which were for some reason not considered as ready for national competition.

Many schools pointed out that the prohibition upon the use of funds for library expenses seriously reduced the utility of the grant and required them to expend the funds for purposes which they judged to be of lower priority. Selection of certain library-type expenses which could clearly be identified as direct research costs (such as acquisition of photocopy machines used only for research) was urged upon the NIH staff.

Similarly, there was a consensus that the prohibition of use of the funds for alteration and renovation goes beyond the limitation set in the regular grant program, and is inconsistent with the essential purpose of the grant.

With respect to the size of the grant in future years, the schools were warned not to expect an increase in the grant in Fiscal Year 1963. On the other hand, the NIH staff stated that the grant to each medical school would in all probability be sustained at a level not below the 1962 grant. In this connection, attention is called specifically to the fact that the level below which the grant will not fall in FY 1963 is the amount determined by application of the formula, excluding that part of the actual grant in 1962 representing an "add-on" to the amount produced by the formula. The intent to give the grant the same continuity as income from endowment was stated.

The NIH staff stated that formal instructions for preparation of the annual report on the General Research Support Grant would be distributed to the schools in the near future.

There was a clear consensus among the schools that the grant is highly productive and that it fulfills requirements not otherwise met by other NIH research and training grants.

### RESEARCH CAREER AWARDS

The NIH staff stressed that the essential guidelines for this program will remain unchanged, but that a number of adjustments will be made to clarify the guidelines.

In applying for these awards in the future, schools will be asked to state that the salary requested is commensurate with other salaries actually paid to other persons with similar rank and attainments in the school. The earlier guidelines stressed adherence to a general policy and salary schedule rather than to salaries actually being paid.

The guides will also be changed to stress to applicants the fact that at the developmental level applicants will be judged in competition with their peers—that is, persons of generally comparable education, experience, and attainments.

Under the current guidelines, this principle is not made clear, and there has been some tendency for younger applicants not to receive equal consideration.

The instructions will be changed to drop the requirement that salaries for future years be stated in the application. Schools will be asked to indicate a proposed salary with each renewal application, and to state that the proposed salary is consistent with salaries actually being paid to persons of similar rank and attainment in the school. Experience has demonstrated that commitments on salaries as far ahead as five years are not realistic and in some circumstances are embarrassing to all parties.

One of the most significant problems relating to administration of this award is the disposition of fees collected on behalf of the individuals by reason of their profession. It appears quite probable that any such earnings will have to be credited to the award. NIH assured the schools that efforts will be made to secure an early decision on this matter, and that a resolution involving a minimum of administrative work for the schools will be sought.

#### NIH SUPPORT OF TRAINING SCIENTIST-CLINICIANS

The NIH staff reported a general consensus among the medical-scientific community that over the years ahead there would be a sharply increasing demand for persons with rigorous scientific training who are also clinically competent. Too few people are now securing this type of education, which typically requires extensive collaboration between graduate faculties and medical schools.

The NIH staff indicated that proposals from schools outlining plans for education of this character in the form of letters to the Director of NIH would be welcome. The proposals should be made in informal letters. It was also pointed out that neither funds nor specific authority for such a program exist at the moment. It was emphasized that the success of such a program would depend upon the existence within the same university not only of a strong medical school, but also of strong graduate faculties in a broad array of disciplines related to the life sciences. NIH indicated that many patterns for securing the desired ends may be developed, that there may be variations in objectives sought, and that the manner of administration at NIH has not been settled. Under any programs that may be developed, NIH would not undertake to lay down requirements relating to the curriculum, the sequence of studies, and similar matters which are the responsibility of the schools.

#### ADMINISTRATIVE MATTERS

*General.*—The NIH staff placed great emphasis upon the necessity of developing stronger administrative structures, and a stronger framework of institutional policy within the schools, so that they can discharge effectively their responsibilities for handling large sums of money. It was pointed out that with the growing size and complexity of the NIH grants and awards programs, the task of ensuring accountability for the use of public funds becomes more complex. The NIH staff indicated that stronger administration by the schools themselves is preferable to the elaboration of a set of Federal rules and regulations. There was general agreement among the schools with this point of view. The AAMC announced in this connection that it intended to reorient the Teaching Institutes toward a series of meetings having as their focus the strengthening of ad-

ministration by medical schools, and the development of policy guides and administrative patterns and practices for dealing with grant funds. The NIH staff felt that this would be a positive practical step, and agreed to work with the AAMC to make the conferences most useful to all parties.

The deans concurred with the view that the medical schools must enhance their administrative capacity. In this connection, the NIH staff noted that to an increasing extent, the total universities—not just their schools of medicine—are involved with NIH programs, and that many areas of authority and responsibility *vis-a-vis* the NIH programs center in the university.

A number of deans pointed out that the administrative capacity of the schools must be increased in a manner which will not decrease their capacity to serve as the home for creative research. Some apprehension was expressed lest concern with the bookkeeping aspects of grants administration overshadow the fundamental objective of maintenance of an environment for productive scholarship and vigorous teaching.

The NIH staff pointed out that the specific changes in guidelines for the grant programs are now under consideration, and that these would be discussed with the Executive Committee of the AAMC before issuance.

The schools and the NIH staff concurred in the view that emphasis upon institutional responsibility for the handling of funds would require extensive and careful discussions on the one hand with department heads and senior faculty, and on the other hand with NIH staff.

*Payment of Salaries from Grants.*—The question of payment of salaries under research grants was singled out for special attention. It was pointed out that some individuals whose full salaries are paid from research grants spend much less than all of their time or effort on the grants to which their salaries are charged. It was also pointed out that in some institutions the salaries paid to persons whose salaries are derived from grant funds are higher than the salaries of comparable people whose salaries are derived from university funds. The NIH staff stated that the proportion of salary charged to a grant should never be greater than the proportion of the investigator's effort devoted to the grant, and that no investigator should receive a salary higher than that paid to comparable people in the school solely by reason of the availability of grant funds. In this connection, NIH will probably have to move to a system under which some records of the proportion of the time of the investigators spent on grant supported research will be kept by the schools. This system will be made as simple as possible, and will probably involve recording of the proportion of investigators' effort devoted to grants on a monthly or preferably on a quarterly basis. These records would not be sent to NIH, but would be held at the schools for auditing purposes.

*Travel Expenditures.*—The fact was pointed out that in some institutions travel expenditures are made more freely from grant funds than from other funds. In relation to foreign travel, the NIH staff indicated that there would be, in all probability, a return to the earlier procedures under which NIH must specifically approve all foreign travel financed from grants.

*Equipment.*—Another matter extensively discussed was the need to develop an institutional funds control system that would provide adequate review of needs for equipment, with specific official institution approval of items proposed for

purchase. It was agreed that control by the institution would certainly be more realistic than a procedure that would call for NIH evaluation of such needs after the grants are awarded.

*NIH Procedures.*—The schools pointed out to the NIH staff that if the schools are expected to shoulder increased administrative responsibilities, at least two basic problems must be dealt with: NIH programs and rules must be simple enough so that they can be clearly understood by the schools; NIH grants and awards must be made under conditions which emphasize the fact that expenditures under grants and awards are to be made in accordance with basic school policies. Several deans and administrative officers noted that they do not receive many important notices from NIH which are directed to principal investigators and that they cannot be expected to administer policies of which they are unaware. The NIH staff agreed to take these fundamental points into account in the current re-thinking of the problems of grant administration.

*General Reaction of Schools.*—Both the schools and the NIH staff felt that the question of grant administration was a serious one and that the solution lay in hard work on the part of both parties to make the indicated changes in a way which would preserve the essential productivity of the research grant program.

Finally, the schools stressed that the recent trend towards recognition of the essentiality of the teaching function and of its inseparable relation to the research function is sound, and that this development should be encouraged as guidelines are reconsidered.

# Sixth Annual Meeting of the Continuing Group on Student Affairs\*

Biltmore Hotel

Los Angeles, California

October 27, 1962

## GENERAL SESSION

The 6th annual meeting of the Continuing Group on Student Affairs was held on October 27, in Los Angeles. The meeting was called to order by Dr. John L. Caughey, Jr., CGSA National Chairman, who outlined the background of the organization and called attention to the fact that AAMC in 1961 gave recognition to the effective work of CGSA by appointing a standing Committee on Student Affairs, composed primarily of CGSA regional chairmen.

Dr. Charles Schumacher (National Board of Medical Examiners) read a paper based on material derived from the longitudinal study being conducted by AAMC on members of the Class of 1960 in 28 medical schools. He showed that there are very significant correlations between some career choices at the intern level, and personality characteristics identified by tests given when these graduates entered medical school.

Dr. Edwin B. Hutchins (AAMC) presented a report on "The Measurement of Student Environment and Its Relationship to Career Choice in Medicine," another facet of the longitudinal study. His data show that both objectively measurable characteristics of the school, and the students' perception of the school environment, correlate significantly with some categories of their career choices expressed when they are interns.

Dr. Frank Whiting (AAMC) presented the Progress Report prepared by the *ad hoc* Committee on Clinical Externships for transmission to the AAMC-AMA Liaison Committee on Medical Education. He and Dr. Caughey emphasized some of the salient features of the report, and discussed the recommendation of the Committee that a more intensive and personalized study of student motivation be undertaken with the cooperation of CGSA members in the schools where clinical externships are a recognized problem. They also pointed out that a great deal remains to be learned about the relation of student desire for externships and the clinical teaching program of the medical schools; about the attitudes of medical faculty members, community practitioners and hospital administrators toward clinical externships; and about the full time clinical externships some students have during school vacation periods.

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\* Summary prepared by John L. Caughey, Jr.

Dr. Davis Johnson (Syracuse) presented a report on a study he will make (with support from the Falk Foundation) of attrition among students enrolled in medical schools. He gave data from AAMC records showing the wide range of dropouts in different schools, and the magnitude of the problem nationally. He emphasized that the number of dropouts in 1961-62 equaled the total product of approximately 12 average size medical schools, and that even a modest reduction in dropouts might result in the production of more doctors than several new schools would provide. Dr. Johnson described briefly his plan for a study which will involve interviewing all available "dropouts" from selected schools, and will require cooperation from CGSA members and other faculty members in the schools joining the study. It was suggested that the study might be widened to include collection of data about failing students allowed to continue the study of medicine in their own or other schools.

Dr. Paul Sanazaro, the recently appointed Director of the AAMC Division of Education, told the CGSA about his plans for organizing the work of the Division. He emphasized the need for basic and operational research by AAMC, and also the need for stimulating university people in a variety of disciplines to apply their knowledge and skill to problems of medical education.

Dr. Lawrence Hanlon (Cornell) reported on the Buck Hill Falls Conference of May 1962 sponsored by the CGSA Northeast Region and attended by pre-medical advisors from more than 100 colleges. He described the complexities involved in planning and operating this meeting, and pointed out that the participation by the college representatives was enthusiastic, even though all their travel and subsistence was at their own expense. It was expected that several papers read at the Conference will appear in *The Journal of Medical Education*, and that at least part of the transcript of the discussions will be edited for distribution.

Dr. Woodrow Morris (Iowa) Chairman of the CGSA Committee on Research, presented a proposal for study of the performance of foreign students who have been admitted to United States medical schools as candidates for the M.D. degree. He distributed a preliminary data collection form suggested as the instrument for gathering desired information about the academic progress and eventual careers of such students. In the discussion it was pointed out that a precise definition of "foreign student" is necessary, and that in some schools it will not be possible to collect data about students who were enrolled several years ago. There was general agreement that data about foreign students are urgently needed as a basis for decisions about whether it is desirable to encourage additional enrollment of students from other countries in United States medical schools.

Miss Shepley Nourse, Editorial Coordinator for the AAMC booklet "Admission Requirements of American Medical Colleges" gave a report showing the progressive increase in the distribution of this publication and of the reprints of material from it. She expressed appreciation for the excellent cooperation of CGSA members in providing the required copy, and proposed that in the coming year an effort be made to accelerate the schedule so that the volume may be ready for distribution by July 1st rather than August 1st. This would mean that corrected proof would need to reach AAMC about April 15th. The consensus was that early publication is desirable, and that it is worthwhile to work for it, even though some schools may have difficulty in meeting the proposed deadline.

Dr. Frank Berry, Deputy Assistant Secretary, Department of Defense, discussed problems of medical manpower for the military services. He emphasized the difficulty arising because of the need of the services for general medical officers and the small number of "Berry Plan" applicants who are requesting active duty after one year of internship. He mentioned that draft legislation will run out in June 1963, and that it is difficult to predict under present world circumstances what will happen after that. However, there is good reason to believe that the draft law will be renewed along present lines.

Dr. H. van Zile Hyde, Director of the AAMC Division of International Medical Education, reviewed the activities of his Division during the past year. He reported observations made during his recent trip to the Middle East and Africa.

### EXECUTIVE SESSION

Regional Chairmen reported proposals arising from their 1962 meetings. It was pointed out that minutes of these meetings have been provided to the Committee on Student Affairs and that material from these will be used in preparing future agenda.

Dr. Joseph Ceithaml, Chairman of the CGSA Committee on Financial Problems of Medical Students, presented a report on Medical Student Loan Funds, composed of usable data supplied by CGSA members in 70 medical schools. The conclusion from this information is that \$2,500,000 annually, in addition to presently available loan funds, is necessary to meet existing need for loans. This amount would in no way diminish the very urgent need for financial aid in the form of non-refundable grants, which are especially important for attracting able students to medicine as well as for keeping to reasonable limits the indebtedness medical students incur before they embark on their long period of graduate training.

On the basis of his Committee's study, Dr. Ceithaml recommended that collection of financial aid data be continued on a regular schedule to assure that information will be available for foundations, government agencies, etc. It was voted to approve this proposal.

Questions were raised about the effect of the action of the Student American Medical Association recommending against Federal aid to medical students in the form of non-refundable grants. The opinion was expressed that the SAMA does not necessarily represent the views of the majority of medical students, and that it might be desirable to procure some other appraisal of student attitudes, perhaps by school-wide polls. It was agreed that the Committee on Financial Problems of Medical Students will study this matter and take appropriate action.

Dr. Ceithaml distributed a report from the AMA showing, as of September 30, 1962, the utilization of the ERF guaranteed loan program. The figures show that 2,398 students have borrowed \$2,707,000. The discussion emphasized that the extent of utilization of these loans by students is surprising, and is also an indication of the very serious deficit of financial aid which existed, especially in some schools, before the program was inaugurated.

On behalf of his Committee, Dr. Ceithaml presented a resolution giving recognition to the able and devoted service rendered to the Committee by Dr. J. F. Whiting, who will soon be leaving AAMC. CGSA voted unanimously to approve this resolution.

The motion was made, seconded and voted without dissenting voice, that the CGSA approve the recommendation of Dr. Morris that it sponsor, in cooperation with the AAMC Division of International Medical Education, a nation-wide study of foreign students admitted to United States medical schools as candidates for the M.D. degree. CGSA members were urged to submit to Dr. Morris suggestions for improving the draft questionnaire presented in the General Session.

A brief summary of information about legal problems of clinical externships was presented to supplement the material discussed in the General Session. It was pointed out that the limited data about legal problems provide an additional reason for making further studies of the clinical externship. After discussion, it was voted that CGSA endorse the recommendation of the *ad hoc* Committee on Clinical Externships that the AAMC-AMA Liaison Committee sponsor further studies of the clinical externship. This vote was made with the understanding that if further studies are carried out, the cooperation of CGSA members will be required in some aspects of the project.

It was voted without dissenting voice, that CGSA endorse the study proposed by Dr. Johnson of the dropout of students enrolled in medical school and that CGSA members cooperate actively in this study.

Dr. Caughey reported that the AAMC Executive Council has requested from CGSA an expression of opinion about the desirability for changes in the present rules about confidentiality of MCAT scores. In the discussion it was pointed out that a mechanism does exist whereby properly qualified agencies may have MCAT scores released to them by action of AAMC. It also became apparent that CGSA members are not agreed about the wisdom of making any change in the present rules. A motion was made, seconded and voted that CGSA recommend no change in MCAT confidentiality rules at this time. It was agreed that this subject will be presented for discussion at Regional Meetings.

Dr. Wimburn Wallace, of the Psychological Corporation, reported that there has been a 13 per cent increase in the number of students taking the MCAT this year, the figures being 15,165 in 1961 and 17,250 in 1962. This almost certainly means that there will be an upturn in the number of medical school applicants in 1962-63.

In response to questions, Dr. Wallace reported that his organization has reviewed carefully the booklet "How to Pass the MCAT" published recently by the College Publishing Corp. of New York. He assured the CGSA members that there are no items from the MCAT in the book, and that time spent by students studying the book would be less productive than would equal effort devoted to following the suggestions made by the Psychological Corporation in the information it provides to candidates.

Because of discussions at the 5th Annual Meeting and in Regional Groups, the question was raised as to whether there should be action to change the Recommended Acceptance Procedures. Regional chairmen indicated that they found no enthusiasm for changes. Dr. Johnson reported a limited study by the CGSA Research Committee members indicating that there is no unanimity among their students in favor of any change. Comments from the Northeast Region suggested that college premedical advisors at the Buck Hill Falls Conference were divided on the subject. During the discussion, Dr. Schofield made the suggestion that a

reasonable compromise might be reached by making just one change, transferring the January 15 deadline to February 15. This would leave schools free to start working on applications when they choose to do so, but would concentrate acceptance activity at a time when senior internship problems are over, when first semester grades are available and when the Christmas holiday season is well past. When this suggestion was put to a vote, the Chairman ruled that a tie resulted. It was then voted to table this recommendation with the understanding that it will be developed for organized discussion at Regional Meetings and acted upon at the 1963 Annual Meeting.

# Conference on Continuation Medical Education

Biltmore Hotel

Los Angeles, California

October 26-27, 1962

The Conference on Continuation Medical Education convened in Los Angeles on October 26. Dr. Albert Sullivan, Jr., Chairman, made introductory remarks and explained the purposes of the Conference.

Dr. Bernard V. Dryer presented a paper on the philosophy of continuing education for the physician; Dr. Walter E. Boek presented a paper on an approach to the evaluation of the effectiveness of continuation medical education; Dr. Robert B. Howard read his paper on the future role of the medical school in continuing medical education.

Dr. C. H. William Ruhe presented a survey of the activities of medical schools in the field of continuation medical education and Dr. Fred Mac D. Richardson reported on experimentation with pre- and post-course examinations in the field. The role of the community hospital was described and evaluated by Dr. William J. Lahey.

At the opening session on October 27, Dr. Seymour M. Farber presented a paper on the coordination of continuing medical education in a geographic area; Dr. Donald H. Williams reported on planning a program of continuing medical education *de novo*.

Drs. Sullivan, Farber, Dryer, Lahey and Jesse D. Rising participated in a panel discussion on the future status of continuation medical education.

A session on Television and Other Teaching Media was held on October 27, chaired by Dr. Rising, who also presented a paper on the practical aspects in the use of television in continuation medical education. Dr. Dale Groom reported on the statewide closed circuit television program and Dr. Hilmon Castle described experiences with open circuit television.

The Conference closed with a general discussion on practical aspects of running a continuation medical education program.

# Fifth Annual Meeting of the Medical School— Teaching Hospital Section

Biltmore Hotel

Los Angeles, California

October 27-28, 1962

At the business session of the Fifth Annual Meeting of the Medical School-Teaching Hospital Section held in Los Angeles on October 28, 1962, the following recommendations of the Nominating Committee were accepted:

## Executive Committee Members 1962-1963

*Chairman:* Dr. Philip D. Bonnet, Massachusetts Memorial Hospital

*Vice Chairman:* Harold H. Hixson, University of California Hospitals

*Secretary-Treasurer:* John M. Danielson, Evanston Hospital Assn.

*Members:* Dr. Henry N. Pratt, The New York Hospital

(Term expires in 1963—one year)

Ladislau F. Grapski, University of Maryland Hospital

(Term expires in 1965—three years)

The Fifth Annual Meeting opened on Saturday morning, October 27, with address of welcome by Dr. George N. Aagaard, Chairman of the Committee on Medical School-Affiliated Hospital Relationships, and Dr. Richard O. Cannon, Chairman of the Medical School-Teaching Hospital Section.

Financial Educational and Patient Care Responsibilities of the Medical School-Teaching Hospital was the subject of the morning session, presided over by Harold H. Hixson, Administrator, University of California Hospitals. The following papers were presented: "Education Costs in Teaching Hospital—Progress Report of the Study Committee," Augustus J. Carroll, Business Officer of State University of New York, Upstate Medical Center; "Orienting the Medical Student and House Staff to Medical Care Costs," Dr. William A. Sodeman, Dean and Vice President for Medical Affairs, Jefferson Medical College; "The Neurological and Sensory Disease Service Program, A New Federal Activity," Dr. Sydenham B. Alexander, Chief, Professional Training Section, Neurological and Sensory Disease Service Program, USPHS; "A University Hospital's Experience in Providing Nursing Home Care," Ray Amberg, Director, University of Minnesota Hospitals; "The Care of Private Patients in the Education of Interns and Residents," Dr. Lawrence E. Young, Dewey Professor of Medicine and Chairman Department of Medicine, University of Rochester School of Medicine and Dentistry; "The Ex-

panded Program of ECFMG and its Relationship to the Teaching Hospital," Dr. G. Halsey Hunt, Associate Director, Educational Council for Foreign Medical Graduates.

Dr. Bonnet presided over the afternoon session which dealt with the role of the teaching hospital in research. Presentations included: "Research Programs and the Heart Institute," J. Franklin Yeager, Ph.D., Associate Director for Extramural Programs, National Heart Institute, NIH; "The General Clinical Research Centers Program," Dr. Sam Silbergeld, Chief, Clinical Research Centers Branch, Division of Research Facilities and Resources, NIH; "The Relationship of the Medical School and Hospital to the Clinical Research Center," Dr. Elliot V. Newman, Werthan Professor of Experimental Medicine and Director of the Clinical Research Center, Vanderbilt University School of Medicine; "The Role of the University Teaching Hospital in Hospital Research," Dr. Jack C. Haldeman, Assistant Surgeon General, Chief, Division of Hospital and Medical Facilities, USPHS.

The subject of the session held October 28, was Relationships of the Medical School and Teaching Hospital with its University, the Community and the Region, with Dr. Cannon presiding. The following papers were presented: "The Medical Center as a Part of the University," Ray E. Brown, Vice President for Administration, University of Chicago; "The Medical School and Teaching Hospital and their Community Relations," Charles P. Cardwell, Jr., Vice President and Director of College Hospitals, Medical College of Virginia; "The Medical School—The University Hospital and Regional Medical Care," Dr. Henry T. Clark, Jr., Administrator, Division of Health Affairs, University of North Carolina.

The meeting was adjourned after the business session.

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

Biltmore Hotel

Los Angeles, California

October 29-30, 1962

Presiding: DONALD G. ANDERSON, President

The meeting was called to order at 9:00 a.m., Monday, October 29, 1962, by Dr. Donald G. Anderson, President of the AAMC and Dean of the University of Rochester School of Medicine and Dentistry.

## INTRODUCTION OF NEW DEANS

The following new medical school deans were introduced:

### *U. S. Schools*

- Kenneth B. Castleton—University of Utah College of Medicine  
DeWitt Stetten, Jr.—Rutgers University School of Medicine  
Robert C. Hardin—State University of Iowa College of Medicine  
Daniel S. Kushner—Chicago Medical School  
Hayden C. Nicholson—University of Miami School of Medicine  
David Burd G Hinshaw—Loma Linda University School of Medicine  
Sherman M. Mellinkoff—University of California School of Medicine  
Los Angeles  
Robert C. Berson—University of Texas South Texas Medical School,  
San Antonio  
Benjamin B. Wells—California College of Medicine  
S. Richardson Hill, Jr.—Medical College of Alabama  
Clifford S. Grulee, Jr.—University of Cincinnati College of Medicine  
Robert J. Slater—University of Vermont College of Medicine  
Cheves McC. Smythe—Medical College of South Carolina  
Samuel Gurin—University of Pennsylvania School of Medicine  
Douglas Surgenor—State University of New York at Buffalo School of Medicine  
Gilbert Mudge—Dartmouth Medical School  
Goronwy O. Broun—St. Louis University School of Medicine

### *Canadian Schools*

- R. W. Begg—University of Saskatchewan College of Medicine  
E. Harry Botterell—Queens University Faculty of Medicine

The following new acting deans were also introduced:

- K. R. Crispell—University of Virginia Medical School

Philip B. Cohen—University of Wisconsin Medical School  
 Randolph Batson—Vanderbilt University School of Medicine  
 Lewis H. Rohrbaugh—Boston University School of Medicine

INTRODUCTION OF NEW VICE PRESIDENTS AND VICE CHANCELLORS

Homer F. Marsh—Vice President of the University in Charge of Medical Units,  
 University of Tennessee  
 Maj. Gen. Clement F. St. John—Vice President and Director of the Medical Center,  
 University of Cincinnati  
 The Reverend Joseph F. Cohalan, S. J.—Vice President of Medical Center Affairs,  
 Georgetown University  
 Lowell T. Coggeshall—Vice President, University of Chicago  
 Leroy E. Burney—Vice President, Health Sciences, Temple University  
 Walter E. Macpherson—Vice President for Medical Affairs, Loma Linda University  
 Stafford L. Warren—Vice Chancellor, Health Sciences, University of California,  
 Los Angeles  
 John D. Porterfield—Vice President for Medical Affairs, University of California,  
 Berkeley

George A. Wolf, Jr.—Vice President for Medical Affairs, Tufts University  
 Joseph F. Volker—Vice President for Health Affairs, Medical College of Alabama

Following the introduction of new deans, the presidential address, "Some Pertinent and Impertinent Comments on Medical Education," was delivered by Dr. Donald G. Anderson, Dean, the University of Rochester School of Medicine and Dentistry. In addition to Dr. Anderson's address, the following papers were delivered during the remaining portion of the morning session.

"Intellectual Talent and the National Welfare," Samuel B. Gould, LL.D., President, Educational Broadcasting Corporation; "The Attitudes of High School Students toward Higher Education," John Stalnaker, President, National Merit Scholarship Corporation; "The Changing Attitudes of College Students and Teachers Toward Scholarship," Joseph W. Cohen, Director, Inter-University Committee on the Superior Student; "New Developments in the Teaching of Mathematics," R. Creighton Buck, Ph.D., Chairman, Committee on the Undergraduate Program in Mathematics, Mathematical Association of America; "New Developments in the Teaching of Physics," William C. Kelly, Ph.D., Director of Education, American Institute of Physics.

The meeting adjourned at 12:00 noon.

Dr. John F. Sheehan presided at the afternoon session which convened at 2:00 p.m. and included the following presentations:

"Teaching Machines and Programmed Instruction," A. A. Lumsdaine, Ph.D., Professor of Education, University of California at Los Angeles; "Medical Library Resources and Their Development," Scott Adams, M.L.S., Deputy Director, National Library of Medicine, Department of Health, Education, and Welfare; "Thinking Men and Thinking Machines in Medicine," Bernard V. Dwyer, M.D., Director, Joint Study Group in Continuing Medical Education; "Cooperative Research in Medical Education: An Example from Hematology," John R. Ginther, Ph.D., Associate Professor, University of Chicago.

The meeting adjourned at 4:30 p.m. following which open hearings on annual reports of committees were held.

**ANNUAL BANQUET**  
**Monday Evening, October 29, 1962**

**Borden Award:**

Dr. Leon Orris Jacobson, Professor and Chairman of the Department of Medicine of the University of Chicago, received the 1962 Borden Award in the Medical Sciences. The award, a gold medal and \$1,000, was presented to Dr. Jacobson by Dr. Arthur P. Richardson, Dean of Emory University School of Medicine.

**Abraham Flexner Award:**

Dr. George Packer Berry, Dean of the Harvard Medical School and President of the Harvard Medical Center, received the fifth annual Abraham Flexner Award for Distinguished Service to Medical Education. Dr. H. Houston Merritt, Dean of the Faculty of Medicine of Columbia University, made the presentation.

**The Alan Gregg Lecture:**

Dr. C. Sidney Burwell, Professor Emeritus and Special Consultant to the Dean of the Faculty of Medicine of the Harvard Medical School, presented the Fifth Alan Gregg Memorial Lecture, "The Evolution of Medical Education in Nineteenth-Century America."

**GENERAL SESSION**

Tuesday, October 30, 1962

Presiding: DONALD G. ANDERSON, President

The meeting was called to order at 9:00 A.M.

**FOREIGN GUESTS**

Dr. Henry van Zile Hyde introduced the foreign guests attending the meeting. They are:

Dr. Carlos Cruz Lima  
Rio de Janeiro, Brazil

Professor Lindsay Davidson  
Faculty of Medicine  
The University of Birmingham  
Birmingham, England

Professor Alexander P. D. Thomson  
Faculty of Medicine  
The University of Birmingham  
Birmingham, England

Dr. P. K. Sen  
Seth G. S. Medical College &  
King Edward Medical Hospital  
Parel, Bombay, India

Dr. Giuseppe Maselli-Campagna  
Assistant, Surgical Pathology Institute  
University of Bari  
Bari, Italy

Dr. David A. N. Hoyte  
Sr. Lecturer in Anatomy  
Head of Department of Anatomy  
University College of the West Indies  
Mona, St. Andrew, Jamaica

Dr. Tomio Oda  
Chief Pathologist  
Hiroshima Atomic Radiation Injury  
Research Institute  
Japan Red Cross Society  
Hiroshima, Japan

Dr. Jose Miguel Torre, Director  
Facultad de Medicina  
Universidad Autonoma  
de San Luis Potosi  
San Luis Potosi, S. L. P., Mexico

Dr. H. O. Thomas  
Dean, University of Lagos  
Medical School  
Lagos, Nigeria

Dr. Ernesto Rodriguez Oclay, Director  
Universidad Nacional de San Agustin  
Facultad de Medicina  
Arequipa, Peru

Mrs. Anunciacion B. Aznar  
Chairman, Board of Trustees  
President, Southwestern University  
Cebu City, The Philippines

Dr. Uldario C. Bacay  
Assistant Dean and Vice Chairman  
Board of Administration  
CIT College of Medicine  
Cebu City, The Philippines

Mr. Francisco Dalupan  
President and Chairman  
Board of Trustees  
University of the East  
Manila

Dr. Teodor Evangelista  
President, Far Eastern University  
Manila

Dr. Lorenzo S. Katigbah  
Manila

Reverend Father Juan Labrador  
Rector Magnificus  
University of Santo Tomas  
Manila

Dr. Fernando M. Martires  
Manila

Dr. Julian Paguyo  
Secretary, Board of Medical Education  
Special Private School Consultant  
Manila

Dr. Benjamin Roa  
Board of Medical Education  
President, Philippine  
Association  
Manila

Dr. Ambrosio F. Tangco  
Board of Regents  
University of the Philippines  
Manila

Dr. Archibald L. Goodall  
Glasgow, Scotland

Dr. Rabieb Rerkasem  
Medical Director of Chiangmai  
Hospital  
Faculty of Medicine  
Chiangmai, Thailand

Professor Alastair M. M. Wilson  
Head of Department of Microbiology  
Makerere University  
College Medical School  
Kampala, Uganda

Dr. Anibal J. Latuff  
Clinica Luis Razetti  
Caracas, Venezuela

Dr. Tran Dinh De  
Secretary of State for Health  
Saigon, Vietnam

The following addresses were delivered at the morning sessions:

"The AAMC and Research in Education," Paul J. Sanazaro, M.D., Director, Division of Education, Association of American Medical Colleges; "Requiem or Reveille—The Clinician's Choice," John Romano, M.D., Professor and Chairman, Department of Psychiatry, University of Rochester, School of Medicine and Dentistry; "Medical Education in India Today," P. K. Sen, M.B., M.S., F.A.C.S., F.A.Sc., Professor-Director of Surgery, Seth G. S. Medical College, King Edward Medical Hospital, Bombay; "Medical Education in Nigeria," H. Orishejolomi Thomas, M.B., F.R.C.S., Dean, University of Lagos Medical School, Nigeria; "International Personnel Resource Survey. Preliminary Findings," Henry van Zile Hyde, M.D., Director, Division of International Medical Education, Association of American Medical Colleges.

The meeting adjourned at 12:00 noon.

# The Seventy-Third Annual Business Meeting

Biltmore Hotel

Los Angeles, California

October 30, 1962

Presiding: Dr. DONALD G. ANDERSON, President

Dr. Donald G. Anderson called the Seventy-Third Annual Business Meeting to order at 2:00 p.m. The Secretary, Dr. Richard H. Young, called the roll and declared a quorum of the Institutional Members to be present.

## APPROVAL OF MINUTES OF 72ND ANNUAL MEETING

The minutes of the 72nd Annual Meeting, November 13-15, 1961, Queen Elizabeth Hotel, Montreal, Canada, were approved as published.

## EMERITUS MEMBERS

Upon motion, seconded and carried, the following individuals were elected to Emeritus Membership:

Charles Austin Doan, Stanley Dorst, Billy S. Guyton, Chauncey D. Leake, William S. Middleton, John McK. Mitchell, Howard Potter, Philip B. Price, and Donald B. Steenburg.

## INDIVIDUAL MEMBERS

A total of 168 new individual members were voted into the Association.

The chair was then turned over to Dr. John F. Sheehan, Vice-President of the Association. Dr. Sheehan called upon Dr. Donald Anderson, Chairman of the Executive Council to give the report of the Executive Council.

## REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

Gifts, Grants, and Contracts:

*Carnegie Corporation.*—\$300,000 five year grant to provide the basic support for a Division of Education, under the direction of Dr. Paul J. Sanazaro.

*Macy Foundation.*—\$5,000 for support of the Federal Health Programs Committee and a second grant of \$3,700 to assist in the publication costs of the report, *Lifetime Learning for Physicians*.

*Merck, Sharp, and Dohme.*—\$7,500 to help the Association in its support of the Joint Study Group in Continuing Medical Education.

*Commonwealth Fund.*—\$3,500 to permit indexing of the reports of the Teaching Institutes 1952-1959 inclusive.

*National Heart Institute.*—\$25,000 to assist with the 1962 Institute.

*Agency for International Development.*—\$90,000 to assist in the program of the Division of International Medical Education.

*National Institutes of Health.*—\$67,000 in support of the first Institutes on Medical School Administration.

One of the matters that has seriously occupied the Council during the past year has been an effort to increase the administrative efficiency of the Association. A number of steps have been taken in this direction. First, the Executive Council has met on the average of every two months and more frequent meetings have been arranged for the Administrative Committee. The Council has arranged for the committees of the Association, when it seemed appropriate and desirable, to meet at times when they would not be distracted by other activities, such as the Annual Meeting, and to make this possible the Association has provided, when it seemed essential, travel funds to permit such meetings.

The Association has also endeavored to provide staff support as necessary for the individual committees.

The Council is in the process of developing definite charges for each of the committees so that they will understand, and the members will understand, the matters that come within their purview.

Finally, certain changes will be made next year on the recommendation of Dr. John Deitrick, new Association President. These changes in the committee structure and function of the Association have been approved by the Council. It has been determined that the Committee on Medical School-Affiliated Hospital Relationships will absorb the activities of the former Committee on Internships, Residencies and Graduate Education and the Committee on Medical Care Plans.

Two new committees will be appointed, a Committee for the Study of New Drugs and a Committee on Constitution and Bylaws.

The name of the Committee on Research and Education has been changed to the Committee on Research in Education. It reflects an important change in the concept of the work of this committee.

The Council also wishes to report on another major area, the activities of the Liaison Committee on Medical Education. At the beginning of the year the Liaison Committee carefully reviewed its structure and function, and it was agreed by our Executive Council and by the Council of the AMA that the Liaison Committee was an important instrument and that it should continue. Certain arrangements were agreed upon to increase the efficiency of the work of that Committee.

The Liaison Committee, after much discussion, reached the conclusion that it was extremely important that we make a review of all of the procedures involved in our program of accreditation, and a special committee under the chairmanship of Dr. Vernon Wilson has been restudying this matter. A report to the Liaison Committee will be made in the near future.

Finally, the Liaison Committee has been giving consideration as to how our Association and the Council on Medical Education and Hospitals of the AMA might develop a program under which our Associations could provide assistance to schools with special problems, and the possibility of developing such a program is still being studied.

Another major action of the Executive Council was to adopt a statement to the effect that an agency to coordinate a national program in continuing medical education is a matter of importance and urgency. Our Council expressed a willing-

ness to discuss with the AMA or other appropriate sponsoring organizations the possibility of establishing such an agency.

The Council authorized a resolution of appreciation to Dr. John Bowers for his development of *The Journal of Medical Education* as follows:

WHEREAS: Until the spring of 1962, *The Journal of Medical Education* was the only publication in the world that dealt exclusively with the area of medical education, and

WHEREAS, The past five years have seen unprecedented developments in the fields of medical science, medical practice, and medical education, and

WHEREAS, During this same period of time, *The Journal of Medical Education* has grown in circulation and in stature as a publication of importance in the world of medicine, therefore

BE IT RESOLVED, That the Institutional Membership of the Association of American Medical Colleges expresses its official appreciation to John Z. Bowers, M.D., who has been Editor of *The Journal of Medical Education* and who has provided the leadership essential to its development during this very important period, and also

BE IT RESOLVED, That the Institutional Membership of the Association of American Medical Colleges offers congratulations to Dr. Bowers and also wishes him every success on the occasion of his being awarded the Annual Alan Gregg Travel Fellowship in Medical Education of the China Medical Board.

Upon motion, seconded and carried, the Institutional Membership unanimously adopted the Resolution.

The Council has sponsored cooperative efforts with the National Institutes of Health and during the past year has had frequent, regular, and very satisfactory consultations with Dr. James A. Shannon, Director of the National Institutes of Health and his associates there, and also with the office of the Secretary of the Department of Health, Education, and Welfare, and the office of the Surgeon General.

One of the important actions of the Council during the past year was the adoption on September 21, 1962, of the "Statement on the Relationships Between Schools of Medicine and Granting Agencies and Organizations," as follows:

To carry out the many responsibilities with which they have been charged by society, the nation's medical schools receive annually from various sources, private and governmental, very substantial funds for the conduct, development, and extension of their programs of education, research, and service. In awarding such funds, grantors have always evaluated carefully both the potential capacity of the medical schools to use these funds productively and the schools' actual record of performance.

The accomplishments of the medical schools during the past sixty years—in educating physicians and other health personnel, in advancing medical science, and in promoting the health and welfare of our nation—are well known. These accomplishments furnish abundant testimony that the funds provided the medical schools have been spent to excellent purpose.

By the most conservative estimate, the economic value to the American people of the medical schools' contribution to the lengthening of life, to the shortening and prevention of illness, and to the reduction of disability amounts to a many-fold return on these funds. Further, the steadily increasing support which the activities of the medical schools have attracted in recent decades is clear indication that those who control

funds have confidence in the capacity of the schools to use such funds to advance the welfare of mankind.

The funds received by the medical schools for the support of their various activities are now of considerable magnitude; as a result, it is obvious to the schools that, more than ever, they must effectively demonstrate not only their ability to use funds productively but also their capacity to manage these funds responsibly and prudently for the purposes for which they were given. Indeed, the schools know that only if they fulfill both of these obligations will they maintain the trust and confidence of those who provide funds.

At the same time, the schools believe that there is a reciprocal responsibility on the part of the grantors. The conditions imposed and the procedures required to insure proper fiscal administration of grants and contracts should not restrict the academic freedom of the schools' faculties, nor should they limit the individuality and diversity which contribute so importantly to the strength of this country's medical institutions. Individually and collectively, the schools have a responsibility to study carefully conditions proposed for regulating the expenditure of funds and to determine which conditions are acceptable and which cannot be accepted if they are to carry out their mission. (*Sponsored Research Policy of Colleges and Universities* published by the American Council on Education in 1954 is an excellent report of one such study.)

It is recognized that those who provide funds, both private and governmental, may be legally restricted to support only research, or only teaching, or only medical care, as the case may be. In any event, grantors must be satisfied that the activity for which they are providing support is being fully and properly pursued. In their own interest, however, as well as in the interest of the proper development of the schools, grantors should not attempt to impose conditions that would unwisely restrict or distort the activities of recipient institutions or force them to attempt an artificial or impossible separation of their activities.

In this connection it should be understood that, with rare exceptions, medical school faculties are engaged in both teaching and research, and, in many instances, in patient care and community service as well. Often faculty members will be engaged in two, three or all of these activities simultaneously. Further, their participation in any of these activities commonly enhances, directly or indirectly, their capability in the others.

To a medical student the research activity of a faculty member may constitute a teaching exercise; to a patient a faculty doctor's research activities may provide medical diagnosis and care. On the other hand, a faculty member's activities in teaching, patient care or community service may contribute importantly to his research goals.

There is growing concern among the medical schools that some who control funds would pursue policies that will divorce teaching from research. Such a situation would most certainly impair the basic education of those who will become the investigators, teachers, and practitioners of the future, and would be a serious blow to the development and extension of research as well as to the advancement of medical care in this country.

The schools also would urge that those who provide funds for research be mindful that the steps by which creative research may be prosecuted most successfully cannot always be specified in advance and that, indeed, the most significant results of a proposed research program often cannot be foreseen. It is important, therefore, that the conditions under which research grants are made and accepted permit responsible scientists the scientific and administrative latitude and flexibility necessary for productive work.

The schools also call attention to the fact that the proper management of the large sums of extramural funds now being entrusted to the medical schools is in itself an item of considerable cost.

In recent years the administrative problems associated with gifts and grants to the medical schools have become exceedingly complex—largely because of the rapid increase in the number of grants and because funds have come from so many different sources, for so many different purposes, and under so many different conditions. The medical schools recognize the need to examine closely their policies and practices for handling such funds and where necessary to institute improved management policies and practices that will insure that funds are being administered responsibly and economically for the purposes for which they are given.

The Association of American Medical Colleges believes the following principles are basic to the proper management and expenditure of extramural funds by the medical schools and their parent universities:

1. In expending extramural funds each institution should adhere to the same rules and principles, exercise the same prudence and require the same authorizations and controls as it does in the expenditure of the institution's own funds.

2. Policies and procedures for the expenditure of funds should be defined by each institution for the guidance of its administration and faculty.

3. The administrative officers of each institution should observe the spirit and the letter of the conditions under which extramural funds have been made available to and have been accepted by the institution.

4. For the proper management of extramural funds each institution should develop and maintain a system of accounts that will insure:

(a) That the institution at all times has available a current, complete, and accurate separate record of each extramural fund in a form similar to that maintained for its own funds,

(b) That it can demonstrate that proper internal controls of expenditures consistent with sound academic operating policies are being exercised.

The Association of American Medical Colleges plans a continuing study of problems related to administration and management in the medical schools. In the spring of 1962 the Association arranged a series of regional meetings at which the deans and business officers of the medical schools discussed with representatives of the National Institutes of Health, the administration of NIH grants and contracts. Similar meetings are planned for 1963. In addition, in 1963 the Association will hold a national conference of the medical schools at which basic problems of administration will be examined with the assistance of experts in management from business, industry, public affairs and education.

The Association of American Medical Colleges is prepared to provide consultation and advice to member institutions or granting agencies concerning matters discussed in this statement to the end that the productive relationship now existing between the medical schools and the many agencies concerned with the support of medical research, education, and service will be strengthened and advanced.

The Council urges each medical school to examine very closely its practices and policies with respect to the management and expenditure of Federal grants and contracts. Further, as indicated in our statement, the Association is prepared to give advice and counsel on request of any medical school on this important matter.

The Council has recommended changes in the Association's Bylaws with respect to creating a Provisional Institutional membership. Notification of this proposed change in Bylaws was sent out as required.

A new Section 3 is being proposed which is to read as follows:

#### PROVISIONAL INSTITUTIONAL MEMBERSHIP

There shall be a class of Institutional Members titled Provisional Institutional Mem-

bers 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 filled acceptable plans for the development of construction, faculty, and curriculum with the executive Council sixty days prior to a regular meeting of the Institutional Members. Provisional Institutional Members will be elected for one-year periods in the same manner as Institutional Members and re-election each year will be by the Institutional Membership based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next regular annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Since this is a new Section, all the Sections that follow have been advanced by a factor of one in the renumbering.

In addition, a new Section 11 is required, which will read as follows:

Dues—The annual dues shall be:

Institutional Members, 4-year schools.....	\$1,000
Institutional Members, 2-year schools.....	500
Affiliate Institutional Members.....	250
Provisional Institutional Members.....	500
Individual Members.....	15
Sustaining Members.....	1,000
Contributing Members.....	200 to 500

Motion was made that the proposed revision in Bylaws be adopted. After a proper second, the motion was voted by unanimous voice.

The Executive Council recommends that the following schools be admitted to full Institutional Membership effective as of the date of the official accreditation:

The University of Kentucky College of Medicine, October 9-11, 1961

The California College of Medicine, February 15, 1962

Upon motion, duly seconded, the above schools were voted into full membership in the Association.

The Council has been concerned with the problem of the continuation of medical education in time of national emergency or mobilization. The Council was very pleased during the course of the summer to learn that Dr. William Willard, University of Kentucky, had been appointed by President Kennedy as Chairman of the National Health Resources Advisory Committee in the Office of Emergency Planning. The Council has met with Dr. Willard and has extended to him its offer of cooperation. He has indicated his desire to have the advice, counsel and assistance of the Association as his Committee develops its plans.

The Council has officially instructed the Association's Committee on Medical Education in National Defense to work closely with Dr. Willard, to review the experience of the Association in previous emergencies and to formulate for the consideration of the Council specific proposals that this Association might put forth to the appropriate government agencies.

The Executive Council recommends that the Association join in sponsoring the organization or the establishment at an early date of a committee representing our Association, the American Medical Association, and possibly one or two other related organizations, comparable to the Joint Committee on Medical Edu-

cation in Time of National Emergency that did such effective work under the chairmanship of Dr. Stockton Kimball during the Korean conflict.

The Council feels that it is most important that those who have any right to speak for medical education should speak with one voice when they deal with Washington on matters that affect medical education in time of national emergency and that there be one effective point of contact for those in Washington who are concerned with these matters.

This completes the report of the Executive Council. I move approval of the report as a whole. The motion was seconded and passed by unanimous voice vote.

## REPORT OF THE EXECUTIVE DIRECTOR

WARD DARLEY

I will defer a detailed report until February, 1963, at which time I hope to review the activities of the Association which have developed over the past two years, take a look at its present activities, particularly at the important actions the Council has taken at this meeting, and give the membership an idea of the next few years in medical education as I see them.

To me, medical education and the Association of American Medical Colleges are synonymous. I believe that the Association now stands in a position where the next few years can tell a great deal as to what the future course of medical education in this country will be.

Briefly, I take comfort in the fact that the business and administrative methods of the Association are now such that we can cope with the administrative problems that are involved in rapid growth and the assumption of increasing responsibilities. The Operational Studies that have been supported by the Kellogg Foundation have now reached the point where the information that has been assembled is ready for the intensive study of the deans and faculties. They will determine whether or not there is anything of importance in the information for charting the future course of individual medical schools and medical education in general.

The basic research program which was started several years ago by the Committee on Research and Education under the chairmanship of Dr. George Berry has resulted in the accumulation of a tremendous amount of invaluable information which is now ready to be put together, interpreted and used by individual medical schools as they may choose in plotting their future courses.

In addition, the Teaching Institutes and the vast amount of information that has been brought together in the reports on these Institutes are ready to play the same role. The Commonwealth Foundation has made a grant available, as you may remember from the Chairman's report, which will permit us to index the Teaching Institutes from 1952 through 1959, so that the information in these volumes can be made more useful.

The two Teaching Institutes that were concerned with the selection of students and the ecology of the medical school have had a most significant impact. These Institutes gave impetus to the development of the Continuing Group on Student Affairs, which has become a very important instrument in coordinating the activities of the schools and in programming activities concerned with the improvement of student selection and student counseling. Now the Group is begin-

ning to sponsor studies that will carry out the implications inherent in this type of an organization.

The same type of organization I think can result from our activities in continuing education and our activities as represented by tomorrow's forum on Research in Medical Education. I think here we have a model that will make it possible for the deans to cooperate in areas other than those that are strictly concerned with top-level medical school administration and bring the schools together in activities and studies that will carry great implications for our future sense of direction.

The Teaching Seminars, originally started by Dr. George Miller at the University of Buffalo and later carried on in cooperation with the Association of American Medical Colleges, represent an important area of activity which we are now ready to use to full advantage.

Finally, the establishment of the Division of International Medical Education, under the leadership of Dr. Henry van Zile Hyde, supported by the Rockefeller Foundation and the Agency for International Development, has been very timely in placing American medical education in a position to make a significant contribution to the role of the United States in international medical education.

Now we are ready to evolve a total pattern from these activities, to change pace and perhaps develop new emphases as we look to the future.

Last month you received an announcement of the development of the Institute on Administrative Problems, in which medical school deans and selected individuals will participate. Deans were invited to write the Association's office, listing topical areas they felt should be considered. The Institute agenda was prepared using the suggestions which occurred most frequently.

The Administrative Institutes will collate a great deal of the information that has been gathered in the Division of Operational Studies. In his talk this morning Dr. Paul Sanazaro outlined similar plans for the vast amount of information about medical students, medical schools, etc., which we are accumulating at the Association.

The forums that I have mentioned—the Teaching Hospital Section, the activities of the Continuing Group on Student Affairs, the group that met this year for the first time on Continuing Education, the group meeting tomorrow on Research in Education—all of this fits together and helps paint an exciting and challenging picture for future progress in medical education.

One thread that weaves itself throughout this whole span of time has been the steady improvement of *The Journal of Medical Education* and improved communication between the office of the Association and the schools of medicine. Much remains to be accomplished in the area of communication, particularly communication that is necessary if the general public is to better understand the problems and the challenges facing medical education.

## REPORT OF THE SECRETARY

RICHARD H. YOUNG

The Association, in conjunction with the Council on Medical Education and Hospitals of the American Medical Association, carried out the following medical school surveys during the academic year 1961-62:

The University of Kentucky College of Medicine  
The Creighton University School of Medicine  
West Virginia University School of Medicine  
Stritch School of Medicine of Loyola University  
The University of North Dakota School of Medicine  
Louisiana State University School of Medicine  
The University of Texas Medical Branch (Galveston)  
The University of Tennessee College of Medicine  
The University of Oklahoma School of Medicine  
University of Utah College of Medicine  
The University of Washington School of Medicine (Seattle)  
The University of Illinois College of Medicine  
Boston University School of Medicine  
Howard University College of Medicine  
Seton Hall College of Medicine and Dentistry

The reports of these surveys have been reviewed by the members of the Executive Council of the AAMC and the Council on Medical Education and Hospitals of the AMA and approved by the Liaison Committee between the two Associations.

The following schools are scheduled for visits in 1962-63:

Stritch School of Medicine of Loyola University  
Chicago Medical School  
State University of New York Downstate Medical  
Center College of Medicine (Brooklyn)  
Wayne State University College of Medicine  
The University of British Columbia Faculty of Medicine  
Bowman Gray School of Medicine of Wake Forest College  
The University of Texas Southwestern Medical School  
Loma Linda University School of Medicine  
The University of Puerto Rico School of Medicine  
The University of North Carolina School of Medicine  
The University of New Mexico School of Medicine  
The Ohio State University College of Medicine  
Tufts University School of Medicine  
State University of Iowa College of Medicine  
Harvard Medical School  
California College of Medicine

The following men are acting as Assistant Secretaries of the AAMC:

James R. Schofield (Baylor University)  
Vernon E. Wilson (University of Missouri)  
Samuel A. Trufant (University of Cincinnati)  
Winston K. Shorey (University of Arkansas)  
Robert R. Wagner (Johns Hopkins University)  
Robert G. Page (University of Chicago)  
Edward S. Petersen (Northwestern University)  
Reginald H. Fitz (University of New Mexico)  
Richard J. Cross (University of Maryland)  
George E. Miller (University of Illinois)

## REPORT OF THE TREASURER

J. MURRAY KINSMAN

The following summary of the past year's operations of the Association is based on an audit by the firm of Ernst & Ernst:

Executive Council  
Association of American Medical Colleges  
Evanston, Illinois

We have examined the financial statements of Association of American Medical Colleges for the year ended June 30, 1962. 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 income and expense and equity present fairly the financial position of Association of American Medical Colleges at June 30, 1962, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles which, except for the change (in which we concur) as described in Note B to the financial statements, have been applied on a basis consistent with that of the preceding year.

ERNST &amp; ERNST

Chicago, Illinois  
July 31, 1962

BALANCE SHEET  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1962	June 30 1961
<b>ASSETS</b>		
Cash	\$ 71,288	\$ 13,434
United States Government short-term securities at cost and accrued interest	163,499	152,613
Accounts receivable	126,457	119,576
Accounts with employees	5,315	3,579
Supplies, deposits, and prepaid expenses	15,256	17,028
Land and building—at cost—Note A:		
Land improvements	\$ 9,002	\$ 9,002
Building	287,854	287,854
	<u>\$296,856</u>	<u>\$296,856</u>
	<u>\$678,671</u>	<u>\$603,086</u>
<b>LIABILITIES AND EQUITY</b>		
Liabilities:		
Accounts payable	\$ 26,323	\$ 15,141
Salaries, payroll taxes, and taxes withheld from employees	7,829	6,449
	<u>\$ 34,152</u>	<u>\$ 21,590</u>
Deferred income—Note B	25,300	
Equity:		
Restricted for special purposes	\$223,547	\$182,381
Invested in land and building	296,856	296,856
Available for general purposes	98,816	102,259
	<u>\$619,219</u>	<u>\$581,496</u>
	<u>\$678,671</u>	<u>\$603,086</u>

See notes to financial statements.

STATEMENTS OF INCOME AND EXPENSE AND EQUITY  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

YEAR ENDED JUNE 30  
1962

	Restricted for Special Purposes	Invested in Land and Building	Available for General Purposes	Total	1961 Total
<b>STATEMENT OF INCOME AND EXPENSE</b>					
Income					
Dues			\$154,112	\$154,112	\$146,612
Grants	\$410,345		160,800	571,145	386,291
Services			211,528	211,528	194,719
Publications			103,722	103,722	80,808
Interest			4,238	4,238	8,461
Transfers in-out*	1,711*		1,711	-0-	-0-
<b>TOTAL INCOME</b>	<b>\$408,634</b>		<b>\$636,111</b>	<b>\$1,044,745</b>	<b>\$816,891</b>
Expenses:					
Salaries	\$129,433		\$294,892	\$424,325	\$412,052
Other expenses	185,933		370,188	556,121	456,116
Transfers in-out*	46,092		46,092*	-0-	-0-
<b>TOTAL EXPENSES</b>	<b>\$361,458</b>		<b>\$618,988</b>	<b>\$980,446</b>	<b>\$868,168</b>
<b>INCOME IN EXCESS OF EXPENSES</b>	<b>\$ 47,176</b>		<b>\$ 17,123</b>	<b>\$ 64,299</b>	<b>(\$ 51,277)</b>

**STATEMENT OF EQUITY**

Balance at July 1, 1961	\$182,381	\$296,856	\$102,259	\$581,496
Adjustments arising from change in accounting policy—Note B			20,566	20,566
	<u>\$182,381</u>	<u>\$296,856</u>	<u>\$ 81,693</u>	<u>\$560,930</u>
Deduct grants of prior year returned to grantors	6,010			6,010
	<u>\$176,371</u>	<u>\$296,856</u>	<u>\$ 81,693</u>	<u>\$554,920</u>
Income in excess of expenses	47,176		17,123	64,299
<b>BALANCE AT JUNE 30, 1962</b>	<b>\$223,547</b>	<b>\$296,856</b>	<b>\$ 98,816</b>	<b>\$619,219</b>

( ) Indicates expenses in excess of income.

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
JUNE 30, 1962

**Note A—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 B—Change in Accounting Policy:**

In the year the Association began billing dues to individual members to cover the period from July 1 to June 30 and of billing subscriptions to *The Journal of Medical Education* to cover the period from January 1 to December 31. As a result of this

change in practice, the Association adopted the policy of recording income from dues from individuals and subscriptions in the year to which the income relates. In prior years, billings were made throughout the year and income was recorded when received.

The equity of the Association at July 1, 1961, was reduced by \$20,566 representing the amount of deferred dues and subscription income at that date. Had the change in policy not been made, income available for general purposes for the year would have been greater by \$4,734 and equity available for general purposes would have been \$124,116 at June 30, 1962.

Note C—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, 1962, the Association had been notified by several grantors that it may expect to receive \$652,670 for special purposes and \$190,000 for general purposes within the next four years.

The above is the verbatim statement from the Auditors' Report. A more concise statement of the operating budget from the general funds of the Association for the fiscal year ending June 30, 1962, follows:

Balance at June 30, 1961		\$102,259
Income 1961-62	\$636,111	
Expenses 1961-62	618,988	
Income in excess of expenses		17,123
Balance at July 1, 1962		\$119,382
Deduct deferred income-applicable to 1962-63		20,566
Balance at June 30, 1962		<u>\$ 98,816</u>

A word of explanation is in order for an item in the Balance Sheet (Appendix I) under "Liabilities and Equity," where there is listed "Deferred income—\$25,300." This represents the result of a change in accounting policy which explains why there is no corresponding figure for 1961. In prior years the Association billed individual members for dues as each member's dues came up for renewal; this meant that billing went on throughout the year. The availability of mechanical equipment has now made it possible to bill all members at the same time each year so that the dues period now coincides with the Association's fiscal year—July 1-July 1. This also results in a saving of clerical time. Because many individual members paid their dues in advance of the new due date (July 1, 1962), the Association had, at June 30, 1962—collected approximately \$19,620 of dues relating to the current year July 1, 1962-June 30, 1963. The auditors therefore recommended that this money be listed under the heading of "Deferred income" so that it might be recorded as actual income applicable to the current fiscal year. Similarly all billings for subscriptions to *The Journal of Medical Education* are now being sent out at the same time so that the subscription period runs from January 1, to December 31 for all subscribers. Accordingly the auditors recommended that one-half of the income received for subscriptions be withheld for the calendar year 1962 until after July 1, 1962. Had this change not been made, under the old accounting procedure the amount available for general purposes as of June 30, 1962, would have been increased from \$98,816 to \$119,382 which would have represented an increase in the balance available for general purposes at the end of the fiscal year of \$17,123, over the amount

available at the end of the previous year. This "Deferred income" will be included in the actual income received for the year 1962-63.

Beginning in 1960 the Association's accounting procedures began to undergo rather extensive revision. Prior to that time it was well nigh impossible for the Executive Director to know at any given time what the financial status was. As a result of the changes which have been instituted it is now possible for him to learn almost instantly the status of any individual account or of the operation as a whole. The changes were made step by step, and during the fiscal year 1961-62, the final major change was accomplished so now it is also possible to know the cost of each *program* authorized by the Council. The Director of Business Affairs, Mr. John Craner, has been working closely with the accountants, Ernst & Ernst, to implement these changes.

## REPORT OF THE DIRECTOR OF BUSINESS AFFAIRS

JOHN L. CRANER

We have experienced our first full year under the new aging policy (June 30), adopted last year. As was indicated in the preliminary study it has been determined that savings in time were effected, created by the one time per year peak period rather than the continuous highs and lows previously experienced.

Since paid subscriptions to *The Journal of Medical Education* were also aged to December 31st, resulting in further savings of time, we were able to cut this operation from two to one person utilizing temporary help during the two peak periods, June and December.

### MEMBERSHIP DATA

October 1, 1961 Individual	2,528
October 1, 1962 Individual	2,468
Net Decrease	60
October 1, 1961 Sustaining	27
October 1, 1962 Sustaining	28
Net Increase	1
October 1, 1961 Contributing	44
October 1, 1962 Contributing	33
Net Decrease	11

Number of new Individual Members (September 30, 1961 to October 1, 1962) 168

### PAID SUBSCRIPTIONS TO THE JOURNAL OF MEDICAL EDUCATION

As of October 1, 1961	1,225
As of October 1, 1962	1,363
Net Increase	138

### ACCOUNTING DEPARTMENT

During the past year the Accounting Department assumed the responsibility of invoicing for all publications, films, and membership. Prior to this time responsibility rested with some departments which maintained the various publications, films, etc., resulting in many types of invoices which created confusion to the recipient of the Association's services.

A new standard invoice was designed which enables the Accounting Depart-

ment to bill both single and multiple purchases, resulting in the elimination of duplication of effort.

The basic procedures, set up by Ernst and Ernst, for maintaining the records and reporting on the status of the financial condition of the Association are being followed.

Special accounting reports have been prepared for the use of special Association grantors. Fiscal statements are published each month utilizing IBM procedures.

#### DATA PROCESSING

The Data Processing Department has exchanged the model 402 Accounting Machine for a model 407. This will lead to an increase in speed of printing reports by approximately 50%.

The 1962 Faculty Directory is in the process of being recorded on IBM cards which will be so coded that selection of specific groups may be made. As of October 1, 1962, there were 32,000 faculty members processed in the current study.

The accumulation of data in the department is increasing each year and the storage of these data in a readily accessible manner will be of prime concern in the near future. The interest is not only in the physical storage of these data but in the use of this information by the Association in further studies.

The volume of cards has increased over the previous year by approximately two hundred thousand. This indicates a thirty per cent increase.

An example of sharing information by divisions within the Association was recently seen when data, accumulated over a period of five years by one division, was used as a correlation factor in a current study by another division.

National Intern Matching Program schedules and deadlines were met.

#### FILM LIBRARY

The income for the fiscal year ending June 30, 1960 was . . . . . \$1,479.29

The income for the fiscal year ending June 30, 1962 was . . . . . 5,020.98

This shows an increase of \$3,541.69 or 339.41%.

It is believed that this increase was largely due to the wide distribution of a revised catalog.

Following is a breakdown of film rental for the past twelve-month period by category:

Medical Schools	305
Hospitals	261
Schools of Nursing	17
Schools of Dentistry	1
Local Cancer Societies	100
Schools other than Medical	5
Miscellaneous	111
(Consists of Individual Doctors, Medical Societies and Armed Forces, etc.)	
<b>Total Rentals</b>	<b>800</b>

Our records indicate that our most popular films are: Number of Showings

A Concept of Maternal and Neonatal Care	28
Training for Childbirth	21
Speech After Laryngectomy	17
Inside the Cell—Part 1	17
Inside the Cell—Part 2	15
Diagnosis of Uterine Malignancy	15
Radiotherapy—High Dosage Treatment	15

Sixty-seven prints had no showings.

This month a survey was completed on the condition of the films in the library. Results of the survey were:

Number of films in library	592
Number of films inspected	556
Films in transit during survey	36
Number whose present footage is inconsistent with the original footage	257 (46.2%)
Number of films containing more than 10 splices	65 (11.7%)

It is believed that this again points out the necessity of obtaining personnel competent in the area of medical communications. Present personnel cannot evaluate damage to the film as a teaching tool because of missing footage.

Because a replacement budget has not been allocated, it is not possible to replace films that are unusable. Present policy is to remove from circulation films that are in poor running condition. This will lead to the ultimate depletion of the library unless a policy of addition and replacement is instituted.

#### BUILDING SERVICES

Building maintenance and problems of cleanliness have increased in ratio to the increase in staff. There is no unused space in the building. We are presently over crowded in some areas.

#### JOURNAL OF MEDICAL EDUCATION

The news sections and personnel exchange function has been transferred to the Editor of *The Journal of Medical Education*. Printing and advertising still remain the responsibility of the Director of Business Affairs.

*Printing.*—Service Printers Incorporated are continuing to handle the printing and distribution of *The Journal of Medical Education*. The contract has been reviewed periodically and it has been determined that the Service Printers operation is the most favorable to date.

*Advertising.*—Comparison of *The Journal of Medical Education* advertising for the fiscal year ending June 30, with the previous 12 months shows that there had been an 18.89% increase. In dollars, JME revenue is up \$7,847.00. On the basis of direct mail advertising, carried on since January of this year, the number of advertising pages carried are up 23.68% which should reflect a corresponding gain in advertising revenue for the fiscal year ending 1963.

A comparison of all expenses incurred (other than printing) in obtaining advertising in the fiscal years 1960-1961 and 1961-1962 shows a decrease of \$3,482.00 in the year 1961-1962 or a 28.54% decrease. The net increase in income and decrease in expenses totals \$11,329.00 or a net increase of 38.62% over the 1960-1961 fiscal year.

There are many variables in arriving at advertising revenue. The cost of direct mail must be weighed against having a full time advertising manager. The Association does not presently employ an advertising manager. It is assumed that JME will continue to show a gain in revenue in the coming year.

#### MAILING AND REPRODUCTION

The total expenditures for the Mailing and Reproduction Department for the fiscal year 1961-1962 was \$75,226.98. This includes an expenditure of \$4,011.02 for the purchase of capital equipment. The department's total billing for work performed was \$75,049.04 resulting in a net loss of \$177.94.

Since the services rendered by this Department are based on a cost of 12% under outside costs, it is estimated that the Association has effected a savings of approximately \$7,550.00 in addition to acquiring the above mentioned equipment.

A review of the Association's printing, purchases and negative costs for the Mailing and Reproduction Department indicated that monies being expended in these areas, specifically *The Journal of Medical Education* reprints, could be utilized to purchase equipment that would enable us to simplify, expedite and produce more economically printing presently purchased from outside sources.

Previous expenditures in the last year for reprints was \$9,744.41. It was estimated that with the purchase of the proper equipment the same work could be done through the Mailing and Reproduction Department for \$5,157.46.

The study further revealed that for the twelve-month period, ending May 31, 1962, \$3,586.65 had been expended for negative purchases which could have been done by the Mailing and Reproduction Department utilizing the same equipment required for reprints at a cost of \$1,359.36.

Estimated savings involved in the area of reprints and negatives alone totaled \$6,814.24. It was felt that in order to accomplish this the following equipment was required:

- 1 20 X 24 Offset Duplicator
- 1 Baum Folder
- 1 Larger Exposure Unit
- 1 Paper Cutter
- 1 Developing Sink
- 1 Plate Sink

Also remodeling was necessary to house the new equipment at a total cost of \$23,345.00, title reverting to the Association after a five year period. It was thus indicated that with no cash outlay the Association could purchase, from the savings in these two areas, equipment that will increase the versatility and production output in many other areas.

#### VISITATION

The visitation schedule is arranged by the Secretary of the Association.

The 1961-1962 schedule consisted of eighteen surveys and eight reports on new schools in process of development. Multilith reproduction was completed at AAMC headquarters. All schedules for completion were met.

The 1962-1963 schedule will consist of sixteen surveys to take place between October of 1962 and March of 1963. Presurvey questionnaires, processed by AMA, have been forwarded to the sixteen schools.

### REPORT OF THE DIRECTOR DIVISION OF OPERATIONAL STUDIES

LEE POWERS

This is the fourth Annual Report of the Division of Operational Studies of the Association of American Medical Colleges. It summarizes the major accomplishments of the Division from the fall of 1961 to the present time. Specific progress reports on each of the various projects with which the Division has been concerned during the year are included.

## STAFF

Lee Powers, M.D., is Director of the Division of Operational Studies, serving on a half-time basis; Joseph F. Whiting, Ph.D., is Assistant Director of Studies; Mrs. Katherine Oppermann, B.S., is Research Associate; Mr. Augustus J. Carroll is a consultant to the Division on studies concerning the financial aspects of medical education; Mrs. Rita Kaz is in charge of graphic and visual aid presentations; Miss Marian Weber is Secretary to the Director; and Mrs. Arlene Dorfman is Secretary to the Division.

## CURRENT ACTIVITIES OF THE DIVISION

## Activities Concerned with Students

*The Clinical Externship Study.*—One of the studies undertaken by the Division of Operational Studies in 1961-62 was the study of clinical externships in U.S. medical schools. The AAMC, the AHA, and the AMA, as a result of action by the Liaison Committee on Medical Education, formed an *ad hoc* Committee for the Study of Clinical Externships under the Chairmanship of Dr. John L. Caughey, Jr. of Western Reserve University. The Committee, with Dr. Joseph F. Whiting of the Division providing staff work, devised two questionnaires, one of which was sent to all 1961 medical school graduates who had been matched in the National Intern Matching Program. A total of 3,275 out of 6,418 students (51%) responded to the questionnaire in September 1961, early in their internship experience. A second questionnaire was mailed to the faculty representative to the AAMC Continuing Group for Student Affairs. Seventy-six out of the 80 four-year medical schools in the continental U.S. having fully developed clinical programs replied.

The data from this study have been analyzed and a progress report has been submitted to the AAMC-AMA Liaison Committee. A summary of the findings in this work is as follows:

The clinical externship during regular medical school terms is a widespread and important phenomenon participated in by approximately 3,000 members of the class graduated from United States medical schools in 1961.

The 1961 graduates earned close to \$4 million from clinical externships during the regular school term. If summer externships were added, this amount would be even greater.

The 1961 graduates devoted in excess of 350,000 work-periods or "days" to clinical externship duties during times when they were regularly enrolled in full-time medical school activities.

Clinical externs provide a substantial volume of patient care, but the present information does not give an adequate basis for appraising the importance of their services to the community.

The range of activities engaged in by clinical externs is wide, is very similar to that of interns, and regularly includes procedures carried on by the physician in the practice of medicine.

In their own opinion, clinical externs frequently carry on their duties with poor or absent supervision by house staff, attending physicians, or both.

Students' motivations for seeking clinical externships during regular school terms are complex and arise from a desire for clinical experience, responsibility, and a desire to assume the role of physician as well as from financial need.

The data in the present study indicate that a large proportion of medical graduates

in their year of internship training would take a strong position favoring a clinical externship in regular school terms and if called upon to advise incoming medical students would indicate that externships do have educational value.

Contrary to the opinions of some faculty members, most graduates who have had clinical externships during regular school terms would choose such employment in preference to a research fellowship providing the same remuneration for the same investment of time.

The present study does not offer a basis for estimating the degree to which the student's dissatisfaction with the kind of clinical experience and responsibility he has in medical school impels him to seek clinical externships, but the comments of students about this suggest that there is need for medical educators to give thought to the kinds of clinical experience and the opportunities for clinical responsibility they now provide for students in the regular school curriculum.

There is good reason for concern about the medical-legal implications for physicians, hospitals, and medical students when medical students carry out procedures commonly associated with the physician's practice of medicine.

*Student Finances.*—In the period since the 1961 Annual Meeting, the Division of Operational studies has continued to serve as a mechanism through which the AAMC could monitor and improve, whenever possible, the financial situation of the American medical student.

One of the principal activities carried out in this area was a study of the student loan programs of U. S. medical schools by the CGSA Subcommittee on Financial Problems, under the Chairmanship of Dr. Joseph Ceithaml, with Dr. Joseph F. Whiting of the Division providing staff work. A summary of the findings of this work is as follows:

Seventy medical schools, with a total enrollment of 26,268 students or 88% of the national student body provided usable data for a national survey of medical school loan programs. During fiscal 1961, more than 5,000 students, or about 20% of the student body of these schools, borrowed approximately \$3,000,000 from low-interest loan funds at their schools. The average student loan was approximately \$600. Both private and public sources established and supported these loan funds, the private sector of the economy providing about two-thirds of the available funds and the public sector providing the remainder. Interest rates are generally low. Several general patterns of utilization of available funds by medical schools were seen among the several schools. The predominant policy in granting loans is to base the evaluation of the student's need for a loan upon his total expenses rather than expenses solely related to education. In conclusion, it appears that a minimum of \$2,500,000 annually, in addition to presently available loan funds, is needed to meet the medical students' current requests for loan funds. The need for additional *nonrefundable* grant funds (scholarships, tuition, remissions, grants-in-aid, etc.) is even greater.

In addition, staff work was provided by the Division in connection with the second Avalon Foundation grant of nonrefundable assistance monies to medical students and the Division staff has continued to serve as an information center to foundations, industry, government, and private individuals interested in the various aspects of medical student finances.

#### Studies Concerned with Faculties

*Faculty Staffing Patterns.*—A comprehensive study of medical school faculties entitled "Trends in Medical School Faculties" has been published in the October 1962 issue of *The Journal of Medical Education*. It is based on information obtained through the Faculty Register which was established as part of the program

of the Division. The purpose of this report was to present and analyze existing data on current dimensions of medical school faculties and student enrollments in order to provide a basis for sound judgments concerning these problems. Trends for the last ten years were reviewed to serve as a benchmark for predictions of future needs. Consideration was also given to the potential sources of supply for the additional faculties required through 1970.

One of the most comprehensive past studies of medical school faculties and student enrollments was reported in 1951. Harold S. Diehl, Margaret D. West and Robert W. Barclay reported on the number of full-time and part-time faculties and the staffing patterns of the 72 four-year medical schools then in operation. The statistical results of this study were used as a basic point of reference.

To gather data which could serve as a basis for comparison of faculty configuration and student enrollments between 1951 and 1960, the Division of Operational Studies surveyed the faculties of all American medical schools during the academic year 1959-60. A questionnaire was distributed to every full-time and part-time faculty member. Ninety-three (93) per cent of the total faculty was accounted for in the returns.

Based on an analysis of the data in this study, it was concluded that:

Pritchett's suggestion made in 1912 for improving medical educational standards by employing a larger proportion of full-time teachers in clinical departments was substantially implemented during the period 1951-60.

Supporting evidence shows that on a per-man-per-year basis, a smaller portion of the teaching load is now carried by part-time medical school employees than was true ten years ago.

Despite the large increase of student body enrollments in medical schools during the last decade, total medical faculties increased proportionately at an even more rapid rate. In general, the current faculty-student ratio is more favorable now than in 1951.

An increasing number of teachers holding degrees other than an M.D. is staffing United States medical schools. Since 1951 an increase of almost 500 per cent was noted in the number of doctoral-trained (Ph.D. or equivalent) faculty members teaching in clinical departments of medical schools.

On an average-per-school basis, total faculty—full-time as well as part-time—increased by 100 per cent in the ten-year period, 1951-60.

Available evidence from interns, residents and research fellows indicates that in the decade to come, more M.D.s and Ph.D.s will elect full-time teaching and research careers and they wish to be much better prepared.

The demand for large numbers of medical school faculty will continue to grow in the next decade. If a criterion of planned expenditure for medical research is used to estimate the demand for faculty members, 14,350 full-time faculty members would be needed in 1970. If a teaching criterion of projected demand is used, 24,090 faculty members will be needed in 1970.

Continuation of the 1951-60 trends suggests that the nation's educational resources can supply 18,000 full-time faculty members during 1961-70 if currently planned programs in research training, teaching, and clinical training are implemented and expanded.

*1962 Faculty Registry.*—The establishment of a complete register of medical school faculties is a major undertaking of the Division. The original 1960 questionnaire, sent to all faculty members having the rank of instructor or higher, produced an inventory of teaching personnel which is 93% complete. The planned

biennial revision is now under way. The new questionnaire was developed in cooperation with the Division of International Medical Education to serve a dual purpose: supply up-to-date information for the Faculty Register and survey the inclinations and qualifications of medical educators to accept foreign teaching assignments. The questionnaire has been distributed and the returns are being processed. Some 32,000 faculty members had returned the questionnaire as of October first.

*Salary Study.*—The first medical school faculty salary study by the Division was made in 1960. The second study for the year 1962 has been completed and the tabulations distributed as confidential communications to the medical school deans.

#### Studies Concerned with Facilities

*Teaching Hospital Facilities Study.*—As a follow-up to the well-received "Planning Considerations for Medical School Facilities" the AAMC, AMA, AHA, and the USPHS are planning a study on the Design of University Teaching Hospitals which will lead to a similar book discussing planning considerations and architectural designs of teaching hospitals. The Division will provide staff work and consultant service to the Planning Committee for this project. The first meeting of this Committee will be on November 15, 1962.

#### Studies Concerned with Financial Support for Medical Education

*Medical School Program Costs.*—Forty-two medical schools are making program cost analyses in accordance with the methods and procedures devised by Mr. Augustus J. Carroll. These analyses permit for the first time the identification of actual costs to the medical schools of their respective teaching, research and administrative programs. The primary objective of the analyses is to facilitate an internal evaluation of the various programs by the administrative and fiscal officers of each school.

Inquiries concerning the use of these cost determination procedures and methods by constituent institutions have been received from the Association of Schools of Public Health, the Association of Colleges of Pharmacy, and the American Association of Dental Schools.

*Expenditure Data for Education Number of JAMA.*—This year the Division of Operational Studies again tabulated the financial information obtained from the Joint AAMC-AMA Questionnaire and prepared the section on Expenditures for the Education Number of the JAMA.

*Teaching Costs in Hospitals.*—A pilot study to develop acceptable criteria and effective procedures which hospitals can use to identify their program costs has been initiated as a part of the basic program of the Division of Operational Studies. Mr. Carroll is the Study Director. Representation on the Steering Committee includes members from the AHA, AMA and the AAMC as cosponsoring agencies of the undertaking.

The first phase of the Study is centered at Syracuse University Hospital. Expenditures reflected in the medical school's computation of the cost of its contributions to the programs of the hospital are being identified and listed. Then, program costs of the hospital will be determined. Tentative criteria for program cost determination will then be tested in two more teaching medical centers, one being privately-supported and one state-supported.

The Steering Committee will then evaluate the pilot study data and make final recommendations and decisions regarding the general application on a wider scope of the hospital cost determination methods. The feasibility of an "across the board" study of teaching costs in medical center hospitals will be discussed.

#### General Activities Covering All Facets of Medical Education

*Datagrams and Information Center.*—A subject and alphabetical index of all previous issues of Datagrams was published and distributed in June 1962. The index will be brought up-to-date annually at the completion of each volume.

Correspondence concerning the Datagrams and requests for additional copies demonstrate a continuing interest in this phase of the Division's program. These loose-leaf fact sheets enable the rapid dissemination of information on specific subjects as it is compiled by the staff and eliminate the lead-time required for preparing and publishing the information in final report form. Their distribution remains at about 7,500 copies per month.

The continued use of the reprint library of articles, publications, reports and newspaper clippings of interest to medical educators seems to wholly justify the amount of time required for its maintenance. It is relied upon to an increasing extent as an information resource by the staff of various divisions of the Association and by many individuals and organizations from outside.

*Administrative Institutes.*—Planning is underway for a series of three administrative institutes to cover the following main topics:

Internal organization and administrative problems of the medical school.

University/medical school administrative relationships.

Hospital/medical school administrative relationships.

#### REFERENCES

These institutes will be held in the spring and fall of 1963 and the spring of 1964. The organization pattern of the institutes will be similar to the AAMC Teaching Institutes with 2-½ days being devoted to each workshop. General categories of topics to be covered in the first institute are: Faculty Organization and Academic Personnel; Fiscal and Business Management; Plant Development and Management; Supporting Services. Participants would include administrative representatives of the nation's medical schools and their parent universities.

### JOINT REPORT OF THE COMMITTEE ON RESEARCH AND EDUCATION AND THE DIVISION OF BASIC RESEARCH

ROBERT J. GLASER

Since the last Annual Report, the principal effort of the professional staff of the Division of Basic Research has focused on the long-range program of research on the characteristics of medical students and their environments. This report describes the progress made to date in this area and related ancillary areas.

Major changes occurred during the year in the professional and supervisory staff of the Division. Primary among these was the assumption of responsibility for the service activities of the Division by the Executive Director's office, thereby freeing the professional staff for the research effort.

On September 1, 1962, Dr. Helen Gee accepted an appointment as Visiting

Associate Professor in the Department of Psychology at the University of Oregon. Dr. Gee joined the Association in 1955, and during the ensuing seven years rendered devoted, effective service as Director of Research. During her tenure of office, most of the Teaching Institutes took place, and a comprehensive research program was carried forward. Her contributions to the Association and to its member medical schools have been many, and the data which she collected and which have formed the basis of her studies have been unique and of great importance to medicine. The program has set an important pattern for other professions, and has stimulated interest in the evaluation of nonintellectual factors in the success of students in medicine.

We are delighted to report that Dr. Gee will continue to carry on certain of the research studies during the coming year at the University of Oregon. We express our great appreciation to her for her loyal service and wish her well in her new post.

On January 15, 1962, Dr. Charles F. Schumacher, Assistant Director of the Division of Basic Research, left the Association to become Director of Testing Services for the National Board of Medical Examiners, a position which will allow continuing contact with the conduct of research in the Association. Throughout the year Dr. Schumacher contributed on an *ad hoc* basis to the efforts to complete the longitudinal study of the 1960 graduating class.

It is a pleasure to welcome Dr. Paul Sanazaro to the Association as Director of the Division of Education. Dr. Sanazaro was formerly Associate Professor of Medicine at the University of California School of Medicine in San Francisco. A distinguished teacher and clinician, with a vital interest in medical education, Dr. Sanazaro will afford superior leadership for the Association's new Division.

In the research effort no additional data were collected this year, and processing and analysis of the longitudinal study data progressed at a rapid rate. Seventeen distinct career groups were subjected to intensive analysis to determine what background, personality, interest, ability and environmental factors influenced students in the choice of a specific field in medicine. Results of this effort were reported in a Symposium on Career Choice at the 1962 Annual Meetings of the American Psychological Association (1,2,3). Revised versions of these papers will be submitted for publication to psychology journals as well as to *The Journal of Medical Education*.

The investigation of the medical school accomplishment of students whose MCAT scores are low relative to the other members of their class was completed and the paper read at the 1961 AAMC Annual Meeting (4). A replication of the study, using a larger sample, has been undertaken.

Refinement of the Medical School Environment Inventory through factor analytic methods resulted in the development of a short 69 item scale yielding six scores descriptive of students' perceptions of their school. National reference data, based on the 28 representative schools in the longitudinal study, are available. In addition, a computer program has been developed for inexpensive scoring of the instrument. Three schools not included in the original study have already made use of the revised Inventory in studies of their own institutions.

A cross-cultural study of medical students based upon data collected by Dr. Gee during her stay at the University of Edinburgh was reported by her at the 1962 Annual Meeting of the American Educational Research Association (5).

Other professional staff activities included publication of the 1960-61 Study of Applicants (6), participation in the Workshop on Pre-Medical Counseling for Negro Students sponsored by National Medical Fellowships, Inc. (7), and preparation and presentation of data for the AAMC's Annual Teaching Seminar conducted this year for the University of Kansas. Work with Dr. Davis Johnson, Assistant Dean at State University of New York, Syracuse, resulted in a grant of \$33,350 from the Maurice Falk Medical Fund for an intensive study of attrition in U. S. medical schools. While the grant was to Dr. Johnson and the Upstate Medical Center, Dr. Edwin Hutchins will participate as co-investigator in the study.

## REFERENCES

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2. HUTCHINS, E. B. The Evaluation of Environmental Determinants in Medical Student Choice of a Career. Paper read at the 70th Annual Convention of the American Psychological Association, Inc., St. Louis, Missouri, September 3, 1962.
3. GEE, H. H. Dynamics of Career Choice: Interaction Between Personal and Environmental Characteristics. Paper read at the 70th Annual Convention of the American Psychological Association, Inc., St. Louis, Missouri, September 3, 1962.
4. SCHUMACHER, C. F. Medical School Performance of "Low-MCAT" Students. Paper read at the Fifth Annual Meeting of the Association of American Medical Colleges Continuing Group on Student Affairs, Montreal, November 10, 1961.
5. GEE, H. H. Cross-Cultural Characteristics of Future Physicians. Paper read at the Annual Convention of the American Educational Research Association, Atlantic City, New Jersey, February 20, 1962.
6. HUTCHINS, E. B. and GEE, H. H. The Study of Applicants 1960-61. *J. Med. Educ.*, 37:1203-1212, 1962.
7. HUTCHINS, E. B. Recruitment and Selection of Medical Students: The National Outlook. In Report of the Workshop on Pre-Medical Counseling for Negro Students held under the auspices of the National Medical Fellowships, Inc., Chicago, June 13-16, 1962.

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

JOHN A. D. COOPER

John Z. Bowers, Chairman of the Editorial Board and Editor of *The Journal* since 1954, resigned in June, 1962, at the time he left for the Far East as the Alan Gregg Lecturer. To Dr. Bowers goes much of the credit for making *The Journal* a scholarly publication and the voice of medical education throughout the world.

John A. D. Cooper was appointed Chairman of the Editorial Board and Editor of *The Journal* in July, 1962. The editorial offices have been moved from Madison, Wisconsin, to the headquarters of the Association of American Medical Colleges in Evanston, Illinois.

For the period from July 1, 1961 to June 30, 1962, *The Journal of Medical Education* published 1658 pages of editorial material, excluding the pages in three special issues published during that period. The following special issues formed the second parts of the following regular monthly editions of *The Journal*:  
*October, 1961.*—The Role of Postdoctoral Fellowships in Academic Medicine.

Arthur S. Cain, Jr., M. D., Lois G. Bowen, M. S.

*December, 1961.*—Medical Education and Medical Care: Interaction and Prospects.

Edited by: Cecil G. Sheps, M. D., George A. Wolf, Jr., M. D., Carlyle Jacobsen, Ph. D.

*June, 1962.*—Lifetime Learning for Physicians: Principles, Practices, Proposals. Bernard V. Dryer, M. D., Study Director, Joint Study in Continuing Medical Education

A second special international issue, published in September, 1961, brought readers authoritative reports on medical education around the world. Summaries of each article were provided in interlingua. This issue received the same enthusiastic reception accorded the first one. Copies were sent to every medical school in the world.

The Medical Education Forum, Abstracts from the World of Medical Education, Book Reviews and News from the Medical Schools and the National Institutes of Health continued as regular departments of *The Journal*.

Mrs. Elizabeth Pohle resigned when the offices were moved, and Mrs. Grace B. McLucas served as Assistant Editor for six months. Mrs. Gretta R. Cozart was appointed Assistant Editor in September and Mrs. Rosemarie Daley Hensel was named to a similar position in October. Miss Neva Resek resigned as News Editor, and the news for *The Journal* is now being prepared by the editorial staff.

The members of the Editorial Board have continued to give valuable and devoted service to *The Journal*. Serving on the Editorial Board are: T. Hale Ham, George T. Harrell, William N. Hubbard, Jr., Chauncey D. Leake, Vernon W. Lippard, C. Arden Miller, Kenneth E. Penrod, George A. Perera, and John A. D. Cooper, Editor and Chairman of the Editorial Board. Robert Q. Marston, Dean, University of Mississippi School of Medicine, was appointed to the Editorial Board to replace Stanley E. Bradley, who resigned.

JOINT REPORT OF  
THE COMMITTEE ON INTERNATIONAL RELATIONS  
IN MEDICAL EDUCATION

AND

THE DIVISION OF INTERNATIONAL MEDICAL EDUCATION  
November 1, 1961 - July 1, 1962

ROBERT A. MOORE

HENRY van ZILE HYDE

The beginnings of the intensified activities of the Association in international medical education were reported at the 72nd Annual Meeting in Montreal. Since that time, the newly formed Division of International Medical Education (DIME) has been active in the planning and development of the program with the support of the Committee on International Relations in Medical Education (CIRME).

The period under review has been characterized by increased activity on the part of CIRME, the consummation of a contract with the Agency for International Development, the development and analysis of the Personnel Resource Survey, participation in medical school organizational activities abroad and

participation in the study and planning of international health activities on the part of national agencies.

#### COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

The CIRME, which was reorganized under the leadership of its Chairman, Dr. Robert A. Moore, met in November, February and June. It provided guidance in the development of the program of the Division of International Medical Education and its members played an active role in representing the Association in a number of activities. Two members of the Committee, Drs. John A. D. Cooper and Thomas H. Hunter, represented the Association on the Organizing Committee of the Pan American Federation of Associations of Medical Schools and attended a meeting of that Committee in Cali, Colombia, April 16-20, 1961; Dr. Maxwell E. Lapham represented the Association at the Annual Meeting of the Mexican Association of Medical Schools in San Luis Potosi, May 4-6, 1962; Dr. Cooper participated in a Conference on Clinical Teaching sponsored by the Faculty of Medicine of the University of El Salvador and held in San Salvador, February 28 - March 1, 1962; and arrangements were made for Drs. Moore and Leroy E. Burney to participate in a special study of medical and paramedical education in Ethiopia during the month of August. Three of the Committee members, Drs. Moore, Cooper and Vernon Lippard, served on an Advisory Group established by the Pan American Health Organization (PAHO) to assist it in the development of the medical education aspects of the Alliance for Progress. Dr. Moore continued to represent the Association on the Medical Education Information Center of PAHO.

The Committee has established a Panel of Consultants, consisting of 28 persons, including representatives of governmental and non-governmental national agencies concerned with international medical education, and of individuals with broad experience in this and related fields. The Panel has been kept informed of the developing program of the Association and has been consulted with regard to the international aspects of the program for the 73rd Annual Meeting. The members of the Panel will be invited routinely to meet with the Committee in the course of the Association's annual meetings.

#### PERSONNEL RESOURCE SURVEY

With approval given by the Institutional Membership at Montreal, DIME proceeded to determine the interest and availability of faculty members for service abroad, as well as their special skills and relevant previous experience. A questionnaire was sent, as part of the Faculty Register Questionnaire, to some 50,000 faculty members. During the period under review, approximately 50% of these had been returned, of which 40% indicated an interest in serving abroad. Analysis of this material was begun and will be the subject of a report at the 73rd Annual Meeting of the Association.

#### AGENCY FOR INTERNATIONAL DEVELOPMENT

The scope of the opportunities available to the Association was greatly enhanced by the consummation of a contract with AID on May 31, 1962. The contract provides for an AID Project Staff with DIME, composed of a physician as project director, a research analyst and secretary.

The general areas of activity that can be developed under specific Task Orders, as stated in the contract, include the following:

1. Provide technical advice on matters relating to medical education;
2. Provide names of United States medical education personnel who might be available for recruitment by AID or AID Contractors for short or long term assignments and assistance in recruitment of such personnel;
3. Organize and conduct teaching missions;
4. Provide assistance in connection with the planning and supervision of training programs for AID sponsored participant trainees, including the development and arrangement of visiting schedules to medical schools within the United States;
5. Arrange special training courses, special tours and conference for AID participants or other AID sponsored visitors interested in studying American medical education;
6. Promote and support affiliative relationships between U.S. medical schools and schools abroad through consultation with such schools in regard to the development and conduct of such relationships; exchange of information between schools maintaining such relationships; exchange of reports, newsletters, visitors and conduct of conferences of personnel concerned;
7. Maintain an information center on foreign medical education with special reference to international programs of support and exchange;
8. Provide advice to US AID Missions, cooperating countries, foreign medical schools and other appropriate education institutions on matters related to medical education;
9. Conduct surveys and studies relative to medical education needs of cooperating countries including training resources in the U.S. and abroad.

The first Task Order was approved on June 25th and provides for the processing and analysis of the Personnel Resource Survey Questionnaire.

#### ORGANIZATIONAL DEVELOPMENTS ABROAD

The Association has been active in providing support to the development of organized activities among medical schools abroad.

By invitation, a number of Latin American deans attended the 72nd Annual Meeting of the Association in Montreal and developed a report which has served as the basis for steps being taken toward the development of a Pan American Federation of Associations of Medical Schools. This included the formation of an Organizing Committee to which Dr. Cooper and Dr. Hunter were appointed by the Executive Council, as the Association's representatives. At a meeting in Cali in April, the Organizing Committee developed a draft of statutes for the proposed Federation that will be submitted to the Third Conference of Latin American Faculties of Medicine in Vina del Mar, Chile, in November. The proposed statutes were reviewed and approved by the Committee on International Relations in Medical Education in June and submitted to the AAMC Executive Council with the recommendation that they be accepted in principle and that AAMC become a member of the Pan American Federation.

The Director of DIME and Dr. John Z. Bowers, the Editor of *The Journal of Medical Education*, participated in the First Conference of Medical Schools of Africa held in Ibadan, Nigeria, November 28 - December 15, 1961. At this meeting it was decided to organize an Association of Medical Schools of Africa, with statutes to be considered at the Second Conference to be held in Khartoum in late 1962.

Dr. Lapham, as noted above, represented the Association at the meeting of

the Mexican Association of Medical Schools, which has recently completed a survey of the schools. The survey may do much to stimulate the advancement of medical education in Mexico.

The Association continued active relations with the Indian Association for the Advancement of Medical Education and circularized the U.S. medical schools with a suggestion that they consider subscribing to the new *Indian Journal of Medical Education*. A number of schools acted on this suggestion, giving considerable encouragement to the Indian Association.

#### INTERNATIONAL AFFILIATIONS

DIME maintained an interest in the development of active relationships between U.S. medical schools and schools abroad. It provided consultation to the medical schools concerned and assistance in recruitment.

During the period under review, important exploratory steps were taken toward the development of affiliative relationships between: the University of Illinois and Chingmai (Thailand); the University of Pennsylvania and the Pahlavi Medical School, Shiraz, Iran; the Philadelphia College of Physicians and the University of Ghana, Accra; and the University of Rochester and the University of Lagos, Nigeria. The first three of these are being developed in conjunction with AID, the latter directly with Lagos with the support of the Commonwealth Fund.

Meanwhile, other affiliative relationships continued in effect, such as those between the Universities of California and Surabaya; the Universities of Illinois and Costa Rica; the Universities of Buffalo and Paraguay, the Universities of Indiana and Pakistan; and the Universities of Kansas and the Philippines.

Relationships in the research field, under National Institute of Health international grants continue between five U.S. schools and related institutions abroad.

#### JOURNAL OF MEDICAL EDUCATION

In view of the widespread interest in the two special international issues of *The Journal*, a third issue was prepared for publication in September, 1962.

*The Journal* in May, 1962, published a group of papers presented at the Pacific Science Congress held in Honolulu in September, 1961, by authors from Taiwan, Fiji, the Philippines, Japan and the United States. *The Journal* also published, during the period covered by this review, articles dealing with public health teaching of medical students in Yugoslavia, the trends of medical education in Latin America and the international programs of AAMC and the NIH.

#### PARTICIPATION IN STUDY AND PLANNING

There has been an increasing general interest in international health and a growing recognition of the significance of medical education as the base for development in this field. This Association has participated in a number of activities growing out of this intensified interest.

These activities have included participation of the Advisory Group on the International Role of Schools of Public Health, Association of Schools of Public Health, November 28 - 29, 1961; the PAHO Advisory Group on Medical Education in the Alliance for Progress, February 7-9, 1962; the Conference on International Health, Johns Hopkins University, February 23, 1962; the Annual

Meeting of the Medical Education Information Center (PAHO), April 2 - 3, 1962; and the Conference of Leaders in International Health, American Medical Association, June 21, 1962.

The Executive Director has served as a member of an *ad hoc* advisory group appointed by the Administrator of AID to advise him on the organization and program of AID in the medical and health field.

#### PARTICIPATION IN INTERNATIONAL MEETINGS

The AAMC and its staff were active in a number of international meetings, in addition to those cited above.

The Chairman of the Committee on International Relations participated in the Pacific Science Conference in Hawaii in September, 1961, at which he gave a paper on "Selection of Medical Students" which was published in *The Journal of Medical Education* in the May, 1962, issue.

The Director of the Division continued to serve as the U.S. Representative on the Executive Board of the World Health Organization. In this capacity, he attended the Twenty-ninth Session of the Executive Board, held in Geneva in January, 1962, and was elected by the Board to represent it at the 15th World Health Assembly held in Geneva in May, 1962. During the Assembly, he served by invitation of the Chairman of the U.S. Delegation, as advisor to the Delegation.

The Director of the Division, as President of the National Council for Health Education of the Public, convened the International Conference on Health and Health Education held in Philadelphia June 31 to July 6, 1962, which was attended by 1300 health officials from 70 countries, and, as Vice President of the Society for International Development, presided over certain of the sessions at its Annual Meeting in Washington, February 1-3, 1962.

#### VISITS TO MEDICAL SCHOOLS

During the period under review, the Director of the Division visited medical schools in Ibadan, Dakar, Hamburg, Berlin, Munich, Geneva, Lausanne, (Hotel Dieu, Cochin Hospital and La Charitie), London, (London Hospital, Guy's, St. George's and Middlesex), Oxford, and Birmingham. He also participated as an observer in official visits to two U.S. schools.

Members of the Committee on International Relations visited the medical schools at Cali, Columbia (Drs. Cooper and Hunter), San Luis Potosi, Mexico (Dr. Lapham), University of West Indies (Hunter), and San Salvador (Cooper).

#### FOREIGN FELLOWSHIPS PROGRAM

Administered by the AAMC, the Smith Kline & French Foreign Fellowships this year provided 33 selected senior medical students the unique opportunity to experience supervised clinical programs in remote and medically underdeveloped areas of the world. During the first three years, grants totaling \$150,000 have been awarded to 92 students for study in 34 countries; also, funds have been provided for the wives of 15 students to accompany their husbands and participate in their programs. Out of 69 schools submitting applications, students from 58 have been awarded Fellowships; no applications have been

received from 12 schools. As presently planned, the program is to run through 1964.

Resume of applications for 1962:

EXHIBIT I Recipients of grants by school and foreign sponsor station

EXHIBIT II Breakdown of applicants by schools

### EXHIBIT I

#### SMITH KLINE & FRENCH FOREIGN FELLOWSHIPS PROGRAM RECIPIENTS OF FELLOWSHIP GRANTS

Student	School	Station
Alexander, Benjamin H.	Northwestern	Philippines
Anderson, Seth E.	University of Washington	Thailand
Benson, Edward J.	University of California at Los Angeles	Southern Rhodesia
Condon, Catherine J.	Marquette	South Vietnam
Cook, David M.	Saint Louis	India
Cowan, Ned N.	Illinois	Tanganyika
Cullen, Robert F., Jr.	Seton Hall	West Pakistan
Dodds, Lawrence E.	Southern California	Peru
Edwards, Samuel and wife	Howard	Liberia
Friesen, Howard L.	Kansas	Ecuador
Hammonds, Otis T.	Meharry	Uganda
Lathan, William E.	Hahnemann	Nigeria
Levine, Aaron D.	Einstein	Philippines
Levitats, Meron J.	SUNY/Downstate	Southern Rhodesia
Mackey, Dan M.	Oklahoma	Borneo
Mathison, David A. and wife	Wisconsin	Madagascar
Merklin, Lewis, Jr.	Temple	India
Mornell, Pierre W.	University of California at San Francisco	India
Nobel, Joel J.	Jefferson	Nepal
Norwood, Charles G.	Louisiana	Philippines
Reifsnnyder, David N. and wife	Columbia	Bolivia
Safrit, Henry F.	Duke	Borneo
Schmidt, Gerhard H.	Rochester	Tanganyika
Stringfellow, Charles A.	Medical College of Virginia	Haiti
Suskind, Robert M.	Pennsylvania	Cameroun
Tharp, Arvel D. and wife	Indiana	India
Tolsma, Ryan	Michigan	Nigeria
Trout, Eugene R. and wife	George Washington	Southern Rhodesia
Tuerk, Kenneth	SUNY/Upstate	India
Wadsworth, John M.	Buffalo	Northern Rhodesia
Wenninger, Robert L.	Tufts	Thailand
Woodson, Robert D.	Chicago	Ethiopia
Young, Philip G.	Nebraska	Thailand

### EXHIBIT II

#### BREAKDOWN OF APPLICANTS BY SCHOOLS

No. of Applicants	No. of Recipients	No. of Withdrawals
72	33	1
No. of Schools Having Applicants	No. of Schools Having Applicants Accepted	
44	33	
No. of Schools without Applicant		
37		

The following Committee received applications and made recommendations for awards: Robert A. Moore, Chairman, Carroll L. Birch, Mark R. Everett, Robert G. Page, William A. Sodeman, and Richard A. Young.

Descriptive brochures and application forms for 1968 have been mailed to all deans. Students interested in applying for Fellowships should see their deans. Other individuals interested in the program should send inquiries to AAMC headquarters.

## REPORT OF THE NOMINATING COMMITTEE

WILLIAM F. MALONEY

On the basis of nominations from fifty-seven of the Institutional Members, the Nominating Committee submitted the following slate:

*President-Elect:* Robert C. Berson, University of Texas

*Vice President:* Robert J. Glaser, University of Colorado

*Treasurer:* J. Murray Kinsman, University of Louisville

*Secretary:* Richard H. Young, Northwestern University

*Executive Council:* Granville A. Bennett, University of Illinois, and William N. Hubbard, University of Michigan. Dr. Maloney moved the adoption of the report, which was duly seconded, and approved by unanimous voice vote.

## REPORT OF THE COMMITTEE ON ANIMAL CARE

THOMAS B. CLARKSON

During the past year the Committee on Animal Care has worked actively with the Animal Care Panel's Facilities Certification Board in an attempt to set forth appropriate standards of laboratory animal care. A preliminary report of these activities appeared in the February, 1962, *Journal of Medical Education* in a paper by Dr. Bennett J. Cohen.

Drs. Cohen and Clarkson have both participated on a committee to recommend patterns of training in laboratory animal medicine.

No specific assignments have been given to the committee during the past year and, although the Committee stands ready to be of assistance to medical schools desiring help with their laboratory animal care problems, it has received no requests for consultation during the past year.

## REPORT OF THE COMMITTEE ON CONTINUATION EDUCATION

ROBERT B. HOWARD

The Committee on Continuation Education held two meetings in conjunction with the annual meeting of the AAMC in Los Angeles in the fall of 1962. The first, a closed meeting, was held on Saturday, October 27, 1962, while an open meeting was held on Monday, October 29.

The Committee first turned its attention to a consideration of the two-day meeting devoted to continuation of medical education which was held on October 26 and 27, immediately preceding the meeting of the Association. The Committee expressed its approval of this meeting and noted the many fine comments of those who had attended the session. The Committee also expressed its thanks to the Executive Council of the AAMC and to all of those who had played a role in planning and implementing the meeting, notably, Dr. W. A. Sullivan,

of the University of Minnesota, whose leadership was instrumental in the success of the session. Others on the Planning Committee were: Drs. Clarence de la Chapelle, Jesse Rising, William Ruhe, and Ward Darley. The Committee recommended that a similar two-day meeting be planned in conjunction with next year's meeting of the Association and suggested further that the first day of such a meeting include only designated representatives of member institutions of the AAMC and that the second day be an open meeting. The Committee then turned its consideration to the recent report of the Joint Study Committee in Continuing Medical Education, "Lifetime Learning for Physicians," by Dr. Bernard Dryer. After considerable discussion, the Committee adopted the following resolution:

The Committee on Continuation Education of the Association of American Medical Colleges reiterates and re-emphasizes the principle that the study of medicine is a life-long process and that the fostering of this process constitutes a primary obligation of the profession, of medical educators, and, in particular, of medical schools. In this context the Committee refers the Council to the report it rendered to the Council following the 1961 meeting of the Association.

In order to establish an appropriate frame of reference, the Committee emphasizes once again that the primary purpose of continuing education is the improvement, in all areas, of medical care supplied by the health professions to the people of the nation. This primary purpose includes three specific aims: to bring without delay to practicing physicians providing care to the people of America the result of scientific advances derived from present and future research; to allow and encourage review of the basic processes of human function in health and disease and to study the effects on people of deviations from a state of health; and to foster the dissemination of knowledge concerning important advances in the paramedical fields and to encourage their application to the solution of health problems.

The Committee considers a recent report of the Joint Study Committee in Continuing Medical Education to be an excellent summary of present thought in these areas and, further, to constitute a point of departure for continuing study of principles and of means for the implementation of programs implicit to these aims.

The Committee recommends:

1. that this report be accepted,
2. that the present cooperative efforts of the Association and other organizations within the medical profession, devoted to the attainment of the primary purpose voiced above, be continued and extended, and
3. that this Committee be charged by the Council with definitive responsibilities in these areas for cooperation, study, and implementation.

## REPORT OF THE COMMITTEE ON FEDERAL HEALTH PROGRAMS

ROBERT C. BERSON

PROFESSIONAL SCHOOLS ASSISTANCE ACT- H. R. 4999

A conference of AAMC with some of the Trustees and staff of the American Medical Association and representatives of the American Dental Association and the Association of American Dental Schools, in December 1961, clarified the positions of the four Associations. In essence, the American Dental Association and the Associations of American Dental Schools agreed with the AAMC in

supporting all of the provisions of the Act as introduced by Congressman Oren Harris. The American Medical Association's official position was that of unreservedly supporting the provision of grants for construction, and *no* official position on scholarship or "cost of education" portions of the Act.

At the Hearings on H. R. 4999 before the House Committee on Interstate and Foreign Commerce, members of the Committee presented the AAMC's position; several deans of member organizations also presented supporting statements, speaking for their institutions or other organizations. More than thirty deans or other representatives of universities were present and introduced during the Hearings and this, as well as the views they expressed privately to members of Congress, made an extremely favorable impression.

The Chairman of the Committee, Mr. Harris, opened the hearings with the frank statement that it was up to the proponents of the measure to present convincing evidence that it was needed. After the hearings the Committee deleted the scholarship and cost of education provisions, inserted a medical student loan provision, and reported it favorably. Mr. Harris then urged the Rules Committee to grant a Rule promptly and continued a strong supporter of the measure.

The Rules Committee finally granted a Rule on H. R. 4999 on Monday, October 1st. Since this, or the companion bill introduced in 1961, had not been reported by the Senate Committee there was not enough time remaining in the 1962 Session of Congress for the House and the Senate to take action.

It is the opinion of the Committee that the favorable action by the two House Committees will be helpful background, although the legislation will have to be introduced in both the House and Senate in the next Congress. The Committee feels that a great many members of the House and Senate were strong supporters of this measure; that it is highly important for each member institution to arrange to get in effective touch with all those Congressmen and Senators from its area, thank them for their efforts and urge them to work toward this measure being taken up at the beginning of the next Session, so that it can be passed before more controversial matters interfere.

Throughout this period, the liaison with and cooperation of the Trustees and staff of the AMA was very close and effective. The cooperation of the Special Assistant to the Secretary of the Department of Health, Education, and Welfare and the Surgeon General of the United States Public Health Service was most cordial.

#### LIAISON WITH NATIONAL INSTITUTES OF HEALTH

In January members of the Committee and staff of the AAMC began a series of meetings with the Director of NIH and several of his top associates, to discuss programs, new developments and problems. These meetings proved most informative and helpful, and led directly to: the decision of the Executive Council to invite the Deputy Director to attend its meetings; the decision to arrange regional meetings of deans and business officers with NIH staff members; joint discussion of the new NIH regulations concerning research grants.

It is the opinion of the Committee that continued close cooperation between the AAMC and the Director and senior staff of NIH is essential to the AAMC, its member institutions and the NIH. Liaison through such meetings as have

been held in Bethesda and through the Director or his Deputy meeting with the Executive Council should lead to further close and specific cooperation.

#### OTHER CONSIDERATIONS

During the year, the Committee became concerned about the problems arising from the rigid ceiling on salaries in the USPHS and NIH for positions of very great responsibility and importance. The Committee has expressed its concern to key members of Congress and the Senate, and to the President, and urged corrective action.

The Committee has also taken an interest in the selection of a suitable individual to replace Dr. William Middleton, Chief Medical Director of the Veterans Administration, who plans to retire early in 1963. The Committee has urged the President and the Administrator of the Veterans Administration to see that an individual knowledgeable in medical education and understanding of the Dean's Committee relationship to the VA be chosen, and that the advice of the Special Advisory Group to VA be followed in selecting this individual.

#### Supplemental Report of the Committee on Federal Health Programs

DR. BERSON: Over two years ago Dr. George Aagaard and his Committee drafted a statement for the purpose of developing a position on legislation. This led to the meeting in Chicago in January of 1961, when the printed statement known as the "white paper" was issued. Its formal title was "Proposals for the Support of Medical Education by the Federal Government" (*Journal of Medical Education* 37:314-319, April 1962.) There is a need for the Association to take a clear stand on legislation in support of medical education. I move that we reaffirm the statement issued in 1961.

Motion seconded and unanimously voted.

DR. AAGAARD: I think we should use every power at our disposal that get back to the provisions of the white paper. While I agree that we would like to have seen H. R. 4999 go through as an initial step, the construction assistance provided would not be adequate when we think of the drastic need for expansion of existing schools. It is a step in the right direction, but not a big enough step.

DR. ROBERT J. SLATER: I propose that deans, medical school faculties and responsible citizens representing medical schools act as private citizens in getting in touch with their legislators, preferably while they are away from Washington and in their home areas.

PRESIDENT DONALD G. ANDERSON: I agree. I think it crucial to tell the congressmen that the real needs of medical education are those set forth in the white paper, and that very clearly, the first priority is for construction.

#### REPORT OF THE COMMITTEE ON MEDICAL COMMUNICATIONS

FRANK M. WOOLSEY, JR.

Since the 1961 Annual Meeting of the Association of American Medical Colleges, the Committee on Medical Communications has met on two separate occasions.

Dr. John Bowers, then Editor of *The Journal of Medical Education*, asked Dr. Woolsey, the Committee Chairman, to be Guest Editor of a special issue

of *The Journal* devoted to "Medical Communications," to be published in April, 1963.

The Committee believes it has asked outstanding authorities to be authors for the various sections of this special issue. The issue will include: a discussion of medical communications as it is applied in basic sciences, clinical sciences, and continuing medical education; a thorough elaboration of the most important communication media with practical suggestions relating to each medium; additional information relating to the design and construction of rooms utilizing electronic communications; and an article on the newer applications of electronics in medical education. The Committee feels that this special issue will hold a great deal of interest for all Association members.

Efforts are being made to obtain financial support which will allow the publication of the "Directory of Teaching Films in Medical Sciences." This Directory consists of four parts:

Alphabetic Central Index

Alphabetic Color-Coded Cross Index of Medical Science Specialties

Index of Film Authors

Index of Film Sources and Organizations

In the 1961 Committee report, it was emphasized that this present Directory, as developed under contract with Dr. Bernard Dryer, is "only a working model." The Committee feels that Phase II of the Film Information Development Program, which is the development of descriptions of subject content of medical teaching films, and Phase III, development of critical reviews and evaluation, should proceed as soon as practicable. Recommendations for the implementation of these phases have been transmitted to the Executive Council.

It seems obvious to the Committee that in order to allow utilization of the Directory as it now exists, publication should proceed without delay. The Department of Postgraduate Medicine of the Albany Medical College has offered to underwrite any possible losses to the maximum extent of \$3,750, if the Association will proceed with the publication. The price of this Directory has not yet been determined.

The Film Subcommittee of the Committee on Medical Communications, whose Chairman is Dr. Joseph E. Markee, has been involved in a further development and revision of a compilation of a list of 200 films which are used most extensively in medical teaching. This information will not be comprised of titles only, but will also include source, production data, and running time. Great effort is being made to list only those films which are available.

The Committee and its Film Subcommittee have been actively assisting Dr. Henry van Zile Hyde who has been developing means of making films available to foreign medical schools. The Subcommittee has aided in the development of a coordinated package of films for these schools.

The Committee is also in the process of delineating plans for the reestablishment of the means whereby pertinent information relating to films and other communication media may be presented to *The Journal of Medical Education*. The Committee is cognizant of the growing body of knowledge concerning television, radio, and electronics and wishes to do its part to assure all Association members a source of authoritative information relating to the use of these facilities.

ANNUAL REPORT OF THE COMMITTEE  
ON MEDICAL CARE PLANS

JOHN F. SHEEHAN

In June 1961 the New York Medical College entered into a unique agreement with a labor-management group to provide comprehensive medical care to eligible employees, spouses and dependents in the service area of the New York Medical College, Flower and Fifth Avenue Hospitals Medical Center. The Committee on Medical Care Plans has followed the progress of this pioneering venture with great interest and endeavored to determine whether or not other medical schools might have initiated similar projects. As far as the Committee is aware none have done so to date.

Briefly, the Union Family Medical Fund of the Hotel Industry of New York City, a labor-management group, envisions a network of ten group practice units—Family Medical Offices—covering populations of between 5,000 and 10,000 in size. Full-time internists, pediatricians, obstetricians and gynecologists staff each unit from its beginning. One full-time physician is in charge of each unit. A full-time medical director, appointed by the Fund, directs the entire program. By contract, one of the units is centered at the New York Medical College, Flower and Fifth Avenue Hospitals Medical Center. All personnel, professional and paramedical, are jointly appointed. A special wing in the medical center provides suites for all clinical services and offices for the full-time staff. These devote three-quarters time to the activities of the Family Medical Office and one-quarter time to the hospital and medical school. Hospitalization is guaranteed all persons receiving care in the Family Medical Office at the center.

Construction of facilities and difficulty in recruiting staff delayed the opening of the unit in the Medical Center until May, 1962. Three internists, two pediatricians, two obstetricians, two gynecologists and one surgeon—all full-time—are now on duty. The full-time complement has not as yet been reached despite attractive financial arrangements and opportunities for teaching and research.

Plans for incorporating the hospital, office and home medical care activities of the Family Medical Office in the educational program of the medical school have not as yet been implemented but will be when the full potential has been attained. The 50% level was reached in September, 1962.

The Committee is indebted to Dr. Ralph E. Snyder, President and Dean of New York Medical College (Flower and Fifth Avenue Hospitals), for the details of the agreement and assessment of the potential and progress of the program encompassed by the agreement.

## Supplementary Remarks

DR. SHEEHAN: I would like to add that the Committee agrees with the action of the Executive Council and suggests that the functions of this Committee be transferred to the Committee on Medical School-Affiliated Hospital Relationships.

They do believe, though, there is one area with regard to medical care plans that should be explored in a more detailed study that was beyond the capacity of the Committee. We will transfer the information to the Executive Council. I move the adoption of the report with these supplementary remarks.

REPORT OF THE  
COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE

During the year 1961-62 the MEND Committee was involved in extending its program to all medical schools and in initiating a basic understanding of emergency medical care at a chief resident's level of education as it may occur in war.

The program for the medical student was continued by providing faculty orientation through sponsored attendance at Armed Forces, USPH Service and Civil Defense courses, demonstration, and symposia.

The level of education set as the goal for the medical student was development of the capabilities and understanding of how to triage patients for further medical care and to operate an aid station during an emergency. The educational goal for the chief resident in medicine or surgery was comprehension of the problem of emergency medical care in a mass casualty situation and the treatment of such casualties in a surgical hospital where further evacuation of the patient may be required.

As a part of the MEND Committee's assessment of the progress being made in the medical care of casualties in an emergency, it was decided to make available to medical schools an examination to be given at the end of the fourth year of medical education. The examination was prepared by asking MEND coordinators in each medical school to prepare a list of ten multiple choice questions and submit them to the Committee Chairman. A list of sixty-four questions was then prepared from the questions submitted and this examination was forwarded to all MEND coordinators in April 1962 for voluntary testing of their fourth year students. The questions were sent to all medical schools, knowing that a number of the schools had not been in the program long enough to reflect the information available to MEND schools. This group of schools would act as a control on the effectiveness of MEND teaching.

The results of the test have not been evaluated completely. Only about one-third of the schools gave the test. In this sample, the average level of accomplishment, if it can be interpreted from grades on an examination, was good with a considerable spread in students' grades in the individual schools.

Chief residents for 1962-63 from the surgical and medical services of the major teaching hospitals of the medical schools attended a course on mass casualties at Brooke Army Medical Center, Fort Houston, Texas during April 1962. These individuals should provide major teaching assistance to MEND coordinators during the 1962-63 school year.

The MEND Committee is concerned about the small budget provided for the medical schools during 1961-62 and steps have been taken to ask for additional funds to provide more time for MEND coordinators' support and for faculty travel in the year 1963-64. The level of funds to be provided in 1962-63 will be at the same level as 1961-62.

The MEND Committee was asked to represent the AAMC in working with Selective Service and the Department of Defense on questions of deferment of faculty, medical students, and house officers in medical education programs.

The basic policy of Selective Service is to defer key faculty, medical students

making satisfactory progress, and house officers during the intern year. Further deferment of house officers is only on the basis of essentiality in the operation of the hospital involved. No attention is paid to the education program of the resident as a factor for deferment in providing the nation a continuous flow of physicians educated in the medical specialties. This policy has been protested and action has been requested to include the educational programs in the medical specialties as cause for deferment. It is appreciated that some residents in training must be called by the armed forces but it should not be done in such a manner as to disrupt the educational program in the institution involved.

### Supplemental Report

Since submitting the written report, national and international events have emphasized the importance of medical education for national defense. Dr. Stone requested, on behalf of the Committee, that all deans do all possible to cooperate with their MEND Coordinators to see to it that their faculty are informed on matters pertaining to national defense and that wherever possible these matters be integrated into the curriculum.

Dr. Stone then presented the following resolution:

Be it resolved that in consideration of the excellent cooperation and assistance rendered in keeping the AAMC informed on the needs and policies of the U.S. Armed Forces as they may affect Medical Schools, Students and Faculty, and for his understanding of the needs of Medical Education Programs in the United States, the Association of American Medical Colleges wishes to express its appreciation and best wishes to Dr. Frank Berry upon his retirement as Director of Health and Medical, U.S. Department of Defense.

Dr. Stone moved that the report, his oral statement, and the resolution be accepted. The motion was duly seconded and approved by unanimous vote.

## REPORT OF THE *AD HOC* COMMITTEE ON MEDICAL SCHOOL ARCHITECTURE

GEORGE T. HARRELL

The Committee, in cooperation with a similar group from the Council on Medical Education and Hospitals of the AMA, has completed its study of space considerations for the construction of new medical schools.

The two versions of its report—*MEDICAL SCHOOL FACILITIES: Planning Considerations* and *MEDICAL SCHOOL FACILITIES: Planning Considerations and Architectural Guide*—have been published and distributed by the U.S. Public Health Service. The response, both in this country and abroad, has far exceeded the Committee's expectations.

The Committee is grateful to those people who have written criticisms of portions of the report. Additional detailed criticisms are welcomed. No immediate plans for a revision have been made, but a reprinting of at least one version may be necessary as the supply becomes exhausted.

Additional experimentation needs to be done in the design of teaching space before the contemplated new schools are architecturally planned.

REPORT OF  
THE COMMITTEE ON MEDICAL SCHOOL-AFFILIATED HOSPITAL  
RELATIONSHIPS

GEORGE N. AAGAARD

The Committee met on February 3, 1962, at the University Club in Chicago during the Annual Congress on Medical Education.

The meeting opened with general discussion concerning the purposes and responsibilities of the Committee. The importance of maintaining communication between the Executive Council of the AAMC and the Teaching Hospital Section was emphasized. The Committee's role in this connection will be a very significant one.

*Quarterly News Letter.*—It was suggested that better communications could be developed with the members of the Teaching Hospital Section and the deans through the mechanism of a quarterly news letter. It was the consensus that such a publication should be initiated and sent to members of the Teaching Hospital Section as well as to all medical school deans. Responsibility for this news letter would rest with the Chairman of the Teaching Hospital Section, who would send the material to the AAMC offices for publication.

*Designation of Voting Members.*—An inquiry was received concerning representation of any university hospital by a delegated associate from the university hospital concerned. It was the consensus that the dean of the medical school should continue to appoint a representative who shall be the voting representative from the university hospital. If the executive officer of that hospital wishes to designate another individual to represent him, this should be cleared with the dean.

*Registration Fees.*—There was general discussion concerning the necessity for a registration fee at the Annual Meeting of the Teaching Hospital Section. It was recommended that any member of AAMC in good standing should not be required to pay the registration fee. It was further recommended that any non-member be required to pay a registration fee in an amount which seemed appropriate to the Planning Committee for the Annual Meeting. It was the consensus that every affiliating hospital should be encouraged to take out membership so that there will be no question as to payment of registration fee when its representative attends. The Chairman of the Program Committee for the meeting on October 27 and 28, 1962, decided that no fee should be charged.

*Format of the Annual Meeting.*—There was considerable discussion concerning subject matter and format of the Annual Meeting of the Teaching Hospital Section. It was suggested that Dr. Richard O. Cannon prepare a recommendation concerning the type of program and the major theme for such a program. It was hoped that small discussion groups could be formed as a trial at the Los Angeles meeting and that these discussions might follow the presentations of major speakers who would set the stage for them.

MEETING OCTOBER 28, 1962

The AAMC Committee on Medical School-Affiliated Hospital Relationships met in Los Angeles on October 28, 1962. Dr. Aagaard presided at the meeting.

*Research Grants.*—It was voted that the Chairman convey to the Executive Council of the AAMC the concern of our Committee for establishing a policy, acceptable to both the AAMC and the AHA, which could be used as the criterion in the establishment of overhead expense as it applies to research grants (government). Because of the urgency to expedite such a policy, it was suggested that this be done at the Staff level and/or Executive Council level and the members of our committee would make themselves available to help in any way possible. It was suggested that the "Proposed Principles for Determining Applicable Costs under Research Agreements Awarded by the USPHS" report developed by Arthur Andersen & Co. (December 1960), under the aegis of the American Hospital Association, be examined as a possible solution for this problem.

*Financing of the Teaching Hospital Section.*—Dr. Philip D. Bonnet raised the question of how the Teaching Hospital Section is being financed and how its activities should be financed in the future. It was the consensus of the Committee that John Danielson, as Secretary-Treasurer, work with Dr. Ward Darley and his Staff to make available a written report and recommendations concerning the financing of the Section, with the philosophy in mind, as expressed by Mr. Alvin J. Binkert, that the Teaching Hospital Section, as an integral part of the AAMC, should pay its own way and would need a mechanism to provide proper support.

*News Letter.*—Again the question of communications was discussed by the Committee and it continues to be the consensus that every effort should be made to provide information on the activities of the Teaching Hospital Section members of AAMC and that the Secretary and Chairman of the Section work this matter out so that the Chairman might provide more communication among the members.

*Regional University Groups.*—It was the consensus that the Secretary should determine what regional university hospital groups are meeting in the country and hope for information from them which might be of interest to the Section. He is to report to the Chairman concerning this matter.

*Publication of Papers.*—There was discussion concerning the publication of the papers given at the Annual Meeting. Mr. Harold Hixson suggested that the speakers send copies of their talks, if formalized, to the Chairman of the Section, who in turn could send them to the editor of *The Journal*. It was the consensus that as many of these papers should be published as possible and that possibly a supplement to *The Journal* might be the best vehicle.

*Next Meeting of the Committee.*—It was decided that the next meeting of the committee would be held at the time of the Congress on Medical Education in Chicago. There being no further business the meeting was adjourned.

## REPORT OF THE COMMITTEE ON STUDENT AFFAIRS

JOHN L. CAUGHEY, JR.

The AAMC Committee on Student Affairs was created on the recommendation of the Executive Council by vote of the Institutional Members at the Association's Annual Meeting in Montreal in 1961. This action was in accord with the AAMC

policy of having a standing committee functioning in each area in which the AAMC has important responsibilities for national leadership.

The formation of the Committee on Student Affairs gave official recognition to five years of productive activity of the AAMC Continuing Group on Student Affairs, which was itself an outgrowth of the 1956 Teaching Institute on Appraisal of Applicants for Admission to Medical Schools. That Institute brought together representatives primarily concerned with problems of students in each member school. There was immediate recognition of the need for some mechanism by which these people could gather regularly to discuss mutual problems and plan joint action in appropriate areas. The Continuing Group on Student Affairs was therefore created, under the sponsorship of the AAMC Committee on Research and Education, and was made up first of one, and later one or two, representatives of each member school designated by the dean as the person or persons most concerned with student problems. The CGSA had its first Annual Meeting in association with the 1957 Teaching Institute on the Ecology of the Medical Students, and has continued to have annual regional (Northeast, South, Middle West, Great Plains and West) and national meetings since then. The CGSA has facilitated the AAMC Research Division's collection of data on applicants and students, developed the Recommended Acceptance Procedures to replace the earlier Traffic Rules, and assisted in studies of the financial problems of medical students and of the clinical externship as a phenomenon related to medical education.

The AAMC Committee on Student Affairs created in 1961 is composed of the National Chairman and regional chairmen of CGSA, the Chairman of the CGSA Committee on Financial Problems of Medical Students, and a representative of the AAMC Executive Council. The Chairman of the Committee on Student Affairs is invited to sit with the Executive Council, except when it is in executive session. This organizational plan is unique as far as AAMC is concerned. It maintains the AAMC system of Standing Committees responsible to the Executive Council and Annual Meeting of Institutional Members, but also provides direct relationships with individuals designated by the dean of each medical school to represent him in the area of the Committee's responsibility. The CGSA presently has four authorized committees: Research (Morris, Iowa, Chairman); Relations with High Schools and Colleges (Schofield, Baylor, Chairman); Financial Problems of Medical Students (Ceithaml, Chicago, Chairman); and Student Aspects of International Medical Education (Brooks, Mississippi, Chairman). When fully operational, each of these Committees will include at least one representative from each CGSA region.

The AAMC Committee on Student Affairs had its first meeting in February 1962. At this time it was recognized that its program for the first year would be limited because of the uncertainty about financial resources available to it, the current reorganization of the AAMC Research Division, the need to develop appropriate relationship with the AAMC Division of International Medical Education, and the complex ramifications of student affairs into areas already under consideration by other AAMC standing committees.

Activities during 1962 which are worthy of mention in this report include the following:

The Northeast Region of CGSA organized and held a Conference on Premedical Education at Buck Hill Falls in May 1962, which attracted representatives from 150 colleges. There was general agreement that this was a productive enterprise which added greatly to the relationships of the medical schools of the region with each other, and with the colleges from which they draw many of their students.

The CGSA Committee on Financial Problems of Medical Students was instrumental in procuring important data about the amount and utilization of medical school loan funds, and also stimulated reports from medical schools to the Avalon Foundation about the importance of the generous grants it made in 1961 for scholarship aid to medical students.

CGSA members cooperated with the *ad hoc* Committee on Clinical Externships appointed by the AAMC-AMA Liaison Committee on Medical Education to procure important new data on the extent of clinical externship problems and the motivation of students who seek clinical externships.

Initial steps have been taken in cooperation with the AAMC Division of International Medical Education to collect information about the problems of foreign students admitted to United States medical schools and to develop materials which can be used to give useful information about medical education in this country to students in other parts of the world.

It is obvious that there is still much to be done in the areas mentioned above. Other topics which will engage the attention of the Committee on Student Affairs and the CGSA in the immediate future include:

The advisability of a change in the Recommended Acceptance Procedures to put more of the medical student selection process into the spring rather than the fall semester.

The modification of the confidentiality of MCAT scores, which are now withheld from students and premedical advisors.

The accumulation of significant data on factors which affect the choice of medicine as a career by able college students, and the reasons for the "drop out" of able students in premedical programs and after admission to medical school.

## REPORT OF THE COMMITTEE ON MEDICAL SCHOOL—VETERANS ADMINISTRATION RELATIONSHIPS

GRANVILLE A. BENNETT

The establishment in 1951 of an Association of American Medical Colleges Committee on Veterans Administration—Medical School Relationships resulted from sentiments voiced in a panel discussion during the sixty-first annual meeting in 1950 on "The Veterans Administration Program in Relation to Medical Education." (*Journal of Medical Education* 26:166-168, May 1951.)

It was believed that this authorized Committee could be helpful in advising on problems of staffing, budget allocations and locations of Veterans Administration facilities as well as in meeting pressures of any kind which might threaten the welfare of Veterans Administration hospital patient care programs.

It is clearly apparent that the Committee has been effective in all of these specified areas and it is also apparent that the Department of Medicine and Surgery of the Veterans Administration has been receptive to the ideas and

recommendations emerging from the deliberations of the Committee. On the whole the Medical School-Veterans Administration relationships have been highly satisfactory and have resulted in great benefit to both the medical schools of the nation and the Veterans Administration hospitals.

Heavy utilization of Veterans Administration hospitals by medical schools was acknowledged by respondents to the Committee's questionnaire which was distributed in 1959 (Datagram, Vol. 1, No. 8, February 1960). From the responses to this questionnaire it is apparent that three years ago twenty-one medical schools regarded the affiliated Veterans Administration hospital as "essential" to their undergraduate medical program.

Recently the committee has been advised that a significant number of the medical schools have experienced difficulties in achieving staffing patterns (including consultant and attending components) in the affiliated Veterans Administration hospitals which are deemed essential to meet the educational, research and patient care needs.

The Committee has reviewed all available materials relating to this problem and has been in communication with representatives of the Veterans Administration Department of Medicine and Surgery.

As of now the depth and breadth of the problem is not known exactly. Therefore it is proposed that the Executive Council authorize the issuance of a suitable questionnaire to all medical school deans to ascertain the current needs.

Cognizance has been taken of the impending relinquishment by Doctor William S. Middleton, of his position as Chief Medical Director, Department of Medicine and Surgery of the Veterans Administration and the Committee has furnished advice in this regard to the officers and Executive Council of the Association.

The Committee wishes to acknowledge its appreciation to the Chief Medical Director and members of the Veterans Administration Central Office staff for their cooperation and assistance in reviewing matters of general concern as well as problems encountered in the Dean's Committees of particular medical schools and affiliated Veterans Administration hospitals.

Dr. Bennett presented a resolution on the occasion of the impending retirement of Dr. Middleton as Chief Medical Director of the Veterans Administration.

**WHEREAS:** The enactment in 1946 of Public Law 293 made possible an affiliation of Veterans Administration hospitals and medical schools;

**WHEREAS,** This affiliation has been of immeasurable benefit to veterans, to the nation and to mankind; and

**WHEREAS,** This affiliation has become increasingly important in the nation's program of medical education; and

**WHEREAS,** The present Chief Medical Director has, since his appointment in 1955, provided wise and farseeing administrative guidance to the affairs of the Veterans Administration hospitals; and

**WHEREAS,** The present Chief Medical Director, Doctor William S. Middleton, will soon retire from this position;

**THEREFORE BE IT RESOLVED,** That the Association of American Medical Colleges in its Seventy-Third Annual Business Meeting, extend to Doctor Middleton congratulations on a job well done and acknowledge the deep gratitude of the member medical schools for his interest in and devotion to medical education in all its component parts.

### PRESIDENT DEITRICK'S ACCEPTANCE MESSAGE

DR. ANDERSON: This concludes the reports of all of the officers, staff, and committees. I would now like a motion of approval for all the reports.

The motion was seconded and passed unanimously. There being no further business, Dr. Anderson asked Dr. Stanley Dorst to conduct the new President, Dr. John E. Deitrick, to the podium.

President John E. Deitrick led the Membership in a vote of thanks to retiring President, Dr. Anderson, and concluded the meeting with the following statement:

I accept this position of President of the Association with some slight hesitancy. The job is one which should require the full time, energy and thought of any one individual. I cannot give it my full time, but I will give it my best thought and judgment. And with Ward Darley's support, it would be difficult not to perform a satisfactory job.

This past year I have asked many of you how the Association could be of greater value to you and your schools. The result of these discussions has led to a decision made by the Executive Council to hold a Seminar, or Teaching Institute, if you will, for deans, on the administration of a medical school and of a medical center. Plans are being initiated for such an Institute, and I believe you have already received notification from the Central Office to this effect. It is my hope that a forum will be provided in which all deans, as well as invited consultants and specialists, would participate.

As has already been mentioned by Dr. Anderson, we will attempt to reduce the number of standing committees in the Association to that number which has specific charges and duties to perform.

This may mean that many of you will not be committee members. But you will all serve as a Committee of the Whole in the Administrative Institute.

The President-elect, Dr. Robert Berson, and I have had some experience working together in the past. In fact, there were times when we not only worked together but we lived together for a week or more at a time. I suspected that the Nominating Committee decided to experiment and see if we could still work harmoniously together.

I know of no one with whom I would rather carry on such an experiment. I fully appreciate the responsibility and the confidence that you have placed on us, and I sincerely hope that by working with the Council and with Dr. Darley we can meet your expectations for the administration of the Association in the coming year.

The meeting adjourned at 3:40 p.m.

# First Annual Conference on Research in Medical Education

Biltmore Hotel  
Los Angeles, California  
October 31, 1962

The first Annual Conference on Research in Medical Education was held at the Biltmore Hotel in Los Angeles on October 31, 1962, following the Seventy-Third Annual Meeting of the Association.

Serving on the Program Committee for the First Conference were:

John R. Ginther, Ph.D., Department of Education, University of Chicago, Chicago, Illinois; Thomas Hale Ham, M.D. (Chairman), School of Medicine, Western Reserve University, Cleveland, Ohio; Winslow R. Hatch, Ph.D., Office of Education, Department of Health, Education, and Welfare; Milton J. Horowitz, Ph.D., School of Medicine, Western Reserve University, Cleveland, Ohio; George E. Miller, M.D., University of Illinois College of Medicine, Chicago, Illinois; George G. Reader, M.D., Cornell University Medical College, New York, New York; Edwin F. Rosinski, Ed.D., Medical College of Virginia, Richmond, Virginia; Paul J. Sanazaro, M.D., Association of American Medical Colleges, Evanston, Illinois.

The Conference convened at 9 a.m. and the following presentations were made: "Medical Career Decisions Study: Relation of Training Received to Decisions Made," Osler L. Peterson, M.D., Fremont James Lyden, Ph.D., H. Jack Geiger, M.D., Harvard Medical School; "Medical Career Decisions Study: Relation of Social and Economic Backgrounds of the Medical Student to Internship and Residency Training Obtained in Preparation for Practice," the second part of the Study, was also presented by Drs. Peterson, Lyden and Geiger; "The Effect of Characteristics of Hospitals in Relation to the Calibre of Interns Obtained and the Competence of Interns After One Year of Training," Edithe J. Levit, M.D., Charles F. Schumacher, Ph.D. and John P. Hubbard, M.D., National Board of Medical Examiners; "A Process Approach to the Construction and Analysis of Medical Examinations," Christine McGuire, University of Illinois College of Medicine; "Prediction of Success in Medical School," John J. Conger, Ph.D., University of Colorado School of Medicine, and Reginald H. Fitz, M.D., University of New Mexico School of Medicine; "Admission Procedures as Forecasters of Performance in Medical Training," Harrison G. Gough, Ph.D., and Robert E. Harris, Ph.D., University of California; "Intellectual and Personality Characteristics of Medical Students," Delbert M. Kole and J. D. Matarazzo, Ph.D., University of Oregon Medical School.

The morning session concluded with an address "Evaluation and Prediction" by Benjamin S. Bloom, Ph.D., Department of Education, University of Chicago, with discussion following the address.