

Association of American Medical Colleges

Proceedings for 1963

National Institutes of Health
Medical Schools Regional Meetings
January 14-18, 1963

Meeting of the Institutional Membership
February 2, 1963

Meeting of the Institutional Membership
June 17, 1963

First Institute on Medical School Administration
October 5-8, 1963 ,

Second Annual Conference on Continuation Education
October 25-26, 1963

Sixth Annual Meeting of the Medical School-Teaching Hospital Section
October 26-27, 1963

Seventh Annual Meeting of the Continuing Group on Student Affairs
October 26, 1963

Special Meeting of the Institutional Membership
October 27, 1963

The Seventy-Fourth Annual Meeting
October 28-29, 1963

The Seventy-Fourth Annual Business Meeting
October 29, 1963

Second Annual Conference on Research in Medical Education
October 30, 1963

Office of the Executive Director
2530 Ridge Ave.
Evanston, Illinois

Association of American Medical Colleges

Proceedings for 1963

Reprinted from *The Journal of Medical Education*
Vol. 39, No. 6, June, 1964

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National Institutes of Health—Medical Schools Regional Meetings*

January 14-18, 1963

The Association of American Medical Colleges sponsored a series of regional meetings January 14 to 18, 1963 to provide an opportunity for exchange of information among the administrative officials of the medical schools and representatives of the U. S. Public Health Service. The issuance in January 1963 of the new *Grants Manual* (a manual to facilitate administration of research and training grants) provided the basis of discussion to clarify policies and to provide an exchange of views on implementation of new requirements.

The 1962 spring round of meetings between USPHS representatives and medical school officials had proved productive and informative and, therefore, had suggested the advantages of this second round of meetings.

The first meetings were led by Dr. James A. Shannon, Director of the National Institutes of Health, and Dr. Charles V. Kidd, Associate Director for Training, NIH, at Washington, D. C. Dr. Ernest M. Allen, Grants Policy Officer, USPHS, presided at the New York, Atlanta, Chicago, and Denver meetings. Following is the schedule of meetings:

Region I—January 14, Washington, D. C. (Chairman: Dr. Hugh H. Hussey, Georgetown University Medical School)

Region II—January 15, New York City (Chairman: Dr. John E. Deitrick, Cornell University Medical School)

Region III—January 16, Atlanta, Georgia (Chairman: Dr. Robert C. Berson, South Texas Medical School)

Region IV—January 17, Chicago, Illinois (Chairman: Dr. W. N. Hubbard, University of Michigan Medical School)

Region V—January 18, Denver, Colorado (Chairman: Dr. Robert J. Glaser, University of Colorado Medical School)

Discussions centered around a number of policy considerations raised by the *Grants Manual* and a series of other program and policy questions. The meetings were reported in question and answer fashion. A complete copy of the report was sent to all medical schools. Copies of the complete report can be obtained from the central office of the AAMC. A summary of the discussions is included below.

GRANTS MANUAL

General.—Explanation was given as to the need for an early implementation date for the new grants policies (January 1, 1963). It was explained that some of the new policies reflected changes required by law and that others were the result of Congressional concern over administration of the program. Cognizance was also taken of the confusion that would result if the new policies applied only to new grants being activated. This would result in grantees operating under one

* Summary prepared by NIH Staff.

policy for one grant and an entirely different policy for other grants. Attention was called, however, to a statement in the transmittal letter from the Chief, Division of Research Grants, to the effect that the grantee officials would be privileged to request exception from new policies which caused unwarranted hardship because of the immediate implementation.

It was pointed out that the U. S. Public Health Service is aware of the shortcomings of the distribution of the *Grants Manual*. To rectify this situation, the USPHS will continue controlled distribution and will issue new pages of the manual containing any new policy statements which supersede previous policy statements; but in addition it will provide bound copies of the *Grants Manual* to other government agencies and to individuals showing justification of need. The bound copies will show an expiration date and will be reissued annually.

Attention was called to the fact that the *Grants Manual* covers only the regular research grants program. Although many of the policies incorporated will also apply to training grants, center grants, and other programs, the grantee institution will be expected to follow the separate policy statements for these different programs until such time as pertinent new sections of the *Grants Manual* are released. It is expected that the one for training grants, for example, will be released within a few months.

Scientific Freedom.—Concern was expressed at one of the meetings that the new statement on scientific freedom is too restrictive. It was explained that with the increasing complexity of the research program, arising in part from the much larger number of Institutes and Divisions (a total of 22) sharing the total responsibility, it had become necessary to codify policies and procedures through the issuance of a set of regulations. One of these regulations necessarily applied to allowable changes in projects. The NIH staff expressed belief that the new statement provides the investigator with essentially the same scientific freedom which he has enjoyed to date.

It was noted in particular that the investigator makes the decision as to whether a change constitutes a significant deviation from the purposes for which the grant was awarded and therefore as to whether he should continue the same project or apply for support of a new one.

While the new language appears to be more restrictive than the previous statement, USPHS experience to date indicates that in practice it is not. Scientists who receive grant funds are most unlikely to make what USPHS would consider significant deviations from the purposes for which the grants were awarded.

Professional Salaries.—Important events leading to the development of the salary policy statement in the *Grants Manual* were listed as follows:

1. There was concern over dual salary policies that permit institutional employees to earn additional pay if it can be obtained from grants or contracts.
2. General Accounting Office survey findings showed that there were significant disproportions between the estimated percentage of effort and time spent on projects and the salary shares which were being claimed by the institutions for the research workers. The resultant assurance of the DHEW to the Committee on Government Operations of the House of Representatives was that *ex post facto* estimates of time or effort henceforth shall be required.
3. There were inconsistencies between the salaries paid individuals from regular research grants and those paid from USPHS research grants to other individuals with the same qualifications, position, and responsibilities.

It was pointed out that the Surgeon General, USPHS, had accepted the salary policy in the *Grants Manual* as an interim policy only, pending discussions by a Federal Government interagency committee on the whole question of professional salaries. The Office of Science and Technology has established such a committee.

Quarterly Estimate of Time or Effort.—The USPHS does not believe that there should be a national definition of full time; however, it is obligated to require the grantee institutions to develop their own definitions of full time. One general definition is, "Full time is the full professional effort which a man gives to those activities which are the responsibility of his institution."

This definition of full time does not answer all of the problems faced in distributing time or effort in relation to an individual research project. Each institution must formalize criteria to be used in common by all professional staff in distributing time or effort. For example, the institution may need to develop a criterion that would state whether or not incidental training of postdoctorates would be shown as time or effort for a scientist whose full time is required on the research project being conducted. Another common guide that might be needed relates to whether or not a man's time spent in preparation of lectures or in library work would be part of his full time. Certainly, the final criteria must provide a way to account for 100 per cent and only 100 per cent of a man's time.

Travel.—Travel policy has been the subject of continual discussion over the years with particular reference to methods of review of travel needs and control of attendance at meetings. The National Advisory Councils found the review of individual requests for meeting travel funds impracticable and frustrating. Their experience in this review led to their recommendation and subsequent USPHS policy that grantee institutions should determine what travel should be performed. Chairman L. H. Fountain's Subcommittee of the House Government Operations Committee recommended tighter federal control.

The *Grants Manual* now requires formal determination by the grantee institution that all travel charged to a grant be related to the project supported and that all foreign travel be approved by the USPHS, either as part of the grant award or through correspondence. Also, no funds may be transferred from other categories into travel without prior USPHS approval. The Surgeon General approved this travel policy with the understanding that in reference to meeting travel, a study would be made of the desirability of having one grantee (society or other appropriate group) determine the number of U.S. citizens to attend an international meeting, and the terms and conditions under which they should travel.

Patents.—It was explained that the patent policy and regulations have not been changed but that some of the procedures have been rewritten. The annual invention statement is an example. The NIH staff also indicated that the USPHS is applying the patent policy in a stricter manner. For example, USPHS program directors are obligated to report any inventions which come to their attention through progress reports, publications, or in discussion with grantee institutions. Every invention must be reported whether or not the inventor believes the invention to be significant or important. The procedure requires reporting to the Surgeon General so that he can exercise his right to determine the disposition of invention rights, including the filing of patent application in the public interest.

A problem foreseen as a possible source of trouble is a situation where a grantee has signed patent agreements with more than one agency. Still another source

of possible difficulty is the situation where an inventor has filed application for patent or received a patent in a given area and continues to use USPHS funds to work in the same field. In such cases the applicant is obligated to provide full advice so that the USPHS can determine whether grant support is appropriate.

Equipment.—At the beginning of the USPHS grants program, policy prohibited transfer of funds into equipment without prior USPHS approval but permitted the grantee to make changes within the amount allowed for equipment. After several years of experience which showed that all requests for transfers had been adequately justified, the policy was liberalized and grantees were allowed to transfer funds into equipment as needed. In practice, of course, most of the equipment items were identified in the applications for grant support and were identified by the Study Sections and Councils as essential to the prosecution of the research. The Fountain Subcommittee has recommended that strict control be exercised over the purchase of equipment. The *Grants Manual* now requires an appropriate grantee official to determine that there is no other equipment available or suitable for the intended use and to approve the purchase of each item of equipment. In addition, it is required that any item of equipment costing in excess of \$1,000 shall have USPHS prior approval either through identification in the application and grant award or through letter correspondence.

GENERAL RESEARCH SUPPORT GRANT

Dr. Frederick L. Stone, Chief of the new Division of Research Facilities and Resources, and Dr. Robert B. Livingston, Chief of the General Research Support Branch in that Division, presented a sketch of activities and personnel of the Division. They explained that the Division is set up to deal with institution-wide activities and those of a regional research nature, including General Clinical Research Centers, Special Research Resources, Animal Resources, Health Research Facilities, and General Research Support.

The General Research Support Grant is designed to strengthen long-range general scientific capabilities of institutions; and, preferably, it should be used as a catalyst. One example of catalytic use would be the recruitment of top scientists who qualify for major project support and will attract other personnel and quality research resources to the institution. The scientific as well as fiscal management of the General Research Support Grant award becomes the responsibility of the grantee institution. The program will eventually be evaluated in order that Congress and the Surgeon General may determine the effectiveness of awards managed according to institutional scientific judgments and discriminations.

A progress report is due by the end of March. The "Justification of Carry-over" calls for only a simple explanation of the amount of monies being carried over and in what general categories.

Eligibility has been extended this year to schools of pharmacy, nursing, and veterinary medicine and to research institutes, laboratories, centers, and other non-profit research organizations such as public health departments, etc. The National Science Foundation presumably will be responsible for general research support (institutional grants) to graduate schools.

OTHER ITEMS

In addition to the *Grants Manual* and the General Research Support Grant, a number of miscellaneous items were discussed during the meetings.

Honoraria Charges to Grants.—In answer to a specific question, it was stated that consultants who work on USPHS supported research projects may receive honoraria provided they are not located in the same institution.

Overdue Continuation Applications.—Considerable discussion was held concerning the large number of overdue renewal applications and the present procedure which provides for acceptance of these applications without penalty. There was agreement on the part of the medical school representatives that the USPHS should tighten this procedure and require applicants to submit long-form applications instead of the short-form continuation application when the application is overdue. This recommendation was made with the understanding that there would be exceptions where renewal notices were not received.

Terminal Leave.—The question was raised as to whether terminal leave could be earned under NIH grants. The answer was that vacation earned would have to be taken within the grant period. When this position was challenged in several instances, the USPHS agreed to restudy this policy.

Withholding Payments Because of Late Expenditure Reports.—There was discussion as to why the USPHS will not release the third and fourth payments on a grant upon receipt of a preliminary report of expenditures from the prior grant. Present policy provides that third and fourth payments will not be processed unless a final report of expenditures for the previous grant is received. A preliminary report showing outstanding obligations cannot be considered as a final report. The USPHS expressed unwillingness to change this procedure at this time but agreed to continue study of the matter.

Large Unused Expenditures.—Announcement was made that there is continuing concern in Washington over the large unused balances on grants. Policy requires that any interest earned on such funds shall be sent to the Federal Government. Even though the payment plan has been changed several times in order to reduce these balances, they continue to grow. There is a current study under way which will result in further changes to resolve the problem.

Meeting of the Institutional Membership

Palmer House
Chicago, Illinois
February 2, 1963

Presiding: JOHN E. DEITRICK, President

The meeting convened at 2:00 P.M. in the Palmer House, Chicago, Illinois. Dr. Richard H. Young, Secretary, called the roll and announced that a quorum of Institutional Members was present.

The meeting opened with the Sixth Annual Report of the Executive Director.

REPORT OF THE EXECUTIVE DIRECTOR WARD DARLEY

The Association of American Medical Colleges has now reached a decisive point in its long and productive history. The steps leading to this can be traced back to wise decisions of the Executive Council in setting forth both principles and priorities and to the willing and tireless efforts of many individuals and working committees in implementing programs. The growth of the Association could be measured in statistics, in dollars, or in publications. But it is the orderly development of sound programs in support of medical education, emerging from a sense of responsibility coupled with commitment to action, that has achieved for the Association an internationally recognized position of leadership.

By reading the Proceedings of the AAMC one can readily appreciate the role that it has played in furthering medical education.¹

In this report, in addition to discussing the most important of our programs, I will define the perspective within which we should operate. By doing this, we can best recognize the direction our major efforts must take for the next few years if we are to capitalize on our already important achievements. The best measure of our success in this will not be the further growth of the Association, although this growth is almost certain. Our success will be measured in the demonstrable improvement of medical education at all levels. It is therefore important that we review briefly the thinking which has directed our plans in the recent past and the way in which the fruition of these plans has raised our sights to new horizons.

Although improvement of medical education is our main justification for existence as a national organization, we are all aware that education does not exist in a vacuum. Students undergo an educational process which is nurtured and supported by a most complex structure consisting of faculty, facilities, and finances. It is here that the Association has shown real leadership. We did not merely recognize the fundamental importance of the supporting structure of medical education. We devised and supported programs aimed at making available the techniques, data, and information needed for long-range planning and improvement.

DIVISION OF OPERATIONAL STUDIES

The work of the Division of Operational Studies has resulted in our knowing

¹ *Journal of Medical Education*: 35:573-636, 1960; 36:429-523, 1961; 37:311-385, 1962.

for the first time the trend in staffing patterns of our medical schools so that future needs and problems in securing adequate faculty in certain disciplines can be pinpointed and anticipated. The salary study now enables each school to compare itself with the national picture. The faculty register documents the origin and training of all teachers and researchers holding appointments in schools of medicine.

Our national study of construction needs for educational facilities provides essential information in support of the Association's quest for funds that will permit badly needed expansion of the nation's system of medical education. Members of the Association had key responsibilities in preparing the USPHS publication describing the planning considerations and architectural factors important to designing buildings for medical education.

Most medical schools are now making cost analyses according to procedures developed by Mr. A. J. Carroll. The accumulated data constitute a most important documentation of the costs of teaching, research, and administrative programs in medical colleges.

Through effective use of the principle of cooperative study, our Association now has made it possible for individual medical schools to undertake these necessary, searching self-studies. Considering the costs in dollars and talent of the manpower needed for quality medical education, such objective analysis is essential if our schools hope to present a valid case in their requests for adequate support. Within each school such data make it possible to substitute fact-supported decisions for educated guesses. In undertaking self-studies of faculties, facilities, and finances, there is no surrender of individuality or authority. Furthermore, recent trends and events make it likely that such accounting and self-analysis soon will be necessary for all major teaching and research operations. The example and the techniques furnished by the Association in setting its own house in order are already being followed by other major educational organizations.

The Division of Operational Studies has also removed from the realm of hearsay and speculation the actual costs of a medical education to medical students. Studies on this subject are already resulting in the establishment of scholarship and loan funds that have not existed before. If we can continue to make progress in resolving this particular problem, we can then hope to attract many young people who are fully qualified to become physicians but who have not seriously considered such a career or who have given up the study of medicine because of inadequate financial resources.

A much needed study and report on the kinds of agreements entered into by medical schools and their affiliated hospitals, a portion of which was made available for the last AAMC Institute, soon will be published by Dr. Cecil G. Sheps. This will provide an important reference source for schools seeking affiliation arrangements best suited to their needs.

Another timely study currently in progress under the joint sponsorship of the AAMC, AMA, and AHA will identify the educational and other program costs in teaching hospitals.

A comprehensive report on the entire subject of financing medical education is in preparation. This will be the definitive reference for trends in expenditures for basic operations, sponsored research, and research training; for trends in sources of income for medical education; and for medical school cost analysis.

Inescapably, the growing size and complexity of modern medical centers have resulted in more complex problems in sound medical school administration. Today, it is no longer possible to assume that a brilliant career in academic medicine is in itself sufficient preparation for providing sound leadership in administration. Considerations such as these led to the decision that the AAMC undertake a definitive study of the administrative process in medical education and it is to this end that a series of three institutes have been planned, specifically for deans and key personnel in medical center administration. Although effective leadership must be based predominantly upon first-hand knowledge of the problems of medical education and research, it can be enhanced through greater familiarity with new information and techniques in dealing with problems of purely administrative nature.

The necessary supporting structure of medical education includes faculty, facilities, finances, and administration. What more is the Association called upon to do to improve medical education? Part of the answer is in the remarkable fact that the Association has already accumulated more definitive descriptive data on American medical education in mid-century than has ever before been assembled at any time in the history of any area of higher education. In the course of the annual Teaching Institutes initiated by Dr. George P. Berry, a thorough survey has been made of every phase of the educational process in our schools. The Division of Basic Research studied the intellectual and the personal characteristics of students in 28 medical schools. This combination can stand alone as a benchmark in the history of higher education. More importantly, it allows each school to refer to objective data in attempting to assess its own educational programs.

CONTINUING EDUCATION

I want to point out the two trends which have grown unmistakably clearer and stronger in the recent past as the result of the Association's efforts. First is the visualization and planning of medical education as an educational process which continues for the life of the individual as student, resident, and practitioner. Second is the increasing participation of individual faculty members in studying and improving education.

This is evident in the Continuing Group on Student Affairs which has done so much to improve the admissions procedures and to shed light on the problems of students as individuals. It is seen in the continuing and growing interest in the annual Seminars in Medical Teaching initiated by Dr. George E. Miller. These are now sponsored by the Association and are expanding in scope so that individual schools, in consultation with the staff of the central office, may plan intramural seminars on teaching and learning.

The increasing participation of individual faculty members is also reflected in the number of forums now held in conjunction with the Annual Meeting. One of the important and well established forums is the Medical School-Teaching Hospital Section, which provides invaluable two-way communication between the medical schools and affiliated teaching hospitals on mutual concerns and problems. The highly successful First Annual Conference on Research in Medical Education confirms how well the Association has worked toward the development of sound research in the educational process in our schools of medicine. Medical faculty

and administrators interested in continuing education of practicing physicians have held their first annual forum in which this very important activity was discussed.

The belief in the concept of education as a continuing process is reflected in the Association's policy of accepting responsibility for the quality of graduate education in medicine. Endorsement of the report, *Lifetime Learning for Physicians*, which looks forward to a national university without walls instead of the piecemeal programs which now have to suffice, affirms the Association's interest in developing and maintaining the highest possible standards of education at all levels of medicine.

DIVISION OF EDUCATION

The grant of the Carnegie Corporation, making possible the establishment of the Division of Education, is extramural recognition of the AAMC's increasing ability and interest in devising creative approaches to medical teaching and learning. The problems and challenges which face us will not yield to half-hearted measures nor to traditional study methods. If medical education is to be a member in good standing in the university community, it must respond in the fashion demanded of all members of this community. Through the Division of Education, the ablest medical educators in partnership with scholars in disciplines basic to education and medicine will be called upon to find productive approaches to long-standing problems of effectiveness in teaching and learning.

The Association possesses an enormous backlog of fundamental information on the intellectual and non-intellectual characteristics of medical students. This must now be analyzed in joint effort with qualified and capable behavioral scientists. Such a joint study would yield invaluable information for future selection of medical students, for designing more effective educational experiences, and for pinpointing successive productive areas of research. Cooperative effort with university resources can begin to solve medical education's key problems such as defining and evaluating clinical performance objectively and demonstrating that research in patient care enhances education as well as service. Most importantly, such ventures will help define more clearly how the prodigious growth of knowledge in human biology can be converted into a powerful force for education instead of a growing wedge between basic scientist and clinician. The Division of Education will help to translate our established objectives of medical education into realistic programs by fostering unique studies that will predict more accurately the total number of physicians and the particular skills which will be needed to serve the future health needs of our citizens. Such guidance is essential for the sound planning of new and expanded facilities and programs.

Basic research will continue to be a major endeavor of the central office staff. Specific projects include the development of a questionnaire to assist the counseling of medical students in their choice of careers within medicine; the refinement of techniques for measuring change in personality and attitudes during medical school; the study of factors which predict future performance; and, finally, publication of the basic data from the Longitudinal Study. These will constitute basic advances that we need to make in our understanding of performance of medical students.

However, the results of the basic research must be communicated before they can become the basis for practical application. In its central office the AAMC is

amassing an information file on each school as well as on medical education as a whole. From all studies done by the AAMC and by outside agencies, the Division of Education is organizing an information service so that in response to requests specific analysis can be made of all data relating to each school. Results of educational research will be translated into meaningful terms for use by individual faculty members, departments, or schools. The long awaited handbook on the MCAT will be distributed this spring.

The central office regularly compiles for each medical school a series of reports providing all information needed to analyze objectively the quality of applicants, the effective competition for these applicants, and the MCAT performance of applicants according to undergraduate college. The present system of information exchange with schools will be thoroughly studied and, if necessary, revised. This will be done in consultation with representatives of the Continuing Group on Student Affairs. The establishment of better working relationships with pre-medical advisers of liberal arts programs will have high priority so that we can compete more effectively for the high ability students with biologic orientation. Careful studies of applicants and of the total applicant pool are essential, especially the influences on early decisions as to career choice. Also needed are studies of factors responsible for the widely varying attrition rates, studies on the effects of geographical limitation on applicant caliber, and studies on problems created by externships. In addition the Association must continue to provide high caliber staff services when important joint studies with other agencies are undertaken. The purpose of all programs within the Division of Education is to improve our understanding of medical education as well as our programs in the field.

LIAISON COMMITTEE ON EDUCATION

Another highly important and, I believe, effective mechanism for assisting schools is emerging from the modification of the accreditation procedure currently in progress in cooperation with the Council on Medical Education and Hospitals, through the Liaison Committee on Medical Education. The pre-survey information forms will be streamlined and standardized so that strengths and weaknesses in the schools can be readily identified before the accreditation visit. The actual visitations can then take the form of consultations. By eliminating many mechanical details, more time will be available to discuss progress and problems in educational programs.

For the past two years the Liaison Committee on Medical Education also has been active in rendering consultation services to newly developing schools of medicine. This expense is shared equally by the AMA and the AAMC.

DIVISION OF INTERNATIONAL MEDICAL EDUCATION

The Division of International Medical Education, basically supported by the Rockefeller Foundation, has fully met all expectations of its important contributions to the development and strengthening of programs in underdeveloped areas of the world. The opportunities for service have been notably increased by the contract entered into with the Agency for International Development which established the Division as a key resource and consultative center for AID. The first major accomplishment under this contract is the survey of the availability of our medical school teachers for service overseas. Careful planning for the wise

use of this unexpectedly large resource will make it possible to greatly strengthen foreign schools while providing unusual opportunity for short-term study of disease in different environments. The Division has been active in organizing activities of foreign schools, in the planning of an Association of Medical Schools of Africa and the Pan American Federation of Associations of Medical Schools, and in studying national agencies' international health activities.

PUBLICATIONS

The publications of the Association are growing in importance. The renewed interest in the educational aspects of medicine is increasing the demand for the Teaching Institute Reports and for *Medical Schools in the United States at Mid-Century*. The annually revised *Admission Requirements of American Medical Colleges*, a handbook which offers a short description of each medical school and lists its requirements for admission, is the standard reference on preparation for the study of medicine. It remains number one on the book list of premedical students because it contains the best guidance that can be offered students who have decided on a career in medicine or who are seriously considering it.

The directory, *Financial Assistance Available for Graduate Study in Medicine*, and the annual *Directory of the Association* are also in increasing demand.

The evolution of *The Journal of Medical Education* into a scholarly journal has received strong impetus under the guidance of its former Editor-in-Chief, Dr. John Z. Bowers, and under the leadership of its current Editor-in-Chief, Dr. John A. D. Cooper, and its Editorial Board. The increasing quality of research in medical education is reflected in each issue. *The Journal* now reports more fully on important events and programs in the Association.

The Datagrams have proven to be an effective means of communication but the Association must do more to inform the general public of the functions and needs of medical education through news media of all types.

FINANCIAL SUPPORT

The programs I have discussed have been made possible by the Association's basic administrative operations, which have derived support from many sources. One of the most important of these has been foundation grants, but these cannot continue to subsidize basic administrative functions. Because this is properly the responsibility of the Association, the Executive Council is recommending to the Institutional Membership that it authorize an increase in the annual dues of Institutional Members which will suffice for the support of the basic operation of the Association. If this is provided, the Executive Council is confident that important studies and developmental programs will continue to attract the necessary outside support from both public and private sources.

BUSINESS SESSION

Following the report of the Executive Directors, Dr. Deitrick called for a discussion of some of the important topics considered at the regional meetings of the medical schools and the U.S. Public Health Service. (See Pp. 556-560)

Dr. Darley gave a report concerning federal legislation designed to regulate the use of animals in medical schools. He stated that the Executive Council had approved the following statement:

The AAMC should join in an effort to explore with other agencies the possibility of positive legislation containing provisions having to do with the setting of standards for animal care, animal housing, and the use of animals in experimental work and teaching, and insuring some mechanism within the institutions by which these standards would be effected and maintained.

Dr. Robert Berson gave a report of the activities of the Federal Health Programs Committee, particularly as they related to H.R. 12 and the companion Senate Bill S. 911 concerned with federal aid to medical educational facilities, construction, and student loan funds.

Dr. Darley reviewed the financial situation of the Association since 1958. He pointed out that the Association had been receiving general support from several foundations since 1959 but that the total grants are decreasing. He anticipated that the Association could not indefinitely continue to interest foundations in general support. Dr. Darley further pointed out that the Council felt that all income from the Medical College Admission Test should be used for the support of MCAT and for research and services that are related to student admissions, counselling and welfare. For these reasons and because of the general rise in all the Association's operating costs, he suggested the Institutional Members consider a 50 per cent increase in institutional dues.

Dr. Deitrick said that dues account for less than 25 per cent of the total budget of the Association and an increase is necessary. He pointed out that the written policy of the suggested change in dues was sent to Institutional Members more than 30 days prior to this meeting as required for changes to the Constitution and Bylaws.

Dr. Donald Anderson moved that the AAMC dues be increased from \$1,000 a year to \$1,500 a year for all four-year schools and from \$500 a year to \$750 a year for schools providing only the first two years of the medical curriculum.

Dr. Vernon Wilson seconded the motion. After discussion the question was called for. The motion carried with only one dissenting vote.

Dr. Deitrick called for a consideration of the University of New Mexico's application for provisional membership in the Association. All requirements for provisional membership had been met.

Dr. Richard Young moved approval. Dr. Mark Everett seconded. The motion carried unanimously.

Dr. John Youmans of the United Health Foundation gave a report of the programs and objectives of that Foundation.

Dr. Vernon Lippard announced the plans for the First Institute on Medical School Administration.

The meeting adjourned at 3:45 P.M.

Meeting of the Institutional Membership

Biltmore Hotel
New York City, New York
June 17, 1963

Presiding: JOHN E. DEITRICK, President

The meeting convened at 2:00 P.M. on June 17, 1963 at the Biltmore Hotel, New York City.

Dr. Ward Darley, Executive Director, called the roll and announced that a quorum of Institutional Members was present.

Dr. John Deitrick announced that the first item on the agenda involving the consideration of an open probation for one of the Institutional Members would be dropped inasmuch as the school had recently provided new information reflecting favorable developments.

AMENDMENT TO BYLAWS

Dr. Darley read the proposed Bylaw change which previously had been mailed to the Institutional Members in accordance with the Constitution and Bylaws. Dr. Deitrick explained that the main change in the Bylaws was to enable the Executive Council rather than the Institutional Membership to place a member on open probation. The Institutional Membership would retain the power to drop an institution from membership in the Association.

Dr. William Stone moved approval of the following amendment to the Bylaws of the Association:

All members shall conform to the Articles of Incorporation, Bylaws and standards of admission and curriculum, as they may be changed from time to time. Any Institutional Member or Affiliate Institutional Member, which, on inspection, has been found not to conform to the then-existing Articles, Bylaws, or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council, be placed upon open probation for a period to be decided by the Council.

Any Institutional or Affiliate Institutional Member that is on confidential or open probation may be reinstated to unqualified membership when in the judgment of the Executive Council circumstances so warrant. To drop an Institutional or an Affiliate Institutional Member from the Association Membership will require the affirmative vote of two-thirds of the Institutional Members present at an annual or specially called meeting.

Dr. Francis Cheever seconded the motion.

Dr. Deitrick then explained that the Council felt it had been handicapped in taking action, particularly when the action involved the Council of Medical Education of the American Medical Association, due to the inevitable delay of six months to a year before such action could be presented for a vote to the Association Institutional Members.

Also, the reasons for recommending that a school be placed on open probation are complex and so are difficult to explain satisfactorily to a large group such as the Institutional Membership.

Dr. Stanley Olson, after some discussion, recommended that the proposed amendment include the requirement that any school which is placed on open probation must have been on confidential probation for a minimum of one year immediately preceding the action.

Dr. Robert Jason and Dr. John Truslow recommended that the last sentence of the proposed amendment be changed to read: "To drop an Institutional or an Affiliate Institutional Member from the Association membership will require *the recommendation and justification of the Executive Council* and the affirmative vote of two-thirds of the Institutional Members present at an annual or a specially called meeting."

Dr. Stone and Dr. Cheever accepted the revision in wording of the amendment.

Mr. Henry Meadow suggested that action on the proposed Bylaw change be tabled until the next Annual Meeting. The vote to table was called for and defeated. After further discussion, President Deitrick called for a vote on the amendment to the Bylaws. The changes in the amendment were approved. Following is the final changed amendment:

All members shall conform to the Articles of Incorporation, Bylaws and standards of admission and curriculum, as they may be changed from time to time. Any Institutional Member or Affiliate Institutional Member, which, on inspection, has been found not to conform to the then-existing Articles, Bylaws or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council, be placed upon open probation for a period to be decided by the Council.

This action would not be taken except after a school in question had been on confidential probation for at least one year.

Any Institutional or Affiliate Institutional Member that is on confidential or open probation may be reinstated to unqualified membership when in the judgment of the Executive Council circumstances so warrant. To drop an Institutional or an Affiliate Institutional Member from Association membership will require the recommendation and justification of the Executive Council and the affirmative vote of two-thirds of the Institutional Members present at an annual or specially called meeting.

Dr. Deitrick called for a standing vote on the Bylaw amendment. Fifty voted in favor of the change and 20 were opposed. With 70 members present a two-thirds majority would be 47. Therefore, Dr. Deitrick announced that the amendment to the Bylaws had been approved as finally read.

COMMENDATION RESOLUTION

Dr. Deitrick introduced a proposal by the Executive Council that Institutional Members approve the following resolution commending Dr. Leland McKittrick for the long and valuable service he has given medical education as Chairman of the Council on Medical Education and Hospitals of the AMA:

The Executive Council and Institutional Membership of the Association of American Medical Colleges, cognizant of the many and continuing contributions of the Council on Medical Education and Hospitals of the American Medical Association to medical education under the able leadership of its Chairman, Dr. Leland S. McKittrick, wishes to congratulate Dr. McKittrick for his effective, tireless, and dedicated service to the Council as its Chairman on the occasion of his retirement.

The Association of American Medical Colleges is indebted to Dr. McKittrick for his perceptive and visionary statesmanship, which has been an important and effective force in securing the continuing improvements of education in medicine.

Dr. Vernon Wilson moved the resolution's adoption and Dr. Wiggers seconded. The vote was called for and the resolution was approved unanimously.

ANIMAL CARE LEGISLATION

President Deitrick then called on Dr. Darley to report on proposed animal care legislation.

Dr. Darley said that the Board of the National Society for Medical Research is still exploring the various facets of the problem and conducting studies to determine the position which best protects the future of health science research. Dr. Stanley Bennett is Chairman of a NSMR committee to consider the content of a bill concerning the use of animals in research which would represent a positive, constructive approach to the problem.

Dr. Darley reported that another Committee, under Dr. N. R. Brewer of the University of Chicago, is working on a statement for use at any Congressional hearings which may involve animal care legislation and that the Animal Care Panel is developing a guide for facilities and care of animals. Dr. Darley also said that the AMA recently convened a meeting of large national organizations, now known as the AMA Task Force, to consider the subject.

POSITION PAPER ON RESEARCH GRANT REGULATIONS

The next item of business concerned the development of a position paper by the Executive Council with respect to federal and other sponsored research and research training.

Dr. Deitrick reported that the following consensus was apparent at the morning meeting of the Executive Council:

The Executive Council believes that the AAMC should state its position regarding the policies of the Federal Government and in turn regarding the administration of grants for research and research training. It recommends therefore that the Institutional Membership authorize the Council to prepare and distribute such a statement.

Dr. Donald Anderson moved that the above recommendation be approved. The motion was seconded by Dr. Gordon Scott and a discussion followed.

Dr. Deitrick called for a vote on a motion that the AAMC prepare a position paper. The motion was approved.

The discussion then moved to the content of the statements in the position paper. Many suggestions involving accountability, academic freedom, and the institutions' responsibilities to the grantee and grantor were made.

It was agreed that a draft of a position paper would be prepared and then sent to all Institutional Members for comment before its release.

The meeting adjourned at 3:45 P.M.

First Institute on Medical School Administration

Hilton Inn
Atlanta, Georgia
October 5-8, 1963

The rapid expansion of medical schools in recent years, the large sums of money for research and for research training now flowing into the schools, and the new procedures required to obtain and account for federal funds, singly and collectively, have complicated the management of medical institutions.

Administrative procedures have not kept pace with these changing conditions. The disparity between current management practices and the complexities of management problems is a major obstacle to the most effective and efficient operation of medical schools. It is the consensus of those charged with administrating medical institutions that a thorough re-study of existing administrative patterns is long overdue.

It is to this end that a series of Institutes was conceived as a mechanism designed to permit a penetrating study of the overall question, to define and identify major problem areas, and to formulate solutions.

The first in a series of three Institutes, directed toward a study of the internal organization and administrative problems of medical schools, was held at the Hilton Inn, Atlanta, Georgia on October 5-8, 1963.* Dr. Vernon Lippard, Dean of Yale University Medical School, served as Chairman for the Institute.

In the interest of preserving small informal discussion groups, attendance was by invitation as has been the case with past Institutes. Participants primarily included medical school deans and individuals who were specialists in administrative procedures. Attending were 180 persons.

The content of the Institute was organized around four major topical areas:

- Institutional Administrative Organization
- Fiscal and Business Management
- General Faculty Organization
- Supporting Services and Plant Management.

The first general session was held on Saturday evening, October 5, 1963. Opening remarks were made by Dr. John Deitrick, President of the AAMC and Dean of Cornell University Medical College. Chairman Lippard then described the purpose and plan for the Institute and introduced the keynote speaker, Dael Wolfe, Ph.D., D.Sc., Executive Officer of the American Association for the Advancement of Science, whose topic was "University Responsibility."

The plenary session on Institutional Administrative Organization was held on Sunday morning, October 6. Joseph Hinsey, Ph.D., D.Sc., Director of the

* A second Institute directed toward a study of medical school-hospital administrative problems has been scheduled for the Winter of 1964; medical school-university relationships will be the focus of the third Institute of the series.

New York Hospital-Cornell Medical Center, presided and introduced Mr. W. Allen Wallis, President of the University of Rochester, who spoke on "University Organization and the Professional School."

The plenary session on Fiscal and Business Management was held on Sunday afternoon, October 6. Dr. William Hubbard, Jr., Dean of the University of Michigan Medical School, presided. The keynote address, "Essentials of Fiscal Management," was made by Wilbur K. Pierpont, Ph.D., Vice-President in Charge of Business and Finance, University of Michigan.

An extended plenary session was held on Sunday evening at which Dr. Lippard presided. He introduced as speaker Dr. James Miller, Professor of Psychiatry and Director of the Mental Health Research Institute at the University of Michigan Medical School. Dr. Miller spoke on "Coping with Administrator's Information Overload."

The plenary session on General Faculty Organization convened on Monday morning, October 7. Dr. Donald G. Anderson, Dean of the University of Rochester School of Medicine and Dentistry, presided. He introduced Horace Magoun, Ph.D., D.Sc., Dean of the Graduate School of the University of California at Los Angeles, who spoke on "Functional Patterns of Faculty Organization."

The plenary session, held on Monday afternoon, October 7, focused on Supporting Services and Plant Management. Dr. Lippard presided and introduced Dr. Vernon Wilson, Dean of the University of Missouri School of Medicine, who read a paper entitled "Competition for Support." The paper was prepared by Dr. Robert A. Moore, President of the State University of New York Downstate Medical Center and Dean of the College of Medicine. Dr. Moore was unable to attend the meeting due to illness.

Following each of the plenary sessions, participants adjourned in small discussion groups for informal consideration of the respective topics. Upon re-assembly in plenary sessions, two or three selected recorders summarized for all participants the highlights of their respective workshop sessions.

The final assembly of all participants on Tuesday morning, October 8, was presided over by Dr. Lippard. At this session two speakers addressed the Institute. They were Rensis Likert, Ph.D., Director of the Institute for Social Research at the University of Michigan, whose topic was "Current Research in Management and Its Application to Administration of Medical Centers," and Harlow J. Heneman, Ph.D., General Partner, Cresap, McCormick and Paget, who spoke on "Business Principles and Medical School Management."

Following these addresses the Chairman called for comments on the First Institute on Medical School Administration and for suggestions on the content and timing of the proposed two future Institutes in the series.

The meeting was adjourned at noon.

Second Annual Conference on Continuation Education

Sheraton-Chicago Hotel
Chicago, Illinois
October 25-26, 1963

The Conference on Continuation Education convened in Chicago on Friday, October 25, 1963. Dr. Jesse D. Rising, Chairman, presided and opened the Conference with an explanation of its purpose.

Serving on the Program Committee for the Conference were Dr. W. Albert Sullivan, Minnesota, Chairman; Dr. C. Wesley Eisele, Colorado; Dr. Joseph E. Markee, Duke; Dr. Fred MacD. Richardson, Pennsylvania; Dr. Rising, Kansas; Dr. Vernon E. Wilson, Missouri; and Dr. Frank M. Woolsey, Jr., Albany.

Drs. C. H. William Ruhe and Walter S. Wiggins described in turn "The American Medical Association's Program of Accreditation in Continuing Medical Education" and "The Developing National Program for Medical Education." Dr. C. B. Stewart discussed "The Responsibility of Medical Schools in Continuing Education." Dr. Joseph W. Crookshank reported on the "Louisiana Survey."

The morning session closed with a panel discussion on Nationwide Problems in Continuing Education in which the principal speakers were joined by Dr. Eisele as moderator.

The afternoon session opened with a talk by Dr. Woolsey on "Cooperation of Medical Schools and Community Hospitals." This was followed by a description of "The Medical School Field Representative" by the Conference Chairman.

Dr. Campbell Moses then explained "Pittsburgh's Regional Postgraduate Television Program" and Dr. Bertram B. Moss discussed "Cooperation between the American Psychiatric Association and the American Academy of General Practice in Postgraduate Education of the Family Physician in Psychiatry."

Joint educational programs in obstetrics and gynecology and in general practice were reviewed from the point of view of their respective subject areas by Drs. F. J. Hofmeister and Francis L. Land.

The afternoon session culminated in a panel discussion, Technics of Continuing Education, in which the previous afternoon speakers were joined by Drs. Albert Sullivan, Jr., and Nicholas J. Pisacano.

On Saturday morning, October 26, four discussion groups were scheduled to provide an opportunity to explore in depth the following topics:

Organization and Administration of Efforts in Continuing Medical Education

Financing Continuing Medical Education Programs

The Medical School's Role with Relation to Organized Medicine,
Voluntary Health Agencies, and Community Hospitals

Teaching Technics and Communications Media.

Participants were able to elect attendance at the session of major topical interest. The Conference adjourned at noon.

Sixth Annual Meeting of the Medical School- Teaching Hospital Section

Sheraton-Chicago Hotel

Chicago, Illinois

October 26-27, 1963

At the business session of the Sixth Annual Meeting of the Medical School-Teaching Hospital Section held in Chicago on October 27, 1963, the following recommendations of the Nominating Committee were accepted:

EXECUTIVE COMMITTEE MEMBERS

1963-1964

Chairman: Harold H. Hixon, University of California Hospitals (San Francisco)

Vice-Chairman: Matthew F. McNulty, University of Alabama Hospital

Secretary-Treasurer: John M. Danielson, Evanston Hospital Association

Members: Leonard O. Bradley, Winnipeg General Hospital
(Term expires in 1964)

Ladislaus F. Grapski, University of Maryland Hospital
(Term expires in 1965)

Richard T. Viguers, New England Center Hospital
(Term expires in 1966)

The Sixth Annual Meeting opened on Saturday morning, October 26, with addresses of welcome by Dr. John E. Deitrick, President of the AAMC and Dean of Cornell University Medical College, and Dr. Philip D. Bonnet, Chairman of the Medical School-Teaching Hospital Section and Administrator of the Massachusetts Memorial Hospitals of Boston University Medical Center.

Research in Hospital and Health Services was the subject of the morning session, presided over by Mr. Grapski. The following papers were presented: "Federal Support for Research in Hospital Services," Dr. John R. McGibony, Chief of Intramural Research of the Division of Hospital and Medical Facilities, Department of Health, Education, and Welfare, Silver Springs, Maryland; "Private Support for Research in Hospital and Health Services," Odin W. Anderson, Ph.D., Research Director, Health Information Foundation, University of Chicago; "The Role of the Hospital in Research—Bystander or Participant," Dr. Albert W. Snoke, Executive Director, Grace-New Haven Community Hospital, New Haven, Connecticut; "The Problems of the Investigator in Hospital Research," Charles D. Flagle, D.Eng., Director, Operations Research Division, Johns Hopkins Hospital, Baltimore, Maryland.

The session concluded with a panel during which the four principal speakers

of the morning participated in discussion of ideas developed during their sessions and in discussion of questions from the floor.

Mr. Hixson presided over the afternoon session which dealt with The University Teaching Hospital: Form, Functions, and Administration. Presentations included: "The Form of the University Teaching Hospital," Dr. George T. Harrell, Dean of the University of Florida College of Medicine and Chairman of the Joint Committee on Design of University Teaching Hospitals; "The Functions of the University Teaching Hospital," Dr. Bonnet; "The University Teaching Hospital—Its Administration," Dr. Dean A. Clark, Research Professor of Medical and Hospital Administration, University of Pittsburgh Graduate School of Public Health; "The University Teaching Hospital—Its Relations with Medical School, Medical Center, and University," Dr. George A. Wolf, Jr., Vice-President for Medical and Dental Affairs, Tufts University and Executive Director, Tufts-New England Medical Center.

On Sunday morning, October 27, six simultaneous discussion groups were scheduled dealing respectively with the following topics:

Role of the Hospital in Research

Allocation of Costs in a Medical Center

Administrative Relationships in a Medical Center

Responsibility for Graduate Training—Medical College or Hospital

Relation of the Voluntary Staff-Faculty Member to Hospital and Medical College

Design and Functions of a University Teaching Hospital

Registrants were able to attend the discussion group of their major interest. The meeting terminated in a plenary session presided over by Dr. Bonnet at which brief reports were given on the six discussion groups. A short business session also was held.

Seventh Annual Meeting of the Continuing Group on Student Affairs*

Sheraton Hotel
Chicago, Illinois
October 26, 1963

The General Session of the Seventh Annual Meeting of the Continuing Group on Student Affairs was called to order on October 26, by Dr. John L. Caughey, Jr., CGSA National Chairman, who outlined the background of the organization and indicated that it had been described in the January 1963 issue of *The Journal of Medical Education*.

Reports from the AAMC were then presented by Drs. Paul Sanazaro, Davis Johnson and Henry van Zile Hyde and by Miss E. Shepley Nourse.

Dr. Sanazaro, Director of the Division of Education, outlined the current activities of that Division, including its sections on Basic Research, Student Studies and Services, and Educational Research and Service. He made particular note of the Medical College Admission Test Advisory Committee and thanked the members of the Continuing Group for their many helpful suggestions concerning the revision of the MCAT handbook. He reminded them that further suggestions would be welcome prior to the final printing of the book in 1964. Dr. Sanazaro reported that the Executive Council had approved the allocation of MCAT revenue to the financing of activities related to medical students and applicants. He also noted that applicants are to be provided with six MCAT transcripts rather than three without any additional charge, starting with the Spring of 1964.

ATTRITION STUDY

Dr. Johnson, Assistant Director of the Division of Education for Student Studies and Services, briefly outlined his duties and indicated that one of his major functions is to serve as a staff person for the Continuing Group on Student Affairs. He then presented a progress report on the AAMC Attrition Study which had been endorsed by the CGSA at its 1962 Annual Meeting. He indicated that approximately 5,000 questionnaires had been sent to students, medical school deans, and student affairs officers relative to attrition at their schools. Useable returns have been received from 62 per cent of the students and from 98 per cent of the medical schools. Site visits have also been made by Dr. Johnson and by co-investigator Dr. Edwin B. Hutchins to 20 medical schools. In addition the student records of the Association from 1949 through 1962 are being systematically analyzed to obtain reliable trend data that can be included in the final report.

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

A sample of preliminary findings was presented, including: the relationship between academic standing in college and progress in medical schools; the relation between motivations for a medical career and medical school progress; a comparison of the opinions of deans, successful students, and unsuccessful students concerning the causes of student attrition; and suggestions for reducing this attrition. Among the major suggestions made by students and administrators were that the medical student should be treated with consideration and respect as a physician-in-training and that a strong tradition of expecting practically all students to graduate and of helping them to do so should be developed. In the discussion that followed, there was general agreement that zero attrition was probably both impossible and undesirable but that there was room for improvement in reducing the present attrition rate.

FOREIGN STUDENT STUDY

Dr. van Zile Hyde, Director of the Division of International Medical Education, presented a preliminary report on the Foreign Student Study. This Study, based on the returns of 62 schools reporting the admission of 947 foreign students, indicated that 91 per cent had received some or all of their collegiate premedical training in American institutions and that language ability was considered to be a major handicap for only five per cent of the students admitted. As concerns attrition, 73 per cent made regular progress, 13 per cent made irregular progress but had either graduated or were presently enrolled, and 13 per cent had failed or withdrawn.

ADMISSIONS

Miss Nourse, Editorial Coordinator for *Admission Requirements of American Medical Colleges*, reported that 12,679 copies of the 1962-63 edition had been distributed compared with 10,694 copies of the 1961-62 edition. She thanked the CGSA members for their cooperation in providing early copy for the 1963-64 revision and noted that it had been published sooner than in previous years. She also reported on the type of admissions correspondence that was handled by the AAMC and said that 53 per cent of it during 1963 dealt with inquiries relative to careers in medicine. It was announced that the CGSA would be taking an increasing role in planning future revisions of the admission requirements book and it was reported that Dr. James Schofield of Baylor University had been appointed chairman of a committee to work on this project.

Dr. Wimburn Wallace of The Psychological Corporation then gave a brief report concerning the Medical College Admission Test. He indicated that whereas during 1962 there were 17,271 people taking the test, the estimated figure during 1963 is 19,300. (The final figure was 19,323.) This represents an increase of approximately eleven and one-half per cent over last year.

HEALTH PROFESSIONS STUDENT LOAN PROGRAM

Dr. Joseph Ceithaml, Chairman of the CGSA Subcommittee on Student Financing, reported on items of general interest relative to financial aid for medical students. He summarized the Health Professions Student Loan Program that had recently been approved as part of the Health Professions Educational Assistance Act of 1963. He noted that the program provides for loans up to \$2,000 per year per student with repayment to begin three years after the completion of

full-time study toward the M.D. degree and with 10 years repayment time, exclusive of active military or Peace Corps service. The loans will be interest-free except during the repayment period when they will be either three per cent or the going federal rate (ordinarily between three and three-fourths and four and one-eighths per cent), whichever is higher.

Mr. Raymond F. Dixon, Deputy Chief, Training Resources Branch, Division of Community Health Services, U. S. Public Health Service, was invited to describe further the new loan program and to answer questions. He will be one of the key people assigned to administer the new program. Mr. Dixon said that the USPHS hopes to obtain approval from Congress by late December for the actual funds to start the program and that every effort will be made to have funds available to the schools for the second semester of the 1963-64 academic year.

Dr. Ceithaml also reported that the national Student AMA first opposed and later supported the student loan provisions of H.R. 12 (Health Professions Educational Assistance Act of 1963); while the AMA first took a neutral position but at the last moment opposed the loan provisions of this Bill. He also indicated that the CGSA Study on Student Loans, which appeared in the May 1963 edition of *The Journal of Medical Education*, had proved helpful in the Congressional hearings. Finally, Dr. Ceithaml reported that the AAMC would be initiating a cooperative study with the USPHS concerning medical student financing. This study would provide a base-line prior to the initiation of the new Federal Loan Program.

AFRICAN STUDENT PROGRAM

Dr. Joseph Hirsh, Assistant Dean at Albert Einstein College of Medicine, reported that the African-American Institute Program would be screening a substantial number of African students who wished to study medicine in the United States and suggested that the Continuing Group on Student Affairs take an active role in helping the medical schools deal with the special problems of students from developing countries. These problems involve health status of these students, comprehension and use of English, adequacy of preparation, and ability to maintain themselves financially. Dr. Hirsh indicated that under the African Graduate Fellowship Program, transportation will be paid by the African government and maintenance will be provided by AID, but tuition and fees will have to be provided by the medical school (or some other source).

N.B. An Executive Session of the CGSA was also held on October 26, 1963. Minutes of both the General and the Executive Sessions were distributed to all U.S. and Canadian Deans and CGSA members on January 30, 1964.

Special Meeting of the Institutional Membership

Sheraton-Chicago Hotel

Chicago, Illinois

October 27, 1963

Dr. Luther L. Terry, Surgeon General of the U. S. Public Health Service, met with medical school deans and vice-presidents in an informal session on Sunday, October 27, 1963 in the Sheraton-Chicago Hotel. The meeting was convened in response to this group's desire to learn of recent developments within the USPHS, to review problems of interrelationships between the medical schools and the USPHS, and to examine ways in which joint efforts can be better coordinated.

Referring to the vast expansion of the budget and funds of NIH and the general research program over the past 15 years. Dr. Terry emphasized the need to evaluate objectively the implications inherent in this tremendous growth. Dr. Terry called the management of funds a bilateral responsibility and said that criticisms which have been aimed at the NIH and at the institutions in which funds are used can best be combated by informing the community and the nation of the positive benefits produced by the research program. The deans and vice-presidents, Dr. Terry advised, have a responsibility to the American public and to the members of Congress to point out, in a way that can be clearly understood, the positive accomplishments of the research program and to put in proper perspective what can realistically be anticipated from biomedical research during the coming years.

The new grants regulations were devised as a protection to the schools and to the entire program of the USPHS. The regulations which have been adopted are tentative and the USPHS does not feel that they should, or will, be the final set of guidelines and rules.

Dr. Terry cited the disparity in growth of administrative management and the total research effort within universities and medical schools. There has been a supply of funds for the direct support of research projects but a shortage of funds for anything else. Medical schools, therefore, have lacked the people and the resources to carry out responsible management, he said.

Dr. Terry feels that the schools should build up a competence in areas which involve a research investigator who expends grant funds which he receives directly from the government and in addition funds he receives from the university's normal funds.

During 1964, many special committees of the House and the Senate, and other special committees, will make routine investigations of research efforts and proposals. The Elliott Committee, the Select Committee of the House, will investigate the broad area of research and development in the Federal Government. The President's Science Advisor has indicated that his office will set up an investigative committee which also will look into the research effort.

During the past year, within the NIH, a new Division of Research Facilities and Resources was created into which a great many programs, such as research facilities construction and certain specialized programs like the primate colonies, were pooled. These are all programs that do not appropriately fit into any particular categorical institute. Also, Dr. Robert A. Aldrich was named Director of the newly created Institute of Child Health and Human Development. This Institute represents the first departure from the sharply categorized, disease-oriented institute and it has been necessary to transfer some programs to this new Institute.

COMMUNITY AND ENVIRONMENTAL HEALTH PROGRAMS

Turning to another segment of the U.S. Public Health Service, Dr. Terry said that a few years ago all research programs were centered in the National Institutes of Health. Recently, however, two other areas of the USPHS have been developing, the community health programs and environmental health programs, both with very significant extramural and intramural research efforts. Many of the research programs which were more applied than basic have been transferred from NIH into the community health and environmental health areas.

To handle this development, Dr. Ernest Allen was moved into the Office of the Surgeon General as Grants Policy Officer during the past year. In this capacity he will be responsible for seeing that the same basic policies and methods of operation are maintained throughout the USPHS in support of the research effort.

The community health area is the section of the USPHS which deals more with the traditional areas of public health and application at the community level.

The USPHS has been administering the Hill-Burton Hospital Construction Program for many years and since the passage of the Community Services and Facilities Act in September of 1961, there has been an increase in the amount of demonstrations and applied research at the community level in state and local health departments, private groups, medical schools, etc. The USPHS is trying to lend all the support and stimulus possible to the application of knowledge at the patient-doctor-community level.

Dr. Terry introduced Dr. Harald Graning, who has succeeded Dr. Jack Halde- man as Assistant Surgeon General, Chief of the Division of Hospitals and Medical Facilities. Dr. Graning brings to this post broad experience in the U. S. Public Health Service, most recently having served as Regional Health Director in Chicago and in New York.

The Division of Hospitals and Medical Facilities will administer the construction aspects of the Health Professions Educational Assistance Act of 1963 (H.R. 12).

When the administration of the loan features of H.R. 12 was assigned to the USPHS, it was Dr. Terry's decision that the community health area be responsible for this aspect because the closest working relationships with physicians, dentists, nurses, and others concerned with health manpower exist here. The Secretary, when assigning the administration of the student loan provisions of H.R. 12 to the USPHS, requested that a review be undertaken at the end of one year to determine how well and how economically it had been administered. If, at the end of the year, Dr. Terry feels that the program can be better admin-

istered with other student loan programs in the Office of Education, he will make this recommendation. Dr. Terry urged the participation of the deans in appraising this program.

The teaching facilities aspect of the Mental Health-Mental Retardation Act, S. 1576, will be administered in association with, but not as a part of, the Hill-Burton program.

Under the Mental Health-Mental Retardation Act, there are construction provisions, not only of research facilities, but of medical care facilities, including comprehensive community mental health centers and university-based centers. The latter are primarily for demonstrations of fine medical care in relation to mental retardation and the training of personnel at all levels.

The research facilities construction program of the USPHS is located at NIH and the Hill-Burton hospital construction program is located in another U. S. Public Health Service bureau. In addition, the mental health and mental retardation programs are located in still another bureau.

For several months, the USPHS has been working to develop the proper coordination and interrelationships among the various construction programs which have already been assigned or can expect to be assigned to the USPHS.

The USPHS is developing a program which will mean that one constructing a new medical school who needs research facilities funds, teaching facilities funds, mental health facilities funds—possibly even Hill-Burton funds—will be able to file a single application which will serve under those circumstances.

Over a period of several years, the USPHS has become increasingly aware of interrelated program activities which are growing up and assuming greater nationwide importance. These programs are water supply and water pollution control; air pollution control; radiological health; occupational health; and those environmental engineering programs which are of long standing in the U. S. Public Health Service, such as the interstate shipment of milk, seafood, etc.

The USPHS feels that there are close interrelationships between these programs. More than two years ago, the environmental health area was established within the USPHS Bureau of State Services under Dr. Robert Anderson, and the community health area under Dr. Aaron Christensen. At the same time, the USPHS submitted a proposal to Congress which would enable the USPHS to create a Bureau of Environmental Health and another of Community Health.

The House Committee on Interstate and Foreign Commerce began hearings on this proposal in 1963. Although the essential purpose of the hearings was the organizational proposal, the Committee used this opportunity to undertake a broad review of the USPHS programs. Considerable staff time was involved in preparing basic background material on the programs for these hearings.

There is a clear indication from some members of Congress that they would like to see most of the programs in the U. S. Public Health Service with a definite time limitation and a definite dollar ceiling specified within the enabling legislation, so that at specific intervals the USPHS would have to account for what has been done.

Dr. Terry indicated that there is a great likelihood that this will ensue.

The hearings, which were suspended, will be resumed at some unspecified time in the future. The Committee proposes at that time to hear witnesses from outside the government—from health departments, health organizations, voluntary organizations, medical schools, universities, etc. Thus far, all of the witnesses who have appeared before the Committee have been from within the government.

Some members of the medical schools may be invited to testify before this Committee. This could be an opportunity to put before the members of Congress the best consensus of how the medical schools, deans, researchers, etc., feel.

This Committee has not moved faster on the USPHS reorganization proposal because there is a great deal of turmoil within the Congress, and in the Nation, about some aspects of the environmental health program.

Many people have felt, for example, that the U. S. Public Health Service has not put sufficient emphasis on its water pollution control program outside of the health area that it has not looked at the legitimate uses of water in the way that the legislation intended this program to be administered. Furthermore, some feel that since this Division is buried in a Bureau in a Service within a Department, it is so far down the organizational ladder that it doesn't have the prestige and the status it should have. They are very anxious to see this entire program gain more prestige and stature and move more quickly.

As a consequence, several bills have been introduced into both the House and the Senate which would make certain changes. The act which is most prominent today would move certain parts of the water pollution control program out of the U. S. Public Health Service and set them up a separate entity within the Department of Health, Education, and Welfare. The USPHS would then retain such aspects as basic research; but other activities, such as comprehensive river studies and regional water laboratories, would be transferred to a new agency within the Department under the direction of a commissioner. The Secretary testified against these provisions just as the previous Secretary did when he appeared before the Committee.

The Senate, nevertheless, passed this act by an overwhelming majority and it will be considered by the House soon. Dr. Terry called attention to this because it will definitely involve the environmental health activities within the medical schools and the universities.

The charge has been made that the U. S. Public Health Service has not paid an appropriate amount of attention to the other legitimate uses of water outside of health. An analysis of last year's use of research funds in the water program—those related to health, to conservation efforts, and to all the broad uses of water—revealed that in intramural research, only about 25 per cent of the research projects under way were directed exclusively to health matters, approximately 25 per cent were directed to conservation matters exclusively and the remainder to the broad uses of water. The extramural program of research grants was even more pronounced in that direction. Only 4.3 per cent of the research grants in the water area were devoted to health matters exclusively. Over 80 per cent were broad grants which touched on many uses of water.

Such problems have been instrumental in delaying the reorganization of the U. S. Public Health Service and in establishing a Bureau of Environmental Health. They have also been somewhat instrumental in slowing approval of the USPHS' proposal for an Environmental Health Center.

The USPHS has proposed an Environmental Health Center which would be located in the Washington area on land which belongs to the Federal Government and which would be obtained from the Department of Agriculture at Beltsville, Maryland. This location was chosen so that the Center would be in close association with the new animal colony and research laboratories of the Food and Drug Administration and the animal and plant studies of the Department of Agriculture. The Washington area location would permit the USPHS to continue to deal with more than 38 different bureaus, agencies, and departments outside of the Department of Health, Education, and Welfare.

The approval for a Center was not won this year, although the USPHS has not retreated in its position about the location and the type of facilities which are needed. Within the next few months it is hoped that some progress toward these goals will be realized.

Dr. Terry expressed hope that, in the meantime, all of the environmental health programs in the U.S. Public Health Service will move ahead. The scarcity of skilled manpower and research scientists necessary to carry out such efforts has been a real problem. He asked the deans to consider seriously what they can do to advance the training and development of qualified personnel.

BUREAU OF MEDICAL SERVICES

The next element of the U. S. Public Health Service on which Dr. Terry focused was the Bureau of Medical Services, which contains the hospitals, foreign quarantine activities, Division of Indian Health, as well as certain related clinical responsibilities, such as furnishing medical care for federal prisoners, the Coast Guard, and others.

In discussing U.S. Public Health Service hospitals, specifically, Dr. Terry reported that for the past 10 years, the USPHS has had a roadblock at the Bureau of the Budget level which is based primarily on the Hoover Commission report of approximately 10 years ago, which, in effect, raised the question, "Shouldn't all federal medical care facilities activities be pooled into one?"

This proposal has been under consideration for some time. As a result, U.S. Public Health Service hospitals have been operating where physical plants have fallen far behind. Most of the buildings are more than 30 years old. The USPHS has not been allowed to make any additions or alterations to them except where safety matters are involved.

Dr. Terry emphasized his desire to operate first-class hospitals or no hospitals at all. He feels that these hospitals should be continued but that they should be developed into first-class institutions. Also, he pointed out the need to have a closer working relationship with the universities and medical schools in the areas where the hospitals are located. He asked the interest and support of those who are appropriately located.

NATIONAL LIBRARY OF MEDICINE

Before leaving the post of Director of the National Library of Medicine, Dr. Frank B. Rogers established the current system for rapid storage and retrieval of medical information. At the present time, Dr. Terry reported, this operation is more or less on a pilot demonstration fashion. However, it represents only the beginning of a central information resource which has already been proven to have tremendous benefits.

As an example, Dr. Terry cited the compilation of the *Index Medicus*, which is months ahead of its former schedule and is much more accurate. Furthermore, service to other libraries has been increased.

Throughout the country there is a growing interest in the whole field of medical information storage, its selectivity, and its potentials for rapid retrieval. In certain areas medical societies are combining into regional libraries. Certain institutions which have more than one medical branch are attempting, where they are in the same geographic area, to pool their resources. The USPHS is studying these developments and viewing them as a national effort. Dr. Terry solicited contributions to this project from the medical schools.

In concluding his remarks, Dr. Terry reiterated the interest of the U. S. Public Health Service in working with the medical schools in the best possible way to serve the national need.

The full text of Dr. Terry's remarks was circulated to the medical schools with Memorandum No. 64-5 on January 29, 1964.

The Seventy-Fourth Annual Meeting of the Association of American Medical Colleges

Sheraton-Chicago Hotel
Chicago, Illinois

October 28-29, 1963

Presiding: JOHN E. DEITRICK, President

The meeting was called to order at 9:30 A.M., Monday, October 28, 1963 by Dr. John E. Deitrick, President of the AAMC and Dean of the Cornell University Medical College.

INTRODUCTION OF NEW DEANS

The following new medical schools deans were introduced:

U. S. Schools

John J. Conger—University of Colorado School of Medicine
Ernest D. Gardner—Wayne State University College of Medicine
Manson Meads—Bowman Gray School of Medicine of Wake Forest
College
Kinloch Nelson—Medical College of Virginia
Adan Nigaglioni—University of Puerto Rico School of Medicine
William O. Reinhardt—University of California School of Medicine,
San Francisco
John C. Rose—Georgetown University School of Medicine
Donn L. Smith—University of Louisville College of Medicine
Charles C. Sprague—Tulane University School of Medicine

Canadian Schools

Lucien Coutu—University of Montreal Faculty of Medicine
Rosaire Gingras—Laval University Faculty of Medicine

Newly Developing Schools

Merlin K. DuVal, Jr.—University of Arizona College of Medicine
Mac V. Edds, Jr.—Chairman, Division of Medical Sciences, Brown
University
William H. Knisely—Director, Institute of Biology and Medicine, Michi-
gan State University
Gerald-Ludger Larouche—University of Sherbrooke Faculty of Medicine
Lyman M. Stowe—University of Connecticut School of Medicine

The following acting deans were also introduced:

Grace B. Bell—California College of Medicine
James Crow—University of Wisconsin Medical School
Saul J. Farber—New York University School of Medicine
Sydney S. Gellis—Boston University School of Medicine

INTRODUCTION OF NEW PROVOSTS AND VICE-PRESIDENTS

Samuel P. Martin—Provost for the Health Center, University of Florida
Lewis H. Rohrbaugh—Provost for Medical Affairs and Director of the
Medical Center, Boston University School of Medicine

J. B. deC. M. Saunders—Provost for the Medical Center, University of
California, San Francisco

The Reverend Mark H. Bauer, S.J.—Vice-President for Medical Center
Affairs, Georgetown University Medical Center

Glidden L. Brooks—Associate Vice-President, Bio-Medical Development,
Brown University

Coy C. Carpenter—Vice-President for Medical Affairs, Bowman Gray
School of Medicine of Wake Forest College

J. Murray Kinsman—Vice-President, University of Louisville

John D. Porterfield—Vice-President for Medical Affairs, University of
California School of Medicine, San Francisco

Following the introduction of new deans, the Presidential Address, "Independence and Dependence of Medical Schools," was delivered by Dr. Deitrick. In addition to Dr. Deitrick's address, the following papers were delivered during the remaining portion of the morning session:

"The Profession and the People," Dr. John R. Ellis, Secretary, Association for the Study of Medical Education, London, England; "Growth of a Medical School into a Medical University," Dr. Eugene A. Stead, Jr., Professor of Medicine and Chairman, Department of Medicine, Duke University School of Medicine; "The Teaching of Infectious Disease in Medical Schools: Report of the National Conference," Dr. Thomas F. Sellers, Jr., McAllister Professor and Chairman, Department of Preventive Medicine and Community Health, Emory University School of Medicine; "A Proposed Infectious Disease Teaching Aid Library," Dr. Donald S. Martin, Chief, Training Branch, Communicable Disease Center, U. S. Public Health Service, Atlanta; "Improving the Quality of the Medical School Library," Ralph T. Esterquest, B.S.L.S., M.A., Librarian, Harvard Medical Library.

The meeting adjourned at 12:20 P.M.

Dr. Robert J. Glaser, Vice-President of the AAAC and Professor of Social Medicine, Harvard Medical School, presided at the afternoon session which convened at 2:00 P.M. and included the following presentations:

"Impact of the New Drug Regulations on Teaching and Research in Medical Schools," Dr. William M. M. Kirby, Professor of Medicine, University of Washington School of Medicine; Clinical Experience and Clinical Responsibility in Medical Education: I. "The Attitudes of Students," Dr. John L. Caughey, Jr., Associate Dean, Western Reserve University School of Medicine, II. "The Dilemma of Internship," Dr. Richard H. Saunders, Jr., Associate Dean, Cornell University Medical College; "Medical School Public Relations—Whose Responsibility," Alan C. Davis, A.B., M.P.A., Assistant to the Dean in Charge of Public Affairs, University of Utah College of Medicine; "Japan—A Study in Comparative Medical Education," Dr. John Z. Bowers, Visiting Professor, Kyoto University.

The meeting adjourned at 4:20 P.M.

ANNUAL BANQUET

Monday Evening, October 28, 1963

Borden Award:

Dr. Klaus Heinrich Hofmann, Professor and Chairman of the Department of Biochemistry, University of Pittsburgh School of Medicine, received the seventeenth annual Borden Award in the Medical Sciences. Dr. Hofmann was out of the country, but his Dean, Dr. Francis S. Cheever, accepted the award in his behalf. The award, a gold medal and \$1,000, was presented by Dr. Maurice B. Visscher, Chairman of the Department of Physiology, University of Minnesota Medical School.

Abraham Flexner Award:

Dr. Lowell T. Coggeshall, Vice-President, University of Chicago, received the sixth annual Abraham Flexner Award for Distinguished Service to Medical Education. Dr. Nathan A. Womack, Chairman, Department of Surgery, University of North Carolina School of Medicine, made the presentation.

The Alan Gregg Lecture:

Dr. Willard C. Rappleye, President, Josiah Macy, Jr. Foundation and Dean Emeritus, Columbia University College of Physicians and Surgeons, presented the sixth Alan Gregg Memorial Lecture, "The Expanding Functions of Medical Education."

GENERAL SESSION

Tuesday, October 29, 1963

Presiding: GEORGE T. HARRELL, Dean, University of Florida College of Medicine
The meeting was called to order at 9:30 A.M.

FOREIGN GUESTS

Dr. Henry van Zile Hyde introduced the foreign guests attending the meeting in groups by country of origin. They are:

Australia
Sydney Sunderland
Dean
University of Melbourne
Faculty of Medicine
Victoria

Brazil
Jose Albernaz
Faculdade de Medicina
Universidade de Minas Gerais
Mina Gerais

Ernani Braga
Executive Director
Pan American Federation of
Associations of Medical Schools
Rio de Janeiro

Colombia
Miguel Bueno M.
Instructor Obstetrics and Gynecology
Universidad del Valle
Cali

Ernesto Gutierrez
Association of Colombian
Medical Colleges
Bogota

Alajandro Jimenez
Association of Colombian
Medical Colleges
Bogota

Carlos Leon
Association of Colombian
Medical Colleges
Bogota

Bernardo Moreno
Association of Colombian
Medical Colleges
Bogota

Jose Felix Patino
Executive Director
Association of Colombian
Medical Colleges
Bogota

Gabriel Velazquez P.
Association of Colombian
Medical Colleges
Bogota

England

John R. Ellis
Secretary
Association for the Study of
Medical Education
London

France

Daniel Fries
Lyon

Ghana

Edward C. Christian
Ministry of Health
Ghana

Greece

John B. Christodouloupoulos
Piraeus

John Nick Photinopoulos
Athens

India

Syed Riyaz Ahmed
Karnatak Medical College
Hubli, Mysore State

Duuvu Appalaraju
Andhra Medical College
Andhra Pradesh

M. Balasubrahmanyan
Professor of Pathology
Medical College
Pondicherry

Mrs. Sheila Bhargava
Medical College
Pondicherry

P. J. Gee Varghese
Medical College
Trivandrum

V. G. Gharpure
Professor of Surgery
Medical College and Hospital
Nagpur

Dharam P. Gupta
S.M.S. Medical College
Jaipur

Miss Y. N. I. Jaya
Gandhi Medical College
Hyderabad

R. U. R. Jannarker
Medical College
Nagpur

Sharaschandra P. Koranne
Grant Medical College
Bombay

Muhamad G. Mohiuddin
Madras Medical College
Madras

Staya Nand
Medical College
Pondicherry

A. Abraham Pittathankal
Medical College
Trivandrum

G. R. K. Hari Rao
Shri Rangaraya Memorial
Medical College
Kakinada

Atluri Shivaji Rao
Guntur Medical College
Guntur Andhra Pradesh

Krishnarau R. Rao
Professor of Biochemistry
Osmania Medical College
Hyderabad

H. H. Shah
M.P. Shah Medical College
Jamnagar

Bubhuti Bhushan Tripathy
S.C.B. Medical College
Cuttach

V. S. Venkatasubbu
Guntur

Indonesia

Khing Hay Ko
Department of Neurology
and Psychiatry
Faculty of Medicine
Airlangga University
Surabaya

Iran

Farajollah Shafa
Tehran

Ireland

Oliver Fitzgerald
Professor of Therapeutics
University College
Dublin

Jamaica, West Indies

I. J. L. Goldberg
Senior Lecturer in Chemical Pathology
Department of Pathology
University of the West Indies
Mona

Japan

Susumu Harashima
 Professor of Preventive Medicine
 and Public Health
 Keio University Medical School
 Tokyo

Korea

Joon Lew
 Professor of Microbiology
 Yonsei University
 College of Medicine
 Seoul

Mexico

Oliverio Tijerina
 Facultad de Medicina
 Universidad de Nuevo Leon
 Monterrey

New Zealand

William D. Trotter
 Otago

Nigeria

E. A. Maciver Slowe
 University of Lagos
 Medical School
 Lagos

Paraguay

Luis Carlos Maas
 Facultad de Medicina
 Universidad Nacional de Asuncion
 Asuncion

Ovidio Miguel
 Facultad de Medicina
 Universidad Nacional de Asuncion
 Asuncion

Pio O. Walder
 Faculty of Medicine
 National University
 Asuncion

Peru

Oscar Grados
 Assistant Professor of Microbiology
 Medical School
 University of Trujillo
 Trujillo

Philippines

Benvenuto R. Dino
 Associate Professor of Surgery
 University of the Philippines
 College of Medicine
 Manila

Jose Paradela
 Institute of Technology
 Cebu

Presentacion C. Peralta
 UE Ramon Magsaysay
 Memorial Medical Center
 Quezon City

Filemon Tanchoco
 Executive Vice President
 Manila Central University
 Caloocan City

Puerto Rico

Adan Nigaglioni
 Dean, University of Puerto Rico
 School of Medicine
 San Juan

Carroll A. Pfeiffer
 University of Puerto Rico
 School of Medicine
 San Juan

Spain

P. Garcia de Jalon, Chairman
 Department of Pharmacology
 Cadiz Medical School
 Cadiz

A. Oriol Bosch

Switzerland

J. Miller Vine
 Chief, Education in Medicine and
 Allied Subjects
 World Health Organization
 Geneva

Thailand

Mrs. Srichitra Charoencharamporn
 Bunnag

Kobkiat Ruckphaopunt
 Dept. of Eye, Ear, Nose and Throat
 Medical School
 Chiangmai

Venezuela

Edgar Chiossone Lares
 Caracas

Luis Manzanilla
 Escuela "Jose Maria Vargas"
 Caracas

The following addresses were delivered at the morning session: "Evaluation in Medical Education: A New Look," George E. Miller, M.D., Director of Research in Medical Education, University of Illinois College of Medicine; The AAMC Longitudinal Study: I. "Implications for Medical Education," Edwin

B. Hutchins, Ph.D., Assistant Director, Division of Education, Association of American Medical Colleges, II. "Personal Characteristics of Students Choosing Different Medical Careers," Charles F. Schumacher, Ph.D., Director of Testing, National Board of Medical Examiners; "Continuation Medical Education by Open Circuit Television—A Preliminary Evaluation," Aims C. McGuinness, M.D., Executive Secretary for Medical Education, The New York Academy of Medicine, co-investigators Herbert Menzell, Ph.D., and Candace Rogers, M.A., Bureau of Applied Social Research, Columbia University, and Miss Una Ryan, Administrative Assistant to Dr. McGuinness; "Pitfalls and Bridges between Learning Theory and the Teaching Technologies," Stanford C. Ericksen, Ph.D., Professor of Psychology and Director, Center for Research on Learning and Teaching, University of Michigan; "Intellectual Characteristics of Medical Students," Joseph D. Matarazzo, Ph.D., Professor and Chairman, Department of Medical Psychology, University of Oregon Medical School.

The Seventy-Fourth Annual Business Meeting

Sheraton-Chicago Hotel

Chicago, Illinois

October 29, 1963

Presiding: JOHN E. DEITRICK, President

Dr. John E. Deitrick called the Seventy-Fourth Annual Business Meeting to order at 2:00 P.M. Dr. Richard H. Young called the roll and declared a quorum of the Institutional Members to be present.

APPROVAL OF THE 1962 PROCEEDINGS OF THE AAMC

The 1962 proceedings were approved as published.

EMERITUS MEMBERS

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

G. Harold Ettinger, former Dean of Queen's University Faculty of Medicine and currently Adviser to the Principal Concerning Research Funds

Kenneth M. Lynch, Sr., retired President of the Medical College of South Carolina

Wilbur F. Potter, former Dean of the University of North Dakota School of Medicine

John William Scott, Past President of the Royal College of Physicians and Surgeons of Canada and the Association of Canadian Medical Colleges

Aura E. Severinghaus, Professor Emeritus of Anatomy and Associate Dean Emeritus of the Columbia University College of Physicians and Surgeons and former Dean of Peking Union Medical College

Isaac Starr, former Dean of the University of Pennsylvania School of Medicine

INDIVIDUAL MEMBERS

A total of 1,147 new individual members were voted into the Association.

PROVISIONAL MEMBERS

The Executive Council recommended the following schools be admitted to provisional membership, effective as of this date: University of New Mexico School of Medicine (renewed for a second year), Rutgers University Medical School, and University of Texas South Texas Medical School.

Upon motion duly seconded, the above schools were voted to Provisional Institutional Membership.

The chair was then turned over to Dr. Robert Glaser, Vice-President of the Association. Dr. Glaser called upon Dr. John Deitrick, Chairman of the Executive Council, to give the report of the Executive Council.

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

JOHN E. DEITRICK

GIFTS, GRANTS, AND CONTRACTS

Commonwealth Fund.—\$50,000 for the three Administrative Institutes planned for 1963, 1964, and 1965.

Macy Foundation.—\$5,000 for support of the Federal Health Programs Committee.

E. R. Squibb & Co.—\$5,000 for support of the Committee on Medical Communication.

W. K. Kellogg Foundation.—\$375,000 (\$75,000 a year for five years) to continue the program of Operational Studies with particular emphasis upon making the data and information more useful to the schools and enhancing the leadership of the Association in placing the case of medical education before the American public.

Three grants were received by the Association to administer for the Pan American Federation of Associations of Medical Schools. The grants, awarded for the development of the Federation, are \$15,000 from the *W. K. Kellogg Foundation*, \$15,000 from the *Rockefeller Foundation*, and \$7,500 from the *Milbank Fund*. The Kellogg Foundation and the Rockefeller Foundation grants are increments of a five-year award (1962-63 to 1967-68) which will total \$75,000 from each Foundation. Until the Federation can complete its legal incorporation, the AAMC is acting as custodian of the PAFAMS funds.

PROGRAMS AND PROPOSALS

Dr. Deitrick then reported that the Executive Council would sponsor two more Administrative Institutes—one for the Winter of 1964 which will be concerned with medical schools and their affiliated hospitals and one in 1965 dealing with the administrative and academic relationships between universities and medical centers.

Dr. Deitrick stated that the two principal objectives for his tenure of office during the past year had been to bring the deans together to discuss their administrative problems—an objective which had been accomplished through the First Administrative Institute and to make an all-out effort to have federal legislation passed which would provide assistance to medical schools, this having been accomplished through the passage of H.R. 12. He pointed out that this Act represented the culmination of a 12-year effort by all of the medical schools and other persons interested in higher education.

Because of the lack of uniformity in physician-population ratios calculated by various agencies, the Council recommended to the President's Health Resources Advisory Committee that representatives of the appropriate agencies be brought together in an attempt to determine a uniform and consistent method for computing physician-population ratios.

Dr. Deitrick alluded briefly to the work of the Federal Health Programs Committee, pointing out that continuous and frequent meetings will be held with Dr. Luther Terry, Dr. James Shannon, Senator Lister Hill, Congressmen Oren Harris and Kenneth Roberts, and others regarding matters of mutual interest and

concern. One such matter is the proposed legislation to control the use of animals in research. It was announced that the Executive Director will be releasing a progress report and information concerning this legislation in the near future.

The Executive Council expressed pleasure at the appointment of Dr. Joseph McNinch as Chief Medical Director of the Veterans Administration. Dr. McNinch appeared before the Executive Council at its last meeting and discussed the hospital programs of the Veterans Administration.

The Association has received frequent requests to release salary information from the AAMC biennial salary study. This it has been unable to do because of the confidential nature of these data. Meanwhile, the federal services concerned with scientific research have fixed salary scales which are too low to compete with salaries now being paid medical school faculties and industrial bi-scientists. In the interest of making available more accurate and realistic salary data, the Institutional Membership was asked to approve the release of summary information concerning medical school faculty salaries with the provision that the release would not reveal the identity of any institution or any individual. The Association's intermittent releases of summary data on salaries could take the place of the salary gathering and report activities of other educational agencies.

It was moved that the Executive Council be authorized to release medical school salary data in accordance with the above limitations.

The motion was seconded and carried.

Dr. Deitrick emphasized the importance of the National Fund for Medical Education and indicated that unless medical schools themselves take a more active part and exhibit greater interest and support, the Fund might cease to exist. The Council recommended that the staff of the National Fund for Medical Education and the AAMC furnish the schools with documents necessary to an understanding of the Fund's history, operation, and problems and also with suggestions of ways in which the schools can be of assistance in supporting the Fund. The recommendation was moved, seconded, and carried.

Dr. Deitrick then introduced the problem of the Executive Council's approval of questionnaires. It was recommended that the present procedures for approval of all questionnaires be discontinued and that the decision on whether or not any questionnaire should be completed be left to the school. An exception would be made if there were special circumstances where the Association had a particular interest for or against the questionnaire. In this event the Executive Director would communicate the Council's approval or disapproval to the schools. The recommendation was moved, seconded, and carried.

The Executive Council recommended that because of increasing costs of production the annual domestic subscription rate of *The Journal of Medical Education* be raised from \$10 to \$15 and the foreign subscription rate be raised proportionately. A motion to approve the raise was made, seconded, and carried. The Executive Council further recommended that the number of free *Journal* issues now being distributed to medical schools be reduced from 25 to 10. This was moved, seconded, and carried.

Dr. Deitrick then concluded his report by moving that the Institutional Membership approve the entire report. The motion was seconded and carried.

REPORT OF THE EXECUTIVE DIRECTOR

WARD DARLEY

During the past seven years, the medical colleges of this country have changed markedly. The numbers and categories of their students and the size of their faculties, facilities, and expenditures have increased greatly. The most dramatic change has been the increased federal support of research, research training, and research facilities and the significant part all of this has played in the transition of the colleges into modern university medical centers.

During these same years, the structure and function of the Association of American Medical Colleges has reflected these changes. Seven years ago the Association's primary activities were limited to surveying medical schools, sponsoring the Medical College Admission Test (MCAT), conducting the Teaching Institutes and the Annual Meeting, and publishing *The Journal of Medical Education*. Today these activities have been expanded and many new ones have been added. In this report I can consider only the most important of these. The accompanying reports of the officers, divisions, and standing committees will provide a comprehensive picture of all of the Association's current activities.

RESEARCH AND OPERATIONAL STUDIES

Since 1957 research in the validation and improvement of the MCAT has been developed. Parallel to this has been the incorporation of research methods aimed at studying the non-intellectual characteristics of medical students and also the medical schools as an environment for teaching and learning. Partly as the result of this and partly because of the Teaching Institutes, the AAMC has held four special Seminars on Medical Teaching. Several medical schools have developed intramural teaching institutes in which they gather all available information about their schools, add the results of whatever behavioral science measuring devices they feel might be helpful, and then correlate and study the result of all of this so that they can analyze their teaching effectiveness and revise their teaching objectives and methods accordingly. Other schools have been conducting self-analyses, with the same objectives in mind, by holding less structured annual faculty retreats. From these activities it is evident that there is now a resurgence of interest in understanding, applying, and studying the fundamentals of pedagogy in medical education.

Another investigative activity that the Association has developed during the past seven years has been the study of the financial and administrative aspects of medical school operations and responsibilities. The list of these studies is long but most important are the studies of medical school expenditures and program costs, medical school construction needs, faculty salary and staffing patterns, and medical student financing.

In addition to the intramural institutes, one of the important recent outcomes of the Association's research and study activity has been the past three Teaching Institutes: 1961, Research and Medical Education; 1962, Medical School-Medical Profession Relationships; and 1963, Medical School Administration. But the real culmination of this research and study activity has been the increasing use of the resultant data and information by the medical schools in evaluating, planning, and developing their own programs.

INTERNATIONAL MEDICAL EDUCATION

The Division of International Medical Education, established in 1961, represents a contribution to the Nation's effort to assist developing countries in improving their programs in medical education and medical care. This Division is serving as a focal point for gathering and disseminating information about the resources available and the needs for educational programs in the international area. Because of the many individuals from abroad who consult the Division, either by personal visit or through correspondence, and because of the Division's active participation in numerous meetings in this country and abroad, there has been an appreciation of differing points of view. A wider dissemination of information also has resulted.

MEDICAL SCHOOL SURVEYS AND CONSULTATIONS

Another important activity is the expanding responsibility of the Association of American Medical Colleges and of the American Medical Association for surveying and accrediting medical schools. This responsibility includes consultation with newly developing schools and with established schools that have special problems. These programs have required a complete revision of the objectives and procedures of accreditation and also the development of special procedures for consultation.

THE FINANCING OF THE ASSOCIATION

Last February, I submitted information to the member institutions which showed that between 1956-57 and 1962-63 the total expenditures of the Association increased from \$400,000 to over \$900,000. While this additional income has originated from many sources, including a substantial increase in institutional dues, grants from foundations and industries and grants and contracts with agencies of the Federal Government have been of first importance. Those agencies that have contributed so generously to the support of the Association's program include:

Foundations.—Avalon, Borden, Carnegie, China Medical Board, Commonwealth, Kellogg, Macy, Markle, Milbank, Rockefeller, and Sloan.

Industries.—Abbott; Merck, Sharp and Dohme; Pfizer; Smith Kline & French; and Squibb. Thirty publishing, instrument, and supply firms have also contributed through sustaining memberships and thirty others through contributing memberships. The Directory of the Association lists these memberships.

Federal Agencies.—Agency for International Development and the National Institutes of Health.

MANAGEMENT OF BUSINESS AFFAIRS

The expanded responsibility of the Association, including adequate accounting for the expenditure of gifts, grants, and contracts, has required the development of improved administrative practices. The Division of Business Affairs and Ernst and Ernst, auditors well qualified to assist academic institutions in the formulation of accounting practices that are consistent with acceptable business procedures have accomplished this.

COMMUNICATIONS

The research and study activity of the Association and its counterpart in the medical schools is demanding an increased effort to disseminate the resultant information and increased opportunities for the individuals concerned to discuss its significance and put it to every possible use. The Association is increasing its activity and effectiveness in these areas.

Publications.—The steady improvement in *The Journal of Medical Education* and the publication of the Datagrams, the Teaching Institute Reports, *Admission Requirements of American Medical Colleges*, *Financial Assistance Available for Graduate Study in Medicine*, and other publications of the Association are worthy of note in this regard. The AAMC's cooperation with the Council on Medical Education and Hospitals of the AMA in gathering the information for the annual Educational Number of the *Journal of the American Medical Association*, particularly the data dealing with medical school expenditures, has been another contribution to the understanding of medical school operations.

Forums.—As forums for the discussion of information and other matters relevant to medical education, the importance of the Teaching Institutes and Seminars and of intramural institutes and retreats have been emphasized. It is particularly important to note the special interest conferences that have been established as part of the AAMC Annual Meeting. These forums consist of the Annual Meeting of the Medical School-Teaching Hospital Section, and the Annual Conferences on Continuation Education, Research in Medical Education, and, this year for the first time, the Medical Section of the American College Public Relations Association.

But the most significant of these developments has been that of the Continuing Group on Student Affairs. I say this because the Continuing Group, which initially was a forum in which student admissions and other problems relating to students could be discussed, has also developed into a working group through which the Association is conducting many studies that have to do with students and their educational and fiscal problems. The fact that the members of this Group are meeting on a regional as well as a national basis is having a great deal to do with the Group's effectiveness.

Regional Meetings.—I submit that the Continuing Group on Student Affairs may have developed an organizational pattern that medical schools can follow for the study and discussion of problems in matters other than those affecting students and thereby reach a much more satisfactory consensus than has been the case in the past. The deans demonstrated the effectiveness of the regional meeting when they worked with the staff of the National Institutes of Health on the administration of grants for research and research training.

EVALUATION OF THE AAMC ORGANIZATIONAL PATTERN

Until the approval of AAMC's position paper, "Proposals for the Support of Medical Education by the Federal Government," on January 11, 1961 and the subsequent approach to Congress in promoting the passage of H.R. 12 (P.L. 88-129), almost all of the activity of the Association has been oriented around programs which have rendered various services to the administration and faculties of its member schools. I believe, however, that the experiences culminating

in the passage of H.R. 12 clearly demonstrate that the time has now come when pressures and problems, both intramural and extramural, demand that the medical schools express opinions and assume responsibilities that will increasingly call for their collective wisdom and action. Doing this effectively may require a change in the structure and function of the Association so that the medical school administrators and faculties, utilizing the information and data that result from the Association's programs of research and special studies, can develop the consensus necessary for the schools to play a role in the development of national policy. This is a proposition to which I recommend the institutional members and the Executive Council next address themselves.

Developments now on the immediate horizon indicate that the time to bring this to pass may be short. What is to be the position of the medical schools regarding the possible changes in the structure and function of the U. S. Public Health Service currently under the consideration of the House Subcommittee on Public Health and Safety of the Committee on Interstate and Foreign Commerce? Also, what should the schools be doing regarding possible policy changes in the granting of federal funds for research and research training now being studied by an *Ad Hoc* Committee of the House of Representatives under the chairmanship of Rep. Carl Elliott? Is the Association ready to state the needs of the medical schools for funds for research and research training before the next appropriations hearings of the House and Senate? There are numerous other questions regarding the relationship of medical education to the Federal Government that will require the study and consensus of the deans and faculties in the Institutional Membership of this organization.

But there are other questions of non-governmental national policy which are of equal importance and which are beginning to require the collective consideration of the medical schools. Some of the most important of these can be categorized as pertaining to the non-governmental financing of medical education, the relationship between preclinical and clinical teaching, and the relationship of these to the internship and residency, and, finally, questions pertaining to the vast problem of electronic communication in medical education and research.

Other matters that are pressing on medical education for the kind of consideration that would be helped by a consensus on the part of medical schools have to do with the need for better communication with related academic agencies such as the American Council on Education, the Land-Grant College Association, and the American College Association and also with those non-academic agencies that have reason to be concerned with medical education—the American Medical Association, Student American Medical Association, Pharmaceutical Manufacturers Association, American Academy of General Practice, and the many organizations representing the basic science and clinical specialties.

In other words more needs to be done to utilize the information gathering, the forum, and the communication programs of the Association. The administrators and faculties of the schools must find a way to do this for themselves so that consensus can then emanate through the framework of the Association and its leaders will be placed where they can plead the cause of medical education directly before the many publics that must be influenced if the medical schools are to meet the future needs of our national community.

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 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
 Seton Hall College of Medicine and Dentistry

The following consultation visits for the establishment of new medical schools were made:

University of Hawaii
 Maryland State Planning Commission

The following schools are scheduled for visits in 1963-64:

New York Medical College
 University of Hawaii
 Brown University Division of Medical Science
 Queen's University Faculty of Medicine
 Indiana University School of Medicine
 The University of Southern California School of Medicine
 The University of California School of Medicine (San Francisco)
 The George Washington University School of Medicine
 Emory University School of Medicine
 The Medical College of South Carolina
 Universite de Montreal Faculte de Medicine
 The University of Ottawa Faculty of Medicine
 The University of Kentucky College of Medicine
 The University of Virginia Medical School
 Seton Hall College of Medicine and Dentistry
 California College of Medicine

The following men are acting as Visiting Team Secretaries of the AAMC:

Reginald H. Fitz, University of New Mexico
 William F. Maloney, Association of American Medical Colleges
 George E. Miller, University of Illinois
 Edward S. Petersen, Northwestern University
 James R. Schofield, Baylor University
 Winston K. Shorey, University of Arkansas
 Samuel A. Trufant, University of Cincinnati

REPORT OF THE TREASURER

J. MURRAY KINSMAN

The financial status of the Association is shown by the accompanying Balance Sheet, Statements of Income and Expense and Equity, and notes pertaining to the financial statements. The information shown herein 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, 1963. 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, 1963, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

ERNST & ERNST

Chicago, Illinois
July 29, 1963

BALANCE SHEET
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1963	June 30 1962
ASSETS		
Cash	\$ 33,149	\$ 71,288
United States Government short-term securities—at cost and accrued interest	189,018	163,499
Accounts receivable	171,098	126,457
Accounts with employees	4,379	5,315
Supplies, deposits, and prepaid expenses	32,415	15,256
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>\$726,915</u>	<u>\$678,671</u>
LIABILITIES AND EQUITY		
Liabilities:		
Accounts payable	\$ 19,742	\$ 26,323
Salaries, payroll taxes, and taxes withheld from employees	9,076	7,829
	<u>\$ 28,818</u>	<u>\$ 34,152</u>
Deferred income	41,288	25,300
Equity:		
Restricted for special purposes	\$254,253	\$223,547
Invested in land and building	296,856	296,856
Available for general purposes	105,700	98,816
	<u>\$656,809</u>	<u>\$619,219</u>
	<u>\$726,915</u>	<u>\$678,671</u>

See notes to financial statements.

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

	YEAR ENDED JUNE 30				1962 Total
	Restricted for Special Purposes	Invested in Land and Building	Available for General Purposes	Total	
STATEMENT OF INCOME AND EXPENSE					
Income:					
Dues from members			\$147,665	\$ 147,665	\$ 154,112
Grants	\$441,836		70,000	511,836	571,145
Services			245,561	245,561	211,528
Publications			111,012	111,012	103,722
Interest and other			6,244	6,244	4,238
Transfers in-out*	17,056*		17,056	-0-	-0-
TOTAL INCOME	\$424,780		\$597,538	\$1,022,318	\$1,044,745
Expenses:					
Salaries	\$155,115		\$291,120	\$ 446,235	\$ 424,325
Other expenses	192,367		346,126	538,493	556,121
Transfers in-out*	46,592		46,592*	-0-	-0-
TOTAL EXPENSES	\$394,074		\$590,654	\$ 984,728	\$ 980,446
INCOME IN EXCESS OF EXPENSES	\$ 30,706		\$ 6,884	\$ 37,590	\$ 64,299
STATEMENT OF EQUITY					
Balance at					
July 1, 1962	\$223,547	\$296,856	\$ 98,816	\$ 619,219	
Income in excess of expenses	30,706	_____	6,884	37,590	
BALANCE AT JUNE 30, 1963	\$254,253	\$296,856	\$105,700	\$ 656,809	

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
June 30, 1963

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—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, 1963 the Association had been notified by several grantors that it may expect to receive \$811,384 for special purposes and \$110,000 for general purposes within the next four years.

REPORT OF THE DIRECTOR
DIVISION OF BUSINESS AFFAIRS

JOHN L. CRANER

The Division of Business Affairs continues to provide a broad base for the administrative support of the many programs and responsibilities of the

Association. In addition to the usual functions of budgeting, accounting, purchasing, building management, personnel records, and mailing, the Division carries the responsibility for the sale of *Journal* advertising, operating the shop for printing and reproduction, the IBM facility, and the teaching film library. The report that follows highlights Division developments of particular interest.

The business office is in the process of revising the personnel policies of the Association to eliminate many of the inadequacies which have become apparent since the original policies were established.

A pamphlet titled *A Guide to Reproduction Costs and Processes* has been prepared and issued to all employees of the Association. It is felt that this publication will assist the staff in planning publications in regard to layout, process, and cost.

MEMBERSHIP AND JOURNAL SUBSCRIPTIONS

The Division is still maintaining the standard aging policy for Individual Membership and *The Journal of Medical Education* paid subscribers.

Membership Data:

October 1, 1962 Individual	2,468	
October 1, 1963 Individual	3,118	
		Net Increase 650
October 1, 1962 Sustaining	28	
October 1, 1963 Sustaining	25	
		Net Decrease 3
October 1, 1962 Contributing	33	
October 1, 1963 Contributing	30	
		Net Decrease 3

Paid subscriptions to *The Journal of Medical Education*:

As of October 1, 1962	1,363	
As of October 1, 1963	1,436	
		Net Increase 73

ACCOUNTING

Normal functions have been refined rather than altered. Additional reporting and accountability is now required to conform to the requirements of contracts and grants.

Procedures have been instituted and will be followed to arrive at unit costs for various functions within the Association, which will aid in more comprehensive budget reporting and more equitable charges.

Monthly reports are prepared for the Directors to assist them in projecting and comparing their budgets and expenditures. A new chart of accounts has been prepared to make the reports easier to read.

Special Reports.—Grantors to the Association are now requiring more detailed financial reports. In particular, programs financed under contracts and grants with the National Institutes of Health and the Agency for International Development are subject to government audit, necessitating an internal audit of each

disbursement that is involved. Special financial reports to contractors and grantors can be prepared on a monthly, quarterly, or annual basis as required.

THE NATIONAL INTERN MATCHING PROGRAM

The National Intern Matching Program's accounting affairs are performed by the Accounting Department. Association accounting procedures are used. The books are audited yearly by NIMP auditors.

DATA PROCESSING

The new Model 402 IBM machine has been installed and as a consequence the report printing capacity has been increased by 50 per cent. Outside fireproof warehouse space is being utilized to store accumulated data cards which must be maintained for future studies.

A machine and operator usage schedule has been instituted and is being distributed weekly to enable coordination of requirements by the various Divisions. The new schedule allows for maximum usage of equipment and personnel.

The Data Processing Department has made a sorter available to other Divisions. This enables those with short term, heavy work loads to sort their information as required without disturbing the normal work schedule.

FILM LIBRARY

The film library income for the fiscal year ending June 30, 1962 was \$5,020.98. The income for the fiscal year ending June 30, 1963 was \$7,793.08, an increase of \$2,772.10 or 55.21 per cent.

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

Medical Schools	328
Hospitals	283
Schools of Nursing	46
Schools of Dentistry	3
Local Cancer Societies	121
Schools other than Medical	9
Miscellaneous	148
(Consists of Individual Doctors, Medical Societies, Armed Forces, etc.)	—
Total Rentals	<u>938</u>

The most popular films are:

	Number of Showings
A Concept of Maternal and Neonatal Care	22
Training for Childbirth	22
Speech After Laryngectomy	21
Visual Surgery in the Open Heart	18
Diagnosis of Uterine Malignancy	17
All My Babies	16
Oligodendroglioma	16
Thrombotic and Embolic Phenomena	16
Autonomic Nervous System	15

There were no showings for 74 prints.

The latest survey on the condition of the films in the library is as follows:

Number of films in library	592
In transit during survey	24
Number of films inspected	568

The Division is following the policy of removing from circulation films that are in poor condition.

Number of films removed from library	28
Missing prints	4

Estimates of \$5,828.40 have been received from film laboratories to replace the missing and poor print.

BUILDING SERVICES

It has been necessary to rent additional space located two miles from the Association headquarters to house the Division of Education. The present maintenance personnel have been rescheduled to maintain the new space.

JOURNAL OF MEDICAL EDUCATION

Advertising.—The Association is still selling advertising on a direct mail basis and does not employ an advertising manager or agency.

In addition to seeking advertising from pharmaceutical companies, a major effort has been devoted to sell to book publishers and equipment manufacturers. There has been an increase of 19 advertisers in these new fields. Gross advertising income for the year was \$44,560.11, which shows a decrease of 9.77 per cent under last year.

It is felt that in order to increase the advertising revenue substantially, it will be necessary to combine personal contact with the present direct mail campaign.

MAILING, REPRODUCTION, AND PRINTING

The Mailing and Reproduction Department is under the direction of Mr. Harold Gordon. The Department is printing reprints from *The Journal of Medical Education* on equipment obtained last year. This has been a valuable service to *Journal* authors because delivery time for reprints has been cut from approximately 60 to 15 days.

The Franklin Catalog is still being used as the basis for printing work produced for the various Divisions. The Department's total billing for mailing, reproduction, and printing performed during the fiscal year was \$84,159. This figure does not include the printing of *The Journal of Medical Education* which is satisfactorily handled upon a contract basis with Service Printers, Incorporated of Chicago. Neither does it include the printing of *Admission Requirements of American Medical Colleges* which is also let by contract. The figure does include the printing of the Association's *Directory*, the *Film Catalog*, *The Student and the Matching Program*, Datagrams, reprints of *Journal* supplements such as *Lifetime Learning for Physicians* by Dr. Bernard V. Dwyer, *Financial Assistance Available for Graduate Study in Medicine*, the workbooks for the Teaching Institutes, and numerous pamphlets.

Final mention should be made of the large amount of mimeographing (354,000 sheets have been used this past year) by the Division including: memoranda, Council agenda materials, etc.

SCHOOL VISITATIONS

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

The 1962-1963 schedule consisted of 18 surveys and six reports on new schools in process of development. Multilith reproduction of the reports is completed at AAMC headquarters.

REPORT OF THE DIRECTOR
DIVISION OF OPERATIONAL STUDIES

LEE POWERS

This is the fifth Annual Report of the Division of Operational Studies of the Association of American Medical Colleges. Because this report is being made during the last year of the Kellogg Foundation's five-year grant for the operation of the Division, it contains a summary of activities for the period dating from the establishment of the Division on March 1, 1959 to October 1, 1963, with comments on the impact of the program and its possible long-range implications.

STAFF

Lee Powers, M.D., is Director of the Division; Mr. Augustus J. Carroll is Assistant Director; Mrs. Katherine Oppermann, B.S., is Research Associate; Mrs. Rita Kaz is in charge of graphic and visual aid presentation; Miss Marian Weber is Secretary to the Director; and Mrs. Arlene Dorfman is Secretary to the Division.

ACTIVITIES OF THE DIVISION

The main activities of the Division of Operational Studies (DOS) since its inception have consisted of preparing detailed studies of the four essential components of medical education—students, faculty, facilities, and financing—and of providing informational services to individual medical schools as well as to the general area of medical education at the regional and national levels.

The establishment of the DOS was based on a recognition of the fact that medical educators, as well as those with tangential interests in government or voluntary health-related programs, were faced with a lack of current, reliable, and uniform information essential to the formulation of sound policies.

Now, after four and one-half years of gathering, tabulating, and analyzing essential data and basic information pertaining to the problems of medical education, a reservoir of important information has been established. But fact gathering is not an end unto itself. The over-riding consideration in any comprehensive effort such as that of the DOS is the publication and application of the accumulated information.

Datagrams were devised by the DOS as a mechanism for projecting the story of medical education beyond the immediate fraternity of medical educators and for assuring a better understanding on the part of business people and the reading public generally.

These monthly fact-sheets, which provide concise and partially diagrammatic presentations of the various aspects of medical education, have been circulated to government offices, voluntary and philanthropic organizations, newspapers, and to interested individuals, both here and abroad. They have been universally

acclaimed. Medical school deans have been particularly enthusiastic about the Datagrams and their capsulated presentation of important current information.

Approximately 7,500 copies of the Datagrams are mailed each month. Their circulation has precipitated a tremendous increase in correspondence and telephone inquiries in the DOS. Requests are received almost daily for additional copies of Datagrams, sometimes in considerable quantity. Some 50 mail and telephone requests received each month from science writers and others in the educational field for additional information or more detailed tabulated data can be directly attributed to the distribution of the monthly fact-sheets. Many national, state, and local medical journals reproduce the Datagrams on a regular basis.

The major projects undertaken during the four-and-one-half-year period and their long-range implications will be discussed in order as they relate to: Students, Faculties, Facilities, Financial Support for Medical Education, and Other Facets of Medical Education.

Activities Concerned with Students

The Financial Situation of the American Medical Student.—This study is an extensive discussion of the financial situation of the American medical student as of June, 1959. It analyzes the cost of attending medical school and sources of funds available to students to defray the medical school costs, and it reveals the medical students' perceptions of their own financial problems.

The report by Whiting, *et al.* appeared in *The Journal of Medical Education* July, 1961 and has been widely quoted in medical journals and in non-professional publications such as the *Wall Street Journal* and the *Congressional Record*. It has contributed to a general awareness of the problems of financial strains attached to a medical education and has stimulated programs aimed at their solution.

Specifically, the report provided basic information used in developing the loan provisions of the Health Professions Educational Assistance Act (H.R. 12) recently passed by Congress. Although the Act, as originally introduced, carried scholarship provisions, it was amended to eliminate scholarship and to substitute loan provisions. Effective testimony in support of federal financial assistance to medical students was submitted by AAMC representatives who based their case on these data.

The Student American Medical Association (SAMA), although it had previously indicated opposition to the federal loan provisions of H.R. 12, reversed this position at the time of the Congressional hearings and supported federal loans to medical students. The leadership for this favorable action came from one of the medical schools which made extensive use of AAMC data concerning the financial need of medical students.

Medical Student Loan Funds: Fiscal Year 1961.—A second important study which dealt also with the student financial situation was the "Report on Medical Student Loan Funds: Fiscal Year 1961." This study was undertaken by the Subcommittee on Financial Problems of Medical Students of the Continuing Group on Student Affairs, in cooperation with the staff of the Division of Operational Studies. It has particular significance as an example of productive collaboration between staff and committee jurisdictions. The final report, "Student Loan Funds

in American Medical Schools," by Ceithaml and Whiting appeared in the May, 1963 issue of *The Journal of Medical Education*.

Alternate Methods for Providing Financial Assistance to Medical Students.—From the reports mentioned above evolved a working handbook, *Alternate Methods for Providing Financial Assistance to Medical Students*. This was a documented analysis of four alternative methods of utilization of funds available for student aid: direct grants to medical schools; guaranteed loan plan in cooperation with local lending organization for creation of credit for medical student loan assistance; direct grants to medical schools for teaching assistantships, etc., awarded on the basis of scholastic excellence and financial need; and an integrated use of the guaranteed-loan-fund plan and grants to medical schools for stipend assistance to be awarded on the basis of scholastic excellence and financial need.

The compelling case for financial assistance to medical students presented in all of these documents was a major influence in the decision of the Avalon Foundation to make several large contributions to medical schools for scholarship purposes. Their contributions, amounting to \$1,000,000 in 1961 and \$750,000 in 1962, were distributed in each of these years to all medical schools.

All of the data collected by the DOS for these various reports have been of invaluable help to the deans of medical colleges in estimating their continuing needs for scholarship and loan funds and in directing needy students to new sources of financial assistance.

Today a great many corporations are establishing company donations departments which study, set policies, and make decisions regarding donations to charitable causes. Many of these new departments belong to an organization called the National Industrial Conference Board, which in turn has established a Council of Executives on Company Contributions. It is within this framework that these corporations join forces to study and analyze the worthiness and *quid pro quo* possibilities of the various charities to which they are asked to donate. Dr. Darley appeared before this group to discuss and to answer searching questions about the financial needs of medical education. The financial data contained in the DOS reports provided a sound documentary basis for these discussions.

The Clinical Externship in U. S. Medical Schools: 1961.—A third study, "The Clinical Externship in U. S. Medical Schools: 1961" was undertaken jointly by the AAMC, AHA, and the AMA. The results of this study have not been published. However, comments concerning externships, obtained during the course of the study from graduates of the class of 1961, were an integral part of the paper "Expectations of Medical Students" prepared by John L. Caughey, Jr., for the AMA's 1963 Annual Congress on Medical Education and Licensure. Dr. Caughey is using the same material in a second paper "Clinical Experience and Clinical Responsibility in Medical Education: The Attitudes of Students" which is scheduled for the 74th Annual Meeting of the AAMC.

The University Hospital Internship in 1960.—The fourth study, "The University Hospital Internship" (financed by a separate grant from the Kellogg Foundation and directed by Dr. Richard H. Saunders, Jr.), constitutes the only intensive and extensive study ever made of the educational value of the internship. The final report, published in the June, 1961 issue of *The Journal of Medical Education* is approximately 100 pages in length. It probes deeply into the major

aspects of internships, by type and by service, as an education experience. This study will be the basis for the further consideration of the internship in medical school hospitals by the AAMC Committee on Medical School-Affiliated Hospital Relationships.

A paper entitled "Clinical Experience and Clinical Responsibility in Medical Education: The Dilemma of Internship," which is to be presented by Dr. Saunders at the 74th Annual Meeting of the AAMC, is based on the findings of the internship study which was done for the DOS.

Activities Concerned with Faculties

The quality of medical education depends upon faculty. The importance of more full-time positions and better trained and better compensated teachers has been repeatedly enunciated over the years. Yet, study of this phase of the educational process has been lagging. Three projects of the DOS have been developed in this area: the Faculty Register, a comprehensive study of faculty staffing patterns, and the faculty salary study.

The need for a Faculty Register has been apparent for many years. Until the DOS was established, a central mechanism for working up such a register did not exist.

The Faculty Register constitutes a unique informational resource for studying the trends in medical school faculties. It has made possible an analysis of the shifting emphasis in recent years toward a larger proportion of full-time faculties, an acknowledged criterion of excellence in medical pedagogy. The report "Trends in Medical School Faculties" by Dr. Lee Powers, *et al.*, published in the October, 1962 issue of *The Journal of Medical Education*, was based on information derived from the Faculty Register. The Register also provides information on the military status of teaching personnel.

No service provided by the DOS has been of more use to the medical schools than the faculty salary study. Salary information by departments, including means, medians, and ranges has been distributed on a confidential basis to deans only and without revealing the identity of individual schools.

Activities Concerned with Facilities

Increased enrollments of medical schools, augmented medical research activities, and recent scientific technological advances, separately and collectively, have created an urgent demand for a vast expansion of facilities for medical education, both the establishment of new and the expansion and renovation of old.

By 1975 present schools of medicine will need to increase their first-year enrollments by more than 2,000 and at least 20 new medical schools will have to be established if the present ratio of physicians to population is to be maintained.

A comprehensive analysis of the need for expansion of facilities including construction costs, new school requirements, and potential increased enrollments was undertaken by the Division of Operational Studies. The findings were reported in an article "National Goals for the Construction of Medical School Facilities" by Dr. Powers, *et al.*, published in *The Journal of Medical Education*.

Such a definition of the need for increased medical school enrollments and the analysis of future construction requirements translate into tangible terms the fact-gathering aspect of the program of the Division. The published study on construction needs and future enrollment estimates, as well as the previously

discussed papers on trends in faculty staffing patterns and on the financial situation of the American medical student, separately and collectively, provide important reference points for future studies.

In preparing the report "Physicians for a Growing America" in 1959, the Surgeon General's Consultant Group on Medical Education relied heavily on data pertaining to expansion and renovation of facilities and to other problem areas of medical education, including student financial problems, which was supplied by the Division.

By calling attention to the urgency of need for new and expanded medical facilities, the DOS doubtlessly played a significant role in stimulating interest in the development of new medical schools. Ten universities have announced plans for the institution of two-year or four-year medical schools; others are in prospect. Much of the planning for new school development relies on factual information accumulated in the Division.

The staff of the Division actively participated with the USPHS and the AMA in preparing the two publications concerning planning considerations and architectural guides for new medical facilities. The first two volumes, published in 1961 by the Department of Health, Education, and Welfare, are *Medical School Facilities—Planning Considerations* and *Medical School Facilities—Planning Considerations and Architectural Guide*.

As of February, 1962 approximately 9,300 copies of the first publication and 8,000 copies of the second version had been distributed throughout the United States and abroad—particularly in South America. These volumes, which discuss the role and responsibilities of the medical school and the composition of its faculty and curriculum, summarize the general architectural requirements for a new medical school. They also contain cost estimates for construction and supply illustrative operating budgets prepared by Mr. Carroll for schools of two different sizes. The Division has supplied detailed illustrative budgets to many persons interested in promoting new schools.

A third publication, under the aegis of the USPHS, the AMA, the AHA, and the AAMC is now in progress. This will be a revision of the first two volumes of planning and architectural considerations for medical schools and will be expanded to include similar information on teaching hospital facilities.

In preparing these volumes, discussion centered on the development of two-year programs designed to be expanded as soon as practical to four-year fully developed schools. The emphasis on phasing new four-year medical school construction, beginning with two-year schools of basic sciences, necessitated a revision, or rather an amplification, of the present AAMC-AMA policy statement regarding two-year schools.

Because medical schools are a national resource and because of the magnitude of the construction and rehabilitation problem, the AAMC has unequivocally endorsed the idea of federal participation, on a matching basis, for construction of new education, research, and other essential medical facilities and for modernization of old ones. Representatives of the Association have testified at Congressional hearings where legislation to this end was being developed. Prepared testimony for these hearings was based on factual information compiled by the DOS. Without this fund of information adequately documented support of national medical facilities legislation would have been impossible. This kind of

information rapidly becomes outdated. Therefore, a biennial survey of medical schools is planned in order to keep on hand current information pertaining to construction needs and estimated costs of expansion or renovation of medical facilities. The third such survey has just been completed and a summary of the information appeared in the August issue of Datagrams.

Activities Concerned with Financial Support for Medical Education

The DOS has undertaken a continuing and comprehensive study of expenditures of medical schools by sources of support—a core consideration in the field of medical education. These studies will provide the benchmark from which future developments can be assessed and will serve as a solid basis for long-range future planning by medical educators.

The procedures for program cost analyses, developed by Mr. Carroll and used so far by about 40 medical schools, permit for the first time the estimation of costs to the medical schools of their respective teaching, research, and administrative programs. They facilitate an internal evaluation of the various programs by the administrative and fiscal officers of each school and provide a sound basis for program planning. They have made it possible to relate sources of income to specific costs and to identify areas where new sources of income must be developed in order to keep the over-all budgets in balance. Deans of the medical schools where such cost estimates have been made consider the cost-finding system an important new administrative tool and an invaluable contribution toward improved fiscal accountability.

The program cost-finding system and its successful application in more than 40 U. S. medical schools have had an impact upon other educational agencies. The Association of Canadian Medical Colleges is now applying the Carroll system to all Canadian medical schools. One other U. S. professional association is using the program cost-finding system on a "pilot study" basis. Several others have indicated an interest in making similar program cost analyses.

Annual expenditures of medical schools by sources of income, as tabulated and analyzed by the staff of the DOS, have become a standard, essential part of the Education Number of the *Journal of the American Medical Association*.

It is fortunate that the development of the AAMC's program of operational studies preceded Congressional pressures on the National Institutes of Health to tighten up its control of research and research training grants. Because of the Association's program, about half of the schools have been using Mr. Carroll's schedules for program cost estimating and all schools are accustomed to reporting their expenditures by sources of income and to analyzing their faculty salaries and fringe benefits. Thus the "know how" which will help the schools to cope with the new federal regulations is available. The two series of regional meetings between medical school administrators and NIH officials have proven to be of great help to both parties in solving their mutual problems. The AAMC methods, definitions, etc., used in its studies have greatly modified the thinking of NIH officials as they have developed policy relative to the administration of research and research training grants.

The AMA has decided to study the sources of medical school income and to see what it can do to increase income from non-federal sources. One of the first steps in this move has been the publication of the pamphlet *Money and Medical*

Schools. This pamphlet was based almost completely upon Mr. Carroll's studies of medical school expenditures by sources of income.

Activities Concerned with Other Facets of Medical Education

Administrative Institutes.—The evolution of the medical center, from its earliest beginning as a simply organized and somewhat isolated institution for the training of medical practitioners to the diversified and multifaceted organization we know today, is characterized by a growing web of intricate interrelationships among its component parts and also among the many extramural agencies from which it derives much of its financial support.

The principles of management have been highly developed in other areas of endeavor such as industry and government. Appropriate principles of management can, and must, be developed and applied in the medical center context. To this end, a series of three Administrative Institutes has been planned under the auspices of the DOS. The major problems in medical center management for which solutions must be sought fall into the following categories: those connected with the internal organization and administration of the medical center; those pertaining to relationships between the medical school and the teaching hospital; and those concerned with administrative relationships between the medical school and the parent university.

The First Institute on Medical School Administration was held on October 5 to 8 at the Hilton Inn in Atlanta, Georgia. In a sense, the concept of Administrative Institutes represents the fruition of the total program of the DOS. No such broad-gauge undertaking could have been initiated at this time were it not for the basic structure provided by the activities of the DOS during the past four years. Although much sorting, organizing, and up-dating of resource materials remains to be done in preparation for each of these Institutes, a substantial part of the spadework is an accomplished fact.

The Administrative Institutes could well become the "capstone of achievement" of the DOS if their impact within their particular frame of reference should, as anticipated, promote a higher standard of medical school management.

The 1961 Institute on Medical Education and Research.—Basic information on medical school expenditures, expenditures and matching fund requirements of new medical school research facilities, trends in sources of support for sponsored research and regular operating programs, program costs, and other data pertaining to teaching responsibilities of medical school faculties which constituted resource material for the 1961 Teaching Institute was furnished by the DOS.

Conference on Problems Confronting Universities Establishing New Medical Schools.—In November, 1962 the National Science Foundation sponsored a three-day "Conference on Problems Confronting Universities Establishing New Medical Schools." Upon the invitation of Dr. David B. Tyler, Program Director for the Division of Regulatory Biology of NSF, Dr. Darley was chairman of the Conference. Topics for discussion included the following: preliminary planning considerations, the two-year medical school, financial problems, faculty and procurement problems, curriculum problems, facilities, and availability and qualifications of students. In each of these areas of discussion the work of the staff of the DOS provided a unique resource of current, reliable, and relevant information which contributed in large measure to the success of the undertaking.

Study of Medical School-Hospital Affiliation Agreements Being Conducted in Cooperation with AAMC.—The staff of the DOS is assisting Dr. Cecil G. Sheps, University of Pittsburgh Graduate School of Public Health, in studying the agreements between medical schools and affiliated hospitals. A report of this study should be completed for publication some time this coming fall.

SUMMARY

To recapitulate, the Division of Operational Studies was intended to be a supporting organ of the AAMC in the formation of long-range plans and proposals by establishing itself as an information center in matters pertaining to medical education. It was to undertake detailed studies of the four essential components of medical education—faculties, facilities, financing, and students—and act as a service organization to individual medical schools as well as to the general area of medical education at the regional and national levels. From the foregoing summary of DOS activities linked with appropriate comments on their respective immediate and long-range implications, it would appear that the DOS has already met, to a considerable extent, the original commitment as programmed over a five-year period.

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

ROBERT J GLASER

PAUL J. SANAZARO

Upon receipt of an enabling grant from the Carnegie Corporation, the Division of Education was established at the central office of the Association of American Medical Colleges on August 1, 1962. In October, 1962 the Executive Council approved a proposal which became the basis for organizing the Division of Education.

SECTION ON BASIC RESEARCH

Dr. Edwin B. Hutchins was appointed Assistant Director of the Division in charge of this Section, which is an extension of the former Division of Basic Research. The following major objectives have guided his efforts:

1. Reorganizing staff and program to compile in systematic form the vast amount of data on students currently available in the Association's archives. The basic data of the Longitudinal Study on the 1960 Graduates of 28 Medical Schools will be published shortly.
2. Establishing a systematic research program which, over the years, will lead to more meaningful cumulative data analysis.
3. Making results of research readily available as information to member schools and faculty members.

In addition to internal reorganization and analysis of available data, the Section on Basic Research undertook the following projects this past year:

Medical School Environment Inventory.—The psychometric development of this uniquely useful instrument was completed last year during analysis of the AAMC's Longitudinal Study of the class of 1960. In addition to the 28 schools included in the Longitudinal Study, six others have administered the Environ-

ment Inventory and the Division has supplied them with the resulting data for internal use. One of these schools has recently readministered the Inventory after a two-year interval. The availability of additional data on these schools which have used the Inventory has provided clinical validation and improved interpretation of the Inventory. Long-range plans include further refinement of the instrument to relate it more specifically to student learning.

Career Counseling Device.—In 1960 the subjects of the Longitudinal Study were given an experimental questionnaire entitled "Career Attitudes." Work is now in progress to develop this instrument as a practical counseling tool for use by faculty members in discussing career plans with medical students. While previous research in other fields offers a sound rationale for the use of items similar to those contained in this questionnaire, the analysis has not yet clearly indicated the potential value of this particular device.

Rating of Clinical Performance.—The Section on Basic Research has been especially interested in the development of measures of clinical performance. Two original sets of data, collected in the Longitudinal Study, were studied this past year. The Faculty Ratings of Clinical Performance collected in 1960 have been analyzed and found to have too low a reliability for meaningful analysis. Therefore, these will not be used as a criterion measure in the Longitudinal Study. A report on these ratings is being prepared. It will not be published but copies will be available to interested individuals. A similar analysis of the ratings of clinical performance collected at the end of the intern year is in progress and will soon be completed.

Follow-up Study of Experimental Tests Devised by Educational Testing Service.—In 1958 ten experimental tests were administered as part of the Medical College Admission Test. Correlations obtained at that time indicated significant overlap between the experimental tests and the MCAT. Although preliminary analysis suggested there was no difference in the information obtained in the experimental tests from that obtainable in the existing MCAT, correlations can now be made between the experimental test scores, MCAT scores, and actual performance of those students who entered medical school. This study is now in progress.

Special Studies.—Because of Dr. Hutchins' long-standing interest in the talent pool from which medicine must draw, he is conducting a study of women in medicine, a portion of which was summarized in the Datagram for June, 1963. He has also obtained information to update the analyses made by Deitrick Reitzes in *Negroes and Medicine*.

Attrition Study.—Dr. Hutchins also participated in the highly important Study on Medical Student Attrition. The generous invitations to visit individual medical schools were greatly appreciated because they not only made it possible to obtain important information but also provided a more balanced perspective.

SECTION ON STUDENT STUDIES AND SERVICES

In analyzing the responsibilities of the Division, it became apparent that there was urgent need for an administrative unit with primary responsibility for exchange of information on applicants and students between the AAMC and medical schools. This unit also was needed for special studies on medical students. Because of the central importance of this function, the Division was most fortunate in obtaining the services of Dr. Davis G. Johnson, who was for many years

the Assistant Dean for Student Personnel and Admissions at State University of New York at Syracuse and is a charter member of the Continuing Group on Student Affairs. On August 1, 1963 he assumed full-time duties as Assistant Director in charge of this Section.

Since the Fall of 1962, Dr. Johnson has served as Principal Investigator in the Study on Medical Student Attrition, sponsored by the Maurice Falk Medical Fund. Major progress to date includes: review of the literature on student attrition; site visits to 19 medical schools; questionnaires to some 1,500 students who made "irregular progress" and to 3,000 "controls" who made "regular progress" during 1961-62; questionnaires to all U. S. medical school deans and CGSA members concerning student attrition at their schools; and analysis of AAMC records on student progress during the past 10 years.

The high degree of cooperation by members of the Continuing Group and by deans, despite the burdensome nature of the questionnaires, was most heartening and earnestly appreciated. A definitive report of findings will be available by early 1964.

Dr. Johnson will reorganize the existing system for exchanging information on applicants and medical students between the AAMC and medical schools. This topic was discussed at regional meetings of CGSA and, based in part upon recommendations made during these meetings and in part on intramural analysis, needed modifications will be made.

Dr. Johnson will also provide staff services for the Committee on Student Affairs and its Subcommittees on Student Finance, Premedical Liaison, and Research. A high priority item is the development of effective liaison with premedical advisors in colleges and universities throughout the United States. In addition there is a clear-cut need for follow-up on the Attrition Study and for studies of additional problems as identified by the Continuing Group.

A major responsibility of the new Section will be the translation of data into useful information and the more effective dissemination of this information throughout the Association and its member schools. It has been most difficult to serve this function adequately in the past. Dr. Johnson, however, is uniquely qualified by experience and interest to conduct operational research and translate the results into meaningful terms for faculty members. The Division is thereby greatly strengthened and, in turn, the service of the Association to its members significantly enhanced.

SECTION ON EDUCATIONAL RESEARCH AND SERVICE

The Director of the Division, Dr. Paul J. Sanazaro, is responsible for this program, which aims at the improvement of teaching and of educational programs in individual medical schools. One means of serving this function is formal or informal consultation with individual faculty members, departments, or medical schools. By means of these, the Director has come to appreciate the full extent to which serious and constructive thought is being given to means whereby sound educational principles may be applied to the analysis and revision of existing programs. Such consultations will be increasingly supported by the availability of a summary of the studies which have been performed on any given school over the preceding years. As these data are made available, an interpretive summary will be compiled. The summary will assist in the objective

assessment of educational programs. This can then be used as the basis for further local study and administrative and educational decisions.

One of the more effective channels in which this service function is served is the intramural seminar. The Division's function in this area is to coordinate the over-all planning and provide the data and information which the faculty of a given medical school may wish to utilize in later self-study. The first such seminar was held in 1962 at the University of Kansas. This year it was held with the University of Maryland. Staff members were Drs. George E. Miller, Lawrence A. Fisher, Stephen Abrahamson, and Sanazaro. Owing to the unusual degree of cooperation of the dean and the faculty members and the earnest spirit of inquiry, a large amount of significant information on major aspects of the educational program was obtained and presented to the faculty in a manner suitable for seminar analysis. Initial assessment suggests that the seminar attained its objectives to a significant degree. Planning and data gathering are now underway for the 1964 Intramural Seminar, scheduled for Ohio State University.

In response to requests from former participants in the Seminars on Medical Teaching, initiated by Dr. Miller, an advanced seminar was held in Buffalo in June, 1963. The seminar was designed to allow those individuals who had made special studies on some aspect of the educational process to report on them and obtain critical commentary. In addition, staff members were selected so as to provide any specific consultations that might be requested. The interest in the advanced seminar is a validation of the original hypothesis underlying the establishment of the Seminars on Medical Teaching—that teachers of medicine can profitably consider the relevance of principles of learning to their own efforts.

Because of a large number of requests, a Seminar on Medical Teaching for interested faculty members is tentatively scheduled for summer 1964. The emphasis will be upon the principles of educational psychology and their implications for medical education.

The Educational Research and Service Section is experimenting with a technique for determining differential educational effectiveness among medical schools. The intent is to make a long-term longitudinal analysis of student performance, taking into account ability and aptitude on admission to medical school, performance in medical school as reflected in reliable measures, and the level of postgraduate attainments. By such means a partial objective estimate may be made of the impact of educational programs.

CONFERENCE ON RESEARCH IN MEDICAL EDUCATION

A fourth program of the Division is sponsorship of the Conference on Research in Medical Education. The first such Conference, held in conjunction with the 1962 Annual Meeting of the Association, was considered successful as judged by the calibre of the papers and the enthusiastic reception of the program. Most of the papers have been subsequently published in *The Journal of Medical Education*. The Proceedings of the Second Conference, to be held on October 30, 1963, will be published as a special issue of *The Journal of Medical Education* so that it may serve as a readily available single reference source for those who are interested in this work. It appears that the Conference is succeeding in its major

purpose, i.e., to stimulate the development of research in medical education by greater cooperative effort of individuals, schools, and disciplines.

ADDITIONAL PROGRAMS

In accord with the purposes of the grant from the Carnegie Foundation, the Division formulated a series of studies intended to provide a clearer definition of the objectives of medical education and to generate facts and principles that would be applicable beyond their immediate relevance to medical education. The program was outlined in general terms in the "Division of Education, Programs and Proposals" (*J. Med. Educ.*, 38:65-71, 1963). A planning conference of medical educators and behavioral scientists was held in September to consider how best to undertake comparative study of teaching programs in comprehensive medicine, to define the relevance of research in patient care to ongoing educational programs, and to establish guidelines for modifying the educational sequence in medical school in accord with the modern physician's role in society. Planning is proceeding on each of these projects.

In addition to the above, the Division is seeking means of making an experimental projection of our country's needs for physicians, by the design of appropriate models of patient care systems and the incorporation of available pertinent variables.

The Division has provided staff services for the Advisory Committee on the Medical College Admission Test, appointed by the Committee on Research in Education. As a result of its deliberations, the contract for the MCAT has been renewed with The Psychological Corporation for three years. In addition, specific projects have been identified and are underway. The Medical College Admission Test will be systematically validated for all schools in which there are reliable criteria of student performance. Follow-up studies will be performed on the experimental tests previously given along with the MCAT and on the Davis Reading Test administered in 1960. Special attention will be paid to the potential usefulness of biographical inventory material in the prediction of student performance. Finally, a preliminary draft of an MCAT Handbook has been prepared and, after a field trial by admissions committees during the current admitting season, an official edition will be published in mid-1964.

The Division also provided staff services for the work of the Committee on Medical Communications (*See Pp. 628-630*).

Dr. Bernard V. Dryer served as Planning Consultant during the period November 1, 1962 through April 30, 1963. During this period of appointment, Dr. Dryer made six major addresses to national audiences and represented the AAMC in a number of formal and informal conferences having to do with postgraduate medical education and the adaptation of modern communication techniques to medical education. Dr. Dryer devoted major efforts to the development of pilot programs for the "Lifetime Learning" plan, which currently is being undertaken by the AMA. He also studied the proper design and planning of medical school libraries, taking into account the potential role of the newer technology in information processing and distribution and in learning. Dr. Dryer worked with the Medical Communications Committee in developing a proposal for a national film evaluative facility.

The Committee on Medical Communications appointed an Advisory Committee

on Medical Motion Pictures which recommended that the AAMC develop a nationally coordinated program for the critical evaluation of medical teaching films. Representatives of the basic medical sciences and academically based clinical specialties have been appointed to the Advisory Committee for the Evaluation of Medical Educational Films. Its charge currently is to define the basic outlines of a coordinated program to provide critical evaluation of all apparently useful medical teaching films and to promote the more effective distribution of information on these films.

The Medical Communications Committee also appointed an Advisory Committee on Medical School Libraries which recommended the appointment of a Committee on Guidelines for Medical School Libraries. This Committee, composed of distinguished members of the Medical Library Association, has been appointed by the Executive Council and is scheduled to begin work in November.

Finally, the Division of Education has cooperated with the staff of the AMA in its preliminary efforts to develop a core curriculum in cardiovascular disease for use in a national program of continuing education, based upon the principles proposed in *Lifetime Learning for Physicians* by Dr. Dryer.

The Division of Education moved as a unit from the headquarters of the AAMC to a nearby office building at the end of June, 1963 because of inordinate crowding and lack of space for incoming staff members. The move has had the advantage of allowing consolidation of the Division's activities, especially its data analysis program. The new location has created the problems inherent in being separated from the central office, but the unusually fine cooperation of the administrative staff has served to minimize this inconvenience.

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

ROBERT A. MOORE
HENRY VAN ZILE HYDE

The year under report was characterized by a conspicuous growth of interest in international affairs among physicians and medical educators in the United States and by an increasing drive to expand and improve medical education throughout the developing countries. International health was recognized as a new discipline of medicine with departments and professorships, as well as special courses, being established in this field in schools of medicine and of public health. A career training program for international health was established in the commissioned corps of the U. S. Public Health Service with financial backing of The Agency for International Developments (AID). The AMA established a Department of International Health, and four major national conferences on international health with special emphasis on medical education were planned during the year for the Fall of 1963. They will be held under the sponsorship of the AMA, the National Citizen's Committee for WHO, the American Public Health Association, and the USPHS. There was a shift of interest by AID toward

education in general and medical education in particular.

The program of the Division of International Medical Education (DIME) during this its second year proceeded along two main lines—the planning and conduct of studies relevant to international medical education and the provision of services to medical schools and agencies here and abroad. This brought the Association into a close working relationship with a large number of domestic and foreign agencies concerned with medical education. Emphasis was given to stimulating and supporting the development of interrelationships between medical faculties and, particularly, to assisting in the development of associations of medical schools at national and international levels. With this in view, the Association was responsive to invitations to participate in meetings of medical educators in Latin America, the Middle East, Africa, and Asia. The AAMC also supplied information to medical education leaders abroad concerning relevant organizational activities in countries other than their own.

The Division had the active support and guidance of the Committee on International Relations in Medical Education and its Panel of Consultants throughout the year in the planning and conduct of its program. It worked closely with the Continuing Group on Student Affairs and the Committee on Medical Communications.

The Rockefeller Foundation continued its financial support of the Division by extending its supporting contract for a further two-year period, and Smith Kline and French agreed to increase its financial contribution to the expense of administering the fellowship program supported by its funds.

ORGANIZATIONAL DEVELOPMENTS ABROAD

Important progress was made in the development of national and international medical school associations during the year under review.

The Pan American Federation of Associations of Medical Schools was formally established by the Third Conference of Latin American Faculties of Medicine, at which both the AAMC and its Canadian counterpart were represented. An Interim Administrative Committee was established with Dr. John A. D. Cooper being elected to represent North America. This Committee successfully recruited Dr. Ernani Braga of Brazil to serve as full-time Executive Director of the Federation. Dr. Braga has served as Superintendent of the Special Public Health Service, a joint United States-Brazilian agency, as deputy chief of the Rockefeller Foundation's South American Office, and at the time of his appointment was making a special study of Brazilian science education for the Ford Foundation. The Milbank Memorial Fund made a grant of \$7,500 to the Interim Administration Committee to enable it to organize the Federation. The W. K. Kellogg and Rockefeller Foundations each made five-year grants of \$15,000 per year to the Federation. Pending incorporation of the Federation, the AAMC has been handling the funds on its behalf. The Executive Council of the AAMC approved membership in the Federation on September 21, 1962 and authorized the payment of the assessment based on \$100 plus \$25.00 per member school, a total of \$2,125.00, which was paid in services to the Federation.

The first meeting of the Brazilian Association of Medical Schools was scheduled to meet in Recife in August, 1963.

In conjunction with the WHO Conference on Medical Education in the

Eastern Mediterranean held in Teheran in October, 1962, preliminary moves were taken toward the organization of medical school associations in Egypt, Iran, and Pakistan. Two meetings of the deans in Egypt were held with this purpose in mind.

In Africa the Conference on Medical Education held in Khartoum in December 1962 agreed that an African Association of Medical Schools would be established at the Third Conference on Medical Education in Africa to be held at Makerere College in Uganda in December, 1963.

THE COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

The Committee on International Relations in Medical Education (CIRME) held four meetings during the year. Two of these, a closed meeting with its Panel of Consultants and an open meeting, were held in conjunction with the Association's 73rd Annual Meeting in Los Angeles. Another meeting was held in Chicago during the Annual Congress on Medical Education and Licensure, and the fourth consisted of a two-day meeting at the International Motor Hotel in Chicago on April 23 and 24. At these meetings the Committee reviewed the programs of the several agencies active in international medical education and studied the Association's program in detail. At the April meeting, which Dr. Philip Lee of AID attended as a guest, the Committee recommended that the Association respond to a request of AID that a research design be developed for an AAMC evaluation of the AID medical education program. The Committee also recommended to the Executive Council that the Association convene a Conference on International Medical Education in the Fall of 1964 or Spring of 1965.

RELATIONSHIPS

The Association maintained relationships with a number of agencies and educational leaders at home and abroad through representation in meetings, visits of foreign educators, and participation in cooperative activities.

Abroad, the Association was represented as follows:

Inauguration of the Medical School of the University of Lagos, Lagos, Nigeria, October 4, 1962, Dr. Donald G. Anderson and Dr. Hyde (as guests of Nigerian government).

Conference on Medical Education in the Eastern Mediterranean Region, World Health Organization, Teheran, Iran, October 16-24, 1962, Dr. Hyde and Dr. Samuel B. Kirkwood.

Third Conference of Latin American Faculties of Medicine, Viña del Mar, Chile, November 25-30, 1962, Dr. Cooper, Dr. Thomas Hunter and Dr. Hyde.

Indian Association for the Advancement of Medical Education, Calcutta, January 17-20, 1963, Dr. John Z. Bowers and Dr. Carlyle F. Jacobsen.

Second African Conference on Medical Education, Khartoum, Sudan, December 10-16, 1962, Dr. Samuel B. Kirkwood.

Mexican Association of Faculties of Medicine, Guadalajara, Mexico, May 17-19, 1963, Dr. Henry C. McGill, Jr.

The Association's foreign guests during the year included: Dr. H. O. Thomas, Dean of the Lagos Medical School, and Dr. P. K. Sen, Professor of Surgery, Bombay, India, both of whom addressed the AAMC's Annual Meeting. The Annual Meeting was attended also by leaders of Philippine medical education visiting the United States as guests of AID and by the President of the Mexican Association of Faculties of Medicine, the Director of Medical Education of the WHO Regional Office for Europe, and the Dean and Vice-Dean of the medical school being established in Salisbury, Rhodesia. During June, the Executive Director of the Indian Association for the Advancement of Medical Education, Dr. D. Govinda Reddy, visited the United States as a guest of the Association. His itinerary included Evanston, New York, Baltimore, Washington, Kansas City, Denver, Seattle, and San Francisco, where he attended the Seventh Annual Conference of Foreign Medical Scholars.

Foreign visitors at headquarters in addition to Dr. Reddy and the Philippine group included: Dr. Braga; Dr. Afif Mufarej, President of the Lebanese Medical Association; and Dr. Jorge Firmat, Director of Health of Buenos Aires.

Within the United States the Division maintained working relationships with foundations and agencies which are specifically concerned with international medical education and with related agencies such as Education and World Affairs, the Institute of International Education, the Society for International Development, and the African American Institute. The Committee Chairman and Division Director represented the Association at the Annual Meeting of the Medical Education Information Center of the Pan American Health Organization. The Association agreed to serve as a contributing sponsor of the Fifth National Conference on International Education to be convened in Washington in February, 1964 by the Institute of International Medical Education. During the year, the Division Director was appointed to the Technical Board of the Milbank Memorial Fund and was elected Vice-President of the National Citizen's Committee for WHO, as well as a member of the Board of Directors of the National Health Council and of the American National Council for Health Education of the Public, the Committee on Professional Education of the American Public Health Association, and the Medical Advisory Board of the Unitarian Service Committee. He also served as a member of the National Science Foundation Advisory Committee on Scientist-to-Scientist Communication in the Bio-medical Field; as moderator of a Panel on International Medical Education and Research at a meeting sponsored by the Association of Professors of Preventive Medicine and the New York Academy of Science; and as a participant in the Graduate Medical Education Institute of the University of Pennsylvania Graduate School of Medicine.

STUDIES

Personnel Resource Survey.—The Personnel Resource Survey, based on the international section of the Faculty Register Questionnaire, elicited an expression of interest and potential availability for service abroad on the part of some 12,000 medical faculty members. Data obtained in this survey formed the basis of Datagrams published in November and December of 1962. These Datagrams provided information on the academic status, specialty interests, language skills, geographic preferences, and length of time for which medical faculty members

would be potentially available for overseas service. A report of the preliminary findings of the Personnel Resource Survey was made by the Director of DIME at the 73rd Annual Meeting. Refinement of data and analysis continued through the year under report.

Foreign Medical Students.—In cooperation with the Continuing Group on Student Affairs, a questionnaire seeking detailed information on the experience and adjustment of each foreign student who had studied in a U. S. medical school during a 10-year period (1950-60) was designed and distributed. At the time of this report more than two-thirds of the medical schools had returned completed questionnaires on 765 foreign students. Preliminary indications were that the experience of the schools and the students had been, in general, a mutually gratifying one.

Intern and Resident.—The staff of DIME provided assistance to the ECFMG in the design, distribution, and analysis of a questionnaire seeking information on the subjective reactions of a random sample of 500 foreign interns and residents.

Research Design for Program Evaluation.—At the request of AID, DIME took initial steps in the development of a research design for a proposed evaluation of the 20 years' cumulative experience of AID and its antecedent agencies in the field of medical education. An Advisory Panel on Study Design was appointed under the chairmanship of Dr. James P. Dixon, President of Antioch College, and staff work was completed for the first meeting of the Panel to be held shortly after the close of the year under report.

PUBLICATIONS

During the year, the Division published a list of governmental, nongovernmental and intergovernmental organizations utilizing American physicians abroad. A compilation of statutes of national and international medical school associations was assembled and transmitted to leaders in certain countries that are contemplating the organization of similar associations. The Pan American Health Organization cooperated in translating the Spanish and Portuguese statutes for this purpose.

A monthly summary in Spanish of the pertinent articles appearing in *The Journal of Medical Education* was supplied by the Association for publication in the *Bulletin* of the PAHO. This was scheduled to become a regular monthly feature of the *Bulletin* beginning with the August, 1963 issue.

An article by the Division Director entitled "The Forward Thrust in Medical Education" was published in the September issue of *The Journal of Medical Education* and one entitled "The U. S. Trade Balance in Medicine" was published in the June issue of the *International Development Review*.

AGENCY FOR INTERNATIONAL DEVELOPMENT

AAMC-AID Relationships.—The Association continued its active cooperation with AID, as reflected in other sections of this report. The basic AAMC-AID contract was extended to May 31, 1965. It provided for an expenditure up to \$350,000 over a two-year period, as specifically authorized in Task Orders covering individual projects.

During the year, Dr. Leona Baumgartner was appointed Assistant Director of

AID for Human Resources and Social Development and Dr. Lee was appointed Director of Health Services. The Association maintained close relationships with both these officials and participated in informal discussions concerning the future development of the AID health program. A number of important cooperative projects were carried out during the year as noted elsewhere in this report and others were being planned at the close of the year.

Continuing concern was expressed in several quarters over the relationship between AID and universities, in general, and medical schools, in particular. DIME convened a meeting in Los Angeles in November. Attending were AID officials and representatives of medical schools holding AID affiliation contracts. The medical school representatives prepared a paper outlining the difficulties they were encountering as a result of strict AID control over operational details. The paper was transmitted to AID and to the Office of the Science Adviser to the President. At the time of the present report, the paper was under active study by a joint government-nongovernment group studying the over-all AID-university relationship. At the close of the year, as noted previously, in cooperation with AID and other agencies DIME was organizing a meeting of an Advisory Panel under the chairmanship of Dr. James P. Dixon, Jr. The meeting was to be called for the purpose of considering how the AAMC might proceed with an evaluation of the total AID medical education program, with special reference to the contract mechanism.

Dr. Edwin W. Brown, who had been serving for two years as AID Visiting Professor of Preventive Medicine at Hyderabad, joined the Division at the end of the reporting period as the Director of the AAMC-AID Project. He is assisted by Mr. Harry Wiesenfelder, research analyst, and a secretary.

Foreign Consultation.—During the year the Association responded to requests from AID for consultation in Costa Rica (Dr. Lee Powers); Honduras (Dr. Powers, Dr. William W. Frye); Brazil (Dr. Kenneth E. Penrod); and Lebanon (Dr. Robert A. Moore). Dr. Moore and Dr. Leroy E. Burney, on nomination of AAMC, participated in a survey of the medical education needs and potential of Ethiopia. In association with this survey, Dr. Moore visited medical schools in South Africa and Nigeria. He also visited Argentina as an AAMC consultant to advise on the development of a new medical school and on the initiation of a residency system in the municipal hospitals of Buenos Aires. The Division Director conferred during the year with medical educators in Nigeria, Lebanon, India, and Chile.

RECRUITMENT

The Division provided names and biographical data derived from the Personnel Resource Survey to a number of agencies and foreign medical schools recruiting for faculty positions abroad. Information concerning available Fulbright Fellowships was sent directly to selected faculty members whose replies suggested potential interest in specific positions. The Conference Board of Associated Research Councils, which administers this aspect of the Fulbright program, found this a particularly productive source of candidates.

The Executive Council approved a policy statement regarding the use of the list for recruitment purposes and a form was prepared to assist schools and agencies in taking advantage of the information contained in it.

THE JOURNAL OF MEDICAL EDUCATION

A third special International Issue of *The Journal* was published in September, 1962 and sent to all foreign medical schools with the cooperation of the regional offices of the WHO. Articles dealing with medical education abroad appeared throughout the period under review. Separate articles dealt with medical education in Germany, Israel, the Soviet Union, the Philippines, Nigeria, East Africa, and Latin America.

An analysis of *Journal* distribution overseas revealed that nine subscriptions were active in Africa, 21 in the Middle East, 86 in Latin America, 97 in Europe, and 273 in Asia. The large number of subscriptions in Asia is due to the China Medical Board which has subscribed on behalf of the schools in its area of interest and AID which has subscribed on behalf of the schools in India.

MEDICAL TEACHING FILMS

A list of 100 films recommended as a core library for medical teaching abroad was submitted to AID with the recommendation that the list serve as the basis of a medical education film program in the developing countries. The list and accompanying evaluations of the films were prepared by the Association's Division of Education and Committee on Medical Communications.

ANNUAL CONFERENCE OF FOREIGN MEDICAL SCHOLARS

The Medical School of the University of California served as host to the Seventh Annual Conference of Foreign Medical Scholars with Dr. Francis Scott Smyth of CIRME as chairman. This was the last of the series of Conferences to be financed by the China Medical Board. The agencies that had been sponsoring participants in the Conferences agreed to meet the cost of future Conferences through the payment of an appropriate fee for each participant. DIME accepted responsibility for administering the program under this arrangement. The host to the Conference in 1964 will be the University of Kansas.

CUBA

In January the Division Director visited Cuba for four days as a consultant to the American National Red Cross on the prisoner exchange program. In a report made to the Red Cross, comment was made on the obvious tightening of controls and general deterioration since a visit there by the Division Director 18 months earlier.

FELLOWSHIP PROGRAM

The Division of International Medical Education assumed administrative responsibility for the Smith Kline & French Foreign Fellowships Program. Under the chairmanship of Dr. Moore, the Selection Committee awarded grants to 31 senior medical students.

During the four years of the program, grants totaling \$200,000 have enabled 123 students to work in 40 countries; funds have also been provided for 20 professionally qualified wives to accompany their husbands and participate in the Fellowship Programs. Applications have been submitted by 79 schools. Students from 66 schools have received Fellowship awards; five schools have never submitted applications. The program is to be continued in 1965.

Resumé of Applications for 1963

Exhibit I—Recipients of grants by school and foreign sponsor station

Exhibit II—Applicants by schools

EXHIBIT I

SMITH KLINE & FRENCH FOREIGN FELLOWSHIPS PROGRAM
RECIPIENTS OF GRANTS—1963

STUDENT	SCHOOL	FOREIGN STATION
Jeriel A. Beard and wife	Michigan	Swaziland
Richard C. Brown	University of Virginia	Philippines
Robert S. Brown	Minnesota	Zululand
John P. Burke	Iowa	Uganda
Harry G. Carpenter	Tufts	Philippines
Robert N. Clark	Pennsylvania	Nepal
Dana B. Copp and wife	Texas, Galveston	Nepal
Stephen S. Dickstein	University of Washington	Philippines
Duane A. Diller and wife	Medical College of Virginia	Ethiopia
Richard W. Dodds	Pittsburgh	Guatemala
Edwin L. Downing	Jefferson	Kenya
Loretta F. Early	Woman's Medical College	Taiwan
Bartley R. Frueh and wife	Columbia	Liberia
Richard H. Garretson	West Virginia	Borneo
Richard E. Geist	Kentucky	Iran
Herman Grishaver	Einstein	India
Noel Guillozet	Hahnemann	Nicaragua
David E. Hutchison	Colorado	Ethiopia
Norman J. James	Chicago	Nepal
Oliver D. Johnson	Florida	Taiwan
Harold S. Mirsky	SUNY, Syracuse	Tanganyika
Gary J. Myers	Kansas	Venezuela
Andrew W. Nichols	Stanford	Brazil
Norton A. Pope	Arkansas	Nigeria
Benjamin E. Price	Alabama	Liberia
Richard C. Reznichek	Northwestern	Cambodia
Donald J. Schroeder	Creighton	Taiwan
Bryan A. Stone	Southern California	Nepal
Richard W. Williams and wife	SUNY, Buffalo	Philippines
Donald G. Young	Marquette	Taiwan
Mary J. Yoder	Indiana	Nepal

EXHIBIT II

Number of Applicants	117
Number of Schools Having Applicants	66
Number of Recipients	31
Number of Schools Having Applicants Selected To Receive Awards	31
Number of Schools without Applicant	18

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

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

JOHN A. D. COOPER

For the period from July 1, 1962 to June 30, 1963 *The Journal of Medical Education* published 1225 pages of editorial material, excluding the pages in one

supplement published during that period. This supplement, published as Part II of the December, 1962 issue, was the report of the Ninth AAMC Teaching Institute, *Research and Medical Education*, edited by Julius H. Comroe, Jr., M.D. (with the assistance of the Institute Planning Committee). Miss E. Shepley Nourse was editorial coordinator.

SPECIAL ISSUES

September 1962.—Third International Issue, with articles on the present status and future direction of medical education throughout the world.

April 1963.—Communication in Medical Education, considering communication media and their relevance to medical education.

June 1963.—The Medical School and the Practicing Profession, papers presented at the 1962 AAMC Teaching Institute. (An interpretative report based on the entire Institute proceedings is now in preparation and will be published in 1964.)

SPECIAL SECTIONS

The Medical Education Forum was deleted by the Editorial Board as of the March, 1963 issue of *The Journal*. Two sub-sections, Editorials and Communications, remain as regular sections.

As of December, 1962 a new section, News from the AAMC, has been incorporated into the news section of *The Journal*.

EDITORIAL BOARD AND STAFF

John A. D. Cooper, appointed in July, 1962, continued as Editor of *The Journal* with Mrs. Gretta Cozart (appointed in September, 1962) and Mrs. Rosemarie Daley Hensel (appointed in October, 1962) as Assistant Editors.

Members of the Editorial Board are to be highly commended for the invaluable contribution they have rendered to *The Journal* through their unceasing willingness to give of their time and wisdom.

REPORT OF THE COMMITTEE ON ANIMAL CARE

THOMAS B. CLARKSON

LEGISLATIVE PROBLEMS

In the 88th Congress, six bills have been introduced dealing with laboratory animal care. The Randall Bill (H.R. 4856), the Ashley Bill (H.R. 4620), the Clark-Neuberger-Young Bill (S. 533), and the Randolph Bill (S. 1041) would impose significant legal limitations on research with animals and would not provide support for continued improvement of laboratory animal care and medicine.

The Roberts Bill (H.R. 4840) and the Fogarty Bill (H.R. 4843) contain some constructive provisions. In these Bills the power to enforce standards of animal care would be with the Surgeon General of the U. S. Public Health Service.

The preferable situation for medical schools would be one of self-evaluation and a concerted effort to contribute in a real and meaningful way to the continued development of the field of laboratory animal care and medicine. Increased emphasis should be placed on facility design, research, training, and education. Such an effort should allay the impetus that is building up for legislation.

The need for activating more programs and programs of wider scope in laboratory animal care and medicine is urgent.

SURVEY OF ANIMAL FACILITIES IN MEDICAL RESEARCH

The *Survey of Animal Facilities in Medical Research* has recently been published by the National Academy of Sciences, National Research Council. With the cooperation and assistance of the AAMC and other organizations, 55 randomly selected medical research institutions were site surveyed by a team of experts in laboratory animal medicine. It is recommended that a careful study be made of this document by the Executive Council and that the Institutional Membership of the Association be informed of the areas of need. From the survey report the greatest needs appear to be for increased financial support of the animal programs, facilities, and trained professional personnel.

ANIMAL FACILITY CERTIFICATION

Working with the support of an NIH grant, a Committee of the Animal Care Panel has developed the *Guide for Laboratory Animal Facilities and Care*. Two members of the AAMC Committee on Animal Care served on the Animal Care Panel Committee. The *Guide* is an excellent distillation of existing knowledge and "expert opinion." It was published in the spring of 1963 and is available from the Publication's Office of the U. S. Public Health Service.

A meeting was held in Ann Arbor, Michigan, June 20-21, 1963 to consider a program of voluntary certification of animal facilities by the Animal Care Panel based upon the recommendations of the *Guide*. Drs. Bennett J. Cohen and Thomas B. Clarkson of the AAMC Committee were present. The AAMC Executive Council was represented by Dr. William N. Hubbard, Jr. The AAMC staff was represented by Dr. Henry van Zile Hyde. Many other organizations were also represented.

It was the consensus of this group that such a program of certification should be activated and the necessary steps to develop the program are now underway. It is recommended that the AAMC continue its guidance and support of this activity and that the staff assume the responsibility of keeping the Institutional Membership of the Association informed of developments.

AAMC PARTICIPATION IN ANIMAL CARE PANEL

The AAMC, as an institutional member of the Animal Care Panel, has maintained three representatives. The Executive Council of the AAMC has felt that this was an adequate forum to coordinate medical school activity in the area of animal care. If there is to be an information exchange, it is recommended that consideration be given to the AAMC's requesting the ACP to make a half-day of their annual meeting available for a forum to coordinate medical school activities.

REPORT OF THE COMMITTEE ON CONTINUATION EDUCATION

JOSEPH E. MARKEE

The Continuation Education Program was held on Friday morning and afternoon, October 25, and on Saturday morning, October 26, preceding the AAMC's

Annual Meeting. The attendance at these three half-day sessions averaged about 300 representatives of the groups concerned with medical education in its broadest sense, that is, the medical schools, the hospitals, the American Medical Association, the American Academy of General Practice, and the private and tax-supported groups concerned with medical education.

PROGRAM

General papers were presented by twelve subject-matter experts during the first two half-days of the program. These experts made up the panels to whom questions were directed by the 300 representatives in attendance.

On the third half-day participants were permitted to choose between four different discussion groups. Each discussion period lasted for 90 minutes and thus most of the representatives had an opportunity to participate in two or more discussion groups.

The reaction of participants indicated that the program was very successful.

RECOMMENDATION

In 1964 the Continuation Education Program of the Association should be scheduled a day and one-half or two days preceding the regular meeting of the Association. The general format should be repeated but the content should deal with new information that will become available in the general area of continuation of education in medicine. A program has been preplanned that will be both basic and practical and will stress the newer advances.

REPORT OF THE COMMITTEE ON FEDERAL HEALTH PROGRAMS

ROBERT C. BERSON

HEALTH PROFESSIONS EDUCATIONAL ASSISTANCE ACT OF 1963

This legislation under the title of H.R. 4999 was reported out of the House of Representatives Rules Committee on Monday, October 1, 1962 so late in the session of Congress that no action was taken on it.

On January 9, 1963 Representative Oren Harris introduced the same measure as H.R. 12. After hearings the Committee on Interstate and Foreign Commerce amended the legislation so that it provided only matching grants for construction and a student loan program, and reported it favorably. After moderate debate this measure was passed by the House of Representatives on April 24, 1963.

A similar bill (S. 911) has been introduced in the Senate. On August 22, 23, and 26 the Senate Committee on Labor and Public Welfare (Senator Lister Hill, Chairman) held hearings on both measures. On September 5 the Committee reported that the bill had been passed by the House, two members opposing the bill and filing a minority report supporting the construction feature but objecting to the student loan provisions. On September 12 the Senate debated the bill for about three hours and voted down by rather narrow margins amendments to: eliminate student loans, broaden the student loan provisions to provide forgiveness of indebtedness for those who practice in rural areas, and attach provisions against discriminations. The bill then passed without amendment with only nine dissenting votes. On September 24, 1963 the President signed the bill into Public

Law 88-129. It is expected that a special appropriation will be requested and obtained and that the program will be put on active basis promptly.

Senator Hill's response to telephoned congratulations on his leadership in this matter was that this measure needed and got a very large degree of teamwork.

During the year members of the Federal Health Program Committee and its Special Advisory Group have discussed many aspects of the implementation of this program with the Special Assistant to the Secretary of the Department of Health, Education, and Welfare, the Surgeon General and key staff members of the U. S. Public Health Service, and key staff members of the National Institutes of Health who will be involved in the administration of the program. It is expected that the construction aspects of the new program will be administered through the Division of Hospital and Medical Facilities of the USPHS. Since a great many of the applications will include some facilities for research, there will be very close liaison within the USPHS between this new program and the Health Research Facilities Program.

OTHER MATTERS

Members of the Committee met with Mr. J. S. Gleason, Jr., Administrator of the Veterans Administration, regarding the appointment of a successor to Dr. William Middleton, who retired as Chief Medical Director.

Individuals for consideration were suggested to Mr. Gleason, Congressman Olin Teague, Chairman of the Veterans Affairs Committee of the House of Representatives, and Dr. Barnes Woodall, Chairman of the Special Medical Advisory Group to the Veterans Administration. The Administrator sought and accepted the advice of Dr. Woodall and members of SMAG with the end result that Dr. Joseph McNinch assumed the office of Chief Medical Director September 1, 1963. There is reason to believe that Dr. McNinch will fill this position with distinction and that his attitude toward medical education will be both understanding and cooperative.

Members of the Committee accompanied Dr. Hiram Essex, President of the National Society for Medical Research, to discuss with Senator Hill, Congressman John Fogarty, and Congressman Kenneth Roberts H.R. 4343 and other pending legislation dealing with the care of animals used in scientific research.

During the year, members of the Committee met with the Director of the National Institutes of Health on several occasions to discuss general research awards, the development of rules and regulations regarding grants procedures, regional meetings with representatives from the various medical schools, and other matters. It is expected that such meetings will be held at intervals in the future.

In March members of the Committee had a conference with Dr. Logan Wilson, President of the American Council on Education. He gave assurance that the Council would work actively for the passage of H.R. 12 and would support some other matters important to the AAMC. He also suggested the desirability of the AAMC having an office in Washington so that cooperation could be more effective and continuous. This matter was reported to the Executive Council of the AAMC and seems to deserve very careful consideration for early action.

One of the gravest concerns of the Federal Health Programs Committee at the present time is the difficulty of recruiting and holding top scientists and administrators in the USPHS, including the National Institutes of Health. Many of

the men who have shown great ability in very important positions can receive substantial retirement benefits after 20 years of service and immediately move into more lucrative positions outside of government. The growing complexity of administrative problems occasioned by the growth of the programs and the increasing attention they are receiving from various Congressional committees make it imperative that men of comparable ability be recruited to replace them, but the ceiling on salaries is so low that this recruitment is almost impossible. Concern has been expressed to the President, administrative officers, and members of the House and Senate. At the present time the best hope for solving this problem seems to lie in the passage of the Executive Pay Act of 1963. The chances of this taking place in the current session of Congress do not seem very great and the prospects for such action during 1964 are not too encouraging.

Finally, the Federal Health Program Committee would like to express deepest appreciation for the very fine and continuous cooperation it has received from all of the member institutions and individuals within them, as well as from a considerable number of other people, associations, and agencies.

REPORT OF THE COMMITTEE ON MEDICAL COMMUNICATIONS

DAVID S. RUHE

In December, 1962 the Committee on Medical Communications was appointed and was charged by the Executive Council with broad objectives on behalf of medical education in the medical colleges. The scope of the program was defined as to originate and review concepts in which communication and education overlap and consider and recommend research that may be applicable to this problem; to suggest ways and means of improving medical communication in medical schools in this country and abroad; to discuss and to make recommendations concerning governmental and nongovernmental interrelationships in the communication fields; to review and to report technologic advances in information processing which may contribute to better medical education, research, and patient care; and to maintain appropriate liaison with other AAMC committees.

Almost simultaneously, E. R. Squibb and Company, through Mr. Howard W. Baldock, made available an additional \$5,000 as an expression of support for the Committee's activities. (\$10,000 had been contributed in preceding years)

At the first meeting of the Committee on March 28, 1963 two *ad hoc* advisory committees were constituted, one for Medical Motion Pictures and one for Medical School Libraries. These two areas were identified for urgent medical school involvement inasmuch as it was felt that there was a critical need for improved and more inclusive information on teaching motion pictures on the one hand and on the other the crisis in scientific information-processing was producing fundamental changes in library conceptions and practices. Dr. Bernard V. Dryer, AAMC consultant, submitted a penetrating analysis of the information crisis and the directions of current national medical efforts. Of particular interest was the Surgeon General's Conference on Health Information of November, 1962, and the evolving "Lifetime Learning" concepts obviously were of great concern because of their emphasis upon communications. Further efforts were planned for the selection of core medical teaching film libraries since acute need was

identified in international medical education (Dr. H. van Zile Hyde) as well as in the United States.

The April, 1963 special issue of *The Journal of Medical Education* was devoted to invited contributions on Communication in Medical Education, following a plan of the Committee. Under the editorship of Dr. Frank M. Woolsey, Jr., seven articles focused upon Communication Experience, and six were devoted to Communication Media. Five editorials pointed to the trends and the frontiers of this emergent discipline of medicine.

On May 17 the *Ad Hoc* Advisory Committee for Medical Motion Pictures convened for the first time. Its invited expert membership included: Drs. Harry E. Morton, University of Pennsylvania, Microbiology; Howard C. Hopps, University of Texas, Pathology; Ralph V. Platou, Tulane University, Pediatrics; Joseph E. Markee, Duke University, Anatomy; Robert D. Tschirgi, University of California, Los Angeles, Physiology; and Leo L. Leveridge, New York University, Surgery. Drs. David Ruhe and Paul Sanazaro represented the Committee on Medical Communications. The state both of non-critical and of evaluative information on medical motion pictures was appraised. The methods and administrative relationships required for a multi-disciplinary, multi-organizational program of film evaluation were explored. Machine handling of evaluative data was agreed to be desirable. Special studies of film effectiveness were suggested. A cooperative reviewing program utilizing agreed-upon standards was elaborated, and steps were taken officially to invite participation by representatives from the preclinical medical science professional organizations and from selected academically-oriented clinical societies.

In accordance with the Committee's recommendations, the Administrative Committee of the Executive Council approved in principle the development of a Coordinated Evaluative Facility.

In June, in accordance with specific criteria evolved on behalf of the Division of International Medical Education, a selected group of 115 film reviews were submitted, as excerpted from the work of the former Motion Picture Subcommittee (Drs. Markee, Dryer, Ruhe), and from Dr. Dryer's prototype *Film Directory*. These films were suggested as an arbitrary first selection for film "core libraries" for medical schools abroad, such libraries to be developed under a cooperative program with the Agency for International Development. Later additions of reviews were made, including selected films produced abroad. The expanded selection of nearly 150 films was conceived of as giving partial guidance to American medical centers for library acquisition and/or for utilizational purposes.

On June 7 the *Ad Hoc* Advisory Committee for Medical Libraries met with five expert participants in attendance: Dr. William K. Beatty, Northwestern University; Dean Jesse H. Shera, Western Reserve University; Dr. Ralph T. Esterquest, Harvard Medical School; Dr. J. Edwin Foster, Educational Media Council; Dr. Malcolm S. Ferguson, National Institutes of Health; Drs. Ruhe and Sanazaro, AAMC. Unable to attend were Dean Edward W. Dempsey, Washington University; and Mr. Henry C. Longnecker, Smith Kline & French Laboratories. The information crisis as it affects library services and personnel was exhaustively analyzed. Active liaison with the Medical Library Association was decided upon in order to establish standards of librarianship and to undertake pertinent studies

of physical plants, personnel upgrading, machine information-processing (e.g. MEDLARS *et al.*), inclusion of non-printed media of information, etc., in the broad new concept of the library as a learning resources center. Such a center was conceived to be concerned with student learning as well as with the storage and dissemination of the great efflorescence of scientific information. A report of this Committee activity was made to the Medical Library Association at its annual meeting June 15. Following the Committee's recommendation, a joint four-member AAMC-MLA Committee on Medical Library Standards is being constituted.

Following formal acceptances by seven professional societies, the second and official Advisory Committee on Medical Motion Pictures convened at the time of the National Audio-Visual Association's annual meeting July 22-23, 1963. Drs. Klaus R. Unna and Julius B. Kahn, Pharmacology; Howard S. Hopps, Pathology; Joseph B. Christian, Pediatrics; and Drs. Tschirgi, Markee, Morton and Leve-ridge met with Drs. Ruhe and Sanazaro. The methods of systemic film reviewing were discussed at length. Objective criteria for film-judgment were reviewed and methods of collecting data in a fashion suitable for coding were examined. Coordinators for sustained film reviewing were suggested for each specialty in order to achieve work continuity and to maintain organizational autonomy. A suggested standard procedure of reviewing was elaborated. The AAMC role in coordinating the reviewing groups was defined and staff requirements were estimated. The sources and extent of prospective supporting funds were outlined. Each participating society was to be represented by its coordinators; all coordinators together would represent a new Advisory Committee for the Evaluation of Medical Educational Films, whose purpose would be to increase and improve the flow of evaluative material on motion pictures for the assistance of teachers of the medical sciences.

In accordance with recommendations by the Committee at its May 18 meeting, on August 1, 1963 a joint AMA-AAMC sponsored conference met to analyze the current problems of medical motion pictures, and to agree upon possible pathways toward solution. Also in attendance were representatives of the U. S. Public Health Service, the Federal Advisory Council on Medical Training Aids, the Pharmaceutical Manufacturer's Association, the American Heart Association, the American Cancer Society and the Agency for International Development. It was agreed that a central information center would be desirable, to which all groups would contribute according to their desires and from which they could draw according to their needs without coercive or restrictive power. Planning sessions are in prospect.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE

During 1962-1963, the Committee on Medical Education for National Defense (MEND) continued its cooperative work with the Department of Defense in conducting in each medical school the program of medical education for the handling of medical problems that would arise in a national emergency. There has

been progress in the education of faculty in the medical care of mass casualties, including thermal and radiation injury as well as special medical problems encountered by the Armed Forces. The coordination of the teaching of this information has been carried out by symposia, regional and national meetings of MEND coordinators from each medical school, and selected faculty.

The MEND program for medical students has been conducted in each medical school with the objective of preparing each graduating student to render emergency medical care as it may be required in an aid station receiving large numbers of casualties.

In addition to the medical student program initial steps have been taken to educate house officers in the roles they may have to assume in a surgical hospital receiving mass casualties. This work involves a special program on mass casualties given each year at Fort Sam Houston, Texas, by the U. S. Army Medical Department for the chief residents in medicine and surgery selected for the coming year at all the medical schools' teaching hospitals. These residents are then used in the indoctrination of house officers in their hospitals and in the teaching of medical students in the care of mass casualties.

The program for the education of faculty and indoctrination of residents is covered in more detail in the abstracted report of the national MEND Coordinator for the Department of Defense, Dr. Bennett F. Avery, which concludes the Committee report.

MEND COMMITTEE ACTIVITIES FOR 1962-1963

Gaining Selective Service recognition of the national need to maintain the medical specialty education program.—Meetings have been held with General Lewis B. Hershey in Selective Service to obtain recognition of the need for deferring medical graduates in residency education programs because it is essential for national welfare to maintain the flow of physicians educated in the medical specialties that is required by national needs. These meetings resulted in Local Board Memorandum No. 77 from the National Headquarters of the Selective Service System issued on March 27, 1963, which states "consideration for deferment should be given each physician whose employment in the practice of medicine or whose activity in research, teaching, or study, including internship and residency, is found to be necessary to the maintenance of the national health, safety, or interests."

Obtaining call-up of physicians by the Department of Defense at the time of logical breaks in the education program.—Under the guidance of Dr. William R. Willard, Chairman of the Health Resources Advisory Committee, meetings have been held with officials of the Department of Defense and Selective Service to obtain a policy of calling up physicians at breakpoints in their education program, i.e., after internship and after the completion of residency training with maintenance of the right of every physician to volunteer for service whenever he may feel that it is appropriate. This policy has now been adopted by the Department of Defense. The Department has agreed to try to anticipate its needs sufficiently far in advance and to place requisitions for personnel with Selective Service early enough to permit planning by institutions and registrant physicians in making commitments for further residency education. Notification of anticipated call-ups

by Selective Service will probably occur during the fall of each year for those expected to enter service during the following summer.

Developing policies for the deferment of essential faculty by Selective Service.—The problem of deferment of essential faculty during a national emergency revolves around the definition of essential faculty. Some schools are more involved in the use of part-time faculty than others and there is a difference in the amount of teaching of graduate students and students of the auxiliary health professions in different schools. The Committee is attempting to formulate a broad definition that would allow the necessary latitude required by different schools.

Planning in conjunction with the U. S. Public Health Service for continuing medical education during a national emergency involving nuclear war.—With the delegation to the USPHS of responsibility for maintaining medical education and research during a major national emergency, it has become important to determine the thinking of the USPHS and its tentative plans. Accordingly, this information was requested and received June 4, 1963 from Dr. G. P. Ferrazzano, Chief of the Division of Health Mobilization, U. S. Public Health Service.

At the meeting of the MEND Committee in Atlantic City, New Jersey on June 16, 1963, Dr. Ferrazzano's statement of the plans of the USPHS was discussed and it was decided that there was considerable disagreement with the plans as outlined in his statement and that the MEND Committee would work with the USPHS to resolve these differences. The MEND Committee is soliciting the thoughts of the individual schools on the plans presented by Dr. Ferrazzano.

Defining the role of the medical schools and their teaching hospitals in the Shelter Program of Civil Defense.—The designation of medical schools and their teaching hospitals as fall-out shelters by Civil Defense is believed to be unrealistic by the MEND Committee. It is felt that these resources must be reserved and maintained to receive casualties suffering from severe trauma and that this should take precedence over fall-out needs. This situation is being further discussed with the Department of Defense. In a number of areas the local Civil Defense organization has removed their designations of the medical schools' hospitals and the medical schools as fall-out shelters. These installations are being equipped by Civil Defense to handle casualties and the personnel needed for their care.

REPORT OF THE NATIONAL COORDINATOR

Progress of the MEND Program.—The National Coordinator, Capt. Avery, has been pleased by the program's progress in the past year, especially in a number of schools that previously had had relatively little activity. Regional meetings of MEND coordinators had been held in the Virginia-West Virginia-North Carolina region, in the New England states, and in the Far West and Rocky Mountain states.

Four MEND symposia were conducted in 1962-63: "Environmental Health Hazards in Relation to Disaster," the Robert A. Taft Sanitary Engineering Center, USPHS, Cincinnati, Ohio; "Infectious Disease in Biological Warfare and Global Medicine," Walter Reed Army Institute of Research, Washington, D.C.; "Medical Problems of Missiles and Space Flight," Cape Canaveral, Florida; and "Radiological Defense and the Treatment of Radiation Injury," National Naval

Medical Center, Bethesda, Maryland. An average of 110 faculty members attended each symposium.

The courses in the management of mass casualties, conducted by the Army, were attended by 142 residents and 69 faculty members during the year. The USPHS courses in defense against chemical and biological warfare drew 24 faculty members, and a variety of other courses were attended by 42 faculty members under MEND sponsorship. The annual Orientation Tour was taken by 35 faculty members, among them six deans. The Coordinators' Conference, held in Puerto Rico, was well received.

Many letters praised the Orientation Tour, excellent reports were received indicating value in the Coordinators' Conference, and the faculty attendance at MEND-sponsored events has been pleasing.

For 1963-1964, four symposia were being planned with the following tentative titles and dates:

"Organizing Emergency Medical Services," October 17-18, 1963, to be conducted by the U. S. Public Health Service in Dallas, Texas.

"Medical Effects of Nuclear Energy," November 4-6, 1963, to be conducted by the Defense Atomic Support Agency in Albuquerque, New Mexico.

"Medical Aspects of Tropical Operations," February 10-12, 1964, to be conducted jointly by the three services in the Panama Canal Zone.

"Submarine Medicine," May 11-12, 1964, to be conducted by the Navy in New London, Connecticut.

The Coordinators' Conference was tentatively scheduled for January 16-17, in Pensacola, Florida. The 1964 Orientation Tour would probably be held on March 12-17. Two courses in the management of mass casualties, especially for residents in the MEND-affiliated medical schools, would be given on April 6-8 and May 18-22, 1964.

Capt. Avery visited Dean Reginald Fitz of the University of New Mexico School of Medicine, which is to accept its first class in the Fall of 1964. The California College of Medicine had applied for affiliation with the MEND program, and the Federal MEND Council had approved the affiliation beginning with the fiscal year 1964. Deans were asked to accept CCM in the Program and offered no objection.

Support by the Federal agencies for 1963-64.—An increase of about 20 per cent to a total of \$924,000, had been requested for the MEND budget for fiscal year 1964. The Comptroller of the Department of Defense had also been asked to have MEND centrally funded by DOD rather than by the individual services, but no decision has yet been reached. The budgeted increase represented an added \$2,000 per school. The cost of conducting the symposia and courses is also borne by the services. Capt. Avery thought the new total represented an adequate level of support. It was observed that the increase was not large considering the Program's expansion to 88 schools; only 75 had been anticipated at the time of the original projection in 1955. The opinion was expressed that a few thousand dollars added to the salary of each Coordinator would make a great difference in the Program. It was felt that the need persists to orient and educate new faculty members in the concepts of MEND; in view of this need, the amounts requested were considered far from extravagant.

REPORT OF THE COMMITTEE ON
MEDICAL SCHOOL-AFFILIATED HOSPITAL RELATIONSHIPS

GEORGE N. AAGAARD

The Committee on Medical School-Affiliated Hospital Relationships met on February 3 and June 26 and 27, 1963. The first meeting was attended by all members of the Committee; at the second meeting only one member was unable to be present.

Internships at University Hospitals and Primary Affiliated Hospitals.—The general subject of internships at hospitals closely affiliated with medical schools was discussed. The Saunders Report on internships was reviewed by members of the Committee. It was unanimously recommended that a summary of the major recommendations of the Report be re-issued together with any supplemental recommendations which might be required to bring the original recommendations up to date. Accordingly, a subcommittee was appointed to carry out this recommendation.

The Appointment of Graduates of Foreign Medical Schools to University Hospitals and University Affiliated Hospitals.—It was recommended that a subcommittee be appointed to work with the Task Force of the National Intern Matching Program to recommend the role which the AAMC and its member institutions might play in reference to the internship and residency training of the graduates of foreign medical schools. It is hoped that the subcommittee might draw up a statement of university and medical school responsibility and obligation which might later be presented to the membership of the AAMC. A subcommittee has been appointed to work on this recommendation.

Financing of Intern and Resident Education at University Hospitals and Primary Affiliated Hospitals.—It was recommended that a subcommittee be appointed to consider the following problems, and, where appropriate, to gather information or make recommendations concerning them:

1. Stipend levels for interns and residents at university affiliated hospitals.
2. Mechanisms of raising funds for the support of internship and residency education. Possibilities should include local, state, and federal support; earned income from professional activities; and endowment income.
3. The gathering of information on current sources of support of internship and residency education in university affiliated hospitals.
4. A review of the AAMC statement on medical care plans.

Recommendations of the Executive Committee of the Teaching Hospital Section.—The following recommendations from the Executive Committee of the Teaching Hospital Section were considered by this Committee and were approved and are now forwarded to the Executive Council of the Association for consideration and action:

The Committee on Medical School-Affiliated Hospital Relationships should be provided with a full-time staff—a person who would include in his duties research that would cover the field of overlapping interests between universities and affiliated teaching hospitals, staff service for the development of the Teaching Hospital Section and the AAMC Committee on Medical School-Affiliated Hospital Relationships, the development and maintenance of a modest newsletter for the Teaching Hospital Section, and

the arrangement of the publication of selected papers presented at the Annual Meeting of the Section.

A change in the structure of the AAMC should be accomplished so that affiliated teaching hospitals may be eligible for some type of associate institutional membership. Those hospitals which would be eligible for such membership would be designated by the dean of the medical school, would pay appropriate associate institutional membership dues, and would designate the representative which that hospital would have to the Teaching Hospital Section.

The AAMC should make provisions for reviewing the relationships, activities, and objectives of the Committee on Medical School-Affiliated Hospital Relationships and the Teaching Hospital Section, with the purpose of clarification and simplification.

REPORT OF THE COMMITTEE ON MEDICAL SCHOOL-VETERANS ADMINISTRATION RELATIONSHIPS

GRANVILLE A. BENNETT

Reference was made in the last Annual Report of the Committee on Medical School-Veterans Administration Relationship (*J. Med. Educ.*, 38:441, 442, 1963) to the reported difficulties medical schools have experienced recently in achieving staffing patterns in the affiliated Veterans Administration Hospitals which are deemed essential to meet educational, research, and patient care needs.

To gain information on the depth and breadth of these problems, the Committee recommended to the Executive Council that a questionnaire be authorized. Subsequently, authorization was granted and the Committee met in Chicago on the occasion of the Congress on Medical Education and Licensure to formulate the instrument. The questionnaire, after review by numerous individuals and consultant groups, was released in July, 1963.

The Committee has maintained contact with administrative personnel of the Veterans Administration during the year covered by this report. It appears likely that opportunities for consultation between medical school and Veterans Administration personnel at local, regional, and national levels will be expanded. Certainly, there is wide recognition of the need for and value of close cooperation between the medical schools of the nation and the Veterans Administration Hospitals in education and training, research, and patient care.

REPORT OF THE COMMITTEE ON STUDENT AFFAIRS

JOHN L. CAUGHEY, JR.

The AAMC standing Committee on Student Affairs in 1962-1963 progressed from newborn to yearling status, and maintained activity in each of its special functions: assisting the AAMC central office staff in areas related to student affairs, and providing executive leadership for the AAMC Continuing Group on Student Affairs (CGSA). The Committee held meetings in Los Angeles on October 27, 1962 and in Chicago on February 2, 1963.

Under the direction of Dr. Paul J. Sanazaro, the AAMC Division of Education has been defining its program and adding necessary personnel. There is reason to believe that an excellent foundation is being laid upon which productive work in the area of Student Affairs can be built. A major current activity is the

study being conducted by Dr. Davis G. Johnson on factors related to medical student dropouts. As rapidly as resources permit, recent studies of the clinical externship will be extended. Currently, the Committee on Student Affairs is also assisting the AAMC Division of International Medical Education, under Dr. Henry van Zile Hyde's direction, in a study of the problems of foreign students enrolled in U. S. medical schools as candidates for the M.D. degree.

The CGSA, the organization of which was described in the January, 1963 issue of *The Journal of Medical Education*, has continued to provide opportunity for student affairs officers from each medical school to come together for discussion of common problems. Almost every medical school in the United States was represented at one or more of the five regional meetings during 1963. Topics of special interest have been: proposed changes in the AAMC Recommended Acceptance Procedures; modification of the rules about confidentiality of MCAT scores; and restudy of the current patterns of AAMC collection and reporting of data about applicants and students.

Much of CGSA's work is carried out by its committees. The Committee on Financial Problems of Medical Students (Dr. Joseph Ceithaml, Chicago, Chairman) has continued its collection of data. Its report on student loan funds was published in *The Journal of Medical Education* in May 1963. The Committee on Research (Dr. Woodrow W. Morris, Iowa, Chairman) has worked closely with the AAMC central office on studies related to student affairs. One of its goals is to assist individual CGSA members or other faculty persons in the medical schools to develop plans for research on student problems and to help arrange for cooperative studies in more than one school when such an undertaking would be productive of more significant results than could be obtained in one school. The Committee on Relations with High Schools and Colleges (Dr. James R. Schofield, Baylor, Chairman) during the year received assurance of necessary financial support and is now developing its program. Initial emphasis is being placed upon regular and effective communication between the AAMC and the pre-medical college advisors who deal directly with students when they are making decisions for or against medicine as a career. The Committee on Student Aspects of International Medical Education (Dr. Thomas J. Brooks, Jr., Mississippi, Chairman) has not been active because of the absence of its Chairman from the country and because its role, in relation to the AAMC Division of International Medical Education and the AAMC Committee on International Relations in Medical Education, has not been defined. However, the current Foreign Student Study is in progress and should produce helpful data about foreign students enrolled as candidates for the M.D. degree in U. S. medical schools. There is strong sentiment among CGSA members that the Committee should prepare materials the medical schools may use in dealing with the many inquiries they receive from foreign students about possible admission to medical school.

REPORT OF THE COMMITTEE ON THE STUDY OF NEW DRUGS

WILLIAM M. M. KIRBY

The Committee on the Study of New Drugs met in Chicago on January 7, 1963 and discussed in detail the new drug regulations, which had just then been issued. Although it was too early to take any action, the Committee adopted

four resolutions which were transmitted, together with the minutes of that meeting, to the Executive Council for appropriate action.

With the help of Dr. Ward Darley and the AAMC staff, the Chairman sent out a questionnaire. Twenty-five copies were sent to the dean of each medical school and by June 20, 640 replies had been received from 75 medical schools. The answers formed the basis for an address by the Chairman "How the FDA Regulations Affect the Clinical Investigator" which was presented at a conference of scientific and professional societies, sponsored by the Commission on Drug Safety, in Chicago on June 28. This address will appear in the Proceedings of the Conference and will also be given in a modified form, but including results of the questionnaire, at the 1963 Annual Meeting of the AAMC.

The Committee Chairman felt that no further meetings were indicated until about April, 1964 because the new regulations took final effect on June 7, 1963, and a period seemed indicated in which to observe regulations in actual practice. The Chairman plans to keep in close touch with negotiations with the FDA by various agencies so as to be aware of areas where Committee action might be warranted.

REPORT OF THE NOMINATING COMMITTEE

MARK EVERETT

On the basis of nominations by 50 of the institutional members, the Nominating Committee submitted the following slate:

President-Elect: George A. Wolf, Jr., Tufts University

Vice-President: Robert H. Alway, Stanford University

Executive Council: George T. Harrell, University of Florida (Re-appointment);
John Parks, George Washington University

Dr. Robert Moore moved that the nominations be closed and the slate be accepted. This motion was duly seconded and approved by a unanimous vote.

APPROVAL OF REPORTS

Dr. Deitrick: This concludes the reports of all the Officers, Staff and Committees. I would like a motion of approval for all the reports. The motion was seconded and passed unanimously.

Dr. Sherman Mellinkoff, Dean of the University of California (Los Angeles) School of Medicine, moved the adoption of the following resolution:

WHEREAS: Excellence in research and education are inseparable, as pointed out in a Report of the President's Science Advisory Committee, November 15, 1960; and

WHEREAS, The growth of project research in the medical sciences, while itself of enormous value, threatens to distort and overgrow equally important academic functions which cannot legally be called "research," as described in "Harvard and the Federal Government" (September, 1961);

THEREFORE BE IT RESOLVED, That the Association of American Medical Colleges urgently and strongly recommends that the National Institutes of Health be authorized to award grants to the American medical schools similar to the General Research Support Grants, but on a scale providing several

times as much money and intended for both education and research instead of research alone.

BE IT FURTHER RESOLVED, That the appropriate and useful expenditure of these funds be monitored by a Research and Education Council of the National Institutes of Health with representation from the Association of American Medical Colleges.

The motion was not seconded.

Dr. Hubbard pointed out that the intent of the resolution was contained in the Position Paper adopted by the Institutional Membership January 11, 1961 and moved that the resolution be referred to the Executive Council for study.

The motion was seconded and carried.

PRESIDENT BERSON'S ACCEPTANCE MESSAGE

There being no further business, President Deitrick turned the gavel over to President-Elect Robert Berson, who stated:

In one way I am glad there is such a turnover of deans because it makes me brave enough to use a phrase that George Aagaard used not really very long ago when he said "I am burdened by this honor."

I really have only two or three things to say. One is, to go back to the National Fund business for just a moment, that I have been working in state supported medical schools for some time now.

I know from that experience and other observations that the support of the National Fund has been of enormous importance to a great many of our institutions and a lot of our institutions have not really done very much either in maintaining the feedback of information and assurance to the corporations and the members on the Board or in any other way to assure the continuation of this effort.

A great deal of the burden for keeping the National Fund going has fallen on a very small number of men, supported strongly by the representatives of a few medical schools.

If this is really going to continue and really going to be as strong an element in the lives of our institutions as it has been, I think all of our institutions are going to have to give it close attention and intelligent support.

The second thing I want to mention is that in undertaking the responsibility of the President's office, I don't know how well I can do the job; but I can assure you that it is my intention to give it as much time and effort as it requires.

A long time ago, it got through to me that if you are not as smart as some of the people who have preceded you, like John, the way to make up for it is to get there early and stay late; and I intend to make that effort.

The meeting adjourned at 4:05 P.M.

Second Annual Conference on Research in Medical Education

Sheraton-Chicago Hotel

Chicago, Illinois

October 30, 1963

The Second Annual Conference on Research in Medical Education was held at the Sheraton-Chicago Hotel in Chicago on October 30, 1963 following the Seventy-Fourth Annual Meeting of the Association.

Serving on the Program Committee for the Second Conference were John R. Ginther, Ph.D., Department of Education, University of Chicago; Thomas Hale Ham, M.D. (Chairman), School of Medicine, Western Reserve University; Winslow R. Hatch, Ph.D., Office of Education, Department of Health, Education, and Welfare; Milton J. Horowitz, Ph.D., Psychology, School of Medicine, Western Reserve University; George E. Miller, M.D., College of Medicine, University of Illinois; George G. Reader, M.D., Cornell University Medical College; Edwin F. Rosinski, Ed.D., Medical College of Virginia; Paul J. Sanazaro, M.D. (Secretary), Director, AAMC Division of Education.

The Conference convened at 9 A.M. and the following presentations were made: "Comparison of Learning Attitudes," Grant O. Graves, M.D., Ohio State University College of Medicine; "Seminar Versus Lecture and Prediction of Performance by Medical Students," Martin G. Netsky, M.D., Frank W. Banghart, Ph.D., and Jack D. Hain, Ph.D., University of Virginia School of Medicine; "Auscultatory Skill: Gain and Retention after Intensive Instruction," Christine McGuire, M.A., University of Illinois College of Medicine; Richard E. Hurley, M.D., American Heart Association; David Babbott, M.D., University of Illinois College of Medicine, and J. Scott Butterworth, M.D., New York University School of Medicine; "A Lecture Response Device. A Preliminary Report on a Key Aspect of a Coordinated Teaching Program in Anatomy," C. F. Bridgman, Ph.D., University of California, Los Angeles and University of Kansas School of Medicine.

The morning session concluded with an address "Experimental Studies in Problem Solving" by Nicholas A. Fattu, Ph.D., Professor of Educational Psychology and Director, Institute for Educational Research, Indiana University.

The afternoon program began at 1:30 P.M. and included the following presentations: "A Supervised Psychotherapy Course for Practicing Physicians," Allen J. Enelow, M.D., Leta McKinney Adler, Ph.D., and Phil R. Manning, M.D., University of Southern California School of Medicine; "Observations of Undergraduate Clinical Teaching in Action," Franz Reichsman, M.D., Francis E. Browning, M.D., and J. Raymond Hinshaw, M.D., University of Rochester School of Medicine and Dentistry; "A Naturalistic Study of Teaching in a Clinical Clerkship," W. R. Adams, M.D., T. H. Ham, M.D., B. H. Mawardi, Ph.D., H. A. Scali, M.D., and R. Weisman, Jr., M.D., Western Reserve University School of Medicine;

"Personality Factors Influencing Medical School Achievement," Helen R. Beiser, M.D., and Jerome S. Allender, Ph.D., University of Illinois College of Medicine; "A Study of Biographical and Other Measures of Preparation for Self-Education in Medical Students," Milton J. Horowitz, Ph.D., and Phoebe Williams, Ph.D., Western Reserve University School of Medicine; "A Factor-Analytic Study of Various Criteria of Medical Student Accomplishment," Charles F. Schumacher, Ph.D., Director of Testing, National Board of Medical Examiners; "Faculty and Student Perceptions of Medical Roles," Maurice Korman, Ph.D., and Robert L. Stubblefield, M.D., University of Texas Southwestern Medical School. The program concluded with "Measurement of Physicians' Performance" by Philip B. Price, M.D., James M. Richards, Jr., Calvin W. Taylor, and Tony L. Jacobsen, University of Utah College of Medicine.

Abstracts submitted for the Conference appeared in the September, 1963 issue of *The Journal of Medical Education*; papers which were presented have been scheduled for publication in the February, 1964 issue of *The Journal*.

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