

# Association of American Medical Colleges

## Proceedings for 1964

Meeting of the Institutional Membership  
February 8, 1964

Third Annual Conference on Continuation Education  
October 16-17, 1964

Eighth Annual Meeting of the Group on Student Affairs  
October 17, 1964

Seventh Annual Meeting of the Medical School-Teaching Hospital Section  
October 17-18, 1964

First Annual Conference on International Medical Education  
October 18, 1964

Meeting of Deans and Representatives of Government  
October 18, 1964

The Seventy-Fifth Annual Meeting  
October 19-20, 1964

The Seventy-Fifth Annual Business Meeting  
October 20, 1964

Third Annual Conference on Research in Medical Education  
October 21, 1964

Second Institute on Administration: Medical School-Teaching  
Hospital Relations  
December 6-9, 1964

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

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# Association of American Medical Colleges

## Proceedings for 1964

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Vol. 40, No. 6, June, 1965

# Officers of the Association and Members of the Executive Council, 1963-64

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- Editor* .....JOHN A. D. COOPER

# Meeting of the Institutional Membership

Palmer House  
Chicago, Illinois  
February 8, 1964

Presiding: ROBERT C. BERSON, President

The meeting of the Institutional Membership was called to order at 2:05 P.M. in the Palmer House, Chicago, Illinois, by Dr. Robert C. Berson, President.

The meeting opened with a report by Dr. Berson on the activities of the Executive Council. At its meeting on January 17, the Council discussed at length the future organizational pattern of the AAMC and decided to ask the Chairman to appoint a special committee to carry out the following assignment: (a) to study and make recommendations regarding future objectives, structure, and functions of the Association of American Medical Colleges; and (b) to make recommendations for a successor to the present Executive Director. Dr. Berson reported that Dr. Lowell T. Coggeshall had agreed to be Chairman of this special committee.

At its meeting on February 7, the Executive Council considered a proposal that had been drawn up by the Committee on International Relations in Medical Education for an evaluation of the programs in medical education that the Agency for International Development and its predecessors had sponsored. It was anticipated that there would be some changes in the proposal, but it was hoped that it would soon result in a contract and that the proposed study could get under way.

As a third informational item, Dr. Berson reported that the financing of Public Law 88-129 had not yet been approved by Congress. The Executive Council had asked the Committee on Federal Health Programs to present a statement to the Congressional Committee, and Dr. Berson suggested that the Institutional Members lend their support.

At this point, Dr. Richard H. Young, Secretary, called the roll and announced that a quorum of Institutional Members was present.

Unanimous approval was given to a motion that the Institutional Members go on record as strongly supporting early action on the supplemental bill to provide financing for Public Law 88-129 for the present fiscal year.

## BYLAWS

A change in the Bylaws to increase the annual dues for Affiliate Institutional Members from \$250 to \$500 a year was approved.

Dr. Ward Darley, the Executive Director, pointed out that when the Bylaws of the Association were revised early in the 1950's, the provision authorizing Graduate Schools of Medicine to hold membership in the Association was deleted. Despite this fact, the Mayo Foundation Graduate School of the University of

Minnesota has been continued as an Institutional Member, and recently the University of Pennsylvania Graduate School of Medicine has applied for admission. The Executive Council proposed an amendment to the Bylaws reading as follows:

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

There was considerable discussion of this motion. Dr. Stanley Dorst reported that he and Dr. William Maloney had visited both schools, had found the educational programs excellent and recommended that the Mayo Foundation be continued as a Member of the Association and that the Graduate School of Medicine of the University of Pennsylvania be readmitted as a Member. After a lengthy discussion, the amendment of the Bylaws was approved with 3 negative votes and 5 abstentions.

Another amendment of the Bylaws establishing dues for Graduate Affiliate Institutional Members at \$1,000 a year was approved.

On the recommendation of the Executive Council, the Mayo Foundation Graduate School of the University of Minnesota and the University of Pennsylvania Graduate School of Medicine were both admitted as Graduate Affiliate Institutional Members of the Association of American Medical Colleges.

#### ANIMAL CARE

Dr. Darley reported on legislation pertaining to the care of laboratory animals. He stated that the National Society for Medical Research had prepared a piece of legislation that might be proposed when, as, and if it was considered advisable in order to forestall the passage of overly restrictive legislation. A motion was passed authorizing the Association's representatives to the National Society to support this strategy if and when it seemed desirable.

Dr. Darley reported that the Animal Care Panel, which had previously prepared an excellent guide for the use of laboratory animals, was working hard on accreditation procedures for animal facilities. It was felt that the development of such accreditation procedures would go far toward convincing members of Congress and others that the users of laboratory animals were able to get their houses in order, and that outside regulation was not necessary. On the strong recommendation of the Executive Council, the Institutional Members endorsed this development.

#### A TRIBUTE

The final item of business was the following resolution on the death of the late President Kennedy:

With a deep sense of sorrow, the Association of American Medical Colleges takes occasion to pay tribute to the memory of the late President John Fitzgerald Kennedy. He possessed a profound respect for the finest traditions of education and of medicine.

He was sensitive to the enviable place that American medicine occupies throughout the world.

He understood the need for the intensification of the education of physicians in times of rapid scientific progress.

He saw the threatening cloud of physician shortages impending from the increasing need of expanding populations.

He was aware of the hardships faced by students embarking upon the long road to medicine, and he acted. One month and two days before his tragic death, in signing into law the "Health Professions Educational Assistance Act of 1963," he brought to a fitting climax an effort in which he had himself engaged with great vision to assure the continuing advancement of medical education throughout the United States.

The Association of American Medical Colleges extends its deep sympathy to the widow and the family of the late President Kennedy with this expression of its recognition of his great personal contribution to the progress of medical education.

On the recommendation of the Executive Council the resolution was approved by a standing vote.

The meeting adjourned at 3:35 P.M.

# Third Annual Conference on Continuation Education

The Denver Hilton Hotel

Denver, Colorado

October 16-17, 1964

The Conference on Continuation Education was held in Denver on Friday, October 16, 1964, and a Joint Conference on Continuation Education and Medical Communication was held on Saturday, October 17. At the first session Dr. C. Wesley Eisele, University of Colorado, was Chairman and opened the meeting with a brief introduction.

Dr. Herman K. Hellerstein, Western Reserve University, presented a paper on "The Present Status of the Core Curriculum Concept," and Dr. Edward C. Rosenow, Jr., American College of Physicians, discussed "The Present Status of the AMA Accreditation of Continuing Medical Education." Mr. E. M. Williams, Carnegie Institute of Technology, presented a paper on "Professional Obsolescence in Engineering—The Problem and Some Criteria for Solution." The morning meeting ended with a discussion by all 4 of the speakers.

The afternoon meeting opened with a discussion of examinations as devices for evaluation by Dr. Fred MacD. Richardson, University of Pennsylvania. Dr. Frank M. Woolsey, Jr., Albany Medical College, presented a paper on "A New Method of Teaching and Evaluating the Teaching in Continuing Education." Dr. Vergil N. Slee, Southwestern Michigan Hospital Council, Dr. Robert R. Cadmus, University of North Carolina, and Dr. Kenneth J. Williams, St. Joseph's Hospital, Hamilton, Ontario, discussed ways in which the medical audit could be used for continuing education. A paper on "Programmed Instruction in Postgraduate Medical Education" was presented by Dr. Hilliard Jason, University of Rochester, Dr. Preston Lea Wilds, Medical College of Georgia, and Dr. Jerome P. Lysaught, University of Rochester.

At the Plenary Session on Saturday morning Dr. David S. Ruhe, Chairman of the Committee on Medical Communication, AAMC, served as Chairman and opened with a brief presentation of "Modern Concepts and Recent Progress in Medical Communication." This was followed by a paper by Dr. Jesse D. Rising, University of Kansas, on "Postgraduate Instruction by Teaching Circuit Programs," presenting the results of twenty years' experience. Further discussion of programmed instruction was presented by Dr. Lysaught, Dr. Marion M. Brooke, Public Health Service, and Mr. Francis Mechner, Basic Systems Incorporated, New York City. Drs. Woolsey and Richardson, Dr. William P. Nelson, Albany Medical College, and Dr. William G. Pace, Ohio State University, presented a discussion of "Two-Way Radio in Postgraduate Instruction."

The Saturday afternoon Plenary Session was devoted to television and postgraduate instruction. Dr. Joseph E. Markee, Duke University, served as Chairman. Experience with the use of television in different parts of the country was presented by Dr. C. Hilmon Castle, University of Utah, Dr. Frank Z.



Warren, The Fairview Hospital, Chicago, Dr. Irving R. Merrill, University of California, San Francisco, Dr. Dale Groom, Medical College of South Carolina, Dr. Aims C. McGuinness, New York Academy of Medicine, and Dr. Campbell Moses, University of Pittsburgh. A paper on "A Video Tape Bank for Postgraduate Education" was presented by Drs. Castle, Groom, McGuinness, and Dr. Max Michael, Jr., University of Florida. Dr. Markee and Dr. Sam A. Agnello, Duke University, discussed "A Medical Video Tape Library for Postgraduate Education." The afternoon session concluded with a discussion by the various speakers.

Two workshops were held simultaneously with the Plenary Session on Saturday morning. Three topics were discussed at each workshop and in some cases sessions were repeated in the afternoon. The following 6 topics were discussed:

1. "Ophthalmology Refresher. The Neuro-Ophthalmologic Examination in Physical Diagnosis," headed by Dr. Larry L. Calkins, University of Kansas.
2. "Evaluation of Teaching in Postgraduate Education. Recent Experience with Examinations and Newer Methods of Appraisal," led by Drs. Woolsey, Richardson, and Pace.
3. "Neuroanatomy Review. Intensive Student Learning and Participational Methods via Television Demonstration, Analytic Motion Pictures, and Classroom Response Analyzer," led by Drs. Howard A. Matzke, University of Kansas, Charles F. Bridgman, University of California, Los Angeles, and Robert H. Geertsma, University of Kansas.
4. "Programmed Instruction—Concepts and a Program in Laboratory Pharmacology," led by Dr. Jason, Dr. Theodore C. West, University of Washington School of Medicine, and Dr. William T. Stickley, University of Washington College of Education.
5. "The Medical Audit—A Method of Continuing Education," led by Drs. Slee, Cadmus, and Williams.
6. "Programmed Instruction—Basic Concepts and Team Programming," led by Dr. Lysaught and Mr. Leon Summit, Editor of *Spectrum*, Pfizer Laboratories.

# Eighth Annual Meeting of the Group on Student Affairs\*

Denver Hilton Hotel

Denver, Colorado

October 17, 1964

The General Session was called to order at 9:30 A.M. by Dr. John L. Caughey, Jr., GSA National Chairman, with approximately 140 people signing the attendance roster. Dr. Caughey first outlined the background of the organization and indicated that its name had been changed during the year from the Continuing Group on Student Affairs to the AAMC Group on Student Affairs. He then welcomed the 6 foreign visitors and 4 premedical advisors. It was indicated that all official members of the Student Affairs Group were invited to attend the Executive Session to be held that afternoon but that there would be only 1 vote per medical school.

Dr. Paul J. Sanazaro, Director of the Division of Education, commented on major activities of his Division of special interest to the GSA. Relative to the Medical College Admission Test, he indicated that the MCAT Advisory Committee had produced a new MCAT handbook, that a consultant panel had been established for the science subtest, and that a panel would soon be appointed to consider the possibility of an experimental test in the social and behavioral sciences. Concerning past AAMC studies, he indicated that continued efforts were being made by his Division to summarize data from these studies for feedback to the individual medical schools. He then reviewed the role of his Division in working with the GSA Research Committee on the project of evaluating student performance.

## STUDENT STUDIES AND SERVICES

Dr. Johnson reported on some of the major activities of the Office of Student Studies and Services. He summarized the results of the Advanced Placement Surveys of the Medical Schools and the State Medical Boards and indicated that these formed the basis for the recommendations concerning Advanced Placement that would be presented at the Executive Session. A study of AAMC Reports to Undergraduate Colleges was also described with the indication that this 100-college survey formed the basis for the recommendations on the reporting of student performance to undergraduate colleges that would be presented to the Executive Session.

Relative to staff work on Student Affairs, Dr. Johnson indicated that on the basis of attending all regional meetings and all committee meetings, he was impressed with the vast amount of work that was being done by a small number of individuals and suggested that perhaps the time had come for developing GSA

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

bylaws that would provide for more rotation of office and for more division of labor.

The great difference between the various regional group meetings was noted and it was suggested that an ideal combination of the best points of each could include the meetings, being held in an informal location, lasting from one and one-half to two days, and near enough to a medical school so it could be visited if desired; the agenda should include more than just required GSA business; premedical advisors might well be invited to all or part of the meetings; and the minutes of these meetings should be kept by a GSA member rather than by a medical school secretary.

#### BASIC RESEARCH

Dr. Edwin B. Hutchins reported on the Office of Basic Research and summarized the highlights of his five years of experience with the Association. He indicated that some of his major projects were those related to career choice, the rating of clinical performance, research on the Medical College Admission Test, the development of a career attitudes questionnaire and medical school environment inventory, follow-up on the longitudinal study, work with the GSA Research Committee, service as co-investigator of the Attrition Study, and participation in a Conference on Teaching and Learning at Stanford this past summer. He also introduced Dr. William Sedlacek who is scheduled to join the Division of Education with particular responsibilities in the Office of Basic Research as of November 1, 1964.

#### ADMISSIONS

Miss E. Shepley Nourse, Editorial Coordinator for *Admission Requirements of American Medical Colleges*, reported on the Admission Requirements Book. She indicated a rising distribution of the book to almost 13,000 for the 1963-1964 edition and also reported a substantial number of reprint orders. In addition she noted the large volume of inquiries handled by her office, making particular mention of the increase in communications relative to financial aid. Finally, she reminded the Group that February 19 was the deadline to submit Admission Book copy; publication is scheduled for July 1. The question of the rise in price from \$3.00 to \$4.00 per copy was mentioned from the floor; Miss Nourse indicated that if there were any evidence that this was affecting sales or the dissemination of information, the matter would be reconsidered.

Dr. Wimburn Wallace, The Psychological Corporation, was invited to report on the number of students expected to take the MCAT during 1964. He indicated that 9,193 students had taken the test on April 25, 1964, and that an estimated 9,600 (actually 9,770) were taking the test on October 17, 1964, for an estimated total of 18,800 students (actual total—18,963). He also indicated that the fall group ordinarily does less well than the spring group, and he said an effort would be made to send the scores to the first 6 schools requested by the students by the end of October and the extra reports by the first week or ten days of November.

#### DEFERMENT

Rear Admiral William N. New, M.D., Department of Defense, brought the group up to date on the Berry plan for the deferment of interns and residents. He indicated that of 3,330 applicants for deferment, a total of 2,023 had been

approved. He also indicated that there were shortages in some specialty fields and that his office had authorization to fill these through November, 1964.

#### TESTING CENTERS ABROAD

Dr. John Hubbard, National Board of Medical Examiners, indicated that foreign students applying for transfer could take the National Board exams in foreign centers if the request originated from the medical school. He said that through the Educational Council for Foreign Medical Graduates (ECFMG), it was possible to arrange for this testing at a large number of centers abroad.

#### HEALTH PROFESSIONS STUDENT LOAN PROGRAM

*Survey Results.*—Dr. Joseph W. Ceithaml, Chairman of the GSA Subcommittee on Student Financing, reported briefly on the GSA Survey of Nonrefundable Grants and indicated that further details would be given in the Executive Session. He also gave a brief report of the Public Health Service-AAMC Survey of Medical School Financing and indicated that over 23,000 of the students enrolled during 1963-1964 (approximately 75 per cent of the total enrollment) had returned questionnaires. The findings indicated that a disproportionate percentage of medical students come from high-income families and that there is substantial need for additional aid, particularly to maintain a competitive position with today's Ph.D. programs. He noted that a detailed report of this survey would be given at the AAMC General Session.

*Delay in Fund Distribution.*—Dr. Ceithaml then introduced Dr. James Lovett, Director of the Health Professions Student Loan Program, who outlined the history of the program and explained the delays in distributing the funds to the medical schools. He indicated that by the end of October the funds should be in the hands of the medical schools and requested that the schools inform the Public Health Service when they receive the checks. He indicated that the \$10,200,000 appropriated for fiscal 1965 compared with requests from the schools for \$19,700,000. He reminded the group, however, that this \$10.2 million was more than two and one-half times greater than previous NDEA loans made in any one year to these same schools, prior to the enactment of the Health Professions Assistance Act of 1963. He indicated that all eligible medical schools but 1, will participate and that approximately \$6.5 million of the \$10.2 million was being allocated to the medical schools. He further noted that of the grand total of 142 eligible schools of medicine, dentistry, and osteopathy, 139 will participate in the program. The total number of students represented is 47,006. Of the maximum of \$10.2 million, \$9.8 million is being allocated now, with the rest being withheld for the 10 optometry schools that have recently been added under the Act. Attempts will be made to obtain a supplementary appropriation to compensate for this, but the outcome looks doubtful. It is currently planned to send new application forms to the schools in the early spring, to announce tentative allocations shortly thereafter and to supply the funds by the end of July or August since the federal fiscal year does not start until July 1.

In reply to the question of extending the current legislation, Dr. Lovett indicated that the Public Health Service planned to evaluate the program and to justify its continuation if possible. He noted the need for cooperation from GSA to help in such evaluation and justification. He also reminded the Group

that additional loans could be made to students who had previously borrowed money under the Act. The extension period is three extra years. In closing, he noted that \$15.4 million was authorized for the 1966 fiscal year, which would mean a 50 per cent increase over the current year's allocation.

#### TRANSFER STUDENT MATCHING PROGRAM

Dr. Philip Nice, Associate Dean, Dartmouth Medical School, then reported the results of the Transfer Student Matching Program Pilot Study, indicating that it was similar to the National Internship Matching Program and that the majority of students at Dartmouth had been successfully matched to schools of their first or second choice. Reporting on a follow-up questionnaire to all participants, he noted that all students and all schools who replied were in favor of continuing the program except for 1 student who questioned whether it was worth the additional time, effort, and money. Most students felt that it was a fair system that allowed them to apply to more than 1 school and that it also reduced student anxiety because the results were announced at a common date. Some of the schools felt that the plan had increased their applications and their interviews. Dr. Nice invited the medical schools to visit Hanover to do future interviewing if so desired. Finally, he proposed that the plan be tried again this year with a possible shift in the timetable from a February 20th to a March 1st matching date. He felt that making the date any later would be unfair to the students because of their need to make summer plans.

#### STUDENT AMA

Mr. John Packer, President of the Student AMA, presented a paper on "The Role of a National Student Organization in Medical Education," following an indication by Dr. Caughey that the AAMC had recently received a request for the establishment of official liaison with the Student AMA. Mr. Packer indicated that his organization represented 19,000 students in 77 medical schools and that their objectives included the advancement of the study of medicine and the preparation for the profession of medicine. He noted that SAMA had been in existence fourteen years, originally under the auspices of the AMA, but since repaying its AMA loan in 1954, had been an independent organization. He then outlined various SAMA programs including the *New Physician*, the house of delegates, the committees, and so forth. He indicated the need for an advisory committee for each student AMA chapter and suggested the ideal arrangement would be the dean or his representative, 2 faculty members, a representative from the State Medical Society and 1 from the County Medical Society. In addition, he noted the need for advisory services to the National SAMA organization and indicated his hope that the AAMC would approve the establishment of some type of liaison to this end. Although he indicated his belief that SAMA should be run by students, he noted their need for the best possible information and guidance from appropriate advisory groups such as the AAMC.

#### MAKING OF A DOCTOR

The final item on the morning agenda was the showing of the new film *Making of a Doctor-Part I*, which had been produced at the University of Missouri Medical Center. Dr. William Mayer, Associate Dean at Missouri, introduced the film and indicated the part that his school had played in its production. The

general, informal reaction to the film as a possible recruiting and informational device seemed to be quite favorable and it was indicated that it could be obtained through the American Medical Association and several other channels.

The meeting was adjourned at approximately 12:40 P.M.

#### MCAT-SCIENCE SURVEY

The afternoon session was called to order at 2:07 P.M. and began with a presentation by Dr. Woodrow W. Morris, MCAT Science Survey, based on the MCAT Science Survey questionnaire plus tables showing some relationships between science courses and the MCAT science test. He indicated that this was a preliminary report based only on the students who took the test during April of 1964 and that the only analysis made was that of comparing high, middle, and low scoring students on the test across the various survey questions. He indicated that future study would include all of the students taking the test during 1964 and that a more complex analysis technique would be used.

#### ADMISSIONS BY COMPUTER

Dr. Schuyler G. Kohl, SUNY Downstate Medical Center, reported on "Machine Aids to Student Admission," giving credit to Dr. Joseph Hill, Vice-President for Administration and Mr. Stephan Segal, Computer Center Director, for much of the content of his presentation. He indicated that their recent entering class of 200 students had been admitted from some 2,200 applicants with the help of a 1620 computer.

Dr. Schuyler showed slides to indicate the type of data that was prepared for the Admissions Committee by means of the computer and reported that this approach had resulted in (a) more time being available for consideration of each applicant, (b) a closer check on admissions trends as opposed to vague impressions and hunches, and (c) better communication with the student as to the status of his application. He pointed out that no applicant was actually rejected unless the application had been seen personally by a member of the Committee, although some initial screening is done by clerical help. He indicated there had been no change in the size of their secretarial staff but that the computer staff was devoting some time to the project. One incidental finding was a study comparing the students' computations of their own averages with computations based on actual transcripts. When less than one-tenth of one per cent divergence was found, they shifted to using the students' computations for initial screening and to doing the more intensive computations only for students who actually were interviewed.

#### GROUP ON EDUCATIONAL AFFAIRS

Dr. Sanazaro then proposed the formation of a Group on Educational Affairs somewhat similar to the present Group on Student Affairs. He indicated that the focus of this group would be the student as a "learner" and would cover such topics as instruction, curriculum, and evaluation. A show of hands indicated that approximately one-third of the schools would probably appoint the GSA Representative to be the Educational Affairs Representative. On the other hand, in about two-thirds of the schools apparently some other individual would be appointed to this new group. The majority of those present indicated that they felt the proposal was worth further exploration.

## ROLL CALL

An official roll call of schools present was then held and of the U.S. schools with students, all but the following were represented: Albany, Beirut, Boston, Brown, Duke, Georgia, Loma Linda, Oklahoma, Oregon, South Carolina, South Dakota, Stanford, U.C.L.A., University of Virginia and Washington University at St. Louis. In addition, representatives were present from several developing U. S. schools without students and from several Canadian medical schools.

## RELATIONS WITH COLLEGES AND HIGH SCHOOLS

Dr. James Schofield reported for the Committee on Relations with Colleges and High Schools and for the Admission Book Advisory Committee. He indicated that the major projects of the former Committee had included: (a) revision of the Premedical Advisor Directory, (b) help in revising the Admission Requirements Book, (c) contact with publishers of college guides to include more information about the Group on Student Affairs, (d) initiation of a newsletter for premedical advisors, and (e) consultation with colleges concerning their pre-medical advisory programs. The latter Committee, as its name implies, helped revise the Admission Requirements Book under the editorial coordination of Miss Nourse.

## STUDENT FINANCIAL PROBLEMS

Dr. Joseph Ceithaml, reporting for the Committee on Financial Problems of Medical Students, indicated the concern that there might be a shortage of well-qualified applicants unless financial barriers were reduced. He indicated that information concerning sources of financial aid had been collected from approximately 100 agencies and that a booklet on this topic would hopefully be available within approximately six months. The rest of his report was devoted to a discussion of the highlights of his Committee's 35-page report on the "Availability in U. S. Medical Schools of Non-Refundable Grants for Medical Students." By means of school code numbers that had been distributed at the start of Executive Session, the school representatives were able to identify their own schools as the various tables in the report were discussed. Dr. Ceithaml indicated that the report would be submitted for publication in *The Journal of Medical Education*. One of the suggestions from the floor was that the loans guaranteed by the AMA should also be mentioned in the final report.

## STUDENT ASPECTS OF INTERNATIONAL MEDICAL EDUCATION

Dr. Thomas Brooks reported for the Committee on Student Aspects of International Medical Education. He indicated that the main project of the year had been the development of the statement for foreign applicants that has been incorporated in the 1964-1965 Admission Requirements Book. Future projects include the possible recommendation of a continued foreign student study and the possible collection of information concerning fellowship and exchange study programs both here and abroad.

## RESEARCH ON STUDENT AFFAIRS

Dr. Morris reported for the Committee on Research on Student Affairs and indicated that 4 meetings had been held during the year, 3 of them lasting one full day each. He noted that their major project for the year was a basic study of medical student evaluation and that the Committee had related this to

the specific problems referred to it by the GSA relative to reporting student performance to the AAMC, to undergraduate colleges and to hospitals. Finally he presented the recommendations of his committee to the GSA, relative to reporting student performance. After some discussion it was unanimously voted to approve as submitted the recommendations on reporting student performance. Briefly, these recommendations included the continued reporting of detailed performance to the AAMC, the reporting of general performance to the undergraduate colleges and the de-emphasis of precise reporting to hospitals.

#### COMMITTEE ON STUDENT AFFAIRS

*Bylaws Committee.*—Dr. Caughey, who reported for the Committee on Student Affairs, said that one of its major recommendations was that the Chairman be authorized to constitute a committee to draw up bylaws for the orderly conduct of business of the Group on Student Affairs, with its recommendations to be presented to the Group on Student Affairs for approval at next year's annual meeting. This recommendation for a bylaws committee was approved unanimously by those present.

*MCAT Score Confidentiality.*—Relative to the question of MCAT Score Confidentiality, Dr. Caughey summarized the regional meeting reactions and indicated that in view of the closeness of these votes the Committee on Student Affairs recommended to the GSA that the following statement be accepted:

That present procedures with respect to confidentiality of MCAT Scores be officially adopted as AAMC policy. This forbids release of specific scores by the AAMC, The Psychological Corporation, or individual medical schools to individual applicants or to premedical advisors or to undergraduate colleges, except insofar as statistical summaries may be compiled on a confidential basis. It allows, however, for the use of general MCAT results by medical school officials for counseling purposes as long as specific scores are not disclosed.

After considerable discussion of this recommendation, a roll call vote was held which showed that 38 schools were in favor, 28 were opposed and 2 abstained. Accordingly, the recommendation will be forwarded to the Executive Council for probable action at their next meeting.

*Committee on Communication with Student Organizations.*—Relative to the request of the Student AMA for official liaison with the AAMC, Dr. Caughey announced the action taken by the Committee on Student Affairs. After considerable discussion, it was suggested that the Committee on Student Affairs recommendation be amended to establish a general GSA "Committee on Communication with Student Organizations" rather than a specific committee for liaison with the Student AMA only. This motion was passed unanimously.

*Schedule of Future Meetings.*—Dr. Caughey then reported another recommendation of the Committee on Student Affairs. The Executive Director was requested to try to schedule future meetings of the Group on Student Affairs and the Conference on Research in Medical Education on consecutive days if at all possible. This recommendation was unanimously approved by those present.

*Advanced Placement.*—The recommendations of the Committee on Student Affairs relative to "advanced placement" were then discussed. After several suggestions from the floor for modification, the recommendations were unanimously approved. In general, they state that undergraduate colleges should give credit for college level courses taken in high school, and that medical schools



and State Licensing Boards honor these credits as long as they are properly shown on the college transcripts.

**TSMP RECOMMENDATION**

Dr. Nice made a formal recommendation that the Transfer Student Matching Program be continued as a pilot study for another year. This was also passed unanimously.

**COGGESHALL COMMITTEE**

Concerning new business, the question was raised as to whether the Coggeshall Committee was being fully informed concerning the Group on Student Affairs. Dr. Caughey indicated that he had offered to present such information to the Coggeshall Committee and that he had been invited to meet with its members. He also noted Dr. Darley's full awareness of the role that the GSA had played in the overall functioning of the AAMC.

The meeting was adjourned at 5:15 P.M.

# Seventh Annual Meeting of the Medical School-Teaching Hospital Section

Denver Hilton Hotel  
Denver, Colorado  
October 17-18, 1964

The first paper at the Seventh Annual Meeting was presented by Dr. John E. Jacobs, Professor of Electrical Engineering, Northwestern University, and dealt with "Bio-Medical Engineering in the Hospital Setting." This was followed by a discussion of "The Paramedical Personnel—Their Increasing Role," by Dr. Robin C. Buerki, Henry Ford Hospital. "The Changing Nurse-Physician Relationship" was discussed by Dr. Henry N. Pratt, The New York Hospital, and Dr. Rozella Schlotfeldt, Western Reserve University. The morning session concluded with a panel discussion on "Interprofessional Relationships in the Hospital Setting" by the speakers.

At the Saturday afternoon session Dr. David Seligson, Yale University, discussed "Clinical Laboratories of the Future," and Dr. Donald A. B. Lindberg, University of Missouri, described "Electronic Retrieval of Clinical Data." Mr. Matthew F. McNulty, Jr., University of Alabama, presented a paper on "The Administrative Process and the Future Physician," which was followed by "Teaching Hospital Cost Study—Progress Report," by Mr. A. J. Carroll, Association of American Medical Colleges. The final paper on the program dealt with "The Health Sciences and the Federal Government," and was presented by Dr. Charles V. Kidd, National Institutes of Health.

On Sunday morning, October 18, 1964, 6 discussion groups met simultaneously to consider the following topics: "Bio-Medical Engineering in the Hospital Setting," Leader, Mr. Richard T. Viguers, Tufts-New England Center Hospital; "Training of Paramedical Personnel—An Increasing Teaching Hospital Responsibility," Leader, Mr. Alvin J. Binkert, Presbyterian Hospital, New York; "The Changing Nurse-Physician Relationship," Leader, Mr. Matthew F. McNulty, Jr.; "Challenges of Tomorrow's Clinical Laboratories," Leader, Dr. David L. Everhart, Johns Hopkins Hospital; "Electronic Retrieval of Clinical Data—Its Significance to Patient Care, Teaching, and Research," Leader, Mr. Charles R. Goulet, University of Chicago Hospitals and Clinics; and "The Health Sciences and the Federal Government," Leader, Mr. Irwin G. Wilmot, New York University.

The meeting terminated in a Plenary Session where summaries of each discussion group were considered. A short business session was also held, in the course of which new officers were elected. It was reported that the Executive Committee had presented to the Coggeshall Committee a statement on the future role of this Section, and the size of the Executive Committee was increased by adding the immediate past chairman to its membership.

# First Annual Conference on International Medical Education

Denver Hilton Hotel

Denver, Colorado

October 18, 1964

Dr. Robert Berson, AAMC President presided over the opening session of the Conference, which was organized by the Division of International Medical Education; and Dr. Robert A. Moore, Chairman of the AAMC Committee on International Relations in Medical Education, opened the afternoon portion of the program.

The first paper of the morning session was by Dr. Rudolph Thauer, Max Planck Institute, Bad Nauheim, Germany, and dealt with "German Medical Education Today and Tomorrow" (1). This was followed by "Outstanding Students—A Study of Their Problems," by Dr. Hans J. Bochnik, Psychiatric Clinic, Hamburg. Dr. Arne Marthinsen, Nordic Association for Medical Education, described "Trends in Nordic Medical Education." Dr. Philip R. Lee, U. S. Agency for International Development, discussed "AID's Medical Education Program." This was followed by a description of "NIH's International Program," by Dr. Charles V. Kidd, National Institutes of Health. Dr. Raymond B. Allen, Pan American Health Organization, described the "PAHO Faculty and Research Training Program." The final paper for the morning described the plans for the Third World Conference on Medical Education, and was presented by Dr. J. Wendell Macleod, Association of Canadian Medical Colleges.

At the luncheon meeting Dr. Samuel B. Kirkwood, American University of Beirut, described "The Middle East and Its Problems in Medical Education."

The afternoon session was devoted to discussion of medical education in developing countries. Dr. Edward Grzegorzewski, Director, Division of Education and Training, World Health Organization, presented a general discussion of the topic, which was followed by a paper on "Studies of Medical Manpower and Education in Developing Countries—Progress Reports," presented by Dr. John Z. Bowers, Rockefeller Foundation; Dr. Raymond Villarreal, Pan American Health Organization; Dr. Carl E. Taylor, Johns Hopkins University School of Public Health and Hygiene; Dr. Edwin F. Rosinski, Medical College of Virginia; and Dr. William W. Frye, Association of American Medical Colleges. After these presentations a panel discussion was held, presided over by Dr. Ernest L. Stebbins, Johns Hopkins University.

#### REFERENCE

1. THAUER, R. German Medical Education Today and Tomorrow. *J. Med. Educ.*, 40:343-350, 1965.

# Meeting of Deans and Representatives of Government

Denver Hilton Hotel

Denver, Colorado

October 18, 1964

The meeting of Deans and Representatives of Government was called to order by Dr. Barnes Woodhall, Duke University, who is Chairman of the Committee on Medical School-Veterans Administration Relationships.

## VETERANS ADMINISTRATION

Dr. Woodhall presented a report of his Committee's activities and then introduced Dr. Robert C. Berson, President of AAMC, who read the following letter from Dr. Joseph McNinch, Chief Medical Director of the Veterans Administration:

Dear Dr. Berson and Members:

I regret very, very much that I am unable to be with you at your meeting because of other commitments of an urgent nature resulting in a conflict which I have been unable to resolve.

In my place will be Dr. Marc J. Musser who is the Deputy Chief Medical Director. A principal factor in the selection of Dr. Musser as my deputy was a similarity of interests and convictions relative to the program of affiliation between the Veterans Administration hospitals and the medical colleges of the nation for which reason I believe that Dr. Musser is fully qualified to represent me and my viewpoint at your meeting.

After one year in office, I am firmly convinced that the affiliation program has in fact been responsible for the maintenance of a very high quality of medical care for the American veterans.

An increasing participation by the VA in graduate and postgraduate medical training for the education of health science personnel is urgently needed by the nation, and finally for a medical research program which has contributed substantially to the advancement of medical knowledge.

I believe that the affiliation program has been one of the most unique and successful examples of cooperation between governmental and nongovernmental institutions in the history of the nation.

I am acutely aware that the affiliation program has not been and is not without problems. But after one year in office, I am convinced that most of these problems can be completely solved, and the remainder largely solved particularly if the Veterans Administration and the medical colleges are able to communicate adequately, develop mutual understanding of the other's problem areas and have the perseverance and the inclination to do so.

I am also convinced that it is to the best interests of the American veteran, to many of the medical schools, and what is more important, to the entire nation, that these problems be solved and that the affiliation program prosper.

To this end, we in the Veterans Administration will continue our best efforts to identify problem areas and to find solutions for them.

I wish to assure you that I am pledged to do this and that I have the sincere support of the Administrator of Veterans Affairs.

I wish you success in your meeting and hope that my schedule will permit me not only to attend the next annual meeting but to see you individually either in my office or in your office as the months pass. I wish you to know that you are always welcome in my office in Washington and that correspondence from you indicating problem areas and suggestions for their solution is always welcome.

Sincerely,  
Joseph H. McNinch  
Chief Medical Director

Dr. Berson concluded by noting that the Executive Council of the Association is in full agreement with Dr. McNinch about the importance of these affiliation arrangements working well. He added that the meeting was a step in that direction.

#### REPORT OF DEPUTY CHIEF MEDICAL DIRECTOR

The Chairman, Dr. Woodhall, introduced Dr. Marc J. Musser, Deputy Chief Medical Director, Veterans Administration.

Dr. Musser: Dr. McNinch was indeed sorry that he could not be present. Almost until yesterday afternoon he was trying to find a way that he might rearrange his schedule so that he might come to Denver.

Fortunately, this Liaison Committee has been established and we are meeting for the first real session. It is our sincere hope that we can continue with this type of meeting.

We feel that it is essential for VA and AAMC to understand each other and maintain the very best of communications. All we in VA would like from AAMC is an indication of the things that you would like from us or to discuss with us to the end that our mutual operations are more effective and mutually understood.

It has been indicated that you are interested in knowing some of the officials of the Veterans Administration. I would like to introduce to you the various people here from Central Office and the field, and identify them with their particular activities. They are: Dr. Benjamin B. Wells, Assistant Chief Medical Director for Research and Education; Dr. Oreon K. Timm, Assistant Chief Medical Director for Professional Services; Dr. Oren T. Skouge, Director of the Oklahoma City VA Hospital; Dr. Daniel R. Robinson, Area Medical Director for the Trenton Area; Dr. Arthur J. Klippen, Controller for the Department of Medicine and Surgery; and Dr. Fernald C. Fitts, Deputy Professional Services.

Dr. James H. Halsted, Deputy Assistant Chief Medical Director for Research and Education; Dr. Al Fechner, Area Medical Director for the St. Louis Area; Dr. James H. Glotfelty, Area Medical Director for the San Francisco Area; and Dr. Turner Camp, Area Medical Director for the Minneapolis Area.

#### AFFILIATION

For reasons which by now should need no recitation, the Veterans Administration has maintained each of more than half its hospitals in a working arrangement with 1 or more medical schools. The arrangement is called an "affiliation."

The affiliations began in 1946. They involve some 90 Veterans Administration

hospitals and 75 medical schools. Additional affiliations have been arranged and await the opening of new Veterans hospitals.

From our point of view in the Veterans Administration, the purpose of the affiliations is to assure a level of medical competence which meets the demands of first-rate medical-care programs.

Since we could not possibly establish or maintain the complex comprehensive institutions necessary to educate, develop, and retain the professional scientific personnel required for such an operation, the alternative was this pattern of mutual involvement and reciprocal benefits in affiliation with medical schools.

In the early years of affiliation, the reciprocal advantages stemmed from Veterans Administration ability to provide certain attractive opportunities for professional staff members, special training opportunities for young physicians in Veterans Administration residency programs, and undergraduate medical student opportunities in clinical clerkships.

This all came about because of demands on the medical schools which their resources could not meet. The demands arose at first from 4 medically important groups:

1. Large numbers of physician-veterans qualified for academic medical careers and previously embarked on them, but for whom many medical schools lacked the resources to offer them suitable positions despite the need for such people.
2. Younger physician-veterans whose specialized training had been interrupted by the war and who were bent on resuming extended residency programs.
3. Expanding numbers of veterans and others demanding medical education who were well qualified for admission.
4. A suddenly created multimillion-member veteran population eligible for and needing medical care and demanding it at a higher level of competence than had been provided their predecessors.

#### CHANGE AND PROGRESS

The almost unnoticed population multiplication and the Korean War maintained this situation for a decade, as the medical schools gradually gained in quantity the basic teaching resources they needed. But by then, it was obvious that the whole scheme of medical education and medical care was changing.

Highly scientific research in the clinical areas, in the basic science areas, and in all phases of patient care become part of the substance of medical education and the professional careers of modern medical graduates.

There were new responsibilities and objectives for most medical schools. These required new people, new facilities, and new policies. The more pressing needs of the medical schools shifted from the earlier categories to the new.

This had to influence the interests and qualifications expected in Veterans Administration professional staffs if Veterans Administration staffs were to hold their own in the new environment. The Veterans Administration has recognized this evolution, as witness, for example, its intramural research programs.

The Veterans Administration has also had to recognize that changes are only beginning in some medical schools but far advanced in others. It has not been easy to determine when simple local adjustments in affiliation patterns are sufficient and when general changes or new agency policies are needed.

## INQUIRY COMMITTEE

Aware of all this, Dr. McNinch appointed a committee to inquire into affiliation policies and attitudes, situations in medical education and research, professional scientific and academic interests of Veterans Administration staffs, as well as the physical facilities and budgetary support of affiliated Veterans Administration hospitals. His committee was then to make suggestions for adjustment of policies which govern Veterans Administration activities in affiliation with medical schools. A report by the committee chairman is on our agenda.

As one part of the inquiry, the committee conducted a survey by questionnaire of the affiliated hospitals. Information from this survey has been combined with data from the recent AAMC survey of Veterans Administration affiliations, summarized and sent to you with your agenda. The following remarks, by way of enhancement of this material, may contribute to the agenda.

The academic year 1963-1964 found the medical schools of the United States with 110,125 beds in the hospitals which are their primary teaching institutions. This number includes all school-owned beds, but is exclusive of the beds in Veterans Administration hospitals. Veterans Administration institutions designated as primary major affiliated teaching hospitals represent an additional 35,250 beds. These beds are in 43 affiliated Veterans Administration hospitals. Thus the beds in Veterans Administration hospitals designated as major primary teaching components represent approximately one-fourth of the schools' major facilities. It should be noted that these figures do not include hospitals, civilian or veterans, which are designated as "limited" or "graduate" in their affiliation. Here is one measure of the scope of involvement of Veterans Administration physical facilities with the medical schools.

Despite this involvement, the importance of Veterans Administration beds, that is, beds alone, has probably decreased. Beds have now been more abundantly acquired by most medical schools as you can see from our survey. There are, however, additional details which should influence your appraisal of this change.

Next, in following our agenda, you should know that the activities of Veterans Administration physicians in supporting academic objectives occupy a curious and uncertain position in the authorization under which we must operate. Our original educational responsibilities with respect to residencies and clinical clerks were clearly enough acknowledged, and deans committee interests, at the time, centered on these programs.

The radical changes in education, research, and physicians' interests occurring since the early authorization call for Veterans Administration staff involvement in medical education at a far more exacting level than that of the residency or clerkship of eighteen years ago.

The opportunities and necessities arising from the impact of medical research activities alone have altered the medical curriculum, changed the attitudes of students, and imposed demands on teachers, none of which was anticipated at the beginning of Veterans Administration medical school affiliations.

Our survey brings out some interesting and perhaps prophetic probes by deans committees into the possibilities of Veterans Administration staff involvement in academic objectives. Presently, one-fourth of all Veterans Administration physicians hold one or another of the professional ranks in medical schools.

There are 80 full professors in 30 hospitals; 59 clinical professors in 25 hospitals, and so on to a total of 1,150. The question of more specific educational authorization to support Veterans Administration activities in this area is an important agenda item.

Finally, the importance of salaries in recruiting or holding capable physicians for either medical school faculty or Veterans Administration staff needs no explaining here.

There have been periods, long periods, in which Veterans Administration salaries were more attractive than a full-time faculty salary. In these periods, the affiliation concept made it possible for the Veterans Administration to recruit to its staff individuals a school could not support. The affiliation made possible many a school's access to talents it might have been unable to assemble under its own roof. Now the Veterans Administration is at somewhat of a disadvantage in compensating physicians with the abilities and background both it and the schools would like to have available. One of the agenda items is concerned with explanations and suggestions touching on this subject.

So here you have a little introduction to this meeting from the Veterans Administration point of view. We hope this meeting will be one of a series from which will come constructive suggestions and active aid in the fortification of a mutually advantageous relationship.

#### REPORT OF COMMITTEE ON VA-MEDICAL SCHOOL RELATIONSHIPS

The Chairman, Dr. Woodhall, introduced Dr. Oreon K. Timm, Assistant Chief Medical Director for Professional Services, Veterans Administration, who served as Chairman of the Chief Medical Director's Committee to study VA-Medical School relationships.

Dr. Timm presented an interim report based on the work done for the Committee with interpretations. The report follows.

The VA-medical school affiliation program was established immediately after World War II and was designed to provide reciprocal support and benefit to the participating schools and the VA hospitals. Neither contracts nor formal written agreements were considered necessary or desirable by either of the parties.

Policy Memorandum Number 2, issued by the Chief Medical Director in 1946, provided a flexible charter for the venture with a minimum inventory of individual or joint responsibilities and authorities. The arrangement functioned effectively and a high level of professional competence and patient care was achieved and sustained in the VA hospital program.

Approximately six years ago evidence began to accumulate that not all was going well in some of the affiliations. The Special Medical Advisory Group recognized that problems were developing and carefully reviewed Policy Memorandum Number 2. They concluded that this document had served its purpose well, that it was currently appropriate, and that no major revision should be undertaken.

As time went on it became apparent that university hospitals were indeed undergoing revolutionary changes and development, whereas VA hospitals in many instances were unable to keep pace especially in research and teaching activities. The gap between the 2 groups was particularly clear in richness of



staffing, currency of equipment, and facilities for research. Clinical laboratory and radiological services presented additional problems.

An increasing volume of correspondence and personal contacts indicated a widespread and growing concern for the future of VA-medical school relationships among the existing affiliations. In addition, as replacement hospitals and new affiliations came into being, some new considerations were advanced. There was an emphasis on the need to make more adequate provision for research by faculty, residents, and full-time VA staff; various contractual arrangements were proposed; and some organizational realignments have been suggested.

#### ORGANIZATION

Recognizing and emphasizing the need to foster and maintain an active and productive relationship between VA hospitals and affiliated medical schools, on November 8, 1963, the Chief Medical Director established the VA Committee on Medical School-VA Relations as an *ad hoc* body.

This committee is made up of VA central office personnel, augmented by 2 members of the Special Medical Advisory Group. The following statement was included in the instructions to the committee:

It is desired that the committee examine the current relationships between VA hospitals and affiliated medical schools and identify any problem areas including definition of causes. Determination should be made as to the current validity of Policy Memorandum Number 2 as a general guide in light of changing conditions.

The committee will recommend a revised statement of policy, if in its opinion Policy Memorandum Number 2 is inadequate to meet current and projected VA-medical school relationships.

At the onset of its work the committee made the following 3 assumptions:

1. Affiliation with medical schools is the most important factor in maintaining the highest possible level of patient care in VA hospitals.
2. To be maximally effective, the affiliation must provide advantages not readily available without it to both the VA hospital and the affiliated school.
3. Circumstances in VA hospitals and medical schools are not necessarily the same as they were when Policy Memorandum Number 2 was issued or at time of subsequent reviews.

#### INVENTORY OF CONTRIBUTIONS

A partial inventory of the contributions made by the 2 parties in an affiliation was drawn up:

##### Medical School Contributions

1. Provide academic atmosphere in VA hospitals, thereby
2. Help attract and keep top level staff.
3. Provide advanced medical knowledge redounding to the immediate enhancement of patient care and professional growth of staff.
4. Guide the following research and education activities: (a) placement of interns and residents in VA hospital; (b) continuation education for VA staff; and (c) sponsorship for NIH and other grants.
5. Assist in recruitment and retention of highly qualified staff.
6. Provide consultant resources.

### VA Contributions

1. Hospital facilities and patient material.
2. Additional faculty.
3. Equipment, space, and facilities for teaching undergraduates, interns, and residents.
4. The following resources for education and research: (a) facilities and patient contact for students; (b) stipends for interns and residents; (c) training in paramedical fields; (d) curriculum expansion and special programs; (e) clinical investigation program; (f) patients and material for clinical research; (g) laboratories and equipment, including some high cost items; (h) part-time summer employment for students; and (i) fees for consultant and attending services by faculty.

### CURRENT RELATIONSHIPS

In its examination of the current relationships between VA hospitals and affiliated medical schools the committee planned to use the following 3 sources of data and information: recent correspondence and other contacts with deans, faculty members, and VA officials in the field; questionnaire surveys; and consultations.

The questionnaire surveys were developed and forwarded to the field where they were answered by hospital directors working with their respective staffs and deans committees. These surveys have been processed and analyzed and will be reported on by the following speaker.

Consultant service has been obtained from the Special Medical Advisory Group and from a previous meeting of this joint committee of the VA and AAMC. We anticipate further guidance from this group today.

### CORRESPONDENCE SURVEY

The survey of recent correspondence and contacts will occupy my attention for the remainder of this interim report.

By and large this correspondence was constructively critical but on occasion predictions of deterioration and dissolution of the program were offered; on the other hand some writers commented on its strength.

The critical comments and suggestions fell into 22 general categories which are as follows:

#### For Action by Veterans Administration

1. VA staff does not have adequate time for teaching or research because funds do not permit sufficiently large staff.
2. Lack of academic orientation on part of some directors and COS results in failure to comprehend what is essential in good affiliation.
3. VA does not provide fair share of costs of teaching program.
4. Research opportunities and laboratories should be provided medical school faculty in VA hospital.
5. VA salaries are not adequate to attract and retain caliber of staff to meet school standards.
6. VA educational programs have not improved sufficiently to attract best residents in a market becoming increasingly more competitive. There must be

recognition in that there are increased costs in educational endeavor, and these are not now provided for.

7. As numbers of residents increase, there has been a decrease in full-time staff, that is, emphasis on service rather than training of residents.

8. Affiliated hospitals should be given budgetary consideration above non-teaching hospitals.

9. Individual nature of each affiliation must be recognized.

10. Medical schools should be consulted or informed when appointing or changing COS and/or Director.

11. Revise fees for attendings and consultants.

12. Hospital funding should not be based on ADFL.

13. Need to upgrade radiological facilities.

14. Research space is often inadequate.

#### **For Action by Veterans Administration and Medical Schools**

1. Need for arrangement so that medical school can pay VA staff for teaching service.

2. Need for regular communication channel between deans committee and VA central office.

3. Need for permanent committee on VA-medical school relationship which would have authority to pass on deviations from policy or specific directives.

4. VAH and medical school need to be in close geographic proximity.

5. There is lack of appreciation of importance of the relationship on part of some deans, VA directors, and VA COS.

6. Need for better definition of objectives and responsibilities of each party to an affiliation.

7. Ways should be found to share expensive facilities and equipment.

#### **For Action by Medical Schools**

1. Faculty appointments for appropriate VA staff should provide equal status with those in medical school.

#### **Development of Positive Aspects of Program**

Strong points in the program which need further exploitation were in the following 5 categories:

1. Accessible patient population in VAH and long-term records.

2. There is an organized group of able VA physicians well adapted to collaborative effort.

3. Degree of freedom and financial stability for research which is not always available in medical school.

4. Opportunity for long-term follow-up and longitudinal study.

5. Decentralized R and E programs to local level.

#### **Plans for Improvement**

The Committee expects to avail itself of some additional consultant advice in the near future and will turn its attention to revision or rewriting of Policy Memorandum Number 2 for consideration by the Chief Medical Director and his staff.

In the meantime some corrective actions looking toward improvement of unfavorable conditions brought out in the correspondence have already been taken and more will be initiated as circumstances warrant.

COMBINED SUMMARY OF AFFILIATION SURVEYS CONDUCTED INDEPENDENTLY  
BY THE AAMC AND THE VETERANS ADMINISTRATION\*

Chairman Woodhall introduced the Questionnaire-Survey of affiliated VA hospitals conducted by Dr. Arthur S. Cain, Chief, Educational Research in Medicine, Veterans Administration, for the Chief Medical Director's Committee, and a survey conducted by the Association of American Medical Colleges. He also explained the combined summary of these 2 surveys prepared by Dr. Cain. This material had been distributed to members of the AAMC prior to the meeting to provide a basis for discussions. Dr. Cain was unable to be present at the meeting.

The AMA Consolidated List of Hospitals, which shows approved graduate training programs as of June, 1963, indicates hospitals of the U.S. which are major teaching units of the medical schools. It differentiates between hospitals which are major teaching units and those which are used for limited academic purposes (minor affiliations). The major teaching units represent 110,125 beds. This number is exclusive of VA hospitals designated by the medical schools as major teaching units. Such VA units represent 35,250 beds and 43 hospitals. The 43 VA hospitals, however, represent 53 medical school affiliations.

Some 45 additional VA hospitals are designated as minor "limited" or "graduate" teaching affiliations. A total of 75 medical schools are involved in these affiliations. Of the VA hospitals, 65 are general medicine and surgery hospitals. Other VA hospitals are neuropsychiatric and tuberculosis. For the purpose of the summary which follows, data are confined to the 65 general hospitals. The same data are available with respect to the neuropsychiatric and tuberculosis hospitals but are not included here so that attention can be centered on VA hospitals with the broadest potential for academic involvement. Data from the AAMC are included in this summary and are based on responses to an AAMC questionnaire by 75 medical schools having affiliation with VA hospitals.

Inasmuch as one-fourth of the major teaching-units beds in use by medical schools today are in VA hospitals and an almost equal number of beds in other affiliated VA hospitals serve minor "limited" or "graduate" education purposes, the VA survey asked some questions about these and other physical facilities which appear to be important in medical school affiliations.

It was found that more than three-fourths of medical schools affiliated with the 65 VA general hospitals had acquired additional hospital facilities of their own since the affiliation was established. Approximately the same proportion of medical schools had entered into significant education affiliations with other local non-VA hospitals since the VA affiliations were established. In most of the new affiliations, about 75 per cent of them, a policy of full-time salaried chiefs of service in major fields is under development or established.

\* Copies of the VA and AAMC questionnaire returns were available at the meeting and, together with a report of a question and answer period, were printed in a report sent to the medical schools and VA hospitals in February, 1965. The questionnaire returns can be obtained from the central office of the AAMC.

In physical facilities for research, too, the medical schools have enjoyed a significant expansion. Only 1 affiliated medical school had not constructed or otherwise acquired more research facilities than it had at the beginning of its affiliation.

How important to its VA relationship is a medical school's acquisition of additional hospital beds of its own, or of a new major teaching hospital affiliation? This can be assessed in different ways, depending on other resources available with the beds. Certainly the importance varies from school to school. For example, a VA hospital which is a major or even "limited" affiliation has a full-time salaried professional staff. If a medical school has exercised its prerogatives, that staff is recruited from nominations and recommendations made by the school. Generally, this is not the case, certainly not to the same extent, in other non-VA affiliated hospitals. The value of this opportunity depends on a school's need for academic talent; it may outweigh the need for beds alone. Thirteen VA hospitals report that the acquisition of additional medical-school-owned beds has reduced the school's need for VA beds. This report is confined to beds alone, however, and not to other VA resources associated with the beds. Where significant affiliations with local hospitals have been established, this, too, has reduced some schools' need for VA beds. Thirteen VA hospitals indicate this situation—about 20 per cent of affiliated VA general medical and surgical hospitals. On the other hand, only 8 VA hospitals report that there has been a decrease in the interest of medical school faculty in obtaining VA consulting or attending appointments as a result of new non-VA beds or affiliations.

#### GEOGRAPHIC LOCATION

The geographic location of VA hospitals in relation to the affiliated medical school has become a matter of increasing importance to both the VA and the school. The VA has long known, and the surveys of AAMC and VA reiterate, that the most effective affiliations are those in which institutions are immediately adjacent. From the AAMC questionnaire it is learned that 47 of 75 affiliated medical schools report that the VA hospital location permits it to be fully utilized for undergraduate teaching. Ten of the schools report that the location eliminates the hospital for undergraduate teaching. The remaining 18 say that the location of the hospital limits its undergraduate use to a few programs. The VA has found somewhat the same influence of location on development and quality of residency programs. It certainly has its effect on communications, on exchanges between staff and faculty, on research activities, and on mutual endeavors in the 2 institutions.

#### EXPANSION

With respect to the increase in research facilities at the medical schools, 11 VA hospitals report a reduced interest on the part of medical school faculty in VA research activities. However, a study of the report indicates that this is limited more or less to VA hospitals affiliated with several medical schools. The interest may decrease in 1 but remain unchanged or increased in view of the other affiliates. Thus, it appears that the areas of a school's interest in a VA hospital may shift, yet its total interest remain the same. In some cases, approximately 12 affiliations, recruitment of full-time VA staff with the aid of

the medical school has become more difficult since the school acquired its own research facilities, which it had previously lacked.

In most affiliations, almost 100 per cent of them, the acquisition of broader research facilities at the medical school has been an asset to the school's faculty recruitment and an element of increased competition for recruitment of VA staff.

Finally, the rather general expansion in teaching beds and research facilities in the medical schools has been accompanied by improvement in facilities specifically for educational purposes. In 90 per cent of the schools such teaching assets as specialized lecture rooms, demonstration laboratories, seminar rooms for students, residents, and faculty, specialized audio-visual arrangement, and the like, were included in the new physical facilities. In the VA hospitals only about two-thirds claim even minimal adequacy in these areas so important to the support of good medical educational programs.

#### ASSETS

Much of the preceding data could be considered to have its negative connotations. With the physical facilities of the VA come, however, professional scientists with a variety of abilities and a background dependent upon the medical school's interest in contributing to their recruitment. This has already been mentioned. Research opportunities, opportunities to maintain the best patient care of which the physician is capable, assurance of a disciplined way of professional life, and other assets attractive to academically minded physicians can be cited. The value of VA assets, as indicated by interests of the dean's committees, was explored in the VA questionnaire. The questions generally related to the school's interest in a broader application of VA staff talents to academic objectives. For example:

1. In about 80 per cent of the affiliated medical schools the dean's committee had discussed with VA hospital representatives the possibility of additional teaching responsibilities being assumed by interested members of the VA professional staff.

2. In two-thirds of the affiliations, the dean's committee had discussed with VA staff representatives the possibility of extending the scope of the school's medical curriculum through utilization of specialized scientific capabilities represented in the VA professional staff.

3. In 80 per cent of the affiliations, the dean's committee had considered the educational use of VA's research activities and the staff involved.

The interest cited above seems current; all were broached in the last three years.

In assessing their own capacity to respond to these ideas, 90 per cent of the affiliated VA hospitals reported staff members qualified and interested in assuming greater responsibilities in one or another area. In most instances, the VA hospital staffs indicate that in their opinion assumption of new responsibilities by them could add significantly to the educational resources of the school. However, approximately 20 per cent of the affiliates fear that it would not be practical at this time to enter into broader educational responsibilities. One of the principal reasons given was budgetary. The hospital would need additional staff members in order to assure adequate time for more exacting

TABLE 1

RESPONSES OF 96 VETERANS ADMINISTRATION HOSPITALS IN REGARD  
TO RESIDENCY TRAINING PROGRAMS CONTROLLED BY THE MEDICAL SCHOOL\*

Department	Number of Hospitals Reporting this Residency	Number of Residents in this Field†
Anesthesiology	18	71
Dermatology	9	26
Internal Medicine	47‡	620
Neurological Surgery	78	50
Neurology	20	50
Ophthalmology	21‡	70
Orthopedic Surgery	17‡	84
Otolaryngology	13‡	50
Pathology	22‡	91
Physical Medicine and Rehabilitation	7	25
Plastic Surgery	7	13
Psychiatry	24‡	180
Radiology	73‡	105
Surgery	47‡	628
Thoracic Surgery	6	14
Urology	23	71
Oral Surgery	3	18
Proctology	1	2
Allergy	1	1

\* QUESTION: Does your Veterans Administration hospital participate in residency training programs controlled by the medical school? Yes: 67; No: 28; NR: 1.

† When the questionnaires were returned, some hospitals replied that they had the specified residencies affiliated with the medical schools, but did not state how many residents were involved in the particular program. Therefore the number of residents in a field does not consider all residents in the specified residency.

‡ An accurate number of hospitals reporting this residency cannot be given. This occurred because several residencies were combined under this more general heading, after the number of replies had been computed. The number given for the number of hospitals reporting this residency was that of the category in which the largest number of residents was included.

academic responsibilities without diminution of any aspect of a first-rate medical-care program. Often, too, it is noted that greater activity on the part of the medical school in contributing to recruitment of qualified VA staff would be a deciding factor.

Thus, it may be that even with the school's acquisition of more adequate hospital and research facilities, the overall position of the VA in the affiliations remains strong. It appears that the VA has maintained its ability to supply a high proportion of hospital facilities for major teaching purposes and at the same time has improved its position with respect to staff orientation toward new areas of academic importance. It appears also to have made the necessary adjustments which encourage staff involvement in the new areas.

#### CLINICAL CLERKSHIP

Some figures from the AAMC survey relating to the current use of VA hospitals in the clinical clerkship areas of medical education may be of interest.

In the Department of Medicine 1,871 third-year medical students from 38

TABLE 2

RESPONSES OF 96 VETERANS ADMINISTRATION HOSPITALS IN REGARD TO RESIDENCY TRAINING PROGRAMS AFFILIATED WITH THE MEDICAL SCHOOL TEACHING HOSPITALS\*

Department	Number of Hospitals Reporting this Residency	Number of Residents in this Field
Anesthesiology	7	22
Dermatology	5	15
Internal Medicine	22	301
Neurological Surgery	11	27
Neurology	7	15
Obstetrics-Gynecology	1	3
Ophthalmology	14	35
Orthopedic Surgery	9	20
Otolaryngology	8	23
Pathology	12	42
Physical Medicine and Rehabilitation	8	24
Plastic Surgery	3	10
Psychiatry	13	57
Radiology	7	45
Surgery	26	273
Thoracic Surgery	3	5
Urology	15	33
Oral Surgery	3	6
Proctology	....	....
Allergy	1	1

\* QUESTION: Are any of the Veterans Administration hospital residency training programs dependent on affiliation with your medical school teaching hospitals? Yes: 48; No: 39; NR: 9.

medical schools spend an average of 45 days per year studying in the VA hospitals; 1,549 fourth-year students from 42 schools average 38 days per year.

In the Department of Surgery 2,371 third-year students from 39 medical schools average 42 days per year studying at VA hospitals; 1,141 from 34 schools average 33 days per year.

From 43 medical schools 2,368 second-year students average eleven days per year studying in the VA hospitals.

Residency training in VA hospitals operates on the scale shown in the following tables taken from the AAMC survey. Table 1 refers to residencies controlled by medical schools; Table 2 to those in affiliation with them.

#### STAFF MEMBERS

In the medical and educational framework we are delineating, approximately one-fourth of all Veterans Administration physicians have been awarded academic appointments at one or another professional grades. There are 80 full professors in 30 VA hospitals and 59 clinical professors in 25 hospitals; 192 associate professors in 46 VA hospitals and 135 clinical associate professors in 37 hospitals; 358 assistant professors in 51 hospitals and 224 clinical assistant professors in 44. These figures do not include staff members contributing as instructors, research associates, and otherwise.



## EQUIPMENT COMPARISON

The equipment with which a staff works is critical to the exercise of its abilities. Without adequate, up-to-date equipment, any staff or faculty is at a distinct disadvantage in providing the complex, analytical diagnostic or therapeutic attention every patient deserves. Where students or specialists-in-training must be considered and developed educationally and technically, equipment is equally vital. Acquisition of such equipment is always a problem to any institution, academic or other. Much valuable equipment seems to be outmoded almost as soon as it is obtained, and this occurs without regard to the blandishments and claims of manufacturers. In its survey, the Veterans Administration asked its affiliated hospital staffs to compare their equipment in various categories with that of the medical school, and indicate whether the VA equipment is comparable, superior, or inferior. In one or another category Veterans Administration professional staffs indicate they are at a disadvantage at approximately 40 per cent of the hospitals. VA people generally were rather proud of their patient-care equipment, but in certain areas of disease analysis or therapy their equipment is not all it should be. This seems especially true in clinical pathology and therapeutic radiology. Following are the comparisons totalled for all affiliated Veterans Administration hospitals:

	VAH Equipment			
	Superior	Comparable	Inferior	No Reply
Anatomic pathology	5	43	42	2
Clinical pathology	5	44	41	2
Diagnostic radiology	4	28	59	1
Therapeutic radiology	2	10	76	4
Research projects	4	31	56	1
Surgical Service equipment	9	47	35	1
Medical Service equipment	5	49	36	2
Psychiatric-Neurological equipment	4	38	45	5
General patient-care equipment	19	54	18	1
Other (please specify)	6	3	16	67

Equipment, of course, costs money and it takes time to get it, even for a federal agency. Some study of the processes involved in showing the need for money where VA-medical school relations are concerned should be made by the medical schools. It could aid both the federal government and the schools.

## SALARIES

The matter of compensation for professional staffs of Veterans Administration hospitals and affiliated hospitals, particularly, is one of deep concern. Medical schools across the country are gradually turning to the full-time salaried faculty member. His primary interest and responsibility are in medical education, research, and the type of medical care modern medical science makes possible. In earlier years the Veterans Administration had something of an advantage in many localities since it offered full-time salaried opportunities to individuals with these interests. Now, as many schools gain the resources to support full-time faculties, the VA advantage is somewhat less. The advantage is even

less when Veterans Administration salaries are not competitive with those offered in affiliated medical schools. This has been the case in the past few years.

At 50 per cent of the medical schools affiliated with Veterans Administration hospitals, a salary supplementation has been suggested for physicians meeting educational or research responsibilities important to the schools. In all but a handful of cases the school has suggested that it find the funds and make the supplementation. In some cases where supplementation is recommended, the schools are probably not in a position to make supplementation from their own funds. The Association of American Medical Colleges, in its survey, was told by slightly more than one-half of the schools reporting that there were insufficient funds for full-time Veterans Administration hospital staff positions and a greater insufficiency for research positions. In almost half the situations the reporting medical schools felt that the situation is becoming worse. Most of the remainder regard it as static. Some 90 per cent of the affiliated schools told the AAMC that salary scales for VA staff positions do not compare favorably with their own.

#### OTHER AREAS

An affiliated hospital, be it Veterans Administration or other, requires a conscious effort at communication between faculty and staff of the 2 institutions and between administrative officers. The Veterans Administration sought the views of its professional staff on the adequacy of communication in areas important to successful affiliation with a medical school.

Directors of Veterans Administration hospitals responded as follows to the question of sufficient information in the areas indicated:

	Yes	No	No Reply
Administrative policies of the school	42	22	1
Educational problems	43	21	1
Educational programs	42	22	1
Faculty responsibilities	42	22	1
Research policies	40	24	1
Research programs	38	26	1

The directors responded as follows to the question as to whether or not the chiefs of staff are provided with sufficient information in the indicated areas:

	Yes	No	No Reply
Administrative policies of the school	34	29	2
Educational problems	37	26	2
Educational programs	37	26	2
Faculty responsibilities	38	25	2
Research policies	33	30	2
Research programs	31	32	2

The question as to whether or not the professional staff members participating in the schools' programs are sufficiently informed in the indicated areas was answered by the directors as follows:

	Yes	No	No Reply
Administrative policies of the school	43	20	2
Educational problems	48	15	2
Educational programs	46	17	2
Faculty responsibilities	47	16	2
Research policies	46	17	2
Research programs	44	19	2

The Veterans Administration also prepared a summary of participation by VA staff members in committee work at the medical schools. The half dozen committees usually significant at a medical school were listed; the results here indicate the degree of Veterans Administration professional staff membership on standing committees.

Only 13 directors of Veterans Administration hospitals serve on standing committees or subcommittees of their affiliated medical school. There are 79 directors who do not serve on any standing committee or subcommittee of their affiliated school.

Chiefs of staff or staff members serve on medical school committees as follows:

	Chief of Staff			Prof. Staff		
	Yes	No	No Reply	Yes	No	No Reply
Admissions	....	88	4	12	78	2
Promotions	3	87	2	16	73	3
Curriculum	....	89	3	21	69	2
Hospital (Medical Center)						
Administration	3	86	3	5	84	3
Student Affairs	....	89	3	12	78	2
Research	5	85	2	13	77	2
Other (please specify)	6	63	23	19	49	24

#### CONCLUSIONS

The surveys of the affiliations between the VA and the medical schools lead to the following observations:

1. A close and somewhat interdependent relationship between many medical schools and many VA hospitals exists. The degree of the relationship varies from institution to institution. According to AAMC data, the VA affiliation is essential to undergraduate medical education in approximately one-third of the affiliations and desirable in 75 per cent of the remainder. The same source cites VA residency programs as essential to approximately one-third of the schools and desirable in some 90 per cent of the remainder. In research, the affiliation is desirable in two-thirds of the medical schools and essential in approximately 15 per cent. From the VA survey and experience, the affiliation is at least this important and undoubtedly considerably more so.

2. Changes in the physical and personnel resources of the medical schools since the establishment of the early affiliation has shifted the emphasis on which the important elements of the affiliation rest. The surveys show, however, that as the emphasis has shifted, the VA interests and activities have shifted similarly. Dean's committees seem to be seeking the way to a higher, more exacting level of educational participation by VA staff.

3. The importance of VA research activities to medical schools, activities which began somewhat later than in the medical schools, appears significant.

4. The acquisition and use of modern equipment, and the rate at which it becomes obsolete, is seen to be a matter of concern to both parties in the affiliation.

5. The medical schools appear to recognize the currently disadvantageous position of VA salaries in comparison with their own. The medical schools themselves seem active in searching for an appropriate solution.

Dr. Woodhall: Thank you very much, Dr. Musser. I am sorry to terminate this discussion.

We intend to have other meetings like this and I would ask you to contact me at Duke Medical Center with any problems that you have in these matters.

Dr. Berson: Thank you very much, Dr. Musser and Dr. Woodhall. Now, we would like to ask the Surgeon General, Dr. Luther Terry, to share his views with us.

#### U. S. PUBLIC HEALTH SERVICE

Dr. Terry: Thank you, Dr. Berson. I consider it a real opportunity to have a chance to speak with you, to tell you about some of the things about which you may already know something or may know all, and to talk about some of the effects as we see them and as we interpret them in relation to our operations and our working with you.

As most of you know, the Appropriation Bill for our Department in the Public Health Service was signed by the President on the 19th of September. This is a little bit earlier than we have gotten it in the past. On the other hand, I think you must realize that we were operating on a continuing resolution which essentially kept us at last year's level up until that time. By the time the Bill was signed and we got our apportionment from the Bureau of the Budget, you can appreciate the fact that a good segment of the fiscal year was gone.

Again this year, we have that handicap under which to work. Nevertheless, I think that plans were well enough made and well enough advanced that it wasn't a total loss for the new programs and new activities during that time.

At the same time, the fact that we did certain things during that period, as some of you may know, led to a castigation of us by the Congress. An example was the Health Professions and Education Assistance Act which was passed in the Fall of 1963, and for which no funds were made available until the regular budget was acted on this year; therefore, until September 19 we literally had no funds for this program. But as the Conference Committee report pointed out, we had not only proceeded with the authorization without authorized funds, but we also had set up a National Advisory Council and had even gotten recommendations from the Council on some of the applications. On the other hand, I think had we done nothing during this period of time, we would have probably provoked ire in the opposite direction. I frankly have no apologies to make for this particular action. I thought it was responsible administration as we did it.

But be that as it may, there is another aspect of this particular action in the particular language of the congressional committee which is more serious, inasmuch as tied to this, they took the action of saying that no funds for any activity beyond those presented in the Presidential budget, unless altered by the Congress, could be used out of this year's budget; this means that we can no longer take unused or less needed funds from certain activities, and, after con-

sideration on this and agreement from the Department, reprogram or redistribute them; we had always assumed this was within the intent of the Congress in appropriating funds.

I think that we are going to have to do a real job during our appropriation hearings in showing that this has been an unwise limitation on the administrative authority which we would normally expect to have in relation to the Appropriation Bill.

There are 1 or 2 other things that I wanted to mention to you in connection with the Appropriation Bill that also have to do with language limitations and other problems.

For instance, there was a limitation placed in our regular Appropriation Bill that none of the funds contained in this Appropriation Bill could be used in support of the poverty program. Also the use or allocation of any indirect costs on our general research support funds was prohibited. This frankly came as quite a surprise to us because we had felt that the committee understood well enough the justification for this; we frankly did not expect this particular action to take place.

Overall, I think both the intramural and extramural activities of the service did quite well in terms of the dollars in the Appropriation Bill. One purpose of the increase was to provide the \$10 million that was added for the support of the program to study viruses in cancer. The total budget for the Public Health Service this year is \$1,956,000,000 roughly, and that for the National Institutes of Health is \$1,086,000,000.

#### PAST LEGISLATION

I think that you can appreciate that during the past two, three, or four years we in the Public Health Service have had some of the largest numbers of new programs and alterations of existing programs of any section of the government. This means that we have had a tremendous amount of pressure on us in terms of holding, recruiting, training, and assigning the personnel to carry out our responsibilities in connection with these programs.

I am referring to the Health Professions Educational Assistance Act, the clean-air act passed in the fall of last year, the renovation and expansion of the Public Health Training Act, the new Nurse Training Act, and the extension and amendments for the Hill-Burton program. Each of these recommendations signifies extension and expansion of our activities.

*Health Professions Educational Assistance Act.*—I think most of you know that some grants have already been approved in the construction area in relation to dental schools, and we are moving rapidly ahead and expect within the next few days to have our first announcement of grants to support construction for medical schools. The Council has taken the attitude that during this first round of reviews, the service should not commit all of the funds made available for the year, but rather should hold a significant amount in reserve in order to weigh these in relation to other applications which will come in during the year.

I am also aware of the fact that in some of the institutions the amount of funds available for loans is less than those that were available through NDEA. This, of course, is a serious problem. It was not our intention and not the intention of Congress. Nevertheless, we do have this limitation at the present time. The major thing that one can do in this respect is to hope to build up

enough evidence of the inadequacies of the present authorization to be able to support greater needs before the Congress. This is a short-term program and in that respect will be lapsing or expiring after the next fiscal year. Consequently, it is not too early to begin to look at it in terms of the extension and whatever alterations in the existing law are necessary and desirable.

*Nurse Training Act.*—This legislation is a significant advance in terms of the aid that we are going to be able to make available to the schools as well as the students.

*Public Health Training Act.*—In addition to schools of public health, engineering, and nursing, we will be allowed to move into any schools which train people for the field of public health, including medical schools.

*Hill-Burton Act.*—We were gratified that there was no opposition to requests for funds to support areawide planning because previously there had been too much support for individual institutions in a particular area. The new provision will allow us to make some funds available to the state agency for the purpose of staff improvement so that it can give assistance to the hospitals and related institutions in working up their proposals and getting action at the state level.

#### PENDING LEGISLATION

Not acted upon by this year's Congress were several bills of particular significance. One was the Reorganization Bill which has been before Congress over a period of several years, which, in effect, is an administration proposal that would allow the Public Health Service, with the concurrence of the Secretary, to abolish any of its existing bureaus and to create new bureaus.

At the present time the organizational structure of the Public Health Service is rigidly defined in statutory law; consequently, we do not have this right. Actually, the main objective of the legislation is to permit the PHS to abolish its Bureau of State Services and to establish a Bureau of Community Health and a Bureau of Environmental Health. We now are operating much in that manner with our environmental health activities under one grouping and the community health activities under another. We feel that we could operate much more effectively if we had the authorization provided in the Bill. This sort of authorization is routinely available to most of the agencies and departments of the government. It is the question of the water pollution control program that has prevented correction of this situation.

This, as you know, is a very big and very controversial issue at the present time. Related to this was another bill that was not acted upon by the Congress. Its purpose was to transfer a considerable portion of the present water pollution control activities out of the Public Health Service and set them up under a separate agency within the Department of Health, Education, and Welfare. In general, the wildlife conservationist, recreationist groups have felt that the Public Health Service has not done an adequate job in assuming the full scope of responsibilities of this program. They have charged that the PHS pays too much attention to health and not enough to the other legitimate uses of water. Consequently, they have proposed this action.

Now, even though this bill was not passed during this session of Congress, we do not by any means feel that it has been forgotten. Obviously, there are going to be some very serious discussions and proposals on this matter brought

up before the Congress when it next convenes. But the mere fact that the water pollution control program was a part of our environmental health program and that our principal justification for wanting the Reorganization Bill passed was the environmental health activities, was enough to hold the Bill up.

#### ENVIRONMENTAL HEALTH CENTER

In the Appropriations Act, the Congress took action on the proposal for an environmental health center. The PHS had proposed that an environmental health center be constructed on land obtained from the Department of Agriculture at Beltsville, Maryland, adjacent to new animal and related facilities of the Food and Drug Administration and to many of the research activities of the Department of Agriculture, both plant and animal, which bore a close relation to our program.

Nevertheless, the Congress saw fit to appropriate funds for the planning of this facility. We did not need statutory authorization. All we needed were the funds. But in granting the funds, Congress stipulated that the center had to be more than 50 miles from the District of Columbia. It is quite obvious to us that the initial plans for an administrative technical-professional center such as we had planned would no longer be appropriate if it had to coincide or abide by these stipulations of the Congress. Consequently, we have discarded our previous plans and we have a task force working to determine if we are going to construct an environmental health center and what sort of an environmental health center could be constructed and operated satisfactorily at a distance of greater than 50 miles from Washington.

Every state in the union has free land that it would like to give for such a facility, but the only answer that we can give at the present time is that we do not know what we are going to do.

#### OTHER ITEMS

There are a number of things which are of considerable interest to this group which I notice are for discussion on your program tomorrow. One is a presentation to be given by Dr. Martin Cummings and Dr. Marjorie Wilson on the National Library of Medicine and plans for a possible extramural program. The other has to do with the general research support grants. There are many aspects of these grants that are of considerable interest to you as well as other institutions. Dr. Frederick Stone is going to discuss this and bring you up to date with regard to our thinking, our plans, and all of the developments in that direction.

Dr. Charles Kidd discussed this morning the foreign research support aspects of our programs. He gave you some of our hopes as well as the realities of the moment in terms of getting some relief from the Bureau of Budget cuts which have been imposed upon us and which are threatened to be even more extreme over the next few years.

Also of importance are the research programs developing in our Bureau of State Services, both in the community health programs and the environmental health program area; these are, I think, of increasing interest and increasing importance to the medical schools. For instance, in the environmental health area, one of the difficulties that the PHS has had involves the large variety of disciplines and categories of professional and technical personnel which are

needed to approach and solve some of the problems existing in water pollution control, in air pollution and radiological health, and in other areas. There are training funds as well as research grant funds and contract funds which are available in this area. Admittedly, some of this work can be taken as part of small individual research projects, though on the whole we feel that some of our greatest strides are going to be made by stimulating wide university interest in these programs and getting the personnel in schools of engineering, departments of chemistry or physics, the medical school, the school of public health, and many other areas involved in cooperative and collaborative endeavors in solving some of these very complicated problems relating to our environmental health.

In relation to the community health programs, since 1961 we have had funds available for the study of the development of community services and facilities. A very large part of the funds thus far has gone to health departments and other community-type organizations. If the medical schools could be interested in activities and organizations already existing in the community, we could get a great deal more done in terms of determining our pattern of development of the community health programs, whether it is services or facilities to support the services.

We are moving along with the mental health and the mental retardation programs. There is relatively little that is controversial about these programs at the present time, and I think that they are fairly well understood.

Undoubtedly, all of you know about the PHS discontinuing its research career awards. It is a very complicated subject in terms of its fiscal as well as its policy aspects. We did not take this action precipitously, but after a long period of study.

We have gotten into some serious trouble in the PHS in relation to pay, and particularly with the commissioned corps. For example, the director of one of our National Institutes of Health makes the same as a chief pharmacist in one of our small outpatient dispensaries; and there are many people in the PHS today who because of recent legislation are making much more money than the people under whom they are working. There are these sorts of inequities existing within our own system. In addition, we are in a particularly tight spot in our commissioned corps with regard to our engineers and our other nondentist, nonphysician personnel, because they do not get the incentive pay that the dentists and physicians get, and, consequently, some very great inequities have developed over a period of time. Therefore, it is my intention to put our first emphasis this year in legislation and pay and so forth on trying to correct these inequities in order that we may have a better team to better work with you.

We expect to go forward with further consideration of the Health Professions Educational Assistance Act. I can't tell you whether this will be brought up before the Congress this year or not. At the same time, I think it is not too early for us to begin to gather as much information and experience with this as we can. There is also some prospect that an expanded extramural program of the National Library of Medicine may very well be brought into the Congress during this coming session.

Dr. Berson: Thank you very much, Dr. Terry. Questions from the floor will now be appropriate. I should like to ask Dr. Terry one quite general question



myself, and that is whether there is anything more specific that he could say as to what the medical schools or the medical school community could do to help the PHS work toward our common objective?

Dr. Terry: It is a little bit difficult to be very specific. As I said to you people last year, and I think it is still true this year, one of the things that you need to do, and we need to do, is to help the general public have a better recognition of what these funds that are being appropriated in the support of medical research and medical research training are doing. There is nothing that influences a member of Congress as much as knowing from his constituents what the needs are and what the accomplishments are of activities in the community which are supported from the federal level. Therefore, I think that where you are not already doing it, you should make a routine of keeping the members of Congress from your state and from your districts informed of what you are doing with these federal funds and what the accomplishments are.

Dr. Berson: Thank you very much, Dr. Terry.

Dr. Robert B. Howard: I have a comment and question relative to the career award program. As a former member of the Career Award Committee, I believe I am aware of some of the reasons that led to the moratorium that has been called with respect to this program. I think, however, that the career award program and the career development award program have been very good programs and have served needs that many of us have recognized. Has thought been given to adding increments to the general research support grant program that will help accomplish some of the same objectives of the career award program, so that the good features of the career development program may be preserved?

Dr. Terry: We have with us Dr. John Sherman from the National Institutes of Health, who is our associate there in extramural programs. I'd like Dr. Sherman to comment on this.

Dr. John Sherman: Dr. Howard's question is certainly under consideration. We do not foresee the possibility of marked expansion in any of these areas which will permit us to continue the rate of growth of many of the other past programs. However, we do feel that with the combination of new programs, particularly the general research support grant, which came into being subsequent to the establishment of the research career award program, and uses of the research grant and other activities of this sort, a new relationship with fewer tensions can be arrived at.

Dr. Berson: Thank you. I hope everyone is aware of the fact that there is no intention of doing anything except continue the awards that have already been made. I want to say before we close how very fine I think it is that the Surgeon General and so many of his staff can take the time to come and be with us and remind all of us how many excellent people are working full time for the same causes we are, although they work in Washington instead of in the medical schools.

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

Denver Hilton Hotel  
Denver, Colorado  
October 19-20, 1964

Presiding: ROBERT C. BERSON, President

The meeting was called to order at 9:15 A.M., Monday, October 19, 1964, by Dr. Robert C. Berson, President of the Association of American Medical Colleges.

## INTRODUCTION OF NEW DEANS

The following new medical school deans were introduced:

### *U. S. Schools*

William G. Anlyan—Duke University School of Medicine  
Warren L. Bostick—California College of Medicine  
Kenneth R. Crispell—University of Virginia Medical School  
James L. Dennis—University of Oklahoma School of Medicine  
Franklin G. Ebaugh, Jr.—Boston University School of Medicine  
Roger O. Egeberg—University of Southern California School of Medicine  
Robert H. Felix—St. Louis University School of Medicine  
John R. Hogness—University of Washington School of Medicine  
Glen R. Leymaster—Woman's Medical College of Pennsylvania  
Isaac M. Taylor—University of North Carolina School of Medicine  
Cecil L. Wittson—University of Nebraska College of Medicine

### *Canadian Schools*

Ronald V. Christie—McGill University Faculty of Medicine

### *Newly Developing Schools*

Windsor C. Cutting—University of Hawaii School of Biomedical Sciences  
Andrew D. Hunt, Jr.—Michigan State University College of Human Medicine  
Hans Popper—Mount Sinai School of Medicine (Acting Dean)  
Lamar Soutter—University of Massachusetts School of Medicine  
Joseph Stokes, III—University of California, San Diego School of Medicine

The following acting deans were also introduced:

Truman G. Blocker, Jr.—University of Texas School of Medicine (Galveston)  
M. Kenton King—Washington University School of Medicine  
Frank W. McKee—University of Rochester School of Medicine and Dentistry

John I. Nurnberger—Indiana University School of Medicine  
 Sidney Raffel—Stanford University School of Medicine

INTRODUCTION OF NEW PROVOSTS AND VICE-PRESIDENTS

Thomas H. Hunter—Chancellor for Medical Affairs, University of Virginia

Edison Montgomery—Acting Vice-Chancellor for the Schools of the Health Professions, University of Pittsburgh

Carl V. Moore—Vice-Chancellor for Medical Affairs, Washington University, St. Louis

Peter F. Regan, III—Vice-President for Health Affairs, State University of New York at Buffalo

Barnes Woodhall—Vice-Provost for Medical Affairs, Duke University

Following the introduction of new deans, Dr. Berson delivered the Presidential Address entitled "Problems and Progress in Medical Education" (1). This was followed by a paper on "Medical Education in the Americas" (2) by Dr. Amador Neghme, President of the Pan American Federation of Associations of Medical Schools and Dean of the University of Chile Faculty of Medicine. General Research Support Grants were then discussed from the standpoint of the National Institutes of Health (3) by Dr. Frederick L. Stone, National Institutes of Health, and from the standpoint of the medical schools (4) by Dr. C. Arden Miller, University of Kansas School of Medicine. The final paper of the morning was presented by Dr. John L. Caughey, Jr., Western Reserve University, on the "Implications of the Increase in Medical School Applicants."

The afternoon session was presided over by Dr. George A. Wolf, Jr., President-Elect, Association of American Medical Colleges. The opening papers were on Medical School Libraries, and were presented by Mr. Thomas P. Fleming, Columbia University, and Dr. Estelle Brodman (5), Washington University. A discussion of "The National Library of Medicine: Relationships to Medical Education and Research" (6) was presented by Dr. Marjorie P. Wilson and Dr. Martin M. Cummings, National Library of Medicine.

Dr. Lee Powers, Association of American Medical Colleges, discussed "Physician Giving to Medical Schools" (7) and Dr. James M. Faulkner, National Fund for Medical Education, described "Corporate Giving to Medical Schools" (8).

A description of "Five Years' Experience with the 2-4-2 Program at Wayne State University" (9) was presented by Drs. Gordon H. Scott, Morton Levitt, and Ernest D. Gardner, Wayne State University College of Medicine.

ANNUAL BANQUET

Monday Evening, October 19, 1964

**Borden Award:**

Dr. Harry Eagle, Professor of Cell Biology, Albert Einstein College of Medicine, received the 18th Annual Borden Award in the Medical Sciences. The Award, a gold medal and \$1,000 was presented by Dr. Wesley W. Spink, Professor, Department of Medicine, University of Minnesota.

**75th Anniversary Merit Awards:**

The Executive Council thought it appropriate at the 75th Annual Meeting to make special awards to certain individuals whose enormous contribution to

medical education over a considerable period of time had been of major importance. The following five individuals were selected:

Dr. Paul Budd Magnuson, Professor Emeritus of Orthopedic Surgery, Northwestern University, former Chief Medical Director of the Veterans Administration.

Mr. Samuel Sloan Colt, former President, National Fund for Medical Education.

Mr. Devereux Colt Josephs, member of the Board of Directors, National Fund for Medical Education.

Mr. Lister Hill, United States Senator, Alabama.

Mr. John Edward Fogarty, United States Representative, Rhode Island.

Since neither Mr. Colt nor Mr. Josephs could attend the dinner, their awards were received in their behalf by Dr. James Faulkner, President, National Fund for Medical Education. Since Senator Hill and Congressman Fogarty were also unable to attend, their awards were received in their behalf by Dr. John Parks, Dean, George Washington University School of Medicine.

#### Abraham Flexner Award:

Dr. Ward Darley, Executive Director, Association of American Medical Colleges, received the Seventh Annual Abraham Flexner Award for Distinguished Service to Medical Education. Dr. Howard P. Lewis, Professor and Chairman, Department of Medicine, University of Oregon Medical School, made the presentation.

#### The Alan Gregg Lecture:

Dr. Robert Swain Morison, Director of the Division of Biology at Cornell University and former Director for Medical and Natural Sciences at the Rockefeller Foundation presented the Seventh Alan Gregg Memorial Lecture.

### GENERAL SESSION

Tuesday, October 20, 1964

Presiding: DR. ROBERT C. BERSON, Dean, University of Texas, South Texas Medical School.

The meeting was called to order at 9:15 A.M.

#### FOREIGN GUESTS

Dr. Henry van Zile Hyde introduced the following foreign guests who had registered at the meeting:

Louis Berstein  
The Royal Prince Alfred Hospital  
Sydney, Australia

Jean Van Gertruyden  
University of Brussels  
Belgium

Eliseo Concha  
Professor of Medicine  
University of Chile  
Santiago

Amador Neghme  
Dean  
University of Chile  
Santiago

Miguel Bueno  
University of Valle  
Cali, Colombia

J. J. Guilbert  
Chief of the Medical Section  
Ministry of Education  
Paris, France

H. Bock  
Director of the Medical Clinic  
University of Tubingen  
Germany

H. Bochnik  
Psychiatric Clinic  
University of Hamburg  
Germany

H. Eyer  
Director of the Max von Pettenkofer  
Institute for Hygiene  
University of Munchen  
Germany

Ernest Fromm  
President  
German Medical Association  
Hamburg, Germany

F. Janik  
Health Officer  
Hamburg, Germany

H. Kapuste  
Physiological Institute  
University of Hamburg  
Germany

S. Koller  
Director of the Institute for Medical  
Statistics and Documentation  
University of Mainz  
Germany

W. Kronig  
Volkswagenwerk Foundation  
Hannover, Germany

A. von Kugelgen  
Professor of Anatomy  
University of Kiel  
Germany

K. H. Schafer  
Director of the Children's Clinic  
University of Hamburg  
Germany

E. Schutte  
Director of the Physiology-Chemistry  
Institute  
University of Berlin  
Germany

K. Sewering  
President  
Bayerischen Medical Association  
Munchen, Germany

R. Thauer  
Director  
William G. Kerckhoff Heart Institute  
Bad Nauheim, Germany

K. Thomsen  
Director  
Women's Clinic  
University of Mainz  
Germany

K. Winkler  
Medical Student  
University of Munchen  
Germany

Mangalore Panduranga Pai  
Professor of Surgery  
Kasturba Medical College  
Mangalore, India

K. Shanmugaratnam  
University of Singapore  
Malaysia

Zacchaeus Ajaya Alabi  
University of Lagos  
Nigeria

Arne Marthinsen  
Secretary  
Nordic Association for Medical Education  
Oslo, Norway

Julio M. Morales  
Asuncion, Paraguay

Jose Cuyegkeng  
Dean  
University of the East Ramon Magsaysay  
Memorial Medical Center  
Quezon City, Philippines

Lauro H. Panganiban  
Dean  
Institute of Medicine  
Far Eastern University  
Manila, Philippines

M. L. Kashetra Snidvongs  
Dean  
Faculty of Medicine  
Chulalongkorn Hospital  
Bangkok, Thailand

Nimrod O. Bwibo  
Makerere Medical College  
Kampala, Uganda

Nguyen Huu  
Faculty of Medicine  
University of Saigon  
Vietnam

Raymond B. Allen  
Pan American Health Organization  
Washington, D. C.

Ramon Villarreal  
Pan American Health Organization  
Washington, D. C.

(International Organizations)

Edward Grzegorzewski  
World Health Organization  
Geneva, Switzerland

Harry S. Gear  
Secretary General  
World Medical Association  
New York, New York

The first paper of the morning dealt with "Interprofessional Education and Medicolegal Conflict as Seen From the Other Side" (10) by Professor Leonard S. Powers, University of Florida College of Law. Dr. Betty H. Mawardi, Western Reserve University, then presented "A Career Study of Physicians," and Dr. Aura E. Severinghaus, Columbia University, discussed "Distribution of U.S. and Canadian Graduates According to Disciplines—1900 and 1960."

"The AAMC Study of Medical Student Attrition" was presented by Dr. Davis G. Johnson and Dr. Edwin B. Hutchins, Association of American Medical Colleges. Dr. Joseph J. Ceithaml, University of Chicago, discussed "The Financial State of the American Medical Student" (11). The final paper was presented by Dr. Ward Darley, Executive Director, Association of American Medical Colleges, entitled "AAMC Milestones in Raising the Standards of Medical Education" (12).

On Tuesday afternoon 5 panel discussions were organized on the following topics:

1. "Instructional Techniques." Dr. Stephen Abrahamson, Moderator, University of Southern California; Dr. Murray R. Blair, Jr., Medical College of Virginia; Dr. Hilliard Jason, University of Rochester; and Dr. Phil R. Manning, University of Southern California.

2. "Curriculum Design." Dr. Edwin F. Rosinski, Moderator, Medical College of Virginia; Dr. Larry F. Cavazos, Tufts University; Dr. Martin Netsky, University of Virginia; and Dr. Robert Tschirgi, University of California.

3. "Selection of Students." Dr. John L. Caughey, Jr., Moderator, Western Reserve University; Dr. Joseph K. Hill, State University of New York, Downstate; Dr. James W. Bartlett, University of Rochester; and Dr. Davis G. Johnson, Association of American Medical Colleges.

4. "Communications in Medical Education." Dr. James G. Miller, Moderator, University of Michigan; Dr. Frank N. Marzocco, Santa Monica, California; Dr. Martin M. Cummings, National Library of Medicine; and Dr. Bernard V. Dryer, University of Pittsburgh.

5. "Progress Report on Medical Education at Western Reserve University." Dr. Thomas Hale Ham, Moderator, Dr. Robert F. Williams, Dr. Russell Weisman, and Dr. Robert F. Parker, all on the staff at Western Reserve University.

REFERENCES

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2. NEGHME, R. Medical Education in the Americas. *J. Med. Educ.*, 40:429-436, 1965.

3. STONE, F. L. General Research Support Grants from the Standpoint of the National Institutes of Health. *J. Med. Educ.*, 40:337-342, 1965.
4. MILLER, C. A. General Research Support Grants from the Standpoint of the Medical School. *J. Med. Educ.*, 40:329-336, 1965.
5. BRODMAN, E. The Challenge in Medical School Libraries. *J. Med. Educ.*, 40:1-4, 1965.
6. WILSON, M. P., and CUMMINGS, M. M. The National Library of Medicine: Relationships to Medical Education and Research. *J. Med. Educ.*, 40:225-232, 1965.
7. POWERS, L. Physician Giving to Medical Schools. *J. Med. Educ.*, 40:414-422, 1965.
8. FAULKNER, J. M. Corporate Giving to Medical Schools. *J. Med. Educ.*, 40:423-428, 1965.
9. SCOTT, G. H., LEVITT, M., and GARDNER, E. D. Five Years' Experience with the 2-4-2 Program at Wayne State University. *J. Med. Educ.*, 40:510-515, 1965.
10. POWERS, L. S. Interprofessional Education and Medicolegal Conflict as Seen from the Other Side. *J. Med. Educ.*, 40:233-244, 1965.
11. CEITHAML, J. The Financial State of the American Medical Student. *J. Med. Educ.*, 40:497-505, 1965.
12. DARLEY, W. AAMC Milestones in Raising the Standards of Medical Education. *J. Med. Educ.*, 40:321-328, 1965.

# The Seventy-Fifth Annual Business Meeting

Denver Hilton Hotel

Denver, Colorado

October 20, 1964

Presiding: Dr. ROBERT C. BERSON, President

Dr. Robert C. Berson called the 75th Annual Business Meeting to order at 2:15 P.M. Dr. Richard H. Young, Secretary, called the roll and declared a quorum of the Institutional Members to be present.

## APPROVAL OF THE 1963 PROCEEDINGS OF THE AAMC

The 1963 Proceedings were approved as published.

Dr. George A. Wolf, Jr., President-Elect, took the Chair and called on Dr. Berson for the report of the Executive Council.

## REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

DR. ROBERT C. BERSON

### GIFTS, GRANTS, AND CONTRACTS

*Avalon Foundation.*—\$50,000 for general support. This is in addition to a grant of \$30,000, which was the last installment of a \$150,000 grant for general support made in 1960.

*Commonwealth Fund.*—\$50,000 to support the work of the Special Planning Committee under Dr. Lowell T. Coggeshall. In addition, \$25,000 to support Teaching and Intramural Seminars.

*W. K. Kellogg Foundation.*—\$375,000 to support the Division of Operational Studies for another five years.

*Josiah Macy, Jr. Foundation.*—\$10,000 for the support of *The Journal of Medical Education*. In addition, \$5,000 for the support of the Federal Health Programs Committee.

*The John and Mary R. Markle Foundation.*—\$50,000 to support the research and writing necessary to the implementation of recommendations of the Special Planning Committee.

*Merck, Sharp & Dohme and Abbott Laboratories.*—\$2,500 each for the publication of "Selected Films for Medical Teaching," which will be completed during this winter and will be published as a supplement in the April issue of *The Journal of Medical Education*.

*National Library of Medicine.*—Contract of \$5,000 for "Guidelines for Medical School Libraries," to be published as a special issue of *The Journal of Medical Education* in January, 1965.

*Agency for International Development.*—Contract in the amount of \$100,000 to support the study and evaluation of the programs in medical education which the State Department has been supporting in various countries.

*National Institutes of Health.*—\$70,000 for the 1965 Administrative Institute.



## PROGRAMS AND PROPOSALS

Dr. Berson reported that the Executive Council had approved a proposal that each dean be asked to designate one interested individual to serve as a liaison officer between the school and the AAMC's Division of International Medical Education.

He reported that the Council had approved the holding of an Institute on International Education to be held in 1966, with details as to date and place to be worked out.

The Executive Council has determined places of future annual meetings as follows: 1965—Philadelphia; 1966—San Francisco; 1967—Detroit; 1968—Baltimore.

The Council has met on occasions with representatives of the American Medical Association to discuss various problems of mutual interest, and has accepted the invitation of the Council on Medical Education to designate 3 individuals to become members of an *ad hoc* committee to study preparation for family practice.

The Council recommended and the Institutional Membership approved the continuance as Provisional Members, of the University of New Mexico School of Medicine and the Rutgers Medical School; also approved as Provisional Member, the College of Human Medicine, Michigan State University.

Dr. Berson reported that the Special Planning Committee under the Chairmanship of Dr. Lowell T. Coggeshall had reported verbally to the Council and expected to publish its report within the next three or four months. The members of the Committee are: Dr. Coggeshall, Chairman, University of Chicago; Dr. Clark Kerr, University of California; Dr. Michael E. DeBakey, Baylor University; Dr. George A. Perera, Columbia University; Dr. William N. Hubbard, Jr., University of Michigan; and Dr. John E. Deitrick, Cornell University.

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

## EMERITUS MEMBERS

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

Mr. Ray M. Amberg, former Service Director, University of Minnesota Hospitals

Dr. Marion S. Fay, Emeritus President, Emeritus Dean and Emeritus Professor of Biochemistry, Woman's Medical College of Pennsylvania

Dr. Rudolph Kampmeier, Emeritus Professor of Medicine and Director of Continuing Education, Vanderbilt University

Dr. Robert C. Lewis, Dean Emeritus and Emeritus Professor of Biochemistry, University of Colorado

Dr. M. Pinson Neal, Emeritus Professor of Pathology, University of Missouri

Dr. Agerico B. M. Sison, former Director of the Philippine General Hospital, Emeritus Dean, University of the Philippines, Professor of Medicine, Far Eastern University, Manila

Dr. Francis Scott Smyth, Emeritus Professor of Pediatrics and Emeritus Dean, University of California, San Francisco

## INDIVIDUAL MEMBERS

A total of 563 new Individual Members were voted into the Association.

## AMENDMENT OF THE BYLAWS

On recommendation of the Executive Council, the Bylaws were amended to raise the dues for Provisional Institutional Members from \$500 to \$1,000 a year for four-year schools and from \$500 to \$750 a year for two-year schools.

## REPORT OF THE EXECUTIVE DIRECTOR

WARD DARLEY

I think I have covered about everything I want to say in the report which I gave this morning (1).

I wish I could have dealt at greater length with the work that is being done in the Division of Operational Studies. I think, however, that you cannot help but have seen the results of this program, since 10 of the papers given yesterday and today dealt in one way or another with work going on in this Division.

I wish I could have attended the meeting of the new deans this morning. I would like to urge these new deans to turn to the prior issues of *The Journal of Medical Education* that contain the Proceedings of the Association. If they will go back to 1959 and go through the Proceedings that have been published each year, they will get a comprehensive picture of the work of the Association as it has developed over the past several years.

In closing I wish to express my very sincere appreciation for the tremendous cooperation that the deans of the medical schools and their staffs have given me during my term of office as Executive Director.

## REFERENCE

1. DARLEY, W. AAMC Milestones in Raising the Standards of Medical Education. *J. Med. Educ.*, 40:321-328, 1965.

## REPORT OF THE SECRETARY

RICHARD H. YOUNG

The Association, in conjunction with the Council on Medical Education of the American Medical Association, carried out the following medical school surveys during the academic year 1963-1964:

- New York Medical College, October 14-17, 1963
- The State University of South Dakota School of Medicine,  
October 21-23, 1963
- Brown University Division of Medical Science, November 12-13, 1963
- Queen's University Faculty of Medicine, November 11-14, 1963
- Indiana University School of Medicine, December 9-12, 1963
- The University of Southern California School of Medicine,  
December 9-12, 1963
- The University of California School of Medicine,  
San Francisco, January 6-9, 1964
- The George Washington University School of Medicine,  
January 13-16, 1964
- Emory University School of Medicine, January 20-23, 1964
- The Medical College of South Carolina, January 27-30, 1964

Universite de Montreal Faculte de Medicine, February 3-6, 1964  
 The University of Ottawa Faculty of Medicine, February 17-20, 1964  
 The University of Kentucky College of Medicine, February 24-27, 1964  
 The University of Virginia Medical School, March 2-5, 1964  
 California College of Medicine, March 23-26, 1964  
 Seton Hall College of Medicine and Dentistry, April 6-9, 1964

The following schools are scheduled for visits in 1964-1965:

Rutgers—The State University Rutgers Medical School  
 Seton Hall College of Medicine and Dentistry  
 The University of Toronto Faculty of Medicine  
 The University of Louisville School of Medicine  
 Laval University Faculty of Medicine  
 The University of Tennessee College of Medicine  
 The University of Nebraska College of Medicine  
 Stanford University School of Medicine  
 Tulane University School of Medicine  
 The University of Vermont College of Medicine  
 St. Louis University School of Medicine  
 Duke University School of Medicine  
 State University of New York Upstate Medical Center  
 College of Medicine  
 Cornell University Medical College

## REPORT OF THE TREASURER

J. MURRAY KINSMAN

The Association continues to operate financially in the black. However, from the Auditors' Report which follows, it will be noted that at the end of the last fiscal year less money remained available for general purposes than at the end of the preceding year, in spite of a 50 per cent increase in income from membership dues. A word of explanation follows.

### EXPANSION OF ACTIVITIES

Obviously, a smaller year-end balance in the face of a larger income could only be due to an increase in the expenditures. Several factors contributed to this, but fundamentally it was due chiefly to the continuing expansion of the activities of the Association. This necessitated the employment of additional personnel both professional and clerical, the purchase of new equipment, and the renting of additional space which was necessary because the headquarters building was already overcrowded.

A second major item (noncontinuing, it should be emphasized) was the cost of publishing the handbook *Financial Aid Available for Graduate Study in Medicine*. On the other side of the ledger, however, was a not inconsiderable reduction in expenses in certain areas, notably in the cost of outside printing, in supplies, in professional services and in repairs and maintenance. Appreciable in extent though these savings were, they could not even begin to offset the increases resulting from the expanded programs and activities of the Association.

### ACCOUNTING SYSTEM REVISED

In 1960 the accounting procedures were revised to provide for an accounting of expenses by responsibility, and in 1961 they were modified further to make

feasible an accounting of certain expenses by program and objective also. Because of the rapid growth of the Association and the interrelationship of many of its activities, it has not yet been possible to refine and expand those techniques to identify the expenses of all its programs. However, as a step in the direction of accomplishing this, during the first half of 1964 the auditors made a study of the organization and activities of the Association and of the duties and assignments of all its employees. On the basis of their findings they have made certain suggestions which they believe will make it feasible to determine financial information concerning program and activity expenses in every area.

## AUDITORS' REPORT

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, Ernst & Ernst.

BALANCE SHEET  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1964	June 30 1963
<b>ASSETS</b>		
Cash	\$115,510	\$ 33,149
United States Government short-term securities—at cost and accrued interest	199,829	189,018
Accounts receivable	165,304	171,098
Accounts with employees	5,222	4,379
Supplies, deposits, and prepaid expenses	21,323	32,415
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>\$804,044</u>	<u>\$726,915</u>
<b>LIABILITIES AND EQUITY</b>		
Liabilities:		
Accounts payable	\$ 26,912	\$ 19,742
Salaries, payroll taxes, and taxes withheld from employees	10,519	9,076
	<u>\$37,431</u>	<u>\$ 28,818</u>
Deferred income	51,355	41,288
Equity:		
Restricted for special purposes	\$338,064	\$254,253
Invested in land and building	296,856	296,856
Available for general purposes	80,338	105,700
	<u>\$715,258</u>	<u>\$656,809</u>
Long-term lease commitments—Note C		
	<u>\$804,044</u>	<u>\$726,915</u>

See notes to financial statements.

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

YEAR ENDED JUNE 30

1964

	Restricted for Special Purposes	Invested in Land and Building	Available for General Purposes	Total	1963 Total
<b>STATEMENT OF INCOME AND EXPENSE</b>					
<b>Income:</b>					
Dues from members			\$221,539	\$ 221,539	\$ 147,665
Grants	\$572,510		65,000	637,510	511,836
Services			254,397	254,397	245,561
Publications			109,454	109,454	111,012
Interest and other			6,559	6,559	6,244
Transfers in-out*	32,573*		32,573	-	-
<b>TOTAL INCOME</b>	<u>\$539,937</u>		<u>\$689,522</u>	<u>\$1,229,459</u>	<u>\$1,022,318</u>
<b>Expenses:</b>					
Salaries	\$177,985		\$343,706	\$ 521,691	\$ 446,235
Other expenses	232,062		410,403	642,465	538,493
Transfers in-out*	39,225		39,225*	-	-
<b>TOTAL EXPENSES</b>	<u>\$449,272</u>		<u>\$714,884</u>	<u>\$1,164,156</u>	<u>\$ 984,728</u>
<b>INCOME IN EXCESS OF EXPENSES</b>	<u>\$ 90,665</u>		<u>(\$ 25,362)</u>	<u>\$ 65,303</u>	<u>\$ 37,590</u>

**STATEMENT OF EQUITY**

Balance at					
July 1, 1963	\$254,253	\$296,856	\$105,700	\$ 656,809	
Deduct portion of prior year grants returned to grantors	6,854			6,854	
	<u>\$247,399</u>	<u>\$296,856</u>	<u>\$105,700</u>	<u>\$ 649,955</u>	
Income in excess of expenses	90,665		( 25,362)	65,303	
<b>BALANCE AT JUNE 30, 1964</b>	<u>\$338,064</u>	<u>\$296,856</u>	<u>\$ 80,338</u>	<u>\$ 715,258</u>	

( ) Indicates expenses in excess of income.

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1964

**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, 1964, the Association had been notified by several grantors that it may expect to receive \$913,244 for special purposes and \$80,000 for general purposes within the next four years.

**Note C—Long-Term Lease Commitments:**

The Association leases certain printing equipment under five-year agreements providing for aggregate annual rentals of \$10,700 through June 30, 1967, and \$3,700 for

the year ending June 30, 1968. At the end of the lease terms, the Association has the option to purchase the equipment for approximately \$4,300.

#### 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, 1964. 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, 1964, 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 28, 1964

### REPORT OF THE DIRECTOR DIVISION OF BUSINESS AFFAIRS

JOHN L. CRANER

The Division of Business Affairs has concentrated its efforts this past year in refining the procedures developed and instituted in prior years.

The Division has been coordinating the revision of personnel policies with Ernst & Ernst.

The Executive Director has authorized Ernst & Ernst to obtain and evaluate job descriptions of Association personnel.

The Division has developed a new pamphlet entitled *Forms and Procedures of the Association*, which is distributed to new employees.

#### ACCOUNTING

Normal functions of this Department have not been changed appreciably throughout the year. The major area of improvement has been that of reporting to the operational departments, Contractors and Grantors.

Monthly reviews are held with each director, at which time their monthly statements are discussed in an attempt to avert budgetary problems. Contractors and Grantors received financial reports consistent with their requirements. Special financial and budget reports have been developed to facilitate management decisions.

Records of the Accounting Department are now so complete that many historical reports prepared allow comprehensive comparative studies.

A second area that has been refined is the internal auditing of expenses. Due to government contracts and special requirements of some Grantors, each expenditure of the Association is audited according to government standards.

## JOURNAL OF MEDICAL EDUCATION

*Advertising.*—We are still endeavoring to solicit advertising on a direct mail basis since the Association does not employ an agency or an advertising manager to make direct contacts with present advertisers and potential prospects.

Although 7 new advertisers were obtained during the fiscal year, the gross income amounted to \$34,301.34 (a decrease of 23 per cent from the previous fiscal period). It is felt that the only way to reverse this trend is to institute a program of contact with present and potential advertisers.

*Membership and 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, 1963 Individual	3,118	
October 1, 1964 Individual	3,166	
		Net Increase 48
October 1, 1963 Sustaining	25	
October 1, 1964 Sustaining	26	
		Net Increase 1
October 1, 1963 Contributing	30	
October 1, 1964 Contributing	26	
		Net Decrease 4
Paid subscriptions to <i>The Journal of Medical Education</i> :		
As of October 1, 1963	1,436	
As of October 1, 1964	1,523	
		Net Increase 87

The Subscription Department is now handling the distribution of *Medical School Admission Requirements*. This move consolidates the distribution of all AAMC publications which are sold.

## DATA PROCESSING DEPARTMENT

The space and machines used by the Department during this past year are the same as the previous year.

The process of updating the Division of Operational Studies Survey of Medical Academicians was changed and a postcard size form is now being used. This provided the individual with the information we recorded from his original form. Only changes in rank, department, or school affiliation are required to be noted and returned to our office. This method of updating resulted in good response from the academicians and a reduction of time and expense in processing.

A machine and operator usage schedule is being distributed weekly to all Divisions.

## MEETINGS

This Division operates its own photographic services and is able to extend wide coverage of meetings at minimum cost.

All physical arrangements of the Annual Meeting and most other meetings held by the AAMC are handled by this Department.

*Exhibit.*—This Division has recently been assigned the responsibility of operating the Association's exhibit. This duty includes the display of publications (at meetings) explaining to nonmembers the advantage of membership in the Association and receiving membership applications. Records are now being kept on total attendance at the exhibit to determine its effectiveness and are compared with total registration. The experience of the first meeting (AMA's Congress on Medical Education) indicated that 98 per cent of the total registration visited the exhibit.

#### MAILING, REPRODUCTION AND PRINTING

The M & R Department continues to produce 95 per cent of the printed material for the Association with the exception of *Medical School Admission Requirements* and *The Journal of Medical Education*.

*The Directory of Administrative Staff, Department Chairmen and Individual Members* was completed on September 18, 1964, which is the earliest date of publication in the history of the Directory.

The M & R Department is now charging labor cost involved in performing the various tasks requested by each Division such as furniture moving and repairing, warehouse maintenance, and so forth, making possible more realistic cost accounting for the budgets of the Association.

The Department has been able to meet all of the requirements of the Association during the past year without adding any major equipment.

#### NATIONAL INTERN MATCHING PROGRAM

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

#### SCHOOL VISITATIONS

The visitation schedule is arranged by the Secretary of the Association. The 1963-1964 schedule consisted of 18 surveys and 7 reports on new schools in process of development. Multilith reproduction of the reports is completed and distributed by the AAMC.

#### BUILDING SERVICES

The Division is still maintaining the Association's headquarters and the Division of Education Annex with the same maintenance personnel.

The volume of Xeroxing required by the Division of Education has made it necessary to install a Model 813 at the Annex.

#### FILM LIBRARY

The income from rental and sales of films for the fiscal year ending June 30, 1964, was \$4,974.93, a decrease of 36.16 per cent from the previous fiscal year. The major portion of the decrease was due to a substantial reduction in the sales of films. The number of rentals only decreased 5.22 per cent.

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



Medical Schools	303
Hospitals	271
Schools of Nursing	44
Schools of Dentistry	3
Local Cancer Societies	118
Schools other than Medical	8
Miscellaneous	<u>141</u>
(Consists of Individual Doctors, Medical Societies, Armed Forces, etc.)	
Total Rentals	<u>889</u>

The most popular films are:

	Number of Showings
A Concept of Maternal and Neonatal Care	31
Speech After Laryngectomy	21
Diagnosis of the Uterine Malignancy	18
Training for Childbirth	16
Autonomic Nervous System	16
The Hela Cell Strain	15
Diseases of the Stomach & Duodenum	15

In addition to the above, there were 17 other films which were requested and shipped at least 10 times.

There were no showings for 76 prints.

The following films have been ordered to replace missing and poor prints in the film library:

No. Prints	Title	Amount
1	A Bronchoscopic Clinic	\$300.00
1	All My Babies	150.00
1	We Speak Again	184.00
4	A Concept of Maternal and Neonatal Care @\$43.00 each	172.00
1	Fractures of Femur about Hip Joint	140.61
1	William Harvey and Circulation of the Blood	340.00
1	Subcutaneous Blood Flow in the Bat (3 films)	120.00
	Total	<u>\$1,406.61</u>

## REPORT OF THE DIRECTOR DIVISION OF OPERATIONAL STUDIES

LEE POWERS

This is the sixth Annual Report of the Division of Operational Studies (DOS) of the Association of American Medical Colleges. In February of 1964 the W. K. Kellogg Foundation's initial five-year grant for the support of the Division, established on March 1, 1959, was terminated. Prior to that time, the Division had submitted a proposal to the Kellogg Foundation for a second five-year grant based upon a continuation of the previous program of the Division. The Board of Trustees of the Foundation approved this proposal and awarded a five-year grant of \$375,000 (\$75,000 per annum 1964-1969) to the Association for the continued support of the DOS.

## STAFF

Lee Powers, M.D., is Director of the Division; Mr. Augustus J. Carroll is Assistant Director; Mrs. Katherine Cutter Oppermann, B.S., served as Research Associate until June 1, 1964, when she was succeeded in this post by Miss Mary H. Littlemeyer, B.A.; Miss Marian Weber is Secretary to the Director; Mrs. Arlene Dorfman is Secretary to the Division; and Miss Eleanor Kopsian is in charge of graphic and visual-aid presentations.

## ACTIVITIES OF THE DIVISION

A current summary of research and study programs and services follows.

**Activities Concerned with Faculties**

*Faculty Register.*—The Faculty Register was established to provide resource data on the total number of medical school faculty by type of training, rank, specialty, and so forth. The Register, updated biennially, provides an invaluable mechanism for following trends in staffing patterns, predicting sources for future faculty in basic science and clinical departments, evaluating current dimensions of medical school faculties, and for future planning. Many inquiries of a specific nature from medical educators in widely varied disciplines have been answered through IBM tabulations of Register data.

*Faculty Salary Survey.*—The third biennial Faculty Salary Survey was completed, and national and regional summaries were distributed to the deans of all United States medical schools in the Spring of 1964. Information was collected from most of the schools on full-time faculty salaries in the basic science departments, the "strict" or "geographic" full-time salary plans in the clinical sciences, as well as pertinent data on private practice privileges, fringe benefits and retirement policies. Data in the summaries were presented separately according to each major clinical department and combined for the basic science departments. Tabulations showed the distribution by rank of salaries paid for the year 1963-1964 including medians and averages.

*Faculty Vacancies.*—As a service to candidates seeking teaching positions in U. S. medical schools, the DOS tabulates annually the number of unfilled vacancies in teaching staffs as of January 1 by school, department, and rank. This information is obtained from the AAMC-AMA Liaison Questionnaire and is the subject of a surprising number of requests received by the Division office.

**Activities Concerned with Financial Support for Medical Education**

*Medical School Expenditures.*—Medical school expenditures by source of income are tabulated annually to provide trend information. These data are used for reports, Datagrams, and medical school profile tabulation.

Each year the DOS contributes to the Education Number of the *Journal of the American Medical Association* an analysis of annual expenditures by sources of income of U. S. medical schools. The latest report appeared in Vol. 186, No. 7, November, 1963.

*Voluntary Support of Medical Education.*—Two important sources of voluntary support of medical education are contributions from physicians (subscribed either directly or through the AMA-Education and Research Foundation), and corporation gifts subscribed through the National Fund for Medical Education (NFME). *Datagram*, Vol. 5, No. 7 (January, 1964) entitled "Voluntary Support

of U. S. Medical Schools Originating From Physicians and From the National Fund for Medical Education," emphasized the need for greater action on the part of the medical schools to promote continued and increased private support. It described the trends over the past eight years in contributions from physicians and from NFME.

The DOS also distributed to all medical schools charts showing the amounts of AMA-Education and Research Foundation funds and direct physician contributions for 1962 ranked in order of amounts per school. Similar information developed for the year 1963 was the basis of a paper presented by the Director to the Medical Section of the American College Public Relations Association at its annual meeting in July, 1964. So that more meaningful data could be obtained, this study was broadened to a five-year period, 1959-1963.

*Medical School Program Cost Analysis.*—The determination of realistic program costs has facilitated an internal evaluation of the various programs by the administration and fiscal officers of each school and provides them with a sound basis for program planning. Over half of the medical schools have now determined their program costs by using the *Procedures Manual* which resulted from the project.

Mr. Carroll has visited several Canadian medical schools to consult on the use of the *Procedures*. All Canadian schools plan to analyze their costs according to the system.

*Educational Costs in Teaching Hospitals.*—A similar system of cost analysis applicable to teaching hospital programs is being developed by the Division. Two large university hospitals are now cooperating in a pilot study aimed at developing the procedures by which acceptable cost estimates can be obtained for specific parts of the teaching programs in affiliated hospitals.

#### Activities Concerned with General Administration

*Medical School-Hospital Affiliation Agreements.*—This project, sponsored by the Division, is being conducted under the direction of Dr. Cecil G. Sheps, University of Pittsburgh, Law-Medicine Institute of the Graduate School of Public Health. The report from this project will be useful for medical schools and teaching hospitals in their affiliation arrangements and will be an excellent resource document for the 1964 Administrative Institute.

*Administrative Institutes.*—The Division was assigned the responsibility for staffing three annual institutes on medical center administration. Designed to study the administrative practices and relationships in the modern medical teaching center, the institutes and their subsequent reports will better enable medical center administrators to successfully discharge their responsibilities in carrying out the educational, research, and service objectives of their institutions.

The First Institute on Medical School Administration was held at the Hilton Inn, Atlanta, Georgia on October 5-8, 1963. The prime consideration of this Institute was the internal organization and administration of the medical school. The four subtopics, each given a half-day allocation on the program, were (a) Institutional Administrative Organization, (b) Fiscal and Business Management, (c) General Faculty Organization, and (d) Supporting Services and Plant Management.

The Report of the 1963 Institute will be available as resource material for

subsequent conferences dealing with the subject of administration.

The 1964 Administrative Institute, to be held December 6-9, will be concerned with "Medical School-Teaching Hospital Relations."

The focus of the 1965 Administrative Institute will be on "Medical School-Parent University Relationships."

*Consulting Services.*—Consulting services to schools, organizations, and other miscellaneous activities of assistance provided to medical centers by staff members include:

1. School visitations for accreditation of established schools.
2. Consultation visitations and provision of resource data to newly developing schools.
3. Regional studies of needs and resources in medical education.
4. Preparation of resource data for presentation before congressional committees.
5. Participation in meetings, including presentation of papers, held by other organizations.
6. Processing 20-30 requests for data and information monthly.

#### Activities Concerned with Facilities

*Construction.*—In 1960 a study of medical center expenditures for facility construction from 1949 to 1959 was completed. This information is updated annually and construction expenditure data have been obtained for the past fifteen years. During the fiscal year information was collected on construction needs for U. S. medical schools for expansion and renovation of educational and research facilities through 1973. These data were used to support the passage of H.R. 12 (P.L. 88-129), the "Health Professions Educational Assistance Act of 1963."

*Facilities Planning Guide.*—The staff of the DOS assisted in the development of the U.S. Public Health Service documents, first published in 1961 (*Medical School Facilities—Planning Considerations and Architectural Guide*), and revised in 1964 (*Medical Education Facilities—Planning Considerations and Architectural Guide*). These volumes have been invaluable to new medical schools in development.

*Veterans Administration Studies.*—Two studies (1961 and 1963) have been made of Veterans Administration hospital-medical school relationships to determine the educational value of the dean's committee arrangements. Conferences with representatives of the Veterans Administration have been held incident to any problems the studies revealed.

#### Activities Concerned with Reference and Resource Material

*Datagrams.*—This informational sheet, published monthly, began in 1959. It provides concise and pertinent information for medical school administrators, faculty, and the lay press. "Datagrams" reach over 9,000 readers monthly.

A five-year cumulative index of "Datagrams" was published in July.

*Profile Data of Medical Schools.*—Indices reflecting medical school operations have been developed for the use of the medical schools. Comprised of figures for expenditures, faculty, and students (including performance data), these data are profiled so that a school can evaluate its standing in relation to other schools.

*Resource Library.*—The Division's reprint and reference library consists of items relating to medical education published since 1946. Brochures, monographs, and other important documents are included. The demands for this resource are both intramural and extramural.

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

JULIUS B. RICHMOND  
PAUL J. SANAZARO

The Committee on Research in Education serves as advisory committee to the Division of Education and its programs. During the past year, the Committee conducted a detailed and searching analysis of the operations of the Division of Education and furnished valuable guidance and critiques. This report also summarizes the work of the Committees of the Group on Student Affairs, for which the Division furnishes staff services.

STAFF

Paul J. Sanazaro, M.D., is Director of the Division of Education and responsible for Educational Services and Research and the Core Program. Edwin B. Hutchins, Ph.D., serves as Assistant Director in charge of the Office of Basic Research. Davis G. Johnson, Ph.D., is Assistant Director in charge of the Office of Student Studies and Services. During the past year, five research assistants have been employed on a part-time basis, and additional research services have been obtained by contract with consultants in universities.

PROGRAMS OF THE DIVISION

The basic functions of the Division are (a) to provide information and service to medical schools, (b) to conduct basic and applied research in medical education, (c) to stimulate research in medical education in medical schools and universities, and (d) to provide staff services for standing and *ad hoc* committees which are administratively related to the Division. For convenience in reporting, the programs of the Division of Education are classified as follows: Educational Services and Research; Core Program; Office of Basic Research; and Office of Student Studies and Services.

The programs of the Division are to varying extents interrelated, and each of the Staff contributes where appropriate. One common function, which is performed by all staff members, is the providing of information and consultation to faculty members, administrative officers, or outside agencies and organizations having interest in medical education. A considerable proportion of total staff time is devoted to such service.

EDUCATIONAL SERVICES AND RESEARCH

The Director of the Division is responsible for this program. It is designed to stimulate research in medical education and, utilizing the resources of the AAMC and qualified consultants, to provide direct services or information that may assist in the improvement of teaching and of educational programs within medical schools.

*Annual Conference on Research in Medical Education.*—The Second Annual Conference on Research in Medical Education was held October 30, 1963. The papers and edited discussions were published as a special issue of *The Journal of Medical Education* (February, 1964). The scope and caliber of the research make it apparent that the pioneering phase of the objective study of medical education has ended and that medical schools are extensively involved in rigorous and productive investigation in many facets of medical education. Fifty-one abstracts were submitted for the Third Annual Conference, which is scheduled for October 21, 1964.

*Seminars on Medical Teaching.*—The Association sponsored 2 Seminars on Medical Teaching in 1964 for a total of 63 active faculty members and administrators. The first, under the direction of Dr. Stephen Abrahamson, was held at the University of Southern California, June 14-18, 1964. The second seminar was conducted by Dr. George E. Miller at the University of Chicago, September 9-12, 1964. The seminars provide an opportunity for teachers to study in depth the principles of education and learning, data on intellectual and personality characteristics of students, appropriate use of instructional methods, and principles of evaluation. The limited enrollment in the 2 seminars unfortunately made it impossible for all who had expressed interest to attend. It appears that the study of the educational process is now considered an important academic endeavor by a large number of faculty members in medical schools.

*Intramural Seminar.*—The Division of Education each year assists one medical school in designing and conducting an intensive self-study. This past year, the Ohio State University College of Medicine undertook such an assessment of its students, faculty, alumni, and educational program. In June, 1964, selected faculty members and administrative staff met with consultants in a four-day seminar to analyze the results and implications of the study. Consultants for this seminar were Drs. George E. Miller, Stephen Abrahamson, Lawrence Fisher, Edwin B. Hutchins, Hilliard Jason, Paul J. Sanazaro, and Miss Christine McGuire.

*Conference for Teachers of Physical Diagnosis in Midwest Colleges of Medicine.*—On March 9 and 10, 1964, the Division of Education in conjunction with the Ohio State University College of Medicine sponsored an invitational conference on the teaching of physical diagnosis. John Prior, M.D., Associate Dean, served as chairman, assisted by Richard Judge, M.D., University of Michigan Medical School and Robert Grissom, M.D., University of Nebraska College of Medicine. Twenty-four medical schools were represented by 27 faculty members. The conference was devoted to an intensive review of the present programs, significant new trends and the potentials of integrated instruction in providing a more adequate introduction to clinical medicine for freshmen and sophomore medical students. Experiments in the use of closed circuit television, models and specialized teaching films were also reviewed.

*Guidelines for Medical School Libraries.*—In October, 1963, the AAMC and the Medical Library Association jointly appointed a committee of medical librarians charged with the responsibility of developing guidelines which would enable administrators in medical schools to assess the extent to which individual libraries are designed, funded, administered, staffed and operated in keeping with modern concepts of library service. "The Guidelines" also provide perspective on the role of the newer technologies in libraries of the future. The Guidelines

will appear as the January, 1965, issue of *The Journal of Medical Education*. Members of the committee are: Estelle Brodman, Ph.D., Librarian and Professor of Medical History, Washington University School of Medicine; Ralph T. Esterquest, Librarian, Harvard University Schools of Medicine and Public Health; Thomas P. Fleming, Professor of Library Service, Columbia University Medical Library; and Bernice M. Hetzner, Librarian, University of Nebraska, College of Medicine. David A. Kronick, Ph.D., formerly Librarian, Cleveland Medical Library Association, and currently Chief of Reference Services Division, National Library of Medicine, served as Project Director. The National Library of Medicine partially supported the project through a contract.

*The Medical College Admission Test (MCAT).*—The Committee on Research in Education annually appoints an MCAT Advisory Committee. Its members are: John L. Caughey, Jr., M.D., John J. Conger, Ph.D., Carlyle F. Jacobson, Ph.D., Roy K. Jarecky, Ed.D., Woodrow W. Morris, Ph.D., Schuyler Kohl, M.D., and William Schofield, Ph.D. The Committee recommended a number of studies, including a study of the relationship between number of science courses taken and student performance on the Science subtest of the MCAT (conducted by Dr. Davis Johnson), and a factor-analysis of the MCAT (conducted by Dr. Edwin B. Hutchins) which is expected to yield helpful information in improving the Science subtest. The Advisory Committee also recommended a systematic validation of the MCAT, which the Office of Basic Research has currently under way.

The Handbook on the Medical College Admission Test was officially issued in September, 1964. It contains information of direct interest to members of admissions committees and is intended to improve the utilization of the MCAT in the admission process. The Handbook will be revised periodically in order to provide up-to-date information as well as results of important new studies on the MCAT.

The MCAT Advisory Committee also recommended that a panel of consultants from the basic medical sciences be selected to conduct an overall review of the MCAT Science subtest. This panel has been appointed and will recommend revisions on the basis of ongoing changes in the basic medical sciences in medical schools and in the teaching of the physical and biological sciences and mathematics in high school and college.

*Educational Research.*—In view of the large number of studies made on medical schools by the Association in the past and in view of the extensive data gathered for the Annual Teaching Institutes, it is incumbent upon the Association to make the results of these studies available to individual medical schools in understandable and meaningful form. The Office of Basic Research has been given responsibility for compiling these past data. Concurrent with this effort, the Division of Education is developing a research program for studying the educational impact of medical school curricula. The effectiveness of a particular educational program in helping students acquire the requisite competence cannot be determined until a study design is devised which will appropriately incorporate such relevant variables as student and faculty characteristics, sources and degree of financial support, content and design of the educational program, system of student evaluation and other factors that are known to influence student learning. Additional full-time research staff will shortly be appointed to the Division to expedite this research.

*Study of Grading Practices in Medical Schools.*—The Division of Education is providing staff services and data to the Committee on Research of the Group on Student Affairs in a preliminary study of grading practices in selected medical schools. The results will determine the feasibility of a more definitive cooperative study. The fact that suggestions for such a study came directly from medical schools indicates recognition of the need to develop guidelines in this difficult area. A preliminary report will be presented to the Group on Student Affairs at the Annual Meeting.

#### CORE PROGRAM

The Division of Education receives grant support from the Carnegie Corporation for the purpose of stimulating research on basic problems in medical education. This grant has made available seed money for developing a program of interdisciplinary research on key problems in medical education. During the past year, proposals have been developed for 4 projects, each of which has been reviewed and approved by the Committee on Research in Education and in turn by the Executive Council. Applications for extramural funding for each of these are pending. In summary form, the Core Program consists of the following projects:

*Project A.*—A research plan has been formulated to estimate the future demands for particular types of physician services our society and medical science will impose in the foreseeable future. This project will analyze the major determinants of demands for personal physician services, including the administrative, organizational and financial systems within which patient care is given and the working interrelationships of the physician and other health-care personnel. The intended result is an estimation of probable ranges of needs for different types of physician services rather than precise numerical predictions. The design of a mathematical model will constitute a methodological advance in the study of medical practice as a social system and it is hoped that subsequent refinements will provide guidance to medical educators in planning the education and training of personnel to meet the anticipated health-care demands of our society.

*Project B.*—The AAMC longitudinal study, conducted on 2500 graduates from 28 medical schools, has as its major purpose the identification of those characteristics in applicants which are later associated with a high level of academic and professional performance. To carry this study to its intended conclusion requires that objective criteria of effective performance by these same graduates be developed. A research proposal has been developed which can provide at least a beginning to such objective assessment. The techniques which emerge will be applied to the 2500 graduates and the results will be correlated with the extensive data currently available on their intellectual and nonintellectual characteristics as they entered and progressed through medical school.

*Project C.*—A study plan has been devised for the cooperative study of methods for evaluating the teaching of comprehensive medicine in order to determine whether such specialized programs do, in fact, produce measurable differences in student attitudes and performances in the senior year. As a result of 4 planning meetings, 10 schools have agreed to participate in this joint study. The specific purposes of this study will be twofold: first, to develop reliable instruments for the assessment of student performance in comprehensive medi-



cine teaching programs, and second, to identify those biographical and attitudinal factors which may predispose students to adopt the philosophy and acquire the skills of comprehensive medicine.

*Project D.*—Because the primary function of medical education is to prepare its graduates for the provision of patient care, the quality of individually rendered patient care is the ultimate measure of the effectiveness of current programs in medical education. Research in patient care can therefore be expected to provide urgently needed guidance to those segments of medical education concerned with the preparation of students and physicians for this function. In view of the limited number of qualified personnel available to conduct such research, the Association proposes to assist faculty members in becoming informed of ongoing research in this field.

Plans have been made to sponsor a series of conferences, conducted by experts in the field, for faculty members having direct clinical responsibilities in medical schools in order to acquaint them with the scope, concepts, methods and opportunities for research in patient care in the medical center. The first conference has been scheduled for March 2-5, 1965, in Chicago.

#### OFFICE OF STUDENT STUDIES AND SERVICES

On August 1, 1963, Dr. Davis G. Johnson was appointed Assistant Director of the Division, in charge of the Office of Student Studies and Services. Its major function is to provide studies, services, and staff support in the areas of Admissions and Student Affairs. The major activities of this office may be categorized as: (a) student studies, (b) student services, (c) staff work for the AAMC Group on Student Affairs (GSA),\* and (d) staff work for other AAMC Committees.

*Attrition Study.*—The major study currently under way is the Study of Medical Student Attrition supported by a grant from the Maurice Falk Memorial Fund and initiated on July 1, 1962, by Dr. Johnson as Principal Investigator and Dr. Hutchins as Co-Investigator. A progress report will be presented at the Annual Meeting and the final report will be issued thereafter.

*Student Financing Study.*—A second major study is the Survey of Medical Student Financing, conducted jointly with the U. S. Public Health Service. Aimed at updating the AAMC study in 1959 and providing a base-line for the federal student loan program, this project included the administration of questionnaires to medical students enrolled during the 1963-1964 academic year. A partial analysis of the returns has been completed. Individual summaries will be compiled for the information of each school from which an adequate return was obtained. A preliminary report of this study will be presented at the Annual Meeting.

*Applicants Study.*—This Office prepared the 1963-1964 Study of Applicants, which will appear in *The Journal of Medical Education*, October, 1964.

*Advanced Placement Survey.*—At the request of the Group on Student Affairs and the Committee on Student Affairs, a survey was made of the policies and practices of medical schools and the State Licensing Boards with respect to advanced placement, that is, credit given for college-level courses taken in high

\* Name changed from Continuing Group on Student Affairs (CGSA) to AAMC Group on Student Affairs (GSA) at the May, 1964, Meeting of the Executive Council.

school. The results of this survey have been discussed at the GSA regional meetings and will be formally considered at the GSA Annual Meeting.

*Foreign Students Study.*—In cooperation with the AAMC Division of International Medical Education, a study was made of foreign students enrolled in U.S. medical schools from 1951-1952 through 1962-1963. Questionnaire returns were received and analyzed on 1,231 foreign medical students.

*MCAT.*—As previously noted, this office also studied the relationship between science background and performance on the Medical College Admission Test.

*Other Projects.*—Typical of shorter-range projects is the preparation of AAMC Datagrams. This office has also prepared a number of special reports for various groups and agencies, among them a report for the Western Interstate Commission for Higher Education (WICHE) relative to meeting the needs for medical manpower.

*Student Services.*—Basic to the service function of this office is the maintenance of complete and accurate records of medical school applicants and students. In view of the increase in both applicants and students, plus enlarged demands for special studies and reports, the system of record organization and maintenance is under active review to determine how best to improve its overall operations.

The Group on Student Affairs reviewed the AAMC system of information exchange during 1963 and a revised "calendar of reports" for 1963-1964 was adopted in accord with their recommendations. In addition, many of the reports and their accompanying explanations have been thoroughly revised to provide for easier comprehension. Individual medical schools report to the AAMC information on applicants, matriculants, yearly enrollees, student performance, graduates, and dropouts. From this information, the AAMC provides reports to the medical schools via periodic lists of accepted applicants, summaries of MCAT performance of their applicants and their students, comparisons of how applicants acted on joint offers from various medical schools, and summaries of medical school progress by undergraduate college and by medical school. Reports are also sent annually to the undergraduate colleges on the application activity, MCAT scores and medical school performance of their students.

A Transfer Student Matching Program was initiated on a trial basis for Dartmouth students wishing to transfer to a four-year medical school. The matching took place on February 20, 1964. Depending upon final assessment of this program, it may be expanded to include students from other two-year schools.

*Staff Services.*—The major staff work performed by this office is in support of the activities of the Group on Student Affairs (GSA). A current list of GSA Members is maintained and a new official directory of the organization has been prepared, including lists of committee members.

The 5 Regional Groups were provided an up-to-date inventory of which schools desire to affiliate themselves with one or more of these Groups. The office coordinated the preparation of background references and specific proposals to be considered at the regional meetings. Agenda items included advanced placement, the reporting of student performance to the AAMC (and to hospitals for internship placement), the confidentiality of MCAT scores, review of the results of the GSA Scholarship questionnaire and its implications for the possible seeking of federal scholarships, and review of the results of the foreign

student studies of DIME and of the GSA Committee on Student Aspects of International Medical Education.

Serious consideration is being given to the development of an orientation program for new members of the GSA.

This office also furnished staff services for the 5 Committees of the Group on Student Affairs. Under the auspices of the Committee on Relations with Colleges and High Schools (Dr. James Schofield, Chairman) a directory of premedical advisors was prepared and distributed as was a Newsletter to Premedical Advisors.

The Committee on the Financial Problems of Medical Students (Dr. Joseph Ceithaml, Chairman) assisted in formulation of the PHS-AAMC Survey of Student Financing and the GSA Scholarship questionnaire and will supervise the revising of the AAMC booklet on financial aid.

The Committee on Student Aspects of International Medical Education (Dr. Thomas Brooks, Chairman) studied the admission of foreign students to American medical schools and further analyzed the data gathered in the foreign student study of 1962-1963. The Committee has prepared a careful and complete statement for the guidance of foreign applicants to U.S. medical schools.

The Committee on Research (Dr. W. W. Morris, Chairman) conducted a study of "Student Opinion on Medical School Acceptance Dates" and reported the results in *The Journal of Medical Education*. Dr. Johnson initiated this study and was senior author. The current study focuses on grading practices in medical schools. A progress report will be presented at the Annual Meeting.

The newly formed Admission Requirements Book Editorial Advisory Committee (Dr. James Schofield, Chairman) assisted and contributed to the extensive revision of the AAMC Admission Requirements Book into what appears to be an even better and more useful publication.

*Additional Staff Services.*—In addition to staff work for GSA, this office also provided staff assistance to the Committee on Student Affairs and the MCAT Advisory Committee.

At the end of its first year of existence, the Office of Student Studies and Services has amply demonstrated the importance of such central office functions in advancing the work of the Association in the areas of Admissions and Student Affairs.

#### OFFICE OF BASIC RESEARCH

Basic research is conducted in the Division of Education under the direction of Dr. E. B. Hutchins. Such research takes cognizance of the fact that the behavioral sciences offer both method and content for the scholarly analysis of many of the problems facing medical education. The major effort of the Office of Basic Research has been the analysis and compilation of data from the AAMC Longitudinal Study and the Annual Teaching Institutes. It has also furnished research data and services in support of the Seminars on Medical Teaching and the Intramural Seminar. The ongoing research projects are summarized here as well as the professional activities of the staff.

*Rating of Clinical Performance.*—Research is being carried on concerning the relationship between personality characteristics of medical students and their rank in class. National Board performance and faculty ratings have shown the need for data from an independent measure of clinical performance. At this

time the reliability of ratings obtained in the course of the longitudinal study at the end of the internship has been found to be adequate for further study. It remains now to obtain the correlations between available measures of personality and those criteria which have proved adequate.

*Medical College Admission Test.*—A number of studies are currently under way or contemplated for the purpose of better understanding this particular instrument and to assure its proper maintenance. One study explores variability in the correlations obtained between MCAT scores and National Board scores for different schools and is primarily aimed at discovering artifacts of a statistical nature to explain the variability obtained in these correlations.

In a second study a factor analysis of the MCAT Science test was undertaken. The results here suggested that the major dimensions measured by the Science section of the MCAT are not a direct function of the particular science content, that is, physics, chemistry, biology, but rather a function of the level of integration required in scientific thinking.

Validity studies of the MCAT, using rank in class as the criterion, resulted in a relatively full range of validity coefficients across medical schools, although the distribution was weighted with reasonably high coefficients.

A study outlined in the last annual report utilizing data obtained in 1958 on a set of 10 experimental tests is still in progress. Criterion data have only recently been obtained.

*Studies of Nonintellectual Characteristics of Medical Students.*—The research staff has devoted and will continue to devote major effort to the AAMC longitudinal study of the class of 1960. Preliminary reports were presented at the 1963 Annual Meeting by Dr. Hutchins and by Dr. C. F. Schumacher, National Board of Medical Examiners, and were subsequently published in *The Journal of Medical Education* (March, 1964). Dr. Hutchins gave an overview of the study. Dr. Schumacher presented some of the results from the career choice investigations.

One experimental instrument developed during the study measures student attitudes toward the various types of careers in medicine and may be of value in the further study of career choice.

A second experimental instrument collected data on the student's perception of key persons in his immediate work environment. Previous research has indicated that certain measures of interpersonal perception do relate to criteria of interpersonal behavior. The exploration of the relationships of these measures with criteria of clinical performance is presently under way.

Plans are now under way for the first long-term follow-up of the subjects of the longitudinal study.

*Survey of Grading Practices.*—In support of the Committee on Research of the Group on Student Affairs this office participated in a pilot survey of grading practices, exploring techniques for determining the reliability of current practices.

*Attrition Study.*—Dr. Hutchins has acted as Co-Investigator with Dr. Johnson on the study of student attrition since its inception.

#### PROFESSIONAL ACTIVITIES

During the summer of 1964, Dr. Hutchins was a participant at the Research Conference on Learning and the Education Process sponsored by the Social

Science Research Council at Stanford University. The purpose of the conference was to examine developments in psychology and other behavioral sciences that have potential significance for education as well as educational developments and needs that pose questions for the behavioral scientist. In addition, Dr. Hutchins served on a number of research and education panels and continued his teaching activity during the year through his visiting appointment at Northwestern University in the Department of Psychology.

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 period under review, July, 1963-September, 1964, was notable for the number of discussions held among medical educators at the national and international level, leading in some cases to development of new permanent associations and in others to plans for further joint action. Several significant studies were launched to delineate more sharply the medical manpower needs and training potential in the developing countries. The AAMC was privileged to participate in these activities and thus to deepen its understanding of the means through which U.S. medical education can join most effectively in the widespread movement for the advancement of medical education.

CONFERENCES AND ASSOCIATIONS

Conferences abroad at which the AAMC was represented included:

First Annual Conference of Association of Brazilian Medical Schools, Recife, Brazil, August 21-25, 1963; Drs. Robert A. Moore and James Hughes.

First Meeting of Executive Council, Pan American Federation of Associations of Medical Schools; Fourth Conference of Latin American Schools of Medicine; and, Second Annual Conference of Association of Brazilian Medical Schools, Pocos de Caldas, Brazil, August 16-23, 1964; Drs. Robert C. Berson, John A. D. Cooper, Thomas H. Hunter, Kenneth E. Penrod, Robert A. Watson, and G. Halsey Hunt (alternate).

First Centenary of the Mexican National Academy of Medicine, Mexico City, Mexico, April 30-May 6, 1964; Dr. Robert C. Berson.

WHO Conference of Deans of Medical Schools in the Western Pacific Region, Manila, Philippines, November 18-27, 1963; Dr. Henry van Zile Hyde.

Third Conference on Medical Education in Africa, Kampala, Uganda, December 9-14, 1963; Dr. Hyde.

Special Group Meeting on Medical Education in the Eastern Mediterranean, Alexandria, Egypt, December 16-28, 1963; Dr. Hyde.

Fourth Annual Conference of the Indian Association for Advancement of Medical Education, Madras, India, February 10-12, 1964; Drs. A. McGehee Harvey, E. S. Stafford, Ivan L. Bennett, and Charles C. J. Carpenter.

Middle East Medical Assembly, Beirut, Lebanon, May 14-17, 1964;  
Dr. Leland Powers.

A Nordic Association for Medical Education was formed at a meeting in Helsinki in February, 1964. Dr. Arne Marthinsen of Norway was appointed Secretary of the Association.

The Third Conference on Medical Education in Africa adopted statutes for an Association of African Medical Schools in December, 1963, and circulated them to the schools concerned for ratification.

An Association of Brazilian Medical Schools was established in Recife in August, 1963. Professor Oscar Versiani Caldeira was elected first President.

A Peruvian Association of Medical Schools was established at a meeting in Lima in August, 1964. Dr. Guzman Barron, Dean of the San Marcos School of Medicine, was elected first President.

During the year, associations were also established in Bolivia and Ecuador.

The AAMC established relations with the Nordic Association through its Secretary and with the new associations in Latin America through the Pan American Federation.

#### STUDY OF MEDICAL EDUCATION IN DEVELOPING COUNTRIES

The AAMC, under its contract with the Agency for International Development (AID), launched a one-year Study of Medical Education in Developing Countries under general purview of the Committee on International Relations in Medical Education and with the guidance of an Advisory Committee chaired by Dr. James P. Dixon, which included as its members, Drs. Donald G. Anderson, Robert C. Berson, Mark Field, George M. Foster, Thomas H. Hunter, Maxwell E. Lapham, Malcolm H. Merrill, Robert A. Moore, Kenneth E. Penrod, Edwin F. Rosinski, and Kelly West.

The Committee met in Chicago in June, 1964, reviewed staff plans for the Study and recommended that the Study address itself to the following:

1. Success of U.S. based training programs in achieving their goals;
2. Role of medical schools in national planning for the development of health services;
3. Factors shaping attitudes of medical schools and individuals toward involvement in international medical education programs;
4. Responsible exportation of teaching tools and concepts;
5. Establishment of special institutions;
6. Interinstitutional relationships;
7. Contribution of U.S. medical education to the education of leaders of health teams;
8. Support of associations of medical faculties;
9. Effect of international involvement upon U.S. medical schools and medical education;
10. The special contributions which American medical education can make to schools in developing countries.

In order to conduct the Study, the staff of the Division was augmented, on a temporary basis, by the addition of Drs. William W. Frye and Richard J. Cross, and Mrs. Eleanor Kubota. Drs. Robert Berson, Kenneth Penrod, Kelly

West, Charles Richards, and others have served as consultants on special aspects of the Study. The report of the Study is due in April, 1965.

Related studies were set in motion in several countries by the Rockefeller Foundation in conjunction with AID, by the Milbank Memorial Fund and the Pan American Health Organization in cooperation with the Ministry of Health in Colombia, and by the Johns Hopkins School of Public Health and Hygiene.

#### FOREIGN CONSULTATIONS AND STUDIES

*Pakistan.*—Under the leadership of Dr. Jean A. Curran, an extensive study was made during the first three months of 1964 of the national plan for the development of medical education in East Pakistan. Members of the survey team, in addition to Dr. Curran, were Drs. Roy M. Acheson, Edward C. Andrews, and John H. Mulholland.

The study was conducted under the AAMC/AID contract at the request of the Government of East Pakistan, and a full report was presented to AID in July. The report included a recommendation for the development in East Pakistan of a modern medical center with technical and financial support from international sources.

*Middle East.*—Dr. Edward Green visited the American University of Beirut under the AAMC/AID contract, in February, 1963, to advise on plans for extending the use of programmed learning in the Middle East.

*Egypt.*—Dr. Leland Powers visited Egypt in May, 1964, to develop plans with the Ministry of Higher Education and the deans of the Egyptian medical schools to prepare for a visit, in February, 1965, of 8 American medical educators who will hold seminars and discussions with Egyptian colleagues under a program being developed through the Office of Educational and Cultural Affairs of the Department of State, utilizing U.S.-owned Egyptian currency.

*Venezuela.*—Arrangements were made for Dr. Thomas H. Hunter to spend a month in Venezuela under the program of the Office of Educational and Cultural Affairs as consultant to the Andres Bello University School of Medicine.

*India.*—A group consisting of Drs. A. McGehee Harvey, E. S. Stafford, Ivan L. Bennett, and Charles C. J. Carpenter, Johns Hopkins University, visited India in January, 1964, under the AAMC/AID contract. In addition to participating in the Annual Conference of the Indian Association for the Advancement of Medical Education, the group participated in a series of seminars and presented lectures in Madras and Hyderabad under arrangements made by the Indian Association. The report of the group included the statement, "Certainly the Indian Association for the Advancement of Medical Education has come of age and it appears to us that it will prove to be the greatest influence for good in the history of Indian medical education."

#### AAMC FIELD VISITS

In connection with the regular AAMC international program and the Study of Medical Education in Developing Countries, being conducted by the Division under the AAMC/AID contract, the following field visits were made by the AAMC officers, permanent staff, special study staff, and consultants:

The Chairman of the Committee on International Relations in Medical Education, Dr. Robert A. Moore, visited various schools in Australasia and South East Asia.

The President of AAMC, Dr. Robert C. Berson, as consultant to the AAMC/AID study, visited Colombia and Costa Rica.

The Director of the Division of International Medical Education, Dr. Henry van Zile Hyde, visited medical schools in Korea, Taiwan, Philippines, Malaysia, Pakistan, Ethiopia, Uganda, and Egypt.

The Director of the AAMC/AID Project, Dr. Edwin W. Brown, Jr., visited India, Afghanistan, and Iraq.

Study Staff Specialist, Dr. William W. Frye, visited Korea, Taiwan, Indonesia, Thailand, Pakistan, and Sudan.

Study Staff Specialist, Dr. Richard J. Cross, visited Brazzaville, Southern Rhodesia, Tanganyika, Kenya, Ethiopia, Uganda, and Nigeria.

Consultant to Study Staff, Dr. Kenneth E. Penrod, visited Brazil, Paraguay, Peru, and El Salvador.

#### ANNUAL MEETING

The 74th Annual Meeting was attended by guests from abroad, including Dr. John R. Ellis, Secretary of the British Association for the Study of Medical Education. Dr. Ellis attended as a guest of the Association and addressed both the Past President's Dinner and the General Session.

A special meeting for foreign guests was held on Saturday morning and a reception center was maintained for them during the course of the Annual Meeting. They were invited to attend the Sunday sessions of the Committee on International Relations in Medical Education with its Panel of Consultants, which was addressed by Dr. Miller Vine, WHO Chief of Medical and Related Training, and by representatives of AID, NIH, and other agencies who presented reviews of their current programs in international medical education.

#### COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

The Committee met with its Panel of Consultants and foreign guests and held an open meeting during the 74th Annual Meeting. Papers were presented at the former, while the latter was the occasion for informal discussions among a group of about 40 persons who attended.

An informal luncheon meeting was held in February in conjunction with the Annual Congress on Medical Education, and a regular two-day meeting was held in Chicago in April. The Committee, in April, reviewed the Association's international projects and approved plans for the AAMC/AID Study of Medical Education in the Developing Countries. It also suggested that each school be invited to appoint a Liaison Officer for International Activities.

#### INSTITUTE ON INTERNATIONAL MEDICAL EDUCATION

A Planning Committee for an Institute on International Medical Education, appointed by the Executive Committee, met in New York in May under the chairmanship of Dr. Robert A. Moore. The members, in addition to the chairman, were Drs. Leroy Burney, Thomas H. Hunter, Walsh McDermott, and William F. Maloney. The Committee recommended that an Institute, representative of all U.S. schools and including 5 or 6 invited foreign educators, be held in March, 1966, to consider the following items:

1. Identification of needs of medical education in the developing countries.



2. The social and economic factors which bear on programs of medical education in the developing countries.

3. Patterns and effectiveness of past and present programs of international cooperation in medical education.

4. The future role of the Association of American Medical Colleges and its member schools.

Drs. Burney, Vernon Lippard, and Maxwell Lapham were appointed chairmen of subcommittees to prepare the discussions under points number 1, 3, and 4, respectively.

The Steering Committee for the Institute presently consists of the above named Planning Committee, the subcommittee chairmen and Dr. George A. Wolf, President-Elect of the Association.

#### LIAISON OFFICERS FOR INTERNATIONAL ACTIVITIES

With the approval of the Executive Council, each dean was invited to appoint a Liaison Officer for International Activities. The schools responded immediately to this recommendation, and 91 Liaison Officers were named (see list in *The Journal of Medical Education*, November, 1964). The function of the Liaison Officer is to keep informed on all international activities within his medical school and its affiliated hospitals and serve as a primary point of contact between the school and the Division of International Medical Education.

The Liaison Officers were provided full information on the international program of the Association, as well as AAMC data for the Study of Medical Education in Developing Countries, and were invited to meet with the Committee on International Relations in Medical Education at a special meeting during the course of the 75th Annual Meeting.

#### PERSONNEL RESOURCE SURVEY

Information previously obtained by the Division concerning the interests, qualifications, and potential availability for service abroad of medical faculty members was brought up to date through a postcard survey. Of the total respondents, 4,280 full-time faculty members indicated their potential availability, as follows:

	4 months	1 year	2 years +
Professor	628	592	134
Associate Professor	413	631	196
Assistant Professor	355	507	276
Instructor	120	214	114

Grouping the schools geographically, the following percentages of responding faculty members indicated availability:

Northeast	47	North Central	52
Southern	47	Western	54

#### VISITORS

Distinguished foreign medical educators who visited AAMC headquarters during the year included: Drs. Leo A. Kaprio, Oliver Lereux, and Alfred Eberwein of the World Health Organization; Dr. Harry S. Gear, World Medical Association; K. M. Rao, Director General of Health of India, and B. L. Taneja, Secretary,

Indian Medical Research Council (both vice-presidents of the Indian Association for the Advancement of Medical Education); Dr. Daoud A. Sani, College of Medicine, Baghdad, Iraq; and, Dr. Alfonso Balcells Gorina, President of the University of Salamanca.

#### MEDICAL EDUCATION INFORMATION CENTER

The AAMC served as host to the Annual Meeting of the Medical Education Information Center, administered by the Pan American Health Organization, in Evanston, April 8-9, 1964.

#### ANNUAL CONFERENCE OF FOREIGN MEDICAL SCHOLARS

The Medical School of the University of Kansas served as host to the Eighth Annual Conference of Foreign Medical Scholars. Drs. C. Arden Miller and John Higgenson were responsible for the planning and organization of the Conference. It was the first of the Conferences, previously supported by grants of the China Medical Board, to be self-supporting through tuition fees paid by the sponsoring agencies. The University of Virginia Medical School will be host to the 1965 Conference in Charlottesville.

#### THIRD WORLD CONFERENCE ON MEDICAL EDUCATION

The Third World Conference on Medical Education, sponsored by the World Medical Association with the support of the World Health Organization and other agencies, will be convened in New Delhi, India, in November, 1966. The theme of its deliberations will be Medical Education—Factor in Socio-Economic Development.

The AAMC participated actively in the early planning of the Conference. The Chairman of the Committee on International Relations in Medical Education was appointed as Chairman of the Program Committee, and the Director of DIME was appointed a consultant to the World Medical Association in organizing the Conference.

#### FELLOWSHIP PROGRAM

The Division of International Medical Education continued the administrative responsibility for the Smith Kline & French Foreign Fellowships Program. Under the chairmanship of Dr. Robert A. Moore, the Selection Committee awarded grants to 29 senior medical students.

During the five years of the program, grants totaling \$250,000 have enabled 152 students to work in 42 countries; funds have also been provided for 25 professional qualified wives to accompany their husbands and participate in the Fellowship program. Of 84 medical schools participating in the program, 69 have received an award in one or more years.

Beginning with the 1965 program, students from two-year schools transferring to a four-year school will be permitted to submit applications for a Foreign Fellowship to be carried out after the completion of their junior year, under the quota of 2 applicants each year allocated to each two-year school.

#### Resumé of Applications for 1964

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—1964**

STUDENT	SCHOOL	FOREIGN STATION
Robert M. Arbour	Seton Hall	India
Glenn W. Baker	Indiana	Central African Rep.
Howard S. Baker	Wisconsin	Southern Rhodesia
Louis L. Carter, Jr. and wife	Tennessee	Tanganyika
Frederick V. Coville	Duke	Malaysia
David T. Dennis	Cornell	South Africa
Nicholas J. DiBella	Southern California	Nyasaland
Lawrence D. Edwards and wife	Illinois	Ethiopia
Carl F. Ehrlich, Jr.	Missouri	Syria
Henry M. Greenberg, Jr.	Tufts	Kenya
Chesley Hines, Jr.	Tulane	Congo
John P. Hinterkopf	Northwestern	Ethiopia
Janice K. Joseph	Einstein	West Pakistan
Lewis A. Kirshner	Jefferson	Gabon
Lawrence Y. Kline	California, Los Angeles	Nigeria
Harold E. Larson	SUNY, Buffalo	Peru
Linda D. Lewis	West Virginia	India
Philip O. Littleford	Johns Hopkins	Congo
Anthony J. Mathios	George Washington	Malaysia
Charles D. Shook	Cincinnati	India
C. Wayne Starnes	Arkansas	India
David M. Thompson and wife	Minnesota	Cameroun
Henry P. Tutt	North Carolina	Tanganyika
George L. Warren and wife	Florida	Malaysia
William T. Weathers	South Carolina	Nigeria
Dale H. Weber	Iowa	Gabon
Carole E. West	Woman's Med. College	Thailand
Wilfred W. Yeargan, Jr.	Alabama	Uganda
Leo J. Yoder and wife	Univ. of Virginia	Tanganyika

**EXHIBIT II**  
**APPLICANTS BY SCHOOLS**

Number of Applicants	81
Number of Schools Presenting Applicants	57
Number of Recipients	29

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

JOHN A. D. COOPER

*The Journal of Medical Education* published 1202 pages of editorial material for the period from July 1, 1963, to June 30, 1964.

SPECIAL ISSUES

*August, 1963.*—Tercentenary Celebration of the Regius Chair of Physic, Trinity College, Dublin, program and papers presented at the Celebration, December 5 and 6, 1962.

*February, 1964.*—Proceedings of the Second Annual Conference on Research in Medical Education, held October 30, 1963, in conjunction with the AAMC's 74th Annual Meeting.

#### EDITORIAL BOARD AND STAFF

Dr. John A. D. Cooper continued as Editor of *The Journal*. Assistant Editors are Mrs. Rosemarie Hensel and Mrs. Shawn Hartfeldt. Mrs. Hartfeldt joined the staff in August, 1964. Mrs. Gretta Cozart, who was appointed Assistant Editor in September, 1962, resigned her position August 28, 1964.

In accordance with a new rotational system, Drs. Vernon W. Lippard, Chauncey D. Leake, and Thomas Hale Ham will rotate off the Board November 1, 1964, having completed long and much appreciated terms as Editorial Board members. Dr. Reginald Fitz was appointed to serve a three-year term on the Board, beginning in February, 1964. Board Members continue to give unstintingly of their time and effort to *The Journal*.

#### REPORT OF THE COMMITTEE ON FEDERAL HEALTH PROGRAMS

JOHN PARKS

##### HEALTH PROFESSIONS EDUCATIONAL ASSISTANCE ACT OF 1963—PL 88-129

The special appropriation requested for this measure was not acted on by Congress in 1963 because of the rush of events following the assassination of President Kennedy.

The Budget recommended by President Johnson included a request for all the funds authorized for this program in both fiscal 1964 and fiscal 1965. This Committee testified before the Committee of the House of Representatives in March, and the House passed the appropriations measure, as recommended by the President, shortly thereafter. The Committee of the Senate did not hold hearings on the appropriations bill until late June because of preoccupation with the civil rights legislation. By that time it was, of course, too late for an appropriation for the fiscal year ending June 30, 1964, but it is to be hoped that all of the funds authorized for construction can be appropriated for fiscal 1965 and fiscal 1966.

In anticipation of favorable action on the appropriation, the Division of Hospital and Medical Facilities has established procedures for considering applications for construction grants. The National Advisory Council, provided in the legislation, has been appointed and has had initial meetings. Application forms have been approved, and the first wave of applications was received by a May 15th deadline. Because there are several professional disciplines provided for in the legislation, among them medicine, dentistry, pharmacy, and osteopathy, the USPHS has established special review panels for each discipline. Ten able medical educators constitute the review panel for medicine.

Applications already on file indicate that the funds for replacement and renovation will be greatly oversubscribed, but it will be a number of months before this matter can be appraised accurately.

## OTHER MATTERS

Mr. Boisfeuillet Jones, Special Assistant to the Secretary of HEW on Health and Medical Affairs, who had filled this position with such distinction since January, 1961, resigned June 1 to accept the Presidency of the Emily and Ernest Woodruff Foundation. "Bo" had been tireless and highly effective in working on many legislative and administrative matters of the greatest importance to the Department and to medical science and education. He is being succeeded by Dr. Edward Dempsey, Dean of the School of Medicine, Washington University. Dr. Dempsey has an extensive background in research, teaching and the management of medical education, and long experience on study sections and Advisory Councils on the Washington scene.

During the year, your Committee had a number of long conferences with Mr. Jones, the Surgeon General of the USPHS, the Director of NIH and members of his staff, the new Director of the National Library of Medicine and his staff, and others. Members of your Committee testified at the public hearings of the Select Committee on Government Research, the Subcommittee on Appropriations of the House Committee on Labor, Health, Education and Welfare, the Senate Subcommittee on Appropriations, and the House Committee on Veterans Affairs.

By the Fall of 1963 it was quite clear that a period of reappraisal had arrived. The President appointed a Special Committee under the Chairmanship of Mr. Dean Woolridge, to appraise the effectiveness of the National Institutes of Health. The House of Representatives appointed a Select Committee on Research to review the whole spectrum of federal support of research. The budget for the fiscal year 1965, recommended by President Johnson, contained very few increases, except for such new programs as P.L. 88-129 and the Institute of Human Growth and Development. This "tight" budget made it virtually impossible to appoint any new individuals to Career Research Support Awards, and difficult to expand the support of research training in any way. Some of the problems concerned with the General Research Support Awards are so complex and important your Committee has arranged for them to be discussed on the program of the Annual Meeting of the AAMC.

Although a bill increasing the compensation for a great many positions in the Federal Government has passed, indications are that the ceiling on positions in the USPHS will be raised to only about \$24,000, and that for only a very few positions, so the problem of retaining men of the necessary experience and ability remains severe.

Your Committee is convinced that the time has come for the AAMC to reiterate its conviction that the Federal Government should begin to provide broad-scale support for medical education. The Committee hopes that the Executive Council and the Special Planning Committee, of which Dr. Lowell Coggeshall is Chairman, will find ways to convince the public and its elected representatives of the wisdom of such a National Policy.

The Committee is deeply indebted to a host of people for their cooperation, and sincerely hopes that any member who has suggestions for its more effective action will convey them in person or in writing.

## REPORT OF THE COMMITTEE ON MEDICAL COMMUNICATIONS

DAVID S. RUHE

The Committee devoted major attention this past year to planning a conference on "Continuing Medical Education and Medical Communications," sponsored jointly by the Committee on Continuation Education and the Committee on Medical Communications, and scheduled for October 17, 1964. Lecture demonstrations and simultaneous workshop sessions provided interested faculty members and directors of postgraduate education an opportunity to view at first hand the best current adaptations of radio, television, programmed instruction, and "circuit-riding techniques" to medical education.

The Committee also brought closer to reality publication of evaluations of selected teaching films, which is scheduled to appear in the form of a supplement to the April issue of *The Journal of Medical Education* in 1965.

The Committee is pleased that the Guidelines for Medical School Libraries have been developed in so expeditious a fashion in accord with its recommendations last year. The Guidelines will be published as the January issue of *The Journal of Medical Education*.

REPORT OF THE  
COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE

During the past year, the AAMC MEND Committee has continued its cooperative efforts with the Federal MEND Council in conducting the program of medical education for national defense in all the medical schools. Faculty and new deans' orientations in federal medical programs and visits to federal medical facilities have been continued. MEND coordinators have been given opportunity through regional and national meetings for exchange of ideas and orientation on recent developments by federal medical authorities. Captain Bennett F. Avery, M.C.U.S.N., National Coordinator of the MEND programs, has been resourceful in planning and developing short courses and demonstrations for medical school faculty. He should be commended for the fine way he has carried out his duties in providing excellent educational opportunities for medical school faculty to obtain data and briefings on professional and scientific information of value to the medical aspects of national defense.

The MEND Committee has devoted considerable time for more than a decade to a consideration of the problems of medical education during time of national emergency. It has cooperated with the Federal MEND Committee to carry on a program, now active in every medical school in the United States, to transmit to the faculty and the students of those schools information developed by the Armed Forces and the U. S. Public Health Service regarding medical care under conditions of war and emergency.

Recently the U. S. Public Health Service turned to the AAMC and its MEND Committee to determine whether plans could be formulated to expedite the conduct of medical education under conditions of national emergency. The AAMC MEND Committee has reviewed preliminary material prepared by the USPHS and has sought the opinion of a number of deans of medical schools

regarding the standards of medical education to be maintained during such emergency.

It is believed that there can be no compromise in the education of a physician. Basic knowledge, skill, and judgment are qualities essential to the physician, and it would be disservice to the nation to eliminate essential aspects of the educational process because of a belief that educational programs should be curtailed during time of national emergency. It is believed that a wiser course would be to continue the education of physicians under adequate standards as long as possible and then, if necessary, interrupt training until it becomes possible to re-establish those standards.

Decisions regarding the conduct of medical education during a national emergency should take into account the fact that medical students can and do render a substantial service in patient care during the last two years of their education for the M.D. degree; further, professionally competent physicians can supervise and direct trained technical assistants in rendering emergency medical care. For this reason, planning for emergencies might envision a program in which the usual assistance from nurses would be supplemented by non-professional persons trained as medical, surgical, or sanitary technicians who would work under the direction of a physician, utilizing, where necessary, his judgment and highly developed skills.

If conditions became so critical that medical education could not be continued without compromising quality, medical education programs should be discontinued. During such a period, efforts of the medical faculties might be used to train a greater number of sanitary, medical, and surgical technicians and to supervise their work in the provision of medical care.

#### STANDARDS FOR STAFFING

In order to afford a better basis for making critical decisions, the AAMC MEND Committee proposed that a study be initiated at once to analyze AAMC Medical Faculty Registers and the records of selected medical schools to determine what faculty staffing levels are considered essential for medical education, for community service, and for medical research. The item of research is included because it is believed that substantial research potential must be preserved even during extreme emergencies. Problems are sure to arise due to irradiation, to large increases in infectious diseases, and to other effects of a major catastrophe.

Among the 87 medical schools in the United States there is general agreement on many aspects of the curriculum, and the several schools, therefore, have considerable similarity in their programs of medical education. Among these same schools, however, the teaching methods and the faculty teaching loads vary considerably. Medical faculty often have responsibility for the teaching of students in the other health professions, for the conduct of research, for the teaching of graduate students, interns, or residents, and for the rendering of services to hospitals, patients, granting agencies, or the community.

The staffing pattern for the conduct of medical education thus is seen to be a complex affair, and efforts to establish standards for staffing will have to take into account the complexities encountered in each institution.

At the present time there is inadequate information available regarding a minimal faculty staffing level for a medical school during a national emergency.

Information regarding the staffing patterns used by medical schools during World War II is not readily available, and that which can be obtained fails to reflect the complex assignments described above. In practice during World War II each medical school decided what constituted its own minimal faculty needs.

A study of faculty staffing in selected medical schools representative of various approaches to medical education, community service, and research will be of great help in planning for medical education during a national emergency. In future national emergencies which may involve the use of atomic weapons, the facility and personnel damage to be anticipated is unprecedented. It is believed, therefore, that we shall not be able to rely wholly on past experience to guide us in determining staffing needs for the conduct of programs of medical education under conditions that may then exist.

#### Staffing Study Proposal

The AAMC MEND Committee proposed that the U.S. Public Health Service finance a study of faculty staffing patterns through a grant to the Association of American Medical Colleges. The study would cover the following areas and possibly other related subjects:

1. Analysis of the faculty roster of all medical schools in the United States.
2. Detailed study of faculty staffing levels of approximately 15 to 20 selected medical schools.
3. Analysis of faculty effort devoted to education, research, and various kinds of service in the selected medical schools (information to be obtained from the data collected in the conduct of AAMC-supervised medical school cost studies).
4. Analysis of the data obtained by such study to ascertain whether minimal standards essential for the conduct of programs of medical education can be determined.

The AAMC MEND Committee's proposal was submitted to the AAMC Council for its consideration at the May, 1964 meeting. The Council approved the proposal and it was submitted by the AAMC to the U. S. Public Health Service. The USPHS stated they desired a proposal that was broader in its concepts to include curricular matters as well as faculty staffing. Further, the USPHS stated that it might be advisable for the AAMC MEND Committee to have a briefing on a recently completed estimate of casualties and damage that might occur if "A" bombs were used on populated centers of the United States.

The AAMC MEND Committee arranged for such a briefing during the month of August, 1964. A discussion on the AAMC's proposed study of faculty staffing of medical schools during a national emergency was held on July 9, 1964, with Dr. Paul S. Parrino, Research Branch Health Mobilization Division, USPHS, and other staff members of the Public Health Service.

This discussion indicated that the Public Health Service would accept the proposal submitted by the AAMC as the first part of a continuing study of how to plan for the national programs of medical education during a major national emergency.

While the Association of American Medical Colleges proposes to assume basic responsibility for the study on faculty staffing, it is believed that certain aspects can best be carried out by delegating to a specific medical school primary responsibility for the study. That school will work through the MEND Committee of the AAMC and will be directly responsible to the AAMC.



It is believed that Baylor University College of Medicine is in a position to undertake the role of investigator in this instance because of the interest and experience of Doctor Stanley W. Olson, its dean. Doctor Olson has agreed to assume responsibility for conduct of the study.

## REPORT OF THE COMMITTEE ON MEDICAL SCHOOL-AFFILIATED HOSPITAL RELATIONSHIPS

GEORGE N. AAGAARD

The Committee met in February, 1964, at the time of the Annual Meeting of the Congress on Medical Education. Additional work of the Committee has been carried on through correspondence.

The Committee has served as a means of liaison with the Executive Committee of the Teaching Hospital Section of the AAMC. Members of the Executive Committee attended the February meeting of the Committee and participated actively in these deliberations. The Committee in turn has consulted with members of the Executive Committee concerning the role of the Teaching Hospital Section within the AAMC. It is anticipated that a statement from the Executive Committee of the Teaching Hospital Section on the role of the Section in the AAMC will be considered by this Committee at our next meeting.

The work of the Committee has been continued through the mechanism of 3 subcommittees during the year 1963-1964. Because of lack of funds, it was not possible to hold any additional meetings of these subcommittees or the committee as a whole.

*The Subcommittee on Internships at University Hospitals and Primary Affiliated Hospitals.*—This subcommittee had been asked to consider what action might be taken by the AAMC regarding internships at our primary teaching hospitals. It had been suggested that the Saunders Report on Internships at Primary Teaching Hospitals might be reissued in a summary form or in its entirety. It had also been suggested that followup visits be made to some of the hospitals which had been included in the initial study. After careful consideration the subcommittee chairman has recommended that no further action be taken at this time. The Saunders Report represents an excellent study of this important subject. The AAMC should see that copies of this report are available to anyone who is interested in this important phase of medical education at our primary teaching hospitals.

*The Subcommittee on Financing of Internship and Residency Education at University Hospitals and Primary Affiliated Hospitals.*—This subcommittee has prepared a questionnaire which could be used to obtain information from deans of medical schools and administrators of primary teaching hospitals concerning the methods by which internship and residency education is financed. The questionnaire was given a trial run on a limited basis and will be modified by the subcommittee before it is used on a broader base.

*The Subcommittee on the Appointment of Graduates of Foreign Medical Schools to the House Staff of University Hospitals and Primary Affiliated Hospitals.*—Through the efforts of this subcommittee all members of our Committee have been given statements which have been drawn up by the ECFMG and the AMA Council of Medical Education on this important subject. These statements will be discussed at the next meeting of the total Committee.

*Liaison with the Executive Committee of the Teaching Hospital Section of the AAMC.*—Members of the Executive Committee of the Teaching Hospital Section of the AAMC have always been most conscientious in attending and participating in the meetings of this Committee. The Committee deliberations have included significant discussions of the problems of our teaching hospitals, the role of the Teaching Hospital Section in the AAMC, and the program of the Teaching Hospital Section at the Annual Meeting of the AAMC.

There is a great deal of significant work which this Committee could and should do for the AAMC. It is hoped that continuing progress can be made by the new Committee during 1964-1965. Funds to finance additional meetings of the Committee would be most helpful since it is impossible to do all of the work which should be done by this Committee at the time of the Annual Meeting of the AAMC and the Annual Congress on Medical Education.

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

BARNES WOODHALL

Since this year's work of this Committee has been in liaison with a Special Advisory Group of the Veterans Administration, this will be a joint report.

#### REPORT OF JOINT LIAISON COMMITTEE—ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND DEPARTMENT OF MEDICINE AND SURGERY, VETERANS ADMINISTRATION

This Committee was established after conversations among members of the Special Advisory Medical Group of the Veterans Administration, the Chief Medical Director, Dr. Joseph McNinch, Dr. Ward Darley, Dr. Robert Berson and Dr. Granville Bennett. The Committee represents a variation upon previous attempts to establish adequate communication between these important agencies concerned with medical education, research and patient care. Its members representing the Veterans Administration are: Drs. Marc J. Musser, Oron K. Timm, Daniel R. Robinson, Benjamin B. Wells, and Oren T. Skouge.

Representatives from the Association of American Medical Colleges are: Drs. Granville A. Bennett, Joseph M. Hayman, Jr., Champ Lyons, Thomas H. Brem, Lowell A. Rantz, and Barnes Woodhall.

*First Meeting Activities.*—The first organizational meeting was held at the Central Office of the Veterans Administration in Washington, D.C. on May 18, 1964. Dr. McNinch met with the Committee, and its members met as well with the Administrator, Mr. John Gleason.

The members conducted a joint examination of the details of both the VA and the AAMC questionnaires related to the matter of university hospital affiliation with the VA. The content of this review is found in the minutes of the meeting, deposited in both Central Offices.

At the suggestion of Dr. Stanley W. Olson, the members unanimously approved the concept of holding discussion group meetings with deans and other interested people at annual and regional meetings of the AAMC. The agenda for the first meeting in Denver on October 19 has been forwarded for distribution.

Shortly after this meeting of May 18 came the untimely death of a member of the AAMC Committee, Dr. Lowell A. Rantz. The minutes will show that

Dr. Rantz's contributions to this first meeting were substantial. His place has been taken by Dr. Thomas H. Brem.

## REPORT OF THE COMMITTEE ON STUDENT AFFAIRS

JOHN L. CAUGHEY, JR.

During the past year, the potentialities of AAMC for effective work in the area of student affairs have been greatly increased by the addition of Dr. Davis Johnson as Assistant Director (Student Studies and Services) of the Division of Education. He has devoted a great deal of his time to staff work for the Committee, and to the projects being developed under the auspices of the AAMC Group on Student Affairs, for which the Committee serves as an executive body.

The Committee on Student Affairs held only 3 meetings during the 1963-1964 year, on October 25 and 27, and February 11, but accomplished its work through the active committees of the Group on Student Affairs and the staff of the AAMC central office.

*GSA Committee Activities.*—The GSA Committee on Relations with Colleges and High Schools has compiled and published a directory of college premedical advisors and has begun communication with them through distribution of a new publication, *The Advisor*, edited by the Committee Chairman, Dr. James R. Schofield (Baylor). The Committee on Financial Problems of Medical Students, under the leadership of Dr. Joseph Ceithaml (Chicago), has cooperated with the Public Health Service in a joint survey of student finances and has completed a study of the availability of nonrefundable grants-in-aid in all United States medical schools. The recently activated Committee on Student Aspects of International Medical Education (Dr. Thomas J. Brooks, Jr., Mississippi, Chairman), has prepared material which will be useful in bringing information about medical education in the United States to applicants from other countries. The Committee on Research (Dr. Woodrow Morris, Iowa, Chairman) has been investigating present practices in respect to evaluation of student performance with the hope of developing a constructive plan for finding more satisfactory criteria and measures.

*Editorial Advisory Committee.*—The 4 GSA committee chairmen have together constituted an Editorial Advisory Committee for the AAMC publication, *Admission Requirements of American Medical Colleges*. A program to make this booklet even more valuable than it has been in the past, has been started, with major changes already included in the 1964 edition.

*Survey of Foreign Student Performance.*—GSA representatives in the medical schools cooperated with the AAMC Division of International Medical Education in its survey of the medical school performance of students from other countries, which has been completed, with returns on 1,231 individuals. It is interesting that 90 per cent of these foreign students had some or all of their collegiate training in the United States.

*Applicants.*—After a period of drought in which the number of applicants for admission to medical schools was inadequate, a flood appears to be developing, related primarily to the trend upward in the total number of children born per year after the depression of the 1930's. This change will provide a great opportunity for selection of high quality students, if appropriate criteria for

"success in medicine" can be developed. It will also cause a very large load on admissions committees, who will find it difficult to handle the greatly increased number of applications efficiently and in a manner which will maintain good relations with applicants, their families and their college advisors. Already the medical schools are turning down more applicants than they accept and the ratio of candidates to places will probably be more than 3 to 1 by 1969.

## REPORT OF THE COMMITTEE ON THE STUDY OF NEW DRUGS

WILLIAM M. M. KIRBY

The Committee on the Study of New Drugs has held 1 meeting, April 14, 1964. The minutes of this meeting will constitute this year's Committee report.

The meeting consisted of a lively all-day discussion of matters pertaining to new drugs. Reports of activities of organizations with interests similar to ours were presented and discussed. This exchange of ideas led to a series of proposals concerning actions that our Committee might take. For convenience and clarity these 2 general areas will be described separately and will not necessarily be presented in the sequence which occurred at the meeting.

### GENERAL COMMENTS AND REPORTS

*AAMC.*—Dr. Darley commented on studies in progress concerning the future role of the AAMC in providing leadership in various aspects of medical education. He pointed out ways in which our Committee might stimulate activities in the field of new drugs which will improve both teaching and research, and might set a pattern of action that would apply to other areas in which it is hoped the AAMC will assume increasing leadership. His suggestions are included in the proposals given in the second section of the minutes.

*Commission on Drug Safety.*—Dr. Coggeshall reviewed the activities of this group, including its 17 subcommittees. He referred to some of the conclusions and recommendations that will be included in the Commission report, to be published shortly. One recommendation will concern the formation of a foundation by the drug industry to support studies of new drugs in general. This foundation might well be helpful in supporting some of the activities which will be mentioned in the second section of the minutes. Dr. Coggeshall envisions the medical colleges as providing important basic advances and in serving in an advisory capacity to the FDA. He described the future activities of the FDA as envisioned by the new Medical Director, Dr. Joseph F. Sadusk. He also described the newly formed Drug Research Board, and pointed out the advisory functions it will undertake. Dr. Coggeshall stressed the importance of a continuing evaluation of the impact of the drug regulations on medical school investigators, and the vital role these individuals will play in the future developments in drug studies and drug safety.

*Medical Advisory Committee to the FDA.*—Dr. Walter Modell, the Chairman of this Committee, reviewed the activities and accomplishments of this Committee, which meets monthly and tries to solve problems that have been encountered as a result of the new drug regulations. In a number of areas such as placebos, dosage forms, and drugs used for pharmacologic investigations, procedures have been considerably simplified. He also referred to the informational

drug bulletin to be published by the FDA that will answer some specific questions. Many additional details were presented and discussed, and it was apparent that this busy Committee is making an important contribution in an area where there are many frustrations and where basic attitudes of a regulatory agency present difficult problems.

In the general discussions Dr. Modell made 3 points worthy of emphasis: first, that a change in the viewpoint of medical school faculties concerning the importance of studies involving new drugs is needed; second, that much of the basic work is being done by industry, and that in certain instances important basic observations that should be made known are being withheld, and retained in the private files of the various companies; third, competent scientists are able to work objectively with industry support, a point that needs emphasis since specific industry support is under strong criticism at the present.

Dr. Modell also referred to a questionnaire circulated to chairmen of departments of pharmacology concerning the status of clinical pharmacology in the medical schools. Without revealing the detailed results of this questionnaire, it can be stated that clinical pharmacology is a well-developed discipline in relatively few medical schools and that there is a need for a great deal of developmental work throughout the country.

#### PROPOSED ACTIONS BY AAMC

Much of the day's discussion concerned actions the Committee might take in improving the stature and caliber of the study of new drugs in medical schools. Complex interrelationships between medical school faculties, the drug industry, and the FDA are involved, and the following proposals represent an attempt to coordinate the interests of all these groups. It is apparent that a great opportunity exists at present to bring about some of these improvements, and it is our hope that the Executive Council of the AAMC will support this program.

#### Study of Needs in Clinical Pharmacology

Our Committee feels that a special task force should be appointed to study the needs and goals of this neglected field. The study might include a number of ways of obtaining information and getting ideas, including on-the-spot visits to medical schools, research institutes, and pharmaceutical manufacturers.

Consideration should be given to ways of promoting a major change in recognition by faculties of the importance of basic as well as applied research concerning new drugs. At present, most of the basic work is done by industry, which is concerned with practical results, and tends for competitive reasons to suppress information that represents important advances in new knowledge.

The body of knowledge useful in preparing medical students for understanding in dealing with the evaluation and use of drugs should be delineated. Needs at the postgraduate level should also be studied, with a consideration of ways in which clinical trials can be utilized in university hospitals for the dual purposes of evaluation and education. Broad goals and objectives, rather than the detailed structure of the curriculum, should be formulated by the task force.

Special attention should be given to some of the better units of pharmacology already in existence in certain medical schools, including those of Dr. Edward A. Carr, Jr. at Michigan, Dr. Louis C. Lasagna at Johns Hopkins, Dr. Walter Modell at Cornell, and Dr. Thomas C. Chalmers at Boston University. An analysis of

the strength and weaknesses of these programs might be particularly helpful in pointing the way to a clear-cut definition of the scope of clinical pharmacology.

#### **Establishment of Units of Clinical Pharmacology in Medical Schools**

The AAMC should assume active leadership in encouraging excellent units in all schools. Financing, to be considered in the next section, might restrict the total number of units initially, but a strong program in each school should be the eventual goal.

To insure a high caliber of performance, the AAMC should prepare guidelines outlining standards, goals, and objectives to be followed in establishing units. There is obvious overlapping here with the program outlined above, and these 2 projects might be combined, although the detailed study contemplated should not be allowed to slow down the establishment of these units. The guidelines for setting up units should be sent to each medical school for consideration by the faculty, with the expectation that they will respond with modified proposals designed to fit their own local facilities and personnel.

Of prime importance would be the individual selected to head each unit. There is at present a dearth of men trained to represent all aspects of this discipline, and there is a danger that selection of an individual with narrow interests, basic or clinical, would lead to a program too limited in scope. To circumvent this, the AAMC should draw up details of the type of training and interests that are desirable, and should if possible be in a position to approve the selections proposed by the individual schools.

In considering the function of these units, attention should be given to the teaching as well as research aspects, at the postgraduate and undergraduate level. Instilling in students and graduates a critical sense of evaluating the good and bad effects of new drugs as they appear should be an important feature of the program. To promote better evaluation of new drugs, well-designed studies should be set up in the outpatient and inpatient departments of university hospitals, so that students, interns, and residents can have firsthand experience in dealing with the criteria that are utilized in assessing the merits of new compounds. In cities with several medical schools, large scale studies utilizing combined facilities and patients might be planned where larger numbers will give more meaningful results.

To be certain that the goals of this program are being reached, some sort of periodic review is desirable. To remove the taint of regulation which would be resented by the schools, this could consist of a review by the AAMC of its own aims and goals, and this might be carried out every year, or possibly every 3 to 5 years. The individual programs would inevitably be involved in such a review, and the type of performance expected would be so clearly delineated that this indirect form of supervision would provide a stimulus strong enough to prevent programs from drifting into channels other than those originally intended.

#### **AAMC Role in Financing Units of Clinical Pharmacology**

Ideally, units of clinical pharmacology should be financed by the regular medical school budget. Realistically, this cannot be managed in the immediate future in many instances, and the AAMC should assume leadership in coordinating the various resources that might be available. A number of units are already being

financed by grants from the NIH, and there is strong pressure from Senator Humphrey and others to expand this program rapidly. The Burroughs-Wellcome Company has also made grants to a number of schools to support individuals who are heading units.

Industry support was discussed at length by the Committee, and a number of useful points emerged, including the following:

1. In line with the recommendation of the Commission on Drug Safety, a foundation may be established by the PMA to support studies of new drugs. Funds provided by this foundation might well be available for supporting units of clinical pharmacology, and it might be possible for the AAMC to play an active role, in accordance with the principles outlined above, in awarding grants to schools that show unusual promise in setting up good programs. It would be understood that these funds are available for teaching and research, and that there would be no obligation to work on any special drug or project. The figure of \$50,000 a year for five years was considered an appropriate amount to initiate and support a unit. The time appears ripe for negotiations between the AAMC and the PMA concerning this possibility.

2. These grants would not supplant support by industry of individual projects. Experience has shown that unrestricted grants do not always stimulate the concentrated effort required to provide the answers needed by industry concerning a specific drug. Another problem is that an unrestricted grant often leads a company to encourage studies of many compounds of little interest to the investigator. As for bias resulting from support of specific projects, this has not been a problem with reliable investigators, and a climate of objectivity should be strengthened by the programs being contemplated.

3. Overall support for a given unit should be provided by industry or by government, but not by both. The principal reason for this is the requirements of the Federal Government concerning patent rights. Within the framework of overall support, it should be possible for a given unit to settle patent issues according to the support for a specific project being undertaken.

#### **Questionnaire on Impact of Drug Regulations**

The questionnaire circulated by the chairman a year ago was reviewed; 650 investigators in 75 medical schools responded, and considerable concern was expressed about the regulations. The principal defects of this questionnaire were the failure to relate replies to the amount of research on new drugs being performed by each individual respondent, and the lack of neutral, objective wording of the questions. It was agreed that another questionnaire should be circulated this summer or fall, possibly under the auspices of the Executive Committee of the AAMC. The impact of the regulations on research in medical schools is difficult to assess, and this is probably the most efficient and economical way to get information. Special points that were discussed about the proposed questionnaire are as follows:

1. Information should be elicited as to the amount of research involving new drugs which is being conducted by each respondent. Those heavily committed in this area may be the least deterred by the regulations because of their willingness to learn the details and to organize procedures so that compliance causes a minimum amount of difficulty.

2. Also important, and more difficult to identify, is the question—Are good investigators potentially interested in studying new drugs, but unwilling to proceed because of problems involved with paper work, consent, etc.? In addition, young investigators who might be diverted to other fields because of these problems should be considered.

3. The extent to which poor investigators are no longer sending in inadequate evaluations should be determined. Also, difficulties in finding enough good investigators to evaluate new compounds should be documented, if difficulties are actually being encountered. These points probably can be determined only by questioning the drug manufacturers, and this might necessitate a separate questionnaire.

4. Wording of the questionnaire should be checked carefully to make the questions as free of bias as possible. Psychologists in the AAMC office can also consider the format from this standpoint. If the wording is too neutral, and if too many questions are asked, the returns might be much smaller than in the first questionnaire which was very brief and direct.

5. A proposed questionnaire has been drawn up by the chairman. Prompt comments and suggestions by the Committee members will be appreciated, so that this questionnaire can be presented to the Executive Committee and circulated as soon as possible.

The Committee adjourned in the late afternoon without definite plans for the next meeting. Since a number of the proposals formulated will require consideration and approval by the Executive Committee, it was agreed that the chairman will be in touch with Committee members about future activities.

## REPORT OF THE NOMINATING COMMITTEE

GEORGE N. AAGAARD

The Nominating Committee has met and unanimously submits the following recommendations.

*President-Elect:* Thomas B. Turner, Johns Hopkins University

*Vice-President:* Robert B. Howard, University of Minnesota

*Executive Council:* Vernon E. Wilson, University of Missouri (reappointment)  
Robert Q. Marston, University of Mississippi

It was moved, seconded and approved that the nominations be closed and that the Secretary cast a ballot for the individuals nominated.

### APPROVAL OF REPORTS

It was moved, seconded and passed that all Committee Reports be approved.

### OTHER BUSINESS

It was moved, seconded and approved that a note be sent to Drs. Joseph C. Hinsey and George Packer Berry indicating that they had been missed and that their presence was anticipated at future meetings.

### PRESIDENT WOLF'S ACCEPTANCE MESSAGE

There being no further business, President Berson turned the gavel over to the new President, Dr. George A. Wolf, Jr., who stated:

It is obviously a pleasure and an honor for me to receive the gavel. I have very



little to say. I hope to establish a record for brevity in the next year in the deliberations of the various groups that I have anything to do with.

I would first like to welcome the new Council members and transmit to them what I am sure is the feeling of the rest of the Council, namely, that we are delighted to have them with us.

I anticipate a somewhat active year with, I hope, a certain amount of progress; but there will be a lot of problems along with the progress. It seems to me that many times in the past our attitude in the medical schools has been one of defense, and it is about time we assumed a somewhat more positive attitude.

And I think, considering the work of Paul Sanazaro's Division of Education (his Core program is really beginning to move now), that we will see things happening. We have heard papers related to some of the work of his Division already.

William Maloney during these past few months has had a heavy burden, and added to it is the problem of visitations, particularly to the new schools, and the so-called letters of reasonable assurance plus all the problems that these raise. I hope we can all support him and those others involved in this very difficult situation.

Lee Powers has continued to collect his data, for example, the salary study, and has done a masterful job in working on the administrative institutes for the next two years, the one on hospitals in the fall and the one on university-medical school relationships next year.

John Parks of the Committee on Federal Health Programs has been doing a fine job, especially with the help of John Pearson and his know-how on the Washington scene. But I assure you there will be much for this Committee to do in the coming year. I am sure you are all aware of what I am referring to. Again, we will be calling on you for help, particularly at your levels, to support our collective effort to do something about the federal situation in the future.

Now, one point I'd like to make. In the appointment of committees this year, we have made few changes because we assume that when the Coggeshall report becomes available, there will be recommendations concerning the reconstitution of committees.

And it may be that there will be drastic changes. I prefer to leave this for my successor when the new committee structure is decided upon.

In addition, as has already been mentioned, the Coggeshall report will become available during the next few months, and it seems to me that probably one of the most important things I can do, considering that this is a soul-searching period and will shortly become a period of implementation, is to make sure that this report does not end up on the shelf as reports so frequently do.

Last night's award to Dr. Darley was obviously terribly important, and I think many of us for several years now have independently recommended that the award be made in prior years. Because of his modesty, Dr. Darley has consistently refused to be maneuvered into this position, but in my opinion the event last night proves that the Flexner Award is indeed the highest award in medical education, and the awardee has made it so. I can only say that what Jimmy Walker was to mayors, what Grover Whalen was to parades, what Campbell's is to soup, and what Marilyn Monroe was to calendars, Ward Darley is and will be to medical education.

And, finally, Dr. Darley, who for quite a while now has been hurting, except, I might say, in his head, which at the moment I suspect is his very best part, has asked the Executive Council to relieve him of his role as Executive Director of the AAMC, but only so that he can spend all of his time in the scholarly pursuit of medical education and its many facets. John Russell has made this financially possible, and we all should be grateful to him and his Board of Trustees.

The Executive Council, when learning of Dr. Darley's desire, asked the Coggeshall Committee, because it was exploring not only the future of the AAMC but also national

opinion as to what the future of the AAMC should be, to seek a candidate for replacement.

By means of a subcommittee composed of William Hubbard and John Deitrick and George Perera, the country was searched and many candidates were reviewed and several candidates were approached. And finally one candidate was recommended to the Executive Council, which took action last week unanimously, by closed ballot in executive session.

This occurred on Friday. Now a problem has come up which makes it somewhat difficult for us, and we ask your indulgence and understanding. The Council feels that the candidate has amply qualified and is delighted to learn that he can take office on January 1, 1965. Although his superiors in his present position were alerted to and informed of the action, others in his community should be told in person before public announcement by the press is made, not only for reasons of courtesy to these local people, but also to protect the institution for which he works in the specific local situation. Now, we would like to tell you that we plan to present to you written notice very shortly, prior to any public statement, about the person who has been appointed to this most important post.

I am sure that all of you as people who are finding faculty members and stealing faculty members away from other institutions are aware that occasionally confidentiality is important, particularly in respect to the local situation. Therefore we ask your indulgence in this particular case. It is highly likely, although we can't promise this, that within seven days you will have the information on your desks.

We thank you for your past help and also for your anticipated help next year.

The meeting adjourned at 2:45 P.M.

On October 25, 1964, it was announced that Dr. Robert C. Berson, Dean of the University of Texas, South Texas Medical School, San Antonio, had been appointed Executive Director of the AAMC, effective January 1, 1965.

# Third Annual Conference on Research in Medical Education

Denver Hilton Hotel

Denver, Colorado

October 21, 1964

The Third Annual Conference on Research in Medical Education was held at the Denver Hilton Hotel in Denver on October 21, 1964, following the 75th Annual Meeting of the Association.

Serving on the Program Committee for the Third Conference were John R. Ginther, Ph.D., Department of Education, University of Chicago; Thomas Hale Ham, M.D., School of Medicine, Western Reserve University; Milton J. Horowitz, Ph.D., Department of Psychiatry, Western Reserve University; Patricia L. Kendall, Ph.D., Bureau of Applied Social Research, Columbia University; George E. Miller, M.D. (Chairman), College of Medicine, University of Illinois; George G. Reader, M.D., Department of Medicine, Cornell University; Paul J. Sanazaro, M.D. (Secretary), Director, AAMC Division of Education; Charles F. Schumacher, Ph.D., National Board of Medical Examiners.

The Conference convened at 9 A.M. and the following presentations were made: "Clinical Investigation as an Integral Feature of Medical Residency Training," Christopher M. Martin, M.D., and Harold Jeghers, M.D., Seton Hall College of Medicine; "Home Care Revisited: An Experiment in Medical and Nursing Education," Charles E. Lewis, M.D., University of Kansas Medical Center; "The Good Teaching Case," James F. Schieve, M.D., Ohio State University College of Medicine; "Background Data of Significance to Medical Student Performance," Jerome A. Motto, M.D., University of California School of Medicine, San Francisco; "Academic Success: Intelligence and Personality," Victor F. Lief, M.D., New York Medical College, Harold I. Lief, M.D., Tulane University School of Medicine, and Kathleen M. Young, Ph.D., University of Pittsburgh; "A Time Study of Student Activities," Lawrence A. Fisher, Ph.D., and Nicholas J. Cotsonas, Jr., M.D., University of Illinois College of Medicine, Chicago.

The morning session concluded with the invitational address "Student Ecology and the College Environment," George G. Stern, Ph.D., Syracuse University.

The afternoon program began at 2 P.M. and included the following presentations: "Students Select a Medical School," Jerold M. Aronson, B.A., Robert J. Baumann, B.S., and Susan S. Aronson, B.A., Western Reserve University School of Medicine; "Senior Student Career Choices in Retrospect," Harold Boverman, M.D., University of Chicago School of Medicine; "Medical School Pathways to Diagnosis," Morris Weitman, Ph.D., and Frederick G. Coisman, Th.B., Portland State College; "Assessing Clinical Judgment," John W. Williamson, M.D., University of Illinois College of Medicine, Chicago; "A Critical-Comments Approach to the Rating of Medical Students' Clinical Performance," John T. Cowles, Ph.D., University of Pittsburgh; "An Evaluation of Student Skills

in Physical Diagnosis," Lloyd R. Evans, M.D., and John R. Bybee, M.S., Ohio State University College of Medicine; "The Evaluation of Student Performance in a Clinical Psychiatric Clerkship," Aldo Vigliano, Ph.D., and Mangesh Gaitonde, M.D., University of Kansas Medical Center; "Examinations in Anatomy: Use of Video Tape Recordings," J. E. Markee, Ph.D., S. A. Agnello, A.B., and F. D. McFalls, M.D., Duke University Medical Center.

Abstracts submitted for the Conference appeared in the September, 1964, issue of *The Journal of Medical Education*; papers which were presented have been scheduled for publication in the February, 1965, issue of *The Journal*.

## Second Institute on Administration: Medical School-Teaching Hospital Relations

Eden Roc Hotel  
Miami Beach, Florida  
December 6-9, 1964

Medical schools and their major teaching hospitals share common goals in meeting society's demands for the continual improvement of medical and health care. The interdependence of the two institutions is basic to the educational process for medicine and its related disciplines, but different orientations of school and hospital, complicated by a mass of internal and external pressures, present an administrative challenge of great complexity.

The purpose of the second AAMC Institute on Administration was to zero in on the problems and prospects of school-hospital relations. It drew heavily on the background established in 1963 by the First Institute on Medical Administration, which looked at the internal administration of medical schools; the 1964 Institute in turn has provided resource for the third Institute in the series, the subject of which will be medical school-university relations.\*

Dr. George A. Wolf, Jr., Vice-President, Medical Affairs, Tufts University, served as Chairman of the 1964 Institute. A steering committee and 3 subcommittees, assisted by AAMC staff under the direction of Dr. Lee Powers, Associate Director, developed the content of the Institute program, which was organized within the following 3 topical areas: (a) Medical School-Hospital Organization and Administration, (b) Programs and Their Implications for Facilities, and (c) Financial Considerations. A plenary session was devoted to each area, followed by small-group discussion—a format that has proved successful in 11 previous AAMC Institutes. Some 262 deans, hospital administrators, department chairmen, and others participated in the 1964 Institute.

The first plenary session was held Sunday evening, December 6. Dr. Wolf introduced the Institute and the keynote speaker, Mr. Laurance S. Rockefeller, Chairman of the Board, Memorial Sloan-Kettering Cancer Center, and President, Rockefeller Brothers Fund, Inc. His address was entitled "That the Parts May Truly Make a Whole: A Layman's View."

Dr. Robert M. Bucher, Dean, Temple University School of Medicine, presided at the plenary session on Medical School-Hospital Organization and Administration held Monday morning, December 7. The keynote address, "Teaching Hospitals—A Department Chairman's View," was given by Dr. Raymond D. Pruitt, Chairman, Department of Medicine, Baylor University College of Medicine.

\*The book based on the 1963 Institute, *Report of the First Institute on Medical School Administration*, was published in November 1964 (Part 2, *J. Med. Educ.*, Vol. 39, No. 11); the book reporting the 1964 Institute is scheduled for publication in the Fall of 1965. The 1965 Institute has been scheduled for December, 1965.

Dr. Stanley W. Olson, Dean, Baylor University College of Medicine, presided at the plenary session on "Programs and Their Implications for Facilities" held Tuesday morning, December 8. The keynote address, "Make No Little Plans," was presented by Dr. Robert J. Glaser, President, Affiliated Hospitals Center, Inc., Boston, Massachusetts.

Dr. William N. Hubbard, Jr., Dean, University of Michigan Medical School, presided at the plenary session on Financial Considerations held Tuesday afternoon, December 8. The keynote address, "Dollars and Sense," was presented by Mr. Ray E. Brown, Director, Graduate Program in Hospital Administration, Duke University Medical Center.

Dr. Wolf presided at the final plenary session held Wednesday morning, December 9. Speakers presented the point of view of the hospital administrator, the medical school dean, and a management consultant. The 3 speakers were Dr. John H. Knowles, General Director, The Massachusetts General Hospital; Dr. Vernon W. Lippard, Dean, Yale University School of Medicine; and Dr. H. Lawrence Wilsey, Vice-President, Booz, Allen & Hamilton, Inc., Health and Medical Administration Division. These presentations were followed by general discussion from the floor. Just before the Institute adjourned, Dr. Russell A. Nelson, Medical School-Teaching Hospital Section Representative and President, Johns Hopkins Hospital, spoke on behalf of the hospital administrators. In thanking the Institute planners and the AAMC for inviting them to participate in the 1964 Institute, he expressed the hope that the communication between hospital administrators and medical educators would continue.

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1963-1964

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