

Association of American Medical Colleges

Proceedings for 1965

Meeting of the Institutional Membership
February 6, 1965

Fourth Annual Conference on Continuation Education
October 29-30, 1965

Ninth Annual Meeting of the Group on Student Affairs
October 30, 1965

Eighth Annual Meeting of the Medical School-Teaching Hospital Section
October 30-31, 1965

Fourth Annual Conference on Research in Medical Education
October 31, 1965

Second Annual Conference on International Medical Education
October 31, 1965

Meeting of the AAMC-VA Liaison Committee
October 31, 1965

Discussion on Federal Medical Programs
October 31, 1965

The Seventy-Sixth Annual Meeting
November 1, 1965

The Seventy-Sixth Annual Business Meeting
November 2, 1965

Discussions on Medical Education
November 2, 1965

Third Institute on Administration: The Medical Center and the University
December 12-15, 1965

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

Association of American Medical Colleges

Proceedings for 1965

Reprinted from **The Journal of Medical Education**
Vol. 41, No. 6, June, 1966

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Meeting of the Institutional Membership

Palmer House
Chicago, Illinois
February 6, 1965

Presiding: GEORGE A. WOLF, JR., President

The meeting of the Institutional Membership was called to order at 2:00 P.M. in the Palmer House, Chicago, Illinois, by Dr. George A. Wolf, Jr., President. The roll was called by Dr. Richard H. Young, Secretary, who declared a quorum of Institutional Members to be present.

Dr. Wolf reported that an office of the Association of American Medical Colleges has been established in Washington, D.C., and presented a message on this subject from Dr. Robert C. Berson, Executive Director. Dr. Wolf then referred to a memorandum on a Code of Ethics on Human Experimentation that was sent to the deans on January 11; he urged further feedback from deans and their faculties on this matter and said that open discussion on such a code would be held at a future date.

BYLAWS

A change in the bylaws was approved, providing for the addition of the phrase "who have been active in the affairs of the AAMC and . . ." with reference to Emeritus Members of the AAMC.

PROVISIONAL MEMBERS

The following developing medical schools were approved for Provisional Institutional Membership in the AAMC:

University of Arizona College of Medicine
University of California (San Diego) School of Medicine
University of Connecticut School of Medicine
Pennsylvania State University, Milton S. Hershey Medical Center College of Medicine
University of Texas, South Texas Medical School (renewal)

INTRODUCTION OF SPECIAL GUESTS

Dr. Wolf then introduced Dr. William Stewart, assistant to Dr. Edward Dempsey, Assistant to the Secretary of Health, Education, and Welfare, who was unable to attend this meeting. He also introduced Dr. David Price, Deputy Surgeon General. After some preliminary comments, Dr. Stewart read the following paper for Dr. Dempsey.

FEDERAL LEGISLATION

I believe the last 3 Administration bills—those proposing expansion and extension of research construction, establishment of regional medical complexes, and expansion and extension of financial assistance to medical education—represent the portions of the Administration's health program of most direct interest to the Association of American Medical Colleges. In addition, a bill for the support of medical libraries (S. 597 and H.R. 3142) has been introduced by Sena-

tor Hill and Congressman Harris. This, however, is not an Administration bill, and at the present time the Administration has not taken a position concerning it.

Health Research Facilities Amendments

First, I shall consider the Health Research Facilities Amendments of 1965 (S.512). This bill would expand and extend the program of matching grants for health research facilities to a total amount of \$400 million over a five-year period. This program, which was first authorized in 1956 with an annual appropriation of \$30 million, has been extended 3 times. Since its inception, 1,263 construction grants have been awarded to 399 institutions. The total cost of facilities constructed under this program to date is more than \$800 million, of which the federal share has been about \$320 million. At the end of the Fiscal Year 1965, it is estimated that there will be a backlog of meritorious applications amounting to \$80 million.

This bill would provide authority for construction and operating costs of facilities for national or regional purposes. It would also provide contract authority for the U.S. Public Health Service. At present this authority is provided for only through language included annually in the appropriations bill, and is, therefore, vulnerable if anyone wished to challenge it as a "point of order." Finally, the bill also provides for the creation of 3 new Assistant Secretaries in the Department of Health, Education, and Welfare.

Heart Disease, Cancer and Stroke Amendments

The second bill to be considered is the Heart Disease, Cancer and Stroke Amendments of 1965. One of the principal—perhaps the key—recommendations of the President's Commission on Heart Disease, Cancer and Stroke was to establish a series of regional medical complexes. Two compelling considerations underlie the idea of the complexes.

First, new and greatly improved procedures for preventing, detecting, and treating heart disease, cancer, and stroke, among other disease, have been developed in the last few years. Because they are so new, these procedures can as yet be performed only by doctors trained in the complex teamwork techniques necessary and employing the frequently expensive equipment usually located in university teaching hospitals and medical centers. To make these new services available more widely to the community requires an organization whereby a medical center with its research-trained doctors is brought closely into a working relationship with the practicing physicians who comprise the staffs of community hospitals. Such relationships would be established through arrangements between medical centers and community hospitals in which stations would be located, each equipped and staffed to provide modern diagnostic and treatment procedures in heart disease, cancer, or stroke. The community physicians and their patients would benefit from the consultative and other services provided by the station, and by the availability of a referral pathway to the parent medical center for patients who would require services uniquely available there.

The second basic consideration involves manpower. There is a shortage of physicians in the United States, and this shortage will become greater as the population increases. Moreover, as I have indicated earlier, only those physicians whose specialty training has occurred in the past five to ten years are familiar

with the newer procedures. This shortage of physicians, and especially the shortage of those knowledgeable in the newer developments, requires that the doctors in shortest supply be employed as efficiently as possible. To provide this efficiency, service and training institutions must be linked together. Such a linkage is established by the medical complex. Young doctors, highly trained in the medical center and stationed in the community hospitals, can provide conferences and consultations for the voluntary staff, can provide liaison for referrals into the university centers, and can supervise the education and training of medical students and house staff assigned to them.

From these 2 considerations—scarcity of qualified people and the need for efficient use of such trained people—came the proposal for medical complexes. A medical complex consists of the following parts: (a) a medical center, that is, a medical school and its associated teaching hospitals; (b) one or more categorical research centers, that is, an institution or part of an institution whose primary functions are the conduct of research, the training of specialists, and the provision of specialized diagnostic and treatment services related to its research and training programs; and (c) one or more diagnostic and treatment stations, that is, a unit of a hospital or other facility whose primary function is to augment local capability by providing specialized high-quality diagnostic and treatment services to inpatients and outpatients.

To assure cooperation within the community, each complex would have a local advisory group made up of representatives of official and private agencies and institutions. A complex would be planned by a local group. One or more institutions—universities, medical schools, institutes, state or municipal agencies—would prepare and file applications. These would be reviewed by the usual U.S. Public Health Service mechanisms—staff, study group, and council. Grants would be made to local institutions or agencies, so that the program initiated locally would also be operated locally. Funds would be available for patient care only if required for research, training, or demonstration activities. The plan for complexes is designed to strengthen, not to duplicate, existing resources. It is designed to assist the private physician by making better services available to him.

The outreaching activities of institutions such as the New England Medical Center, through its Bingham Associates program, and the University of Kentucky's community service activity, illustrate the timeliness of the concept. The successful experience of the National Institutes of Health in establishing and operating clinical research units should allay any doubts concerning the cost of patient care, relations with practicing physicians, or administrative competence. The growing trend of universities and community colleges to establish extension and night courses indicates an analogous need felt in the academic world to relate itself more broadly to its community. Medicine, too, must respond to the forces generated in our times. Bringing the highest quality of continuing medical education and of service to the largest possible number of physicians and of patients is surely a proper goal.

Health Professions Educational Assistance Amendments

A third important bill is the Health Professions Educational Assistance Amendments of 1965. The falling ratio of graduating physicians to population has drawn attention from the Surgeon General's Consultant Group on Medical Educa-

tion (1959), the Committee of Consultants on Medical Research (1960), and the President's Commission on Heart Disease, Cancer and Stroke (1964), among others. In 1959, the Bane Committee forecast that by 1975 we could maintain a constant ratio of physicians to population only by an expansion of the number of graduates to 11,000 per year. Moreover, continued importation of 750 foreign trained physicians each year was forecast, even though the wisdom of depending upon other countries to provide our own medical services was questioned. Finally, the Bane Committee called attention to serious underfinancing of about 15 per cent of our medical schools.

Five years later the situation has improved, but not enough. We have increased our potential for medical education, but the population has continued to expand more rapidly than have the numbers of medical graduates. Importation of foreign physicians increased to over 1,600 last year.

In a similar vein, although the total number of applicants to medical schools has increased recently, the financial plight of the student has been worse. Forty-nine per cent of all medical students come from families whose income is more than \$10,000 per year, and 29 per cent are from the 5 per cent of families which have an income of \$15,000 per year or more. A high school graduate today must anticipate a total expense of \$20,000 to \$30,000 over an eight- to twelve-year period if he wishes to become a doctor. Less than one-third of all medical students obtained scholarship aid last year, and for those who did, the average grant was \$760. By contrast, four-fifths of the graduate students in life sciences received scholarships averaging \$2,700. It seems clear that medicine is increasingly a profession which can be aspired to only by the wealthy. It seems equally clear that this is undesirable.

The bill introduced into Congress provides for 2 kinds of grants. First is the basic improvement or formula grants. For the first year, these grants would amount to \$12,500 for each accredited school, plus \$250 for each full-time student. In the second and following years, the grants would double and would amount to \$25,000 per school and \$500 per student. Such financial aid, although useful for all schools, should be of greatest benefit to the most poorly financed institutions.

Special improvement or project grants are also provided by the bill. These are to be awarded through an application and review procedure for purposes of strengthening and improving the school's faculty and curriculum. Such grants may provide as much as, but may not exceed, \$100,000 for any school during the first year, \$200,000 in the second year, and on up to \$400,000 in the fourth and fifth years. These grants should contribute to the continued upward improvement of medical education.

Grants for scholarships are also provided. The amount of the award to each school would be calculated by multiplying \$2,000 times one-tenth of the first-year students for the first year of the program, by one-tenth of the first- and second-year students for the second year, and finally by one-tenth of all full-time students in the fourth year. The scholarships shall be awarded particularly to students from low-income families and on the basis of need. Scholarships from this source may not exceed \$2,500 per year.

The bill also provides for extension of the construction program for five years and for elimination of ceilings on construction funds. Similarly, provisions for

student loans are extended for five years and the maximum loan is increased to \$2,500.

Conclusion

I am personally convinced that the legislation proposed in these 3 bills will, if enacted, permit a giant stride in the nation's medical program. Basic and special improvement grants, coupled with scholarship and loan programs, should permit improvement and enlargement of our existing and developing schools. Extension and enlargement of the teaching and research construction programs should go far toward meeting the demand for added and improved space inherent in the enlarged educational effort. Medical complexes, developed as they are out of experience in utilizing clinical research and community service facilities, should enhance greatly the quality of specialty training and provide for the expanded resources needed by our enlarged program of medical education. The improved patient care resulting from linking academic medicine to community practice represents considerable progress toward better continuing education. Such a linkage actually makes each physician and every patient a contributor, even if only slightly, to the total research effort of the nation. The 3 faces of medicine—teaching, research, service—thus coalesce into a single image of which the community may well be proud.

DISCUSSION AND ACTION

Following his presentation of Dr. Dempsey's paper, Dr. Stewart answered a number of questions from the floor. Most of the discussion centered on how the Heart Disease, Cancer and Stroke Amendments would be administered. The Institutional Membership expressed concern that this program might increase manpower needs and pose other sizable problems for the medical schools.

The importance of the Medical Library Assistance Act was emphasized during the discussion. A resolution expressing very strong support for the library bill was unanimously adopted by the Institutional Membership.

The meeting adjourned without further recorded discussion or action.

Fourth Annual Conference on Continuation Education

Sheraton Hotel

Philadelphia, Pennsylvania

October 29-30, 1965

The Fourth Annual Conference on Continuation Education convened on Friday, October 29, 1965, with Dr. W. Albert Sullivan, Jr., Director of the Department of Continuation Education, and Associate Professor of Surgery, University of Minnesota Medical School, presiding. An hour-long panel entitled, "A Two-Way Radio Broadcast with England: Radio Seminar—Pyelonephritis," moderated by Dr. Fred MacD. Richardson, Coordinator of Professional Affairs, Pennsylvania Hospital, opened the morning session. Participants on this panel included: Dr. John J. Murphy, Professor of Urology, University of Pennsylvania School of Medicine; Dr. James E. Clark, Assistant Professor of Clinical Medicine, Jefferson Medical College; and Dr. William J. Tuddenham, Director, Department of Radiology, Pennsylvania Hospital.

Immediately following the panel, Dr. Richardson gave a brief introductory address. Dr. Sullivan then delivered the first paper of the Conference, "The Physician Who Does Not Continue Learning." This was followed by a discussion of "Staff Performance and the Computer," by Dr. James T. Howell, Executive Director, Henry Ford Hospital, and Dr. George G. H. C. Stobie, Medical Computer Center, Henry Ford Hospital. Dr. B. C. Payne of St. Joseph Mercy Hospital, Clinical Assistant Professor of Internal Medicine, University of Michigan, then delivered a speech which dealt with the "Criteria Approach to Measurement of Quality of Medical Care."

A panel discussion of "Diagnostic Performance" was the next item on the program. Members of the panel were Dr. Osler L. Peterson, Department of Preventive Medicine, Harvard Medical School; Dr. Ernest Barsamian, Fifth Surgical Division, Harvard, Boston City Hospital; and Dr. Murray Eden, Professor, Department of Electrical Engineering, Massachusetts Institute of Technology. Following the panel, a paper entitled "Staff Performance and Autopsy Results," was presented by Dr. George Ross Fisher III, of the Pennsylvania Hospital and Assistant Professor of Clinical Medicine, Jefferson Medical College. The morning session closed with a panel, composed of Drs. Howell, Payne, Peterson, and Fisher; the subject was "Criterion Performance."

Dr. Herbert Menzel, Professor of Sociology, New York University, and Mr. Raymond Maurice, Research Associate, Columbia University Bureau of Applied Social Research, opened the afternoon session with their report, "Evaluation of the New York Academy of Medicine's Television Programs." Following this report, a paper entitled "Evaluation of the Diagnostic and Treatment Conferences" was given by Dr. Frank M. Woolsey, Jr., Associate Dean, and Professor and Chairman, Department of Postgraduate Medicine, Albany Medical College, and Dr. Frank L. Husted, Director of Educational Studies, Hahnemann Medical College.

"Evaluation of a Traditional Postgraduate Exercise," by Dr. Joseph M. Stowell, Altoona Hospital, Altoona, Pennsylvania, and the "Present Picture of Continuing Medical Education in the United States," by Dr. C. H. William Ruhe, Associate Secretary, Council on Medical Education, American Medical Association, were the 2 following papers. A panel discussion of "Methods of Evaluation," with Drs. Menzel, Woolsey, Stowell, and Ruhe comprising the panel, concluded the afternoon activities of the Conference.

On Saturday morning, October 30, 1965, 3 simultaneous workshop sessions were held. Participants in the workshop discussion of "Criterion Performance" were Drs. Howell, Peterson, Fisher, and Richardson; leading a second workshop which considered "Methods of Evaluation" were Drs. Menzel, Woolsey, Stowell, and Husted. Dr. Patrick B. Storey, Director, Department of Postgraduate Programs, American Medical Association, Dr. Sullivan, and Dr. Ruhe led the third workshop which considered a topic entitled "Enhancing the Effort."

Ninth Annual Meeting of the Group on Student Affairs*

Sheraton Hotel

Philadelphia, Pennsylvania

October 30, 1965

OPEN SESSION

The open session of the meeting was called to order at 9:20 A.M. by Dr. John L. Caughey, Jr., Associate Dean, Western Reserve University School of Medicine and GSA National Chairman, with over 200 people in attendance. Since an orientation session for more than 60 new GSA members had been held the previous afternoon, Dr. Caughey outlined only briefly the background of the Group on Student Affairs.

AMERICAN FOREIGN MEDICAL GRADUATES

Dr. David McL. Greeley, Associate Director, Educational Council for Foreign Medical Graduates, then presented a study of American Foreign Medical Graduates. Based on his findings, resulting from a study of a group of 303 U.S. citizens who had received their premedical education in the United States but had attended medical schools in foreign countries, he made the following recommendations to the Group on Student Affairs:

1. For those Americans attending a foreign medical school who, on the basis of their college record, MCAT scores, and choice of medical school, can be expected to pass the ECFMG examination the first time: (a) support and promote transfer to the third-year class of American medical schools; and (b) make clinical clerkships available to those whose curriculum permits this activity.

2. For those planning to go abroad or those now abroad who, on the basis of their college record, MCAT scores, and/or choice of medical school, may be expected to fail the ECFMG examination: (a) develop programs for the proper counseling of students and parents, including publishing a pamphlet and making MCAT scores available to college premedical advisers; and (b) make this study available to foreign medical schools.

3. Study a representative group of students who have repeatedly failed the ECFMG examination to determine their desires, potential, and needs with a view toward: (a) developing special training programs in the paramedical fields for those who are found to have little or no potential for ever passing the ECFMG examination; and (b) developing a special six- to twelve-month comprehensive curriculum for those who are found to have a potential for passing the ECFMG examination.

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

Following Dr. Greeley's talk there were formal expressions of appreciation, both by members of the Group on Student Affairs and by premedical advisers, for the information provided.

MCAT-SCIENCE SURVEY

Dr. Woodrow W. Morris, Associate Dean for Student Affairs, University of Iowa College of Medicine, then presented a final report of the MCAT-Science Survey. His summary and conclusion are as follows:

In this study, replies to a special questionnaire concerning the science backgrounds of the students taking the Medical College Admission Test (MCAT) in both the Spring and Fall administrations of 1964 were analyzed and these data, other MCAT scores, and a new variable called College Status were related to the MCAT Science subtest score. The findings in general suggest that the Science subtest is more a special test of intelligence than it is of achievement in sciences. The significance of this was discussed and a recommendation made that continued study be made of the Science subtest with an effort to rule out the general intelligence features insofar as possible and to make it a more straightforward test of achievement in science.

PRELIMINARY APPLICATION FORMS

Dr. Gerald A. Green, Assistant Dean for Admissions, University of Southern California, reported on the use of preliminary application forms by the 19 U.S. medical schools currently using this 2-stage procedure. He indicated that there was unanimous agreement by these schools that this procedure resulted in a substantial saving of time, money, filing space, and the like. He also noted that it has the advantage of early communication with the noncompetitive applicant so that he can make other plans. He reported that most schools were quite specific concerning the possibility of appeals by early rejected applicants; most schools will allow them to submit a second application if they insist. Finally, he recommended that the possibility of a uniform preliminary application form be considered by the AAMC.

STUDENT HEALTH

After a brief intermission, the "Health Problems of Medical Students" were discussed by a panel composed of Dr. William R. Kay, Director of Student Health, Medical College of Virginia; Dr. Charles W. Schlageter, Chief of the Mental Health Unit, Northwestern University; and Dr. Leona B. Yaeger, Northwestern University Student Health Service, who presided as panel chairman. Their recommendations included: (a) organizing a health service designed to meet the needs of medical students, (b) identifying medical student health problems as early as possible, and (c) encouraging students to make self-referrals, to accept help for their psychological problems, and to avoid self-medication, curb-stone consultations, and the suppression of symptoms.

Highlights of the April 29, 1965 meeting of the American College Health Association were summarized. During subsequent discussion it was recommended that the AAMC establish formal liaison with that Association. The problem of transmitting information to Admissions Committees concerning the psychological problems of applicants was discussed, and it was indicated that according to the standards of the American College Health Association, such information should be kept confidential even when the release of this information was authorized by the applicant. This is done to encourage future students to seek therapy when

needed. It was suggested that sources other than the Student Health Service be used to assess the psychological state of applicants. The GSA was invited to help develop a uniform admissions health report form for medical school applicants. Communication between undergraduate college and medical school health services after the applicant has been accepted should be encouraged, with such communication being directed to those solely responsible for the student's medical care rather than to the Admissions Committee.

STUDENT COUNSELING

Next a panel discussion was conducted on the subject of "Medical Student Counseling: Problems, Experiences, and Some Proposals." Participants in this panel were: Dr. Joseph Hirsh, Assistant Dean, Albert Einstein College of Medicine (Chairman); Dr. Samuel P. Harbison, Associate Dean, University of Pittsburgh School of Medicine (who presented a paper that had been prepared by Dr. Leroy W. Earley of the Pittsburgh School); and Dr. Philip O. Nice, Associate Dean, Dartmouth Medical School. Some of the major points considered were: (a) the desirability of identifying institutional and course stress points such as the cadaver, the first live patient, the first patient who dies, the National Board Examinations and grading systems; (b) the pros and cons of various faculty counseling programs; (c) the possible general rise in the emotional impairment of college students; (d) the danger of selecting students largely on academic grounds and thus selecting an increased proportion with nonacademic problems; (e) the possibility of the more stable students thus attending the nonprestige colleges; (f) the desirability of taking some calculated risks in order to admit the somewhat unstable but unusually gifted student; (g) the informal use of student leaders as screeners of students in emotional difficulty and as counselors of these students; (h) the danger of overprotecting students resulting in student weaknesses; and (i) the identity crisis that occurs with many medical students.

The open session concluded with a brief report by Dr. C. H. William Ruhe, Associate Secretary, and Dr. Richard F. Manegold, Assistant Secretary, American Medical Association Council on Medical Education, relative to their study of medical students who were originally tested in 1960 as part of Project Talent. The morning meeting was adjourned at 12:50 P.M.

EXECUTIVE SESSION

BERRY PLAN

The afternoon executive session was called to order by Chairman Caughey at 2:15 P.M. and commenced with a presentation by Dr. Shirley C. Fisk, Deputy Assistant Secretary for Health and Medicine of the U.S. Department of Defense concerning the Berry Plan and the Selective Service classification of physicians. Copies of Dr. Fisk's tables were later mailed to all members of the Group on Student Affairs.

APPLICANTS AND ADMISSIONS

Dr. Wimburn Wallace, Director, Professional Examinations Division, The Psychological Corporation, reported the following comparative figures for those who have taken the Medical College Admission Test during the past three years:

Year	Spring Test	Fall Test	Total Tested
1963	9,692	9,631	19,323
1964	9,193	9,773	18,966
1965	9,068	9,854	18,922

The rise in students taking the test in the fall of 1965 may be due in part to the increase in the number of Canadian schools which are requiring the MCAT.

Miss E. Shepley Nourse, AAMC Editorial Coordinator, reported that 13,233 copies of the 1964-65 edition of *Medical School Admission Requirements: U.S.A. and Canada* had been distributed and that this was an increase of more than 500 copies over the preceding edition. She also noted that during August and September, 1965, 26,713 reprints were ordered from the 1965-66 Admission Book. Related correspondence has also increased with 2,273 inquiries being processed between April 1 and September 30, 1965. Of these inquiries, 59 per cent dealt with financial aid. She indicated that 15,000 copies had been printed of the new AAMC booklet on *Financing a Medical Education* and that some 8,500 of these had already been distributed. Plans are under way for a second edition of this booklet as well as for new editions of the Summer Session Bulletin and Admission Book.

MEDICAL STUDENT ATTRITION

Dr. Johnson then reported that the AAMC Study of Medical Student Attrition was now essentially completed, that a *Datagram* on it had appeared in September, 1965, and that articles by principal investigator Johnson (1) and co-investigator E. B. Hutchins (2) had appeared in *The Journal of Medical Education*. He further noted that the final publication was scheduled as a special issue of *The Journal of Medical Education* to appear in 1966. He again expressed thanks to all of the medical school representatives for their excellent cooperation in this study, as well as for their efforts to reduce attrition at their own schools.

FINANCIAL PROBLEMS OF MEDICAL STUDENTS

Reports from various GSA Committees followed. Dr. John Chapman, Associate Dean for Student Affairs, University of Kansas School of Medicine, indicated that projects and publications under the auspices of the Committee on Financial Problems during the past year had included: (a) the above-mentioned AAMC booklet, *Financing a Medical Education*, (b) the Public Health Service booklet, *How Medical Students Finance Their Education*, (c) the article by Drs. Ceithaml and Johnson on 'Nonrefundable Grants for Medical Students in U.S. Medical Schools' (3), and (d) the article by Dr. Ceithaml on "The Financial State of the American Medical Student" (4). Dr. Chapman then introduced Dr. James Lovett, Director, Health Professions Student Loan Program, U.S. Public Health Service, who reported on the federal financial aid program, including Public Law 89-290 (The Health Professions Educational Assistance Amendments of 1965) that went into effect on October 22, 1965. The following paragraphs contain a summary of the major points emphasized by Dr. Lovett.

The Health Professions Student Loan Program was extended through additional fiscal years and authorizes the inclusion of schools and students of pharmacy and podiatry. The program now will encompass schools of medicine, dentistry, optometry, osteopathy, pharmacy, and podiatry that are eligible and

wish to participate. The maximum amount a student may borrow was increased to \$2,500 per academic year.

One added provision makes it possible to cancel a part of a borrower's loan, and interest thereon, for practicing medicine, dentistry, osteopathy, or optometry in an area determined by the state health authority as having a shortage of and need for these professional services. A maximum of 50 per cent of the amount of the loan, plus interest, that is unpaid on the first day of such practice may be canceled at the rate of 10 per cent for each complete year of practice. Plans are in progress to identify how the "shortage area" should be determined. It is likely that the state health authority will be given the responsibility for identifying shortage areas in the respective states.

The policy for establishing the interest rate to individual borrowers from the Health Professions Student Loan Program was amended. The rate of interest is now established at 3 per cent per annum or the going federal rate for the year in which the loan is made, whichever is greater. However, all subsequent loans from the fund will bear interest at the rate applicable to the initial loan of a borrower. This change will eliminate the different interest rates for the same student receiving loans in different fiscal years.

An amendment to the law has established the availability of scholarships for economically underprivileged students who would be unable to pursue their course of study without this assistance. Implied in the law is the fact that all other reasonable means of financial support must be considered prior to the time the student becomes eligible for this scholarship assistance.

The law authorizes that the scholarships during the current year are available only to those schools enrolling students after the bill was signed. Thus, it appears that only one medical school (University of Tennessee) will enroll students subsequent to the signing of the bill during the current academic year and be eligible to participate during the 1965-66 academic year. It is anticipated that the scholarship money will become generally available for the fiscal year 1967 (academic year 1966-67).

The formula to establish the scholarship fund in the school will be 10 per cent of the estimated number of students to enter the first-year class times \$2,000. Scholarships may be awarded in an amount up to \$2,500 per academic year to students depending upon their need.

In the discussion that followed, appreciation was expressed by the Group on Student Affairs for the cooperative and efficient way in which the Public Health Service had handled its loan program, including their cooperation in modifying such provisions as the calculation of interest rates. The major question raised from the floor dealt with the eligibility for scholarships of medical students from states with liberal student loan programs. It was felt that there was a danger that needy students from such states might be forced to borrow from \$5,000 to \$10,000 a year, and consequently be confronted with an unreasonable debt that might result in their charging excessive fees and in their entering specialty fields in urban areas rather than practicing in areas of greater need. It was also felt that such students from low-income families would be less likely to enter medicine because of not wanting to encumber themselves and their families with such heavy debts. It was recommended, therefore, that every effort be made

to have the legislation interpreted so that needy students in such states would still be eligible for scholarship aid rather than being forced to use only loans.

RELATIONS WITH COLLEGES AND HIGH SCHOOLS

Dr. James Schofield, Associate Dean, Baylor University College of Medicine, then reported that the GSA Committee on Relations with Colleges and High Schools was continuing with its past activities, including a yearly revision of the *Directory of Premedical Advisors* and the publication of a *Newsletter for Premedical Advisors*. He indicated that the next *Newsletter* was tentatively scheduled to deal with the problem of medical student finances.

Dr. Schofield also reported for the Admission Book Editorial Advisory Committee. He indicated that this Committee would continue to review the questionnaire upon which this book was based, but that they did not have any major plans for suggested revisions of the book in the immediate future.

STUDENT ASPECTS OF INTERNATIONAL MEDICAL EDUCATION

Reporting for the Committee on Student Aspects of International Medical Education, Dr. Thomas J. Brooks, Jr., Assistant Dean for Student Affairs, University of Mississippi School of Medicine, referred the audience to the Foreign Student Questionnaires that had been distributed and indicated that this project would be activated this fall. He also noted that his committee was working on a statement for U.S. students contemplating the study of medicine abroad and indicated that they plan to draw heavily upon the data reported by Dr. Greeley at the morning session.

RESEARCH ON STUDENT AFFAIRS

For the Committee on Research on Student Affairs, Dr. Woodrow W. Morris indicated that a possible study of the admission policies toward applicants with psychiatric histories was being considered and that a proposed study on this topic was to be developed by Dr. Morton Levitt, Associate Dean for Admissions and Student Affairs, Wayne State University. He also noted that the Committee was planning to resume its past study of student evaluation. In that connection, he called on Dr. William Sedlacek, Research Psychologist, the Division of Education, who reported on the Committee's recent study concerning the reporting of student performance to hospitals for internship selection purposes. In addition to complimenting the GSA representatives for continuing their usual practice of 100 per cent participation in such surveys, he reported that 14 per cent of the schools (including those in Canada, The American University of Beirut, and the University of the Philippines) were now using a pass-fail or a pass-fail-honors system. Although only 19 per cent of the schools calculating class ranks have "much confidence" in these ranks, 38 per cent of all schools always report medical student performance to hospitals by specific rank in class. Twenty-one per cent of the schools indicated they were planning to modify their grading system in the near future, with 9 of the schools noting their plan to shift to a pass-fail or a pass-fail-honors system. Thirteen per cent indicated they were planning to change their method of reporting student performance to hospitals, with 6 schools planning to move toward more use of faculty comments and other subjective evaluations.

COMMUNICATION WITH STUDENT ORGANIZATIONS

Dr. William D. Mayer, Associate Dean, University of Missouri School of Medicine, reported that the Committee on Communication with Student Organizations had recommended that they take an active role in encouraging the AAMC to contact the various national medical student organizations. He noted that a brief questionnaire might be sent to the medical schools inquiring as to which medical school organizations were now active on their campuses so that eventually the appropriate student organizations could be contacted by the AAMC. He also noted that his committee has recommended a special medical student rate for *The Journal of Medical Education*.

BYLAWS COMMITTEE

Dr. James W. Bartlett, Assistant Dean, University of Rochester School of Medicine and Dentistry, then reported for the GSA Bylaws Committee. He briefly traced the history of the Group on Student Affairs and noted the unique relationship between it and the AAMC Committee on Student Affairs, which now includes the GSA national chairman, the GSA regional chairmen, and the GSA committee chairmen. He noted that the purpose of the bylaws was to clarify the internal structure of the GSA, to encourage broad and full use of the membership, to help orient new members, and to provide a simple, permissive arrangement for the effective, cooperative functioning of the Group. Dr. Bartlett indicated that all 5 of the regional groups had an opportunity to discuss the original proposed bylaws in considerable detail and that the current proposal incorporated most of the suggestions made by these groups. He made particular comment on Section IV, Part 3, which permits schools to be affiliated with more than 1 region, and Section V, Part 4, which allows a two-thirds majority of the voting members to overrule the chairman, who shall otherwise make all parliamentary decisions. He also noted the 1 suggested change in the October 5, 1965 revision of the proposed bylaws, namely that the last sentence of Section VI, Part 4, be changed to read: "Additional nominations may be made by the members."

The proposed bylaws, with this one modification, were passed by the Group on Student Affairs without dissenting vote. This roll call vote also served to record those schools with voting rights that were present. A total of 73 such schools were present, with the only voting schools not represented being Buffalo, UCLA, Chicago Medical, Albert Einstein, Georgia, Indiana, Loma Linda, New York University, Oklahoma, Oregon, South Carolina, Vanderbilt, Vermont, University of Virginia, and West Virginia. Of those who were present, all voted in favor of the bylaws except for Boston University, which abstained from voting.

STATEMENT OF APPRECIATION

Reports from the regional groups were then heard. Dr. Morris submitted the following resolution from the Great Plains Region which was unanimously approved by the Group on Student Affairs:

In recognition of the fact that Joseph J. Ceithaml was one of those on the original Planning Committee of the 1956 Institute on the Appraisal of Applicants to Medical Schools at which the Group on Student Affairs was conceived and born; and

Because of his many years of productive, thoughtful, conscientious service in the Group on Student Affairs of the Association of American Medical Colleges; and

Because especially of his diligent and valuable work as Chairman of the Committee on Financial Problems of Medical Students, which work has resulted in a number of worthwhile published studies and this year in the booklet *Financing a Medical Education*; and, finally,

Because of his many personal qualities which have made it a pleasant experience to have worked with him;

The Group on Student Affairs unanimously expresses its deepest appreciation to him.

RESIDENCY TIMETABLE

Dr. Schofield, from the Southern Region, asked for a show of hands of how many people were requested to write residency recommendations while their students were still junior and senior medical students. He then submitted the following motion that was passed without dissenting vote: "That the AAMC Executive Council be asked to take such action as would result in the adoption nationally of a single date for final commitment to a residency appointment and that this date be moved as far as possible into the internship year, particularly after the results of the Berry Plan have been released."

DEPOSIT-FEE DEADLINE

Representing the Northeast Region, Dr. Lawrence W. Hanlon, Associate Dean, Cornell University Medical College, then asked Dr. Donald A. Boulton, Assistant to the Dean for Admissions and Student Personnel, State University of New York, Upstate Medical Center, to report on the question of the January 15 deposit-fee deadline and the eventual matriculation of students in the various medical schools of the Northeast. Dr. Boulton indicated that in the 27 medical schools reporting, 38 per cent of the September, 1965 entrants were accepted after January 15, 11 per cent were accepted between January 1 and January 15, and 51 per cent were accepted prior to January 1. The larger percentage of students accepted before January 1 further confirmed the possible desirability of an "early admission plan." The possibility of extending the study to the other regional groups was mentioned, and it was suggested that if this were done the schools be asked to report on all offers made rather than limiting their reports to just offers made to enrollees. It was further suggested that the deposit-fee policies be included in the analysis of any such results.

RECOMMENDATIONS

The following formal recommendations were then proposed, discussed, and were all adopted without dissenting vote: (a) that it be recommended to the AAMC Executive Council that a special subscription rate for *The Journal of Medical Education* be established for medical students to encourage these individuals to subscribe to the publication; (b) that the AAMC Group on Student Affairs be authorized to establish a GSA Committee on Student Health; (c) that the AAMC Executive Council, when it considers the AAMC structure as outlined in the Coggeshall Report, include a Standing Committee on Student Affairs, with a direct relationship to the AAMC Group on Student Affairs and to a Division of Student Studies and Services of the AAMC; (d) that the implementation of the GSA bylaws be discussed by the Committee on Student Affairs, and that the GSA bylaws be transmitted to the AAMC Executive Council for approval by whatever means that the Council deems necessary.

Finally, Dr. Johnson announced that an informal meeting concerning medical student records would be held at 5:00 P.M. on October 31 in the Pennsylvania Ballroom West.

The meeting was adjourned at 5:10 P.M.

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Eighth Annual Meeting of the Medical School-Teaching Hospital Section

Sheraton Hotel
Philadelphia, Pennsylvania
October 30-31, 1965

PLENARY SESSIONS

The Eighth Annual Meeting of the Medical School-Teaching Hospital Section convened on October 30, with Mr. Matthew F. McNulty, Jr., General Director and Professor of Hospital Administration, University of Alabama Hospitals and Clinics, and Chairman of the Section, presiding. Two welcoming addresses were delivered, one by Mr. McNulty and a second by Dr. George A. Wolf, Jr., President, Association of American Medical Colleges, and Vice-President for Medical and Dental Affairs, Tufts University.

"Ambulatory Patient Care—Outpatient Clinics and Emergency Clinics," was the topic under consideration at the Saturday morning session. Dr. Russell A. Nelson, President, John Hopkins Hospital, and incoming Chairman, Medical School-Teaching Hospital Section, presided. Brief presentations were made by: Dr. Albert W. Snoke, Executive Director, Yale-New Haven Hospital, Yale University; Dr. John E. Deitrick, Dean, Cornell University Medical Center; Dr. E. Richard Weirnerman, Director, Ambulatory Services, Yale-New Haven Hospital, and Professor of Medicine and Public Health, Yale University School of Medicine; Dr. John H. Knowles, General Director, Massachusetts General Hospital; and Dr. Gabriel Hilkovitz, Director, Ambulatory Patient Services, Medical College of Virginia Hospital. The morning session concluded with a panel, comprised of the 5 speakers and the presiding officer, which discussed ideas which had developed in the course of the individual presentations. Members of the audience were encouraged to participate.

The afternoon session, following the Section luncheon, was devoted to a timely discussion of "The University Hospital in Community Health—A National Program to Conquer Heart Disease, Cancer and Stroke." Mr. Harold H. Hixson, Administrator, University of California Hospitals, San Francisco Medical Center, and immediate Past-Chairman, Medical School-Teaching Hospital Section, presided over the afternoon session. Comments on "The President's Commission," were presented by Dr. Michael E. DeBaakey, Professor and Chairman, Department of Surgery, Baylor University College of Medicine. Immediately following, Dr. George James, former Commissioner of Health, The City of New York, and Vice-President and Dean, Mount Sinai School of Medicine, discussed "The President's Commission and the Community Department of Health."

"The Washington Perspective of the University Hospital," by Mr. Kenneth Williamson, Associate Director, American Hospital Association, and Director, AHA Washington Service Bureau, and the "Relationship of the University Hospi-

tal to Community Hospitals," by Dr. Robert R. Cadmus, Consulting Director, North Carolina Memorial Hospital, and Chairman and Professor, Department of Hospital Administration, University of North Carolina, were the 2 concluding papers of the afternoon session. As in the morning session, the speakers and the presiding officer then constituted a panel to discuss ideas that evolved from the preceding presentations. Members of the audience were again encouraged to participate.

GROUP DISCUSSION

On Sunday morning, October 31, 1965, 5 discussion groups met simultaneously to consider the following 3 topics: "Ambulatory Patient Care—Medical Education—Patient Care—Staffing—Financing—Operation" (Groups 1 and 2); "The University Hospital in Community Health—A National Program to Conquer Heart Disease, Cancer and Stroke" (Groups 3 and 4); and "The University Hospital Relationship to Community Hospitals" (Group 5). Mr. Richard T. Viguers, Administrator, New England Center Hospital, and Member, Executive Committee, Medical School-Teaching Hospital Section, was the moderator of Group 1. Members of the panel included: Dr. Deitrick, Dr. Knowles, and Mr. Charles G. Womer, formerly Associate Director, University Hospitals of Cleveland, and presently Administrator, Yale-New Haven Hospital. Acting as moderator for Group 2 was Mr. Lad F. Grapski, Director, Loyola University Hospital, and Secretary-Treasurer, Medical School-Teaching Hospital Section. Discussants were Dr. Hilkovitz, Dr. Weinerman, and Mr. Irvin G. Wilmot, Administrator, University Hospital of New York University Medical Center. Group 3 was moderated by Mr. Leroy S. Rambeck, Administrator, University Hospital, University of Washington, and member, Executive Committee, Medical School-Teaching Hospital Section. The panel for this group was comprised of Mr. Edward J. Connors, Superintendent, University Hospitals, University of Wisconsin; Dr. DeBakey; and Dr. Leonard D. Fenninger, Medical Director, Strong Memorial Hospital, University of Rochester. Mr. Stanley A. Ferguson, Director, University Hospitals of Cleveland, presided as moderator for Group 4. Panel members included Dr. James, Mr. Williamson, and Mr. Lester E. Richwagen, Administrator and Executive Vice-President, Mary Fletcher Hospital. Mr. Charles R. Goulet, Superintendent, University of Chicago Hospitals and Clinics, led the discussion for Group 5. Panel members for this group were Dr. Cadmus and Mr. Richard D. Wittrup, Administrator, University Hospital, University of Kentucky Medical Center.

BUSINESS SESSION

The Chairman, Mr. McNulty, called the business meeting to order at 11:30 A.M. He stated that the Teaching Hospital Section's first meeting was held in the same hotel in Philadelphia eight years ago. At that time, approximately 80 people were in attendance as compared to the more than 520 people attending the educational sessions of the present meeting. He then introduced Dr. John F. Sherman, Associate Director, Extramural Affairs, National Institutes of Health (NIH), and Dr. Thomas J. Kennedy, Jr., Special Assistant to the Director for Scientific Communication (NIH).

CLINICAL RESEARCH CENTER

Chairman McNulty gave a brief historical sketch of the role of the hospital in the clinical research center. He noted that Dr. Nelson, Dr. Snoke, and Dr.

Jack Masur, Assistant Surgeon General and Director, Clinical Center, NIH, had been requested by the National Institutes of Health to advise them in the development of clinical research centers. He further pointed out that the hospitals and universities had entered into agreements with the National Institutes of Health in good faith. It appeared now that the NIH, after some preliminary audit, was indicating that overpayments may have been made to some universities. As a result, Mr. McNulty had invited NIH representatives to speak to the group, hoping that a reasonable solution could be found for resolving any differences existing between that agency and the universities and hospitals in this country.

Dr. Sherman then spoke, indicating first that clinical research was a very complex and significant matter. He said that the NIH had not treated the problem lightly, but they were not certain a truly major problem exists. He commented that there were a number of important considerations to be explored. First, all past activities should be reviewed in relation to how they could affect the future. He further noted that the NIH had a reputation for "administrative initiative" which, in turn, may give rise to problems after the fact. He stated there was an NIH willingness to support full cost of the clinical research center. In resolving the problem of the initial awards, he felt that the basic issue involved recognition that the federal government must have the right to review how each grantee spent the money received. Inadequate definitions of costs and "loose talk" regarding how the funds were received and spent had materially assisted in developing this problem. Dr. Sherman emphasized the need for cooperation on both sides to resolve the present issues.

Following Dr. Sherman's comments, Dr. Nelson briefly reviewed his association with members of the National Institutes of Health in 1960, when they were negotiating the early contracts. In the course of the discussion that followed Dr. Henry N. Pratt, Director, The New York Hospital, made the following motion, which was passed without opposition: "That the Chairman of the Teaching Hospital Section be authorized to appoint a committee—hopefully including the same members who had worked on the original committee with the National Institutes of Health—to work with the Executive Council of the AAMC to develop recommendations as to how the hospitals and universities with clinical research centers might resolve this problem."

AAMC COUNCIL OF TEACHING HOSPITALS

Mr. McNulty reported that at the business session on Tuesday the AAMC would vote on the 2 resolutions changing the Teaching Hospital Section into a Council of Teaching Hospitals with 1 voting member on the Executive Council of the AAMC (See page 613). There was no opposition from the membership.

INSTALLATION OF NEW CHAIRMAN

Dr. Nelson was installed as the new Chairman of the Executive Committee of the Teaching Hospital Section. Other members of the Executive Committee include: Mr. Stanley A. Ferguson (Vice-Chairman), Mr. Lad F. Grapski (Secretary-Treasurer), Mr. Richard T. Viguers, Mr. Leroy S. Rambeck, Mr. Lester Richwagen, and Mr. Matthew F. McNulty, Jr. Dr. Nelson expressed the hope that the Teaching Hospital Section's cooperation would continue in the development of excellent programs and that the membership would serve as an action group. He

stated that there is a standing invitation to every member to approach him or any member of the Executive Committee for help or to bring to the attention of the Teaching Hospital Section problems that should be discussed.

Dr. Nelson commented that the creation of the Council of Teaching Hospitals was a definite recommendation of the AAMC Executive Council. Reactions had been requested from the Section, and it was determined that the group wished to pay dues to the AAMC and have appropriate staff assistance to develop action programs. If no action were taken on Tuesday in the formation of the Council, he indicated that the Teaching Hospital Section may need to proceed differently. [The Council of Teaching Hospitals was approved by the AAMC membership.]

Dr. Nelson expressed appreciation of the membership for the efforts of Mr. McNulty this past year. The meeting was adjourned 1:55 P.M.

Fourth Annual Conference on Research in Medical Education

Warwick Hotel
Philadelphia, Pennsylvania
October 31, 1965

The Fourth Annual Conference on Research in Medical Education was held at the Warwick Hotel in Philadelphia on October 31, 1965, preceding the Seventy-Sixth Annual Meeting of the Association of American Medical Colleges.

Serving on the Program Committee for the Fourth Annual Conference were: Stephen Abrahamson, Ph.D., University of Southern California School of Medicine; Patricia L. Kendall, Ph.D., Bureau of Applied Social Research, Columbia University; Betty H. Mawardi, Ph.D., Western Reserve University School of Medicine; George E. Miller, M.D., (Chairman), University of Illinois College of Medicine; George G. Reader, M.D., Cornell University Medical College; Paul J. Sanazaro, M.D. (Secretary), Association of American Medical Colleges; and Charles F. Schumacher, Ph.D., National Board of Medical Examiners.

The Conference convened at 9 A.M. and the following papers were read during the morning session: "A Study of the Effects of a Multidisciplinary Teaching Program on the Attitudes of First-Year Students," Charles E. Lewis, M.D., University of Kansas School of Medicine; "Home Care: A Technique for Generating Professional Identity," Jean Tomich, Ph.D., University of Kansas School of Medicine; "An Analysis of Instructor-Student Classroom Interaction," Alexander S. Anderson, M.D., University of Illinois College of Medicine; "The Academic Physician and Medical Practice," Amasa B. Ford, M.D., John C. Denton, Ph.D., Ralph E. Liske, Ph.D., and Robert S. Ort, M.D., Ph.D., Western Reserve University School of Medicine; "An Empirical Demonstration of Restriction of Range Artifacts in Validity Studies of the Medical College Admission Test," William E. Sedlacek, Ph.D., and Edwin B. Hutchins, Ph.D., Association of American Medical Colleges; "Retention and Enjoyment of Medical Training: The Effect of Effort," Irving R. Merrill, Ph.D., and Ruby Yaryan Buenz, B.A., University of California San Francisco Medical Center; and "Ophthalmology Two-Day Intensive Teaching Program," Robert E. Froelich, M.D., University of Missouri Medical Center.

The afternoon program began at 2 P.M. and included the following presentations: "Chart Review: Its Application to Graduate Medical Education," David Babbott, M.D., and Temby R. Argall, M.D., Hartford Hospital, Hartford, Connecticut; "A Test of Skill in the Critical Evaluation of Scientific Information," Jack M. Zimmerman, M.D., University of Kansas School of Medicine, and Thomas C. King, M.D., University of Illinois College of Medicine; "An Evaluation of the Importance of Cueing Items in an Objective Examination," William H. McCarthy, M.B.B.S., F.R.A.C.S., University of Illinois College of Medicine; "The Oral Examination as a Measure of Professional Competence," Christine H. McGuire,

M.A., University of Illinois College of Medicine; "Evaluating Two Methods of Examination in a Junior Dermatology Course," Norman E. Levan, M.D., and Paul L. Brading, M.A., University of Southern California School of Medicine; and "An Instrument to Measure Skill in Diagnostic Interviewing: A Teaching and Evaluation Tool," Leta McKinney Adler, Ph.D., and Allen J. Enelow, M.D., University of Southern California School of Medicine.

A new feature of this year's Conference was to have formal critiques of the research design and data analysis as presented in the papers given in the morning and afternoon sessions. These 2 critiques were given by John R. Ginther, Ph.D., University of Chicago School of Medicine, and Hilliard Jason, M.D., Ed.D., University of Rochester School of Medicine and Dentistry.

Abstracts submitted for the Conference appeared in the September, 1965 issue of *The Journal of Medical Education*. All of the papers presented at this Conference appeared in the March, 1966 issue of *The Journal*. Papers given at the Third Annual Conference on Research in Medical Education were published in the February, 1965 issue of *The Journal*.

Second Annual Conference on International Medical Education

Sheraton Hotel
Philadelphia, Pennsylvania

October 31, 1965

The Second Annual Conference on International Medical Education convened on October 31, 1965, with Dr. George A. Wolf, Jr., President, Association of American Medical Colleges, and Vice-President, Medical and Dental Affairs, Tufts University, presiding.

Two distinguished foreign guests addressed the Conference during its morning session. Dr. A. Gallego, Professor of Physiology, University of Madrid, presented a paper entitled "Prospects for Medical Studies in Spain." Dr. Gallego's paper will be published in a forthcoming issue of *The Journal of Medical Education*. Professor Robert Debré, Honorary Professor of the Faculty of Medicine, University of Paris, then reported on "Reform in France" (1).

A Dean's Discussion regarding "Aspects of Medical Education in the Americas," concluded the morning activities of the Conference. Comprising the panel for this discussion were: Dr. Amador Neghme, Dean, University of Chile, Santiago; Dr. Gabriel Velazquez, Dean, Universidad del Valle, Colombia; Dr. José Miguel Torre, Dean, Universidad Autonoma de San Luis Potosi, Mexico; Dr. Juan A. Orfila, Dean, University of Mendoza, Argentina; and Dr. Jean Jacques Lussier, Dean, University of Ottawa, Canada. Dr. John A. D. Cooper, Dean of Sciences, Northwestern University, and Editor, *The Journal of Medical Education*, presided as Chairman of this panel.

Presiding at the luncheon meeting, which was attended by a number of people who were unable to attend the formal Conference sessions, was Dr. Ward Darley, Consultant to the Executive Director, Association of American Medical Colleges. Dr. Marcolino G. Candau, Director General, World Health Organization, delivered an address entitled "Some Observations on the Problems of Medical Education in the Developing Countries" (2) at this special luncheon.

Dr. Robert A. Moore, Chairman, AAMC Committee on International Relations in Medical Education, and President and Dean, State University of New York, Downstate Medical Center, presided over the afternoon session. Dr. Jacob Chandy, Dean, Christian Medical College, Vellore, and Editor, *Indian Journal of Medical Education*, provided an account of "The Indian Medical Education Explosion and Its Relationship to Economic and Social Development" (3). *The Journal of Medical Education* and the *Indian Journal of Medical Education* are the only 2 journals in the world devoted exclusively to medical education.

Brief resumés of the progress being made in plans for the forthcoming Third World Conference on Medical Education and in various other international programs were presented. Speakers were Dr. Harry S. Gear, Secretary General,

World Medical Association; Dr. Malcolm H. Merrill, Director, Health Service Office of Technical Cooperation and Research, AID; David Osborn, Deputy Assistant Secretary of State Educational and Cultural Affairs; and Dr. Charles V. Kidd, Office of Science and Technology, Executive Office of the President.

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Meeting of the AAMC-VA Liaison Committee

Sheraton Hotel
Philadelphia, Pennsylvania
October 31, 1965

The open meeting was called to order at 2:00 P.M. by Dr. George A. Wolf, Jr., President of the Association of American Medical Colleges (AAMC). He referred to some developing problems in the much valued relationship between medical schools and the Veterans Administration (VA), and he pointed out that the objective of the meeting was to elucidate these problems and to see what the AAMC could do to be helpful in achieving "our collective goals." A panel discussion was then held on mutual problems which face the 2 groups. The panel included the following: William Driver, Administrator of Veterans Affairs; Joseph H. McNinch, M.D., Medical Director, U.S. VA Hospital, Washington, D.C.; Marc J. Musser, M.D., Deputy Medical Director, U.S. VA Hospital, Washington, D.C.; Daniel R. Robinson, M.D., Special Assistant to the Chief Medical Director for Hospitals, Southern United States, VA Central Office; O. K. Timm, M.D., Assistant Medical Director for Professional Services, Washington, D.C.; and Barnes Woodhall, M.D., Vice-Provost for Medical Affairs, Duke University, and Chairman, AAMC Committee on Medical School-Veterans Administration Relationships.

INTRODUCTORY REMARKS

Mr. Driver: I am very pleased that you are so interested in improving the mutual relationship which exists between the Association of American Medical Colleges and the Veterans Administration. I mean this sincerely. It seems to me that the only way we fail to make progress is by failing to take an aggressive attitude toward relationships, toward the problems which may exist, and toward periodically reviewing where we stand. This is how progress has been made in the past in other areas, and I am convinced that such an approach will bring progress now.

Past Picture of VA Progress

I would like just briefly to review what has happened in the past. Many of you are familiar with the situations in the individual VA centers; but I am concerned now, in a more general way, with the total VA picture.

It seems to me that this picture is one of extreme good fortune. Looking back over our illustrious past, I think we have certainly been fortunate to have an association with the AAMC. The men who have been instrumental in creating this relationship deserve all the credit we can give them.

The progress that has been made with the VA budget is familiar to you. Just ten years ago we were supporting VA medicine with something like \$500 million a year, and today we are approaching the \$1.2 billion mark. Because of this increased financial support, as well as increase in staffing over that period—an increase of nearly 2,000 physicians, many thousands of nurses, and

all of the various medical personnel to accompany this—it has been possible to keep pace with the patient demand with approximately the same number of beds available to us. Some changes in the law with regard to pre- and post-hospital care have also figured in this. In addition, there have been improvements in techniques of treatment as well as in the drugs available to us. All of these things have combined to produce a very happy result for the American veteran, and, therefore, for the American population as a whole.

Current Economic Shortages

I am aware of the fact that there are deficiencies in economic support in particular locations. This is bound to happen in an organization with 165 units scattered as they are around the country. The VA is a large business. There are about 170,000 employees in the Department of Medicine today, more than 150,000 of which are full-time. We hope that we approach the task of running such an organization in a business-like manner.

The fact remains that there are financial shortages in some VA hospital locations. Dr. Woodhall and 2 other eminent physicians appeared before the Senate Finance Committee this past session. As a result, the Senate Committee, in its report on the VA appropriation bill, asked that I look into this matter. I am now organizing to do just this. I have already commissioned 2 groups to visit 2 hospitals in order to document some of the shortages.

As a lawyer, I am committed to the principle that you are better able to secure something you are after if you are completely prepared. If we are going to go forward and make representations to the Congress and to the President concerning a need for money, we should have the answers to all of the questions that will be asked. I don't think we have them all today, but I do think it is possible to get them. For this reason I am particularly pleased that the AAMC is taking an interest in the current problem of financial shortage in some locations. I think that by working together we can come up with all of the light that is necessary to show the way to peaceful solutions in an area that is so important to our country.

Legislative Support for VA Programs

However, there is a lesson to be learned in this regard from the experience we had in obtaining support for a research program in the Veterans Administration. Long before I became associated with the Department of Medicine, I accompanied the previous administrators and the previous chief medical directors to hearings before the Congressional Appropriations Committees. There ring in my ear, in particular, the statements of Albert Thomas, who has been the chairman of the House Committee on Appropriations for so many years. He would attack the very idea that we dared ask for money to conduct research within the VA and kept asking for the law that made this possible. The word "research" did not in fact appear in Title 38, which outlines the legal responsibility of the Veterans Administration in this field as well as in all others.

As a result, we proposed and saw enacted a change in the law which introduced the word "research" in its appropriate place. Since then the VA has gradually built up a research program. I am not sure at what level it will stabilize or if we have enough money in the research area today. We do,

however, have legitimate ties to this program, and we are able to obtain money for research in increasing amounts each year.

Bearing this in mind, it seems to me that a very happy thing has been introduced into the picture of aid to medical education in terms of VA-medical school relationships. Chairman Olin Teague of the House Veterans Affairs Committee has introduced a bill that would legitimize Veterans Administration support of education in all of its ramifications. It seems to me, assuming this legislation will meet the hurdles and become enacted, that this is an open invitation to us to do a thorough job in documenting the amounts of money needed to do this very job.

I am extremely hopeful that by working with all of the people involved—and that, of course, would include the President's Office, the Bureau of the Budget, and the various committees of Congress—we will see this legislation enacted promptly, and, following its lead, can then go forward with the kind of studies referred to earlier, so that we can pinpoint the deficiencies and can determine exactly how much money is necessary. Hopefully in doing this we would solve many of the problems which you have pointed out in areas where the VA and the medical schools are associated today.

Again, I want to thank you for inviting me and the other members of the Veterans Administration to speak to you. I also want to urge the AAMC to continue its interest in VA hospital-medical school relationships; certainly to work with the VA, but also, to let the VA work with you in assuming leadership in the education of physicians in VA hospital centers—an area which seems to me to be of critical importance to both groups.

HIGHLIGHTS OF DISCUSSION

Following the remarks by Mr. Driver, some of the other panelists said a few words to the group. Dr. McNinch commented that the VA was making progress, although it was slower than anticipated and desired; he mentioned some progress in funding the budget, enabling outside pay for personnel, and developing research and education. Dr. McNinch announced that he was resigning as medical director and that his successor had not been named.

Then Dr. Musser commended Dr. McNinch for his efforts in improving the quality of care and in strengthening the VA affiliation with universities and medical schools. He introduced some of the other VA people present, including Mr. John Shydle, Controller of the VA, who addressed the meeting. Mr. Shydle emphasized particularly the problems of the VA in long-range planning, programming, and budgeting; he pointed out that even closer relationship with medical schools would be desirable in coping with the problems.

A number of questions from the floor were addressed to the panelists. Most of these related to financial problems, and most of the answers provided by the VA people referred to their problems in budget justification and their desire for help from the medical schools in documenting local situations and demonstrating needs. The medical schools are concerned with the slow workings of government and feel a crisis is imminent if they must continue pouring university funds into Deans Committee hospitals. Mr. Driver gave this assurance:

"I can give you my assurance as the Administrator of this agency that I will do anything in the world I can to get the money, if I have the reasons for it. I have asked that the reasons be documented. We have gone forward for

1967 in the fiscal-year budget, which we are now discussing at the President's level, and requested millions of dollars more than we have in the past. This will provide thousands of additional professional people, which will more than outstrip our capacity to recruit in any given year. We are trying to defend this. I believe we have the material for it. But if there are individual local situations where you have ideas that you think can strengthen our hand, then we will be glad to assign someone to work with you. Simply shouting that we need the money is not enough. We have to sit down seriously with the details of justification and lay them in front of people who have the power to say 'yes' or 'no'—the President and the Congress."

The difficulties that VA hospitals share with many other hospitals in developing adequate patient-care cost data received some attention. Such measures as the Average Daily Patient Load (ADPL) are outmoded and inappropriate. All would agree. As Dr. McNinch put it:

"We are well aware of the problems. We are looking for the answer. We must find some sort of reasonable answer, and this gets back to something I said before. The cost-accounting system in our hospitals and the voluntary hospitals have never been developed to satisfy some of these pressing management needs that we are all faced with at the present time."

Dr. Woodhall closed the discussion with these comments:

"Your committee has tried to work hard this past year. I myself am a positive thinker, and I really think that we have made some progress. We are particularly glad that the Administrator, the Medical Director, the Associate Medical Director, and the other people from the VA have come here today.

"I agree with the person who said that the coming year is a critical one. One of the things that our Association must do in this critical year is to try to exercise some political influence in a direct way. I do believe that the Congress is interested in this matter. We must conduct ourselves the way we did with the Medical Health Facilities Act and the Medical Library Act and try to plead our cause for an educational budget in the VA.

"As for the ADPL, I agree it exemplifies certain antediluvian techniques of hospital cost determination. Recently I have seen a request from the central office giving us techniques of studying our VA facilities. They are hard, goodness knows, and deans and vice-provosts have other things to do. But I do ask you to study them if any of these requests come to you.

"If you wish, your committee will continue next year and try in every way possible to emphasize this good political action of which I think we are capable."

The meeting adjourned at 3:30 P.M.

Discussion on Federal Medical Programs

Sheraton Hotel
Philadelphia, Pennsylvania
October 31, 1965

The open discussion of federal medical programs was called to order at 3:30 P.M. by Dr. George A. Wolf, Jr., President of the Association of American Medical Colleges (AAMC). This discussion followed closely after the open meeting of the AAMC-VA Liaison Committee (See pages 549-552), with basically the same audience in attendance. The panel consisted of the following men from National Institutes of Health (NIH): Thomas J. Kennedy, Jr., M.D., Special Assistant to the Director for Scientific Communication; Joseph S. Murtaugh, Chief, Office of Program Planning; James A. Shannon, M.D., Ph.D., Director; and John F. Sherman, Ph.D., Associate Director of Extramural Programs.

INTRODUCTORY REMARKS BY DR. SHANNON

Dr. Shannon: I do want to thank the group for giving us the opportunity to talk about some of our mutual problems. What I shall try to do here is to outline some fairly broad general issues that relate to current operations and involve certain kinds of programs that may be undertaken before we meet next year. Then we will be happy to answer any questions you may have on these or related subjects.

I would like to curtail discussion, if I may, on 2 subjects that have been discussed rather extensively by different parts of this organization in the last two or three days: one is the heart disease, cancer, and stroke program, except insofar as it bears on certain issues that I would like to talk about; the other is this continuing, troublesome inability to work out a suitable compromise on patient care in clinical centers. Those issues have been discussed and are being discussed in other groups, and I doubt whether much of profit can come out of discussions with a group of this size on the details of those 2 problems.

Institutional Planning

Let me start off by making the rather fortuitous comment that I think at no time in recent decades has there been such a broad need for institutional planning as exists today. It was in part this need that led us to send you letters early last July, or late last June, pointing out that we did have certain unexpended sums that were being made available specifically for institutional planning purposes. The first thing I would like to talk about relates to that and to some of the problems, as we see them, on which we would like to get advice from the individual medical schools. We would like to know whether you feel that our present mechanisms and our present authorities are adequate to solve the problems—not as we see them, but as you see them.

New Legislative Programs

There has been some very broad legislation during the past five years, some of it during the past year, each element of which has a wide impact on many

aspects of the operation of a medical school and its associated teaching hospital. Some of this legislation superficially might seem to relate to overlapping authorities and overlapping functions, when indeed it does not. This is why I would like to discuss the more important elements of these bills. Later you may wish to ask questions relative to them.

I would like to talk first about the Health Professions Educational Assistance Act. For the first time, funds are now available to schools of dentistry, osteopathy, and certain other specialist schools. This is not to be confused with the heart disease, cancer, and stroke program, or indeed any of the programs that are currently in operation in the National Institutes of Health. I point out that these funds are aimed at institutions as institutions, but particularly insofar as these institutions have an undergraduate function, the purpose of which is to produce physicians.

The NIH programs impinge upon this capability through support of research and through the training of scientists, and indeed, through this, expansion of faculty; but these are secondary and not primary functions. So in your thinking I want you to separate quite distinctly the Health Professions Educational Assistance Act from the other programs, particularly those of the NIH.

It seems likely that the program will be administered by the same group that administers the present educational facilities construction program, and one would hope that it would be administered in parallel. The Surgeon General at the present time has not indicated the precise organizational structure that we will utilize to implement such a program.

Another program, that has not been funded but will be funded during the coming year, relates to the construction of medical libraries. I think this rides under the banner of a thing called the Medical Library Assistance Act. You will recall that as a matter of policy we resisted the use of research facilities construction funds for library purposes for 2 reasons: (a) we did not feel there was adequate money for the construction of libraries in that program; and (b) we felt that if we made a partial move toward the satisfaction of the need, we would blow the head of steam and legislation would not be forthcoming.

I think this was wise because it has brought authority to do a real job on libraries. The total funds will be determined not so much by the initial authorizations but, as with programs of the U.S. Public Health Service, as a need is demonstrated and as the programs progress. Again, here is a program that is in parallel with some of the NIH programs but is specifically aimed at a precise function.

Let me say that I sympathize with you because, as Dr. Robert C. Berson has pointed out, as we get more and more of this special-purpose legislation, one has to suffer through more and more in the way of site visits; and since site visits are done by your peers, each of you participates in part of the roadshow that goes into the conduct of a site visit. As I told Dr. Berson, I hope that pulling the administration of some of these programs together might diminish the burden, at least to some extent, but it certainly will not do away with it.

We are at a period of time in the development of health programs when the Congress demands specific goals, and although all of these goals really relate to the integrity of one or another part of the educational enterprise, the nature of

the legislation in general has been and will continue to hit a quite specific objective. In relation to the need for planning, it seems to me that there should be a frank appraisal on the part of medical schools as to how they can deal with the difficult problem of handling repetitious visits for program segments at the same time that their boards of trustees demand a total institution to operate in an effective manner.

It might well be that you could tie the Health Professions Educational Assistance Act to the effectiveness of your program as it evolves over the period of time, and use the time before this Act comes up for renewal, which I think is about three years, to broaden its authority by blanketing into it certain of the individual authorities that are so troublesome.

I would warn you, however, that the problem you face—and I am talking to you now as a group of deans rather than as a group of people simply interested in education—is that most of these acts that have specific purposes go beyond the medical school and encompass other areas of professional activity and other areas of science. It is unlikely that the Congress will be willing to compress the various programs they have developed that have brought impact on teaching hospitals, medical schools, research institutes, and university departments related to the biomedical sciences into a package that is peculiarly well suited for the medical school. I think that, as you become increasingly involved with programs that are developed as a result of federal initiative, the problem of the schools' ability to interact with these other institutions is going to be one of the factors that will determine the degree of excellence of the programs. I would say, whether one likes this or not, that this is a way of life in the foreseeable decade or two.

Regional Medical Programs

Now I want to talk specifically, but very briefly, about the regional medical programs because a considerable amount of the funds that we have asked for in the initial year are for planning purposes. I want to contrast the planning nature of funds for that enterprise with the planning nature of funds that were made available to you under the general research and training grant authority last June and July. The funds for regional planning will go to regionally oriented groups. We hope that the medical schools might take a leading part in the development of these groups, and that they will exert leadership in the evolution of the program as the medical school begins to look outward to the community. (I shouldn't say "begins," for in many cases they already do.) As a broad function common to all medical schools, this program will develop rationally and logically if the best minds in the medical faculties take it very seriously.

The planning money will be made available to a group that will represent a region of the country that may encompass from 1 to 6 or even more medical schools. Certainly some of the formal health authorities as well as some of the practitioners in the region will be encompassed. Some funds from a planning grant to a region may go to a medical school, but these funds should be utilized in a fashion that meets the requirements of the school, if indeed it is to participate effectively in the development and carrying out of the program. This is quite different from the problem of planning for the medical school itself.

Training Grants and Fellowship

At the present time, through our programs, the schools have a very broad stake in private education, largely through departmentally based training grants and fellowships. It may well be that schools will find it desirable to modify the institutional form of granted education. Think about the time and effort that goes into the selection of the medical student, realizing that this is an institutional selection on a highly competitive basis, and then contrast that with the selection of a predoctoral or postdoctoral fellow. The fellow at times may be well selected, but usually he is selected exclusively by a department, and at times the selection is more in relation to the number of positions available under a training grant than on the basis of absolute conviction that the individual has all the qualifications that will make him an effective scientist.

In some of the unbased areas of graduate education, competition for spots in predoctoral programs is just as keen as competition for spots in the medical program. But just as a personal observation, I have inquired enough about the characteristics of student selection in our training programs to know that careful selection does not obtain as a generality. If you consider the fact that this form of education, pre- and postdoctoral education, now addresses itself to a body of manpower that in many institutions is as large or larger than the undergraduate body of students, then perhaps concerted planning on the part of the institution for the conduct of this function is warranted. We would be quite willing to consider with you any modification of graduate education within your institutions, if you were convinced that it could be handled more effectively by other means.

Development of Broad Scientific Interests

Recent developments have influenced institutions and made this a period when self-examination and planning are important. I think our programs show the impact of development of a broad scientific function in many institutions, where heretofore this was not present. This has had a profound impact on staff organization. Twenty years ago, the tendency was to have pyramidal staff structure with one professor, a couple of associates, and perhaps an additional number of assistant professors, and a bevy of instructors and assistants. This has long since been abandoned for a departmental structure that makes more sense, one that is more of a truncated cone than a pyramid, and one in which the chairmanship of a department, with its many administrative chores, is a thing to be avoided rather than sought. This really represents a fairly profound change in the structure of the medical schools. The development of broad science programs has also influenced the educational role of institutions and even the role of hospitals. Think of the demand on the part of senior residents for the opportunity to engage in investigative activities. This, indeed, is a phenomenon of the last decade in most institutions, although in many it was already the case.

The Need for Planning

With the increase in complexity of science programs within institutions, with the new legislation that will further impose stresses and strains upon these institutions, and with the increasing involvement of institutions in what I hope is a satisfying relationship with the federal government, we feel there is a real need for coherence in planning on an institutional level—planning that involves the university on the one hand, the medical school in the middle, and the teaching

hospital on the other. Although we can't provide funding for it at the present time, we believe that such a planning function may well require formal establishment because it will continue on a fairly long-term basis.

It is the conviction of some of us that patterns of medical education and institutional forms of science, settled pretty much in 1911 and 1912 by a single report which was implemented largely in the 20's, are long since due for change. Some experiments in a few institutions give satisfying evidence that perhaps in the coming decade we are in for a very substantial change in our institutional forms. It was for these reasons that we felt that, with a balance of \$5 million, it was very important to put money in the hands of the medical schools administrations to provide at least a start for a broad planning function. These funds, as you know, are available for expenditure not only in 1966 but also 1967.

Guidelines for Institutional Planning

We have been asked by a number of deans to develop guidelines so that there will be no difficulty with auditors as to how these funds are expended and the validity of the expenditures. Dr. Thomas Kennedy has developed some guidelines and will be glad to discuss them, if you wish. If not, we will get them into your hands in the course of the coming week or two. The guidelines will ask that you provide us with certain information in your annual report on expenditures. We would like an identification of the funds to be used for planning and your advice on the productive efforts insofar as such function is related to your own institution, insofar as it might affect the pattern by which we do business. Such information from essentially all the educational institutions should provide a basis for constructive modification of our programs as well as help you to think through your own problems.

I would like to turn next to a series of new developments that I am sure will be of interest to you. But I want to make it perfectly clear that this is not in the form of an announcement of new programs. Some of the things I am going to talk about now are in the discussion stage. We would like your advice here by letter, or by visitation, on some of them, and this then can be built into our thinking as these programs evolve. Some of them will involve new legislation which I am sure this Association will be more than casually interested in.

Science and Research Support for Educational Purposes

I would like to point out first that we now have a presidential directive, the objective of which is to put into operation a series of forces that will utilize science and research support for purposes of strengthening the educational capabilities of institutions. This announcement first came in the form of a memorandum to the President's Cabinet for their information and discussion. Later it was made the subject of a news release. It has been discussed by the Federal Council and will be the subject of concern of a small committee, responsible to the Federal Council, that will concern itself with so-called academic science.

The nature of this directive is not to change the statutory obligation of the different agencies that are asked to broaden the capabilities of the educational base through science. However, I would point out that currently NIH is broadly involved in precisely this through its training programs, its construction of research facilities, certain of its resource programs, and general research support. The future role of NIH in this institution-building is under discussion, but we

are undecided in precisely what way or at precisely what pace we are going to undertake an acceleration of this activity.

This poses a dual problem. In the first place, we must hold to excellence in both our research grants and our training grants, which will really encompass the bulk of the funds that go out to the institutions. But at the same time we must do something that will permit the evolution of the good institution into an excellent institution and accelerate the growth and development of other institutions.

We have decided that the best weapon we have in approaching this problem is that part of our general research and training authority which we call our "developmental awards." It is quite likely—and we have general concurrence of the U.S. Public Health Service and the Department in this—that we will take on a very small experimental program in 1966, amounting to \$1 million. When we find out how such funds can be used effectively and have examined very carefully 3 or 4 experimental situations, we can substantially increase the amount of these funds and throw them open for general competition.

I can't put a price tag on the amount during the initial year, but I would hazard a guess that it will probably be more than \$5 million and perhaps less than \$10 million. Our current thinking is in line with proposals that will modify the terms and conditions of the general research and training grant, which is derived from research in narcotics appropriations and cannot exceed 15 per cent of the aggregate grants in those appropriations. Our thinking at the moment is that it would be advantageous to us for this to be considered as a separate item riding on its own merits, not limited by any fixed percentage of some other figure. Redefinition of authority will be required, and this will require legislative action. We then can do things that we cannot do with it at the present time.

Career Development Awards

We would continue our career development awards in their present status. As you know, these are time-limited awards—the initial nomination by the school is for five years and is renewable for three years. We would leave that pretty much as it is, except for one modification that I will mention later. We would re-establish the career award but on a different basis. We would include the career awards in the funds generally available for the general research and training authority. We would encourage cost sharing so that the individuals covered by such an award would be of full use to the institution concerned. We would orient them toward the general educational aspects of the institution rather than funding them solely on the basis of scientific productivity.

These awards now amount to a substantial sum, and if we establish the development award this year, we would exceed the 15 per cent limitation. But by transferring them into the general research and training grant, we do away with this rather uncomfortable and unsatisfactory pseudo employer-employee relationship that relates us to the recipient of such an award. This would permit the school to apply for a cash salary award as part of the general research and training authority over and above that which the size and scope of the research activity encompasses. With this formula, such an award would permit the broadening of the scientific base in terms of the stability of an increasing number of senior people. At the same time it would tend to tie them very inti-

mately into their own educational enterprise and make them more generally useful in the environment in which they operate.

On the other hand, in terms of institutional building, we have immobilized a very large number of our brightest young people for a period up to about eight years by insisting that with this career development award they can't move. It is applied for by the school for an initial period of five years and is extendable for an additional three year period. But it is valid only as long as the individual remains at the school which applied for the award.

We are thinking of trying to find some formula that will increase the mobility of those individuals, not during initial years of the award, but certainly during the latter years. At the very least, an extension beyond the five years, should be under terms and conditions in which the award is contingent upon an individual's capability rather than upon his being resident in the institution; it might well be that the modification should be at an earlier stage. When you look forward to the current developments of medical schools and realize that the present program is really freezing a substantial number of people at the very critical stage where they are really ready to grow, I think you will agree that although the program has served an extraordinarily useful function over the past few years, it indeed warrants modification.

So we face the problem of trying to maintain excellence in what one could almost call our old-line programs, at the same time trying to use other techniques and other devices to develop and extend excellence in other areas.

Research in Special Areas

This general discussion would not be complete were I not to tell you that we are going back again, we hope, to the Congress for preferential matching for construction of research facilities in certain areas where we feel the normal academic, normal departmental structure does not provide an ability for science to develop. I won't make any attempt to defend these selections, although I have defended them publicly in many forums. I would just like to define them for you and let the chips fall where they may.

You know the NIH thinking concerning the general area of toxic pharmacology, the broad scope of the need as opposed to the narrow base of our departmentally based activities in this field. Most of you probably also know our complete frustration over inability to develop solid programs in both biological and behavioral aspects of aging. They simply have not developed. Although much information is available now which, if applied, would solve many of the problems of the over-age group, I don't think any of you would feel this field has the kind of attention the problem warrants.

We have been completely unsuccessful in the establishment of a broad scientific base for dental science. I am reminded of a study that Dr. Winternitz did in the NRC in the late 40's. I think his conclusion was that if we were to solve all of our dental ailments through reparative procedures, we would have to train four times as many dentists, which obviously we are not doing. A survey that was made about two years ago indicated a total commitment of American scientists to those areas generally encompassed in dental science was 800 man-years in terms of professions involved. Certainly this is a small effort in relation to the economic toll of diseases of the mouth and teeth. We feel that the development

of a scientific base in dental science may well require the establishment of new institutional forms contained within the administrative apparatus of the schools of graduate education of the universities rather than the more modest professional enterprise of the dental school.

Finally, we propose to continue to try to obtain preferential matching better than 50-50 for construction of institutes that will address themselves to the behavioral, emotional, intellectual, and biological problems of development. Here we are involved with university departments as well as medical departments, and in the medical school we are involved in those areas of anatomy that are conventionally grouped in the departments of pediatrics, psychiatry, and obstetrics and gynecology. It would seem from what we know to date, on the basis of some of the research institutes that are being developed, that unless we come up with the type of program that pulls many parts together, we are not going to have a better enterprise.

I would emphasize that the latter part of my remarks should not be taken as program announcements. Rather, these are the areas that are under very intensive discussion at the present time at the NIH. We will be talking about these with your Executive Council and with the committee that represents your Association in a very effective, and I might say rather congenial, way. Thank you for the opportunity to put my worries on the table.

DISCUSSION ON COST SHARING

Following Dr. Shannon's remarks, President Wolf called for questions from the floor. One of the major items brought up was cost sharing. Both Dr. John Sherman and Dr. Charles Kidd addressed themselves to this subject. Their comments appear below.

Dr. Sherman: We are fortunate to have our man in the White House here with us today. Dr. Charles V. Kidd has been very active in many of the deliberations that have taken place. First, I would like to make a few remarks on cost sharing because it is a new subject, a terribly complex one, and extremely significant both in terms of the amounts involved and, we feel, the principles as well as the practicalities of operations. Then I am going to turn all the questions over to Dr. Kidd.

First of all, I hope we can realize that this definitely is the law of the land. We are in the business of cost sharing now, in a formal fashion as well as a legal fashion, and to an extent in terms of the formal arrangement that we have never had to recognize before. There are 3 elements that need to be recognized, at least as far as the NIH programs are concerned. First of all, the question of cost sharing is very intimately interwoven, as you know, with the assessment and degree of support of indirect costs. We were well down on a new path with respect to indirect cost prior to the appearance on the scene of this cost-sharing language. In this fashion, there was a revision late this year which became official, at least at that time, of the Bureau of the Budget Circular A-21, which governs the allocation of direct and indirect costs of educational institutions where federal programs are involved.

This revision established something new as far as the NIH was concerned. We were forced to convert from essentially a total direct-cost basis for calculating such figures to the salaries-and-wages component of a grant budget as the basis

for that calculation. We feel this was philosophically as well as practically unfortunate in that it tended to force institutions to move salaries to grant budgets; salaries which had normally been considered an integral part of the institution itself, and as a matter of fact, 1 of the 2 main components of the informal and traditional cost-sharing that has always characterized most of our project grants.

Before we had an opportunity to assess the impact of this change as far as the NIH activities were concerned, the new language came along, and that accomplished 2 things in 1 fell swoop. It removed the ceiling on indirect costs, which had previously been a maximum of 20 per cent as far as our project grants were concerned, and at the same time it required a contribution of some costs by the grantee institution in the research activity.

Our problems then stem from these considerations. We have gained some appreciation of the problem, but we aren't confident we know all there needs to be known about either the separate issues or their interrelatedness. We can say that undoubtedly for most activities more than just a token contribution is expected. We can also say that in the question of institution demonstration of this cost sharing there appears to be total agreement on the need for a high degree of flexibility as to where this will show up. In other words, it might be in salaries and wages, it might be in equipment, or a host of other subcomponents of the budget.

Beyond that, we find a large number of problems ensuing, in part because of the complexity of the grantee population we deal with, and in part because of the need to find some means of applying this general principle in a workable fashion to every federal granting agency. When you explore the permutations and combinations of those 2 factors, you end up with either less hair or a few sleepless nights.

Now I would like to ask Dr. Kidd to come up and comment on this from his bird's-eye point of view.

Dr. Kidd: I am now in the Office of Science and Technology, where we have been working very closely with the Bureau of the Budget trying to get a general statement on this cost-participation problem which will serve at least for the remainder of fiscal 1966. This document, which should be out within a week or so, is developing in the direction of leaving a great deal of flexibility to the individual operating agency, within some general guidelines. The guidelines are in general what Dr. Sherman has described. They are quite broad.

First, there will have to be some cost participation on each grant, but we are not going to put in a percentage or a rule that will tell each agency how much this minimum must be. Second, as already indicated, where the cost sharing will come from, with respect to each grant, will be flexible. It will be up to the institution, and we hope that none of the agencies would put any stipulations on that part of the deal. Most significant, I think, is the fact that no more money is available to cover cost participation if there is a shift of salaries—and that is where most of the money is, that the schools are now bearing—over onto grants. If there is a substantial movement in that direction, a lot of inequities will be generated, when you consider the system as a whole.

So we would ask the schools, not as an inflexible rule but by and large, to try to hold the policies they have at the moment with respect to charging faculty

salaries to grants. There are individual situations. Schools are evolving normally toward a modification of policy and that would certainly continue. But any marked shift of the charging of salaries by a large number of institutions would generate financial strains because the money simply isn't there. It means simply a redistribution of the existing funds.

NIH is in a more fortunate position, as a matter of fact, than the other agencies that have substantial grant programs because at least a part of the increased indirect cost will be taken up as of January 1 with a supplemental appropriation. So that is about the general line of this instruction as it is evolving. Now, if you have any questions, I would be glad to answer them, and I am sure the NIH staff would also.

SELECTED DISCUSSION FROM THE FLOOR

In response to Dr. Kidd's invitation, a number of questions were raised. In answer to a question on cost sharing with reference to fellowships, training grants, and the like, Dr. Murtaugh replied: "The law applies only to grants for research projects as it is now presently written into the appropriation. Whether this will be extended on a broader basis in subsequent years is uncertain at this time. At the present time, in fiscal 1966, it applies only to grants for research projects."

Dr. Kidd answered a question on accounting complications by saying: "This is a matter of practices in the individual schools' accounting for time and effort of people who are working on a grant but whose salaries are not charged to the grant. You demonstrate cost participation through a donated salary, in effect, which is not charged to the grant. That, of course, raises the problem of the extension of time-and-effort reporting beyond the group whose salaries are now collected in part from the federal government. We thought of having the accounting requirement for such people nonauditable in the sense that we would simply take something less rigid than the A-21 time-and-effort reporting for those people whose effort on a grant is entered solely as a demonstration of cost participation but with respect to whom reimbursement is not requested. We hoped that would ease the problem both in accounting and in terms of demonstration of the contribution. I think it is undoubtedly true, if you look over the system as a whole in most schools, the existing cost participation is primarily in terms of the contribution of the time of faculty members whose salaries are reimbursed not at all or only to a very small extent from the grants."

There was some concern about how General Accounting Office (GAO) auditors might interpret "substantial" cost sharing. In the course of this discussion, Dr. Kidd commented that there were some unresolved problems. "If we put in a limit," he said, "we are afraid that will be taken as a goal, so to speak, and all the schools will say, 'Well, here is what we can aim for; we can charge salaries and everything else up to the point where we are only contributing 1 per cent on each grant.'

"We don't want to create that sort of impression. On the other hand, if we don't put in something firm, we face 2 dangers. One has been mentioned, that is, lack of specificity and whether a legal requirement is being met; the other is what might develop to be fairly wide variations among the agencies, which would be unfortunate too, I think. So we may well come to a statement of a figure."

In the course of this discussion, Dr. Shannon made the following remarks: "The law is very clear. The law says there must be cost participation. Considering the legislative history of the law, when it was introduced on the floor of the Congress, John Fogarty said that he considers cost participation legal if this is as high as 1 per cent. Now what Dr. Kidd is saying is that we are unwilling to define at this point in time 1 per cent participation, because we feel that the intent of the law went beyond that, and that the intent was that there should be something on the average of 5 per cent cost-sharing. But this will have to be defined agency by agency, depending upon the program. The law itself is very clear and there should be no difficulty in that regard.

"The problems you will face will be the ones that will have to be worked out by each agency. The very practical problem we face right now is with a budget that is characterized by very broad cost sharing. To go over to the determination of overhead for purposes of payment to salaries and wages, it is possible to increase the overhead payment greatly by putting in salaries that heretofore had been carried by the university under the grant. This automatically does 2 things. It relieves the institution of the responsibility of the salary and increases the amount of the overhead payment. If institutions, by and large, do that, they will do a disservice to their investigators because there is not money in the budget to cover that type of maneuver."

As the discussion came to a close, Dr. Kidd commented: "It seems to me these questions are obviously extremely involved and this is probably not the place to settle them. Our objective will be to write for the federal government a quite flexible document, and I would hope the executive committee could get together at an early date to hash out the details of what may be involved for the schools and NIH, and the switch from the wage-and-salary basis to the new cost-participation formula. We have gone through worse crises than these, practically every year, so we ought to be able to solve this one."

The meeting adjourned at 5:00 P.M.

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

Sheraton Hotel
Philadelphia, Pennsylvania

GENERAL SESSION: MORNING

November 1, 1965

Presiding: SAMUEL GURIN, Dean, University of
Pennsylvania School of Medicine

The meeting was called to order at 9:00 A.M., Monday, November 1, 1965, by Dr.
George A. Wolf, Jr., President of the Association of American Medical Colleges.

INTRODUCTION OF NEW DEANS

The following new medical school deans were introduced:

U. S. Schools

Robert H. Ebert—Harvard Medical School
Peter L. Eichman—University of Wisconsin Medical School
John Finerty—Louisiana State University School of Medicine
Robert J. Glaser—Stanford University School of Medicine
Glenn W. Irwin, Jr.—Indiana University School of Medicine
Leon O. Jacobson—University of Chicago School of Medicine
George James—Mount Sinai School of Medicine
Louis P. Jervey—Medical College of South Carolina (Acting Dean)
Gerald A. Kerrigan—Marquette University School of Medicine
M. Kenton King—Washington University School of Medicine
William J. McGanity—University of Texas Medical Branch (Galveston)
Julius B. Richmond—State University of New York Upstate Medical Center
College of Medicine
Emanuel Suter—University of Florida College of Medicine

Canadian Schools

Gérald LaSalle—Université de Sherbrooke Faculté de Médecine

Newly Developing Schools

George T. Harrell—Pennsylvania State University: Milton S. Hershey Medical Center College of Medicine
Fitzhugh C. Pannill—University of Texas, South Texas Medical School
John W. Patterson—University of Connecticut School of Medicine

INTRODUCTION OF NEW PROVOSTS AND VICE-PRESIDENTS

The following new provosts and vice-presidents were introduced:

William W. Frye—Chancellor of the Medical Center, Louisiana State University College of Medicine

Kenneth E. Penrod—Provost, Indiana University Medical Center

Luther Terry—Vice-President for Medical Affairs, University of Pennsylvania

WELCOME TO FOREIGN GUESTS

Dr. Henry van Zile Hyde, Director of the AAMC Division of International Medical Education, extended a cordial welcome to the distinguished foreign guests from some 19 countries. These included Dr. Marcolino G. Candau, Director General of the World Health Organization, and Dr. Robert Debré, Honorary Professor of the Faculty of Medicine, University of Paris. Dr. Hyde referred to Dr. Debré as "the father of pediatrics in France, the father of French reform in medical education, and one of the fathers of UNICEF, which recently received the Nobel award." Both of these guests were among those on the program for the Second Annual Conference on International Medical Education (Pages 547-548).

The complete list of foreign guests appears below:

Argentina

Juan A. Orfila, M.D.
University of Mendoza
Faculty of Medicine
Mendoza

Brazil

Ernani Braga, M.D., Executive Director
Pan American Federation of
Associations of Medical Schools
Caixa Postal 26—ZC—39
Rio de Janeiro

Chile

Amador Neghme, M.D.
University of Chile
School of Medicine
Casilla 9183
Santiago

Pablo Rubenstein, M.D.
University of Chile
School of Medicine
Zanarito 1042
Santiago

Colombia

Alejandro Jimenez-Arango, M.D., Dean
Universidad Nacional de Colombia
Facultad de Medicina
Ciudad Universitaria
Apartado Nal. No. 400
Bogota

Bernardo Moreno, M.D.

Executive Director
Asociacion Colombiana de
Facultades de Medicina
Calle 45 A No. 9—77
Oficina 601
Bogota

Gabriel Velazquez, P., M.D.
Facultad de Medicina
Universidad del Valle
Apartado Aereo 2188
Cali

Alberto Vejarano, M.D.
Universidad del Valle
Apartado Aereo 2188
Cali

Denmark

Tage Hald, M.D.
Maimondes Hospital
Brooklyn, New York

Erik Skadhauge, M.D.
University of Copenhagen
Department of Medical Physiology
28 Juliane Maries Vej.
Copenhagen

England

Mervyn Susser, M.D.
Manchester University
Manchester

France

Robert Debré, M.D.
5 Rue de L'Université (VII*)
Paris

Germany

Hannes Kapuste, M.D.
Muellerstr. 55
Munich

Greece

Sotirios Papastamatis, M.D.
University of Athens
6 Herakleitou St.
Athens

India

Jacob Chandy, M.D., Principal
Christian Medical College
Vellore

Shamer Singh, M.D.
Professor and Head
Department of Anatomy
College of Medical Sciences
Banaras Hindu University
Varanasi

Japan

Masaki Yoshikawa, M.D.
Professor of Geriatrics
University of Tokyo
Tokyo

Mexico

José Miguel Torre, M.D.
Universidad Autonoma de San Luis Potosi
Facultad de Medicina
San Luis Potosi

Paraguay

Nicholas Breuer, M.D.
Assistant Field Coordinator
Faculty of Medicine
University of Asuncion
Asuncion

Roberto Ciciolli
Facultad de Ciencias Medicas
University of Asuncion
Asuncion

Alfredo Haedo-Ayala, M.D., Dean
Faculty of Medicine
University of Asuncion
Asuncion

Poland

Janusz A. Nauman, M.D.
Postgraduate Medical School and
Medical Academy of Warsaw
Solec 93
Warsaw

South Africa

Basil A. Bradlow, M.D.
Senior Lecturer
Department of Chemical Pathology
University of Witwatersrand
Johannesburg

Spain

Jesus Florez-Beledo
Antonio Gallego, M.D.
Facultad de Medicina
Cuidad Universitaria
Catedra 1.a Fisiologia
Madrid

Switzerland

Marcolino G. Candau, M.D.
Director General
World Health Organization
Palais des Nations
Geneva

Thailand

Bunsom Martin, M.D., Dean
Faculty of Medicine
Chiengmai University
Chiengmai

Vikul Viranuvatti, M.D., Dean
Faculty of Medical Technology
University of Medical Sciences
Siriraj Hospital
Thonburi

Venezuela

Enrique Molina, M.D., Dean

Asociacion Venezoland de
Facultades de Medicas

Universidad de Zolia

Apartado 526

Maracaibo, Estado de Zulio

VietnamHiang Tieu Boa, M.D.
Faculty of Medicine
University of Saigon
SaigonLo Minh Tri, M.D.
Professor of E.E.N.T.
Faculty of Medicine
University of Saigon
Saigon

CHANGING PATTERNS OF MEDICINE

In recognition of the bicentennial anniversary of the University of Pennsylvania School of Medicine, Dr. Wolf turned the meeting over to Dr. Samuel Gurin who, on behalf of the medical schools in Philadelphia, expressed thanks to the officers of the AAMC for holding the Seventh-Sixth Annual Meeting in Philadelphia. Dr. Gurin then introduced 4 speakers who presented the following papers on the theme of change: "Changing Patterns of Disease" by Luther Terry (1), Vice-President for Medical Affairs, University of Pennsylvania; "Changing Patterns of Science" by Edward W. Dempsey (2), Special Assistant to the Secretary for Health and Medical Affairs, Department of Health, Education, and Welfare; "Changing Patterns of Medical Care and Support" by Lester Breslow (3), Chief, Division of Preventive Medical Services, California Department of Public Health; and "Changing Patterns of Medical Education," by Dana Atchley (4), Physician and Educator, Columbia-Presbyterian Medical Center, New York City.

EIGHTH ALAN GREGG MEMORIAL LECTURE

Dr. Gurin turned the meeting back to Dr. Wolf, who introduced Dr. Ward Darley, Consultant to the Executive Director of the AAMC and formerly Executive Director. Dr. Darley then presented the Eighth Alan Gregg Memorial Lecture, "Medical School Financing and National and Institutional Planning" (5). He ended with a strong plea for implementation of the Coggeshall Report, saying that the AAMC "has changed to meet the changing needs of society before and it must change again today."

The morning session recessed at 12:00 NOON.

GENERAL SESSION: AFTERNOON

November 1, 1965

Presiding: THOMAS B. TURNER, President-Elect

The afternoon session was called to order at 2:00 P.M. on Monday, November 1, 1965, by Dr. Thomas B. Turner, President-Elect of the AAMC. At the request of the first 2 speakers scheduled on the program, the order of presentation was changed, and Dr. Robert C. Berson, Executive Director of the AAMC and Immediate Past President, spoke first, presenting the "Report of the Executive Director." (This report is published with other special reports in the section entitled "The Seventy-Sixth Annual Business Meeting (see page 572)."

Then Dr. George A. Wolf, Jr., delivered his Presidential Address, "Learning and Public Responsibility" (6), in which he urged medical schools to take a critical look at themselves, to develop firm goals of public responsibility and learning, to strengthen relationship with the university, and to be prepared to give up some jealously guarded prerogatives. Dr. Wolf chided the Membership for the fact that President Johnson had to initiate a committee to make recommendations to him concerning the health needs of this nation. "We are fortunate," he said, "that the resulting legislation has turned to the local institutions and urged us to plan our own ways of achieving the objectives of Congress and the Administration." Dr. Wolf commended Dr. Ward Darley for his "notable foresight" in urging the establishment of the Coggeshall Committee to study the future role of the AAMC in these changing times.

The next speaker was Dr. James P. Dixon, Jr., President of Antioch College, who spoke on medical education in the developing countries and urged a more active role by United States medical education in encouraging the training of health manpower in these developing countries. In his speech entitled "A World Program for Health Manpower" (7), he commented on the significance of the AAMC report to AID. This report, also entitled *A World Program for Health Manpower*, will form the basic resource document for the 1966 AAMC Institute on International Medical Education. The report is scheduled for publication in Part 2 of *The Journal of Medical Education*, September, 1966, the book reporting that Institute.

The final speaker at this session was Dr. Daniel H. Funkenstein, Assistant Professor of Psychiatry, Harvard Medical School, who discussed "Current Changes in Education Affecting Medical School Admissions and Curriculum Planning" (8). He documented some of the rapid changes in secondary school and college education with a series of slides and emphasized the great diversity that will characterize the educational development of future applicants to medical schools.

The afternoon session, which had further developed the morning's theme of change and challenge, recessed at 3:40 P.M.

ANNUAL BANQUET: EVENING

November 1, 1965

Presiding: GEORGE A. WOLF, JR., President

Following the serving of the banquet, the evening session was called to order at 8:30 P.M. by Dr. George A. Wolf, Jr., President of the AAMC. After the introduction of guests at the head table, the annual awards were presented.

ABRAHAM FLEXNER AWARD

Dr. Joseph T. Wearn, Dean Emeritus and John H. Hord Professor Emeritus of Medicine, Western Reserve University School of Medicine, received the Eighth Annual Abraham Flexner Award for Distinguished Service to Medical Education. Dr. Philip Handler, Chairman, Department of Biochemistry, Duke University School of Medicine, made the presentation.

BORDEN AWARD

Dr. Paul Charles Zamecnik, Collis P. Huntington Professor of Oncologic Medicine, Harvard Medical School, received the Nineteenth Annual Borden Award in the Medical Sciences. The award, a gold medal and \$1,000, was presented by Dr. Samuel Gurin, Dean, University of Pennsylvania School of Medicine.

Following brief acceptance speeches by both recipients, the evening session recessed at 9:15 P.M.

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2. DEMPSEY, E. W. Changing Patterns of Science. *J. Med. Educ.*, 41:311-317, 1966.
3. BRESLOW, L. Changing Patterns of Medical Care and Support. *J. Med. Educ.*, 41:318-324, 1966.
4. ATCHLEY, D. Changing Patterns of Medical Education. *J. Med. Educ.*, 41:325-331, 1966.
5. DARLEY, W. Medical School Financing and National and Institutional Planning. *J. Med. Educ.*, 41:97-109, 1966.
6. WOLF, G. A., JR., Learning and Public Responsibility. *J. Med. Educ.*, 40:1105-1109, 1965.
7. DIXON, J. A World Program for Health Manpower. *J. Med. Educ.*, 41:110-119, 1966.
8. FUNKENSTEIN, D. H. Current Changes in Education Affecting Medical School Admissions and Curriculum Planning. *J. Med. Educ.*, 41:401-423, 1966.

The Seventy-Sixth Annual Business Meeting

Sheraton Hotel

Philadelphia, Pennsylvania

November 2, 1965

Presiding: Dr. GEORGE A. WOLF, JR., President

Dr. George A. Wolf, Jr. called the meeting to order at 9:00 A.M. Dr. Richard H. Young, Secretary, then called the roll and declared a quorum of the Institutional Members to be present.

APPROVAL OF THE 1964 PROCEEDINGS OF THE AAMC

The next item of business was a call for the approval of the 1964 Proceedings of the AAMC; these Proceedings were approved as published in *The Journal of Medical Education*, June, 1965, pages 524-619.

The Annual Reports were then presented and approved. They appear below:

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

GEORGE A. WOLF, JR.

GIFTS, GRANTS, AND CONTRACTS

Anonymous.—Gift in the amount of \$2,500 for the support of a study of student teaching in cooperation with the Society of University Surgeons.

Boston University.—\$8,422 to support the publishing of *Research, Graduate Education, and Postdoctoral Training in Departments of Preventive Medicine*, the report of a 1963 Conference of the Association of Teachers of Preventive Medicine. (Published as Part 2 of *The Journal of Medical Education*, October, 1965.)

Commonwealth Fund, W. K. Kellogg Foundation, and Rockefeller Foundation.—\$65,000 to support the First Institute on International Medical Education.

Maurice Falk Medical Fund.—\$5,000 to support the publishing of the "Study of Medical Student Attrition" in *The Journal of Medical Education*.

Josiah Macy, Jr., Foundation.—\$15,000 for the support of *The Journal of Medical Education*; \$16,500 for the support of the study of present activities of female medical graduates of 1935 to 1960; \$5,000 for the support of the Federal Health Program.

Milbank Memorial Fund.—\$50,000 to support the Pan American Federation of Associations of Medical Schools. The AAMC has been appointed administrator of this grant until the Federation is organized and incorporated.

National Institutes of Health.—\$208,304 for the support of the development of criteria for professional performance of physicians.

University of Pittsburgh.—\$10,000 to support the publishing of *Medical Schools and Hospitals: Interdependence for Education and Service*. (Published as Part 2 of *The Journal of Medical Education*, September, 1965.)

Rockefeller Foundation.—\$10,000 to support the Fourth Latin American Conference on Medical Faculties.

United States Public Health Service.—Contract authorized by the Executive Council in the amount of \$36,500 to support a study of planning for medical education during a national emergency. This study will be carried out in cooperation with the staff of Baylor University College of Medicine.

PROGRAMS AND PROPOSALS

Dr. Wolf further reported that the Executive Council had met 7 times during the year and that there had been special meetings in 5 cities, the so-called regional meetings, to discuss some of the recommendations of the Coggeshall Report.

The Executive Council authorized the negotiation of a contract with the National Institutes of Health to support a continuous study of medical school faculty characteristics. Protocol for this study is under discussion so there can be maximum benefit to each institution and so the AAMC can meet the growing number of requests for detailed information from many agencies with relative ease and simplicity. It is hoped that a full spectrum of personnel information about members of the faculty can be assembled in a form that is machine compatible. If a satisfactory procedure is developed, the study will go forward under the guidance of a steering committee.

The Council approved joining with the American Psychiatric Association to cosponsor a Conference on Undergraduate Medical Education in Psychiatry. Dr. Douglas Bond, Dean, Western Reserve University School of Medicine, has agreed to be chairman of the planning committee and will represent the AAMC. Planning is in a very early stage and no date for the conference has been set.

AAMC participation with the American Heart Association in a small Conference on the Teaching of Physical Diagnosis was approved by the Council. Planning for this conference is also in a very early stage and no date has been set.

The Council supported the development of the American Association of Accreditation of Laboratory Animal Care. With the cooperation of many agencies, this new organization has developed a pattern for visiting and accrediting facilities and programs for the care of laboratory animals. The council recommends that each member institution support this worthwhile activity.

The AAMC Executive Council received a request from the Council on Medical Education of the American Medical Association that a joint planning committee be established to consider setting up a Conference on the Teaching of Pharmacology and Therapeutics. The Council approved appointing a representative to this committee. Further consideration will be given to AAMC participation in the conference at the time when the planning committee recommends that such a conference should take place.

The Council authorized a study of the trends in the design of biomedical libraries, which will be financed by a grant from the National Library of Medicine.

The study will be directed by Dr. Merlin K. DuVal, Jr., Dean, University of Arizona School of Medicine, with the assistance of Dr. Seymour Alpert, Professor of Anesthesiology, George Washington University School of Medicine.

PROVISIONAL MEMBERS

The status of Provisional Membership for developing schools is acquired and maintained by annual action of the Institutional Membership. The Provisional Memberships of the following schools were renewed by vote of the Membership:

University of Arizona College of Medicine
University of California (San Diego) School of Medicine
University of Connecticut School of Medicine
Michigan State University College of Human Medicine
University of New Mexico School of Medicine
Pennsylvania State University, Milton S. Hershey Medical Center, College of Medicine
Rutgers—The State University, Rutgers Medical School
University of Texas, South Texas Medical School

EMERITUS MEMBERSHIP

The following individuals were elected to Emeritus Membership:

- Dr. George Packer Berry, Dean Emeritus and Professor of Bacteriology Emeritus, Harvard Medical School; Trustee—The Commonwealth Fund, Princeton University, and The American University of Beirut; Flexner Award winner, 1962.
- Dr. Mark R. Everett, Dean Emeritus, Regents Professor of Medical Sciences, and Consulting Professor of Biochemistry, University of Oklahoma School of Medicine; Oklahoma Medical Sciences Hall of Fame; Honorary Doctor of Science, Bucknell University.
- Dr. Chester Scott Keefer, Emeritus Wade Professor of Medicine and Emeritus Dean, Boston University School of Medicine; Emeritus Director of Boston University Medical Center and Massachusetts Memorial Hospital; Emeritus Physician and Chief, Massachusetts Memorial Hospital.

INDIVIDUAL MEMBERS

A total of 143 new individual members were voted into the AAMC.

REPORT OF THE EXECUTIVE DIRECTOR

ROBERT C. BERSON

The reports of the committees of the Association of American Medical Colleges and of the divisions of the Association's staff, which appear in this section of the Proceedings, give some indication of the intensity of activity on many matters important to medical schools. Each committee and each division has pushed forward in line with policies previously established by the Association and continues to carry out programs organized and set in motion by Dr. Ward Darley when he was serving as Executive Director.

OVERVIEW OF ACTIVITIES

At the beginning of this calendar year, Dr. Darley accepted the title of Consultant to the Executive Director on a half-time basis and established a small office in the University of Colorado School of Medicine. His advice and counsel have been of incalculable value to me, the other members of the staff, and the Executive Council. His service to the AAMC has included authoring a number of papers including the 1965 Alan Gregg Lecture and representing the Association in a number of important programs and Conferences, serving, for example, as chairman of one of the panels of the White House Conference on Health. His office and activity are supported by a generous grant from The John and Mary R. Markle Foundation.

Early in the calendar year, the Executive Council authorized the establishment of an office in Washington, D. C. Reasons for this step included: (a) the importance of establishing closer working relationships with a number of organizations in the field of higher education, such as the American Council on Education, the Association of American Universities, the National Association of State Universities and Land-Grant Colleges, and others; (b) the importance of a close liaison with officers responsible for administering federal programs of great importance to medical schools, including the National Institutes of Health, the Bureau of State Services, the Agency for International Development, the Veterans Administration, and others; (c) and the likelihood that the Eighty-Ninth Congress would consider many matters of great importance to medical education. Arrangements were completed to lease from the American Council on Education a small amount of space they had available. For most of this year, the work of that office, which is staffed by one secretary, has occupied 60 to 75 percent of the time of the Executive Director. The move has been most helpful in improving liaison with other organizations in the field of higher education and with officials in a number of federal agencies, as well as in keeping informed of legislative developments.

The Executive Council has already devoted a good many hours to considering future plans for the Association against the background of the recommendations contained in *Planning for Medical Progress Through Education*, the Coggeshall Report, and hopes that there will be much more discussion of this important matter at the 1965 business meeting on November 2 (See pages 608-617). The dedication and support of the members of the staff of the Association during this period of transition have been extraordinary. The very active cooperation of a host of people, especially the deans of the medical schools, has been of vital importance.

STAFF ACTIVITY

Medical School Visitation and Consultation.—There have been many demands on the Association to improve and expand its programs and services. The program of visitation and consultation to medical schools, which is headed up by Dr. William F. Maloney, has long been a basic and central mission of this Association. Recently, as you all know, the program has had to expand to include developing medical schools, so that the Liaison Committee could write letters of reasonable assurance that these schools would meet the standards of accreditation when they were fully developed. The Association staff has also had

correspondence or conferences with representatives from no less than 33 additional institutions or agencies that have expressed some interest and intention toward developing new medical schools.

Within the last two weeks, it has become necessary to review plans of established medical schools applying for construction grants to implement major expansion of enrollment in order to assure the U.S. Public Health Service that this expansion will not seriously impair the quality of their educational programs.

It should be noted that other staff members, particularly Dr. Lee Powers, Dr. Henry van Zile Hyde, and Dr. Paul J. Sanazaro, have also participated in the official visits to medical schools.

Division of Operational Studies.—Dr. Powers, Mr. A. J. Carroll, and the staff of the Division of Operational Studies have continued such regular activities as preparation of the monthly *Datagrams*, analysis of financial data from the annual questionnaire of the Liaison Committee, and continuing study of program costs in medical schools and teaching hospitals. In addition, Dr. Powers has directed the staff work in preparing for the Third Administrative Institute: The Medical Center and the University, December 12-15, 1965. So far as I know, this will bring together more presidents of universities having medical schools and medical school deans than have ever been brought together under one roof, and they will have several days in which to discuss the important relations between the university and the medical center. Dr. Powers is also far along in the study of professional activities of women in medicine, which promises to provide highly useful information on the question of the extent to which they really do perform in the medical profession after graduation.

Division of Education.—In addition to organizing the Conference on Research in Medical Education, held on October 31, 1965, and providing the staff support for the continued supervision of the Medical College Admission Test and the continued progress of the Longitudinal Study, Dr. Paul J. Sanazaro also provided the staff support for the "Guidelines for Medical School Libraries" which appeared as Part 1 of *The Journal of Medical Education*, January, 1965. He has also organized a small conference for the faculty of developing medical schools, some intramural seminars in several of our institutions, and the Conference on Research in Patient Care. In addition, Dr. Sanazaro has initiated a cooperative study by 8 medical schools of teaching programs in comprehensive medical care and has planned and gotten under way a study of criteria of performance of practicing physicians.

Dr. Edwin B. Hutchins has carried on a number of projects of basic research, including the study of nonintellectual characteristics of medical students, and has provided valuable cooperation in all of the work of the Division.

Dr. Davis G. Johnson has provided staff support for the Group on Student Affairs and has cooperated in a number of student studies, providing a number of services in this important area.

Division of International Education.—Dr. Henry van Zile Hyde has played a key role by pushing to completion the study of medical education in developing countries, *A World Program for Health Manpower*, the AAMC report to AID. He organized the Conference on International Medical Education held on October 31, 1965, has functioned as liaison with a number of agencies interested in this field, and has continued to supervise the administration of the foreign fellowships

supported by the Smith Kline & French Foundation. He has been directing the staff work in organizing the Institute on International Medical Education which this Association sponsored on March 27-30, 1966.

Division of Business Affairs.—Mr. John L. Craner has made all the physical arrangements for this Annual Meeting as well as for the Administrative Institutes. He has also directed the rather complex business operations of our Association. Under his supervision, Mr. Harold Gordon and his colleagues have operated our mailing and reproduction service, which not only mails the many documents the Membership receives, but also prints our Directory and a number of pamphlets, leaflets, and workbook materials for the Institutes.

Editorial Activity.—Dr. John A. D. Cooper has continued as the diligent editor of *The Journal of Medical Education*, as well as our representative in such key spots as the Administrative Committee of the Pan American Federation of Medical Schools.

Miss E. Shepley Nourse has been invaluable in coordinating the rather extensive editorial efforts of many members of the staff and our committees.

CURRENT DEVELOPMENTS

Even with considerable effort, it has been very hard to keep up with the many developments on the national scene, not only with legislation, but also with the continual change of personnel administering programs. I think it will be extremely important to keep up in the period we have now entered, that is, the period of implementing those programs that have already been authorized by the Congress.

There are a number of other problems, such as the cost of clinical research center grants, the handling of the career research awards, and many of the other things which were discussed by Dr. Shannon and the people from the Veterans Administration in the meetings on October 31, 1965 (See pages 549-563).

As Dr. Wolf has reported, we have completed arrangements for a study of the trends in the design of biomedical libraries. We will attempt to pull together the best examples of what modern libraries have done to solve their many problems and will concentrate on planning for the future as well as identifying the problems and issues which need discussion and clarification. This, I believe, will be most timely because by approximately the time this report can be completed, the Library Bill will have evolved to such a point that construction grants as well as the other parts of the legislation will be feasible.

Another development that I think will be of interest to you is that, after a good many months of consideration and exploration, we have completed arrangements to develop an informational bulletin on medical education and national affairs. What we have finally worked out is a partnership arrangement with the American Council on Education. Under this arrangement, Mr. William Reidy will join the staff with the primary duty of pulling together this information and making it available to you in an appropriate and readable form. Mr. Reidy has a distinguished background in this area, having been, for example, for many years the key staff member of the Senate committee that deals with health legislation.

I would like to call to the attention of the Membership the concern that I have and that the Executive Council has about the prospects for restrictive legislation concerning the use of laboratory animals. Dr. Shannon and other people in the

U.S. Public Health Service feel that some legislation in this field is inevitable in 1966. And Dr. Maurice B. Visscher, who is chairman of the Board of the National Society for Medical Research, met with the Council just the other day and expressed his concern not only that there will be legislation but also that there is grave danger it will be quite restrictive. I think this is a tremendously important matter that is going to require a good bit of attention. It will probably be helpful if the relatively new measure for the volunteer accreditation of laboratory animal facilities and programs, referred to in our President's report, can get off the ground and prove to be successful.

Another concern I want to share with the Membership is my own interest in the National Fund for Medical Education, which has been so extremely helpful throughout its existence. Mr. Chase Mellin and Dr. James Faulkner have already had some discussions with me expressing their concern. I think all of us can see very clearly how important it is that the support of medical education from the private sector of our economy continues so that diversified support can continue and can grow. Many people feel that the grants from the National Fund have been extraordinarily useful, because they were completely unrestricted by the donor and, therefore, could be used as the institution thought best. The problem arises from the fact that the Health Professions Educational Assistance Amendments adopted the formula approach, that the National Fund has used, for the basic improvement grants, and that the special improvement grants are highly similar to the Class C grants which the National Fund has been making. I think the trick will be for someone to find a way to convince the corporations that it is in the public interest, and in their interest, to continue to support the National Fund. I am not quite sure who can find the answer to this; but from my own viewpoint, it would be a very substantial loss if the National Fund were seriously impaired in its effectiveness or went out of existence.

The final thing I want to mention is that the Council has authorized the development of specific plans for establishing a study of institutional plans for expanding enrollment. The thought is that assembling a mosaic of information about such plans is a necessary step toward advising the public and its representatives of the progress that is being made, the problems that must be overcome, and the resources that must be mobilized. I believe it will be useful to each institution to know more about the plans of sister institutions in making and carrying out its own decisions. This study will, therefore, attempt to develop means of disseminating appropriate information throughout the academic community. To me the need is very clear in view of the expansion plans of established schools, the number of developing schools already under way, and the many others that are being discussed. So in the early future, Dr. Maloney and I will try to make these plans specific enough to present formally to the Council and to seek funds with which to implement the study.

It seems to me that an enormous amount has happened in the last ten months, but I have a very distinct feeling that we are only in the middle of this period of change. It is likely that the tempo will increase instead of slowing down.

REPORT OF THE SECRETARY

RICHARD H. YOUNG

The Liaison Committee on Medical Education carried out the following medical school surveys during the academic year 1964-1965:

The University of Toronto Faculty of Medicine, September 21-24, 1964

Seton Hall College of Medicine, September 28-October 1, 1964

The University of Louisville School of Medicine, September 28-October 1, 1964

Laval University Faculty of Medicine, October 4-7, 1964

The University of Tennessee College of Medicine, October 12-15, 1964

The University of Nebraska College of Medicine, November 2-5, 1964

Stanford University School of Medicine, January 18-21, 1965

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

The University of Vermont College of Medicine, February 15-18, 1965

Saint Louis University School of Medicine, February 22-25, 1965

Duke University School of Medicine, March 1-4, 1965

State University of New York Upstate Medical Center,

March 15-18, 1965

Cornell University Medical College, April 5-8, 1965

The following developing school surveys were carried out:

University of Texas, South Texas Medical School, July 6-7, 1964

Rutgers—The State University, Rutgers Medical School, August 31-September 1, 1964

Michigan State University College of Human Medicine, September 28-29, 1964

University of California (San Diego) School of Medicine, November 22-23, 1964

University of Hawaii School of Biomedical Sciences, December 17-18, 1964

University of Connecticut School of Medicine, January 6-7, 1965

Mount Sinai School of Medicine, January 8-9, 1965

University of Arizona College of Medicine, January 11-12, 1965

Brown University Division of Medical Science, January 13-14, 1965

Pennsylvania State University—Milton S. Hershey Medical Center, March 8-9, 1965

California College of Medicine, May 17-18, 1965

The following established schools are scheduled for accreditation visits in 1965-1966:

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

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

University of Montreal Faculty of Medicine, October 18-21, 1965

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

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

Meharry Medical College School of Medicine, December 6-9, 1965

New Jersey College of Medicine and Dentistry, March 21-24, 1966

Howard University College of Medicine, January 17-20, 1966

The University of Missouri School of Medicine, January 24-27, 1966

Hahnemann Medical College, January 31-February 3, 1966

Stritch School of Medicine of Loyola University, February 14-17, 1966

The University of Miami School of Medicine, February 21-24, 1966

The Ohio State University College of Medicine, February 15-17, 1966

The University of New Mexico School of Medicine, March 21-24, 1966

McGill University Faculty of Medicine, March 7-10, 1966

REPORT OF THE TREASURER**J. MURRAY KINSMAN**

The financial status of the Association is summarized in the accompanying Balance Sheet, Statements of Income and Expense and Equity, and Notes to Financial Statements, based on an audit by the firm of Ernst and Ernst.

It will be noted that at the end of the last fiscal year, there remained available for general purposes \$7,300 less than at the end of the previous year. Disregarding the restricted funds ("Special Purposes") and considering only those items which apply to General Purposes, an analysis of the detailed audit report reveals that although income was somewhat greater than in the preceding year, so were expenses. The largest increase in the former category was from grants, income from publications ranking second. The only decrease in income was in dues from members, sustaining memberships being chiefly responsible. As for expenses, salaries constituted practically the only item in which there was any increase.

It is considered good fiscal practice for an organization such as ours to accumulate an adequate reserve in order to provide for unexpected contingencies. Although everyone who has been concerned with the financial operation of the Association is thoroughly in agreement with such an objective, the constantly increasing demands for new or expanded services with the concomitant increase in expenses, has made it impossible to make any advance in that direction without raising dues to an unrealistic level. One step toward reducing expenses was taken on April 19, 1965, when the Executive Council decided to charge an Annual Meeting registration fee of \$10 for members of the Association and \$15 for nonmembers. The cost of the Annual Meeting depends to a large extent on the location of the city in which it is held. For instance, in 1962 when it was held in Los Angeles, the cost was \$39,306; in 1963, in Chicago, it was \$27,044; and in 1964, in Denver, it was \$35,413. The income from the registration fees is expected to bring about a substantial reduction in the outlay for this activity.

AUDITORS' REPORT

Executive Council
Association of American Medical Colleges
Evanston, Illinois

We have examined the balance sheet of Association of American Medical Colleges as of June 30, 1965 and the related statements of equity and income and expense for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We previously made a similar examination of the financial statements for the preceding year.

In our opinion, the accompanying balance sheet and statements of equity and income and expense present fairly the financial position of Association of American Medical Colleges at June 30, 1965, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles which, except for the change (in which we concur) described in Note A to the financial statements, have been applied on a basis consistent with that of the preceding year.

ERNST & ERNST

Chicago, Illinois
July 30, 1965

BALANCE SHEET
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1965	June 30 1964
ASSETS		
Cash	\$ 48,816	\$115,510
United States Government short-term securities—at cost and accrued interest	285,336	199,829
Accounts receivable	133,079	165,304
Accounts with employees	5,562	5,222
Supplies, deposits, and prepaid expenses	24,351	21,323
Inventory of publications—Note A	10,552	16,000
Land and building—at cost—Note B:		
Land improvements	\$ 9,002	\$ 9,002
Building	287,854	287,854
	<u>\$296,856</u>	<u>\$296,856</u>
	<u>\$804,552</u>	<u>\$820,044</u>
LIABILITIES AND EQUITY		
Liabilities:		
Accounts payable	\$ 21,741	\$ 26,912
Salaries, payroll taxes, and taxes withheld from employees	11,652	10,519
	<u>\$ 33,393</u>	<u>\$ 37,431</u>
Deferred income	51,922	51,355
Equity:		
Restricted for special purposes	\$333,344	\$338,064
Invested in land and building	296,856	296,856
Retained for general purposes—Note A	89,037	96,338
	<u>\$719,237</u>	<u>\$731,258</u>
Lease commitments—Note C		
	<u>\$804,552</u>	<u>\$820,044</u>

See notes to financial statements.

STATEMENT OF INCOME AND EXPENSE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	Year Ended June 30			
	1 9 6 5			1964 Total
	Special Purposes	General Purposes	Total	
Income:				
Dues from members		\$219,989	\$ 219,989	\$ 221,539
Grants	\$585,466	86,375	671,841	637,510
Services		256,841	256,841	254,397
Publications		118,424	118,424	109,454
Interest and other		9,618	9,618	6,559
Transfers in-out*	37,571*	37,571	-0-	-0-
TOTAL INCOME	<u>\$547,895</u>	<u>\$728,818</u>	<u>\$1,276,713</u>	<u>\$1,229,459</u>
Expenses:				
Salaries	\$223,652	\$361,439	\$ 585,091	\$ 521,691
Other expenses	293,043	410,600	703,643	642,465
Transfers in-out*	35,920	35,920*	-0-	-0-
TOTAL EXPENSES	<u>\$552,615</u>	<u>\$736,119</u>	<u>\$1,288,734</u>	<u>\$1,164,156</u>
INCOME IN EXCESS OF EXPENSES	<u>(\$ 4,720)</u>	<u>(\$ 7,301)</u>	<u>(\$ 12,021)</u>	<u>\$ 65,303</u>

() Indicates expenses in excess of income.

See notes to financial statements.

STATEMENT OF EQUITY
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
Year ended June 30, 1965

	Restricted for Special Purposes	Invested in Land and Building	Retained for General Purposes	Total
Balance at July 1, 1964	\$338,064	\$296,856	\$80,338	\$715,258
Credit arising from recording of inventory of publications at July 1, 1964—Note A			16,000	16,000
ADJUSTED BALANCE AT JULY 1, 1964	\$338,064	\$296,856	\$96,338	\$731,258
Expenses in excess of income	4,720		7,031	12,021
BALANCE AT JUNE 30, 1965	<u>\$333,344</u>	<u>\$296,856</u>	<u>\$89,037</u>	<u>\$719,237</u>

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
June 30, 1965

Note A—Inventory of Publications:

As of July 1, 1964, the Association adopted the policy of recording the inventory of publications at the lower of cost or market value. Prior to that time, costs were charged to expense in the year of publication.

The inventory represents the carrying amount of publications which were published during the past ten years less an allowance for those older than one year. Following are the details of the inventory at the beginning and end of the year:

	June 30 1965	July 1 1964
Carrying amount of publications	\$49,204	\$51,335
Less allowance for publications over one year old	38,652	35,335
	<u>\$10,552</u>	<u>\$16,000</u>

The amount of \$16,000 representing the inventory of publications on July 1, 1964 was credited to equity retained for general purposes as of that date. The accompanying balance sheet at June 30, 1964 has been restated to give retroactive effect to this change. The statement of income and expense for the year ended June 30, 1964 has not been restated.

The aforementioned change in accounting method had the effect of increasing expenses in excess of income available for general purposes by \$5,448 for the year ended June 30, 1965 and of increasing equity retained for general purposes by \$10,552 at June 30, 1965.

Note B—Land and Building:

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

Note C—Lease Commitments:

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

Note D—Grants to be Received in Future Periods:

It is the practice of the Association to include grants in income when they are received. At June 30, 1965, the Association had been notified by several grantors that it may expect to receive \$874,152 for special purposes within the next four years.

REPORT OF THE DIVISION OF BUSINESS AFFAIRS

JOHN L. CRANER

ACCOUNTING

The income of the Association increased from \$632,702 in 1959 to \$1,276,713 in 1965. Expense has increased from \$28,464 in 1959 to \$1,288,734 in 1965. Division expenditures are reported monthly to each Director utilizing IBM reports. Contractors and Grantors continue to receive financial reports consistent with their requirements.

As recommended in the Coggeshall Report, a pilot study has been undertaken to accomplish program accounting. We are attempting to determine if a transition can be made without materially increasing accounting personnel and IBM machine usage.

MEMBERSHIP AND SUBSCRIPTIONS

This Department continues to maintain the standard aging policy for individual membership (July 1 of each year through June 30 of the following year) and for *The Journal of Medical Education* paid subscriptions (January 1 through December 31). However, in order to give an up-to-date report, October 1 is used in the following tables.

Membership Data:

October 1, 1964	Individual Membership	3,166	
October 1, 1965	Individual Membership	<u>3,248</u>	
	Net Increase		82
October 1, 1964	Sustaining Membership	26	
October 1, 1965	Sustaining Membership	<u>26</u>	
	Net Increase		0
October 1, 1964	Contributing Membership	26	
October 1, 1965	Contributing Membership	<u>27</u>	
	Net Increase		1

Paid subscriptions to *The Journal of Medical Education*:

October 1, 1964	1,523	
October 1, 1965	<u>1,466</u>	
	Net Decrease	57

The Subscription Department processes orders for all publications. In order to reduce the costs of publication, the 1965-1966 Directory has undergone a radical change. Utilization of the new format of the Directory reduced costs to 60 per cent under last year's figure.

ADVERTISING

The Association continues to use the direct mail campaign approach for soliciting advertising. The Division is still of the opinion that an Advertising Manager could increase revenue; however, because of the limited circulation of our publication, we question whether the increased advertising solicited would warrant the employment of an Advertising Manager.

DATA PROCESSING DEPARTMENT

The reports and studies processed by this Department include, but are not limited to: general accounting by budget, accounts receivable, Faculty Registry, Faculty Salary Study, Medical College Operating Costs, National Intern Matching Program, Medical School Accomplishment Information to the Undergraduate Colleges, Study of Applicants to Medical Schools, Competitive School Report to all medical schools, In-School Records of all medical students, and other research studies.

The Study of Applicants to Medical Schools has increased in volume from 53,834 applicants in 1961-62 to 84,571 applicants in the 1964-65 school year. This additional volume is being processed with the same equipment. The increase affects the Competitive School Report in preparation time, but the completed report is expanded only by the number of new medical schools.

Presently in process is the updating of the Faculty Registry. Individual faculty members who have not previously completed the questionnaire are being contacted for educational and personal background. The medical schools are returning required information to update the departmental faculty appointments. Citizenship status and educational background are some of the additional items being added to each individual's record this year.

Participants in the National Intern Matching Program increased from 6,856 in 1961 to 7,598 in 1965. The average number of applications per individual student has increased considerably since the program began in 1952. The increased number of participants plus the increased number of applications have caused the number of applications processed to increase from 32,104 in 1961 to 40,019 in 1965.

MAILING, REPRODUCTION, AND PRINTING

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

M & R charges the cost of labor involved in maintenance and housekeeping requested by Divisions, such as furniture moving and repairing, warehouse maintenance, making possible more realistic cost accounting to budgets.

During the period 1964-65, M & R produced 958 jobs at a charge of \$109,608.52. The expense involved was \$104,312.03, resulting in the return of \$5,296.49 to the general funds of the Association.

The Department has met the requirements of the Association this year without the addition of major equipment.

FILM LIBRARY

Income from rental and sales of films for the fiscal year was \$4,458.00, an increase of 9.62 per cent over the previous period. This is due to additional rentals which increased approximately 12 per cent over the last fiscal period.

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

Medical Schools	329
Hospitals	298
Schools of Nursing	51
Schools of Dentistry	4
Local Cancer Societies	147
Schools other than Medical	9
Miscellaneous	158
(Consists of Individual Doctors, Medical Societies, Armed Forces, etc.)	
Total Rentals	<u>994</u>

The most popular films were:

	Number of Showings
A Concept of Maternal and Neonatal Care	46
Speech After Laryngectomy	21
Training for Childbirth	19
Precancer Diagnosis of the Cervix by Cytology	19
The Rehabilitation of the Laryngectomized Patient (We Speak Again)	19
Microglia	15

As listed below, there were 22 other films which were requested and shipped at least 10 times. There were no showings for 68 titles.

	Number of Showings
Technic of Injection in Animals	14
Thrombotic and Embolic Phenomena	14
William Harvey and the Circulation of the Blood	14
Inside the Cell, Part II, Regulation of Enzymes	14
Autonomic Nervous System	13
The HeLa Cell Strain	13
Oligodendroglia	13
Vocal Nodules	13
Diagnosis of Uterine Malignancy	13
Visual Surgery in the Open Heart during Hypothermia	12
All My Babies	11
The Normal Esophagus	11
Laryngectomy and Use of the Laryngeal Voice	11
Surgical Anatomy of the Female Pelvis	11
Diseases of the Stomach and Duodenum	10
Embryology of Human Behavior	10
Mitosis of Newt Cells in Tissue Culture	10
The Median Nerve	10
The Ulnar Nerve	10
Technique of Bronchoscopy	10
Bronchogenic Carcinoma	10
Complete Exenteration of the Pelvis	10

PUBLICATIONS

To conform with the recommendations submitted by Ernst & Ernst, AAMC auditors, publications have been consolidated and are now under strict accounting control.

MISCELLANEOUS ACTIVITIES

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

School Visitations.—The visitation schedule is arranged by the Secretary of the Association. The 1964-65 schedule consisted of 14 surveys and 13 reports on new schools in process of development. Multilith reproduction of the reports is completed and distributed by the Division of Business Affairs.

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

Exhibits.—This Division has the responsibility of operating the Association's exhibit at meetings, including the display of publications, explaining the advantages of Association membership, and receiving membership applications. Records are kept on exhibit attendance to determine effectiveness and comparisons are made with total registration.

Building Services.—The Division continues to maintain the Association headquarters and Division of Education Annex with the same number of maintenance personnel.

REPORT OF THE DIRECTOR
DIVISION OF OPERATIONAL STUDIES

LEE POWERS

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

STAFF

Lee Powers, M.D., is Director of the Division; Mr. Augustus J. Carroll is Assistant Director; Mr. Harry Wiesenfelder is Research Associate; Rex Parmalee, Ph.D., is part-time Research Associate; Mrs. Rita Kaz is Research Assistant; Miss Marian Weber is Secretary to the Director; and Mrs. Arlene Dorfman is Secretary to the Division.

ACTIVITIES OF THE DIVISION

Activities Concerned with Financial Support for Medical Education

Trends in Financing Medical Education.—Medical school expenditure data for 1962-63 have been incorporated in a continuing study of medical education finance trends. This study, detailing expenditure data by source of income for both privately and publicly supported schools dating back to 1941, was published as part of the final report of the 1962 Teaching Institute. Subsequent analysis of these data has led to a change in the traditional breakdown of schools into publicly

and privately supported categories, whereby private schools receiving state subsidies (mainly those in the state of Pennsylvania) are now classified as a separate and distinct group.

Compilation of Medical School Profile Data.—The DOS continued to compile and annually update information on each medical school regarding their expenditures for varying programs, the numbers and ratios of faculty, students, interns, residents, and fellows. The profiles resulting from this information are available in group data form for the guidance of deans and other administrative officers in determining their financial and manpower requirements, and in planning budgets and program activities.

Program Costs in Medical Schools.—Work on the cost analysis system for estimating medical school program costs as developed by Mr. A. J. Carroll is continuing with particular emphasis on consultation to schools interested in adopting this system. Data obtained on program costs are being reanalyzed in preparation of a report on the overall subject of program costs analysis.

Program Costs in Teaching Hospitals.—The application of a similar cost analysis system for teaching hospital programs is also being developed by Mr. Carroll. The methods and procedures for determining these costs are currently being tested at the Grace-New Haven Hospital.

Annual Summary of Medical School Financial Data.—The DOS again contributed an analysis of U.S. medical school expenditures by income source to the Education Number of the *Journal of the American Medical Association*. Data for the year 1962-63 were presented in Volume 190, No. 7, published November 16, 1964.

Voluntary Support for Medical Education.—Information obtained in last year's study of voluntary support of medical schools through physician giving formed the basis of a report published in the May, 1965 issue of *The Journal of Medical Education*.

Activities Concerned with Facilities

Medical School Facility Planning.—The staff of the DOS took an active part in preparing an expanded version of the publication, *Medical School Facilities—Planning Considerations and Architectural Guide*. This volume is the joint effort of an AAMC-AMA-AHA *Ad Hoc* Committee working in cooperation with the U.S. Public Health Service. The new edition, published in 1964, updates information contained in the original volume published in the fall of 1961 and provides new information on the design and planning of teaching hospitals.

Congressional Hearings.—A considerable amount of information was developed in support of congressional action on S.595, S.596, and S.597 concerning construction of educational facilities, the development of regional centers for heart disease, cancer, and stroke, and assistance for medical libraries. Similar efforts were made in regard to S.512 for the construction of research facilities.

Activities Concerned with Faculties

Faculty Register Updating.—A follow-up of full-time faculty made to update information subject to change in the Faculty Register file received responses from approximately 11,000 full-time faculty members. The accuracy of the information

thus received was further verified by the deans' offices, which also provided supplemental listings of additional faculty not previously included in the Faculty Register. The time and effort required in maintenance of the Faculty Register is justified by the many uses made of this data. The Register provides an invaluable mechanism for following trends in staffing patterns, predicting sources for future faculty in basic science and clinical departments, and in evaluating the current dimensions of medical school faculty.

Medical Faculty Vacancies.—As a service to candidates seeking teaching positions in U.S. medical schools, the DOS annually tabulates the number of unfilled teaching staff positions available as of July 1. This information derived from the AAMC-AMA Liaison Questionnaire lists, for each school, the vacancies by department and rank, enabling the Division to respond to a surprising number of requests for information on vacant teaching positions.

Faculty Salary Study.—The DOS is currently collecting data on a fourth Faculty Salary Study to revise information obtained in the 3 earlier studies. This data has proven to be extremely useful to the member schools in determining their relative position on a regional and national basis and in obtaining funds necessary to raise salary levels.

Activities Concerned with Medical School Administration

Institutes on Medical School Administration.—The Second Institute on Medical School Administration, held at the Eden Roc Hotel, Miami Beach, Florida on December 6-9, 1964, dealt with the administrative interrelationships existing between a medical school and its teaching hospitals. The Institute was divided into 3 half-day sessions, each dealing with 1 of the following major subtopic areas: (a) medical school-hospital organization and administration, (b) programs and their implications for facilities, and (c) financial considerations.

The final report of the 1963 Institute was published in time for copies to be made available to the participants of the 1964 Institute. The final report of the 1964 Institute was published in November, 1965 so that it, too, was available to the participants of the 1965 Institute.

Activities Concerned with Dissemination of Information

Datagrams.—The DOS is continuing to publish *Datagrams* on a monthly basis providing information of current interest to medical educators, communication media, and other interested parties. A five-year cumulative index of *Datagrams* was published in June, 1964, and a further cumulative index, to include the last 12 issues, is in preparation for publication.

Reprint File and Library.—The DOS has maintained and expanded a reference library and reprint file of significant publications on medical education which have appeared since 1964. These reference facilities have greatly facilitated the programs of the other AAMC divisions in providing resource materials. They have also been most useful in providing answers to the several hundred direct-service requests received by the Division each year.

Studies in Development

Women in Medicine.—The DOS received a grant from the Josiah Macy, Jr. Foundation to perform a study of the career development of women medical

graduates of 1935 to 1960. This study will obtain information comparable to the earlier study made by the AAMC and will permit analysis of changes in the pattern of utilization of women physicians.

Annual Updating of Faculty Staffing Data.—At the request of NIH, the DOS is preparing a formal request for support of a continuing study of faculty staffing data. This study will analyze present staffing patterns, developing trends, and future needs of the basic and clinical science departments of existing and developing schools of medicine.

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

JULIUS B. RICHMOND, M.D.

PAUL J. SANAZARO, M.D.

The Division of Education of the Association of American Medical Colleges was established in 1962, with the support of a grant from the Carnegie Corporation. The AAMC Committee on Research in Education serves as advisory committee to the Division.

STAFF

The Division of Education is organized in 3 coordinated units. The Director is responsible for Educational Research and Services, and for the Core Program. Edwin B. Hutchins, Ph.D., is Assistant Director in charge of the Office of Basic Research. Since the last report, William E. Sedlacek, Ph.D., Research Psychologist, and 2 research assistants joined this Office. Davis G. Johnson, Ph.D., is Assistant Director in charge of the Office of Student Studies and Services, which maintains the exchange of information on applicants and student progress between the medical schools and the AAMC. Dr. Johnson also provides the necessary staff support for the AAMC Committee on Student Affairs and the Group on Student Affairs (GSA), and its committees. In January, 1965, Miss Mary H. Littlemeyer joined the Division as Administrative Assistant.

PROGRAMS OF THE DIVISION

The basic functions of the Division are: (a) to stimulate and promote research in medical education in medical schools and universities; (b) to conduct basic and applied research in medical education; (c) to provide information and service to medical schools; and (d) to provide staff services for AAMC standing and *ad hoc* committees which are administratively related to the Division. The 4 major 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.

One function to which all staff members devote considerable effort is providing information and consultation to medical school faculty members and administrative officers or outside agencies and organizations having interest in medical education.

EDUCATIONAL SERVICES AND RESEARCH

The primary functions of this program are: (a) to stimulate and promote research in medical education; (b) to assist individual medical schools in the study and improvement of their educational program; (c) to administer the Medical College Admission Test (MCAT) program and promote optimum utilization of the MCAT by admission committees; (d) to compile and disseminate information on curriculum, instructional methods, and student evaluation; (e) to develop methods for the objective assessment of educational programs; and (f) to conduct educational studies and research. These several objectives are served by a number of interrelated activities.

Annual Conference on Research in Medical Education.—In conjunction with the AAMC Annual Meeting, a one-day conference is devoted to the presentation and discussion of original research in the educational process in medicine. The Third Annual Conference on Research in Medical Education was held October 21, 1964. The Proceedings of this Conference were subsequently published in *The Journal of Medical Education*, February, 1965. The Fourth Annual Conference, held October 31, 1965, was planned and conducted by a committee under the chairmanship of George E. Miller, M.D. The members of the committee were: Stephen Abrahamson, Ph.D.; Betty H. Mawardi, Ph.D.; George G. Reader, M.D.; Patricia L. Kendall, Ph.D.; Charles F. Schumacher, Ph.D.; and Paul J. Sanazaro, M.D., (Secretary). Proceedings of the 1965 Conference were published in *The Journal of Medical Education*, March, 1966.

Intramural Seminar.—The Division each year assists one medical school in conducting an intensive educational self-study for the purposes of objectively assessing the educational program, clarifying local educational problems, and identifying constructive approaches to their further analysis and resolution. The 1965 Intramural Seminar was held with Tulane University School of Medicine. Selected Tulane faculty members and administrative staff met with consultants in a five-day seminar to analyze the results and consider the implications of the study. Consultant staff for the seminar were: Stephen Abrahamson, Ph.D.; Lawrence A. Fisher, Ph.D.; Edwin B. Hutchins, Ph.D.; Christine McGuire, M.A.; and George E. Miller, M.D. Paul J. Sanazaro, M.D., was Director of the Seminar. The Intramural Seminars have been supported by a grant from the Commonwealth Fund.

Seminar for Faculty of New Medical Schools.—Because of the unique opportunities for educational innovation and important prospective studies, the Division conducted a Seminar on Medical Education for faculty members of 9 new and developing medical schools from September 12-15, 1965 at Brook Lodge, Augusta, Michigan. Emphasis was placed on principles and current trends in curriculum design, reports and discussions of new curricula, methods of evaluating programs, and the organization of faculty for conducting an educational program. William F. Maloney, M.D., Stephen Abrahamson, Ph.D., and Paul J. Sanazaro, M.D., served as consultants. This seminar was supported by the Commonwealth Fund.

The Medical College Admission Test (MCAT).—The Committee on Research in Education annually appoints an MCAT Advisory Committee. Its members are:

Paul J. Sanazaro, M.D. (Chairman); John L. Caughey, Jr., M.D.; John J. Conger, Ph.D.; Schuyler Kohl, M.D.; Carlyle F. Jacobsen, Ph.D.; Roy K. Jarecky, Ed.D.; Woodrow W. Morris, Ph.D.; and William Schofield, Ph.D.

Upon the recommendation of the MCAT Advisory Committee, a consultant group representing the basic medical sciences has reviewed the Science subtest of the MCAT to determine whether the present test is in keeping with the modern requirements for the productive study of the basic medical sciences. The group made special use of the factor analysis devised by Edwin B. Hutchins, Ph.D., and Leroy Wolins, Ph.D., and provided specific advice for the development of new items for the Science subtest.

The MCAT Advisory Committee also recommended that the Division explore the feasibility of developing an experimental subtest on behavioral sciences. An *ad hoc* group of consultants has defined the areas of the behavioral sciences which are most relevant to the study and practice of medicine and which might be appropriately sampled by an achievement test comparable to the present Science subtest.

Study of Grading Practices.—A cooperative study of grading practices by 6 medical schools resulted in new information on the reliability of procedures for evaluating student performance in medical schools. Several schools are now making continuing studies of this problem.

Study of Career Choice, 1964-65 Interns.—The career choice of graduates and its determinants merit continuing study. In April, 1965 a questionnaire was sent to all 1964-65 interns regarding their current choice of career, the amount and nature of additional training they will seek, and the factors influencing their choice of each.

Assessment of Educational Programs.—One of the major objectives of the Division is to develop information and techniques which will enable individual schools to assess their educational programs objectively. The cumulative experience of the Division staff as well as the kind and amount of data on hand make it feasible to consider the development of such techniques, utilizing comparative national or regional data and data collected in the course of special studies. Significant interrelationships are emerging among medical school expenditure, faculty staffing pattern, student characteristics, and educational outcome. The current follow-up of the Longitudinal Study subjects will provide important validating data. The cumulative experience and data in the intramural seminars and in more limited studies with a number of schools suggest that it is now possible to analyze in part both educational effectiveness and efficiency. The educational implications of the Longitudinal Study are highly tentative but provide a basis for analyzing the educational process more directly than has heretofore been possible.

The Division has assisted the Society of University Surgeons this past year in a pilot study of undergraduate teaching programs in surgery. This afforded an opportunity to extend the techniques for analyzing the educational programs of individual departments.

Guidelines for Medical School Libraries.—The Medical Library Association selected the "Guidelines for Medical School Libraries," published as a special issue of *The Journal of Medical Education*, January, 1965, for the Ida and

George Eliot Prize Essay Award. This prize is given annually for that essay which, in the opinion of the Eliot Prize Essay Committee, has done most to further medical librarianship. The committee of medical librarians which developed the "Guidelines" was appointed jointly by the AAMC and the Medical Library Association and functioned under the aegis of the AAMC's Division of Education. Paul J. Sanazaro, M.D., served as Chairman of the Committee whose members were: Estelle Brodman, Ph.D.; Ralph T. Esterquest; Thomas P. Fleming; and Bernice M. Hetzner. David A. Kronick, Ph.D., served as Project Director. The National Library of Medicine partially supported the project through a contract.

Conference on Preparation for the Study of Medicine.—In response to a request from Robert Page, M.D., the AAMC will cosponsor with the University of Chicago a working conference to review the widespread changes in curriculum at the high school and college level as well as in medical education and to consider their mutual implications. The Conference has been tentatively scheduled for April, 1967 at the University of Chicago. Dr. Page will be Chairman and Dr. Sanazaro, Co-chairman.

Publications.—The following publications emanated from the activity of the Educational Research and Services Unit of the Division of Education:

1. Committee of the AAMC and Medical Library Association. Guidelines for Medical School Libraries. *J. Med. Educ.*, 40:1-66, 1965.
2. Sanazaro, P. J. (Ed.). Proceedings of the Third Annual Conference on Research in Medical Education. *J. Med. Educ.*, 40:73-222, 1965.
3. Sanazaro, P. J. Medical Education and Programmed Instruction. In *Programmed Instruction in Medical Education: Proceedings of the First Rochester Conference*. Lysaught, J. P. (Ed.). Rochester, New York: University of Rochester, 1965, Pp. 31-39.
4. Sanazaro, P. J. Research in Medical Education: Exploratory Analysis of a Blackbox. In "Medical Schools and Teaching Hospitals: Curriculum, Programming and Planning." *Ann. N.Y. Acad. Sci.*, 128:519-531, 1965.
5. Sanazaro, P. J. (Ed.). Proceedings of The Fourth Annual Conference on Research in Medical Education. *J. Med. Educ.*, 41:193-296, 1966.

CORE PROGRAM

Project A: Projection of Physician Manpower.—With the support of the Division, a research plan has been formulated by a team of investigators to estimate the probable demands for different types of physician services which will be imposed by society and the medical sciences in the foreseeable future. This project will analyze the major determinants of demands for personal physician services, including demographic factors, the administrative, organizational, and financial system within which patient care is given, and the working interrelationships of the physician and other health care personnel. It is intended that the results of such an effort will constitute a methodologic advance in the study of medicine as a social system and also provide guidance in planning the education and training of personnel to meet the anticipated health care demands of our society.

Project B: Criteria of Performance of Practicing Physicians.—The U.S. Public Health Service awarded a grant of \$203,804 to Paul J. Sanazaro, M.D., to support a study for the development of criteria of physician performance. Edwin B. Hutchins, Ph.D., is co-investigator. The study began in May, 1965 and will

extend through December, 1968. Serving as the Project Advisory Committee are Ward Darley, M.D., George A. Wolf, Jr., M.D., and William N. Hubbard, Jr., M.D.

Project C: Joint Study of Teaching Programs in Comprehensive Medicine.—Supported by the grant of the Carnegie Corporation, Dr. Sanazaro will direct a cooperative study by 8 medical schools of teaching programs in comprehensive medicine. William E. Sedlacek, Ph.D., will serve as research psychologist for the study. The specific purposes of this study are to define comprehensive medicine operationally, develop reliable techniques for assessing student performance in comprehensive medicine, and identify biographical and attitudinal factors which may predispose students to adopt the philosophy and acquire the skills of comprehensive medicine. The study will extend through 1966.

Project D: Research in Patient Care.—Because the quality of individually rendered patient care is the ultimate criterion of physician competence, it is also the ultimate criterion of the effectiveness of medical education. Research in patient care is necessary for development of these criteria, and it is the responsibility of medical centers to foster this research. The Division, therefore, enlisted the cooperation of prominent workers in research in patient care in planning and conducting a Seminar from March 1-5, 1965 for 39 faculty members representing 24 medical schools. Serving as Seminar faculty were: Avedis Donabedian, M.D.; Jack Elinson, Ph.D.; Count Gibson, M.D.; Robert J. Haggerty, M.D.; Edmund D. Pellegrino, M.D.; Donald C. Riedel, Ph.D.; and Jerry A. Solon, Ph.D. Kerr L. White, M.D., served as Chairman. Summaries of the proceedings were published in *Science*, June 11, 1965, pages 1489-1490 and in the *Journal of Medical Education*, August, 1965, pages 796-801.

Publications.—Papers which have been published concerning this activity include:

1. Sanazaro, P. J. Research in Patient Care: Its Relevance to Medical Education. *J. Med. Educ.*, 39:1121-1122, 1964.
2. Sanazaro, P. J. Seminar on Research in Patient Care. *J. Med. Educ.*, 40:796-801, 1965.
3. Sanazaro, P. J. Seminar on Research in Patient Care. *Science*, 148:1489-1490, 1965.
4. Sanazaro, P. J. Seminar on Research in Patient Care. *Medical Care* (in press).

OFFICE OF BASIC RESEARCH

Activities of the Office of Basic Research were accelerated this past year through the addition of staff.

Assessment of Clinical Performance.—Analyses of the ratings of internship performance obtained in the course of the AAMC Longitudinal Study of the class of 1960 have been completed, yielding significant relationships with a number of other variables obtained in the study. The report of the efficacy and predictability of this particular rating instrument is in progress.

Medical College Admission Test (MCAT).—A technical report describing psychometric considerations important in the interpretation of MCAT validity coefficients was presented at the Fourth Annual Conference on Research in Medical Education. Based on a study of correlations with examinations of the National Board of Medical Examiners as the criterion, this investigation provides information having unique educational significance and implications for

selection of students. The study using the 1958 Educational Testing Service experimental test data has been discontinued owing to insufficient criterion data.

The report of the factor analytic study of the content of the MCAT Science subtest was completed this year and is being produced as a technical report for internal use only, since discussion of item content is crucial to the report.

MCAT expectancy tables for success in medical school based on ten years' experience with 70,000 medical students have been prepared and are to be published as part of the Study of Medical Student Attrition. In combination with expectancy tables relating MCAT to applicant acceptance, these provide sound evidence of the validity of the MCAT as a selection instrument.

Studies of Nonintellectual Characteristics of Medical Students.—Data analyses of measures of individual student performance have been completed and are being related in turn to the predictors available in the overall AAMC Longitudinal Study.

A follow-up questionnaire sent to the Longitudinal Study subjects during the past year has provided information on their satisfaction with their career choice, postgraduate training, and current position. In addition, it included the Medical School Environment Inventory so that their current perceptions of their medical school may be compared with those reported in 1960. More than 80 per cent of the 1960 graduates responded to the request for information. Data are now being processed.

Substantial progress has been made in the development of 2 experimental instruments which were included in the 1960 test battery. Development of the Career Attitudes instrument has been subjected to factor analysis. Interpretation of the analysis and development of scale scores indicate that this questionnaire does assess important career choice determinants. Final consideration of its use as a career counseling device will depend on its correlation with later career choice data now being processed from the current follow-up questionnaire. Perceptual measures were also included in the 1960 testing and some 111 subscores have been generated from this instrument. These scores have been correlated with criteria of clinical performance. Relationships here are exceedingly complex and it will probably be some time before fruitful interpretations are forthcoming.

Through the research program of the National Merit Scholarship Corporation data descriptive of undergraduate colleges were published this year as an appendix to the book by Alexander Astin, *Who Goes Where to College?* This information directly parallels that developed in studies of the environment for learning in medical schools and is being analyzed to enrich understanding of the pre-medical educational experience of the students in the AAMC Longitudinal Study.

Attrition Study.—Edwin B. Hutchins, Ph.D., has served as co-investigator with Davis G. Johnson, Ph.D., on the study of student attrition. Analyses of the AAMC Longitudinal Study data have been made against the criterion of attrition using schools as the entities of the study. A preliminary report of these analyses was given at the 1964 AAMC Annual Meeting.

Negro Applicant Study.—The study of Negro applicants to medical schools has progressed through the development and mailing of a questionnaire. Data collection has proceeded as a cooperative effort with Meharry Medical College.

Publications.—The following publications emanated from the activity of the Office of Basic Research:

1. Hutchins, E. B. The Developing Role of Educational Research in Undergraduate Medical Education. *Bull. N. Y. Acad. Med.* (2nd Series), 41:257-267, March, 1965.
2. Hutchins, E. B. The AAMC Study of Medical Student Attrition: School Characteristics and Dropout Rate. *J. Med. Educ.*, 40:921-927, 1965.
3. Sedlacek, W. E. and Hutchins, E. B. An Empirical Demonstration of Restriction of Range Artifacts in Validity Studies of the Medical College Admission Test. *J. Med. Educ.*, 41:222-229, 1966.

OFFICE OF STUDENT STUDIES AND SERVICES

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

Student Studies.—The major study conducted by this Office continued to be the Study of Medical Student Attrition, supported by the Maurice Falk Medical Fund. A preliminary report, "The AAMC Study of Medical School Attrition—Overview and Major Findings," was presented at the 1964 AAMC Annual Meeting and was published in *The Journal of Medical Education* in October, 1965. The final report is scheduled for publication as a special issue of *The Journal of Medical Education*.

The U.S. Public Health Service-AAMC Survey of Medical Student Financing was completed. Its purpose was to update the AAMC Study of 1959 seniors and to provide a baseline for the new federal student loan program. The report presented by Joseph Ceithaml, Ph.D., at the 1964 AAMC Annual Meeting was published in the June, 1965 issue of *The Journal of Medical Education* as "The Financial State of the American Medical Student."

A final report of the Study on Nonrefundable Grants for Medical Students in U.S. Medical Schools, based on a 100 per cent questionnaire return from the medical schools, was published by Joseph Ceithaml, Ph.D., and Davis G. Johnson, Ph.D., in *The Journal of Medical Education*, March, 1965.

The report of the 1963-64 Study of Applicants was published in the October, 1964 issue of *The Journal of Medical Education*.

Policy recommendations on Advanced Placement developed by the GSA were approved by the AAMC Executive Council. These have been distributed to the undergraduate colleges, the medical schools, and the licensing boards.

This Office cooperated on the study of the relationship between science background and performance on the MCAT being conducted by Woodrow W. Morris, Ph.D., of the University of Iowa College of Medicine. The final report was presented at the 1965 GSA Annual Meeting.

This Office prepared the following *Datagrams* during the past year: Applicants, Applications, Enrollment, and MCAT Data for Entering Class, 1963-64 in United States Medical Schools (*J. Med. Educ.* 39:974-975, 1964); Medical Student Finances, 1962-64 (*J. Med. Educ.* 40:67-68, 1965); Undergraduate Origins of Medical Students (*J. Med. Educ.* 40:223-224, 1965); and Medical School Application Trends for Classes Entering 1954-1965 (*J. Med. Educ.* 40:621-622, 1965).

Student Services.—The maintenance of complete and accurate records of medical school applicants and students has continued to be a basic service for which this Office is responsible. The Office has assumed responsibility for "Irregularity Reports" and a policy statement concerning these reports has been issued. A Transfer Student Matching Program was administered for the second year for Dartmouth students.

Staff Services.—The major staff work performed by this Office continued to be that for the AAMC Group on Student Affairs (GSA) and its committees.

Under the auspices of the Committee on Relations with Colleges and High Schools (James R. Schofield, M.D., Chairman), a revised Directory of Premedical Advisors for 1964-65 was prepared and distributed as was Issue No. 2 of *The Advisor*, a Newsletter to Premedical Advisors. A survey was also made of approximately 1,000 undergraduate colleges to identify those that have official recommending committees for applicants to medical schools. This information will appear in future issues of the Premedical Advisor Directory.

The Committee on Financial Problems of Medical Students (Joseph Ceitham, Ph.D., Chairman) drafted a booklet on *Sources of Financial Aid*, which was published.

The Committee on Student Aspects of International Medical Education (Thomas J. Brooks, Jr., M.D., Chairman) was authorized by the Committee on Student Affairs to gather new data concerning foreign students who enroll in U.S. medical schools in the future.

The Committee on Research on Student Affairs (Woodrow W. Morris, Ph.D., Chairman) completed its pilot study on medical school grading practices and obtained GSA approval for its recommendations on the reporting of student performance to the AAMC, to undergraduate colleges, and to hospitals.

The Admission Requirements Book Editorial Advisory Committee (James R. Schofield, M.D., Chairman) assisted in revising this publication.

A GSA Bylaws Committee (James W. Bartlett, Jr., M.D., Chairman) was authorized at the 1964 GSA Annual Meeting to prepare proposed Bylaws for review at the GSA Regional Meetings and possible adoption at the 1965 GSA Annual Meeting.

A Committee on Communication with Student Organizations (William D. Mayer, M.D., Chairman) was also authorized at the 1964 Annual Meeting and was approved by the Executive Council as the appropriate body to communicate with medical student organizations.

Additional Staff Services.—In addition to staff work for GSA, this Office continued to provide staff service for the AAMC Committee on Student Affairs.

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

ROBERT A. MOORE, M.D.
HENRY VAN ZILE HYDE, M.D.

The Association continued to direct its international effort toward developing a wider understanding of the problems and objectives of medical education abroad,

as the base of a progressively more productive working relationship among American medical educators and those of other countries. Conferences and discussions were held to clarify underlying issues and explore patterns of relationship. Steps were taken with a view to initiating much broader action in the support of the development of health manpower to meet world needs. The activities summarized below were designed to contribute toward these objectives.

THE AAMC ANNUAL MEETING

The First Annual Conference on International Medical Education was held in conjunction with the AAMC Seventy-Fifth Annual Meeting in Denver in October, 1964. Three hundred fifty medical educators participated, with 150 attending the luncheon at which Dr. Samuel B. Kirkwood, Dean of Medical Sciences of the American University of Beirut, was the speaker. A multilithed report of the Conference, including papers presented and summaries of panel discussions, was circulated, and selected papers of the Conference were published in *The Journal of Medical Education*. The Conference was addressed by Rudolph Thauer of Germany, Member of the Wissenschaftsrat; Arne Marthinsen, Secretary of the Nordic Association for Medical Education; Edward Grzegorzewski, Director of the Division of Education and Training of the World Health Organization; and by representatives of a number of the U.S. agencies conducting programs or studies relating to international medical education.

Other activities in connection with the Seventy-Fifth Annual Meeting included the following: the Orientation Session for Foreign Guests; the Reception for Foreign Guests; the ECFMG Dinner; Conference of Specialists on Latin American Medical Education; the Conference of AID Medical Campus Coordinators; the Committee for Foreign Scholars Conference; and meetings of the Committee on International Relations in Medical Education and of the Liaison Officers for International Activities.

Plans were made during the year for the Second Annual Conference on International Medical Education, which will be addressed by the Director General of the World Health Organization and other distinguished guests.

RELATIONSHIPS

The Association has continued to maintain active relationships with medical educators and associations abroad.

Latin America

Dr. John A. D. Cooper has continued to serve as a member of the Administrative Committee and Treasurer of the Pan American Federation of Associations of Medical Schools. The Association was represented at the Central American Round Table on Medical Teaching at the University of Costa Rica, June 10-12, 1965, by Dr. William W. Frye. The Director of the Division visited medical schools in Caracas and Barquisimeto, Venezuela.

Europe

The AAMC was host, during its Annual Meeting and in Evanston, to 15 distinguished German medical leaders who came to the United States under the sponsorship of the Volkswagenwerk Foundation. It was also host to the Executive Secretary of the newly formed Nordic Medical School Association and to the

Chief of the Medical Education Section of the French Ministry of Education. Subsequent to their attendance at the Annual Meeting, the German group established a new *Arbeitsgemeinschaft für Ausbildungsforschung in der Medizin* in Germany with a full-time research staff, financed by the Volkswagenwerk Foundation. The Nordic Association is attempting to put into operation a program that would feature interschool visits and studies of medical school-hospital financing. A meeting has been held in Europe between the representatives of French medical education and the German group with a view toward developing joint studies of examination methods, perhaps involving the United States as well.

Asia

India.—The Annual Meeting of the Indian Association for the Advancement of Medical Education in January, 1965 was attended by Dr. John Hubbard, Dr. Samuel Trufant, and Dr. Hyde with financial assistance from AID. Great interest was shown by the Indian Association and by the new Indian Academy of Medical Sciences in the introduction of objective testing into the Indian system. Dr. Hyde visited 11 Indian medical schools in the Bombay and Madras areas of India during the course of his visit there.

Malaysia.—The Association was represented at the inauguration of the new Faculty of Medicine of the University of Malaya at Kuala Lumpur on August 3-7, 1965 by Dr. James Plagge.

Africa

Dr. Edwin W. Brown, Jr., of the Division of International Medical Education, attended the Fourth Conference of the Medical Schools of Africa, which was held in Dakar in May, 1965. This Conference was also attended by Dr. G. Halsey Hunt of the Educational Council for Foreign Medical Graduates and Dr. John Z. Bowers, President of the Josiah Macy, Jr. Foundation.

Eastern Mediterranean

Dr. Thomas Hunter led a distinguished group of American physicians on a three-week visit to Egypt under P.L. 480 funds made available by the Department of State Office of Education and Cultural Exchange. The members of Dr. Hunter's group were: Drs. Ivan Bennett, John A. D. Cooper, C. Gardner Child, Dieter Koch-Weser, C. N. H. Long, Victor Najjar, and Frederick Robbins. During their stay in Egypt, they held seminars and joint discussions with medical educators in Cairo and Alexandria and visited the 5 medical schools and related institutions in Egypt. Several members of the group visited the American University of Beirut enroute home, where Dr. Robbins gave the AUB Alpha Omega Alpha Lecture.

STUDY ON MEDICAL EDUCATION IN THE DEVELOPING COUNTRIES

The Study on Medical Education in the Developing Countries, which has been conducted under an AAMC/AID contract was completed. An advance print of the report from the Executive Director entitled *A World Program for Health Manpower* was prepared by the Committee on International Relations in Medical Education, taking into account the recommendations of the Advisory Committee,

for presentation to the Administrator of AID. As part of this study, a "Bibliography on Medical Education in the Developing Countries, 1956-1964" was published in the October, 1965 issue of *The Journal of Medical Education*.

Dr. Hyde was appointed as a consultant to Education and World Affairs in connection with a study it is making of professional schools and world affairs. Dr. George Harrell of the AAMC Executive Council, Dr. Thomas Hunter, and Dr. Leroy Burney of the Committee on International Relations in Medical Education are members of the Education and World Affairs Task Force dealing with medical schools and schools of public health.

INSTITUTE ON INTERNATIONAL MEDICAL EDUCATION

Plans for the Institute on International Medical Education were developed by the Steering Committee and 3 subcommittees. The subjects to be discussed will be as follows:

1. The medical, economic, and social factors which bear on programs of medical education in the developing countries (Subcommittee A).
2. Patterns and effectiveness of past and present programs of international cooperation in medical education (Subcommittee B).
3. The future and role of the Association of American Medical Colleges and its member schools (Subcommittee C).

The Institute, supported by the Commonwealth Fund, W. K. Kellogg Foundation, and the Rockefeller Foundation, will be held on March 27-30, 1966 in the new PAHO/WHO Building in Washington. The participants in the Institute will include a group of distinguished foreign medical educators.

THIRD WORLD CONFERENCE ON MEDICAL EDUCATION

Dr. Robert A. Moore is serving as Chairman of the Headquarters Executive Committee for the Third World Conference on Medical Education, which is to meet in New Delhi in 1966. Dr. Hyde is also a member of this Committee and is serving as consultant to the World Medical Association. Both have attended meetings in India during the year with their Indian counterparts and have been otherwise active in drawing up detailed plans for the Conference. The general form of the Conference and its themes have been worked out and the details are included in a brochure that has been sent to all medical schools.

INTERNATIONAL ROSTER

The roster of full-time faculty members interested in possible service abroad was brought up to date and will be maintained henceforth on a current basis as part of the AAMC Faculty Register. This roster contains basic biographical information on the faculty members who are interested. Information from this list has been provided during the year to the Pan American Health Organization, World Health Organization, the Conference Board of Associated Research Councils (Fulbright Program), and individual schools. A panel of distinguished medical educators in 8 specialties, available for short-term assignment, was provided from this roster to the WHO Regional Director in Southeast Asia. A list was published of professors eligible for sabbatical leave 1965-1968 and emeritus professors who had indicated an interest in service abroad.

FOREIGN FELLOWSHIPS—SMITH KLINE & FRENCH PROGRAM

Two new members were appointed to the Selection Committee in 1965, replacing Drs. Carroll L. Birch and Mark R. Everett. The new members are Dr. Thomas J. Brooks, Jr., Assistant Dean, University of Mississippi School of Medicine, and Dr. Robert S. Jason, Dean, Howard University College of Medicine.

Under the chairmanship of Dr. Robert A. Moore, the Committee awarded Foreign Fellowships to 28 senior medical students from 83 applications received from 56 medical schools. Funds were also provided for 7 professionally qualified wives to participate in the program.

During the six years of the program, 74 of the 87 schools participating have received an award in one or more years. A list of this year's grant recipients by school and foreign sponsor station is appended to this report (Exhibit I).

EXHIBIT I

SMITH KLINE & FRENCH FOREIGN FELLOWSHIPS PROGRAM
RECIPIENTS OF GRANTS—1965

Student	School	Foreign Station
James W. Aiken	Mississippi	Nepal
Janis L. Burgess	Missouri	Iran
William T. Cobb	Florida	Liberia
William R. Davis	Loma Linda	Nigeria
Michael P. Earnest and wife	Cornell	India
Pierre Guibor	Illinois	Kenya
James C. O. Harris	George Washington	Malaysia
William O. Harrison	Maryland	Kenya
Jane S. Henkel	Seton Hall	Oman
Howard T. Hinshaw	North Carolina	Kenya
Lionel J. Hurd and wife	Wayne State	Rhodesia
Merlin D. Larson	Kansas	Malaysia
Robert L. McRoberts	Yale	Liberia
Paul R. Miller	Marquette	Rhodesia
John R. Morgan	Vanderbilt	Nigeria
David C. Oehling and wife	Oregon	Ghana
Kent D. Pearson and wife	California, San Francisco	Nigeria
Douglas S. Pool	Louisiana	Thailand
Lyman B. Reller	Univ. of Virginia	Kenya
Gaylan L. Rockswold and wife	Minnesota	Malawi
Bradley M. Rodgers	Dartmouth	India
Phillips L. Sheffey	Louisville	Bolivia
Douglas W. Soderdahl and wife	Northwestern	Swaziland
Kurt J. Stromberg	Colorado	Chile
Wesley D. Ulrich	Univ. of Chicago	Zambia
Harold E. Varmus	Columbia	India
David W. Vastine	Jefferson	Nepal
Glenn P. Verbrugge and wife	Michigan	Korea

STAFF

Dr. Harold Margulies was appointed as Associate Director of the Division and AID Project Director. He is stationed in Washington in the AAMC office.

CONFERENCE OF FOREIGN MEDICAL SCHOLARS

The Ninth Conference on Medical Education for Foreign Medical Scholars was held at Charlottesville June 13-17, 1965 with the University of Virginia as host. The University of Minnesota will serve as host for the Tenth Conference in June, 1966.

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

JOHN A. D. COOPER

The Journal of Medical Education published 1946 pages of editorial material (including supplements) for the period from July 1, 1964 to June 30, 1965.

SPECIAL ISSUES

January, 1965.—Guidelines for Medical School Libraries.

February, 1965.—Proceedings of the Third Annual Conference on Research in Medical Education.

SUPPLEMENTS

September, 1964.—Proceedings of the National Conference on the Teaching of Infectious Disease in U. S. Medical Schools, Atlanta, Georgia, March 11-13, 1963.

November, 1964.—Report of the First Institute on Medical School Administration, Association of American Medical Colleges, Atlanta, Georgia, October 5-8, 1963.

January, 1965.—Report of the Tenth Teaching Institute, Association of American Medical Colleges, Colorado Springs, Colorado, December 9-12, 1962.

April, 1965.—Selected Films for Medical Teaching.

EDITORIAL BOARD AND STAFF

Dr. John A. D. Cooper continued as Editor of *The Journal*. Assistant Editors are Mrs. Rosemarie D. Hensel and Mrs. Marilyn Bural. Miss Shawn Hartfeld, who was appointed Assistant Editor in July, 1964, resigned her position October 31, 1964; and Miss Pat Hildebrand, who was appointed Assistant Editor in November, 1964, resigned her position May 31, 1965.

In accordance with the rotational system which was initiated in 1963, Drs. George Harrell, William Hubbard, and Kenneth Penrod will rotate off the Board November 1, 1965, having completed many years of unstinting service as Editorial Board members. Drs. William Anlyan, Thomas Almy, and Robert Slater were appointed to serve three-year terms beginning November 1, 1964 to replace Drs. Thomas Hale Ham, Chauncy Leake, and Vernon Lippard, whose Board duties were terminated as of that date. Members of the Editorial Board are to be highly commended for the invaluable contribution they have rendered to *The Journal*.

REPORT ON THE CONSULTATION AND VISITATION PROGRAM

WILLIAM F. MALONEY

With the beginning development of several new medical schools the long-standing consultation service of the Association to new schools has become a much larger share of accreditation activity. Federal legislation requiring "reasonable assurance" that a developing school will qualify as an accredited institution by the time its first class graduates before matching funds for construction can be granted has added increased significance to this activity.

DEVELOPING SCHOOLS

Consultations, including site visits, have now resulted in providing such assertion of "reasonable assurance" to the U.S. Commission of Education for the following developing medical schools: University of Arizona; University of California, San Diego; University of Connecticut; University of Hawaii; University of Massachusetts; Michigan State University; Rutgers-The State University (New Jersey); University of New Mexico; Mount Sinai Hospital (New York); Pennsylvania State University (Hershey); Brown University (Rhode Island); and University of Texas, South Texas. In addition, inquiries from more than 25 other institutions and organizations seeking advice about the development of a medical school have been dealt with, often with site visits. In working with the developing schools, innovation and diversity in educational programs are encouraged.

ESTABLISHED SCHOOLS

The consultation procedure also continues to encompass each year a number of established schools with special problems which the Association has been invited to assist in solving.

Each established school is visited at least once every ten years and its whole program reviewed by a team of educators for the purpose of maintaining accreditation as well as membership in the Association. During the past year 13 such surveys were conducted and 15 are planned for next year. (See page 577.) The material and mechanics of the entire accreditation procedure are currently under intensive review.

LIAISON COMMITTEE

All matters involving accreditation are conducted in liaison with the Council on Medical Education of the American Medical Association. The official accrediting body, the Liaison Committee on Medical Education, is made up of representatives of the 2 organizations and continues to be a unique model of cooperation between the organized practicing members and the educational institutions of a profession.

EXPANSION OF ENROLLMENT

A new important area of immediate concern is the creation of a procedure by which the Association can be of assistance to schools in expanding enrollment. It is hoped that an informative evaluation of the way in which certain schools have solved the many problems of effecting increased enrollment can be accomplished. By disseminating such information additional medical schools and other schools in the health profession may be stimulated and materially aided in increasing the number of health manpower educated.

REPORT OF THE COMMITTEE ON FEDERAL HEALTH PROGRAMS

JOHN PARKS

During the past year the functions of the Committee on Federal Health Programs have been strongly influenced by 2 factors: (a) the establishment of a Washington Office for the Association of American Medical Colleges and (b) the favorable attitude of the administration and the Eighty-Ninth Congress toward health legislation.

THE WASHINGTON OFFICE

Shortly after his appointment as Executive Director of the Association, Dr. Robert C. Berson obtained office space with the American Council on Education and established a Washington branch office as had been recommended by the AAMC. This office has been of tremendous value to the Association during the past few months of active federal legislation pertaining to medical education and health affairs.

By spending a part of his time in Washington, and with the able secretarial assistance of Mrs. Goodwin, it has been possible for Dr. Berson to keep abreast of legislative moves, to be readily available for consultation with members of the congressional committees, and to prepare influential statements for presentation before Senator Hill's Committee on Labor and Public Welfare and Mr. Harris' Committee on Interstate and Foreign Commerce. Dr. Berson has coordinated the testimony presented before these committees by the various deans and vice-presidents for health affairs. He has been ready on all occasions either to testify in person or to back up with additional information the statements presented on behalf of the Association at the numerous hearings held within the last few months. Dr. Berson has given an excellent review of progress made in support of medical education by the federal government in his Memorandum No. 65-32, August 12, 1965. During this Eighty-Ninth Session of Congress, the AAMC has been high up on the list of organizations presenting testimony at the various hearings, frequently following immediately after the Department of Health, Education, and Welfare.

Dr. Berson's presence in Washington has also made it possible for the Committee members to keep in close communication with the staff at NIH, the Bureau of State Services, and the Veterans Administration regarding administrative procedures which greatly influence the various schools and organizations represented by the membership of the Association.

CHANGES IN THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

President Johnson appointed Dr. John W. Gardner to succeed Mr. Anthony Celebrezze as Secretary of Health, Education, and Welfare. During the change-over period of two months, Undersecretary Wilbur J. Cohen, Dr. Edward W. Dempsey, Special Assistant to the Secretary, and Surgeon General Luther L. Terry have advanced the Administration's health and educational programs.

Dr. Terry's resignation as Surgeon General of the U.S. Public Health Service was announced on September 25, 1965. Dr. William H. Stewart was selected to succeed Dr. Terry as Surgeon General.

Included in the greatly expanded health research facilities law of 1965 was

authority for 3 new Assistant Secretaries for the DHEW. Dr. Edward Dempsey resigned his position as Special Assistant to the Secretary in order to rejoin the faculty of Washington University in St. Louis. Dr. Philip R. Lee has been appointed to fill the newly authorized post of Assistant Secretary for Health and Medical Affairs for the DHEW.

Dr. Berson and the Committee on Federal Health Programs have worked very closely with Secretary Celebrezze, Undersecretary Cohen, Special Assistant to the Secretary Dempsey, and Surgeon General Terry. The Committee greatly appreciates the contribution each of them made to the progress that has been made in the development and adoption of legislation in support of medical education and health research facilities and looks forward to working with the new Assistant Secretary for Health and Medical Affairs, Dr. Philip R. Lee, and with the newly appointed Surgeon General, Dr. William H. Stewart.

HEALTH AND MEDICAL AFFAIRS LEGISLATION—1965

The Administration and Congress have actively advocated legislation in support of medical affairs. A series of bills directly concerned with health education and research were introduced by Senator Hill and Mr. Harris early in the first session of the Eighty-Ninth Congress. Legislative programs of immediate interest to the membership of the Association that have been passed by Congress and signed into law are as follows:

Extension of the Health Research Facilities Act for 1965 (P.L. 89-115)—The Committee strongly favored this legislation.

Extension of the Hill-Burton Act—This legislation provides for allocating a higher percentage of appropriations for renovation of urban hospital facilities.

The Health Professions Educational Assistance Amendments, 1965 (P.L. 89-290)—The Committee strongly favored this legislation, but they questioned, at the Senate hearings, the advisability of the House Amendment requiring an increase in the first-year enrollment of full-time students as an eligibility feature for basic improvement grants. Details of this Amendment are included in Dr. Berson's Memorandum No. 65-36, October 14, 1965.

Heart Disease, Cancer and Stroke Amendments, 1965 (P.L. 89-239)—The Committee testified reservedly in favor of this legislation, emphasizing the tremendous need for increased medical manpower and health personnel to carry out the provisions of the proposed legislation. The new title of the Public Health Service act which makes these provisions reads *Education, Research, Training, and Demonstrations in the Fields of Heart Disease, Cancer, Stroke, and Related Diseases*. Clearly, the medical schools face a major challenge and opportunity to develop plans in cooperation with appropriate agencies in their region, giving due emphasis to education, research, and training as well as the other purposes of the legislation.

Medical Library Assistance Act, 1965 (P.L. 89-291)—This legislation, which was first introduced by Senator Hill, was not included originally as part of the Administration's health program. The Committee was pleased to give testimony strongly in favor of this proposed legislation before the Senate Committee on Labor and Public Welfare and the House of Representatives Committee on

Interstate and Foreign Commerce. The Medical Library Bill readily passed both Houses of Congress, but funds for its implementation were not appropriated before Congress adjourned.

Medicare (P.L. 89-97)—The Association took no position on this legislation. The full implementation of this program will have considerable importance to teaching hospitals and medical schools. Some of the patients in outpatient departments as well as in the hospitals will be eligible under this program, so the way interns, residents, and full-time members of clinical departments participate will be important. In addition, the handling of payment for the services of members of departments of pathology, anesthesiology, and radiology will be important.

Community Mental Health Centers (P.L. 89-105)—This legislation provides for professional and technical personnel in such centers and for certain other purposes. Since some of these mental health centers are closely affiliated with medical schools, this will be important in some medical schools.

OTHER FEDERAL DEVELOPMENTS

Animal Care Legislation.—Late in the session of Congress, hearings were held on restrictive legislation favored by humane societies. Nearly all of the time was taken up by proponents of the bills and the hearings were abruptly terminated after one day. There is some reason to be concerned over the possibility that this matter will be taken up quite early in the 1966 session of Congress.

President's Statement on Research Financing.—On September 13, President Johnson said in a statement to the cabinet, "I am asking each agency and department of major research responsibilities to reexamine its practices in the financing of research. I want to be sure that consistent with agency missions and objectives all practical measures are taken to strengthen the institution where research now goes on and to help additional institutions to become more effective centers for teaching and research."

On the same day, the President sent an important memorandum on this same subject to the heads of Federal departments and agencies. Steps which the several agencies, whose programs are so important to medical schools, will take to implement this policy have not yet been announced.

Cost Sharing in Research.—The wording of the Appropriations Act for the DHEW and several other departments was changed by the Eighty-Ninth Congress in such a way as to remove the 20 per cent limitation on the reimbursement of indirect cost of research grants and to substitute a section requiring institutions to share the cost of such projects. The wording of this change was set forth in Dr. Berson's Memorandum No. 65-16, May 12, 1965.

PROSPECTS FOR 1966

With so much new legislation to be implemented and with several changes of personnel in key positions in the DHEW, a major activity for the next several months will be the appointment of members of advisory councils, the assignment of staff to the various programs, and the development of guidelines and regulations. The administration's 1966 legislative program in the health field may not

be announced until January. It may not be very extensive or controversial, because it is assumed that the 1966 session of Congress will be a short one.

SUMMARY

The Committee is deeply indebted to the many deans and vice-presidents for medical affairs who have given so freely of their time and who have shared their wisdom with us in the development of statements and conferences in support of the wealth of legislation that has passed this session of Congress. The Association's "Proposals for the Support of Medical Education by the Federal Government," formally adopted in 1961, have been more than fulfilled by legislation passed by the Eighty-Ninth Congress. As these new bills become public laws and are placed in the hands of the DHEW and the U.S. Public Health Service for administration, your Committee will continue to communicate with you through the office of the Executive Director about the administrative features of health legislation. The Committee and the Executive Director of the Association will continue to appreciate suggestions for consideration by the Committee on Federal Health Programs at any time.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE WILLIAM S. STONE

The 1964-65 activities of the Committee on Medical Education for National Defense (MEND) were concentrated on:

1. The educational program for faculty including selected chief residents who would serve in 1965-66 in the teaching hospitals of the medical schools.
2. The evaluation of medical school data on faculty staffing required during a national emergency under a grant from the U.S. Public Health Service.
3. Maintaining close liaison with the Department of Defense and Selective Service in regard to calls for service within the armed forces.

SYMPOSIA

Four MEND Symposia were held for faculty.

1. "Biomedical Monitoring"—November 19-20, 1964 at the U.S. Air Force School of Aerospace Medicine, Brooks Air Force Base, San Antonio, Texas. A total of 125 faculty registered and were present for this course.
2. "Intravenous Fluids in Hemorrhagic Hypovolemia and Shock"—December 7-9, 1964 sponsored by U.S. Public Health Service and the National Academy of Sciences, National Research Council, Washington, D.C. There were 175 faculty members present at this meeting.
3. "Medical Aspects of Tropical Operations"—February 15-17, 1965. Sponsored by the Canal Zone Government and the U.S. Army, Navy, and Air Force in the Canal Zone. There were 142 faculty members in attendance at this meeting.
4. "Medical Personnel with Special Forces"—April 15-16, 1965 at Fort Bragg, North Carolina. This meeting was attended by 111 faculty members.

FACULTY STAFFING

Evaluation of medical school data on faculty staffing under a USPHS grant to the AAMC was initiated in February, 1965 under the guidance and direction of

Dr. Stanley Olson at Baylor University College of Medicine. A preliminary report on this study indicates that present data available in medical schools on faculty staffing will have to be amplified by on-site detailed studies before the reliability of the data in the files of the AAMC can be adjusted to reflect actual faculty staffing conditions in the medical schools.

ARMED FORCES MEDICAL OFFICERS

The increased Department of Defense activities in Vietnam have been closely followed in regard to the need for medical officers on active duty. As of April 30, 1965 the armed force strength was 2,700,000 with an authorized medical officer complement of 12,639. There were 12,131 medical officers actually on duty as of April 30, 1965. Replacements for active duty medical officers leaving the service are at present being supplied from the following sources: (a) the draft (15 per cent), (b) the Berry Plan (45 per cent), (c) In Service Early Commission Program (8 per cent), (d) military interns (8 per cent), (e) military residency program (15 per cent), and (f) volunteers (9 per cent).

Authorized strength of medical officers is 4 per 1000 troop strength. However, it must be appreciated that in addition to troops a very heavy load of civilian dependents is taken care of in many stations. In addition, a substantial number of medical officers are not available to care for patients due to time involved in military orientation courses, travel to and from stations and high rate of turnover of medical officers between civilian life and the armed forces plus the usual losses due to retirement.

Although there is a considerable military effort in Vietnam, it is expected that there will be no increase in medical officer authorization unless a national emergency is declared.

COORDINATORS CONFERENCE

The annual MEND Coordinators Conference was held in New Orleans, Louisiana on January 15-16, 1965. A Symposium on Tropical Diseases was presented to the coordinators on January 15 by both Tulane and Louisiana State University Medical Schools. January 16 was used for exchange of ideas between coordinators on MEND programs and for briefing on recent developments in the armed forces, civil defense, and U.S. Public Health Service.

OTHER ACTIVITIES

The Orientation Tour for new coordinators and new deans was held on March 11-16, 1965 with programs in Army and Air Force installations in San Antonio, Texas and Navy programs in San Diego, California.

Two courses were given in the Management of Mass Casualties for residents in medical school affiliated hospitals, at the U.S. Army Medical Field Service School at San Antonio, Texas, April 5-9 and May 17-21, 1965. There were 211 residents attending these courses.

A TRIBUTE

The MEND Committee would like to acknowledge the excellent work and outstanding leadership of Captain Bennett F. Avery in his role as National Coordinator of the MEND Program. Captain Avery, who retired from the Navy this

summer, leaves a record of accomplishments that will be difficult for his successor to duplicate.

A host of friends in the medical schools wish Captain Avery much pleasure in his retirement and great appreciation for the work he has done in building the MEND program to its present stature.

REPORT OF THE COMMITTEE ON MEDICAL SCHOOL- AFFILIATED HOSPITAL RELATIONSHIPS

C. ARDEN MILLER

The Committee was reconstituted in January, 1965. A meeting was held on February 6 in Chicago. Discussion at that time centered on the following 3 points:

1. A number of the Committee's endeavors (such as the study on stipends paid interns and residents) have been thwarted by the unfulfilled need for a full-time staff person to assist the Committee's efforts.

2. The Committee represents the major formal liaison between the Teaching Hospital Section and the Institutional Membership of the AAMC and its Executive Council. Liaison by this device has not been as close as some members would like.

3. Problems have been encountered in the scheduling of the annual meeting.

These matters were subsequently reviewed with representatives from the Executive Council. Items 1 and 2 were left unresolved until after publication of the Coggeshall Report in anticipation that it would provide a new organizational framework for staffing and liaison. Item Number 3 was discussed and a satisfactory scheduling of the program was worked out.

A meeting of the Committee was called for October 29, 1965 in order that the recommendations of the Coggeshall Committee and the subsequent actions of the Executive Council might be reviewed.

REPORT OF THE COMMITTEE ON STUDENT AFFAIRS

J. L. CAUGHEY, JR.

As in previous years, the Committee on Student Affairs has functioned primarily as an executive committee for the AAMC Group on Student Affairs (GSA), which is composed of persons designated by the dean of each medical school to represent him in matters related to students. It has also worked closely with the Division of Education of AAMC, receiving able staff assistance from Dr. Davis G. Johnson.

MEETINGS

The Committee on Student Affairs held 3 meetings, on October 16 and 18, 1964, in Denver, and on February 9, 1965, in Chicago. At the request of the Executive Council of AAMC, the Committee created a mechanism for communication with student organizations. This was done by obtaining approval from GSA to have a new GSA committee on Communication with Student Organizations. The chairman of this committee, Dr. William Mayer, Missouri, has been made a member of the Advisory Board of the Student American Medical Association.

The GSA held meetings during 1964-65 in each of its 5 regions, and had its Eighth Annual Meeting in Denver on October 17, 1964. The representation of

U.S. medical schools in these meetings continues to be close to 100 per cent, and several medical schools participate regularly in the activities of more than one regional group.

COMMITTEES

The GSA Committee on Financial Problems of Medical Students has again made major contributions under the leadership of Dr. Joseph Ceithaml, who has been its chairman for seven years, and has asked to be retired. The committee's Study on Nonrefundable Grants Available for Medical Students was published in *The Journal of Medical Education*, March, 1965. The committee worked actively with the U.S. Public Health Service in its survey of the finances of medical students in U.S. medical schools and was instrumental in obtaining 100 per cent cooperation from GSA members. A preliminary report of this survey was given at the Annual Meeting of AAMC. The report was subsequently published as "The Financial State of the American Medical Student," in the June, 1965 issue of *The Journal of Medical Education*. The committee also worked with AAMC staff in developing a booklet about financial aid for medical students.

The GSA Committee on Relations with High Schools and Colleges with Dr. James Schofield of Baylor as Chairman has worked closely with AAMC staff in maintaining a list of college premedical advisors, and has produced another issue of *The Advisor* for distribution to them. This issue was devoted primarily to problems related to counseling college students who are seeking a career in medicine.

The GSA Committee on Research, under the chairmanship of Woodrow W. Morris, Iowa, is completing studies on the relation of college science courses to scores in the Premedical Science section of the MCAT, and on the present systems used by medical schools in reporting student performance to hospitals in connection with internship applications.

Under the leadership of Thomas Brooks, Mississippi, the GSA Committee on Student Aspects of International Medical Education is working on plans for a continuing study of the performance and future careers of foreign students who attend United States medical schools. There is presently very little reliable information about the proportion of such students who return to their own country after graduation, or about the problems they have in their country in trying to fit into its health care system after spending several years in college and medical school in the United States.

The GSA developed on an informal basis after the 1956 AAMC Teaching Institute, and has had no formal organizational arrangements. This year an *ad hoc* Committee on By-Laws was appointed, with Dr. James Bartlett, Rochester, as Chairman, to prepare proposals for orderly conduct of GSA affairs, and to provide for desirable rotation of leadership at the regional and national levels. The committee's proposals have been discussed at regional meetings and will be presented for action at the Ninth Annual Meeting in Philadelphia on October 30, 1965.

COGGESHALL REPORT

Considerable concern has been expressed by GSA members about the fact that the Coggeshall Committee report on future plans for AAMC gave little attention to the responsibilities of AAMC in relation to medical and premedical stu-

dents and did not give this important area, to which AAMC has contributed so much, any clear position in the proposed new table of AAMC organization. This concern of GSA members has been communicated to AAMC officers. In this connection it should be noted that GSA has demonstrated a mechanism for procuring active and effective participation by representatives of all U.S. medical schools in an area where AAMC has important and continuing responsibilities.

APPLICANT POOL

It appears that the applicant pool from which the 1965 entering class was selected will prove to be about the same size as that for 1964. This should in no way lead medical schools to doubt the prediction that a very great increase in applicants must be expected in the next few years. In fact, this "steady state" for 1964 and 1965 classes gives further evidence that the number of babies born twenty-one to twenty-two years before is a crucial factor in determining the number of applicants. The number of births in the United States rose at the end of the 1930's, but did level off in 1943 and 1944, and then increased very sharply from 1945 to 1951. The number of applicants should be larger in 1966 and 1967, and reach a high plateau about 1972, when it may be necessary for medical schools in this country to turn down each year 2 applicants for every one they can admit.

REPORT OF THE NOMINATING COMMITTEE MANSON MEADS

The recommendations of the Nominating Committee are as follows:

President-Elect: William N. Hubbard, Jr., University of Michigan

Vice-President: C. Arden Miller, University of Kansas

Treasurer: Robert B. Howard, University of Minnesota

Secretary: Richard H. Young, Northwestern University (reappointment)

Executive Council: William G. Anlyan, Duke University

Kenneth R. Crispell, University of Virginia

At the Seventy-Sixth Annual Business Meeting it was moved, seconded, and approved that the nominations be closed and that the Secretary cast a ballot for the individuals nominated.

DISCUSSION AND ACTION ON IMPLEMENTATION OF THE COGGESHALL REPORT

INTRODUCTORY REMARKS BY DR. GEORGE A. WOLF, JR.

The next item on the agenda is consideration of the objectives and organization of the Association of American Medical Colleges. This topic, in effect, reflects our hope for discussions about the Coggeshall Report. I would like to make a few comments myself on this matter. I have spoken about it in the presidential address, but there are some points I would like to stress.

In the first place, "The Executive Council is the Board of Directors of the Association and shall manage its affairs." That is a quote from the bylaws as

they exist at the present time. The Council is thus empowered by the bylaws to act upon most of the items mentioned in the Coggeshall Report, but it decided after much discussion to operate differently in this case. It was responsive to criticism expressed at the regional meetings that the AAMC annual business meetings were too often perfunctory and simply informational, just as the previous part of this meeting has been.

We have some clear examples of desirable results from active participation by the membership. The recent, so-called white paper, which hopefully was related to some of the legislation passed this year by Congress, was derived on the basis of meeting with the deans. Also, last February an active debate developed on the federal legislation when that was presented to the Institutional Membership in the Palmer House in Chicago, February 6, 1965. (See pages 525-529.) The Council, therefore, is convinced of the value of open and free debate for its guidance.

In considering the content of the Coggeshall Report, we have a long-term kind of thing. Even before it appeared last spring, there had been a lot of thought in this area, and the past Executive Councils—I say Councils because membership has changed in the Councils over the years—have become increasingly restless about the foreshadowed, rapidly changing state of health education affairs. But each past meeting, with its crowded agenda, has not resulted in the kind of discussion all of us collectively have felt was appropriate, even in the small and relatively simple forum of the Council itself. It was in this setting of restlessness and concern over our inability to tackle this problem seriously that Dr. Ward Darley recommended the establishment of the Coggeshall Committee.

When the Report became available, the Council went into numerous extra meetings—7 meetings are a lot for this Council compared to past history. Then, after a good deal of discussion at this level, it decided upon establishing the regional meetings in which most, if not all, of the Membership participated. Your Executive Council very early accepted the Report in principle, but it did so in the spirit that action was necessary and that the collective wisdom of the Membership, in the regional meetings already held and through such forums as we have today, could define future action and implement it. It sought consensus, particularly on the urgency of the problem. It sought imagination in devising the next step, and it hoped for initiative on the part of the Association and its members in meeting these all-too-evident demands of society.

Now, since these Council meetings, all of the significant legislation in Washington has been passed. I regret to say that I think we are somewhat late in our consideration of doing something about these dramatic changes which are upon us at the moment. I repeat that I am ashamed that President Johnson felt called upon to appoint an *ad hoc* committee to tell him what to do about medical education. It seems to me that we must change to meet our obligations. The status quo hasn't worked. I am not saying the Association has done a poor job; I am saying the status quo hasn't worked.

The Executive Council has made recommendations for your consideration today, hoping not necessarily that you will rubber stamp them, but that you will go beyond and change things even more. To stay as we are or go back, in my opinion, is unthinkable. In the first place, it seems to me that our teaching hospitals must be made part of our activities. This year, for example, we did not testify

on medicare. We did this advisedly, I am not sure wisely, but advisedly. It is perfectly obvious to everyone that medicare will have a dramatic effect upon medical education in the future. Our voice should have been heard and it was not.

The objectives of the AAMC should be clear and strident. People should hear them and understand them, and we should believe in them ourselves. We and our faculty should speak as one to educational issues and not to the vested interests as we have been speaking in the past. Today I hope we can accomplish a great deal, and in the future I hope that you will support Dr. Thomas B. Turner and his successors and give them the benefit of the ideas and originality which lie within each of you, to help do the job which needs to be done.

OBJECTIVES OF THE AAMC

President Wolf: Now, I would like to turn to the formal agenda that was sent to you, and I think it most appropriate that we should start the discussion by consideration of the objectives. As I said before, these are recommendations the Council is making to the Membership after a good deal of discussion and after reconsideration following the regional meetings. These recommendations reflect what the Council thinks it learned from the experience at the regional meetings.

I will begin by reading you a resolution, not as a motion, but simply to provoke discussion on your part. Someone said, "Could we think of this meeting, at least in the early part, as a regional meeting—in other words, handle it in the same kind of informal way we attempted to at that time?"

The resolution stating the objectives is as follows:

RESOLVED: That the objectives of the Association shall be to strengthen, expand, and cooperate with all educational programs that are important to the nation's health with particular concern for the entire span of education and training for the medical profession and health sciences. The Association will foster studies and research, provide means of communication and forums, and perform services necessary to program and policy decisions that the above broad objectives will require.

In response to Dr. Wolf's invitation for comments and views, more than one-third of the deans present rose to the microphone and engaged in a lively and productive debate. The outcome of this discussion, reported in some 72 pages of stenotype transcript, was the adoption of a new statement of broadened objectives that one dean called: "A most important declaration, both to ourselves and to the outside world, that this organization intends to be the effective force of medical and health education in the United States." (The new statement of objectives appears in the later section, "Summary of Action on Objectives.")

It should be of interest to record in these Proceedings some of the major themes that emerged clearly in the discussion. The paramount theme was a genuine awareness of the threat posed by the accelerated rate of change in the academic and economic world and its nearly overwhelming internal and external pressure on the medical school as it functions today. The social demands are not questioned by the AAMC membership, but the scope and rate of response represent areas of some disagreement—the evolution versus revolution dichotomy was referred to frequently in the discussion.

The role of the medical school dean received most attention, directly and indirectly, and there was evidence of the understandable phenomenon that has been

called "dean's paranoia." Some participants expressed the view that the deans had not been adequately consulted before, during, and after publication of the Coggeshall Report. Most discussants felt, however, that they had the opportunity to contribute, and perhaps all would agree that the postpublication regional meetings and the forum provided by the 1965 Annual Business Meeting itself were excellent arenas for true participation. Deans have not always taken advantage of their opportunities. As one dean put it, he was "ashamed" that this was the first time in his many years of attendance that he had stood up to express his views to the Institutional Membership.

The dean's role on the local scene, as well as his participative role in the AAMC, received attention in the discussion. Disruption of present relations with faculty, teaching hospitals, and the local community were feared by some who referred to a "dilution" of strength and status if medical education assumes too rapidly a very broad leadership commitment in health education. Other deans referred to the urgent need for rapid action and the "enrichment" that would occur through bringing other professions and faculty into close interaction with deans as part of the AAMC.

One participant expressed this view of the dean's local dilemma: "One of the tasks of an administrator is to preside at the interface between his institution and society to see that both benefit from his activities in his institution. This requires a certain amount of coupling with society and perhaps a certain amount of influence on society in order that the society can properly be served by the institution over which the administrator presides. As we encounter a situation in which the society is moving rapidly, we find ourselves as administrators overtaken by the pace of events, and ill-equipped to deal with them in our own institutions." He went on to say that since our institutions have difficulty in adjusting rapidly enough, it is understandable that the collective body of the Institutional Membership would experience some disagreement in formulating a statement of objectives that would enable the AAMC as a whole to adjust effectively to the rapid rate of change.

The reactions to the proposed statement of objectives fell into 4 basic categories:

1. Satisfactory as is; that is, the statement printed in the agenda represented in fact what the AAMC was already doing. It was pointed out that this statement was the culmination of much thought and debate developed through the media of the regional meetings.

2. Too broad; that is, the statement printed in the agenda committed the AAMC to too much leadership too fast. It was also criticized for including tactics along with purpose (on the basis of which a substitute version was submitted to vote and defeated).

3. Not broad enough; that is, the statement printed in the agenda should be far more aggressive in committing the AAMC to a very broad active leadership role. The feeling was that wide collaboration would mean strength, and that failure to seize social responsibility would result in loss of leadership by default.

4. Satisfactory with minor change; that is, the statement printed in the agenda was basically an accurate statement of purpose, but that it required the addition of a phrase mentioning "advancement of medical education" as the primary purpose of the AAMC.

The fourth alternative was in fact the one adopted by the Membership. It might be said that it does not represent a compromise between extremist views, but rather a synthesis of the basic commonality of purpose evident throughout the discussion. There were 33 vocal participants, not including the 3 men at the dais: President George A. Wolf, Jr., Secretary Richard H. Young, and Executive Director Robert C. Berson. Those who spoke up during the precedent-setting discussion are listed below; there were 2 unidentified voices.

Donald G. Anderson, University of Rochester School of Medicine
William G. Anlyan, Duke University School of Medicine
H. Stanley Bennett, University of Chicago School of Medicine
George Packer Berry, Emeritus Member, AAMC
Warren Bostick, California College of Medicine
Ward Darley, Consultant to the Executive Director, AAMC
John E. Deitrick, Cornell University Medical College
James L. Dennis, University of Oklahoma School of Medicine
Franklin G. Ebaugh, Jr., Boston University School of Medicine
Robert H. Ebert, Harvard Medical School
Roger O. Egeberg, University of Southern California School of Medicine
Robert H. Felix, Saint Louis University School of Medicine
A. J. Gill, University of Texas, Southwestern Medical School
Clifford G. Grulee, Jr., University of Cincinnati College of Medicine
Samuel Gurin, University of Pennsylvania School of Medicine
Robert C. Hardin, University of Iowa College of Medicine
Robert B. Howard, University of Minnesota Medical School
William N. Hubbard, Jr., University of Michigan Medical School
Vernon C. Lippard, Yale University School of Medicine
Manson Meads, Bowman Gray School of Medicine of Wake Forest College
Sherman M. Mellinkoff, University of California at Los Angeles
School of Medicine
Hayden C. Nicholson, University of Miami School of Medicine
John Parks, George Washington University School of Medicine
Arthur P. Richardson, Emory University School of Medicine
Winston K. Shorey, University of Arkansas School of Medicine
Robert J. Slater, University of Vermont College of Medicine
William A. Sodeman, Jefferson Medical College of Philadelphia
Joseph Stokes, III, University of California School of Medicine, San Diego
William S. Stone, University of Maryland School of Medicine
Isaac M. Taylor, University of North Carolina School of Medicine
Thomas B. Turner, President-Elect, AAMC

Summary of Action on Objectives

The following new statement of objectives, reflecting the intent of the Institutional Membership, was approved; this action did not involve a change in bylaws.

The purpose of the Association is the advancement of medical education. In pursuing this purpose, it shall strengthen, expand, and cooperate with all educational programs that are important to the nation's health, with particular concern for the entire span of education and training for the medical profession and health sciences. The Association will foster studies and research, provide means of communication and forums, and perform services necessary to program and policy decisions that the above broad objectives require.

This version is substantively the same as the resolution printed in the agenda.

It was modified slightly by the addition of a new first sentence taken from language in the Articles of Incorporation, which themselves were in no way altered by the action. A substitute version in quite brief form was defeated by vote.

COUNCIL OF TEACHING HOSPITALS

President Wolf: The next item on the agenda is the question of a Council of Teaching Hospitals. A preliminary statement on this matter is printed in the agenda. The resolution is that the present Teaching Hospital Section be converted into a Council of Teaching Hospitals, with its voting membership to be determined in the same way as membership in the Teaching Hospital Section has been, and that the Council designate a person to be elected as a voting member of the Executive Council.

The Section on Teaching Hospitals was formalized some years ago. Its membership is composed of one hospital administrator designated by the dean of each medical school. The Teaching Hospital Section meets and elects a chairman, who in the past has been invited to sit with the Executive Council without vote. So, in effect, what this resolution does is simply to change the name of Teaching Hospital Section to Council of Teaching Hospitals and to provide that the chairman of that group have a voting membership on the Executive Council.

As with the discussion on objectives, there was active debate on establishment of the Council of Teaching Hospitals. There were 23 participants in the interchange preceding the vote establishing this Council.

There was some reiteration of the cautious views expressed in earlier discussion. The "dilution of dean's power" theme was referred to a number of times, and the need to recognize local diversity of medical school-teaching hospital relations also received a number of mentions. Some deans thought the status quo with the Teaching Hospital Section should be maintained—that its potential within the AAMC could be further developed without giving hospitals a voting and dues-paying status. Some expressed the fear that hospitals not properly "teaching hospitals" would be brought in. A few thought the trend toward increased recognition of teaching hospital administrators was inevitable, but that AAMC action must be slow and careful.

Most comments, however, were strongly in favor of giving formal recognition to what the AAMC and its Teaching Hospital Section have in fact been doing. Staff assistance and a vote on the Executive Council would provide opportunity for a productive partnership with this essential part of the medical center. Immediate action by the AAMC would circumvent problems that have occurred with other groups; the teaching hospitals would not be tempted to form their own organization; and both medical education and medical care, nationally and locally, would benefit. Even some deans who advised caution in formalizing faculty and university participation in the AAMC were in favor of the Council of Teaching Hospitals.

Communication was a recurrent theme in the discussion, as it inevitably must be in any consideration of organizational relationships. One dean said that the AAMC had reached the point where communication between deans alone was no longer sufficient. Deans and teaching hospital administrators must communicate with each other and each must communicate with government and with the public. Speaking in favor of the Council of Teaching Hospitals, one hospital administrator emphasized the point that hospitals are already recognized in the public arena

and that pooling engeries with medical schools to speak with a common voice through the AAMC would be highly desirable. The majority of Institutional Members agreed.

Participants in the discussion, not including President Wolf, Secretary Young, and Executive Director Berson, are listed below:

Donald G. Anderson, University of Rochester School of Medicine
 William G. Anlyan, Duke University School of Medicine
 Warren Bostick, California College of Medicine
 John E. Deitrick, Cornell University Medical College
 Robert H. Ebert, Harvard Medical School
 Roger O. Egeberg, University of Southern California School of Medicine
 Robert H. Felix, Saint Louis University School of Medicine
 Reginald H. Fitz, University of New Mexico School of Medicine
 A. J. Gill, University of Texas, Southwestern Medical School
 John R. Hogness, University of Washington School of Medicine
 William N. Hubbard, Jr., University of Michigan Medical School
 Marcus D. Kogel, Albert Einstein College of Medicine, Yeshiva University
 William J. McGanity, University of Texas Medical Branch
 Mathew F. McNulty, Jr., Chairman, Teaching Hospital Section
 Sherman M. Mellinkoff, University of California at Los Angeles
 School of Medicine
 C. Arden Miller, University of Kansas School of Medicine
 Hayden C. Nicholson, University of Miami School of Medicine
 Stanley W. Olson, Baylor University College of Medicine
 John Parks, George Washington University School of Medicine
 Arthur P. Richardson, Emory University School of Medicine
 William A. Sodeman, Jefferson Medical College of Philadelphia
 Thomas B. Turner, President-Elect, AAMC
 Vernon E. Wilson, University of Missouri School of Medicine

Summary of Action on Council of Teaching Hospitals

The former Teaching Hospital Section was converted into a new Council of Teaching Hospitals, and a necessary bylaws change was implemented to enable the new Council to have 1 voting member on the AAMC Executive Council. Action involved 2 separate votes of the Institutional Membership, as recorded below.

The following resolution was approved:

RESOLVED: That the present "Teaching Hospital Section" be converted into a "Council of Teaching Hospitals" with its voting membership to be determined in the same way as membership in the Teaching Hospital Section has been, and that that Council designate a person to be elected as a voting member of the Executive Council.

The following resolution, which because it involved a bylaws change required a two-thirds majority, was approved with 6 opposing votes:

RESOLVED: That the By-Laws be amended by changing the word "six" to "seven" in Section 8(b) and 8(c), and that the first sentence of Section 8(c) be further changed by inserting the words "and one triennially," so that it will read:

Of the seven elected members, two shall be elected annually and one triennially by the Institutional Members at the annual meeting, each to serve for three years or until the election and installation of his successor.

OTHER RESOLUTIONS

The Business Meeting reconvened after a noon recess and was called to order at 2:00 P.M. by President Wolf.

Council of Faculty

President Wolf: We are now on Item 3 of our special agenda, the question of Council of Faculty. The so-called Administrative Committee met at lunch and suggested that we might want to return to the idea of discussing these without necessarily bringing them to a vote. With that thought in mind, item number 3, the Council of Faculty, is before you. The resolution reads:

RESOLVED: That a "Council of Faculty" should be established, and that the Executive Council shall make specific recommendations on the manner in which this shall be done.

The discussion on the proposed resolution bringing faculty into the AAMC through a Council of Faculty can be summarized quite briefly. There is no question that these deans believed faculty must become more involved, but there was a feeling of uncertainty on how this might best be accomplished. It was pointed out that participation cannot be forced, but that roles must be found for the faculty—attending AAMC meetings with their deans, in an advisory relationship, was one suggestion. Another was finding a way for faculty to participate in medical center visitations and accreditation.

The question of whether faculty representatives should be selected on an institutional basis or on a national faculty organization basis was brought up but was not resolved. There seemed to be general acceptance of the point emphasized by one dean—that the faculty members themselves want to become actively involved in the affairs of the AAMC.

Character of the Institutional Membership

President Wolf: Now we turn to the question of institutional membership and the resolution printed in the agenda. The 2 possibilities are: (a) no change in the institutional membership and (b) that the university become the institutional member. The statement in the resolution implementing the latter would involve changing the bylaws.

The Executive Council took a mugwumpory position because of the quite mixed reactions we got in the regional meetings. We had some concern about miscellaneous interpretation of the intent. Some of the regional groups, for example, felt we were saying that in fact we were going to start taking over undergraduate colleges, in other words, the premedical area. Some were in favor of this. Others felt that the medical schools should retain the present situation.

As many of you already know, the deans of the medical schools which are part of the universities which are part of the Association of American Universities (AAU) met together with their presidents about a week or two ago, and there was rather extensive discussion of this part of the Coggeshall Report. I will try to summarize this discussion as effectively as possible before we start the general discussion. The university presidents seemed to feel that the AAMC and the deans were dealing with rather complex problems. They did not seem to be excessively critical of the way we have been handling these problems recently. What they were saying, stated in very general terms, was: "Well, you are a pretty good bunch of fellows; why don't you just leave responsibilities as they are and don't bother us too much?" Stated more positively, the overall reaction was a strong vote of confidence, not only for medical deans, but for the AAMC as well.

In the discussion that followed, there was no apparent consensus of views and little sense of urgency on bringing universities into more active relationship with the AAMC. Perhaps the issues would have emerged more clearly had the 1965 Institute on The Medical Center and the University (See page 620) been held prior to the business meeting. As it was, the theme of discussion was a groping for definition of what groups the AAMC could and should represent directly.

Some deans seemed to feel that the AAU meeting referred to by Dr. Wolf should be interpreted to mean that none of the university presidents wanted to become more actively involved. Only a few strongly negative comments were made, and these were a reiteration of earlier themes, such as the dangers of dilution and the threat to parochial independence.

A few participants urged immediate adoption of the resolution, pointing out that this would be in line with the other resolutions adopted earlier. The feeling here was that strength and prestige would be added to the AAMC voice if university presidents were to participate.

Certainly none of the Institutional Members questioned the basic value of university-medical center solidarity, but the need for further study of the specific resolutions on the university, the faculty, and the vice-presidents was evident.

In addition to President Wolf, Secretary Young, and Executive Director Berson, there were 15 participants in the discussion on the other resolutions.

Donald G. Anderson, University of Rochester School of Medicine

H. Stanley Bennett, University of Chicago School of Medicine

George Packer Berry, Emeritus Member, AAMC

John J. Conger, University of Colorado School of Medicine

John E. Deitrick, Cornell University Medical College

Robert H. Ebert, Harvard Medical School

Roger O. Egeberg, University of Southern California School of Medicine

Robert H. Felix, Saint Louis University School of Medicine

A. J. Gill, Southwestern Medical School of the University of Texas

Craig S. Lichtenwalner, American University of Beirut School of Medicine

Sherman M. Mellinkoff, University of California at Los Angeles
School of Medicine

Kenneth E. Penrod, Provost, Indiana University Medical Center

Arthur P. Richardson, Emory University School of Medicine

Winston K. Shorey, University of Arkansas School of Medicine

Vernon E. Wilson, University of Missouri School of Medicine

Summary of Action on Other Resolutions

There was little discussion and apparently no strong feeling one way or the other about exploring the possibility of encouraging active Association participation by vice-presidents for medical affairs, perhaps by establishing a Council of Vice-Presidents. There was active discussion on a proposed resolution favoring establishment of a Council of Faculty and on a proposed resolution altering the bylaws to make the university rather than the medical school the institutional member of the Association.

There was no motion to vote on the particular resolutions. Motion was made and seconded to refer the resolutions back to the Executive Council for further discussion at a later meeting; this was carried by voice vote.

It should be noted that the wording in the proposed resolution referred to

"universities and other institutions in the United States." This would affect the American University of Beirut, which requested substitution of the phrase "of the United States," such as currently exists in the bylaws.

OTHER DISCUSSION AND ACTION

Guidelines for Clinical Investigation

President Wolf: May we turn now to the next item on the agenda, Guidelines for Clinical Investigation. I'd like to say a few words about this so possibly we can be a little bit clearer. Obviously, this is a tremendously important issue, and we have been very appreciative of the fact that many of you have already discussed this with your faculties. You have circulated our draft to them, and you have responded to us. Let me emphasize that we have no intent of telling your faculties, how to arrange their own morals, so to speak, in this regard. We do think it important for your institutions and your faculties to consider this, however.

Without appropriate guidelines in your own institutions, either your faculty people or your institutions might at some time get into trouble. So there is a self-interest element in this for you and no desire on the part of the Association to tell you what to do. There are some of us who feel that it might be appropriate for the Association itself, representing this distinguished body, to accept a statement, this one or something like this, as kind of a general guidelines to the effect that we are all thinking at a fairly high level and not attempting to exploit human beings for our research purposes.

Now, what we can do here is either discuss this draft statement in the agenda and suggest changes and revise it again, or we can accept this statement as being quite clear that this is the Association acting and not necessarily a mandate directed to individual schools.

There was a brief discussion on the Guidelines for Clinical Investigation which emphasized primarily the potential legal ambiguity in the language of the version printed in the agenda. There were 2 extremes evident in the discussion: (a) that each institution should develop its own guidelines, and (b) that a single statement for all fields that engage in human experimentation should be developed to avoid the possibility of many conflicting statements. It was clear that further study was required, and consultation with other professions, lawyers, and theologians.

There were 4 participants in this discussion:

H. Stanley Bennett, University of Chicago School of Medicine
 Kenneth R. Crispell, University of Virginia School of Medicine
 Peter L. Eichman, University of Wisconsin Medical School
 Robert H. Felix, Saint Louis University School of Medicine

Other Business

President Wolf: The next item is the matter of other business, and I remind you that Dr. Warren Bostick, California College of Medicine, presented a motion earlier in the day. Do you wish to speak to this motion, Dr. Bostick, and resubmit it?

Dr. Bostick did resubmit his motion, which was seconded and carried without discussion. It established a Constitution Review Committee, which Dr. Bostick hoped could study and clarify some of the "basic rules." He commended the business meeting as "most worth while" in bringing problems into focus and relief.

Summary

A draft statement entitled "Guidelines for Clinical Investigation" was presented in the printed agenda for discussion by the Institutional Membership. After some

discussion that pointed out legal problems and the possible need to coordinate with other professional groups, a motion was made, seconded and carried that the draft statement be referred back to the Executive Council for further work.

A motion, rather different from an idea that originated early in the discussion on implementation of the Coggeshall Report, was presented, seconded, and voted on. This motion established a Constitution Review Committee, composed of 12 broadly representative appointees, whose function will be to study organizational structure during the coming year and to report observations and recommendations on clarification to the Institutional Members at the Seventy-Seventh Annual Business Meeting. The motion was carried.

INSTALLATION OF NEW OFFICERS

The next item of business was the report of the Nominating Committee by Dr. Manson Meads (See page 608).

Then President George A. Wolf, Jr., asked Dr. John E. Deitrick to escort President Elect Thomas B. Turner to the podium and expressed his gratitude to the membership for their help, cooperation, and friendliness during the year and for their active participation in "a very statesmanlike meeting."

President Turner thanked Dr. Wolf on behalf of the Membership, called the first meeting of the new Executive Council, and adjourned the business meeting at 3:05 P.M.

Discussions on Medical Education

Sheraton Hotel

Philadelphia, Pennsylvania

November 2, 1965

Three simultaneous panels for "Discussions on Medical Education" were held on Tuesday, November 2, 1965 from 9 A.M. to 12 NOON.

Dr. Hilliard Jason, Associate in Medical Education, and Assistant Professor of Psychiatry, University of Rochester School of Medicine and Dentistry, was moderator of the first panel discussion entitled "Measuring the Effects of a New Medical Curriculum." Other members of the panel were: Dr. John C. Donovan, Associate Professor of Obstetrics-Gynecology, and Chairman, Committee for Study of the Educational Program, University of Rochester School of Medicine and Dentistry; Dr. Thomas Hale Ham, Director, Division of Research in Medical Education, and Professor of Medicine, Western Reserve University School of Medicine; and Dr. C. H. William Ruhe, Associate Secretary, Council on Medical Education, American Medical Association.

Moderated by Dr. Stephen Abrahamson, Director, Division of Research in Medical Education, and Professor of Education, University of Southern California School of Medicine, the second panel discussion was devoted to the topic of "Research on Evaluation of Student Performance." Comprising the panel were: Dr. Merrel D. Flair, Assistant Dean, Northwestern University Medical School; Dr. John R. Ginther, Director, Center for the Cooperative Study of Instruction, University of Chicago; and Dr. Edwin F. Rosinski, Professor and Director, Office of Research in Medical Education, Medical College of Virginia.

Dr. Peter V. Lee, Associate Professor of Medicine and Pharmacology, University of Southern California School of Medicine, served as moderator for the third panel, which discussed the "Use of the MCAT in Educational Research." Dr. Edwin B. Hutchins, Assistant Director (Basic Research), Division of Education, Association of American Medical Colleges; Dr. Davis G. Johnson, Assistant Director (Student Studies and Services), Division of Education, Association of American Medical Colleges; and Dr. Charles F. Schumacher, Director of Testing Services, National Board of Medical Examiners, were members of the panel.

Third Institute on Administration: The Medical Center and the University

Americana Hotel
Bal Harbour, Florida
December 12-15, 1965

In the past twenty-five years, drastic changes have occurred on the university-medical school scene. The medical school has attempted to strengthen its relationships with other schools in the university. The faculty, in both the basic science departments and the clinical disciplines, has definitely become more academically oriented. However, with the increase in scholarly pursuits came a parallel rise in demands imposed on the medical school from the outside. There is every evidence that these demands will increase in the future. The proper balance between traditional roles and extramurally directed functions has presented a problem to institutions of higher learning. The medical school and its university have not devised adequate methods to cope with the dichotomy between the traditional and more directed roles.

Against this background, the Third Institute on Administration was held. The task of the Institute was to consider factors that influence the successful relationship between the medical center and the university, and to examine the goals of the university-medical center in the context of relevant organizational units, operational processes, and resources—emphasizing throughout the interdependence of the education, research, and service efforts.

Dr. Douglas M. Knight, President, Duke University, served as Chairman of the 1965 Institute. A steering committee and 3 subcommittees, assisted by AAMC staff under the direction of Dr. Lee Powers, organized the Institute content within the following 3 topical areas: (a) "The Influence of Educational Programs on Medical Center-University Relations," (b) "The Influence of Research on Medical Center-University Relations," and (c) "Medical Faculty Service Functions and the University." A plenary session was devoted to each area, followed by adjournment to small-group discussions. Some 300 university presidents and vice-presidents, medical school deans, other health profession deans, hospital administrators, department chairmen, and others participated in the 1965 Institute.

PLENARY SESSIONS

The first session was held Sunday evening, December 12. Dr. Knight opened the Institute and then presented Dr. Milton S. Eisenhower, President, Johns Hopkins University, who delivered the keynote address, entitled "An Arch Upon These Pillars."

Dr. John A. D. Cooper, Dean of Sciences, Northwestern University, and Editor, *The Journal of Medical Education*, presided at the plenary session on "Education" held Monday morning, December 13. "The University and the Medical School:

A Study of Their Historical Relationships," was the title of the paper presented by Dr. Lloyd Stevenson, Professor of the History of Medicine, Yale University School of Medicine. The next address by Dr. Alexander Heard, Chancellor, Vanderbilt University, dealt with "Relating the Educational Program of the Medical School and University."

Presiding at the Tuesday morning plenary session on "Research" was Dr. Charles V. Kidd, Technical Assistant, Office of Science and Technology. Dr. Lowell T. Coggeshall, Vice-President Emeritus, University of Chicago, provided an account of "The Historical Development of Research in the Postwar Period and Its Impact on the University." Another address given at this session was entitled "Coping With the Pressures Resulting from the Ferment of Research," by Dr. Clifford Furnas, President, State University of New York at Buffalo.

Dr. William N. Hubbard, Jr., Dean, University of Michigan Medical School, presided at the Tuesday afternoon plenary session on "Service." The keynote address, entitled "Role of Service in the University Tradition," was given by Dr. Colin MacLeod, Deputy Director, Office of Science and Technology.

Presiding at the Wednesday morning plenary session was Dr. Douglas M. Knight. A panel, comprised of Dr. Cooper; Dr. Hubbard; Dr. John S. Millis, President, Western Reserve University; Dr. Thomas B. Turner, Dean, Johns Hopkins University School of Medicine; and Dr. O. Meredith Wilson, President, University of Minnesota, discussed the topic of "Professionalism in the University." Dr. Knight moderated this lively discussion in which the following topics were taken up by the panel: (a) the problem of defining objectives and goals of the medical school within the total university scheme; (b) the involvement of the entire university in the education and training of physicians; (c) the movement from a university commitment to the education of physicians in the direction of a university commitment toward education for the health of the people; (d) the changing patterns in biomedical research; (e) the new attitude that the university has an obligation to serve society; and (f) the decision-making apparatus that must be developed to deal with the constantly emerging problems of universities and medical schools. Following this panel discussion, there was general discussion from the floor, in which Dr. Ward Darley's delineation of "the inevitables" was a highlight.

INSTITUTE EDITORIAL COMMITTEE

The first meeting of the 1965 Institute Editorial Committee was held during the Institute. Dr. Knight is chairman of this committee, which is planning the editorial development of the book that will be the final report of the Institute. It is scheduled for publication as a supplement to *The Journal of Medical Education* in the forthcoming year.

AAMC Books Published During 1965*

The following list presents the books published by the AAMC between January and December, 1965. Five of these 19 titles appeared as supplements to *The Journal of Medical Education*; 2 are publications of related agencies. Items such as the monthly *Datagrams*, which appear in regular issues of *The Journal of Medical Education*, are not included, nor are a few reports that are limited in interest or confidential in nature. Inquiries about limited-distribution items should be addressed to the AAMC.

The intent of the descriptive annotations is not only to supply the conventional bibliographic information for all items, but to indicate their content and emphasis and relationship to the entire AAMC program of activities. The significance of these 1965 books in communicating needed information, documenting trends, and furthering the objectives of the AAMC, is in a number of cases already evident.

AAMC INSTITUTE PUBLICATIONS

Medical Education and Practice: Relationships and Responsibilities in a Changing Society. Edited by STEWART G. WOLF, JR., and WARD DARLEY. xiv + 410 pp. Cloth, \$4.00; paper, \$2.00.

This book, based on the Institute held in 1962, the Tenth Teaching Institute, is perhaps the most comprehensive of all the Institute reports to date. It not only presents the issues of the town-gown conflict, but also explores the social forces at work and the implications for the university, the medical profession, and the general public. It is possible that the university, with its tradition of truth-seeking and change-making intellectual ferment, has contributed as much to educator-practitioner conflicts as has professional jealousy. The Coggeshall

Report (described under "Other Publications") makes frequent reference to this book.

The content is organized in 3 parts. Part I, "The Context of Medical Care and Education: The Background for the Institute," consists of papers on the expectations of society, the practice of medicine today and tomorrow, the organization of medical and health services, and the organization of medical education. Part II, "Educators and Practitioners as Factors in Medical and Health Care: The Deliberations of the Institute Itself," consists of the report of a pre-Institute sociological study, the formal papers presented at the Institute, the 3 Institute panels, and an analysis of educator and practitioner reactions to the Institute. Part III, "The Implications of the Institute: Striving for the Answers," concludes with the rationale for bringing the university, the community, and the health professions together to give new meaning to both medical education and medical care. (Published also as Part 2 of *The Journal of Medical Education*, Volume 40, January, 1965.)

Report of the Second Administrative Institute: Medical School-Teaching Hospital Relations. Edited by GEORGE A. WOLF, JR., RAY E. BROWN, and ROBERT M. BUCHER. x + 254 pp. Cloth, \$3.00; paper, \$2.00.

The Twelfth AAMC Institute, held in 1964, provided the basis for this book, which explores relationships between the 2 key components of the medical center—relationships that are crucial to the university as a whole, whether the teaching hospital is university owned or related to the university through affiliation. This Institute provided a forum where teaching hospital administrators and medical school deans could meet together on an equal basis; it was second in a series of 3 Institutes on medical center administration. The *Report of the First Institute on Medical School*

* Prepared by E. Shepley Nourse, editorial coordinator, with the assistance of Suellen Muldoon, editorial assistant.

Administration, published as Part 2 of *The Journal of Medical Education*, Volume 39, November, 1964, provided important resource through its analysis of the internal management of medical schools from the viewpoint of several basic and applied disciplines. The 1965 Institute, The Medical Center and the University, culminates the deliberations of its predecessors.

The 1964 Institute report is organized in 3 parts. Part I, "Introductory Considerations for the 1964 Institute," presents trends in education, research, and patient care. Part II, "Medical Schools and Teaching Hospitals: Goals and Resources," analyzes some stumbling blocks to goal determination in terms of today's realities; develops the theme of planning, particularly with reference to facilities; and considers the financial relationships of schools and hospitals, with emphasis on the need to identify educational costs in hospitals. Part III, "Medical School, Teaching Hospital, and Community: Viewpoints and Institute Reactions," has a broad social context and contains views from the vantage points of department chairman, dean, hospital director, and consumer. The epilogue ends with a strong plea for goal identification, planning, and continuing evaluation. (Published also as Part 2 of *The Journal of Medical Education*, Volume 40, November, 1965.)

Program and Agenda. Workbook for Participants in the 1965 Institute: The Medical Center and the University. vi + 66 pp. Paper, limited distribution.

This workbook (1 of 2) contains the essential materials needed by the participants in the Third AAMC Institute on Administration: the program itself, assignment of participants to discussion groups, and agenda material for small-group discussion during the 3 discussion periods. The broad subject areas of Institute content are Education, Research, and Service, the goals of university medical education. The material is organized to encourage discussion to focus on considerations in adapting structures, implementing processes, and mobilizing resources for the attainment of goals. Participants include university presidents, medical center vice-presidents, medical

school deans, hospital administrators, other health profession deans, and other university administrators.

Reference and Study Material. Resource Book for Participants in the 1965 Institute: The Medical Center and the University. iv + 132 pp. Paper, limited distribution.

This workbook, companion volume to the *Program and Agenda* workbook, contains material for general orientation, reference, and study by participants before, during, and after the Third AAMC Institute on Administration. It is organized in 3 parts. Part 1 contains a select annotated bibliography abstracted from the literature of higher education and the literature of medical education. Part 2 consists of 5 specially relevant reports: selections from the Coggeshall Report, results of a survey of problems in medical center-university relations, report on organizational patterns of medical centers (with 6 exhibits), preliminary report of a study of health and medical affairs vice-presidents, and selections on medical service plans from the book, *A Study of Medical College Costs*. Part 3 contains rosters for the Institute Steering Committee, the 3 planning subcommittees, and the staff.

PUBLICATIONS ON STUDENT AFFAIRS

1965-66 Directory of the AAMC Group on Student Affairs. iv + 31 pp. Paper, limited distribution.

Considerable detail on the organization and membership of the AAMC Group on Student Affairs (GSA) is summarized in this directory, which is designed primarily for use by GSA members and their deans. There is at least one member of the GSA from each medical school. Appointments are made by the deans, who supplied the information for this edition during August-September, 1965. Included in this directory are: (a) explanatory notes; (b) the actual membership roster, organized by school and including dean's name, address, phone numbers, regional affiliation, AAMC mailing code, and responsibilities of each GSA representative; (c) AAMC-GSA relations;

(d) GSA committees; (e) other related committees; (f) regional affiliations; (g) schedule of 1966 meetings; (h) GSA by-laws; and (i) description of GSA standing committees. (Revised periodically.)

Directory of Premedical Advisors—1965-66.
3rd Ed. iv + 52 pp. Paper, \$1.00.

This directory, prepared under the auspices of the AAMC Group on Student Affairs (Subcommittee on Liaison with Colleges and High Schools), is designed particularly for the use of medical school administrators and premedical advisers. It lists the names and addresses of designated individuals in undergraduate colleges in the United States and Puerto Rico who counsel students preparing for the study of medicine. The directory is arranged alphabetically by state and by college within each state. The American University of Beirut is also included. (Revised periodically.)

Financing a Medical Education. iv + 32 pp.
Paper, \$18.00 per 100, single copies free.

In response to an increasing number of inquiries about financial aid, this new booklet has been prepared under the auspices of the AAMC Group on Student Affairs (Subcommittee on Financial Problems of Medical Students). It is designed not only for medical students, but also for students at premedical and post-M.D. levels. There are 3 chapters of introductory text discussing expenses, scholarships, loans, and employment. The appendix section is organized for reference and includes listings of representative sources of aid other than those administered through the medical schools; amounts, qualifications, and application information are given for each source. A select annotated bibliography is also included. (Revised periodically.)

Medical College Admission Test: 1966 Announcement. 24 pp. Paper, free.

The Medical College Admission Test (MCAT) is prepared and administered for the AAMC by The Psychological Corporation. This brochure for students who plan to take the test on May 7 or October 22, 1966, states general information about the test and provides sample questions from each of the 4 subtests: Verbal Ability,

Quantitative Ability, General Information, and Science. An application blank is included, along with all the necessary information on application procedure. There is a complete list of testing centers. The MCAT is required or recommended for applicants by all United States medical schools and several Canadian schools. The tests given in 1966 are for students who seek entrance to medical schools in the fall of 1967. The examination fee is \$15.00, including 6 score reports; extra reports are \$1.00 each. (The brochure is revised annually and is available in quantity from The Psychological Corporation.)

Medical School Admission Requirements: U.S.A. and Canada. 1965-66 Edition. viii + 256 pp. Paper, \$4.00.

This sixteenth edition of the official handbook of premedical preparation, like its predecessors, contains 2-page descriptive entries of each medical school in the United States and Canada that is considering applicants for the first-year classes to start in fall of 1966. Puerto Rico, American University of Beirut in Lebanon, and the Philippines are included. General information, requirements for entrance, selection factors, financial aid, application-acceptance timetables, expenses, and applicant statistics are presented for 103 medical schools altogether. Ten United States schools and 1 Canadian that are newly developing and not yet ready to consider applicants are listed briefly.

This edition includes 5 chapters of introductory text and 3 appendix sections. Data and discussion are presented for students and their advisers on premedical planning, choosing a medical school, the medical school admission process, financial planning, the nature of medical education, career planning for high school students, the problems of foreign applicants, and books about medicine. Each edition of this popular book contains accurate and up-to-date information designed to answer the most frequently asked questions. The handbook is revised annually, each revision being based on the advice of the AAMC Group on Student Affairs and the comments

received from a variety of sources, including premedical students and their advisers.

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

Information for Premedical Students (5 chapters of introductory text). 32 pp. White paper, \$19.00 per 100.

Career Information for High School Students. 4 pp. Pink paper, \$2.00 per 100.

Information for Foreign Applicants. 4 pp. Yellow paper, \$2.00 per 100.

Recommended Acceptance Procedures of the AAMC. Single sheet. Blue paper, 80¢ per 100.

The National and the Matching Program.
National Intern Matching Program—1966. 16 pp. Paper, free.

The National Intern Matching Program (NIMP) is a corporation established jointly by the AAMC, American Medical Association, American Hospital Association, Catholic and Protestant hospital associations, and Student American Medical Association; it is operated under contract by the AAMC and is housed at its headquarters. This brochure is designed for medical students who wish to participate in the 1966 program in securing their internships. The matching of student and hospital is completely objective, based on clearly defined procedures for comparing both student and hospital preference rankings. This brochure outlines the operation, philosophy, historical background, rules, and participation procedures of the program. (Revised annually.)

Summer Session Bulletin. 1965 Edition. 18 pp. Mimeographed, free.

This bulletin is for medical students and their advisers. It lists, alphabetically by school, the pertinent information on summer offerings available to qualified students from all medical schools. Make-up coursework and a few of the many special clerkships and other opportunities are included. The bulletin also provides an index of

summer offerings by department. (Revised annually.)

OTHER PUBLICATIONS

Association of American Medical Colleges Directory—1965-66. vi + 320 pp. Paper, \$4.00.

As the official directory of the AAMC, this volume includes the names and titles of administrative staff and department chairmen, as well as individual AAMC members, in medical schools of the United States and Canada. Institutional member schools include the 87 medical schools in the United States and Puerto Rico, and also the American University of Beirut, Lebanon. Affiliate institutional members are the 12 Canadian medical schools, the University of the Philippines, and 2 graduate institutions in the United States. As for the new schools, 8 in the United States are listed as provisional members; 4 United States schools and 1 Canadian are listed as "nonmember institutions in development having appointed deans." Brief descriptive information presented for each school includes type of support, enrollment, and clinical facilities. Rosters of AAMC officers, Executive Council members, and members of various committees are included, as is a 4-page descriptive statement of the AAMC and its activities. (Revised annually.)

Medical College Costs and Manual of Procedures. viii + 64 pp. Paper, \$2.00.

This is a revised and expanded version of an earlier manual of procedures for implementing a program cost-finding system in medical colleges. Because of the successful experience of many medical schools in utilizing this system, and because of current interest in adapting this kind of managerial analysis in other parts of the university, including the teaching hospital, the manual was published in this broader-distribution version in time for the Third AAMC Institute on Administration: The Medical Center and the University.

The content is organized in 3 parts. Part I covers some practical problems in cost determination. Part II presents step-by-step

procedural detail in implementing the system and includes some sample forms and other illustrative material. Part III, entitled simply "Medical College Costs," is written by Augustus J. Carroll and Ward Darley; it discusses some uses and misuses of cost information based on experience with the AAMC program cost-finding system since the first intensive study in selected medical schools in 1958.

Not too long ago, medical college costs were computed only in terms of salaries paid and items bought. Now the complexity and diversity in sources and uses of funds require a different approach if the schools are to manage their affairs efficiently and plan and communicate in meaningful terms. This cost-finding system enables a school to identify the cost of each of its teaching, research, and service programs. It requires no basic changes in pre-existing accounting systems, because it determines costs at periodic intervals by informally applying special calculations to existing data.

Medical Schools and Hospitals: Interdependence for Education and Service. CECIL G. SHEPS, DEAN A. CLARK, JOHN W. GERDES, ETHELMARIE HALPERN, and NATHAN HERSHEY. vi + 170 pp. Cloth, \$3.00; paper, \$2.00.

In the early 1960's, the study group that authored this book (at that time all of them faculty members of the Program in Medical and Hospital Administration and the Health Law Center, Graduate School of Public Health, University of Pittsburgh) undertook a study of affiliations between medical schools and teaching hospitals. The first preliminary report appeared in 1962 as resource for participants in the AAMC's Tenth Teaching Institute. In 1964, the second preliminary report was published as a basic document for participant study in the Second Administrative Institute. The present volume represents the final report of the study.

The authors isolated 8 elements essential to an effective school-hospital relationship: shared goals, faculty and hospital staff appointments, patients and teaching, medical students and patients, interns and residents,

patient care, research, and the affiliation agreement itself. A chapter is devoted to each. Considerable emphasis is placed on shared goals, and a fourth one—community service—is added to the usually stated 3: education, research, and patient care. The initiative may go elsewhere if medical schools do not assume active leadership in the organization of health services through community service, even though such service should perhaps never be the primary goal of a school. The study group's philosophy of affiliation may be summed up in the phrase "interdependence for education and service." They favor collaboration by medical schools and teaching hospitals through administrative independence. (Published also as Part 2 of *The Journal of Medical Education*, Volume 40, September, 1965.)

Planning for Medical Progress Through Education. LOWELL T. COGGESHALL. x + 110 pp. Paper, \$2.00.

This is the well-known Coggeshall Report that appeared in April, 1965, the culmination of the deliberations of the special committee to study the future role of the AAMC. Among the important recommendations is a strong emphasis on a broadened base of medical education that eliminates the artificial barriers between the health sciences and enables the university to assume new roles and responsibilities. The recommendation for closer bonds between the AAMC and universities and the attention to social responsibilities of medical schools and universities made this report an important resource document for the Third AAMC Institute on Administration: The Medical Center and the University.

The report is organized in 6 chapters: an introduction; health care and medical education in historical perspective; emerging trends in the economics of health care, their implications for medical education, and their implications for the AAMC; the organization and activities of the AAMC, past and present; recommended future objectives for the AAMC; and a summary chapter of trends, implications, and recommendations. A brief glossary and select bibliography are included, and there are 10 exhibits.

The first steps in implementing the recommendations of this report followed a series of regional meetings that allowed wide participation by institutional members and others concerned with medical education. At the 1965 Annual Meeting, the AAMC membership adopted a new statement of objectives committing the AAMC to a broadly based concern with all of the educational programs that are important to the nation's health. Action also established a Council of Teaching Hospitals with one voting member on the Executive Council, thus enabling this important group of health administrators to participate more actively in the AAMC and share in the policy decisions.

The Relationship Between Medical Educators and Medical Practitioners: Sources of Strain and Occasions for Cooperation. PATRICIA L. KENDALL. vi + 122 pp. Cloth, \$3.50.

This is an expanded version of the often-quoted Kendall Report, which appeared in a preliminary edition for discussion by participants in the Tenth Teaching Institute and which appeared also as Chapter 5 in the AAMC book, *Medical Education and Practice*, the comprehensive report of that 1962 Institute. The results of this sociological study in 8 communities have reached a wide audience, for still another version appeared in 1965 when a series of abstracts were published by special arrangement in *Medical Economics*.

The communities in which the interviews were conducted with educators and practitioners were chosen as typifying particular kinds of town-gown situations, and varying degrees of conflict and cooperation. The author concludes with no recommendations for solving problems, concentrating rather on the objective presentation of opinion data. Some sociological themes do emerge: apparent antagonists often turn out to agree on the facts of a case, disagreeing only on evaluation of the facts; medical education historically may be viewed in terms of successive displacement of one group by another; there is a conflict between generations, which is accentuated when one is a newcomer to the community.

The report is organized in 4 sections

covering private practice by full-time faculty members, the displacement of groups of physicians, medical educators' lack of orientation to the community, and the growth of a research orientation. The appendix deals with continuing education for the medical practitioner.

Research, Graduate Education, and Postdoctoral Training in Departments of Preventive Medicine. Edited by HENRY J. BAKST. vi + 142 pp. Paper, \$2.00.

The title of this report of a 1963 Conference of the Association of Teachers of Preventive Medicine itself reveals a trend in the evolution of the role of departments of preventive medicine in medical schools. It is interesting to compare this book with the report of a 1952 Conference of Professors of Preventive Medicine (predecessor of the AAMC Institutes), which appeared as Part 2 of *The Journal of Medical Education*, Volume 28, October, 1953, under the title, *Preventive Medicine in Medical Schools*.

The book includes the special addresses at the 1963 conference, condensations of working papers and case reports developed by planning committees, reference material prepared for the workshop groups, and summaries of group discussions. The tendency for departments of preventive medicine to be burdened with administrative detail and extracurricular responsibilities, the paucity of training for careers in academic preventive medicine, the lack of continuous research, and the minimal amounts of graduate and postdoctoral training are all problematic conditions dealt with in the report. There is one chapter devoted to "University Relationships." (Published as Part 2 of *The Journal of Medical Education*, Volume 40, October, 1965.)

Selected Films for Medical Teaching: A Suggested Basic Motion Picture Library. Edited by DAVID S. RUHE. viii + 76 pp. Paper, \$2.00.

This annotated bibliography of teaching films contains 154 film reviews from the AAMC, the Intersociety Committee for Increase of Research Potential in Pathology, and the University of Kansas Medical Center. Each film review describes the

content, evaluates both content and presentation, and suggests instructional uses; production and distribution information is included. The listings are organized by subject. There is a usable table of contents and there are indexes of authors and technical advisers, subject breakdowns, and distributors. (Published as Part 2 of *The Journal of Medical Education*, Volume 40, April, 1965.)

A World Program for Health Manpower.

AAMC Report to the Agency for International Development. Advance print, October 1965. viii + 120 pp. Paper, limited distribution.

The study of medical education in the developing countries, carried out by the AAMC and its AID-contract staff with the assistance of advisory committees and special consultants, was based on a review of documentary materials, field visits in some 21 countries, and questionnaire surveys. The study report carries out the charge from AID to provide "data, guidelines and judgments necessary to support AID's medical education goals," and it attempts to clarify some basic issues on the roles United States medicine and medical education can play, along with various private and governmental agencies, in advancing medical education in the developing countries.

The basic conclusion of the report is that the most urgent worldwide need is the development of large numbers of health personnel. It is recommended that this

educational need be given high priority in the total United States foreign aid effort. It is further recommended that a fund in the range of \$50 million per year for ten years be established in the appropriate government agency, from which developing countries may derive support according to need. The immediate establishment of a National Advisory Council on International Education of Health Personnel is urged.

The problems of poverty, ignorance, disease, hunger, and overpopulation in the developing countries are discussed in the first chapter, along with medicine's role with respect to each. The second chapter reviews the past and present role of the United States in assisting developing countries, and the third chapter surveys the status of medical education in many parts of the world, with emphasis on its broad social role and the basic problems involved. Chapter 4 discusses the world community in medical education that already exists through intergovernmental and nongovernmental initiative. The final chapter comes to grips with the resources, attitudes, and programs through which the United States can contribute to international medical education.

This report served as basic resource for participants in the 1966 AAMC Institute on International Medical Education. It will appear in its final version in the book reporting that Institute, which is scheduled to appear as Part 2 of *The Journal of Medical Education* in early fall prior to the Third World Conference on Medical Education.

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