

04

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES**

**ANNUAL REPORTS  
of  
STAFF AND COMMITTEES**

**Presented at the 74th Annual Meetings  
of the  
Association**

**October 25—30, 1963**

**Sheraton—Chicago Hotel  
Chicago, Illinois**

TABLE OF CONTENTS

Committee Members and Representatives to Other Organizations..... 1

Executive Director..... 4

Secretary..... 9

Treasurer..... 11

Division of Business Affairs..... 14

Division of Operational Studies..... 18

Committee on Research in Education and the Division of Education..... 26

Committee on International Relations in Medical Education and the  
Division of International Medical Education..... 32

Editor and Editorial Board, The Journal of Medical Education..... 40

Animal Care Committee..... 41

Federal Health Programs Committee..... 43

Committee on Medical Communications..... 45

Committee on Medical Education for National Defense..... 48

Committee on Medical School-Affiliated Hospital Relationships..... 53

Committee on Medical School-Veterans Administration Relationships..... 55

Committee on Student Affairs..... 56

Committee on the Study of New Drugs..... 58

COMMITTEES  
OF THE  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
1962-63

ANIMAL CARE

Thomas B. Clarkson, Bowman Gray;  
Chairman  
Bennett J. Cohen, Michigan  
William C. Dolowy, Illinois  
Robert A. Moore, SUNY-Brooklyn  
Alvin F. Moreland, Florida  
Andrew H. Ryan, Chicago Medical  
Harold C. Wiggers, Albany

BORDEN AWARD

Stanley E. Dorst, Cincinnati; Chairman  
Ludwig E. Eichna, SUNY-Brooklyn  
Louis B. Flexner, Pennsylvania  
Wesley Spink, Minnesota  
Maurice B. Visscher, Minnesota

CONSTITUTION AND BYLAWS

John F. Sheehan, Stritch; Chairman  
Walter R. Berryhill, North Carolina  
Edward W. Dempsey, Washington  
(St. Louis)  
Maxwell E. Lapham, Tulane  
William A. Sodeman, Jefferson

CONTINUATION EDUCATION

W. Albert Sullivan, Minnesota;  
Chairman  
C. Wesley Eisele, Colorado  
Joseph E. Markee, Duke  
Fred MacD. Richardson, Pennsylvania  
Jesse D. Rising, Kansas  
Vernon E. Wilson, Missouri  
Frank M. Woolsey, Jr., Albany

EDITORIAL BOARD

John A. D. Cooper, Northwestern;  
Chairman  
T. Hale Ham, Western Reserve  
George T. Harrell, Florida  
William N. Hubbard, Jr., Michigan  
Chauncey D. Leake, California  
(San Francisco)  
Vernon W. Lippard, Yale  
Robert Q. Marston, Mississippi  
C. Arden Miller, Kansas  
Kenneth E. Penrod, West Virginia  
George A. Perera, Columbia

FEDERAL HEALTH PROGRAMS

Robert C. Berson, South Texas; Chairman  
Donald G. Anderson, Rochester  
John E. Deitrick, Cornell  
John Parks, George Washington  
Thomas B. Turner, Johns Hopkins

SPECIAL ADVISORY GROUP

George Packer Berry, Harvard  
Lowell T. Coggeshall, Chicago  
Edward W. Dempsey, Washington  
(St. Louis)  
Joseph C. Hinsey, Cornell  
Vernon W. Lippard, Yale

FLEXNER AWARD

Nathan A. Womack, North Carolina;  
Chairman (1964)  
Philip Bard, Johns Hopkins (1963)  
Philip Handler, Duke (1965)  
Howard P. Lewis, Oregon (1964)  
H. Houston Merritt, Columbia (1963)  
Sam Bernard Wortis, New York U. (1965)

INTERNATIONAL RELATIONS IN MEDICAL  
EDUCATION

Robert A. Moore, SUNY-Brooklyn; Chairman  
Thomas P. Almy, Cornell  
Robert C. Berson, South Texas  
Leroy E. Burney, Temple  
Lowell T. Coggeshall, Chicago  
John A. D. Cooper, Northwestern  
Thomas H. Hunter, Virginia  
Robert S. Jason, Howard  
Maxwell E. Lapham, Tulane  
Vernon W. Lippard, Yale  
Francis Scott Smyth, California  
(San Francisco)

LICENSURE PROBLEMS

James E. McCormack, Seton Hall;  
Chairman  
Matthew H. Crabb, Texas State Board  
of Medical Examiners  
A. Reynolds Crane, Pennsylvania  
John P. Hubbard, National Board  
of Medical Examiners  
S. M. Poindexter, Idaho State  
Board of Medicine

MEDICAL COMMUNICATIONS

David S. Ruhe, Kansas;  
Chairman  
John A. D. Cooper, Northwestern  
Joseph E. Markee, Duke  
George A. Wolf, Jr., Tufts  
Frank M. Woolsey, Jr., Albany

MEDICAL EDUCATION FOR NATIONAL DEFENSE

William S. Stone, Maryland;  
Chairman  
Donald G. Anderson, Rochester  
Granville A. Bennett, Illinois  
John L. Caughey, Jr., Western Reserve  
Clayton G. Loosli, Southern California  
Russell A. Nelson, Johns Hopkins  
Stanley W. Olson, Baylor  
Richard W. Vilter, Cincinnati

MEDICAL SCHOOL-AFFILIATED HOSPITAL RELATIONSHIPS

George N. Aagaard, Washington.  
(Seattle); Chairman  
Donald J. Caseley, Illinois;  
Vice-Chairman  
Philip D. Bonnet, Boston  
Leonard O. Bradley, Manitoba  
Charles G. Child, III, Michigan  
John M. Danielson, Northwestern  
Ladislaus F. Grapski, Maryland  
Harold H. Hixson, California  
(San Francisco)  
Henry N. Pratt, Cornell  
Richard H. Saunders, Jr., Cornell  
John F. Sheehan, Stritch  
Samuel A. Trufant, Cincinnati

MEDICAL SCHOOL-VETERANS ADMINISTRATION RELATIONSHIPS

Granville A. Bennett, Illinois;  
Chairman  
A. J. Gill, Texas, Southwestern  
Joseph M. Hayman, Jr., Tufts  
Carlyle Jacobsen, SUNY-Syracuse  
Stanley W. Olson, Baylor  
Harold C. Wiggers, Albany

NOMINATING COMMITTEE

Mark R. Everett, Oklahoma; Chairman  
George N. Aagaard, Washington  
(Seattle)  
William W. Frye, Louisiana  
Clayton G. Loosli, Southern California  
H. Houston Merritt, Columbia  
John B. Truslow, Texas-Galveston

PROGRAM, 1963 ANNUAL MEETING

John E. Deitrick, Cornell;  
President and Chairman  
Donald G. Anderson, Rochester;  
Immediate Past President  
Robert C. Berson, South Texas;  
President Elect  
Richard H. Young, Northwestern;  
Secretary

RESEARCH IN EDUCATION

Robert J. Glaser, Affiliated Hospital  
Center, Inc.; Chairman  
John L. Caughey, Jr., Western Reserve  
T. Hale Ham, Western Reserve  
George T. Harrell, Florida  
Carlyle Jacobsen, SUNY-Syracuse  
George E. Miller, Illinois  
Julius B. Richmond, SUNY-Syracuse  
George A. Wolf, Jr., Tufts  
Stewart G. Wolf, Jr., Oklahoma

STUDENT AFFAIRS

John L. Caughey, Jr., Western Reserve;  
Chairman  
Joseph W. Ceithaml, Chicago  
Lawrence W. Hanlon, Cornell  
John Hirschboeck, Marquette  
John J. Mahoney, Indiana  
Woodrow W. Morris, Iowa  
James R. Schofield, Baylor  
Robert J. Slater, Vermont  
Lyman M. Stowe, Connecticut  
George A. Wolf, Jr., Tufts

STUDY OF NEW DRUGS

William M. M. Kirby, Washington  
(Seattle); Chairman  
Henry K. Beecher, Harvard  
Louis S. Goodman, Utah  
Carl A. Moyer, Washington  
(St. Louis)  
John F. Sheehan, Stritch  
Klaus R. Unna, Illinois

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
REPRESENTATION TO OTHER ORGANIZATIONS  
1962-63

ADVISORY BOARD FOR MEDICAL SPECIALTIES

(6 year term)

Carl Moyer, Washington (St. Louis)  
Term expires: 1966  
William A. Sodeman, Jefferson  
Term expires: 1964

AMERICAN COUNCIL ON EDUCATION

(4 year term)

Lercy E. Burney, Temple  
Term expires: 1966  
Carlyle Jacobsen, SUNY-Syracuse  
Term expires: 1964

ANIMAL CARE PANEL

Robert A. Moore, SUNY-Brooklyn  
Vernon E. Wilson, Missouri

EDUCATIONAL COUNCIL FOR FOREIGN

MEDICAL GRADUATES

J. Murray Kinsman, Louisville  
(4 year term)  
Term expires: December, 1966  
John McK. Mitchell, Bryn Mawr  
(Pennsylvania) Hospital (3 year term)  
Term expires: December, 1963

INSTITUTE OF INTERNATIONAL RELATIONS-  
AAMC ADVISORS

Duncan W. Clark, SUNY-Brooklyn  
Lawrence W. Hanlon, Cornell  
L. Emmett Holt, New York University  
Aura E. Severinghaus, Columbia  
Ralph E. Snyder, New York Med. College

INTERNSHIP REVIEW COMMITTEE - COUNCIL  
ON MEDICAL EDUCATION AND HOSPITALS

(3 year term)

James A. Campbell, Illinois.  
Term expires: 1964

LIAISON COMMITTEE ON MEDICAL EDUCATION  
(AAMC-CMEH)

Donald G. Anderson, Rochester  
Robert C. Berson, South Texas  
John E. Deitrick, Cornell  
Richard H. Young, Northwestern

NATIONAL BOARD OF MEDICAL EXAMINERS

(6 year term)

Charles S. Cameron, Hahnemann  
Term expires: 1964  
John McK. Mitchell, Bryn Mawr  
(Pennsylvania) Hospital  
Term expires: 1966  
Richard H. Young, Northwestern  
Term expires: 1968

NATIONAL FUND FOR MEDICAL EDUCATION,  
ADVISORY COUNCIL

Donald G. Anderson, Rochester  
Joseph C. Hinsey, Cornell  
Robert A. Moore, SUNY-Brooklyn

NATIONAL HEALTH COUNCIL

(3 year term)

Richard H. Saunders, Jr., Cornell  
Term expires: 1963  
Ralph E. Snyder, New York Medical  
College  
Term expires: 1964  
S. Bernard Wortis, New York University  
Term expires: 1963

NATIONAL INTERN MATCHING PROGRAM

(1 year term)

James A. Campbell, Illinois  
Term expired: June 30, 1963  
John S. Hirschboeck, Marquette  
Term expired: June 30, 1963  
George A. Wolf, Jr., Tufts  
Term expired: June 30, 1963

NATIONAL SOCIETY FOR MEDICAL RESEARCH-  
NATIONAL COUNCIL

Walter R. Berryhill, North Carolina

RESETTLEMENT OF FOREIGN PHYSICIANS  
COMMITTEE

Robert A. Moore, SUNY-Brooklyn

WORLD HEALTH ORGANIZATION FELLOWSHIP  
COMMITTEES

John Parks, George Washington

THE SEVENTH ANNUAL REPORT OF THE  
EXECUTIVE DIRECTOR

WARD DARLEY, M.D.

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

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

Research and Operational Studies

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

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

In addition to the intramural institutes, one of the important recent outcomes of the Association's research and study activity has been the past three Teaching Institutes: 1961, Research and Medical Education; 1962, Medical School-Medical Profession Relationships; and 1963, Medical School Administration.

But the real culmination of this research and study activity has been the increasing use of the resultant data and information by the medical schools in evaluating, planning, and developing their own programs.

#### International Medical Education

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

#### Medical School Surveys and Consultations

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

#### The Financing of the Association

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

##### Foundations

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

##### Industries

Abbott; Merck, Sharp and Dohme; Pfizer; Smith Kline & French; and Squibb

Thirty publishing, instrument, and supply firms through sustaining memberships and thirty others through contributing memberships. The Directory of the Association lists these memberships.

##### Federal Agencies

Agency for International Development and the National Institutes of Health

### Management of Business Affairs

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

### Communications

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

### Publications

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

### Forums

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

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

### Regional Meetings

I submit that the Continuing Group on Student Affairs may have developed an



organizational pattern that medical schools can follow for the study and discussion of problems in other than matters affecting students and thereby reach a consensus much more satisfactory than has been the case in the past. The deans have already demonstrated the effectiveness of the regional meeting when they were working with the staff of the National Institutes of Health regarding the administration of grants for research and research training.

The Need for an Organizational Pattern within  
Which Medical Schools Can Reach Consensus

Until the approval of AAMC's position paper, "Proposals for the Support of Medical Education by the Federal Government," on January 11, 1961 and the subsequent approach to the Congress in promoting the passage of HR 12 (PL 88-129), almost all of the activity of the Association has been oriented around programs which have rendered various services to the administrations and faculties of its member schools. I believe, however, that the experiences culminating in the passage of HR 12 clearly demonstrate that the time has now come when pressures and problems, both intramural and extramural, demand that the medical schools express opinions and assume responsibilities that will increasingly call for their collective wisdom and action. Doing this effectively may require a change in the structure and function of the Association so that the medical school administrators and faculties, utilizing the information and data that result from the Association's programs of research and special studies, can develop the consensus necessary for the schools to play a role in the development of national policy. This is a proposition to which I recommend the institutional members and the Executive Council next address themselves.

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

But there are other questions of national policy that are of equal importance that do not involve the Federal Government which are beginning to require the collective consideration of the medical schools. Some of the most important of these can be categorized as those pertaining to the non-Governmental financing of medical education, those pertaining to the relationship between preclinical and clinical teaching and the relationship of these to the internship and residency, and, finally, those pertaining to the vast problem of electronic communication in medical education and research.

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

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

REPORT OF THE SECRETARY

RICHARD H. YOUNG, M.D.

The Association, in conjunction with the Council on Medical Education and Hospitals of the American Medical Association, carried out the following medical school surveys during the academic year 1962-63:

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

Consultation visits for the establishment of new medical schools:

University of Hawaii - Honolulu, Hawaii  
Maryland State Planning Commission

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

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

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

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

## BALANCE SHEET

## ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1963	June 30 1962
<b>ASSETS</b>		
Cash	\$ 33,149	\$ 71,288
United States Government short-term securities - at cost and accrued interest	189,018	163,499
Accounts receivable	171,098	126,457
Accounts with employees	4,379	5,315
Supplies, deposits, and prepaid expenses	32,415	15,256
Land and building - at cost - Note A:		
Land improvements	\$ 9,002	\$ 9,002
Building	<u>287,854</u>	<u>287,854</u>
	<u>\$296,856</u>	<u>\$296,856</u>
	<u>\$726,915</u>	<u>\$678,671</u>
<b>LIABILITIES AND EQUITY</b>		
<b>Liabilities:</b>		
Accounts payable	\$ 19,742	\$ 26,323
Salaries, payroll taxes, and taxes withheld from employees	<u>9,076</u>	<u>7,829</u>
	\$ 28,818	\$ 34,152
Deferred income	41,288	25,300
<b>Equity:</b>		
Restricted for special purposes	\$254,253	\$223,547
Invested in land and building	296,856	296,856
Available for general purposes	<u>105,700</u>	<u>98,816</u>
	<u>\$656,809</u>	<u>\$619,219</u>
	<u>\$726,915</u>	<u>\$678,671</u>

See notes to financial statements.

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

Year Ended June 30

	Restricted for Special Purposes	Invested in Land and Building	Available for General Purposes	Total	1962 Total
--	---------------------------------------	-------------------------------------	--------------------------------------	-------	---------------

STATEMENT OF INCOME AND EXPENSE

Income:					
Dues from members			\$147,665	\$ 147,665	\$ 154,112
Grants	\$441,836		70,000	511,836	571,145
Services			245,561	245,561	211,528
Publications			111,012	111,012	103,727
Interest and other			6,244	6,244	4,230
Transfers in-out*	17,056*		17,056	-0-	-0-
<b>TOTAL INCOME</b>	<b>\$424,780</b>		<b>\$597,538</b>	<b>\$1,022,318</b>	<b>\$1,044,745</b>
Expenses:					
Salaries	\$155,115		\$291,120	\$ 466,235	\$ 424,325
Other expenses	192,367		346,126	538,493	556,121
Transfers in-out*	46,592		46,592*	-0-	-0-
<b>TOTAL EXPENSES</b>	<b>\$394,074</b>		<b>\$590,654</b>	<b>\$ 984,728</b>	<b>\$ 980,446</b>
<b>INCOME IN EXCESS OF EXPENSES</b>	<b>\$ 30,706</b>		<b>\$ 6,884</b>	<b>\$ 37,590</b>	<b>\$ 64,299</b>

STATEMENT OF EQUITY

Balance at July 1, 1962	\$223,547	\$296,856	\$ 98,816	\$ 619,219
Income in excess of expenses	30,706		6,884	37,590
<b>BALANCE AT JUNE 30, 1963</b>	<b>\$254,253</b>	<b>\$296,856</b>	<b>\$105,700</b>	<b>\$ 656,809</b>

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1963

Note A - Land and Building:

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

Note B - Grants to be Received in Future Periods:

It is the practice of the Association to include grants in income when they are received. At June 30, 1963, the Association had been notified by several grantors that it may expect to receive \$811,384 for special purposes and \$110,000 for general purposes within the next four years.

ANNUAL REPORT OF THE DIVISION  
OF BUSINESS AFFAIRS  
John L. Craner

The Division of Business Affairs continues to provide a broad base for the administrative support of the many programs and responsibilities of the Association. In addition to the usual functions of budgeting, accounting, purchasing, building management, personnel records and mailing, the Division carries the responsibility for the sale of Journal advertising, operating the shop for printing and reproduction, the IBM facility, and the teaching film library. The report that follows highlights the developments in which the Executive Director thought the membership would be particularly interested.

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

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

MEMBERSHIP AND JOURNAL SUBSCRIPTIONS

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

		Membership Data	
October 1, 1962 Individual		2,468	
October 1, 1963 Individual		<u>3,118</u>	
	Net Increase		650
October 1, 1962 Sustaining		28	
October 1, 1963 Sustaining		<u>25</u>	
	Net Decrease		3
October 1, 1962 Contributing		33	
October 1, 1963 Contributing		<u>30</u>	
	Net Decrease.		3
 Paid subscriptions to The Journal of Medical Education:			
As of October 1, 1962		1,363	
As of October 1, 1963		<u>1,436</u>	
	Net Increase		73

ACCOUNTING

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

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



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

### Special Reports

Grantors to the Association are now requiring more detailed financial reports. In particular, programs financed under contracts and grants with the National Institutes of Health and the Agency for International Development are subject to government audit, necessitating an internal audit of each disbursement that is involved. Preparation of special financial reports to contractors and grantors can be prepared on a monthly, quarterly or annual basis as required.

### THE NATIONAL INTERN MATCHING PROGRAM

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

### DATA PROCESSING

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

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

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

### FILM LIBRARY

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

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

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

The most popular films are: Number of Showings

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

Seventy-four prints had no showings.

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

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

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

Number of films removed from library	28
Missing prints	4

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

#### BUILDING SERVICES

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

#### JOURNAL OF MEDICAL EDUCATION

##### Advertising

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

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

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

## MAILING, REPRODUCTION AND PRINTING

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

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

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

## SCHOOL VISITATIONS

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

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

REPORT OF THE DIRECTOR  
DIVISION OF OPERATIONAL STUDIES

LEE POWERS, M.D.

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

Staff

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

Introduction

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

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

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

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

These monthly fact-sheets, which provide concise and partially diagrammatic presentations of the various aspects of medical education, have been circulated to government offices, voluntary and philanthropic organizations, newspapers, and to interested individuals, both here and abroad. They have been universally acclaimed. Medical school deans have been particularly enthusiastic about the "Datagrams" and their capsulated presentation of important current information.

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

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

#### I. Activities Concerned with Students

##### A. "The Financial Situation of the American Medical Student"

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

The report by Whiting et al. appeared in The Journal of Medical Education, Vol. 36, July 1961 and has been widely quoted in medical journals and in non-professional publications such as the Wall Street Journal and the Congressional Record. It has contributed to a general awareness of the problems of financial strains attached to a medical education and has stimulated programs aimed at their solution.

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

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

##### B. "Medical Student Loan Funds: Fiscal Year 1961"

A second important study which dealt also with student financial situation was the "Report on Medical Student Loan Funds: Fiscal Year 1961." This study was undertaken by the Sub-Committee on Financial Problems of Medical Students of the Continuing Group for Student Affairs, in cooperation with the staff of the Division of Operational Studies. It has particular significance as an example

of productive collaboration between staff and committee jurisdictions. The final report "Student Loan Funds in American Medical Schools" by Ceithaml and Whiting appeared in The Journal of Medical Education, Vol. 38, May 1963.

C. "Alternate Methods for Providing Financial Assistance to Medical Students"

From the reports mentioned above evolved a working handbook "Alternate Methods for Providing Financial Assistance to Medical Students." This was a documented analysis of four alternative methods of utilization of funds available for student aid: (1) direct grants to medical schools, (2) guaranteed loan plan in cooperation with local lending organization for creation of credit for medical student loan assistance, (3) direct grants to medical schools for teaching assistantships, etc., awarded on the basis of scholastic excellence and financial need, and (4) an integrated use of the guaranteed-loan-fund plan and grants to medical schools for stipend assistance to be awarded on the basis of scholastic excellence and financial need.

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

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

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

D. "The Clinical Externship in U. S. Medical Schools: 1961"

A third study, "The Clinical Externship in U. S. Medical Schools: 1961" was undertaken jointly by the AAMC, AHA, and the AMA. The results of this study have not been published. However, comments concerning externships, obtained during the course of the study from graduates of the class of 1961 were an integral part of the paper "Expectations of Medical Students" prepared by John L. Caughey, Jr. for the 1963 Annual Congress of Medical Education and Licensure.

Dr. Caughey is using the same material in a second paper "Clinical Education and Clinical Responsibility, The Attitudes of Students" which is scheduled for the 1963 Annual Meeting of the Association of American Medical Colleges.

E. "The University Hospital Internship in 1960"

The fourth study on "The University Hospital Internship" (financed by a separate grant from the Kellogg Foundation and directed by Dr. Richard H. Saunders, Jr.) constitutes the only intensive and extensive study ever made of the educational value of the internship. The final report, published in The Journal of Medical Education, Vol. 36, June 1961, approximately 100 pages in length, probes deeply into the major aspects of internships, by type and by service, as an education experience. This study will be the basis for the further consideration of the internship in medical school hospitals by the Committee on Medical School-Teaching Hospital Relationships.

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

II. Activities Concerned with Faculties

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

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

The Faculty Register constitutes a unique informational resource for studying the trends in medical school faculties. It has made possible an analysis of the shifting emphasis in recent years toward a larger proportion of full-time faculties -- an acknowledged criterion of excellence in medical pedagogy. The report "Trends in Medical School Faculties" by Powers et al., published in The Journal of Medical Education, Vol. 37, October 1962, was based on information derived from the Faculty Register. The Register also provides information on the military status of teaching personnel.

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

III. Activities Concerned with Facilities

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

By 1975 present schools of medicine will need to increase their first year enrollments by more than 2000 and at least twenty new medical schools will have to be established, if the present ratio of physicians to population is to be maintained.

A comprehensive analysis of the need for expansion of facilities including construction costs, new school requirements, and potential increased enrollments, was undertaken by the Division of Operational Studies. The findings were reported in an article "National Goals for the Construction of Medical School Facilities," by Lee Powers et al. and published in The Journal of Medical Education, Vol. 35, February 1960.

Such a definition of the need for increased medical school enrollments, and the analysis of future construction requirements translate into tangible terms the fact-gathering aspect of the program of the Division of Operational Studies. The published study on construction needs and future enrollment estimates, as well as the previously discussed papers on trends in faculty staffing patterns, and on the financial situation of the American medical student, separately and collectively, provide important reference points for future studies.

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

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

The staff of the Division actively participated with the United States Public Health Service and the American Medical Association in preparing the two publications concerning planning considerations and architectural guides for new medical facilities. The first two volumes were published in 1961 by the Department of Health, Education, and Welfare: "Medical School Facilities - Planning Considerations" and "Medical School Facilities - Planning Considerations and Architectural Guide."

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

A third publication, under the aegis of the USPHS, the AMA, the AHA, and the AAMC is now in progress. This will be a revision of the first two volumes of planning and architectural considerations for medical schools and will be



expanded to include similar information on teaching hospital facilities.

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

Because medical schools are a national resource, and because of the magnitude of the construction and rehabilitation problem, the AAMC has unequivocally endorsed the idea of federal participation, on a matching basis, for construction of new education, research, and other essential medical facilities, and for modernization of old ones. Representatives of the Association have testified at congressional hearings where legislation to this end was being developed. Prepared testimony for these hearings was based on factual information compiled by the Division of Operational Studies. Without this fund of information, adequately documented support of national medical facilities legislation would have been impossible. This kind of information rapidly becomes outdated. Therefore, a biennial survey of medical schools is planned in order to keep on hand, current information pertaining to construction needs and estimated costs of expansion or renovation of medical facilities. The third such survey has just been completed and a summary of the information appeared in the August issue of "Datagrams."

#### IV. Activities Concerned with Financial Support for Medical Education

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

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

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

Annual expenditures of medical schools by sources of income, as tabulated and analyzed by the staff of the DOS have become a standard, essential part of the

Education Number of the Journal of the American Medical Association.

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

The American Medical Association has decided to study the sources of medical school income and to see what it can do to increase income from non-federal sources. One of the first steps in this move has been the publication of the pamphlet, "Money and Medical Schools." This pamphlet was based almost completely upon Mr. Carroll's studies of medical school expenditures by sources of income.

#### V. Activities Concerned with Other Facets of Medical Education

##### A. Administrative Institutes

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

The principles of management have been highly developed in other areas of endeavor; among them, industry and government. Appropriate principles of management can, and must, be developed and applied in the medical center context. To this end, a series of three Administrative Institutes has been planned under the auspices of the Division of Operational Studies. The major problems in medical center management for which solutions must be sought fall into the following categories:

1. Those connected with the internal organization and administration of the medical center;
2. Those concerned with administrative relationships between the medical school and the parent university; and
3. Those pertaining to relationships between the medical school and the teaching hospital.

The First Institute on Medical School Administration was held on October 5-8 at the Hilton Inn in Atlanta, Georgia. In a sense, the concept of Administrative Institutes represents the fruition of the total program of the Division

of Operational Studies. No such broad-gauge undertaking could have been initiated at this time were it not for the ground structure provided by the activities of the DOS during the past four years. Although much sorting, organizing, and up-dating of resource materials remains to be done in preparation for each of these Institutes, a substantial part of the spadework is an accomplished fact.

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

B. The 1961 Institute on Medical Education and Research

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

C. Conference on Problems Confronting Universities Establishing New Medical Schools

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

D. Study of Medical School-Hospital Affiliation Agreements Being Conducted in Cooperation with AAMC

The staff of the Division of Operational Studies is assisting Dr. Cecil G. Sheps, of the Graduate School of Public Health at the University of Pittsburgh, in studying the agreements between medical schools and affiliated hospitals. A report of this study should be completed for publication some time this coming fall.

VI. Conclusion

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

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

ROBERT J. GLASER, M.D.,  
Chairman of the Committee

PAUL J. SANAZARO, M.D.,  
Director of the Division

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

I. Section on Basic Research.

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

A. Re-organization of staff and program to compile in systematic form the vast amount of data on students currently available in the Association's archives. The basic data of the longitudinal study on the 1960 graduates of 28 medical schools will be published shortly.

B. Establishment of a systematic research program which, over the years, will lead to more meaningful cumulative data analysis.

C. Making results of research readily available as information to member schools and faculty members.

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

A. Medical School Environment Inventory.

The psychometric development of this uniquely useful instrument was completed last year during analysis of the AAMC's longitudinal study of the class of 1960. In addition to the 28 schools included in the longitudinal study, 6 others have administered the Environment Inventory and the Division has supplied them with the resulting data for internal use. One of these schools has recently re-administered the Inventory after a two-year interval. The availability of additional data on these schools which have used the Inventory has provided clinical validation and improved interpretation of the Inventory. Long range plans include further refinement of the instrument to relate it more specifically to student learning.

B. Career Counseling Device.

In 1960 the subjects of the longitudinal study were given an experimental questionnaire entitled "Career Attitudes." Work is now in progress to develop this

instrument as a practical counseling tool for use by faculty members in discussing career plans with medical students. While previous research in other fields offers a sound rationale for the use of items similar to those contained in this questionnaire, the analysis has not yet clearly indicated the potential value of this particular device.

C. Rating of Clinical Performance.

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

D. Follow-up Study of Experimental Tests Devised by Educational Testing Service.

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

E. Special Studies.

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

F. Attrition Study.

Doctor Hutchins also participated in the highly important attrition study (see below). The generous invitations to visit individual medical schools were greatly appreciated, for they not only made it possible to obtain important information but also provided a more balanced perspective.

II. The second major unit in the Division of Education is the Section on Student Studies and Services.

In analyzing the responsibilities of the Division, it became apparent that there was urgent need for an administrative unit with primary responsibility for exchange of information on applicants and students between the AAMC and medical schools and for special studies on medical students. Because of the central importance of this function, the Division was most fortunate in obtaining the services of Doctor Davis G. Johnson, who was for many years the Assistant Dean for Student Personnel and Admissions at State University at Syracuse and charter member of the Continuing Group on Student Affairs. On August 1, 1963,

he assumed full-time duties as Assistant Director in charge of this Section.

Since the Fall of 1962, Doctor Johnson has served as Principal Investigator in the Study on Medical Student Attrition, sponsored by the Maurice Falk Medical Fund. Major progress to date includes:

- A. Review of the literature on student attrition.
- B. Site Visits to 19 medical schools.
- C. Questionnaires to some 1,500 students who made "irregular progress" and to 3,000 "controls" who made "regular progress" during 1961-62.
- D. Questionnaires to all U.S. medical school Deans and CGSA members concerning student attrition at their schools.
- E. Analysis of AAMC records on student progress during the past 10 years.

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

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

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

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

III. The third major unit of the Division may be classified as Educational Research and Service.

The Director of the Division is responsible for this program which aims at the improvement of teaching and of educational programs in individual medical schools. One means of serving this function is formal or informal consultation with individual faculty members, departments or medical schools. By means of these, the

Director has come to appreciate the full extent to which serious and constructive thought is being given to means whereby sound educational principles may be applied to the analysis and revision of existing programs. Such consultations will be increasingly supported by the availability of a summary of the studies which have been performed on any given school over the preceding years. As these data are made available, an interpretive summary will be compiled which will assist in the objective assessment of educational programs. This can then be used as the basis for further local study and administrative and educational decisions.

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

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

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

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

A fourth program of the Division is sponsorship of the Conference on Research in Medical Education. The first such Conference, held in conjunction with the 1962 Annual Meeting of the Association, was considered successful as judged by the calibre of the papers and the enthusiastic reception of the program. Most of the papers have been subsequently published in the Journal of Medical Education. The Proceedings of the Second Conference, to be held on October 30, 1963, will be published as a special issue of the Journal of Medical Education so that

it may serve as a readily available single reference source for those who are interested in this work. It appears that the Conference is succeeding in its major purpose, i.e., to stimulate the development of research in medical education by greater cooperative effort of individuals, schools and disciplines.

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

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

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

The Division also provided staff services for the work of the Committee on Medical Communications (see Annual Report of this Committee for details).

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



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

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

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

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

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

ROBERT A. MOORE, M.D.,  
Chairman of the Committee

HENRY VAN ZILE HYDE, M.D.,  
Director of the Division

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

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

The Division had the active support and guidance of the Committee on International Relations in Medical Education and its Panel of Consultants throughout the year in the planning and conduct of its program. It worked closely with the Continuing Group on Student Affairs and the Committee on Medical Communication, in particular. The Rockefeller Foundation continued its financial support of the Division while the Agency for International Development extended its supporting contract for a further two year period, and Smith, Kline and French agreed to increase its financial contribution to the expense of administration of the fellowship program supported by its funds.

### Organizational Developments Abroad

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

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

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

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

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

### The Committee on International Relations in Medical Education (CIRME)

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

### Relationships

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

Abroad, the Association was represented as follows:

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

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

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

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

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

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

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

Foreign visitors at headquarters included, in addition to Dr. Reddy and the Philippine group, Dr. Ernani Braga, Executive Director of the Pan American Federation of Associations of Medical Schools, Dr. Afif Mufarej, President of the Lebanese Medical Association and Dr. Jorge Firmat, Director of Health of Buenos Aires.

Within the United States, the Division maintained working relationships with foundations and agencies which are specifically concerned with international medical education and with related agencies, such as Education and World Affairs, the Institute of International Education, the Society for International

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

## Studies

### Personnel Resource Survey

The Personnel Resource Survey, based on the international section of the faculty register questionnaire, elicited an expression of interest and potential availability for service abroad on the part of some 12,000 medical faculty members. Data obtained in this survey formed the basis of Datagrams published in November and December of 1962. These Datagrams provided information on the academic status, specialty interests, language skills and geographic preferences, and the length of time for which medical faculty members would be potentially available for overseas service. A report of the preliminary findings of the Personnel Resource Survey was made by the Director of DIME at the 73rd Annual Meeting. Refinement of data and analysis continued through the year under report.

### Foreign Medical Students

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

### Intern and Resident

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

### Research Design for Program Evaluation

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

### Publications

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

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

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

### Agency for International Development (AID)

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

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

Continuing concern was expressed in several quarters over the relationship between AID and universities, in general, and medical schools in particular. DIME convened a meeting in Los Angeles in November of AID officials and representatives of medical schools holding AID affiliation contracts. The medical school representatives prepared a paper outlining the difficulties they were encountering as a result of strict AID control over operational details. The paper was transmitted to AID and to the office of the Science Adviser to the President. At the time of the present report, the paper was

under active study by a joint government-nongovernment group studying the overall AID university relationship. At the close of the year as noted above, in cooperation with AID and other agencies, DIME was organizing a meeting of an Advisory Panel under the chairmanship of Dr. James P. Dixon, Jr., to consider how AAMC might proceed with an evaluation of the total AID medical education program, with special reference to the contract mechanism.

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

#### Foreign Consultation

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

#### Recruitment

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

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

#### The Journal of Medical Education

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

An analysis of Journal distribution overseas revealed that 9 subscriptions were active in Africa, 21 in the Middle East, 86 in Latin America, 97 in Europe and 273 in Asia. The large number of subscriptions in Asia is due to the China Medical Board which has subscribed on behalf of the schools in its area of interest and the AID which has subscribed on behalf of the schools in India.

### Medical Teaching Films

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

### Annual Conference of Foreign Medical Scholars

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

### Cuba

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

### Fellowship Program

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

During the four years of the program, grants totaling \$200,000 have enabled 123 students to work in 40 countries; funds have also been provided for 20 professionally qualified wives to accompany their husbands and participate in their fellowship programs. Applications have been submitted by 79 schools. Students from 66 schools have received fellowship awards, while 5 schools have never submitted applications. The program is to be continued in 1965.

### Resume of Applications for 1963

Exhibit I - Recipients of grants by school and foreign sponsor station.

Exhibit II - Applicants by schools.



EXHIBIT I  
SMITH KLINE & FRENCH FOREIGN FELLOWSHIPS PROGRAM  
RECIPIENTS OF GRANTS - 1963

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

EXHIBIT II

Number of Applicants	117	Number of Schools Having Applicants Selected to Receive Awards	31
Number of Schools Having Applicants	66	Number of Schools Without Applicant	18
Number of Recipients	31		

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

JOINT REPORT OF THE EDITOR  
AND EDITORIAL BOARD

THE JOURNAL OF MEDICAL EDUCATION

JOHN A. D. COOPER, M.D.

For the period from July 1, 1962 to June 30, 1963, The Journal of Medical Education published 1225 pages of editorial material, excluding the pages in one supplement published during that period. This supplement, published as Part II of the December, 1962 issue, was the report of the Ninth AAMC Teaching Institute, Research and Medical Education, edited by Julius H. Comroe, Jr., M.D. (with the assistance of the Institute Planning Committee), with editorial coordination by Miss E. Shepley Nourse.

Special Issues

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

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

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

Special Sections

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

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

Editorial Board and Staff

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

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

## REPORT OF THE ANIMAL CARE COMMITTEE

THOMAS B. CLARKSON, D.V.M.  
Chairman

### Legislative Problems

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

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

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

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

### The Survey of Animal Facilities in Medical Research

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

### Animal Facility Certification

Working with the support of an NIH grant, a committee of the Animal Care Panel has developed a "Guide for Laboratory Animal Facilities and Care." Two members of this Committee served on the Animal Care Panel Committee. This guide is an excellent distillation of existing knowledge and "expert opinion." It was published in the Spring of 1963 and is available from the publication's office of the U. S. Public Health Service.

A meeting was held in Ann Arbor, Michigan, June 20-21, 1963, to consider a program of voluntary certification of animal facilities by the Animal Care Panel based upon the recommendations of the "Guide." Drs. Bennett J. Cohen and Thomas B. Clarkson of this Committee were present. The Executive Council

of AAMC was represented by Dr. William N. Hubbard, Jr. The AAMC staff was represented by Dr. Henry van Zile Hyde. Many other organizations were also represented.

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

#### AAMC Participation in Animal Care Panel

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

## REPORT OF THE FEDERAL HEALTH PROGRAMS COMMITTEE

ROBERT C. BERSON, M.D.  
Chairman

### Health Professions Educational Assistance Act of 1963

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

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

A similar bill (S 911) had been introduced in the Senate. On August 22, 23, and 26, the Senate Committee on Labor and Public Welfare (Senator Hill, Chairman) held hearings on both measures. On September 5, the Committee reported the bill as passed by the House, two members opposing the bill and filing a minority report supporting the construction feature but objecting to the student loan provisions. On September 12 the Senate debated the bill for about three hours, voted down amendments to: a) eliminate student loans, b) broaden the student loan provisions to provide forgiveness of indebtedness for those who practice in rural areas, and c) attach provisions against discriminations by rather narrow margins, then passed the bill without amendment with only nine dissenting votes. On September 24, 1963 the President signed the bill into Public Law 88-129. It is expected that a special appropriation will be requested and obtained, and that the program will be put on an active basis promptly.

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

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

### Other Matters

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

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

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

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

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

One of the gravest concerns of the Federal Health Programs Committee at the present time is the difficulty of recruiting and holding top scientists and administrators in the Public Health Service, including the National Institutes of Health. Many of the men who have shown great ability in very important positions can receive substantial retirement benefits after twenty years of service and immediately move into more lucrative positions outside of government. The growing complexity of administrative problems occasioned by the growth of the programs and the increasing attention they are receiving from various congressional committees, make it imperative that men of comparable ability be recruited to replace them, but the ceiling on salaries is so low that this recruitment is almost impossible. Our concern has been expressed to the President, administrative officers and members of the House and Senate. At the present time the best hope for solving this problem seems to lie in the passage of the Executive Pay Act of 1963. The chances of this taking place in the current session of Congress do not seem very great and the prospects for such action during 1964 are not too encouraging.

Finally, the Federal Health Programs Committee would like to express deepest appreciation for the very fine and continuous cooperation it has received from all of the member institutions and individuals within them, as well as from a considerable number of other people, associations, and agencies. The Committee invites your suggestions during its open meeting, by letter, or informally.

## REPORT OF THE COMMITTEE ON MEDICAL COMMUNICATIONS

DAVID S. RUHE, M.D.  
Chairman

In December 1962 the Committee was appointed, and was charged by the Executive Committee with broad objectives on behalf of medical education in the medical colleges. The scope of the program was defined as to:

1. Originate and review concepts in which communication and education overlap; consider and recommend research that may be applicable to this problem;
2. Suggest ways and means of improving medical communication in medical schools in this country and abroad;
3. Discuss and make recommendations concerning governmental and non-governmental interrelationships in the communication fields;
4. Review and report technologic advances in information-processing which may contribute to better medical education, research, and patient care; and,
5. Maintain appropriate liaison with other AAMC committees.

Almost simultaneously E. R. Squibb and Company, through Mr. Howard W. Baldock, made available an additional \$5,000 as an expression of support for the Committee's activities.\*

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

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

\* \$10,000 had been contributed in preceding years.

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

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

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

On June 7 the Ad Hoc Advisory Committee for Medical Libraries met, with five expert participants in attendance: Dr. William K. Beatty (Northwestern University), Dean Jesse H. Shera (Western Reserve University), Dr. Ralph T. Esterquest (Harvard University), Dr. J. Edwin Foster (Educational Media Council), Dr. Malcolm S. Ferguson (National Institutes of Health), Drs. Ruhe and Sanazaro (AAMC). Unable to attend were Dean Edward W. Dempsey (Washington University) and Henry C. Longnecker (Smith, Kline & French Laboratories). The information crisis as it affects library services and personnel was exhaustively analyzed. Active liaison with the Medical Library Association was decided upon, in the interests of establishing standards of librarianship, and in order to undertake pertinent studies of physical plants, personnel upgrading, machine information-processing (e.g. MEDIARS et al.), inclusion of non-printed media of information, and many others in the broad new concept of the "library" as a Learning Resources Center. Such a center was conceived to be concerned with student learning as well as with the storage and dissemination of the great efflorescence of scientific information. A report of this Committee activity was made to the Medical Library Association at its annual meeting, June 15. Following the Committee's recommendation, a joint four-member AAMC-MIA Committee on medical library standards is being constituted.

Following formal acceptances by seven professional societies, the second and official Advisory Committee on Medical Motion Pictures convened at the time of



the National Audio-Visual Association's annual meeting (July 22-23, 1963). Dr. Klaus R. Unna and Julius B. Kahn (Pharmacology), Robert D. Tschirgi (Physiology), Joseph E. Markee (Anatomy), Harry E. Morton (Microbiology), Howard C. Hopps (Pathology), Joseph R. Christian (Pediatrics), and Leo L. Leveridge met with Drs. Ruhe and Sanazaro. The methods of systematic film reviewing were discussed at length. Objective criteria for film-judgment were reviewed, and methods of collecting data in a fashion suitable for coding were examined. Coordinators for sustained film reviewing were suggested for each specialty, in order to achieve work continuity, and to maintain organizational autonomy. A suggested standard procedure of reviewing was elaborated. The AAMC role in coordinating the reviewing groups was defined, and staff requirements were estimated. The sources and extent of prospective supporting funds were outlined. Each participating society was to be represented by its coordinators; all coordinators together would represent a new "Advisory Committee for the Evaluation of Medical Educational Films," whose purpose would be to increase and improve the flow of evaluative material on motion pictures for the assistance of teachers of the medical sciences.

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

REPORT OF THE  
COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE, M.D.  
Chairman

During 1962-63 the Committee on Medical Education for National Defense (MEND) continued its cooperative work with the Department of Defense in conducting, in each medical school, the program of medical education in handling medical problems that would arise in a national emergency. Education of faculty in the medical care of mass casualties, including thermal and radiation injury as well as special medical problems encountered by the Armed Forces, has moved forward. The coordination of the teaching of this information has been carried out by symposia, regional, and national meetings of MEND coordinators from each medical school and selected faculty.

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

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

The program for the education of faculty and indoctrination of residents is covered in more detail in the abstracted report of the national MEND coordinator for the Department of Defense, Dr. Bennett F. Avery. (follows)

The MEND Committee worked on the following problems during 1962-63.

1. Gaining recognition by Selective Service of the national needs to maintain the medical specialty education program.

Meetings have been held with General Hershey in Selective Service to obtain recognition of the need for deferment of medical graduates in residency education programs as essential for national welfare in maintaining the flow of physicians educated in the medical specialties required by national needs. These meetings resulted in Local Board Memorandum #77 from the National Headquarters of the Selective Service System issued on March 27, 1963, which states "consideration for deferment should be given each physician whose employment in the practice of medicine or whose activity in research, teaching, or study, including internship and residency is found to be necessary to the maintenance of the national health, safety or interests."

2. Obtaining call up of physicians by the Department of Defense at the time of logical breaks in the education program.

Under the guidance of Dr. William R. Willard, Chairman of the Health Resources Advisory Committee, meetings have been held with officials of the Department of Defense and Selective Service to obtain a policy of calling up physicians at break points in their education program, i.e. after internship and after the completion of residency training with maintenance of the right of every physician to volunteer for service whenever he may feel that it is appropriate. This policy has now been adopted by the Department of Defense. They have agreed to try to anticipate their needs sufficiently far in advance and to place requisitions for personnel with Selective Service early enough to permit planning by institutions and registrant physicians in making commitments for further residency education. Notification of anticipated call-ups by Selective Service will probably occur during the fall of each year for those expected to enter service during the following summer.

3. Developing policies for the deferment of essential faculty by Selective Service.

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

4. Planning in conjunction with the U. S. Public Health Service for continuing medical education during a national emergency involving nuclear war.

With the delegation to the U. S. Public Health Service of responsibility for maintaining medical education and research during a major national emergency, it has become important to determine the thinking of the U. S. Public Health Service and their tentative plans. Accordingly, this information was requested and received from Dr. G. P. Ferrazzano, Chief of the Division of Health Mobilization, United States Public Health Service under date of June 4, 1963.

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

5. Defining the role of the medical schools and their teaching hospitals in the Shelter Program of Civil Defense.

The designation of medical schools and their teaching hospitals as fall-out shelters by Civil Defense is believed to be unrealistic by the MEND Committee. It is believed that these resources must be reserved and maintained to receive casualties suffering from severe trauma and that this should take precedence over fall-out needs. This situation is being further discussed with the Department of Defense. In a number of areas the local Civil Defense organization

has removed their designations of the medical schools' hospitals and the medical school as fall-out shelters. These installations are being equipped by Civil Defense to take care of casualties and the personnel needed in their care.

R E P O R T   O F   T H E   N A T I O N A L   C O O R D I N A T O R

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

Four MEND symposia were conducted in 1962-63: "Environmental health hazards in relation to disaster" at the Robert A. Taft Sanitary Engineering Center, PHS, Cincinnati, Ohio; "Infectious disease in biological warfare and global medicine," Walter Reed Army Institute of Research, Washington, D.C.; "Medical problems of missiles and space flight," Cape Canaveral, Florida; and "Radiological defense and the treatment of radiation injury," National Naval Medical Center, Bethesda, Maryland. An average of 110 faculty members attended each symposium.

The courses in the management of mass casualties, conducted by the Army, were attended by 142 residents and 69 faculty members during the year. The PHS courses in defense against chemical and biological warfare drew 24 faculty members, and a variety of other courses were attended by 42 faculty members under MEND sponsorship. The annual Orientation Tour was taken by 35 faculty members, among them 6 deans. The coordinators' Conference, held in Puerto Rico, had been well received.

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

For 1963-64, four symposia were being planned, with the following tentative titles and dates:

"Organizing emergency medical services," 17-18 October 1963, to be conducted by the Public Health Service in Dallas, Texas.

"Medical effects of nuclear energy," 4-6 November 1963, to be conducted by the Defense Atomic Support Agency, in Albuquerque, New Mexico.

"Medical aspects of tropical operations," 10-12 February 1964, to be conducted jointly by the three services, in the Panama Canal Zone.

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

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

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

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

REPORT OF THE COMMITTEE ON  
MEDICAL SCHOOL-AFFILIATED HOSPITAL RELATIONSHIPS

GEORGE N. AAGAARD, M.D.  
Chairman

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

Internships at University Hospitals and Primary Affiliated Hospitals

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

The Appointment of Graduates of Foreign Medical Schools to University Hospitals and University Affiliated Hospitals

It was recommended that a subcommittee be appointed to work with the task force of the National Internship Matching Program to recommend the role which the Association of American Medical Colleges and its member institutions might play in reference to the internship and residency training of the graduates of foreign medical schools. It is hoped that the subcommittee might draw up a statement of university and medical school responsibility and obligation which might later be presented to the membership of the AAMC. A subcommittee has been appointed to work on this recommendation.

Financing of Intern and Resident Education at University Hospitals and Primary Affiliated Hospitals

It was recommended that a subcommittee be appointed to consider the following problems, and where appropriate, to gather information or make recommendations concerning them.

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

Recommendations of the Executive Committee of the Teaching Hospital Section

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

1. The Committee on Medical School-Affiliated Hospital Relationships should be provided with a full time staff - a person who would include in his duties research that would cover the field of overlapping interests between universities and affiliated teaching hospitals, staff service for the development of the Teaching Hospital Section and the AAMC Committee on Medical School-Affiliated Hospital Relationships, the development and maintenance of a modest newsletter for the Teaching Hospital Section, and the arrangement of the publication of selective papers presented at the annual meeting of the Section.
2. A change in the structure of the AAMC should be accomplished so that affiliated teaching hospitals may be eligible for some type of associate institutional membership. Those hospitals which would be eligible for such membership would be designated by the dean of the medical school, would pay appropriate associate institutional membership dues, and would designate the representative which that hospital would have to the Teaching Hospital Section.
3. The AAMC should make provisions for reviewing the relationships, activities, and objectives of the Committee on Medical School-Affiliated Hospital Relationships and the Teaching Hospital Section, with the purpose of clarification and simplification.



REPORT OF MEDICAL SCHOOL - VETERANS  
ADMINISTRATION RELATIONSHIPS COMMITTEE

GRANVILLE A. BENNETT, M.D.  
Chairman

Reference was made in the last annual report of the Committee (Journal of Medical Education 38:441-442, May 1963) to the reported difficulties medical schools have experienced recently in achieving staffing patterns in the affiliated Veterans Administration hospitals which are deemed essential to meet educational, research, and patient care needs.

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

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

REPORT OF THE STUDENT AFFAIRS COMMITTEE

JOHN L. CAUGHEY, JR., M.D.  
Chairman

The AAMC standing Committee on Student Affairs in 1962-63 progressed from newborn to yearling status, and maintained activity in each of its special functions, 1) assisting the AAMC central office staff in areas related to student affairs, and 2) providing executive leadership for the AAMC Continuing Group on Student Affairs (CGSA). The Committee held meetings in Los Angeles on October 27, 1962, and in Chicago on February 2, 1963.

Under the direction of Dr. Paul J. Sanazaro, the AAMC Division of Education has been defining its program, and adding necessary personnel. There is reason to believe that an excellent foundation is being laid upon which productive work in the area of Student Affairs can be built. A major current activity is the study being conducted by Dr. Davis G. Johnson on factors related to medical student dropouts. As rapidly as resources permit, recent studies of the clinical experience will be extended. Currently the Committee on Student Affairs is also assisting the AAMC Division of International Medical Education, under Dr. Henry van Zile Hyde's direction, in a study of the problems of foreign students enrolled in United States medical schools as candidates for the M.D. degree.

The CGSA, the organization of which was described in the January 1963 issue of The Journal of Medical Education, has continued to provide opportunity for student affairs officers from each medical school to come together for discussion of common problems. Almost every medical school in the United States was represented at one or more of the five regional meetings during 1963. Topics of special interest have been, 1) proposed changes in the AAMC Recommended Acceptance Procedures, 2) modification of the rules about confidentiality of MCAT scores, and 3) restudy of the current patterns of AAMC collection and reporting of data about applicants and students.

Much of CGSA's work is carried out by its committees. The Committee on Financial Problems of Medical Students (Dr. Joseph Ceithaml, Chicago, chairman) has continued its collection of data. Its report on student loan funds was published in The Journal of Medical Education in May 1963. The Committee on Research (Dr. Woodrow W. Morris, Iowa, chairman) has worked closely with the AAMC central office on studies related to student affairs. One of its goals is to assist individual CGSA members or other faculty persons in the medical schools to develop plans for research on student problems and to help arrange for cooperative studies in more than one school when such an undertaking would be productive of more significant results than could be obtained in one school. The Committee on Relations with High Schools and Colleges (Dr. James R. Schofield, Baylor, chairman) during the year received assurance of necessary financial support and is now developing its program. Initial emphasis is being placed upon regular and effective communication between AAMC and the premedical college advisors who deal directly with students when they are making decisions for or against medicine as a career. The Committee on Student Aspects of International Medical Education (Dr. Thomas J. Brooks, Jr., Mississippi, chairman) has not been active because of the absence of its chairman from the country and because its role, in relation to the AAMC Division of International Medical Education, and

the AAMC Committee on International Relations in Medical Education, has not been defined. However, the current Foreign Student Study is in progress and should produce helpful data about foreign students enrolled as candidates for the M.D. degree in United States medical schools. There is strong sentiment among CGSA members that the Committee should prepare materials the medical schools may use in dealing with the many inquiries they receive from foreign students about possible admission to medical school.

REPORT OF THE COMMITTEE ON THE STUDY OF NEW DRUGS

WILLIAM M. M. KIRBY, M.D.

Chairman

1. The Committee met in Chicago January 7, 1963 and discussed in detail the new drug regulations, which had just then been issued. Although it was too early to take any action, the Committee adopted four resolutions which were transmitted, together with the minutes of that meeting, to the Executive Council for appropriate action.
2. With the help of Dr. Ward Darley and the AAMC staff, the chairman sent out a questionnaire. Twenty-five copies were sent to the dean of each medical school, and by June 20, 640 replies had been received from 75 medical schools. The answers formed the basis for an address by the chairman "How the FDA regulations affect the clinical investigator" which was presented at a conference of scientific and professional societies, sponsored by the Commission on Drug Safety, in Chicago on June 28. This address will appear in the Proceedings of the Conference, and will also be given in a modified form, but including results of the questionnaire, at the 1963 Annual Meeting of the AAMC.
3. The Committee chairman felt that no further meetings were indicated until about March, 1964, because the new regulations took final effect on June 7, 1963, and a period seemed indicated in which to observe regulations in actual practice. The chairman plans to keep in close touch with negotiations with the FDA by various agencies, so as to be aware of areas where Committee action might be warranted.







