

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ANNUAL REPORTS
of
STAFF AND COMMITTEES

Presented at the 75th Annual Meetings
of the
Association

October 16-21, 1964

Denver Hilton Hotel
Denver, Colorado

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1963-64

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Klaus R. Unna, Illinois

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REPRESENTATION TO OTHER ORGANIZATIONS
1963-64

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(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)

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

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William N. Hubbard, Jr., Michigan
Vernon E. Wilson, Missouri

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MEDICAL GRADUATES

(4 year term)

J. Murray Kinsman, Louisville
Term expires: December, 1966
John McK. Mitchell, Bryn Mawr
(Pennsylvania) Hospital
Term expires: December 1967

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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

James A. Campbell, Illinois
(3 year term)
Term expires: 1967

LIAISON COMMITTEE ON MEDICAL EDUCATION

(AAMC-CME)

Robert C. Berson, South Texas
John E. Deitrick, Cornell
George A. Wolf, Jr., Tufts
Richard H. Young, Northwestern

NATIONAL BOARD OF MEDICAL EXAMINERS

(4 year term)

John McK. Mitchell, Bryn Mawr
(Pennsylvania) Hospital
Term expires: 1966
Ralph E. Snyder, New York Medical
College
Term expires: 1968
Richard H. Young, Northwestern
Term expires: 1968

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Joseph C. Hinsey, Cornell
Robert A. Moore, SUNY-Brooklyn

NATIONAL HEALTH COUNCIL

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Abraham White, Albert Einstein

NATIONAL INTERN MATCHING PROGRAM

(1 year term)

James A. Campbell, Illinois
Term expired: June 30, 1964
John S. Hirschboeck, Marquette
Term expired: June 30, 1964
George A. Wolf, Jr., Tufts
Term expired: June 30, 1964

NATIONAL SOCIETY FOR MEDICAL RESEARCH-

NATIONAL COUNCIL

H. Stanley Bennett, Chicago

RESETTLEMENT OF FOREIGN PHYSICIANS

COMMITTEE

Robert A. Moore, SUNY-Brooklyn

WORLD HEALTH ORGANIZATION FELLOWSHIP

COMMITTEES

John Parks, George Washington

REPORT OF THE SECRETARY

RICHARD H. YOUNG, M.D.

The Association, in conjunction with the Council on Medical Education of the American Medical Association, carried out the following medical school surveys during the academic year 1963-64:

New York Medical College, October 14-17, 1963
The State University of South Dakota School of
Medicine, October 21-23, 1963
Brown University Division of Medical Science,
November 12-13, 1963
Queen's University Faculty of Medicine, November
11-14, 1963
Indiana University School of Medicine, December
9-12, 1963
The University of Southern California School of
Medicine, December 9-12, 1963
The University of California School of Medicine,
San Francisco, January 6-9, 1964
The George Washington University School of Medicine,
January 13-16, 1964
Emory University School of Medicine, January 20-23,
1964
The Medical College of South Carolina, January 27-
30, 1964
Universite de Montreal Faculte de Medicine, February
3-6, 1964
The University of Ottawa Faculty of Medicine,
February 17-20, 1964
The University of Kentucky College of Medicine,
February 24-27, 1964
The University of Virginia Medical School, March
2-5, 1964
California College of Medicine, March 23-26, 1964
Seton Hall College of Medicine and Dentistry,
April 6-9, 1964

The following schools are scheduled for visits in 1964-65:

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

REPORT OF THE TREASURER

J. MURRAY KINSMAN, M.D.

The Association continues to operate financially in the black. However, from the Auditors' Report which follows, it will be noted that at the end of the last fiscal year less money remained available for general purposes than at the end of the preceding year, in spite of a 50% increase in income from membership dues. Perhaps a word of explanation may not be amiss.

Obviously, a smaller year-end balance in the face of a larger income could only be due to an increase in the expenditures. Several factors contributed to this but fundamentally it was due chiefly to the continuing expansion of the activities of the Association. This necessitated the employment of additional personnel both professional and clerical, the purchase of new equipment, and the renting of additional space which was necessary because the headquarters building was already overcrowded. A second major item -non-continuing, it should be emphasized- was the cost of publishing the handbook "Financial Aid Available for Graduate Study in Medicine." On the other side of the ledger, however, was a not inconsiderable reduction in expenses in certain areas, notably in the cost of outside printing, in supplies, in professional services and in repairs and maintenance. Appreciable in extent though these savings were, they could not even begin to offset the increases resulting from the expanded programs and activities of the Association.

In 1960 the accounting procedures were revised to provide for an accounting of expenses by responsibility, and in 1961 they were modified further to make feasible an accounting of certain expenses by program and objective also. Because of the rapid growth of the Association and the interrelationship of many of its activities it has not yet been possible to refine and expand those techniques to identify the expenses of all its programs. However, as a step in the direction of accomplishing this, during the first half of 1964 the auditors made a study of the organization and activities of the Association and of the duties and assignments of all its employees. On the basis of their findings they have made certain suggestions which they believe will make it feasible to determine financial information concerning program and activity expenses in every area.

Summary pages from the Auditors' Report follow.

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AUDITED FINANCIAL STATEMENTS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES - EVANSTON, ILLINOIS

June 30, 1964

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ERNST & ERNST

231 SOUTH LA SALLE STREET

CHICAGO, ILL. 60604

Executive Council
Association of American Medical Colleges
Evanston, Illinois

We have examined the financial statements of Association of American Medical Colleges for the year ended June 30, 1964. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We previously made a similar examination of the financial statements for the preceding year.

In our opinion, the accompanying balance sheet and statements of income and expense and equity present fairly the financial position of Association of American Medical Colleges at June 30, 1964, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Ernst & Ernst

Chicago, Illinois
July 28, 1964

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BALANCE SHEET
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1964	June 30 1963
ASSETS		
Cash	\$115,510	\$ 33,149
United States Government short-term securities - at cost and accrued interest	199,829	189,018
Accounts receivable	165,304	171,098
Accounts with employees	5,222	4,379
Supplies, deposits, and prepaid expenses	21,323	32,415
Land and building - at cost - Note A:		
Land improvements	\$ 9,002	\$ 9,000
Building	<u>287,854</u>	<u>287,856</u>
	<u>\$296,856</u>	<u>\$296,856</u>
	<u>\$804,044</u>	<u>\$726,915</u>
LIABILITIES AND EQUITY		
Liabilities:		
Accounts payable	\$ 26,912	\$ 19,742
Salaries, payroll taxes, and taxes withheld from employees	<u>10,519</u>	<u>9,076</u>
	\$ 37,431	\$ 28,818
Deferred income	51,355	41,288
Equity:		
Restricted for special purposes	\$338,064	\$254,253
Invested in land and building	296,856	296,856
Available for general purposes	<u>80,338</u>	<u>105,700</u>
	\$715,258	\$656,809
Long-term lease commitments - Note C	<u> </u>	<u> </u>
	<u>\$804,044</u>	<u>\$726,915</u>

See notes to financial statements

STATEMENTS OF INCOME AND EXPENSE AND EQUITY

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	Year Ended June 30				1963 Total
	1	9	6	4	
	Restricted for Special Purposes	Invested in Land & Building	Available & for General Purposes	Total	

STATEMENT OF INCOME AND EXPENSE

Income:					
Dues from members			\$221,539	\$ 221,539	\$ 147,665
Grants	\$572,510		65,000	637,510	511,836
Services			254,397	254,397	245,561
Publications			109,454	109,454	111,012
Interest and other			6,559	6,559	6,244
Transfers in-out*	<u>32,573*</u>		<u>32,573</u>	<u>-0-</u>	<u>-0-</u>
TOTAL INCOME	\$539,937		\$689,522	\$1,229,459	\$1,022,318
Expenses:					
Salaries	\$177,985		\$343,706	\$ 521,691	\$ 446,235
Other expenses	232,062		410,403	642,465	538,493
Transfers in-out*	<u>39,225</u>		<u>39,225*</u>	<u>-0-</u>	<u>-0-</u>
TOTAL EXPENSES	\$449,272		\$714,884	\$1,164,156	\$ 984,728
INCOME IN EXCESS OF EXPENSES	<u>\$ 90,665</u>		<u>(\$ 25,362)</u>	<u>\$ 65,303</u>	<u>\$ 37,590</u>

STATEMENT OF EQUITY

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

() Indicates expenses in excess of income.

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1964

Note A - Land and Building:

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

Note B - Grants to be Received in Future Periods:

It is the practice of the Association to include grants in income when they are received. At June 30, 1964, the Association had been notified by several grantors that it may expect to receive \$913,244 for special purposes and \$80,000 for general purposes within the next four years.

Note C - Long-Term Lease Commitments:

The Association leases certain printing equipment under five-year agreements providing for aggregate annual rentals of \$10,700 through June 30, 1967, and \$3,700 for the year ending June 30, 1968. At the end of the lease terms, the Association has the option to purchase the equipment for approximately \$4,300.

REPORT OF THE DIRECTOR OF BUSINESS AFFAIRS

JOHN L. CRANER

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

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

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

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

ACCOUNTING

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

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

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

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

JOURNAL OF MEDICAL EDUCATION

ADVERTISING

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

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

MEMBERSHIP AND JOURNAL SUBSCRIPTIONS

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

Membership Data:

October 1, 1963 Individual	3,118	
October 1, 1964 Individual	3,166	
Net Increase		48
October 1, 1963 Sustaining	25	
October 1, 1964 Sustaining	26	
Net Increase		1
October 1, 1963 Contributing	30	
October 1, 1964 Contributing	26	
Net Decrease		4

Paid Subscriptions to The Journal of Medical Education:

As of October 1, 1963	1,436	
As of October 1, 1964	1,523	
Net Increase		87

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

DATA PROCESSING DEPARTMENT

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

The process of up-dating the Division of Operational Studies survey of medical academicians was changed to a postcard size form. This provided the individual with the information we recorded from his original form. Only changes in rank, department, or school affiliation are required to be noted and returned to our office. This method of up-dating resulted in good response from the academicians and a reduction of time and expense in processing.

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

MEETINGS

EXHIBIT

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

All physical arrangements of the annual meeting and most other meetings held by the AAMC are handled by this department.

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

MAILING, REPRODUCTION AND PRINTING

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

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

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

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

NATIONAL INTERN MATCHING PROGRAM

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

SCHOOL VISITATIONS

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

BUILDING SERVICES

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

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

FILM LIBRARY

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

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

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

The most popular films are:

	<u>Number of Showings</u>
A Concept of Maternal and Neonatal Care	31
Speech After Laryngectomy	21
Diagnosis of the Uterine Malignancy	18

Training for Childbirth	16
Autonomic Nervous System	16
The Hela Cell Strain	15
Diseases of the Stomach & Duodenum	15

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

There were no showings for 76 prints.

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

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

REPORT OF THE DIRECTOR
DIVISION OF OPERATIONAL STUDIES

LEE POWERS, M.D.

Introduction

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

Staff

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

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

I. Faculty

A. Faculty Register

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

B. Faculty Salary Survey

The third biennial Faculty Salary Survey was completed and national and regional summaries were distributed to the deans of all United States medical schools in the spring of 1964. Information was collected from most of the schools on full-time faculty salaries

in the basic science departments, the "strict" or "geographic" full-time salary plans in the clinical sciences, as well as pertinent data on private practice privileges, fringe benefits and retirement policies. Data in the summaries were presented separately according to each major clinical department and combined for the basic science departments. Tabulations showed the distribution by rank of salaries paid for the year 1963-64 including medians and averages.

C. Faculty Vacancies

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

II. Financial General

A. Financing Medical Education

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

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

B. Voluntary Support of Medical Education

Two important sources of voluntary support of medical education are contributions from physicians (subscribed either directly or through the AMA-Education and Research Foundation), and corporation gifts subscribed through the National Fund for Medical Education (NFME). Datagram, Vol. 5, No. 7 (January, 1964) entitled "Voluntary Support of U. S. Medical Schools Originating From Physicians and From the National Fund for Medical Education," emphasized the need for greater action on the part of the medical schools to promote continued and increased private support. It described the trends over the last eight years in contributions from physicians and from NFME.

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

C. Medical School Program Cost Analysis

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

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

D. Educational Costs in Teaching Hospitals

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

III. General Administration

A. Medical School-Hospital Affiliation Agreements

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

B. 1963 Administrative Institute

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

The First Institute on Medical School Administration was held at the Hilton Inn, Atlanta, Georgia on October 5-8, 1963. The core consideration of this Institute was the internal organization and administration of the medical school. The four subtopics, each given a half-day allocation on the program, were as follows:

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

The Report of the 1963 Institute will be available as resource material for subsequent conferences dealing with the subject of administration.

C. 1964 Administrative Institute

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

D. 1965 Administrative Institute

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

E. Consulting Services

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

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

IV. Facilities

A. Inventory of Construction for Past 15 Years Revised Annually to Include Facilities Newly Completed or Planned

In 1960 a study of medical center expenditures for facility construction from 1949 to 1959 was completed. This information is updated annually and construction expenditure data have been obtained for the past 15 years. During the fiscal year information was collected on construction needs for U. S. medical schools for expansion and renovation of educational and research facilities through 1973. These data were used to support the passage of H.R. 12 (Public Law 88-129), the "Health Professions Educational Assistance Act of 1963."

B. Facilities Planning Guide

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

C. Educational Value of Dean's Committee Veterans Administration Hospitals

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

V. Informational

A. The "Datagrams," an informational sheet published monthly, began in 1959. Providing concise and pertinent information for medical school administrators, faculty, and the lay press, the "Datagrams" now reach over 9,000 readers monthly.

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

B. Profile Data of Medical Schools

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

C. Resource Library

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

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

JULIUS B. RICHMOND, M.D.,
Chairman of the Committee

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

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

Staff

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

Programs of the Division

The basic functions of the Division are 1) to provide information and service to medical schools; 2) to conduct basic and applied research in medical education; 3) to stimulate research in medical education in medical schools and universities, and 4) to provide staff services for standing and ad hoc committees which are administratively related to the Division. For convenience in reporting, the programs of the Division of Education are classified as follows:

1. Educational Services and Research
2. Core Program
3. Office of Basic Research
4. Office of Student Studies and Services

The programs of the Division are to varying extents inter-related, and each of the Staff contributes where appropriate. One common function, which is performed by all staff members, is providing information and consultation to faculty members, administrative officers, or outside agencies and organiza-

tions having interest in medical education. A considerable proportion of total staff time is devoted to such service.

1. Educational Services and Research

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

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

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

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

Conference for Teachers of Physical Diagnosis in Midwest Colleges of Medicine

On March 9 and 10, 1964, the Division of Education in conjunction with the Ohio State University College of Medicine sponsored an invitational conference on the Teaching of Physical Diagnosis. John Prior, M. D., Associate

Dean, served as chairman, assisted by Richard Judge, M. D. of the University of Michigan Medical School and Robert Grissom, M. D., of the University of Nebraska College of Medicine. Twenty-four medical schools were represented by twenty-seven faculty members. The conference was devoted to an intensive review of the present programs, significant new trends and the potentials of integrated instruction in providing a more adequate introduction to clinical medicine for freshman and sophomore medical students. Experiments in the use of closed circuit television, models and specialized teaching films were also reviewed.

Guidelines for Medical School Libraries. In October, 1963, the AAMC and the Medical Library Association jointly appointed a committee of medical librarians charged with the responsibility of developing guidelines which would enable administrators in medical schools to assess the extent to which individual libraries are designed, funded, administered, staffed and operated in keeping with modern concepts of library service. The Guidelines also provide perspective on the role of the newer technologies in libraries of the future. The Guidelines will be published in the Journal of Medical Education. Members of the committee are: Estelle Brodman, Ph.D., Librarian and Professor of Medical History, Washington University School of Medicine; Ralph T. Esterquest, Librarian, Harvard University Schools of Medicine and Public Health; Thomas P. Fleming, Professor of Library Service, Columbia University Medical Library; and Bernice M. Hetzner, Librarian, University of Nebraska, College of Medicine. David A. Kronick, Ph.D., formerly Librarian, Cleveland Medical Library Association, and currently Chief of Reference Services Division, National Library of Medicine, served as Project Director. The National Library of Medicine partially supported the project through a contract.

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

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

The MCAT Advisory Committee also recommended that a panel of consultants from the basic medical sciences be selected to conduct an overall review of the MCAT Science sub-test. This panel has been appointed and will recommend

revisions on the basis of ongoing changes in the basic medical sciences in medical schools and in the teaching of the physical and biological sciences and mathematics in high school and college.

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

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

2. Core Program

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

Project A. A research plan has been formulated to estimate the future demands for particular types of physician services our society and medical science will impose in the foreseeable future. This project will analyze the major determinants of demands for personal physician services, including the administrative, organizational and financial systems within which patient care is given and the working inter-relationships of the physician and other health care personnel. The intended result is an estimation of probable ranges of needs for different types of physician services rather than precise numerical predictions. The design of a mathematical model will constitute a

methodological advance in the study of medical practice as a social system and it is hoped that subsequent refinements will provide guidance to medical educators in planning the education and training of personnel to meet the anticipated health care demands of our society.

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

Project C. A study plan has been devised for the cooperative study of methods for evaluating the teaching of comprehensive medicine in order to determine whether such specialized programs do, in fact, produce measurable differences in student attitudes and performances in the senior year. As a result of four planning meetings, ten schools have agreed to participate in this joint study. The specific purposes of this study will be two-fold: first, to develop reliable instruments for the assessment of student performance in comprehensive medicine teaching programs, and second, to identify those biographical and attitudinal factors which may predispose students to adopt the philosophy and acquire the skills of comprehensive medicine.

Project D. Because the primary function of medical education is to prepare its graduates for the provision of patient care, the quality of individually rendered patient care is the ultimate measure of the effectiveness of current programs in medical education. Research in patient care can therefore be expected to provide urgently needed guidance to those segments of medical education concerned with the preparation of students and physicians for this function. In view of the limited number of qualified personnel available to conduct such research, the Association proposes to assist faculty members in becoming informed of ongoing research in this field. Plans have been made to sponsor a series of conferences, conducted by experts in the field, for faculty members having direct clinical responsibilities in medical schools in order to acquaint them with the scope, concepts, methods and opportunities for research in patient care in the medical center. The first conference has been scheduled for March 2-5, 1965 in Chicago.

3. Office of Student Studies and Services

On August 1, 1963, Dr. Davis G. Johnson was appointed Assistant Director of the Division, in charge of the Office of Student Studies and Services. Its major function is to provide studies, services, and staff support in the areas of Admissions and Student Affairs. The major activities of this office may be categorized as: 1) Student Studies, 2) Student Services, 3) Staff work

for the AAMC Group on Student Affairs (GSA)* and 4) Staff work for other AAMC Committees.

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

A second major study is the Survey of Medical Student Financing, conducted jointly with the U. S. Public Health Service. Aimed at updating the AAMC study in 1959 and providing a base-line for the federal student loan program, this project included the administration of questionnaires to medical students enrolled during the 1963-64 academic year. A partial analysis of the returns has been completed. Individual summaries will be compiled for the information of each school from which an adequate return was obtained. A preliminary report of this study will be presented at the Annual Meeting.

This Office prepared the 1963-64 Study of Applicants which will appear in the Journal of Medical Education, October, 1964.

At the request of the Group on Student Affairs and the Committee on Student Affairs, a survey was made of the policies and practices of medical schools and the State Licensing Boards with respect to advanced placement, i.e., credit given for college-level courses taken in high school. The results of this survey have been discussed at the GSA regional meetings and will be formally considered at the GSA Annual Meeting.

In cooperation with the AAMC Division of International Medical Education, a study was made of foreign students enrolled in U.S. medical schools from 1951-52 through 1962-63. Questionnaire returns were received and analyzed on 1,231 foreign medical students.

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

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

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

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

The Group on Student Affairs reviewed the AAMC system of information exchange during 1963 and a revised "calendar of reports" for 1963-64 was adopted in accord with their recommendations. In addition, many of the reports and their accompanying explanations have been thoroughly revised to provide for easier comprehension. Individual medical schools report to the AAMC information on applicants, matriculants, yearly enrollees, student performance, graduates, and dropouts. From this information, the AAMC provides reports to the medical schools via periodic lists of accepted applicants, summaries of MCAT performance of their applicants and their students, comparisons of how applicants acted on joint offers from various medical schools, and summaries of medical school progress by undergraduate college and by medical school. Reports are also sent annually to the undergraduate colleges on the application activity, MCAT scores and medical school performance of their students.

A Transfer Student Matching Program was initiated on a trial basis for Dartmouth students wishing to transfer to a 4-year medical school. The matching took place on February 20, 1964. Depending upon final assessment of this program it may be expanded to include students from other 2-year schools.

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

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

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

This office also furnished staff services for the five Committees of the Group on Student Affairs. Under the auspices of the Committee on Relations with Colleges and High Schools (Dr. James Schofield, Chairman) a directory

of premedical advisors was prepared and distributed as was a Newsletter to Premedical Advisors.

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

The Committee on Student Aspects of International Medical Education (Dr. Thomas Brooks, Chairman) studied the admission of foreign students to American medical schools and further analysed the data gathered in the foreign student study of 1962-63. The Committee has prepared a careful and complete statement for the guidance of foreign applicants to U.S. medical schools.

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

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

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

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

4. Office of Basic Research

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

Research Studies

Rating of Clinical Performance. Research on the relationship between personality characteristics of medical students and their rank in class, National Board performance and faculty ratings have shown the need for data from an independent measure of clinical performance. At this time the reliability of ratings obtained in the course of the longitudinal study at the end of the internship has been found to be adequate for further study. It remains now to obtain the correlations between available measures of personality and those criteria which have proved adequate.

Medical College Admission Test. A number of studies are currently under way or contemplated for the purpose of better understanding this particular instrument and to assure its proper maintenance. One such explores variability in the correlations obtained between MCAT scores and National Board scores for different schools and is primarily aimed at discovering artifacts of a statistical nature to explain the variability obtained in these correlations. In a second study a factor analysis of the MCAT Science test was undertaken. The results here suggested that the major dimensions measured by the Science section of the MCAT are not a direct function of the particular science content, i.e., physics, chemistry, biology, but rather a function of the level of integration required in scientific thinking.

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

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

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

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

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

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

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

Attrition Study. Dr. Hutchins has acted as co-investigator with Dr. Johnson on the study of student attrition since its inception.

Professional Activities

During the summer of 1964 Dr. Hutchins was a participant at the Research Conference on Learning and the Education Process sponsored by the Social Science Research Council at Stanford University. The purpose of the conference was to examine developments in psychology and other behavioral sciences that have potential significance for education as well as educational developments and needs that pose questions for the behavioral scientist. In addition, Dr. Hutchins served on a number of research and education panels and continued his teaching activity during the year through his visiting appointment at Northwestern University in the Department of Psychology.

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

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

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

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

Conferences and Associations

Conferences abroad, at which the AAMC was represented, included:

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

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

First Centenary of the Mexican National Academy of Medicine - Mexico City, Mexico, April 30-June 4, 1964, Robert C. Berson

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

Third Conference on Medical Education in Africa - Kampala, Uganda, December 9-14, 1963, Henry van Zile Hyde

Special Group Meeting on Medical Education in the Eastern Mediterranean - Alexandria, Egypt, December 16-28, 1963, Henry van Zile Hyde

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

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

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

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

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

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

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

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

Study of Medical Education in Developing Countries

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

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

1. Success of U.S. based training programs in achieving their goals;
2. Role of medical schools in national planning for the development of health services;
3. Factors shaping attitudes of medical schools and individuals toward involvement in international medical education programs;

4. Responsible exportation of teaching tools and concepts;
5. Establishment of special institutions;
6. Inter-institutional relationships;
7. Contribution of U.S. medical education to the education of leaders of health teams;
8. Support of associations of medical faculties;
9. Effect of international involvement upon U.S. medical schools and medical education; and,
10. The special contributions which American medical education can make to schools in developing countries.

In order to conduct the Study, the staff of the Division was augmented, on a temporary basis, by the addition of Drs. William W. Frye and Richard J. Cross, and Mrs. Eleanor Kubota. Drs. Robert Berson, Kenneth Penrod, Kelly St. Charles Richards, and others have served as consultants on special aspects of the Study. The report of the Study is due in April 1965.

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

Foreign Consultations and Studies

Pakistan

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

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

Middle East

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

Egypt

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

Venezuela

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

India

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

AAMC Field Visits

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

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

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

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

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

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

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

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

Annual Meeting

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

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

Committee on International Relations in Medical Education

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

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

Institute on International Medical Education

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

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

3. Patterns and effectiveness of past and present programs of international cooperation in medical education;
4. The future and the role of the Association of American Medical Colleges and its member schools.

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

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

Liaison Officers for International Activities

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

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

Personnel Resource Survey

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

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

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

Northeast	47
Southern	47
North Central	52
Western	54

Visitors

Distinguished foreign medical educators who visited AAMC headquarters during the year included, Drs. Kaprio, Oliver Lereux, and Alfred Eberwein of the World Health Organization; Dr. Harry S. Gear, World Medical Association; K. M. Rao, Director General of Health of India, and B. L. Taneja, Secretary, Indian Medical Research Council (both vice presidents of the Indian Association for the Advancement of Medical Education); Dr. Daoud A. Sani, College of Medicine, Baghdad, Iraq; and, Dr. Alfonso Balcells Gorina, President of the University of Salamanca.

Medical Education Information Center

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

Annual Conference of Foreign Medical Scholars

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

Third World Conference on Medical Education

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

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

Fellowship Program

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

During the five years of the program, grants totaling \$250,000 have enabled 152 students to work in 42 countries; funds have also been provided for 25 professionally qualified wives to accompany their husbands and participate

in the Fellowship program. Of 84 medical schools participating in the program, 69 have received an award in one or more years.

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

Resume of Applications for 1964

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

Exhibit II - Applicants by schools

EXHIBIT I
SMITH KLINE & FRENCH FOREIGN FELLOWSHIPS PROGRAM
RECIPIENTS OF GRANTS - 1964

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

EXHIBIT II
APPLICANTS BY SCHOOLS

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

JOINT REPORT OF THE EDITOR
AND EDITORIAL BOARD

THE JOURNAL OF MEDICAL EDUCATION

JOHN A. D. COOPER, M.D.

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

Special Issues

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

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

Editorial Board and Staff

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

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

REPORT OF THE FEDERAL HEALTH PROGRAMS COMMITTEE

JOHN PARKS, M.D.
Chairman

Health Professions Educational Assistance Act of 1963 - PL 88-129

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

The Budget recommended by President Johnson included a request for all the funds authorized for this program in both fiscal 1964 and fiscal 1965. Your Committee testified before the Committee of the House of Representatives in March, and the House passed the appropriations measure, as recommended by the President, shortly thereafter. The Committee of the Senate did not hold hearings on the appropriations bill until late June because of preoccupation with the Civil Rights legislation. By that time it was, of course, too late for an appropriation for the fiscal year ending June 30, 1964, but it is to be hoped that all of the funds authorized for construction can be appropriated for FY 65 and FY 66.

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

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

Special Assistant to the Secretary of H.E.W. on Health and Medical Affairs

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

Other Matters

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

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

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

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

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

REPORT OF THE COMMITTEE ON MEDICAL COMMUNICATIONS

DAVID S. RUHE, M.D.
Chairman

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

The Committee also brought closer to reality publication of evaluations of 150 selected teaching films. It is expected that these will appear in the of a supplement to the Journal of Medical Education in 1965.

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

REPORT OF THE
COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE, M.D.
Chairman

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

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

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

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

Decisions regarding the conduct of medical education during a national emergency should take into account the fact that medical students can and do render a substantial service in patient care during the last two years of their education for the M.D. degree; further, professionally competent

physicians can supervise and direct trained technical assistants in rendering emergency medical care. For this reason, planning for emergencies might envision a program in which the usual assistance from nurses would be supplemented by non-professional persons trained as medical, surgical, or sanitary technicians who would work under the direction of a physician, utilizing, where necessary his judgment and highly developed skills.

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

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

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

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

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

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

for the conduct of programs of medical education under conditions that may then exist.

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

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

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

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

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

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

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

REPORT OF THE COMMITTEE ON
MEDICAL SCHOOL-AFFILIATED HOSPITAL RELATIONSHIPS

GEORGE N. AAGAARD, M.D.
Chairman

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

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

The work of the Committee has been continued through the mechanism of three subcommittees during the year 1963-64. Because of lack of funds it was not possible to hold any additional meetings of these subcommittees or the committee as a whole.

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

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

The Subcommittee on the Appointment of Graduates of Foreign Medical Schools to the House Staff of University Hospitals and Primary Affiliated Hospitals. Through the efforts of this subcommittee all members of our committee have been given statements which have been drawn up by the E.C.F.M.G. and the

A.M.A. Council of Medical Education on this important subject. These statements will be discussed at the next meeting of the total committee.

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

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

REPORT OF MEDICAL SCHOOL - VETERANS
ADMINISTRATION RELATIONSHIPS COMMITTEE

BARNES WOODHALL, M.D.
Chairman

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

Report of Joint Liaison Committee - Association of American Medical Colleges
and Department of Medicine and Surgery, Veterans Administration

This Committee was established after conversations among members of the Special Advisory Medical Group of the Veterans Administration, the Chief Medical Director, Dr. Joseph McNinch, Dr. Ward Darley, Dr. Robert Berson and Dr. Granville Bennett. The Committee represents a variation upon previous attempts to establish adequate communication between these important agencies concerned with medical education, research and patient care. Its members are, representing the Veterans Administration:

Dr. Marc J. Musser
Dr. Oron K. Timm
Dr. Daniel R. Robinson
Dr. Benjamin B. Wells
Dr. Oren T. Skouge

and, from the Association of American Medical Colleges:

Dr. Granville A. Bennett
Dr. Joseph M. Hayman, Jr.
Dr. Champ Lyons
Dr. Thomas H. Brem
Dr. Lowell A. Rantz
Dr. Barnes Woodhall

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

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

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

Shortly after this meeting of May 18 occurred the untimely death of a member of the A.A.M.C. Committee, Dr. Lowell A. Rantz. The minutes will show that Dr. Rantz's contributions to this first meeting were substantial. His place has been taken by Dr. Thomas H. Brem.

REPORT OF THE COMMITTEE ON STUDENT AFFAIRS

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

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

The Committee on Student Affairs held three meetings during the 1963-64 year, on October 25 and 27, and February 11, but has gotten its work done through the active committees of the Group on Student Affairs and the staff of the AAMC central office.

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

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

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

After a period of drought in which the number of applicants for admission to medical schools was inadequate, a flood appears to be developing, related

primarily to the trend upward in the total number of children born per year after the depression of the 1930's. This change will provide a great opportunity for selection of high quality students, if appropriate criteria for "success in medicine" can be developed. It will also cause a very large load on Admissions Committees, who will find it difficult to handle the greatly increased number of applications efficiently and in a manner which will maintain good relations with applicants, their families and their college advisors. Already the medical schools are turning down more applicants than they accept and the ratio of candidates to places will probably be more than 3 to 1 by 1969.

REPORT OF THE COMMITTEE ON THE STUDY OF NEW DRUGS

WILLIAM M. M. KIRBY, M.D.

Chairman

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

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

General Comments and Reports

AAMC

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

Commission on Drug Safety

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

Medical Advisory Committee to the FDA

Dr. Modell, the chairman of this Committee, reviewed the activities and accomplishments of this Committee, which meets monthly and tries to solve

problems that have been encountered as a result of the new drug regulations. In a number of areas such as placebos, dosage forms, and drugs used for pharmacologic investigations, procedures have been considerably simplified. He also referred to the informational drug bulletin to be published by the FDA that will answer some specific questions. Many additional details were presented and discussed, and it was apparent that this busy Committee is making an important contribution in an area where there are many frustrations, and where basic attitudes of a regulatory agency present difficult problems.

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

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

Proposed Actions by AAMC

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

Study of Needs in Clinical Pharmacology

1. Our Committee feels that a special task force should be appointed to study the needs and goals of this neglected field. The study might include a number of ways of obtaining information and getting ideas, including on the spot visits to medical schools, research institutes, and pharmaceutical manufacturers.
2. Consideration should be given to ways of promoting a major change in recognition by faculties of the importance of basic as well as applied research concerning new drugs. At present, most of the basic work is done by industry, which is concerned with practical results, and tends for competitive

reasons to suppress information that represents important advances in new knowledge.

3. The body of knowledge useful in preparing medical students for understanding in dealing with the evaluation and use of drugs should be delineated. Needs at the postgraduate level should also be studied, with a consideration of ways in which clinical trials can be utilized in university hospitals for the dual purposes of evaluation and education. Broad goals and objectives, rather than the detailed structure of the curriculum, should be formulated by the task force.
4. Special attention should be given to some of the better units of pharmacology already in existence in certain medical schools, including those of Dr. Carr at Michigan, Dr. Lasagna at Johns Hopkins, Dr. Modell at Cornell, and Dr. Chalmers at Boston University. An analysis of the strength and weaknesses of these programs might be particularly helpful in pointing the way to a clear-cut definition of the scope of clinical pharmacology.

Encourage the Establishment of Units of Clinical Pharmacology in Medical Schools

1. The AAMC should assume active leadership in encouraging excellent units in all schools. Financing, to be considered in the next section, might restrict the total number of units initially, but a strong program in each school should be the eventual goal.
2. To insure a high caliber of performance, the AAMC should prepare guide lines outlining standards, goals, and objectives to be followed in establishing units. There is obvious overlapping here with the program outlined above, and these two projects might be combined, although the detailed study contemplated should not be allowed to slow down the establishment of these units. The guide lines for setting up units should be sent to each medical school for consideration by the faculty, with the expectation that they will respond with modified proposals designed to fit their own local facilities and personnel.
3. Of prime importance would be the individual selected to head each unit. There is at present a dearth of men trained to represent all aspects of this discipline, and there is a danger that selection of an individual with narrow interests, basic or clinical, would lead to a program too limited in scope. To circumvent this, the AAMC should draw up details of the type of training and interests that are desirable, and should if possible be in a position to approve the selections proposed by the individual schools.
4. In considering the function of these units, attention should be given to the teaching as well as research aspects, at the

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4. In considering the function of these units, attention should be given to the teaching as well as research aspects, at the

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

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

AAMC Role in Financing Units of Clinical Pharmacology

1. Ideally, these units should be financed by the regular medical school budget. Realistically, this cannot be managed in the immediate future in many instances, and the AAMC should assume leadership in coordinating the various resources that might be available. A number of units are already being financed by grants from the NIH, and there is strong pressure from Senator Humphrey and others to rapidly expand this program. The Burroughs-Wellcome Company has also made grants to a number of schools to support individuals who are heading units.
2. Industry support was discussed at length by the Committee, and a number of useful points emerged.
 - a. In line with the recommendation of the Commission on Drug Safety, a foundation may be established by the PMA to support studies of new drugs. Funds provided by this foundation might well be available for supporting units of clinical pharmacology, and it might be possible for the AAMC to play an active role, in accordance with the principles outlined above, in awarding grants to schools that show unusual promise in setting up good programs. It would be understood that these funds are available for teaching and research, and that there would be no obligation to work on any special drug or

project. The figure of \$50,000 a year for five years was considered an appropriate amount to initiate and support a unit. The time appears ripe for negotiations between the AAMC and the PMA concerning this possibility.

- b. These grants would not supplant support by industry of individual projects. Experience has shown that unrestricted grants do not always stimulate the concentrated effort required to provide the answers needed by industry concerning a specific drug. Another problem is that an unrestricted grant often leads a company to encourage studies of many compounds of little interest to the investigator. As for bias resulting from support of specific projects, this has not been a problem with reliable investigators, and a climate of objectivity should be strengthened by the programs being contemplated.
- c. Over-all support for a given unit should be provided by industry or by government, but not by both. The principal reason for this is the requirements of the Federal Government concerning patent rights. Within the framework of over-all support, it should be possible for a given unit to settle patent issues according to the support for a specific project being undertaken.

Questionnaire Concerning Impact of Drug Regulations

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

1. The amount of research involving new drugs should be learned for each investigator sending in a reply. Those heavily committed in this area may be the least deterred by the regulations because of their willingness to learn the details, and to organize procedures so that compliance causes a minimum amount of difficulty.
2. Also important, and more difficult to identify, are good investigators potentially interested in studying new drugs, but unwilling to proceed because of problems involved with

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paper work, consent, etc. In addition, young investigators who might be diverted to other fields because of these problems, should be considered.

3. The extent to which poor investigators are no longer sending in inadequate evaluations should be determined. Also, difficulties in finding enough good investigators to evaluate new compounds should be documented, if difficulties are actually being encountered. These points probably can be determined only by questioning the drug manufacturers, and this might necessitate a separate questionnaire.
4. Wording of the questionnaire should be checked carefully to make the questions as free of bias as possible. Psychologists in the AAMC office can also consider the format from this standpoint. If the wording is too neutral, and if too many questions are asked, the returns might be much smaller than in the first questionnaire which was very brief, and asked only a few direct questions.
5. A proposed questionnaire has been drawn up by the chairman, and is enclosed. Prompt comments and suggestions by the Committee members will be appreciated, so that this questionnaire can be presented to the Executive Committee and circulated as soon as possible.

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