



association of american medical colleges

MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

March 25, 1981

5:00 p.m.	CAS Board Meeting	Kalorama Room
6:30 p.m.	CAS/COTH Meeting for presenta- tion by Sheila Burke, R.N., Professional Staff Member, Senate Finance Committee	Military Room
7:30 p.m.	CAS/COTH Reception and Dinner	Hemisphere Room

March 26, 1981

8:30 a.m.	CAS Board Meeting (Coffee and Danish)	Jackson Room
12:30 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon	Map Room
1:30 p.m.	Adjourn	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

March 25-26, 1981

I.	Report of the Chairman	
II.	<u>ACTION ITEMS</u>	
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MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 28-29, 1981

Washington Hilton Hotel
Washington, D.C.

PRESENT: Board Members

Daniel X. Freedman
Chairman (Presiding)
David M. Brown
Carmine D. Clemente
Brian A. Curtis
Lowell M. Greenbaum
Robert L. Hill
William F. Ganong
T. R. Johns
Joseph E. Johnson
John B. Lynch
Frank C. Wilson

ABSENT: Virginia V. Weldon

Staff

Martha Anderson*
Peter Butler*
John A. D. Cooper*
John Deufel*
James Erdmann*
Charles Fentress*
Lynn Gumm
Melinda Hatton*
Joseph Isaacs*
Thomas Kennedy*
Mary McGrane*
Thomas Morgan
Diane Plumb
Ann Scanley*
August Swanson

Guests: Julius R. Krevans
Thomas K. Oliver
Robert E. Tranquada
Richard S. Wilbur

The CAS Administrative Board Business Meeting convened on January 28 at 5:30 p.m. At 6:30 p.m., Mr. Stephen A. Grossman, Majority Counsel to the Senate Committee on Labor and Human Resources, gave an informal presentation. A social hour was followed by dinner at 8:30 p.m. The meeting reconvened at 8:30 a.m. on January 29. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 1:00 p.m.

*present for part of the meeting

I. APPROVAL OF MINUTES

The minutes of the September 24-25, 1980 CAS Administrative Board Meeting were approved as submitted.

II. INTRODUCTIONS

Dr. Freedman introduced the following new Board Members:

Dr. Brian A. Curtis, CAS Representative from the American Physiological Society, Peoria School of Medicine

Dr. William F. Ganong, CAS Representative from the Association of Chairmen of Departments of Physiology, University of California - San Francisco

Dr. John B. Lynch, CAS Representative from the Plastic Surgery Educational Foundation, Vanderbilt University

III. ACTION ITEM - CAS Board

Appointment of the 1981 CAS Nominating Committee

The Board reviewed Section V, #1 of the CAS Bylaws which pertains to the CAS Nominating Committee. Drs. Brown and Wilson were nominated to serve and agreed to do so. Four other individuals (two basic and two clinical scientists) as well as several alternates were selected from a list of CAS Representatives to serve on the committee.

IV. ACTION ITEMS - Executive Council

A. AAMC Response to the GMENAC Report

The Board reviewed a proposed AAMC position paper regarding the Report of the Graduate Medical Education National Advisory Committee. Dr. Johnson pointed out that the statement supports the Report's strong points rather than attacking its weaknesses, and it was agreed that this positive approach was the best strategy. With the exception of a few editorial changes, the Board recommended Executive Council approval of the response.

ACTION: The CAS Administrative Board approved the AAMC Response to the GMENAC Report.

B. Resident "Moonlighting"

At its September, 1980 meeting, the CAS Board reviewed a Health Care Financing Administration proposal to alter Medicare rules such that residents could be reimbursed on a fee-for-service basis for "moonlighting" in the hospital where they are training. Historically, Medicare has only paid "moonlighting" residents when the service is provided at a hospital other than the one in which they are training. In September, the Executive Council approved a motion opposing Medicare reimbursement for in-house "moonlighting" and recommended that the AAMC staff investigate ways to prohibit such reimbursement. The AAMC staff subsequently learned that there was virtually no chance that the HCFA would change its position and was advised by a Medicare official that the way to

lessen the impact of the policy change might be to circulate an AAMC statement on "moonlighting." The Board reviewed the Association's 1974 position statement on the subject and agreed that it should be circulated to program directors along with information about the change in Medicare policy.

ACTION: The CAS Administrative Board voted to re-endorse the 1974 policy statement on "moonlighting." The Board approved a plan to circulate this statement with appropriate background information on the above mentioned HCFA ruling.

C. Report of the AAMC ad hoc Committee on Competition

Dr. Robert Tranquada, Dean of the University of Massachusetts Medical School and Chairman of the AAMC ad hoc Committee on Competition, was present to brief the Board on the Committee's draft report. He stated that the report attempts to analyze the effects that competition in health care would have on teaching hospitals and medical schools and also includes recommendations as to how teaching hospitals can cope with a competitive health care market. After reviewing the report, the Board agreed that the benefits of medical student education in the hospital setting and the importance of the research mission in teaching hospitals had not been adequately emphasized and Dr. Tranquada stated that he would refer the Board's suggestion back to the Committee. He also stated that the Committee plans to provide a modified report incorporating the suggestions of all the boards at the March meeting.

ACTION: The CAS Administrative Board approved as a discussion document the draft Report of the AAMC ad hoc Committee on Competition and suggested changes as stated above.

D. Independent Research and Development

Dr. John Sherman reported that the Office of Management and Budget had published in the Federal Register a proposed revision of OMB Circular A-21 that would enable institutions to include in their indirect cost pools a charge for independent research and development. The charge would be limited to 1% of the modified total direct costs of sponsored research. AAMC Chairman Julius Krevans was present to discuss potential problems for medical schools related to this proposal: 1) in many institutions these additional funds might not be funneled back into biomedical research but would instead be used by the universities for other research, and 2) during these times of heightened sensitivity on the part of the Federal government and legislators to rising indirect costs, it might be a strategic error to support such a mechanism for further escalation. In addition, Dr. Sherman pointed out the serious concern that establishment of an alternative for funding independent research and development might lead to the elimination of Biomedical Research Support (BRS) grants.

After considerable discussion of the issue, the Board agreed that support of--or conspicuous silence about--the OMB proposal for a new mechanism for indirect cost recovery could damage the credibility of the biomedical research community with federal officials. Dr. Sherman stated that the Association would respond to the proposal prior to the early March deadline for comments.

ACTION: The CAS Administrative Board endorsed the concept of reimbursement for independent research and development costs as allowed under the BRSG program mentioned above. However, the Board opposed the mechanism for recovery of these costs as proposed in the OMB proposal to alter Circular A-21.

E. National Health Planning Program

Mr. Joseph Isaacs of the AAMC staff was present to provide background information on the National Health Planning Program. He stated that the AAMC had endorsed the concept of health planning when the program was initiated in 1974. During the past six years, however, the AAMC and other health care groups had become aware of various problems with the program. He reported that the American Hospital Association had begun a major project to reassess its positions on health planning in general with particular attention to the Federal program. The Board reviewed a list of seven major concerns that the AAMC has about the health planning program and agreed to endorse these as informal AAMC policy until the AHA project is completed and available for use in the development of a more formal AAMC position.

ACTION: The CAS Administrative Board voted to adopt the statement of seven areas of concern regarding the National Health Planning Program. Staff will work with the AHA staff in the future in the development of a more formal, detailed AAMC position.

V. DISCUSSION ITEMS - CAS Board

A. CAS Interim Meeting

Dr. Swanson reported on plans for the February 26-27, 1981 CAS Interim Meeting. As determined by the Board at its September meeting, the meeting would focus on the Federation of State Medical Boards' proposal for a single route to licensure (FLEX I-II) and the development by the National Board of Medical Examiners of the Comprehensive Qualifying Examination (CQE) to serve as FLEX I. Dr. Swanson stated that the NBME and FSMB had been invited to make presentations and that the NBME had agreed to allow CAS Representatives to examine sample CQE questions during the four small group discussion sessions.

Relative to this discussion, Dr. Clemente, Chairman of the AAMC ad hoc External Evaluation Review Committee, reported on the deliberations of the Committee which has been concerned with such issues as whether there is a need for the CQE, what will happen to diplomate status if NBME Parts I and II are replaced by the CQE, and whether the CQE is being developed with adequate faculty input. He stated that most of the Committee members were planning to attend the Interim Meeting.

B. CAS Participation at the AAMC Annual Meeting

Ms. Plumb reported that in recent years the AAMC has encountered some difficulty in collecting registration fees from the members of a few CAS societies which meet in conjunction with the AAMC. She explained that the registration fees cover such services as the preliminary programs, listing of programs and speakers in the final program, space for the meeting at no charge, and AAMC interface with all hotel services.

The Board agreed that the registration fee policy should be more vigorously announced to the presidents of societies which meet with the AAMC and that the considerable benefits which are covered by the fee should be strongly emphasized. If this does not solve the problem this year, it was suggested that more stringent measures should be considered.

Ms. Plumb stated that difficulty in enforcing the registration fee policy may be the result of a more general problem: that many CAS members come to the Annual Meeting only to attend the meetings of their respective societies and do not stay over to attend AAMC sessions. It was agreed that this might be dealt with by announcing the CAS program earlier. Dr. Swanson suggested that an announcement of the CAS meeting as well as information about other AAMC sessions could be mailed out in the early summer--before travel arrangements are set--and that this might encourage members to stay in Washington and become involved in Annual Meeting activities.

C. Report from Dr. Lowell Greenbaum

Dr. Greenbaum reported that the department of pharmacology at Albany Medical College had been abolished. He distributed a letter, unanimously endorsed by the Association for Medical School Pharmacology (a CAS Member), to the Chairman of the Board of Trustees of Albany expressing alarm at this action. Dr. Greenbaum questioned whether the CAS or the AAMC should also express concern to Albany about the change. The Board felt that it would be inappropriate for the CAS to play any role in this issue and agreed that it was up to the LCME to make a judgment at Albany's next site visit (1983) as to whether students there are being adequately educated in pharmacology and experimental therapeutics.

D. Faculty Time and Effort Reporting

Dr. Sherman distributed a paper written by Dr. Saunders MacLane of the University of Chicago proposing alternatives to the reporting of 100% of time and effort of faculty receiving federal funds as required by Circular A-21. Dr. Sherman requested that the Board Members review the document carefully and send any comments to Dr. Morgan.

VI. DISCUSSION ITEMS - Executive Council

A. General Requirements Section of the Essentials of Accredited Residencies in Graduate Medical Education

Although the other ACGME parent organizations (AAMC, AHA, ABMS, and CMSS) had approved the new draft General Essentials, the AMA House of Delegates voted at its December meeting not to accept the revised version. Dr. Swanson explained that this effectively blocked approval by the ACGME and that any new revision would have to be resubmitted to each of the parent organizations. He stated that the AMA action was due to opposition to the new draft by the Resident Physician Section which makes up 20% of the AMA membership. The residents were concerned that the new Essentials countermanded their attempts to establish the resident-institution relationship as an employment contract. In addition, they expressed concerns in the areas of due process and personal growth. Dr. Swanson stated that it was hoped that any revisions could be agreed upon by the ACGME prior to the March Executive Council meeting so that the new document can be presented at that time.

B. U.S. Citizens Studying Medicine Abroad

The Board reviewed a staff paper on the issue of the growing number of foreign-chartered medical schools which are establishing clinical programs in U.S. hospitals. A list of seven possible policy options for dealing with the problem was also reviewed in detail. The Board considered four of the seven to merit further consideration: to urge the ECFMG to deny certification to a graduate of a foreign medical school which offers part of its educational program outside the borders of the nation in which it is chartered; to suggest that the LCME rule that clinics providing clerkships for students of accredited medical schools can not also train clinical clerks from foreign medical schools; to consider a joint effort with the AMA to establish policies urging U.S. medical schools to provide advanced placement opportunities only to students enrolled in accredited U.S. institutions of higher education; and to convince licensing boards to require a rigorous two-stage examination (including a practical exam) for all graduates of non-LCME accredited schools. The Board did not endorse options which suggested that institutions accept only clerks from LCME accredited schools or the development of model legislation to this effect as such actions could result in the unilateral and undesirable screening out of capable students from reputable foreign schools.

C. Due Process for House Officers

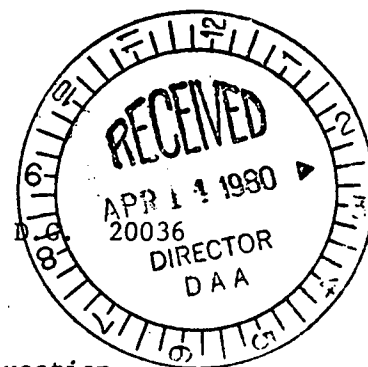
Dr. Morgan provided background information on the issue of due process for residents and the failure of the majority of institutions to clarify to house officers the evaluative standards to be used in determining their promotion or termination. The result has been an alarming increase of litigation against institutions by house officers who claim to have been terminated or disciplined without the right to respond to the charges through a due process mechanism. Dr. Morgan pointed out that although the Essentials of Accredited Residencies in Graduate Medical Education require due process for residents, only about 30 of the 400 COTH member hospitals have clearly laid-out rules. Dr. Swanson added that at the recent AAMC Residents Conference, the chief complaint expressed by the residents was that they are not getting adequate evaluation or feedback regarding their performance and that the standards by which they are being evaluated are not made clear. Joseph Keyes, AAMC Staff Counsel, was present for this discussion and reported that several years previously, the AAMC had attempted to develop guidelines for due process but that this effort was not widely supported by deans or teaching hospital directors and was therefore discontinued.

In its discussion, the Board agreed that a due process mechanism for residents is not only beneficial to the residents themselves but also to faculty and senior residents as it protects them and their institutions against litigation after the termination of a resident whose performance has been unacceptable. It was agreed that at least initially, the AAMC role should be to heighten awareness of the problem rather than to develop specific due process guidelines. The Board recommended that staff circulate to all CAS societies information about the problem.

VII. ADJOURNMENT

The CAS Administrative Board adjourned at 1:00 p.m.

MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES



MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C.
Attn: Ms. Mignon Sample

NAME OF SOCIETY: Association of Directors of Medical Student Education
in Psychiatry, Inc. (ADMSEP)

MAILING ADDRESS: c/o Dr. Ali A. Kawi
Downstate Medical Center
450 Clarkson Avenue, Brooklyn, NY 11203

PURPOSE: To advance and improve medical student education in psychiatry,
share information and develop standards pertaining to curricula
and staffing, and pursue related matters so as to foster higher
standards of education in Psychiatry in medical schools.

MEMBERSHIP CRITERIA: Membership is limited to the Directors of Medical Student
Education in Psychiatry in the U.S. Medical Schools.

NUMBER OF MEMBERS: 79

NUMBER OF FACULTY MEMBERS: 79

DATE ORGANIZED: 1975 Officially Incorporated on April 23, 1976

SUPPORTING DOCUMENTS REQUIRED: (Indicate in blank date of each document)

1976 1. Constitution & Bylaws

Programs: 1976, 77, 78 and 792. Program & Minutes of Annual Meeting

Minutes: 1977 and 1978

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

1. Has your society applied for a tax exemption ruling from the Internal Revenue Service?

X YES NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested?

509 (a) 2

3. If request for exemption has been made, what is its current status?

X a. Approved by IRS
 b. Denied by IRS
 c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

Cobi A. K...
(Completed by - please sign)

April 10, 1980
(Date)



**association of american
medical colleges**

October 3, 1980

Dr. Ali A. Kawi
Association of Directors of Medical
Student Education in Psychiatry, Inc.
Downstate Medical Center
450 Clarkson Avenue
Brooklyn, New York 11203

Dear Doctor Kawi:

The application of the Association of Directors of Medical Student Education in Psychiatry for membership in the Council of Academic Societies was reviewed by the CAS Administrative Board at its meeting on September 24, 1980. The Board voted to defer further consideration of the application at this time for two principle reasons. First of all, there was some concern about whether or not your bylaws have been officially approved, as parts of the document you submitted are handwritten. In addition, the Board was concerned about rumors that your organization is considering a merger with the Association for Academic Psychiatry, which is already a member of CAS. The Board feels that societies applying for membership should be firmly established such that their existence may be assured.

I would like to emphasize that your Association's application was deferred, not rejected. If you would like to submit a written response to the two concerns as stated above for inclusion in the Board's January meeting agenda, the application could be reconsidered at that time.

Please contact me if you have any questions about this matter.

Sincerely,

August G. Swanson, M.D.
Director
Department of Academic Affairs

STATE UNIVERSITY
OF NEW YORK

DOWNSTATE MEDICAL CENTER

• DEPARTMENT OF PSYCHIATRY

October 22, 1980

August G. Swanson, M.D.
Director
Department of Academic Affairs
Association of American
Medical Colleges
Suite 200
One DuPont Circle, N.W.
Washington, D.C. 20036

Dear Dr. Swanson:

Your letter of October 3, 1980 was just brought to my attention. Thank you for bringing me up-to-date on the status of the application of the Association of Directors of Medical Student Education in Psychiatry for membership in the Council of Academic Societies. The purpose of this letter is to clarify the two issues that were of concern to the Board and which prompted their vote to defer further action on it.

1. The By-Laws have been officially approved. I regret that the documents submitted to you contained some hand written corrections. I was under some pressure to submit the application and the necessary documents by the specified time.
2. There is no basis for the rumor that our organization is considering a merger with the Association for Academic Psychiatry. The Association for Academic Psychiatry did express interest in the past, and not a formal one at that. The Association of Directors of Medical Student Education in Psychiatry has no intention to merge with the Association for Academic Psychiatry.

The identity of our Association, legally and professionally, has been established for many years. I would appreciate it if your Board would reconsider the application in its January meeting.

Sincerely yours,

Ali A. Kawi

Ali A. Kawi, M.D.
Professor

AAK:rr

MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
Attn: Ms. Lynn Gumm

NAME OF SOCIETY: The American Society of Human Genetics

MAILING ADDRESS: Dr. Judith Brown, Secretary, The American Society of Human Genetics,
Medical College of Virginia, Department of Human Genetics,
Box 33 MCV Station, Richmond, VA 23298

PURPOSE: The objectives of the Society are to bring into closer contact
investigators in many general fields of research which involve
human genetics, to encourage and integrate research in human
genetics, and to deal with other problems related to human
genetics.

MEMBERSHIP CRITERIA: There are three classes of membership in The American
Society of Human Genetics: active; corresponding; and associate. Active membership
is open to any resident of Canada, Mexico, or the United States who is interested in
human genetic research. Corresponding membership is open to similarly qualified
residents of foreign countries. Bona fide medical, dental, and graduate students may
become associate members.

NUMBER OF MEMBERS: 1700

NUMBER OF FACULTY MEMBERS: Not determined

DATE ORGANIZED: 1948

SUPPORTING DOCUMENTS REQUIRED: (Indicate in blank date of each document)

Constitution - revised 1963; amended 1969 1. Constitution & Bylaws
Bylaws - 1963; amended 1974

Program - 1980 2. Program & Minutes of Annual Meeting
Minutes - 1979

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

1. Has your society applied for a tax exemption ruling from the Internal Revenue Service?

X YES NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested?

501(c)(3)

3. If request for exemption has been made, what is its current status?

- x a. Approved by IRS
 b. Denied by IRS
 c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

Leon E. Rosenberg, M.D.
President

Leon E. Rosenberg
(Completed by - please sign)

December 23, 1980

(Date)

FOLLOW-UP ON THE PROPOSED SINGLE ROUTE TO LICENSURE

The CAS Interim Meeting on the proposed single route to licensure appears to have succeeded in informing our representatives of the direction in which the Federation of State Medical Boards and National Board of Medical Examiners are moving. Although there was the appearance that both the Federation and the Board were presenting a *fait accompli*, an element of doubt may have been cast in the minds of some who were in attendance. What can be done to stimulate continuation of the discussion and to alert faculties about the intention to make passing an examination equivalent to graduating from a U.S. medical school?

All CAS representatives have received the name, address and phone number of each member of the National Board of Medical Examiners and the Executive Committee of the Federation of State Medical Boards (also shown on pages 14 - 23 for your convenience). The meeting was reported in depth in the Weekly Activities Report. The External Examination Review Committee, chaired by Carmine Clemente, will be making its recommendation to the Executive Council in June.

What further steps should the CAS take to ensure that the proposed single route to licensure and its implications for Parts I, II and III of the National Board Examination sequence receives wide discussion amongst faculties.

CAS ANNUAL MEETING PLANS

Approximately 15 CAS societies are planning to hold meetings in conjunction with the AAMC Annual Meeting on October 31 to November 5. In the past, the involvement of society members with events in the AAMC meeting, and particularly with CAS sessions, has been minimal. This year, to increase the participation of members of societies that meet simultaneously, it is proposed that the program for the CAS session be decided at the March Board meeting so that an announcement of its subject matter and principal speaker can be sent to all societies no later than mid-June. The announcement will also include highlights from other sessions such as the AAMC Plenary Session and the Research in Medical Education conference.

The schedule for this year will be the same as last year.

Sunday, November 1 2:00 - 5:00 p.m.

One hour plenary session followed by two hours of small group discussions. What should be the subject or subjects?

Sunday Evening: Social and Dinner

Monday, November 2 1:30 - 5:00 p.m.

Featured speaker - What subject? Who?

Business Meeting

AVLINE

Development of AVLINE

Since 1973 the Association has assisted NLM in the development of AVLINE (audiovisuals-on-line), one of NLM's MEDLARS databases. Like MEDLINE, AVLINE enables specially trained librarians or education resource personnel to conduct on-line and off-line searches for audiovisual materials. In addition to standard bibliographic information, AVLINE contains data obtained through a peer review program established as a companion to the regular cataloging process.

The original stimulus for creating AVLINE stemmed from a recommendation made in 1971 by an AAMC committee chaired by Eugene Stead in a report entitled "Educational Technology for Medicine: Roles for the Lister Hill Center". In this report the Committee not only recommended the development of a database but also a quality assessment mechanism of audiovisual materials. Both recommendations stem from the fact that neither was there a comprehensive database about AV materials available nor did there exist a nationally recognized evaluation system of these materials as there is the editorial system for publication in scientific journals.

Supported by a contract from NLM, the AAMC initiated the Educational Materials Project in 1973 under the directorship of William G. Cooper, Ph.D., then on leave from the University of Colorado School of Medicine. Project staff assisted NLM and NMAC staff in developing the specifications for AVLINE and established a group review system for titles considered for entry into AVLINE. The project was greatly assisted in developing the appraisal process by member societies of the CAS and by other specialty societies and organizations representing the various health professions, especially the American Association of Dental Schools. Faculty members of health professional schools, particularly Medicine, Nursing and Dentistry served on review panels from 1973 through 1976.

The purpose of the review process was twofold: (1) to make a recommendation whether or not the item should be entered into AVLINE and (2) to generate review data specifying the audience and audience levels, the probable use of the item and the specialty(ies) or disciplines which it addressed.

During the four years between 1973 and 1976 over 5529 audiovisual materials were reviewed in 57 sessions of review panels. Decisions were made on 3965 items of which 3224 were found acceptable for AVLINE. Of these 2309 were entered into the data base by the end of 1976. AVLINE became available on a trial basis in May 1975 with 230 entries. After a down time of a few months it became accessible on the MEDLARS System in January 1976 with a database containing over 1000 citations.

While it was clearly demonstrated that a computerized database for audiovisual materials could be developed, it was also evident that the new AVLINE database had numerous shortcomings:

- Because of the cumbersome system of identifying titles and of obtaining them for review, because of the method of accumulating items in disciplines for group review, and because of delaying the cataloging process until a review decision had been obtained, AVLINE became a historic rather than a current database. In 1977 only 10 percent of all entries were about materials produced from 1973 on, all the others were items of older vintage.
- The group review process proved adequate to make a yes/no decision but was inadequate to generate specific review comments useful both to the prospective user and to the producer.

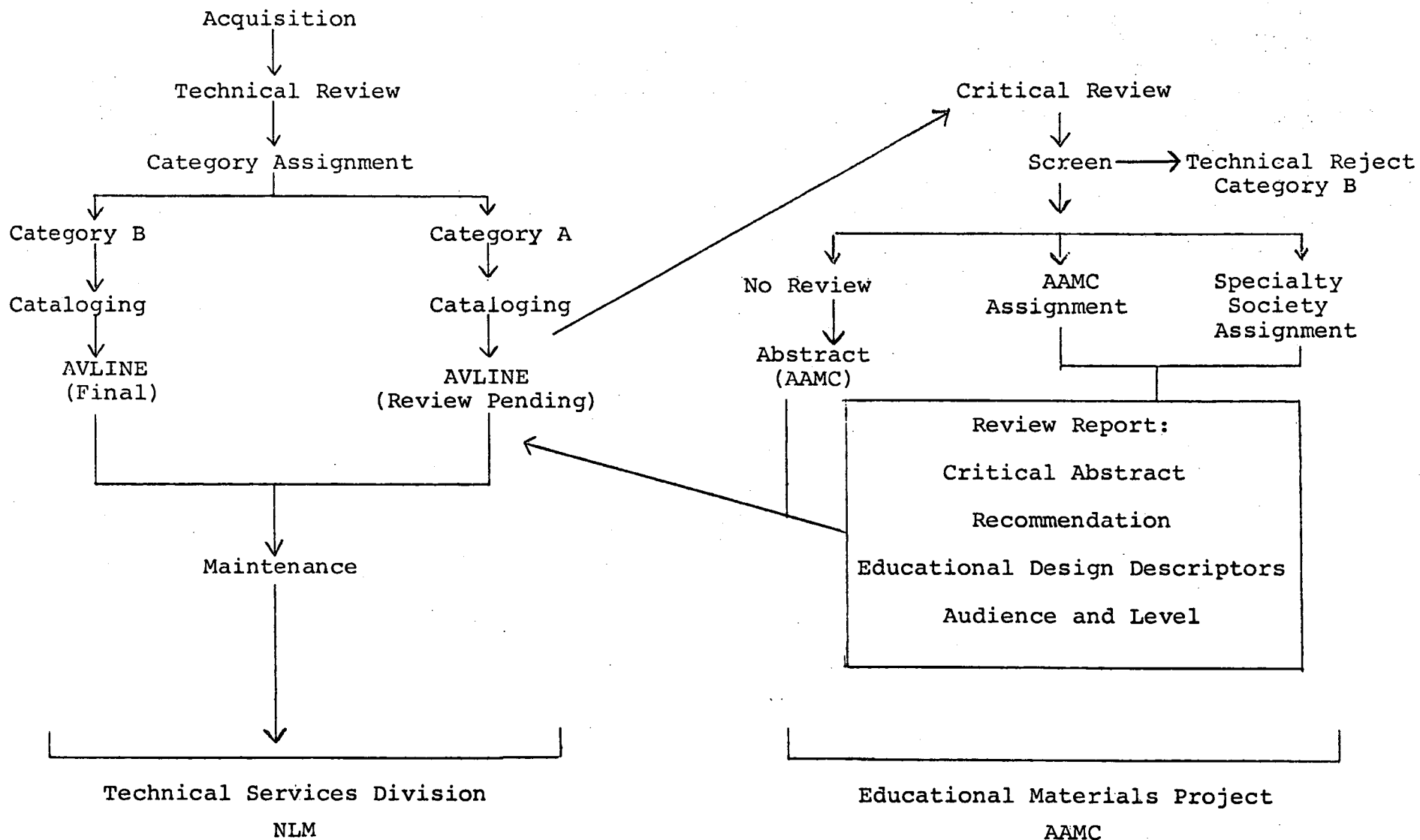
Present AVLINE Process

For the above and additional reasons changes were instituted in the review process and its relationship to cataloging resulting in an AVLINE process diagrammatically shown in the figure on the next page. The process shows the following features:

1. NLM acquires all recent releases by purchase and establishes bibliographic citations immediately in AVLINE.
2. The group appraisal process is replaced by an individual critical review process by two experts immediately after cataloging.
3. The critical review does no longer include or exclude items from AVLINE but generates a recommendation as to the potential usefulness of the material, the audience and audience levels, the instructional purpose, detailed critique as to content, design and technical deficiencies, if any, and a summary of content, design, overall quality and possible use in the education process.
4. Professional and specialty societies should assume responsibility for some aspects of the review process as much as possible.

In order to implement this system the AAMC staff developed a roster of reviewers now containing nearly 2500 names of experts in specialities of Medicine, Dentistry, Nursing, Allied Health, Hospital Administration, Pharmacy, and Veterinary Medicine. After cataloging of each item the material is briefly reviewed by AAMC staff and then assigned to two reviewers by telephone. Subsequently the item is sent to the reviewer's address or to his or her institutional library for the purpose of the review. Simultaneously a review form and a review guide is sent to the reviewer with the stipulation that a report be returned to AAMC within two weeks after receipt of the materials. From the review reports AAMC staff prepares a final report and a critical abstract to be sent to NLM for incorporation in the AVLINE citation.

AVLINE PROCESS



All final entries into the AVLINE database are published quarterly in the cumulative audiovisual catalog, the fourth quarterly catalog being a compilation of all entries during the entire year. The names of all reviewers who had completed reviews during that year are compiled in the annual AVLINE catalog. The following represents a sample citation from page 280 of the 1980 NLM audiovisual catalog.

Asthma. (Slide) / M. Henry Williams, Jr. ; produced by Audio Visual Medical Marketing. -- Park Ridge, Ill.: American College of Chest Physicians ; (New York :for loan or sale by Audio Visual Medical Marketing), c1979. 158 slides :col.;2x2 in. & 2 cassettes (2-track. mono. 45 min. each) and 2 guides. Sound accompaniment compatible for manual and automatic operation. Includes post-test. Audience level: -- Allied health: graduate; continuing education. -- Dental: graduate, continuing education. -- *Medical: undergraduate; graduate; continuing education. -- Nursing: advance certificate; graduate; continuing education. -- Specialty: allergy and immunology, pharmacology, internal medicine. Rating: Recommended. Review date: Oct. 1980. Reviewer: Association of American Medical Colleges (AAMC). Learning method: Support. CONTENTS: pt. 1. Pathogenesis and physiologic consequences. 78 slides. --pt. 2. Treatment. 80 slides. 1. Asthma - physiopathology - slides. 2. Asthma - therapy - slides I. Williams, M. Henry, 1924-04NLM: WF 553 SC no.4 1979 Abstract: (Critical) This two-part program discusses the pathogenesis and physiologic consequences of asthma and principles of asthma treatment. It approaches the topic from the perspective of cellular and humoral immune responses, giving less attention to vagal influences and to underlying exercise-induced bronchospasms. Mechanisms of hyperinflation and the attendant rise in elastic work of breathing are not discussed in detail. Familiarity with pulmonary and cardiovascular physiology is assumed. The treatment methodologies are controversial in regard to safety, efficacy and accuracy. Graphic techniques aside from the use of white-on-white letter and equations when diagrams would be more effective, are excellent. The question and answer format may be confusing and discouraging. This is overall, a valuable, stimulating synopsis of the topic; it is recommended.

Price:

Loan: 24.00 (nos. 6001 & 6002)
Sale: 170.00 (nos. 6001 & 6002)

Source:

Audio Visual Medical Marketing, Inc.
Cit. No. 8000938A

Database

As of December 1980 the AVLINE database had 9480 entries. Of these, 7556 had been reviewed while 1924 entries were placed in a category of items not considered suitable for review because they were simple recordings of lectures, seminars, meetings or other didactic events. In the review process 20 percent of the items were not

recommended, whereas 65 and 15 percent respectively were recommended and highly recommended by the reviewers.

The annual number of entries is shown in the following table:

Year:	1975	1976	1977	1978	1979	1980	Total
Entries:	229	2079	2340	1910	1616	1306	9480

Of the 691 items reviewed during 1980, the reviewers suggested the following primary audiences:

Medicine	270
Dentistry	46
Nursing	138
Allied Health	237

Most of these items are considered appropriate for several disciplines, e.g. Medicine and Nursing, Nursing and Allied Health, etc. as well as to several educational levels, i.e. undergraduate, graduate and continuing education. Approximately 27 percent of all reviewed items were classified as self-instructional, while the balance were considered of supplemental or supportive nature.

Utilization of AVLINE

AVLINE is intended to be used both by library resource personnel and by instructors of students of the health professions. Library resource personnel may want to use AVLINE to identify items for establishing their own audiovisual library and to obtain data for indexing AV materials. The instructional student may request searches to identify materials that would be useful in a particular learning situation. The purpose of the critical abstract is to provide some information which might be of help to the searcher in deciding whether or not an item is worth serious consideration. Finally, it is intended that the critical review process would have some impact on the care with which new items will be produced. A positive recommendation in AVLINE should have an impact on the marketability of a particular item.

Issue

The NLM has strongly supported and is continuing to support the development and maintenance of the review system for AVLINE. It feels now that the specialty and professional societies should assume a greater part of the burden of the review process. Up to the present, collaborative arrangements had been developed with some organizations, namely the American College of Cardiology, the American Physiological Society, the American Gastroenterological Association, the American Society of Clinical Pathologists, the American Lung Association, and recently the Society of Teachers of Family Medicine. NLM staff feels that societies and their members should eventually be able to carry out a review process for AVLINE as they assumed the responsibility for reviewing manuscripts submitted to their own journals.

Questions

1. Is there sufficient interest among academic societies to establish or aim for a review system based on these societies?
2. Is there a need for a planning or advisory committee constituted from the chairpersons of the education or audiovisual committees of participating societies?
3. Could the professional societies assume the responsibility for the review?
4. How could such a system be coordinated nationally?
5. Is there a possible link between the reviewer and an endorsement for independent study and continuing education?