

AGENDA

ADMINISTRATIVE BOARD  
of the  
COUNCIL OF DEANS

May 18, 1972  
Noon to 3:00 pm  
Lunch  
Conference Room  
AAMC Headquarters  
Washington, D.C.

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I. MINUTES OF PREVIOUS MEETING

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MINUTES  
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

February 3, 1972  
Palmer House  
Chicago, Illinois  
7 - 10 pm

Present:

(Board Members)

Carleton B. Chapman, M.D., Presiding  
J. Robert Buchanan, M.D.  
Ralph J. Cazort, M.D.  
Clifford G. Grulee, M.D.  
William F. Maloney, M.D.  
William Mayer, M.D.  
Sherman Mellinkoff, M.D.  
Harold C. Wiggers, Ph.D.

(Staff)

John A. D. Cooper, M.D.  
Prentice Bowsher  
Thomas Campbell  
Joseph A. Keyes  
Katherine Keyes  
Bart Waldman  
Marjorie P. Wilson, M.D.

Absent:

Emanuel Papper, M.D.

Guests:

Thomas Fitzgerald  
Marvin L. Siegel, J.D.

I. Call to Order

The meeting was called to order by Dr. Carleton B. Chapman, Chairman of the Council of Deans, at 7:00 pm.

II. Minutes of the Previous Meeting

The minutes of the December 16, 1971 COD Administrative Board were approved as circulated in the Agenda Book.

III. Review of BOS Professional Advancement Program

Mr. Siegel, Business Officer at the University of Miami School of Medicine, was present to discuss the Continuing Education Workshop for the Business Officers to be held before the 1972 AAMC Annual Meeting. Mr. Siegel reviewed the background for the conducting of this workshop -- a questionnaire was sent out and there was a good response favoring this sort of activity, the subjects were narrowed down to ten. The enrollees would

include the Business Officers of the medical schools and the medical centers; the registration fee would be \$75; and it would be held at one of the hotels in Miami which the AAMC would be utilizing during the Annual Meeting. The Administrative Board was concerned with the funding of this activity especially if the anticipated number of enrollees did not register and there turns out to be a deficit. Mr. Fitzgerald felt that they could be confident that there would be a hundred Business Officers in attendance. He also pointed out that having this workshop in conjunction with the Annual Meeting would save money.

It was generally felt that BOS members who acted as faculty for the workshop should not receive honoraria nor have their travel expenses paid.

ACTION: On motion, seconded and passed (one dissent), the Administrative Board approved the development of the program with the admonition that every attention be given to the quality of this endeavor and that the funding of participants and faculty be consistent with AAMC policy.

Mr. Fitzgerald discussed briefly the BOS External Relations Committee and its relationship with the NIH. He expressed the hope that these activities could be more closely coordinated with those of the AAMC generally.

#### IV. Tax Status of Joint Operations by Exempt Groups

Mr. Prentice Bowsler, of the AAMC Division of Federal Relations, was present to discuss a current IRS assertion that joint operations by exempt groups are taxable as feeder corporations, performing activities of a commercial nature. The American Council on Education (ACE) plans to seek legislation providing a specific exemption for such joint operations. The ACE is anxious to gather information on joint operations conducted -- or planned -- and potential opponents to such operations. This legislation is presently in draft form. The Administrative Board received this as information.

#### V. Proposed Organization of Sub-Council Activities

The Administrative Board of each Council has been asked to review and discuss the proposal for the organization of AAMC Sub-Council groups and activities. Dr. Wilson reviewed the present structure and the guidelines which were in the Agenda Book.

ACTION: On motion, seconded, and passed the Administrative Board approved the Proposed Organization of Sub-Council Activities in principle, but requested that the Executive Council not take final action until the implication of the proposal on existing groups could be further examined.

There was some question of where the Group on Medical Education

would fit into this organization. Dr. Cooper explained that the Group was the idea of Dr. Swanson for identifying the individual most concerned with curriculum programs and the individual concerned with research in medical education and for bringing these two together.

VI. Organization of Faculty Representatives

Dr. Chapman reviewed the Agenda for the COD Business Meeting to be held on February 4. Of particular concern is the matter of faculty representation in the AAMC. It was felt that if this matter were brought up for final action now, it would not be passed. There was again expressed the feeling that there should be no more adding of organization or groups to the AAMC at this time. It was agreed to present this item as information at the COD Business Meeting and that the OFR should be discussed at the regional levels and final action could be expected at the November meeting.

VII. Committee on Financing Medical Education

The Board received copies of a letter from Dr. Charles Sprague, Chairman of the Committee on Financing, to Dr. Sam Clark requesting that the CAS Cooperate with the Committee's Task Force on Medical Education in attempting to develop a true picture of faculty compensation and its relationship to the cost of medical education. This complex issue presented a major problem to the Task Force in its efforts to develop an accurate picture of costs. It requires an attempt to determine the value to the school of the contributed time of volunteer faculty as well as the impact of income supplementation through faculty clinical practice plans. It is important that the Financing Committee get at these factors because they provided a major obstacle to the Harris Committee efforts to analyze the cost of medical education and the Health Manpower Act made it quite clear that Congress would demand more accurate cost information.

It was suggested that an alternate approach might satisfy the underlying concern of Congress that public moneys are appropriately expended. That approach would be to provide detailed descriptions of income distribution plans and their salutary effect on the schools' fiscal situation rather than attempting to determine with precision the total compensation of individual faculty members.

The Board took no explicit action on this matter but the consensus was that they would cooperate as appropriate to the CAS and Task Force efforts.

VIII. OSR Administrative Board

At 9:00 pm, the OSR Administrative Board joined the COD Administrative Board. There was no set agenda.

Larry Holly, Chairman of the OSR, reviewed what the OSR had done at its afternoon meeting: The OSR broke up into small groups of eight to discuss priorities; OSR voted to invite one osteopathic student from each osteopathic school to meet with the OSR in Miami; reevaluated the committee names; felt that if there is going to be an OFR, there should be some mechanism for assuring that it represents the junior faculty; took action on American Clerkship for students studying medicine abroad; and expressed a concern for displacing physicians from countries needing their services.

Sol Edelstein questioned what leadership had the AAMC exerted in protecting medical students against the Draft and inquired about the AAMC position toward foreign house staff.

Dr. Cooper reviewed the AAMC activity in regard to the draft and indicated that the main problem was that neither the DOD nor the Selective Service would give them any idea as to how many physicians would be drafted or needed. Sol asked if students could be advised of what is going on now because each school seems to get a different story.

Larry Holly brought up the matter of financing the OSR representative to the AAMC meetings. He indicated that only 56 schools were represented at this meeting and that a poll would be taken to find out how each student was financed to get to this meeting and to find out why the other representatives were not able to come. The students were assured of the continued commitment to the OSR by the COD.

Sol stated his position on foreign house staff: they provided poor patient care and poor teaching. Often there was a language barrier. They were often in the inner city hospitals and provided cheap labor. He felt that there was little national control. Dr. Cooper reviewed the Commission on Foreign Medical Graduates and indicated that one of the major problems was the State Department's permissiveness in permitting them to stay in the country. It was added that the Residency Review Committees were beginning to hit this problem hard, particularly the Internal Medicine Committee which is placed on probation or warning any department with more than 50% foreign graduate medical students.

IX. Adjournment

The meeting adjourned at 10:05 pm.

## II. ADMISSIONS PROBLEMS

### Participants in May 10, 1972 Meeting on Medical School Admissions Problems

Martin Begun  
Associate Dean, NYU

Carleton Chapman, M.D.  
Chairman, COD

John E. Chapman, M.D.  
Associate Dean for Education  
Vanderbilt University

Sam L. Clark, Jr., M.D.  
Chairman, CAS

Clifford Grulee, Jr., M.D.  
Dean, University of  
Cincinnati

Frederick Hofmann, Ph.D.  
Associate Dean, Columbia  
P & S

Cheves McC. Smythe, M.D.  
Dean, University of Texas  
at Houston Medical School

Robert L. Tuttle, M.D.  
Chairman, GSA

### Staff

James Erdmann, Ph.D.  
Director, Educational  
Research and Measurement

Roy K. Jarecky, Ed.D.  
Associate Director, Student  
Affairs

Davis Johnson, Ph.D.  
Director, Student Affairs

Joseph A. Keyes  
Assistant Director  
Institutional Development

James R. Schofield, M.D.  
Deputy Director  
Institutional Development

August Swanson, M.D.  
Director, Academic Affairs

Marjorie P. Wilson, M.D.  
Director, Institutional  
Development

### III. GUIDELINES FOR SUB-COUNCIL ORGANIZATION

There shall be the following classes of sub-council entities, organized in accordance with the definitions and specifications listed below:

- A. ORGANIZATION -- an Organization of the AAMC is defined as a membership component, associated specifically with one Council of the Association, and having voting participation in the governance of the AAMC.
  1. Its establishment requires a bylaws revision approved by the AAMC Assembly.
  2. The Association shall assume responsibility for staffing and for basic funding required by the Organization.
  3. The Organization shall be governed by rules and regulations approved by the parent Council.
  4. All actions taken and recommendations made by the Organization shall be reported to the parent Council.
  
- B. GROUPS -- a Group of the AAMC is defined as representatives of a functional component of constituent institutional members. Groups are created to facilitate direct staff interaction with representatives of institutions charged with specific responsibilities and to provide a communication system between institutions in the specific areas of a Group's interest. Group representatives are appointed by and serve at the pleasure of their deans. Groups are not involved in the governance of the Association.
  1. Establishment of a Group must be by the President of the Association with the concurrence of the Executive Council.
  2. All Group activities shall be under the general direction of the AAMC President or his designee from the Association staff.
  3. Groups may develop rules and regulations, subject to the approval of the AAMC President. An Association staff member shall serve as Executive Secretary.
  4. Budgetary support for Groups must be authorized by the Executive Council through the normal budgetary process of the AAMC.
  5. The activities of Groups shall be reported periodically to the Executive Council.
  
- C. COMMITTEES -- a Committee of the AAMC is defined as a standing body reporting directly to one of the official components of the Association (Executive Council, Councils, Organizations, Groups), charged with a specific continuous function.
  1. Committees of the Executive Council may be charged with roles related only to governance, program, liaison, and awards.

Guidelines for Sub-Council Organization

Page Two

2. Committees of the Councils and Organizations may be charged with roles related only to governance and program.
  3. Committees of the Groups may be charged with roles related only to program.
- D. COMMISSIONS -- a Commission of the AAMC is defined as a body charged with a specific subject matter function, assigned for a definite term of existence, and reporting directly to one of the official components of the Association. All previous "ad hoc committees" shall become known as Commissions.
1. A Commission may be charged by the AAMC component to which it is to report, or by the Executive Council.
  2. No Commission may be charged for a term longer than 2 years, at the end of which it shall be re-charged or dissolved.

4/17/72

#### IV. FACULTY REPRESENTATION IN THE AAMC.

The matter of additional faculty participation in the affairs of the AAMC was considered at the February meetings of the Association. The results of those deliberations are summarized below:

COD Administrative Board - No formal action; a consensus was reached that the COD should discuss the matter at its meeting the next day, but that it should delay any final action until there could be additional discussion at the regional meetings; COD action could probably be expected at the November meeting.

Council of Deans - Voted to delay action on the issue until all regions have had an opportunity for full discussion of the specific proposal presented by the Executive Council for consideration by the individual Councils; and that the delay be no longer than the November meeting of the COD.

Council of Academic Societies Administrative Board - No action taken because of a lack of a consensus on the issue.

Council of Academic Societies - Adopted a motion proposed and tabled at the October 29, 1972 CAS meeting "supporting the development of a Council of Faculty within the AAMC." Defeated a motion calling for the establishment of an Organization of Faculty Representatives. Adopted a motion "to establish a Council of Faculties within the AAMC."

Council of Teaching Hospitals Administrative Board - Decided to take no unilateral action on the issue because it impacted primarily upon the COD and the CAS.

Executive Council - Urged that the COD resolve the issue at its November meeting after intensive discussions at the regional level.

Chairman of the Council of Deans - Communicated to staff his desire that the issue not be emphasized at any future meeting until he had had the opportunity to communicate directly with the individual Deans by phone or questionnaire to ascertain the sentiment regarding faculty participation in the AAMC in the individual school faculties.

VI. PLANNING FUTURE COD MEETINGS

September, 1972

14	noon - 3 pm	COD Ad. Bd.	AAMC
15	9 am - 4 pm	Executive Council	AAMC

November, 1972

2-6 \* AAMC Annual Meeting - Hotel Fontainebleau Miami, Fl.

December, 1972

14	noon - 3 pm	COD Ad. Bd.	AAMC
15	9 am - 4 pm	Executive Council	AAMC

March, 1973

15	noon - 3 pm	COD Ad. Bd.	AAMC
16	9 am - 4 pm	Executive Council	AAMC

June, 1973

21	noon - 3 pm	COD Ad. Bd.	AAMC
22	9 am - 4 pm	Executive Council	AAMC

September, 1973

13	noon - 3 pm	COD Ad. Bd.	AAMC
14	9 am - 4 pm	Executive Council	AAMC

\* Annual Meeting Program

1. COD Administrative Board Meeting November 3  
12:00 - 1:30 pm  
Luncheon
2. COD Business Meeting November 3  
2:00 - 5:00
3. CAS-COD Joint Meeting November 5  
9:00 am - 12:30

RE: Graduate Medical Education or  
Minority Affairs

VI. PLANNING FUTURE COD MEETINGS

Annual Meeting  
November 2-6, 1972

Hotel Fontainebleau, Miami Beach

	Thursday	Friday	Saturday	Sunday
AM	Arrivals	Plenary Session	Plenary Session	COD-CAS Program 9:00-12:30
PM	Misc. ----- COD Recept. 7:30-8:30	COD Business Meeting 2:00-5:00 ----- CAS, COTH	Assembly 1:30-4:00 ----- Minority Affs. Workshop 4:00-6:00	Misc.

## VI. PLANNING FUTURE COD MEETINGS

Article from the Bulletin of the Association of American Medical Colleges, Volume VII, Number 4, April, 1972

### Plenary Session Program for 1972 Annual Meeting Completed

The program for the plenary sessions at the 1972 Annual Meeting of the AAMC, to be held November 2 through 6 at the Hotel Fontainebleau in Miami Beach, Florida, has been completed. The theme of the program will be "From Medical School to Academic Health Center."

The plenary sessions will be November 3 and 4. The speakers and their general topics will be: Dr. Russell A. Nelson, president, The Johns Hopkins Hospital—the AAMC chairman's address; Dr. John R. Hogness, president, Institute of Medicine of the National Academy of Sciences—the education of health professionals as a team; Dr. Ivan L. Bennett, Jr., dean, New York University School of Medicine—the continuum of undergraduate and graduate medical education; Dr. Philip R. Lee, chancellor, University of California, San Francisco Campus, School of Medicine—the governance of the academic health center; Dr. Clark Kerr, chairman, Carnegie Commission on Higher Education—Alan Gregg Memorial Lecture; Dr. Edmund D. Pellegrino, vice president for health sciences and director of the Health Sciences Center, State University of New York at Stony Brook Medical School—academic medicine's responsibility for area health education centers; Mr. Arthur E. Hess, deputy commissioner, Social Security Administration—the role of the academic health center in delivering health care; Dr. Joshua Lederberg, chairman, Department of Genetics, Stanford University School of Medicine—expanded research efforts in the modern academic health center.

As in the past, numerous groups will meet in conjunction with the AAMC Annual Meeting. Many of the Council of Academic Societies constituent societies will hold meetings in Miami Beach, as will all of the groups and sections formally or informally affiliated with the Association. The three AAMC Councils will hold business meetings on the afternoon of November 3, and the AAMC Assembly will meet on the afternoon of November 4.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

April 25, 1972

TO: Joe Keyes

FROM: Suzanne Dulcan

SUBJECT: Statement of OSR Activity for Meeting of COD Administrative Board, May 18, 1972

In March, AAMC staffing responsibility for the Organization of Student Representatives (OSR) was transferred from the Division of Institutional Development to the Division of Student Affairs (DOSA). Dr. Roy K. Jarecky, Associate Director of DOSA, now directs OSR staff support; Dr. Jarecky is assisted by Mrs. Suzanne P. Dulcan, DOSA Administrative Assistant.

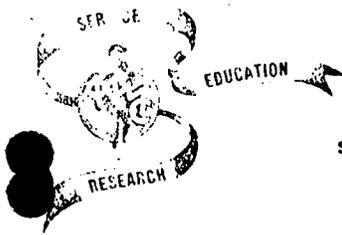
OSR representatives have participated actively in the first two GSA regional meetings of 1972. The Southern meeting in San Antonio, April 11-13, and the Western meeting at Asilomar, April 16-18, were each attended by about a dozen students from medical schools in the respective regions. At the Asilomar meeting, a motion was proposed by OSR members and passed by the Western GSA urging the individual medical schools to help finance the attendance of OSR representatives at national and regional meetings of the AAMC. At both of these meetings, OSR members contributed to the regular GSA and premedical advisor programs and met in separate groups to discuss OSR policy and issues, including minority affairs.

The next OSR activity will be a meeting of its seven-member Administrative Board, scheduled for Monday, June 19, at AAMC headquarters. OSR leaders will have an opportunity to discuss issues of particular interest to them with AAMC officers, and details of OSR Annual Meeting activities will be considered.

The current Annual Meeting agenda for OSR includes a business meeting on the afternoon of Thursday, November 2, and a program concerning minority affairs on the evening of Friday, November 3. Election of OSR officers for 1972-73 will be held at the end of the business meeting.

cc: Drs. Swanson, Johnson, Jarecky

FEB 28 1972



## ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

February 22, 1972

John A. D. Cooper, M.D.  
President  
Association of American Medical Colleges  
One Dupont Circle, N.W., Suite 200  
Washington, D. C. 20036

Dear Dr. Cooper:

On behalf of the Business Officers Section, Dr. Himmelsbach and I express our gratitude to Dr. Wilson, Mr. Murtaugh, Mr. Keyes, Mr. Campbell and yourself for being so generous in allowing us to take so much of your time last Friday. Cliff and I feel that more was accomplished during that meeting, with regard to explaining the real nature of activities engaged in by the Section's External Relations Committee, than has ever been in the past.

We are very much in accord with your expressed desires, that the Association speak with one voice in dealing with third parties, and in particular in dealing with various representatives and agencies of the Federal Government. We plan to establish a communications link with you and your staff guaranteeing, that, insofar as the Section is concerned, your expressed desires will be satisfied.

In this regard, it is perhaps beneficial to review the context of items discussed in greater detail.

The nature of items brought to the attention of the Section's committee may generally be classified as those dealing directly with the academician's ability to carry on program activity in an atmosphere free of harassment from external forces; harassment, quite often, occasioned as a result of the promulgation of burdensome and antiquated practices by sponsoring agencies, which not only hamper the academician but, also, impede the institution's administrative and financial ability to provide an adequate setting for the conduct of its overall mission. Professional expertise, resulting from years of experience both in the field and at our own institutions has provided a background which enables our dealing with the problem of supporting both the academician and the institution in achieving desired objectives.

As was so astutely pointed out during our meeting, the solution of problems oftentimes requires the combined efforts of the academician and the administrator functioning as a team within the framework of, and with the support of the Association.

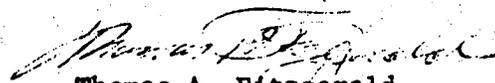
February 22, 1972

By establishing the mentioned communications link between the Association, members of its staff and the committee, we should be well on our way toward reaching this goal.

As discussed, problems brought to the attention of the Section's committee, to date, arise from requests to respond to third parties. We have not as yet assumed the activist role as regards recommending an approach for the solution of many existing difficulties that influence the financial well-being of our institutions. For example, many are dissatisfied with policies pertaining to the ability of institutions to recover full indirect costs associated with sponsored programs. Further dissatisfaction is generated by existing regulations pertinent to matching fund and cost sharing requirements. These are but a few, the list continues on and on. In the spirit of what has preceded, however, we shall now attempt to provide the Association with a more thorough identification of problems. Once identified, we can then proceed to mutually evaluate their order of importance with respect to better understanding the true nature of their impact on our institutions.

We very much appreciate your advise and counsel regarding these matters, and hope for a united effort in achieving objectives. Once again, many thanks.

Sincerely,



Thomas A. Fitzgerald  
Chairman

Business Officers Section

TAF:jw

cc: Mr. Thomas J. Campbell  
Clifton K. Himmelsbach, M.D.  
Mr. Joseph Keyes ✓  
Mr. Joseph Murtaugh  
Marjorie P. Wilson, M.D.

DRAFT

May 5, 1972

TO: Council of Deans, Council of Academic Societies  
FROM: John A. D. Cooper, M.D., President  
SUBJECT: Directory of Medical School Faculty

The purpose of this memorandum is to request your view of the utility of a directory of persons holding faculty appointments at medical schools.

The publication would draw upon information already available from the faculty roster project; there would, therefore, be no additional reporting burden on faculty or medical school administration; volunteer faculty would not be included in the directory.

The listing for the faculty member would show name, academic rank, department, principal specialty, earned degrees, and the institution conferring the degrees. Permission from the faculty member would be obtained before information for him would be included in the directory.

The publication would be arranged to show the full listing for the faculty member by department within the medical school. An alphabetical listing and a departmental listing, both cross-referenced to the medical school, would be included.

If the publication should prove useful, the directory would be published every third year, with the possibility of annual supplements to provide information on transfers, new faculty, and losses.

We believe that this directory would be a valuable reference document supplementing other AAMC publications. A similar directory for law school faculty has proved very successful. Your comments would be appreciated.

JR:JSM:rk

*Kathy Keys*

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

May 11, 1972

MEMORANDUM

TO: ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS  
FROM: MARJORIE P. WILSON, M.D., DIRECTOR, INSTITUTIONAL DEVELOPMENT  
RE: May 18, AGENDA ITEM

Under item VI of the Board's May 18, 1972 agenda, Planning Future COD Meetings, there is a notation regarding "Proposed Workshop on Individualizing Curricula." Attached is the material which I have received regarding the proposal. It has been suggested that this Workshop be held as a joint undertaking of the COD and the CAS in the Spring of 1973. There remains the larger question of whether the precedent of a separate COD meeting such as was held this year ought to be followed in the future.

I will attend a meeting on May 17, at which members of the CAS Administrative Board and staff will be discussing this proposal. I will report to you on that meeting on the 18th.

Attachment: "Prospectus for a Workshop on the Individualization of Medical School Curricula"

Carleton Chapman, M.D.  
Sherman M. Mellinkoff, M.D.  
J. Robert Buchanan, M.D.  
Ralph J. Cazort, M.D.  
Clifford G. Grulee, M.D.  
William D. Mayer, M.D.  
William F. Maloney, M.D.  
Emanuel Papper, M.D.  
Harold C. Wiggers, Ph.D.

From Sam Clark

## Prospectus for a Workshop on the Individualization of Medical School Curricula

The time appears appropriate to consider individualization of medical school curricula, because lip service is being paid to the idea and it seems important to examine its implications critically. The following is an attempt to define the idea and enumerate some of its implications.

In brief, individualization will be defined as whatever may be done to make medical school curricula flexible enough for individual students to pursue individual courses through medical school. In particular, it implies that there is some substitute for a "course" which must be passed by each medical student. It implies that students would not only go by diverse pathways, but at varying speeds.

### Anticipated Values

Is the Socratic ideal of learning simply a romantic illusion, or is it real in the world of medicine? I maintain that it is not only real but essential to educating physicians today. The vital importance and complexity of medical decisions are limitless in their demands upon an individual. No predictable body of knowledge or set of skills can meet the demand satisfactorily; adaptability to new situations is necessary if a physician is to be able to reach effective decisions on short notice, in the face of inadequate evidence. Therefore a prime requisite for the adequate practice of medicine is the capacity for independent and self-critical learning. Physicians are held responsible for how they behave in impossible situations.

As medical students grow increasingly diverse, drawn from various cultural and racial backgrounds, a truism becomes clear: adaptability can be achieved only by helping each student to realize his unique potentials, not by attempting to mold everyone alike. Diversity is essential if the evolution of medical care is to keep pace with rapidly changing demands.

If we agree that the goal of medical education should include helping each student to build on individual qualities toward becoming an independent and self-critical practitioner, then one can maintain that individualized curricula may be more efficient and rational than the Lock-step programs we now employ. In any case, agreement upon goals is an essential starting point for discussing curricula.

### Feasibility

Are individualized curricula academically viable in our real and restricted world of teachers and funds? Are most medical teachers too insecure in their own knowledge or egos to depart from a circumscribed curriculum with its predictable body of knowledge? Have students been so conditioned to achieve for the praise of others by memorizing facts, that they

are unable to become independent scholars at this late date? An evaluation of these questions is necessary if we are to be realistic about individualization.

What is the evidence that individualization can work, if responsibly undertaken by wise and motivated teachers? Are the rumors true that in such situations, students are turned on and become responsible for their own educations? Do their accomplishments measure up academically?

Can we afford to individualize medical school curricula under the pressure of increasing enrollment without commensurate increase in funding? It is said that more time is required in close faculty-student contact if each student is to be allowed to go his own way at his own pace. Is this true, and if so, are there trade-offs to balance the faculty budget? What additional automated learning aids can be provided to help in the process, and at what cost?

Are we truly prepared to take a more flexible and correspondingly more responsible view of medical education? Up until now, we have shrunk from attempting to certify that our students, when they finish medical school, are prepared to care for patients. We have said that medical school is not the end of medical education, but only the theoretical preparation for a more practical learning experience. We have said that all we have to offer is exposure to our own wisdom and enforced studying through the threat of examinations. We have accepted evaluations of factual knowledge in lieu of measurements of competence. We have insisted that our admissions committees admit no one to medical school who is not prepared to be a doctor, so that it will not be necessary to fail anyone for incompetence.

In the face of all of these questions and potential costs, what assets can be listed to balance the ledger? There is certainly the faculty time saved in not preparing and delivering so many lectures. There is the efficiency to be gained by the fact that students need not repeat what they have already learned in the past and can proceed as rapidly or slowly as individually necessary. There is also the claim to be evaluated that individualized learning is more efficient in accomplishing the goals of medical education stated above. One of the most important questions to evaluate is whether or not individualized curricula prepare students as well or better for the practice of medicine than do other curricula.

### Accountability

I take it to be the responsibility of the medical faculty not only to provide an education for their students, but to protect the public from harm by poorly educated physicians. Therefore there appears to be the need for medical faculties to certify achievement and preparedness of their students; in other words, they must certify competence. To suggest that this is not the role of the faculty, but of some national certifying body, is simply to duck the issue. How can one defend the curriculum he offers, if he cannot prove that it prepares students adequately for medicine?

Present methods for certifying educational achievement are inadequate to certify competence. However, these methods are the experience upon which we can attempt to build a more rational approach to certification. Therefore a major part of the workshop would need to be devoted to evaluation and projection of the use of various presently-used methods for evaluation.

The major evaluation relied upon to certify competence at the higher levels today is a personal, subjective evaluation of the student. Such evaluations are liable to prejudice and bias and are not quantitative. However, we generally agree that they can be trusted to the extent that the evaluator is known and trusted. How can the value of such evaluations be enhanced and utilized in certifying competence and protecting the public?

Examinations are the chief statutory method for evaluating education. Objective examinations are popular because they are quantitative, their reproducibility can be tested and improved by empirical experiment, and they are easy to design. However, they are poorly representative of the goals of medical education stated above, because they are almost exclusively limited to testing factual knowledge and rote skills. Therefore, their significance as evaluators of competence is far from proven. Can they be made more representative, and can their relationship to competence be tested and improved?

One of the chief unanswered questions in relation to examinations is whether or not any brief episodic examination can truly test and fairly evaluate the competence of an individual.

The most rational approach to evaluation would appear to be long-term evaluation of the behaviour of an individual in the role for which he wishes to be certified. Methods to record such performance are being developed and raise realistic hopes that it will be possible to automatically quantitate the qualities of such performance. Therefore it is appropriate to explore the extent to which this seems possible and to ask whether or not such long-term surveillance would be socially acceptable, and whether it could be designed to evolve, if tested against specified goals.

### Design of the Workshop

It is proposed that individuals with specific experiences in the areas discussed above would be invited to meet with the Council of Academic Societies in a format emphasizing free and open discussion, tempered by hard data. The subject should be subdivided into specific problems for individual groups to attempt to solve, and the final output should consist of the data upon which the workshop is based, together with specific evaluations and recommendations for future action. Questions of feasibility and accountability should be emphasized.

The Administrative Board of the COD approved the Guidelines for Sub-Council Organizations as modified by the following amendments:

B. GROUPS

2. All Group activities shall be under the general direction of the AAMC President or his designee from the Association staff *and shall relate to the appropriate Council(s) as determined by the Executive Council.*
3. Groups may develop rules and regulations subject to the approval of the AAMC President *and the Executive Council.*
5. The activities shall be reported periodically to the *(delete Executive) Council(s) designated under B 2 above.*



Info. Item C

APR 20 1972

# NEW YORK UNIVERSITY MEDICAL CENTER

550 FIRST AVENUE, NEW YORK, N.Y. 10016  
AREA 212 679-3200  
CABLE ADDRESS: NYUMEDIC

Controller's Division

April 18, 1972

Dr. Marjorie Wilson  
Association of American Medical Colleges  
One Dupont Circle, N. W.  
Washington, D. C. 20036

Dear Marjorie:

Per our recent telephone conversation, please find enclosed a general progress report that has been forwarded to the BOS membership, and a letter directed to the BOS Executive Committee. You may wish to insert these items in the agenda book for the next Administrative Board meeting. I have not sent copies directly to Dr. Cooper or other members of the staff. Please feel free to do so.

You will note that in my progress report to the membership, I did not report on the current status of our budget negotiations. However, I did feel that it was necessary to mention this in my letter to the Executive Committee.

If you have any questions regarding these matters, please do not hesitate to call. Best regards.

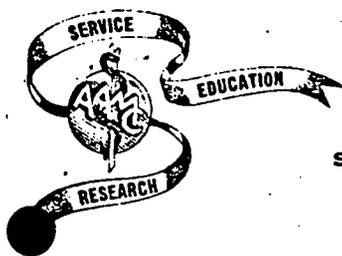
Sincerely,

Thomas A. Fitzgerald  
Assistant Controller  
Director  
Research and Training Program Management

enc.  
TAF:jw

Chairman  
Business Officers Section

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

April 18, 1972

TO: BUSINESS OFFICERS SECTION  
OF THE  
COUNCIL OF DEANS

Dear Colleague:

I am pleased to indicate that since my February 22nd report significant headway has been made with respect to work done by the Professional Development Committee and the Financial and Statistical Standards Committee. Concerning their progress, I should like to bring the following points to your special attention:

Professional Development Committee

This committee met at the University of Miami School of Medicine during March 16th and 17th, 1972. As a result of that meeting, final arrangements were made for presentation of the BOS Educational Seminar, to be conducted in conjunction with the Annual Meeting in Miami Beach next fall. The curriculum bulletin is presently in production. You should be receiving your copy along with registration forms from Marv Siegel by June 30th. In the interim, I thought you would want to be informed of the following:

- a. Registration is scheduled for Monday, October 30th.
- b. Classes, encompassing eight subjects, are scheduled for Tuesday, October 31st and Wednesday, November 1st.

- c. Thursday, November 2nd begins the regular annual meeting of the BOS. This scheduling will allow us the opportunity to conduct our activities without interruption.
- d. Arrangements have been made with the AAMC and the Miami Convention Bureau allowing for our stay at the Eden Roc Hotel. This had to be carefully prepared in advance since we will, in effect, commence our official activities two and one-half days prior to the regular meeting.

The Eden Roc is located alongside the Fontainebleau, which is where the annual AAMC meeting will be held.

- e. When you receive your registration forms, you will note that we are requesting that you accompany your advanced registration application with a deposit of \$25.00.

I urge your cooperation in compliance with this request, as the Committee will require some immediate funding to cover printing and other ancillary costs. In addition, the total number of registrants will effect decision making with respect to final arrangements for classroom facilities and other logistical considerations.

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I am bringing this information to your early attention as many may want time to schedule other activities in conjunction with this one.

We owe a debt of gratitude to Marv Siegel and his Committee

for their energies in putting this program together. With the expectation of averaging two attendees from each school, this "first" professional educational program should demonstrate the kind of national support necessary for meeting the most important objectives of the Business Officers Section.

Financial and Statistical Standards Committee

This committee met in Washington, D. C. on March 10th, March 22nd and at New York University Medical Center in New York City on April 12th, 1972. As previously reported this Committee, chaired by Bob Richardson, is working in conjunction with an AAMC staff committee, chaired by Tom Campbell.

I am pleased to report that as an outcome of these meetings, as well as accomplishments achieved in prior years, the joint committee has succeeded in producing a revised draft of Part I Liaison Committee On Medical Education, Annual Medical School Questionnaire. Furthermore; I am delighted to announce that this revision, though still in draft form, successfully incorporates the activities of state schools, state related schools and free standing schools, or so it appears at this time.

It is planned that this draft will be pilot tested at approximately twenty schools during the time period May 1st through May 20th, 1972. For testing purposes, we will request that the schools involved convert their last Liaison Report to meet requirements of the new format presentation.

Subsequent to completion of the pilot testing, Tom Campbell

April 18, 1972

will seek approval from the various AAMC and AMA committees, and I shall seek the BOS Executive Committee's endorsement of this questionnaire. If all goes well, we should have a new reporting mechanism for this year.

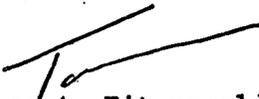
I must congratulate Bob Richardson for the leadership demonstrated in getting this difficult job done. Members of the Committee and Consultants also deserve a "well done" for their efforts. As usual, staff from the AAMC provided remarkable support and we want to thank them.

Personal Note

To our deep regret, Adrian Williamson resigned his position as National Treasurer of the BOS. Adrian has assumed new responsibilities at his institution, and will no longer serve as their BOS representative.

Very best regards.

Sincerely,



Thomas A. Fitzgerald  
Chairman

Business Officers Section

TAF:jw



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

April 18, 1972

TO: EXECUTIVE COMMITTEE  
BUSINESS OFFICERS SECTION - COUNCIL OF DEANS

Gentlemen:

We previously discussed possibilities for a second Executive Committee meeting, to be held in conjunction with a combined meeting of the Northeast and the South Region. This combined meeting has not materialized. I am, therefore, recommending that we not meet until the regular annual meeting next fall.

As you know, the status of our treasury reflects a zero balance. I feel that if we are using institutional funds in support of BOS activities, it is perhaps wiser, at this time, to use such funds in support of the activities of the Standing Committees. I further feel that any items that may arise between now and the annual meeting, that would require formal approval of the Executive Committee, can probably be handled by mail.

You will receive shortly copy of a progress report that has been forwarded to the membership, pertinent to the activities of the Professional Development Committee and Financial and Statistical Standards Committee. As concerns other activities, please be advised as follows:

Cliff Himmelsbach plans to call a meeting of the External Relations Committee, sometime in May, to discuss means by which we can activate the program as outlined in our February 22nd letter to Dr. Cooper. I met with Tom Rolinson in New York last week. He advised that he will shortly forward a report on the activities of the Information Resources Committee to the Executive Committee.

I met with Jim Peters, chairman of the Program Committee. He advised me of his plans to call the first meeting of that Committee in the near future. As you know, this year's regular annual program planning will be influenced by the Professional Development program. Jim now has all the data on that program, which should enable his proceeding with scheduling for the national meeting. Bill Zimmerman advises that he will handle the affairs of the Nominating Committee by mail. He further advises that a slate of officers will be proposed for our review with sufficient time for incorporation into the agenda for the annual meeting.