COUNCIL OF DEANS
ADMINISTRATIVE BOARD
April 3, 1975
9 a.m. - 1 p.m.
AAMC Conference Room

AGENDA

Page

I. Call to Order

II. Chairman's Report

III. Action Items:

A. Approval of Minutes ------------------------------ 1

B. Executive Council Actions--

1. Resignation of Administrative Board, Executive Council Member (Executive Council Agenda) --------------------- (17)

2. Role of Research in Medical School Accreditation (Executive Council Agenda) ------------------------------ (21)

3. OSR Recommendation to Establish an Office of Women's Affairs (Executive Council Agenda) --------------------- (23)

4. National Health Insurance and Medical Education (Executive Council Agenda) - (25)

5. Health Services Advisory Committee Recommendations (Executive Council Agenda) ------------------------------ (30)

C. Pilot Medical School Admissions Matching Programs -- 19

IV. Discussion Items:

A. President's Biomedical Research Panel ------------ 21

B. Progress Report on the MCAAP Program ------------ 26

Document from the collections of the AAMC Not to be reproduced without permission

Page

C. Follow up on Institutional Governance Issues ---- 27

D. Study of the Dean's Office Organization and Staffing; Responsibilities of the Dean ---------- 28

E. Report of the OSR Actions and Discussions

V. Information Items:

A. Tentative Program - Council of Deans Spring Meeting -- 35

Document from the collections of the AAMC Not to be reproduced without permission

Document from the collections of the AAMC Not to be reproduced without permission

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

January 15, 1975
9 a.m. - 1 p.m.
Conference Room, AAMC Headquarters

PRESENT

(Board Members)

Ivan L. Bennett, Jr., M.D.
J. Robert Buchanan, M.D.
Ralph J. Cazort, M.D.
Neal L. Gault, M.D.
Clifford G. Grulee, M.D.
William H. Luginbuhl, M.D.
Robert L. Van Citters, M.D.

(Guests)

Mark Cannon
Cynthia B. Johnson
Roger O. Lambson, Ph.D.
Sherman M. Mellinkoff, M.D.

(Staff)

Jane Becker
Robert Boerner
John A.D. Cooper, M.D.
Sharon Fagan
Charles Fentress
Nan Hayes
Paul H. Jolly, Ph.D.
Joseph A. Keyes
Susan Langran
Diane Mathews
James R. Schofield, M.D.
John F. Sherman, Ph.D.
Bart Waldman
Marjorie P. Wilson, M.D.

ABSENT

John A. Gronvall, M.D.
Andrew Hunt, M.D.
Julius R. Krevans, M.D.

I. Call to Order

Dr. Bennett, Chairman, called the meeting to order shortly after 9 a.m.

II. Chairman's Report

Dr. Bennett called to the attention of the Board the Report of the AAMC Officer's Retreat (December 11-13, 1974) contained in the COD Administrative Board agenda. The discussion and recommendations of the retreat participants are presented in this report in the outline format in which each issue was considered. At Dr. Bennett's suggestion, the Retreat Report will be sent to the entire Council of Deans.

Dr. Bennett reported that progress is being made in developing the theme of the Spring Meeting--undergraduate medical educa-

DRAFT

tion. The Spring COD meeting will be held from April 27-30, 1975, at the Sonesta Beach Hotel, Key Biscayne, Florida.

Dr. Bennett welcomed two new Administrative Board members--Dr. Neal L. Gault and Dr. William H. Luginbuhl.

III. Minutes of the Previous Meeting

The minutes of September 19, 1974, meeting were approved as circulated.

Dr. Bennett's request that the minutes of the Administrative Board meeting be sent to the Council of Deans shortly after each Board meeting was approved by the Board with the stipulation that it be indicated that the minutes are in draft form and not yet approved by the Board.

IV. Executive Council Actions

A. Consideration of the CCME Report on the Foreign Medical Graduate

The Physician Distribution Committee of the Coordinating Council on Medical Education prepared the Report on the Role of the Foreign Medical Graduate. The report was accepted by the Coordinating Council in September, 1974, and has been forwarded to the five parent organizations, of which the AAMC is one, for approval.

The Report maintains that U.S. medical education should be prepared to meet the health manpower needs of the nation. Graduate medical educational opportunities should be extended to FMG's insofar as the U.S. is able to assist other countries in improving systems of medical education or levels of medical practice and public health. The U.S. should not have to rely on FMG's to resolve domestic problems of health care. Toward this end the report makes 11 general and 33 specific recommendations.

Dr. Cooper expressed the view that the report is comprehensive, well written, and generally consistent with the previously approved AAMC Task Force report on FMG's and the policies advocated in that document. He then outlined to the Administrative Board some potential problem areas in the recommendations. In general, the problems result from proposals more extensive than our Task Force considered acceptable.

One area of concern is the report's advocacy of awarding greater authority and responsibility to the ECFMG than would

Document from the collections of the AAMC Not to be reproduced without permission

DRAFT

appear to be justified on the basis of its performance to date.

The recommendation regarding permanent residency reinforces the AAMC's recommendation that there be minimal and uniform standards for acceptance of foreign and domestic graduates into graduate education programs. The CCME, however, does not specifically recommend a qualifying examination, but leaves this decision to the LCGME. In the same section a sweeping recommendation is made that the ECFMG direct comprehensive programs at improving professional and related skills of immigrant physicians. It further recommends that the medical schools organize remedial education programs for those immigrant physicians who fail to qualify for either graduate medical education or licensure. When the AAMC task force considered this concept, it was rejected on the grounds that the medical schools do not have the capacity to carry out this responsibility. Furthermore, agreeing to do so raises the question that if the medical schools undertake this, why can't they substantially increase their class size? Neither logic nor practical considerations commend the adoption of recommendations which place the authority with the ECFMG and the responsibility with the medical schools.

The best approach appears to be to endorse the recommendation that an invitational conference be held to bring national focus on the FMG. In that context the present report, the AAMC report and any others should be considered working papers. The specific details of a satisfactory solution could be negotiated after full consideration of all of the going in positions.

One member of the Board, indicating the importance of immediately controlling the influx of FMG's, questioned whether delay in approving this paper would be detrimental to achieving this end. Dr. Cooper assured the Board that delay in approval would not affect the most direct and immediate action to achieve this end. There is at present a Senate bill, apparently on its way to approval, which will limit immigration of FMG's by directing the Department of Labor not to declare physicians in short supply and thereby not giving them preferred immigration status.

The Board recommended that the Executive Council not approve the CCME Report, endorsing only the final recommendation that CCME sponsor as soon as possible a national invitational conference for which the CCME Report, among others would serve as a working paper.

Document from the collections of the AAMC Not to be reproduced without permission

DRAFT

B. Report of the Task Force on Groups

At the June 20, 1974, Administrative Board meeting of the Council of Deans some members expressed reservations about the organizational status of the five Groups of the Association (Group on Business Affairs, Group on Medical Education, Group on Public Relations, Group on Student Affairs, Planning Coordinators' Group). These Groups are not a part of the governance structure of the Association. Several COD members have expressed the view that since the Groups consist of staff to the dean, the Groups should therefore report to and fall under the direction of the Council of Deans. Some concern over the present arrangement has been expressed from within the Groups as well.

In response to this concern, a Task Force on Groups was appointed at the June 21, 1974, Executive Council Meeting to study the role, relationship, and support of these Groups within the AAMC. The Task Force members were: Robert Van Citters, M.D., Chairman, Robert Buchanan, M.D., Ronald Estabrook, M.D., Sidney Lewine, M.D., Sherman Mellinkoff, M.D.

Dr. Van Citters, Chairman of the Task Force, presented its recommendations to the Administrative Board. Dr. Van Citters reported that the Task Force heard reports from Group chairmen and from AAMC staff Executive Secretaries of the Groups. The Task Force recommendations generally reflect the views of the Groups themselves.

Recommendations of the Task Force:

1. The Task Force feels that the existing organizational structure by which the Councils, Groups and the staff interrelate should not be altered.

2. The elected officers of the Councils should call upon the expertise available in the Groups and request input on programs and issues in areas of a Group's interest.

3. Groups desiring to provide input to the governing structure of the Association should communicate this desire through the Executive Secretary to the Chairman of the Association, who will review the request. If considered appropriate he will direct it to the Council(s) and/or the OSR. Information as to such assignments will be transmitted to the Group Chairman by the Executive Secretary, unless the Chairman of the Association determines that the request should not be further considered. In such case, the decision will be communicated directly to the Group Chairman by the Association Chairman. Whenever a Council is to consider an issue or recommendation raised by a Group, the Chairman of that Council may, at his discretion and if necessary, invite a representative of the involved Group to participate in the

Document from the collections of the AAMC Not to be reproduced without permission

DRAFT

Document from the collections of the AAMC Not to be reproduced without permission

discussion.

4. In order to ensure that Groups are kept well informed of developments in the Association, Group Chairmen should receive the President's Weekly Activities Report and the Executive Council Agenda.

5. The Current level of Association staff and financial support devoted to Groups seems appropriate.

The Board recommended that the Report of the Task Force on Groups be approved.

C. Report of the Ad Hoc Committee to Review the JCAH Guidelines for Medical Staff Bylaws

At the request of the Joint Commission, an ad hoc committee of the Council of Teaching Hospitals recently completed an examination of the JCAH 1971 Guidelines for the Formulation of Medical Staff Bylaws, Rules and Regulations. Chaired by John Westerman, Director, University of Minnesota Hospital, the committee's charge was to analyze the Guidelines, assessing their impact on teaching hospitals while giving special consideration to the unique relationship found in university-owned and university affiliated teaching hospitals.

The Board directed specific attention to a discussion of two recommendations contained in the report. The first recommendation under Section I of the report maintains the duality of professional appointments: The committee recommends that no physician or dentist shall be entitled to membership on the medical staff or to the exercise of particular clinical privileges in the hospital merely by virtue of the fact that he has been appointed to faculty rank. Further, maintenance of tenured faculty status shall not, in itself, guarantee reappointment to the medical staff.

While duality of appointment is provided for under law in many states, in practice many medical staff bylaws or agreements between medical schools and hospitals make faculty appointment a prerequisite for hospital medical staff appointment. Some fear was expressed in the discussion that this linkage could be challenged in court citing this recommendation as support. In response, it was pointed out that the next sentence of the report read as follows: "This recommendation should not be interpreted to preclude faculty appointment as a necessary prerequisite for medical staff memberships, where this is integral to the mission of the institution." In addition, there is legal precedent in support of the legality of this prerequisite. A question was raised as to whether the recommendation would encourage hospitals to block a faculty

DRAFT

appointment by denying an important hospital appointment. In response, it was pointed out that while this remained a possibility, as a practical matter of local practice, the hospital appointment should be cleared before any final offer of a faculty appointment is made.

The Administrative Board recognized that this recommendation appropriately addressed the distinct education and service responsibilities of the medical school and hospital. It endorsed this recommendation for Executive Council approval.

The second recommendation considered was in Section IV entitled, The Right to Due Process. It reads as follows:

> "Procedural due process protections (the right to notice and a hearing, if desired) should be accorded to each person subject to removal, whether from a medical staff appointment or from a medical administrative position.
>
> In conclusion the committee recommends that where an administrative position is held by the same individual on the medical staff and in medical school, the appointment procedures should be separate. Further the appointee may be removed only by the appointing authority, subject to a review and hearing if requested."

In the discussion of this recommendation two problem areas were considered. The first related to the concept that the appointment process for administrators should be separate for positions in the medical school and hospital. The example was given that if a medical faculty department chairman was relieved of his chairman duties in a medical school, he could still hold the administrative post of chief of service in the hospital. Of course, this situation could be reversed, the hospital could dismiss an inadequate chief of service, while the medical school could keep him on an acceptable department chairman. Because of this problem, many interinstitutional arrangements provide for a joint appointment decision for administrative positions. In recognition of this the Board modified the recommendation by deleting the phrase "should be separated" and substituting the phrase "should ordinarily be separate, but interinstitutional agreements may appropriately provide for a joint process."

The last part of this recommendation also caused some discussion. It was felt by most that since administrative appointments are usually at the pleasure of the governing board, dismissals should be at their pleasure also. There should be no "due process" requirements for administrative

Document from the collections of the AAMC Not to be reproduced without permission

DRAFT

Document from the collections of the AAMC Not to be reproduced without permission

positions comparable to those required to remove a tenured faculty member for his faculty status. The Administrative Board members felt the right of due process was not applicable to administrative positions in either the medical school or hospital and therefore deleted the phrase "subject to a review and hearing if requested."

The Board approved the two recommendations with the above revisions for Executive Council approval. However, the Board felt that the most appropriate course would be to appoint a new committee with representatives of the three AAMC Councils to review the report and draft a new one which would reflect a wider view of the problems and articulate the AAMC view more precisely. (Subsequent Executive Council action was to adopt this recommendation, also put forward by the COTH Administrative Board.)

D. Proposed Revisions to CCME Report on the Primary Care Physician

At the September meeting of the Executive Council a report from the Coordinating Council on Medical Education's Committee on Physician Distribution concerning the primary care physician was reviewed and approved with the recommendation that one paragraph be deleted and that a sentence be modified. Subsequently, the Physician Distribution Committee has rewritten the two areas of concern. The modifications are described in greater detail as follows:

First Modification--

On page 12 of the Report, recommendation B states, "Institutions responsible for graduate education including university affiliated hospitals, should be encouraged to establish residencies in family practice, internal medicine and pediatrics, with orientation toward primary care. These programs should have equal professional status with education programs in the medical and pediatric subspecialties."

Following this recommendation the next paragraph states,

"Although many of the family practice residencies will be located in hospitals whose essential commitment is the delivery of care to a community, it is essential that a family practice unit exist in a university hospital if the desirable features of a career in family practice are to be appreciated by student and young physicians." The Executive Council requested that this be deleted.

The Physician Distribution Committee proposes that the following be substituted for this paragraph: *"Primary care residency programs often will be located in community hospitals. However, in order that medical students and*

DRAFT

Document from the collections of the AAMC Not to be reproduced without permission

young physicians may have the opportunity to observe the desirable features of a career in primary care, it is recommended that these programs also be developed in teaching hospitals having a variety of training programs in the other specialties."

Second Modification

On page 13 of the Report the following statement appears, "However the patterns of care develop in the future, it must be emphasized that there is currently a serious need for more primary care physicians and this need will increase in the years immediately ahead. Major efforts and financial support should therefore be provided for increasing the number of family physicians, and internists and pediatricians committed to the delivery of primary care. Support for this development should be provided in addition to, and not at the expense of, the support for exisitng programs."

The Executive Council recommended that the last sentence of this statement be modified as follows: *"Support for this development should be provided in addition to, and with some reallocation of, the support for existing programs."*

The Physician Distribution Committee proposes that the sentence be modified as follows: *"Support for this development should be provided by reallocation of existing resources where possible or by the provision of new resources where necessary."*

The Board approved these changes and recommended that the Executive Council approve the modifications proposed by the Physician Distribution Committees as editorial changes.

E. Consideration of OSR Resolutions

The following statements, approved by the OSR Administrative Board at its September 14 meeting, have been referred to the Executive Council and Administrative Boards for consideration and possible action:

1. "No person outside the Dean's office may review the student's records without that student's permission."

2. "The AAMC should consider developing a program for providing information about the characteristics of individual programs in graduate medical education and the criteria for selection of participants in these programs."

3. "The AAMC should consider with other concerned groups the feasibility of a uniform application form for programs in graduate medical education."

DRAFT

Document from the collections of the AAMC Not to be reproduced without permission

4. "Objectives and expectations of the faculty for student performance should be clearly stated at the outset of a course or clerkship with ongoing feedback throughout the course or clerkship."

OSR Chairperson, Mark Cannon, attended the COD Board meeting and answered questions of the Board concerning the four resolutions.

In discussing the first resolution, some members of the Board expressed the opinion that the phrase "deans office" was too narrow in scope since the responsibility of the full faculty for promotion and graduation requires access to the students' records. Mr. Cannon responded that OSR revised the statement to add "and committees on promotion and academic standing" after the phrase "the Dean's office". The motivation behind the OSR action was generally to protect the confidentiality of student records and specifically to prevent a student's past performance from prejudicing a faculty member's evaluation of his present performance. One Board member suggested that a faculty member should know about a student's past problems so that he can be given special help. Any resulting prejudice would be in the student's favor, since the faculty is committed to assisting the student to succeed in the program. The point was made that at many schools, any faculty member involved in the student's education was included on the promotion committee, making the resolution meaningless. The Board, however, agreed that it might be advisable for medical schools to take measures to protect the confidentiality of student records, but that each school should implement this policy in a manner appropriate to its own situation.

The Board recommended that the OSR reformulate the resolution at their next meeting in April, enunciating the problem and their objectives more precisely and couching their recommendation in more general language.

In discussing resolution 2, the Board wished to know what the OSR had in mind in its suggestion that the AAMC should disseminate information about programs in graduate medical education. It was suggested that perhaps a book similar to the current Medical School Admission Requirements could be compiled for graduate medical education programs.

After some discussion, the Board agreed that the AAMC might begin to explore ways in which more helpful information about characteristics of Graduate Medical Education programs might be provided to applicants.

Resolution 3 raised some problems among Board members. They were reluctant to have the AAMC tell any hospital what kind of application form they must use. They suggested that the OSR devote its attention to defining the problem and urge the

DRAFT

AAMC to develop appropriate strategies for dealing with it. One Board member suggested that the experience with AMCAS demonstrated that simplifying the application form too much might dramatically increase the number of applications that each graduate program must consider. This in turn might work to the detriment of the students by diminishing the program's capability to give each applicant the consideration both he and the program would desire. The Board agreed, however, that it would be appropriate to suggest to the Executive Council that the application process might be examined to discover ways in which it might be simplified.

The Administrative Board agreed that it would recommend to the Executive Council that this statement be forwarded to the members of the Group on Medical Education for consideration at the institutional level.

At the conclusion of this discussion, Mr. Cannon thanked the Board for its assistance and indicated his intention to withdraw the resolution from Executive Council consideration. Dr. Bennett offered to attend the next OSR Board meeting and advise it on formulating recommendations and resolutions in a fashion which would make them acceptable to the COD and the Executive Council.

V. Administrative Board Actions

A. Consideration of OSR Rules and Regulations Revisions

On November 11, 1974, the OSR voted to revise its Rules and Regulations. The AAMC Bylaws (Section III) require that the Rules and Regulations be approved by the Council of Deans. Because of the time constraints, this Board determined on November 12, 1974, not to bring the matter to the full Council, but rather to consider the revisions at its own January meeting and to act on behalf of the Council with respect to this matter.

The OSR Administrative Board had met the previous day with Association Counsel, Joe Oppenhemier and as a result had agreed upon certain revisions in the OSR Rules and Regulations to bring them into conformity with the AAMC Bylaws.

The Administrative Board considered three other revisions proposed by the OSR in light of their policy implications.

The first revision relates how the members of the OSR are to be selected at their parent institution. The OSR proposed additional language related to this process: "and only students may vote in the selection process." Since this statement would appear to preclude selection by action of a committee which included faculty and/or members of the school administration, the proposed language appeared to conflict with the COD

Document from the collections of the AAMC Not to be reproduced without permission

DRAFT

Document from the collections of the AAMC Not to be reproduced without permission

Guidelines which provides that the process of selection should "facilitate representative student input and be appropriate to the governance of the institution."

It was the opinion of the Board that the COD should not mandate a change in existing institutional provisions for the selection of OSR representatives. One member suggested that the effect of this modification might be that the OSR would lose representation from the schools who do not select representatives solely on the basis of student vote.

The Board voted to maintain the wording as stated in the Guidelines and disapproved the OSR revision. It did, however, suggest that the section in the Guidelines referencing OSR selection might be revised to indicate a COD preference for student selection of OSR representatives, which would stop short of making it a requirement for OSR representation.

The second revision considered provides for an OSR administrative board with a minimum of 10 members and a maximum of 10% of the total OSR membership. The question this created was whether the Board found this satisfactory in light of fiscal implications to the Association of an OSR Board which expanded in this open ended fashion. Since this expansion realistically would involve only one additional person in the foreseeable future, Board members had no problem with this revision. It was remarked that the additional funds collected in dues from new schools which joined the Association would offset any increased OSR expense.

The third revision related to a provision which read: "Formal action may result ... when three of four regional meetings have passed on identical motion by a majority of those present and voting." The Board considered this inappropriate and recommended the substitution of "four of four" (rather than "three of four") indicating that for formal action, all four regions should have an opportunity to review the issue and vote on it. Since this revision would need a formal action by the OSR, the Administrative Board agreed to leave the matter at the level of an informal understanding between the Board and the OSR Chairman.

The Administrative Board approved the Rules and Regulations as modified.

B. Review of the Survey of Deans' Compensation

At the Administrative Board meeting of September 19, 1974, staff sought the Board's advice regarding the desirability of continuing the survey of deans' compensation and of expanding its scope to include additional factors which might have a

DRAFT

bearing on compensation so that the resulting analysis might be more illuminating. Several items were listed as examples of factors which might be explored. Most of these related to potential indicators of the scope of the dean's responsibilities and to certain institutional characteristics.

The Board's response was generally favorable with respect to continuing the survey, but unfavorable with respect to increasing its complexity. One of the survey's chief virtues and the explanation of the excellent percentage of returns in the eyes of the Board was the survey's simplicity and the concomitant ease of responding. The dean himself could complete the questionnaire with minimal efforts and without involving his staff.

Before the Board's advice had been communicated to the staff person with the operating responsibility for survey, substantial work had been completed in the design of a revised instrument. Rather than reject these efforts, the decision was made to return the matter for the Board's further review.

Dr. Marjorie Wilson explained to the Board the potential utility in pursuing this expanded survey. While unquestionably more complex, the requested information relates entirely to biographical data and to the terms of employment and compensation. Because this information is probably within the immediate knowledge of the dean himself, this instrument would seem to preserve that virtue of the previous survey. The question to the Board was whether or not the additional complexity makes the instrument unacceptably burdensome.

The Board members agreed that the information requested in the Survey was relevant to current AAMC studies on the deanship.

The Board made two technical changes in the survey instrument. The Board also noted that the deans should be encouraged to provide their name and institution so that this information could be correlated to other data and studies related to examining deans' turnover. To this end a statement will be added to the cover letter stressing the value of the information and that it will be treated as confidential.

The Board approved the Revised Annual Survey of Deans' Compensation with certain suggested modifications.

IV. Discussion Items

A. Report of the AAMC Task Force on the GAP Report

At the Council of Deans Business Meeting on November 12, 1974, Dr. Neal Gault presented a summary of the Report of the Task

Document from the collections of the AAMC Not to be reproduced without permission

Force on the Goals and Priorities Committee Report of the National Board of Medical examiners. He briefly outlined both the Task Force's recommendations and the accompanying minority report recommendation. Unfortunately due to time constraints through discussion by the entire council was not permitted. Since this report was slated for Executive Council discussion in January, the COD Administrative Board decided to discuss the report at this meeting.

A summary of the Task Force response to the GAP committee's major recommendations, including the reactions of the CAS and OSR was included in the agenda and is provided as an attachment to these minutes.

The COD Administrative Board decided to discuss the recommendations, responses and reactions in a preliminary way and refer the matter to the business session of the Spring Meeting of the Council of Deans.

The discussion elicited the following points of view:

1. The GAP Report and the AAMC Task Force endorsement of the "unlinking" of the NBME three-part exam from licensure spring from a concern about the use of evaluation instruments for purposes other than those for which they were designed. That is, licensure exams, exams for measuring student achievement, and those for evaluating program design or effectiveness should be designed and scored for those particular purposes. Norm referenced exams and criterion referenced exams serve different objectives which should not be confused.

2. There is merit to retaining the three-part NBME exam as a force for a single and high national standard for licensure.

3. The maintenance of a nationally referenced instrument which emphasizes the basic sciences is important to the continued recognition of the role of basic sciences in the education of physicians.

4. The role of the NBME as a service organization is to provide services desired by its clients. Thus, recommendations relating to withholding the examination results from medical school faculties are misplaced. If there is fear that the results will be misinterpreted or misused, the proper approach is to provide information as to the designed objectives and the limitations of the exams of other purposes.

Document from the collections of the AAMC Not to be reproduced without permission

DRAFT

5. The requirement of a single exam for entry of all students into graduate educational programs is an incursion into the prerogatives of the faculty and demeans the significance of the M.D. degree.

N.B. This listing of points of view expressed is not an accurate reflection of the discussion, nor does it necessarily convey the opinion of the Board. It is an attempt to avoid redundancy by articulating only perceptions not already described in the attachment with which there was both agreement and dissent expressed. The Board took no position on any of the issues leaving this to the full Council. The discussion was to a large degree directed to clarifying concepts and identifying issues for further discussion.

B. Follow-up on Report of American Faculty Members Teaching at Guadalajara

At the last meeting of the COD Administrative Board, additional background material was requested. A summary of available information was provided in the agenda. There was no discussion of the issue.

C. Letter from D. J. Galagan, Executive Director of American Association of Dental Schools (AADS), to John A.D. Cooper

Dr. Galagan requested that the COD Administrative Board consider the possibility of a joint meeting between the AAMC Council of Deans and the AADS Council of Deans. After a short discussion, the Board agreed to a counter proposal that the Boards of the two organizations meet to discuss mutual concerns.

D. Letter from Neal A. Vanselow, Dean, University of Arizona, to Ivan L. Bennett

The Board considered the proposition advanced by Dr. Vanselow that the COD explore ways in which the AAMC might be of assistance in resolving problems related to medical school-center governance.

The Board recommended that the AAMC devote further attention to the identification of current institutional practices, particularly as they are distinguishable from those of other components of the university, identify resulting problem areas and consider the potential role of the COD and AAMC in dealing with them. It was suggested that a Delphi survey of the COD be considered to identify relevant issues for further examination.

VII. Adjournment

Dr. Bennett adjourned the meeting at 1 p.m.

Document from the collections of the AAMC Not to be reproduced without permission

Document from the collections of the AAMC Not to be reproduced without permission

REACTIONS OF CAS AND OSR TO SUMMARY OF TASK FORCE RESPONSES TO THE GAP COMMITTEE'S MAJOR RECOMMENDATIONS

1. The NBME should abandon its 3-part system of examination for certification for licensure.

The Task Force concurs.

C A S recommends substituting:

> The Task Force believes that the 3-part system should not be abandoned until a suitable examination has been developed to take its place and has been assessed for its usefulness in examining medical school graduates in both the basic and clinical science aspects of medical education.

O S R accepts Task Force response.

2. The NBME should continue to make available norm-referenced exams in the disciplines of medicine now covered in Parts I and II of the National Board.

The Task Force concurs and recommends that faculties use these exams to evaluate their curricula and instructional programs only and not to evaluate individual student achievement.

C A S recommends deleting.

O S R recommends adding:

> Students should receive their normed scores on these tests, but schools should only be provided with the overall mean score of its students on each test. Furthermore, whenever possible, the data reported to both school and students should be broken down by subject areas, so that areas of relative strength and weakness may be indicated.

3. The AAMC, NBME and other interested agencies should assist the schools to develop more effective student evaluation methodologies.

The Task Force concurs and recommends that the LCME place a specific emphasis on investigating schools' student evaluation methods in its accreditation surveys.

Document from the collections of the AAMC Not to be reproduced without permission

C A S recommends substituting:

The Coordinating Council on Medical Education and the Liaison Committee on Medical Education should require as a part of the accreditation process that medical schools provide evidence of utilizing external evaluation data in the assessment of the educational achievement of students as they progress through a school's curriculum with continuing emphasis on the basic sciences.

O S R accepts Task Force response.

4. The NBME should develop an exam to be taken by students at their transition from undergraduate to graduate education for the purpose of determining students' readiness to assume responsibility for patient care in a supervised setting.

The Task Force concurs and makes the following recommendations.

a. *The exam should be sufficiently rigorous so that the basic science knowledge and concepts of students are assessed.*

b. *The exam should place an emphasis on evaluating students' ability to solve clinical problems as well as assessing students' level of knowledge in clinineal areas.*

c. *The exam should be criterion-referenced rather than norm-referenced.*

d. *The exam should be reported as "passed" or "failed" to the students, to the graduate programs they are entering, and to the licensing boards that require certification for graduate students.*

C A S recommends substituting:

The results of the exam should be reported to the students and through the students to the graduate programs to which they are applying and to the licensing boards that require certification for graduate students.

e. *The exam results should not be reported to medical schools.*

C A S recommends substituting:

The exam results may be reported to medical schools if they request them.

f. *Students failing the exam should be responsible for seeking additional education and study.*

g. *Graduates of both domestic and foreign schools should be required to pass the exam as a prerequisite for entrance*

into accredited programs of graduate medical education in the U.S.

C A S accepts only recommendation g. Recommendations a-f to be transmitted to NBME for information only.

O S R recommends substituting:

A qualifying exam should not be made a requirement for entrance into graduate medical education. The M.D. degree itself should remain a sufficient qualification.

5. The Federation of State Medical Boards and their members should establish a category of licensure limited to caring for patients in a supervised graduate medical education setting.

The Task Force doubts that all jurisdictions will establish such a category and believes that the LCGME should require that all students entering accredited graduate medical education pass the exam.

C A S accepts Task Force response.

O S R recommends substituting:

The Task Force opposes the establishment of such a category of licensure.

6. The NBME and other agencies should assist graduate faculties to develop sound methods for evaluating the achievements of their residents.

The Task Force concurs and recommends that graduate faculties assume responsibility for periodic evaluations of their residents and that the specialty boards require evidence that the program directors have employed sound evaluation methods to determine that their residents are really to be candidates for board exams.

C A S accepts Task Force response.

O S R accepts Task Force response.

7. Certification for licensure for independent practice should be based on certification by a specialty board.

The Task Force recommends that specialty certification be only one mechanism by which individual physicians may gain licensure; it should not be the prime or sole mechanism. The Task Force recommends that physicians should be eligible for full licensure after the satisfactory completion of the core portion of a graduate medical educational program.

C A S accepts Task Force response.

O S R recommends substituting:

Document from the collections of the AAMC Not to be reproduced without permission

Document from the collections of the AAMC Not to be reproduced without permission

The Task Force recommends that specialty certification be only one mechanism by which individual physicians may gain licensure; it should not be the prime or sole mechanism. The Task Force recommends that physicians should be eligible for full licensure after the satisfactory completion of one year of a graduate medical educational program.

8. C A S recommends adding:

The qualifying examination should be administered early enough in the students' final year that the results can be transmitted to the program directors without interference in the matching plan.

8. O S R recommends adding:

The Task Force recommends that the input and review by minority group representatives be obtained for every medical licensing examination.

III. C. Report of the AAMC Pilot Medical School Admissions Matching Program

Background: At its meeting on November 3, 1972, the Council of Deans recommended that "the Association President and appropriate staff explore . . . the feasibility of a medical school admissions matching program." In February 1973 the technical subcontractors selected for this project completed a study which indicated that matching was technically feasible. Subsequently a pilot program, jointly sponsored by AAMC and the Henry J. Kaiser Family Foundation, was designed and implemented to test its practical feasibility. The eleven medical schools in California and Michigan participated in the pilot program which was conducted parallel to the 1973-74 application season (1974 first-year class). The methodology and results of the pilot program, together with conclusions and recommendations of the technical subcontractors, are presented in the "Final Report on the Pilot Implementation of a Medical Student Matching Plan" distributed to the COD Administrative Board in January 1975. In February meetings were held in Los Angeles and Detroit to discuss the results of the pilot program with representatives of participating schools.

Conclusions: The major findings of this intensive investigation into the feasibility of matching may be summarized as follows:

Advantages

1. For medical schools, the only discernible benefit of matching might be the reduction of paper work associated with sending letters of acceptance and keeping records of responses.

2. For applicants, matching might--if appropriately timed and used by a sufficient number of medical schools--reduce current levels of anxiety.

Disadvantages

1. Matching alone would not decrease the total volume of applications, which is the crux of what has been called the "admissions crisis."

2. Matching would require strict adherence to rigid deadlines for submission of rank order lists by both applicants and participating schools. School rank order lists would probably have to be submitted to the central processing office not later than April 1. It would therefore be necessary for all participating schools to have completed all application processing and interviews and to have ranked an appropriate number of applicants by that date. This might

Document from the collections of the AAMC Not to be reproduced without permission

be a serious problem, particularly for schools which normally offer many more acceptances than there are places available in order to fill a class.

3. One aspect of the matching process which has assumed increasing importance during the course of the pilot program is that of "balanced classes." It is technically possible for the mathcing algorithm to take into consideration such applicant characteristics as sex, minority group, and state of residence. In order to achieve a desired mix of students according to these characteristics through matching it would, however, be necessary for medical schools to divide their applicant pools into appropriate subsets, in effect establishing quotas for each group. It is probable that this would be inconsistent with current legal trends.

4. It is estimated that the costs related to development, school and student education, programming and processing of an admissions matching system would total $500,000 at a minimum.

In summary, matching would seem to offer more disadvantages than advantages to medical school admissions processing. In addition, the introduction of admissions matching at this time would likely impose new stresses on a system which has begun to accomodate to the "crisis" conditions observed three years ago.

Recommendations: (1) That the COD Administrative Board recommend that matching not be implemented or studied further, as a solution to the admissions crisis or as an advantageous method of medical student selection for any reason, at this time; and

(2) Given the continuing demands made on admissions staff by the processing of applications and of the efforts currently being made within the AMCAS and MCAAP programs to alleviate problems related to admissions, that the COD Administrative Board recommend that all medical schools continue to monitor and refine admissions policies and procedures, internally and in cooperation with one another and with the existing programs of AAMC.

Document from the collections of the AAMC Not to be reproduced without permission

IV. A. President's Biomedical Research Panel

The President's Biomedical Research Panel has invited the Council of Deans to attend and provide testimony before the Panel on the afternoon of April 29 at two o'clock. This meeting of the Panel coincides with the second day of the Spring Meeting of the Council and the period during which the Council is invited to appear is a free afternoon. The site of the Panel's meeting, the Royal Key Biscayne Hotel, is adjacent to the Sonesta Beach Hotel and Tennis Club where the Council will be meeting.

The Council is asked to present prepared testimony for the opening period of the session to be followed by a period of informal discourse during which additional questions and comments will be exchanged between the Panel and the Deans in attendance. Dr. Bennett has been working with the AAMC staff to identify the key issues which the Council might wish to address at this meeting. The selection of topics and the identification of appropriate spokesmen will be a matter for Board consideration.

The pages which follow include the letter of invitation to the Council and the Program of the Council of Academic Societies to be held on March 31. For the members of the Panel and further background information see the Executive Council Agenda.

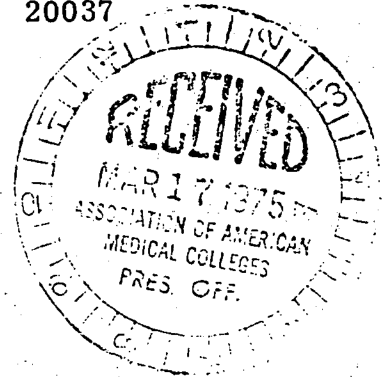
Document from the collections of the AAMC Not to be reproduced without permission

Document from the collections of the AAMC Not to be reproduced without permission

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

Suite 3100
2401 E Street, N. W.
Washington, D. C. 20037

March 14, 1975



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

Dear Dr. Cooper:

Dr. Franklin D. Murphy, Chairman of the President's Biomedical Research Panel has asked me to write and extend an invitation through you to the Council of Deans of the Association of American Medical Colleges to provide testimony before the Panel on the afternoon of April 29 at two o'clock.

The Panel will be meeting at Miami Beach at that time, and we are aware that the Council of Deans plans to convene in Key Biscayne during this same period. Although the hotel in which the President's Panel will be meeting has not yet been selected, one will be chosen having a meeting room sufficiently large to accommodate all members of the Council, should they wish to participate in the hearings as a group.

If you accept this invitation, I would like to request that selected spokesmen for the AAMC and/or the Council of Deans provide prepared testimony to cover a period of approximately two hours. Dr. Murphy will be in the Chair and be assisted by having in hand an agenda with topics and speakers identified.

Following this period of formal presentation members of the Panel would hope to enter into more informal discourse during which time questions would be directed either at those who presented or to other Deans in the audience. This question and answer period might well last for several hours, since I believe the Panel is extremely anxious to become well informed about

the special problems perceived by the medical colleges of this Nation with respect to funding of biomedical and behavioral research. Needless to say, the issues go beyond simple matters of funding and relate, in addition, to questions of manpower, recruitment, stability of research dollars, distinctions between targeted and untargeted programs and in general the interface and interrelations between the medical schools of the Nation on one hand, and the National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration on the other.

I believe the Panel will be responsive to a broad ranging presentation so that a great deal of information transfer can be accomplished in a relatively short period of time. Issues remaining unresolved can, of course, be the subject of correspondence either between your office or designated members of the Council of Deans.

When our hotel is definitely identified, I shall let you know. In the meantime, I hope that you will give thoughtful consideration to this invitation and hopefully answer in the affirmative. Certainly in my judgment, it would be to the mutual advantage of the Panel and the Council of Deans that a meeting in this setting go forward.

I look forward to your response with keen interest.

Sincerely yours,

Charles U. Lowe, M.D.
Executive Director
President's Biomedical Research Panel

Document from the collections of the AAMC Not to be reproduced without permission

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

Document from the collections of the AAMC Not to be reproduced without permission

CAS SPRING MEETING PROGRAM
Bethesda Holiday Inn*
Bethesda, Maryland
March 31 - April 1, 1975

MARCH 31, 1975

Afternoon Session: 1:30 - 5:30 p.m.

1:30	Convene, Introduction (Purpose, Plan of Meeting)	Rolla B. Hill, Jr., M.D. Thomas E. Morgan, M.D.
1:45	*Status of Funding of NIH and NIMH Sponsored Research*	Thomas Kennedy, Ph.D.
2:15	Discussion	
2:45	*The Impact of Program Changes on Basic Biomedical Research*	Ronald W. Estabrook, Ph.D.
3:00	Discussion	
3:30	*Behavioral Research and the NIMH*	Daniel Freedman, M.D.
4:00	Discussion	
4:30	*Biomedical Research Training*	Eugene Braunwald, M.D.
5:00	Discussion	
5:30	Adjourn	

Evening Session: 7:30 - 9:30 p.m.

8:00	Summary of Afternoon Program	Rolla B. Hill, Jr., M.D.
8:30	Discussion with President's Biomedical Research Panel	
10:00	Adjourn	

*8120 Wisconsin Avenue - *Versailles I* Room

Document from the collections of the AAMC Not to be reproduced without permission

CAS SPRING MEETING PROGRAM

APRIL 1, 1975*

Morning Session: 8:30 a.m. - 12:00 Noon

8:30	*The Effect of Centers, Contracts and Control Programs on Academic Medical Centers*	Russell Ross, Ph.D.
9:15	Discussion	
10:00	Coffee Break	
10:30	*Characteristics of the New Medical College Admission Test*	James B. Erdmann, Ph.D.
11:15	Discussion	
12:00	Adjourn	

*Bethesda Holiday Inn
8120 Wisconsin Avenue
Versailles I Room

IV. B. Progress Report on the MCAAP Program

The AAMC is proceeding with the development of a new medical college admissions assessment test to replace the present Medical College Admission Test (MCAT). This developmental program, called the Medical College Admissions Assessment Program (MCAAP) is lodged in the Division of Educational Measurement and Research (DEMR) and is being conducted with the advice of the Committee on Admissions Assessment appointed by the Executive Council and chaired by Cheves Smythe, Dean of the Medical School at the University of Texas at Houston. American Institutes for Research (AIR), in competitive bidding, has been awarded a contract to develop test specifications (content outlines) and construct tests in reading, quantitative skills, biology, chemistry and physics. AIR has, with the advice of the AAMC, appointed two committees to advise it. The MCAAP Test Committee will be responsible for receiving test specifications, and a Technical Advisory Committee will review technical questions of test quality. The membership of these committees as well as some detail regarding the progress of the program are contained in the DEMR Report mailed with this agenda. At the time of the meeting a draft document describing the purpose of the materials being developed and their appropriate interpretation and use will be available in a document entitled "MCAAP - User Information Series - #1."

Dr. James Erdmann, Director of DEMR, will present a brief review of the program and respond to questions of the Board.

Document from the collections of the AAMC Not to be reproduced without permission

Document from the collections of the AAMC Not to be reproduced without permission

IV. C. Follow-up on Institutional Governance Issues

At the January 15, 1975 COD Administrative Board meeting, the Board considered the proposition advanced by Dr. Vanselow that the COD explore ways in which the AAMC might be of assistance in resolving problems related to medical school - center governance. It was suggested that a Delphi Survey of the Council of Deans be considered to identify relevant issues for further examination.

In response to this suggestion, staff proposes the following outline for a Delphi study of governance: Round 1 would involve asking each dean to identify and rank the five most important organizational and/or governance problems that confront his institution. A second round would present a series of governance and/or organizational issues distilled from the first round responses. Each dean would be asked to rate the significance of each issue and assess the role of the Association with respect to it. Possible choices with respect to this latter question would include: 1) No role, 2) Provide a forum for discussion, 3) Gather data on current practices, 4) Undertake analytical studies, 5) Formulate public positions, 6) Negotiate with other organizations.

Such a study would enhance investigative efforts of the AAMC staff by providing a focus on issues of greatest significance. The value of such a study would probably be considerably enhanced if it were to include the constituent Councils of the Association, the members of which will undoubtedly have varying perspectives on many of the matters under consideration.

The staff would appreciate your comments on this suggestion.

IV. D. Study of the Dean's Office Organization and Staffing; Responsibilities of the Dean.

One of the questions frequently asked of the Department of Institutional Development is, "How should the dean's office be staffed?" The Division of Institutional Studies has examined this question from a variety of approaches, including a review of the information contained in the various LCME questionnaires and a compilation of the information contained in the AAMC Directory. These have not proved satisfactory.

The material which follows is a preliminary draft of a possible survey instrument which might be used to gather data from a small sample of institutions (fewer than 10) to elicit relevant material on this question. Underlying the approach to this survey is the perception that the key matters to be addressed are 1) What are a dean's responsibilities? 2) What resources does he have to carry them out? 3) In the context of his institution, are these resources sufficient to his needs?

All medical schools have been classified and clustered according to a) their administrative typologies; b) their relationships to a university, hospital, and state support, and c) the health education components of the medical center. These clusters have been entered into the AAMC-Institutional Profile System (IPS) and student, faculty, and financial data for those clusters of schools have been analyzed. Similarly, profiles of the tenures of deans in each school have been developed for comparison with the IPS-school cluster data.

Based upon an analysis of the data attained above, it is proposed that representative medical schools be selected for further study of the dean's office organization and staffing patterns, and the responsibilities of the dean in relation to the administrative sturcture of the institution.

Document from the collections of the AAMC Not to be reproduced without permission

Dean's Office Questionnaire

I. For each activity listed in the left column, enter the symbol which reflects the appropriate involvement level of each person or group shown at the top.

I - Initiates the activity

C - Consulted about the activity

A_1- Approves the action - Level 1

A_2- Approves the action - Level 2

FA- Final Approval

R - Responsible for implementing the action

Leave blank when individual or group not involved.

Document from the collections of the AAMC Not to be reproduced without permission

Document from the collections of the AAMC Not to be reproduced without permission

	Med. School Faculty	Standing Faculty Committee	Dept. Chairman	Med. School Executive Committee	Dean's Staff	Dean	Medical Ctr. Council	VP - Health Affairs	University Senate	Chief University Official	Board of Trustees	Hospital Director	Hospital Board	Other (Please specify)
1-Establish Goals of College														
2-Developing New Programs														
3-Modifying Existing Programs														
4-Eliminating Programs														
5-Modifying Curriculum														
6-Student Admissions Policies														
7-Criteria-Evaluating & Promoting: a) Students														
b) Faculty														
8-Selecting Faculty														
9-Selecting Departmental Chairperson														
10-Establishing Staff Salaries (Clerical, Technical)														
11-Determining Faculty Salaries														
12-Determining Chairperson Salaries														
13-Determining Administrative Salaries: a) Dean														
b) Assoc. Dean														
c) Business Officer														
14-Departmental Budgets														
15-Dean's Office Budget														
16-Total College Budget														
17-Renovation or New Construction														
18-Setting Tuition Level														
19-Physician's Services Plan Policy														
20-Allocating Unrestricted Funds														
21-Research Grants and Contracts														

	Med. School Faculty	Standing Faculty Committee	Dept. Chairman	Med. School Executive Committee	Dean's Staff	Dean	Medical Ctr. Council	VP - Health Affairs	University Senate	Chief University Official	Board of Trustees	Hospital Director	Hospital Board	Other (Please spec
22-Planning a) Strategic														
b) Long Range														
c) Facilities														
23-Allocating Space a) Classroom														
b) Administrative Offices														
c) Faculty Offices & Laboratories														
d) Support Services														
24-Hospital Bed Allotments														
25-Clinic Space & Scheduling														
26-Housestaff Salaries														
27-Housestaff Responsibilities														
28-Presenting and Justifying College's Needs to Chief University Official														
29-Testimony concerning Budget to State Legislature														
30-Represents College to Public														
31-List other activities which require your time and indicate your level of responsibility in relationship to other individuals or groups:														

Document from the collections of the AAMC Not to be reproduced without permission

II. Please indicate by marking on the appropriate line, the administrative office responsible for the following:

	Assoc. Dean or comparable Off.	Dean	VP for Med. Ctr.	Parent Univ. Official	Other, specify
University Hospital Teaching Activities					
Patient Care Activities					
Fiscal Management					
Personnel Office					
Purchasing					
Library					
Animal Care					
[illegible]blic Info & Relations					
Alumni Affairs					
Development Office (Fund Raising)					
Physical Plant - Maintenance & rennovation)					
Student Health					
Planning & Development					
Space Inventory & Control					
Medical Illustration & Photography					
Grants & Contracts Overhead					
Educational Resources					
Medical Data Processing					

Document from the collections of the AAMC Not to be reproduced without permission

III. Please respond to the following questions related to your responsibilities as Dean:

	Yes	No	No Problem	Some Problem	Serious Problem
1. Do you have sufficient control over teaching space to permit modification and flexibility of curriculum?	___	___	___	___	___
2. Do you have sufficient control over research and office space to permit growth and realloca- tion as changes occur?	___	___	___	___	___
3. Do you have sufficient control over staff salaries & benefits to maintain adequate support services for faculty and administration?	___	___	___	___	___
4. Do you have sufficient control of faculty and administrative salary monies to hire and main- tain a quality faculty?	___	___	___	___	___
5. Do you have control of physician earnings and grant overhead?	___	___	___	___	___
6. Are you able to adequately present and justify the needs of your college to your parent university of Governing Board?	___	___	___	___	___
7. Do the criteria for promotion and tenure at your institution meet the special requirements of your faculty and college?	___	___	___	___	___
8. Are the duties and responsi- bilities of you and your immediate superior clearly defined?	___	___	___	___	___
9. Do you have adequate assistance in the Dean's Office, profession- al and staff, to carry out your responsibilities?	___	___	___	___	___

Document from the collections of the AAMC Not to be reproduced without permission

IV. To what extent do the obligations of your present position allow you sufficient time for the following activities?

		Much Too Little	Too Little	Enough	How many hrs/week do you spend?
1.	Meetings with Professional Dean's Office Staff	______	______	______	______
2.	Meetings with Departmental Chairperson	______	______	______	______
3.	Meetings with Faculty	______	______	______	______
4.	Meetings with Students	______	______	______	______
5.	Meetings with Administrative Superiors	______	______	______	______
6.	Observing Teaching Activities	______	______	______	______
7.	Observing Research Activities	______	______	______	______
8.	Observing Patient Activities	______	______	______	______
9.	Observing Committee Activities	______	______	______	______
10.	Developing a Political Base	______	______	______	______
11.	Developing a Fiscal Base	______	______	______	______
12.	Attending Professional Meetings	______	______	______	______
13.	Reading Relevant Administrative Literature	______	______	______	______
14.	Reading Literature of your Professional Field	______	______	______	______
15.	Recreational Reading	______	______	______	______
16.	Reflecting on Administrative or Organizational Innovations which Might Help Meet the Objectives of your Institution	______	______	______	______
17.	An Annual Vacation of More than a Week	______	______	______	______

Document from the collections of the AAMC Not to be reproduced without permission

V. Please submit a detailed organizational chart for the college of medicine which shows, in some detail, all components responsible to the dean, particularly those offices, divisions, or sections which are considered a part of the overall dean's office. Indicate on the chart the total number of persons working in these offices.

VI. Please submit a listing of your immediate staff showing their respective titles and major responsibilities.

Document from the collections of the AAMC Not to be reproduced without permission

Document from the collections of the AAMC Not to be reproduced without permission

V. A.

COUNCIL OF DEANS
SPRING MEETING
April 27-30, 1975
The Sonesta Beach Hotel
Key Biscayne, Florida
Biscayno Room - North

PROGRAM

"ACADEMIC DECISION-MAKING: ISSUES AND EVIDENCE"

Evening Session - April 27

12:00 Noon-
7:30 p.m. ARRIVAL AND REGISTRATION

7:30-
9:00 p.m. GENERAL RECEPTION

Morning Session - April 28

8:30 a.m. WELCOME AND OVERVIEW OF THE MEETING

Ivan L. Bennett, Jr.
Chairman, Council of Deans

8:45-
9:15 a.m. KEYNOTE ADDRESS:
"EDUCATING PHYSICIANS AND SCIENTISTS - CHALLENGES AND OPPORTUNITIES"

William D. McElroy
Chancellor, University of California, San Diego

9:15-
9:30 a.m. General Discussion

9:30-
9:50 a.m. "EVALUATION FOR DECISION-MAKING - A CONCEPTUAL FRAMEWORK"

Christine McGuire
Chief, Evaluation and Research Section
Center for Educational Development
University of Illinois
College of Medicine

9:50-
10:00 a.m. — General Discussion

10:00-
10:30 a.m. — COFFEE

10:30-
12:00 Noon — STUDENT ASSESSMENT

"EVALUATING PROBLEM SOLVING SKILLS"

Lee S. Shulman
Professor of Medical Education
Office of Medical Education,
Research and Development
Michigan State University

"COMPUTER ASSISTED TUTORIAL ASSESSMENT"

James V. Griesen
Director, Office of Educational
Resources and Research
University of Michigan Medical Center

"CLINICAL PERFORMANCE ASSESSMENT
THROUGH RECORD AUDIT"

Anthony Voytovich
Assistant Professor of Medicine
The University of Connecticut
Health Center
School of Medicine

General Discussion

12:00-
1:00 p.m. — FACULTY ASSESSMENT

Hilliard Jason
Director, Division of
Faculty Development
AAMC

General Discussion

Evening Session - April 28

8:00-
10:30 p.m. — A DISCUSSION WITH THE AAMC
PRESIDENT

John A.D. Cooper

Document from the collections of the AAMC Not to be reproduced without permission

Document from the collections of the AAMC Not to be reproduced without permission

Morning Session - April 29

8:30- 9:00 a.m.	KEYNOTE ADDRESS: "ACADEMIC PROGRAM CHOICE IN A CHANGING SOCIETY" Steven Muller President Johns Hopkins University and Hospital
9:00- 9:15 a.m.	General Discussion
9:15- 10:00 a.m.	FACULTY ASSESSMENT Hilliard Jason Director, Division of Faculty Development AAMC General Discussion
10:00- 10:30 a.m.	COFFEE
10:30- 12:15 p.m.	PROGRAM EVALUATION John W. Williamson Professor of Health Care Organization School of Hygiene and Public Health Johns Hopkins University General Discussion
12:15- 1:00 p.m.	PANEL DISCUSSION Christine McGuire Lee S. Shulman James V. Griesen Anthony Voytovich Hilliard Jason John W. Williamson

Evening Session - April 29

8:00- 10:30 p.m.	COUNCIL OF DEANS BUSINESS MEETING

Morning Session - April 30

8:30- 12:00 Noon	BUSINESS SESSION
12:00 Noon	Adjournment

Document from the collections of the AAMC Not to be reproduced without permission