aamc association of american medical colleges

AGENDA
FOR
COUNCIL OF DEANS

ADMINISTRATIVE BOARD

THURSDAY, SEPTEMBER 15, 1977

9 AM - 1 PM

KALORAMA ROOM
WASHINGTON HILTON HOTEL

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 466-5100

AAMC ANNUAL MEETING
Washington Hilton Hotel

November 6-10, 1977

FUTURE MEETING DATES
1978

COD Administrative Board ----------January 19, 1978
Executive Council ----------January 20, 1978

COD Administrative Board ----------March 23, 1978
Executive Council ----------March 24, 1978

COD Administrative Board ----------June 22, 1978
Executive Council ----------June 23, 1978

COD Administrative Board ----------September 14, 1978
Executive Council ----------September 15, 1978

COD SPRING MEETING
Snowbird, Utah

April 24-27, 1978

COUNCIL OF DEANS
ADMINISTRATIVE BOARD
September 15, 1977
9 a.m. - 1 p.m.
Kalorama Room
Washington Hilton Hotel

AGENDA

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IV. Discussion Item --

A. Task Force on Minority Student Opportunities in Medicine Interim Report (Executive Council Agenda).....(76)
--George Lythcott, M.D., Chairman

V. Report of the OSR Chairperson

VI. Information Item

A. Council of Deans Activities at 1977 Annual Meeting --- 15

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

June 23, 1977
9 a.m. - 1 p.m.
Independence Room
Washington Hilton Hotel

PRESENT

(Board Members)

Stuart A. Bondurant, M.D.
Steven C. Beering, M.D.
Christopher C. Fordham III, M.D.
Neal L. Gault, M.D.
John A. Gronvall, M.D.
Julius R. Krevans, M.D.
William H. Luginbuhl, M.D.
Clayton Rich, M.D.
Robert L. Van Citters, M.D.

(Staff)

Robert J. Boerner
Judith B. Braslow
John A. D. Cooper, M.D.
Thomas J. Kennedy, Jr., M.D.
Joseph A. Keyes
Thomas E. Morgan, M.D.
Diane Newman
Jaimee S. Parks
James R. Schofield, M.D.
Emanuel Suter, M.D.
Marjorie P. Wilson, M.D.

(Guests)

Ivan L. Bennett, Jr., M.D.
Bernard W. Nelson, M.D.
Robert G. Petersdorf, M.D.
Thomas A. Rado, M.D., Ph.D.
Paul Scoles

I. Call to Order

The meeting was called to order at 9:00 a.m. by Julius R. Krevans, M.D., Chairman.

II. Chairman's Report

Dr. Krevans began his report by reminding the Board of the recent death of Dr. Chandler A. Stetson and suggesting that the Proceedings of the 1977 Spring Meeting be dedicated to his memory.

Action:

The Board adopted the following resolution:

"In gratitude for his service to the Council of Deans and in recognition of his many contributions to the profession of medicine as physician, scholar, teacher and administrator, the Proceedings of the 1977 Spring Meeting are dedicated to Chandler A. Stetson, M.D.

His warmth and sensitivity profoundly affected both the personal and professional lives of all with whom he worked. The Association of American Medical Colleges will be poorer for the loss of his keen insight, wise judgment and selfless dedication to the Council of Deans, its Administrative Board and the Executive Council."

The Board also authorized Dr. Krevans to convey the action of the Board with its warm personal regards to Mrs. Stetson.

Next, Dr. Krevans reported briefly on the meeting, held the previous day, between the Executive Committee and Secretary (DHEW) Joseph A. Califano. He characterized the purpose of the meeting as providing the Secretary an introduction to the AAMC, making him aware of the Association's interests and resources, and assuring him of the AAMC's readiness to work with him on practical problems. The Secretary's reception of the Committee was warm and he committed himself to following up on the matters presented by the Committee. Further discussion was deferred to the Executive Council meeting, where Dr. Bennett would give a more detailed report.

Dr. Krevans relayed, for the Board's information, the report of the COD Nominating Committee. The proposed slate is as follows*:

Chairman-Elect, Assembly -- John A. Gronvall, M.D.
Reelection to Executive Council -- Stuart A. Bondurant, M.D., Neal L. Gault, M.D.
For election to fill Dr. Stetson's seat on the Exec. Council -- Richard Janeway, M.D. (for a three year term)
Chairman-Elect, COD -- Christopher C. Fordham III, M.D.
Member-at-Large, COD Board -- Steven C. Beering, M.D.

*The Committee has met again subsequent to this Board meeting to recommend a nominee to fill the Executive Council position which would be opened up should Dr. Gronvall be elected AAMC Chairman-Elect. As a result of that meeting, Dr. Beering was recommended for a term on the Executive Council and Dr. John Chapman was nominated to be the Member-at-Large of the COD Administrative Board.

Dr. Krevans made note of Dr. Beering's election as Chairman of the AMA's Section on Medical Schools and asked him for a brief report of the initial meeting of that group. Dr. Beering reported that some 90 schools were registered with approximately 30-40 deans in attendance. The following persons were elected as officers of the Section on Medical Schools:

Steven C. Beering, M.D., Chairman
Edward N. Brandt, M.D., Vice Chairman
John E. Chapman, M.D., Secretary
Robert S. Stone, M.D., Delegate
John R. Beljan, M.D., Alternate Delegate
Gerald H. Holman, M.D., Counselor
C. John Tupper, M.D., Counselor

There were three major areas of discussion:

1. A resolution proposed by the New York delegation which would record the AMA as supporting the discontinuation of certain medical schools, particularly VA-sponsored schools and the disapproval of all new and developing schools. This resolution was based on the perception that the country was about to create an oversupply of physicians.

   It was unanimously defeated by the Section and was withdrawn from further deliberations.

2. There were three resolutions regarding H.R. 2222 (Thompson Amendment) which were defeated.

3. The Health Professions Educational Assistance Act was discussed and the group urged that it be amended.

Dr. Krevans concluded his report by announcing that Dr. Bondurant had accepted the Chairmanship of the AAMC Task Force on the Support of Medical Education. The Task Force membership, charge and method of operation should be determined by the September meeting.

III. Minutes of the Previous Meeting

The minutes of the March 31, 1977 meeting of the Administrative Board were approved.

IV. Executive Council Actions

A. Approval of Subscribers

Action:

The Board endorsed Executive Council approval of the following Subscribers:

University of Oklahoma
Tulsa Medical College
Tulsa, Oklahoma
James E. Lewis, Ph.D., Interim Dean

Morehouse College
School of Medicine
Atlanta, Georgia
Louis W. Sullivan, M.D., Dean

B. Election of Provisional Institutional Members

Texas A & M University College of Medicine and East Carolina University School of Medicine, having received provisional accreditation by the Liaison Committee on Medical Education were eligible for and had requested election to Provisional Institutional Membership in the AAMC.

Action:

The Board recommended, subject to ratification by the full Council of Deans, that the Executive Council recommend to the Assembly the election of the above named schools to Provisional Institutional Membership in the AAMC.

C. AAMC Position on the Withholding of Professional Services by Physicians

The withholding of services by groups of physicians has become a recurring means by which physicians bring pressure to bear on the solution of perceived problems. Examples of this include strikes of practicing physicians over malpractice premiums and strikes of resident physicians for various reasons. Regardless of the justifications offered for such actions, the withholding of services by physicians raises serious questions of ethics and a physicians' obligation to serve those in need.

Dr. Krevans introduced the issue. He suggested that the Association consider the appointment of a small working group to examine the

ethical issues involved and to recommend a major Association policy statement for presentation to the Executive Council in September and to the Assembly in November.

Dr. Krevans suggested that organizations such as the AAMC are often captured by the immediacy of certain issues, particularly those related to their own economic self-interest, and argued that it is important for them to be responsive to broader matters related to their responsibility to society.

In the discussion which followed, members of the Board stated their concurrence with these propositions and agreed with the need for such a statement by the AAMC. The need for a task force or working group was questioned. On this issue it was concluded that the complexity and sensitivity of the subject argued for a well-considered statement which would take into account a wide variety of perspectives. It was considered imperative that the statement be adopted by a wide margin if it is to have any significant impact. The Board emphasized that the statement should be of general applicability, not limited to house staff issues. Unionization or collective bargaining were specifically not the targets of the effort, but rather the focus was to be the nature of the physician's obligation to his patients.

Dr. Rado, OSR Chairperson, expressed the desire that the working group consider the position of students in situations involving the withholding of patient services by others. He introduced for the Board's information a resolution adopted by the OSR on this matter (see Appendix A). He also requested that when the group is formed, the OSR be asked to submit student nominations for membership.

Action:

The Board recommended that the Executive Council appoint a small working group to produce a policy statement on the withholding of professional services by physicians.

D. Response to the GAO Report

This study, undertaken by the General Accounting Office (GAO), on their own initiative focused primarily on the present and future adequacy of the number of physicians practicing in primary care and in other specialties. Where data was available, the report examined the past, the present and the current trends. Where judgment, opinion, intention, and prediction were involved, the GAO staff queried professional organizations, program directors, Federal Agencies, State officials, etc. in a thorough fashion. In their analysis note was taken of the various types of response rates. Direct and indirect involvement of the Federal Government in specialty distribution was also discussed.

The GAO Report concluded with unusual simplicity by offering what is basically a single recommendation, to be carried out by one of two possible performers. Their recommendation was that the Secretary, DHEW, ask the CCME to enter into a contract to develop and implement a system which would assure the training of the optimal number and mix of specialists. Should the CCME decline, the Secretary should assume responsibility for the basic task. If additional legislative authority is found necessary to carry out the function, it should be sought from Congress.

The Report also recommended that the Secretary determine national needs for physician extenders and modulate the projected number and mix of physicians to utilize the available services of physician extenders.

The staff recommended that the AAMC:

--Support the proposal in the GAO Report that the CCME accept the responsibility for recommending the appropriate distribution of residencies among the specialties of medicine, but not for carrying out or enforcing these recommendations;

--Recommend to the Secretary, DHEW that the Graduate Medical Education National Advisory Council (GMENAC) be abolished when and if the CCME accepts the proposal;

--Recommend that the development of regulatory apparatus be deferred until obviously needed;

--Recommend that, should regulatory apparatus be required, the CCME be invited to participate in its design;

--Recommend that, should regulatory apparatus be required, it be effected by mechanisms that are completely separate from the LCGME accreditation process.

Both Drs. Cooper and Kennedy discussed the perceptions and recommendations of the staff with regard to the proposals made by the GAO. Dr. Cooper reported that the CCME had also received the document and had reached the same basic conclusions as the AAMC.

Dr. Rado expressed a concern that the increased regulation of residency slots by specialty distribution is an unfair attempt to regulate the career choices of new physicians. It was his judgment that this kind of regulation would be a negative force in the development of the social conscience of the new physician.

Action:

The Board endorsed the staff recommendation to the Executive Council as outlined above.

E. Specialty Recognition of Emergency Medicine

At the last meeting of the Executive Council it was agreed that a small study group should be appointed to recommend to the Executive Council a substantive position on whether the Association should support the establishment of a specialty board on Emergency Medicine. The Association had previously opposed recognition of the new board on procedural grounds, stating that only the Coordinating Council on Medical Education should recognize new specialties and that the financial impact of such recognition should be weighed in advance of approval. Despite these recommendations, the Liaison Committee on Specialty Boards had recommended to its parent organizations (AMA and ABMS) the approval of a new board. As a voting member of the ABMS, the Association will participate in the final consideration of the new board in the fall.

A study group consisting of William H. Luginbuhl, M.D., Chairman, Samuel Thier, M.D., Charles Womer, George Zuidema, M.D. and Thomas E. Morgan, M.D. (staff) met the previous day and developed a recommendation to the Executive Council.

Five options were considered:

1. Disapprove a primary board in emergency medicine.

2. Approve a primary board in emergency medicine.

3. Establish subspecialty board of emergency medicine in another primary specialty.

4. Establish special competency certification in emergency medicine in one or more other specialty areas.

5. Support the establishment of a conjoint board in emergency medicine with mandatory representation of the following primary boards: family practice, internal medicine, pediatrics and surgery; and representation from the following areas: emergency medicine, psychiatry, obstetrics and gynecology.

The study group recommended the establishment of the above described conjoint board. Its recommendation was a recognition of the reality that emergency medicine is now established as a mode of medical practice and the group's judgment that it is essential to maintain high standards in patient care and education, to provide flexibility in training programs on medical schools and hospitals. The group also urged that there be no grandfather clause and that there be a mandatory re-certification to assure continued updating with the rapid technological progress in this area.

The group suggested that its recommended solution had the following advantages:

a. the maintenance of quality and of high standards will be assured through the interest and full participation of other boards and

b. the conjoint board approach will assure the participation of each of the primary specialties in developing and carrying out of patient care, education and research program in the training sites and will provide for the career development of faculty.

c. the greatest degree of flexibility in training programs and career pathways for trainees will be achieved.

d. the goals can be accomplished with existing hospitals and medical school structures.

e. the conjoing board would not preclude hospital emergency medicine departments and would have substantially less negative impact on medical schools than the other options.

The ad hoc group was aware that the establishment of a conjoing board may well be more difficult to accomplish than other mechanisms but concluded that in the end the specialty of emergency medicine and public welfare would be better served by this approach than by others. The discussion which followed the presentation of the group's recommendation focused initially on the seeming inevitability that emergency medicine would be established as a board irrespective of the action of the ABMS and the AMA. The emergency medicine physicians are well organized and seem to have captured control of the political processes.

It was pointed out that internal medicine favors certification of special competence and considers the conjoint board approach very complex and difficult to implement. The difficulty with the

special competence approach is the underlying requirement that the candidate first pass the basic board and then undertake a year of special study in emergency medicine. In the case of surgery this would require five years of surgery before the special competence effort could be undertaken. This approach consequently seemed very unrealistic since the emergency medicine physicians had developed substantial momentum for their preferred approach and would be unlikely to accede to a requirement that they be certified by another board first.

It was pointed out that the chief difficulty with the development of an emergency medicine board was not in the feasibility of developing a reasonable examination, but rather with the fact that the existing training base is generally second rate and largely catch as catch can.

A serious concern was that emergency medicine represented a mode of practice rather than an academic discipline and, in this respect, stood in sharp contrast to the other boards (with the exception of family practice). Because of this, such a board would be particularly vulnerable to the accusation that it represented nothing but a guild with the purpose of restraining trade. This accusation would be bolstered by a recognition that the existing curriculum proposed by the emergency medicine group was far too broad, that the criteria for the exam by necessity had to draw upon the material from other boards, and by the fact that very little work had gone into the development of appropriate residency training programs. Finally, there was little if any research deserving of the name undertaken by emergency medicine departments where they had been established.

The wisdom of opposing a primary board in the face of the perceived inevitability of its approval was questioned. In response it was suggested that, irrespective of our perception of the final outcome, it would be appropriate for the Association to stand on principle and urge the most appropriate course of action even though this might ultimately not prevail. It was also suggested that if on failed to stand on principle in one instance, it became more difficult to argue forcefully on the basis of principle in a subsequent case.

It was suggested that the Association argue strongly for the adoption of the conjoint board approach and, failing that, to negotiate for the establishment of a primary board which would have guaranteed representation from the specialties of family practice, internal medicine, pediatrics and surgery. The Association's official position would be to support the conjoint board. The fall back position would be included in "the legislative history" but not placed on the record.

Action:

The COD Administrative Board recommends that the Executive Council instruct its representatives to the ABMS deliberations on the approval of a Board of Emergency Medicine to oppose the approval of a primary board and to favor the approval of a conjoint board.

Two members recorded themselves in opposition to this action on the grounds that the AAMC should stand on principle and oppose the establishment of any board.

V. Administrative Board Actions

A. Appointment of Distinguished Service Member Nominating Committee

Dr. Krevans asked Drs. Van Citters and Luginbuhl to serve as a committee to review recommendations for Board nomination of individuals to be elected as Distinguished Service Members.

B. Council of Deans Spring Meetings.

Forty-five responses were received to the memorandum distributed at the Scottsdale meeting requesting the deans' evaluation of the Spring Meeting program design, format and content; in addition, several letters containing amplifying comments were received. In general, the evaluations were highly favorable: 42 respondents considered the time allotted about right (2 concluded it was too long; 1 thought that an additional day might be warranted.); 40 considered the present design an adequate vehicle for accomplishing the multiple purposes, although many of these offered suggestions for improvement as did the three who thought there should be a redesign; 41 urged the continuation of the meetings at resort-type locations.

The comments on the meeting design and handling the subject matter struck one consistent theme: the program, this year, was overloaded with speakers which limited participation by the individual deans. Nearly one-quarter of the respondents suggested that this deficiency be corrected by scheduling small group discussions. A variety of grouping schemes were suggested: size, region, public v. private, urban v. rural, established v. developing, etc.

On the basis of the deans' identification of meetings to avoid conflicting with and the AAMC's schedule of events, staff prepared a list of conflicting dates. In addition, the staff researched facilities in various parts of the country for consideration as

sites for the 1978 meeting. After comparing dates, rates for accommodations and transportation, the Administrative Board settled on Snowbird, Utah as the site and April 23-26 as the dates* for the 1978 COD Spring Meeting.

After a discussion of the variety of subjects suggested for the major topic of the meeting, the Board selected the general area of "state and local actions affecting medical education and their interface with federal programs and policy making".

VI. Discussion Items

A. Interim Report of the Task Force on Student Financing

The Interim Report of the Task Force was included in the Executive Council agenda and is appended to these minutes (See Appendix B).** Dr. Bernard Nelson, Chairman of the Task Force, appeared to discuss the Task Force recommendations with the Board. Dr. Nelson emphasized that the report was an interim one and that the Task Force was seeking advice from the reviewers on how to proceed and to refine its considerations. The Board members praised the report as being both brief and lucid. The most substantial objection to the approach of the Task Force was the underlying assumption that physicians will earn large incomes and that their education should be financed by borrowing against it. This assumption was challenged both philosophically and as to its accuracy. It was suggested that physician incomes may be very different in the future than they are now and that therefore this orientation should not be the cornerstone of our policy recommendations. It was suggested that caps on medical expenditures, the graduated income tax and the declining purchasing power of the dollar through inflation were all qualifications that needed to be placed upon the recognition of the high income of physicians.

Dr. Nelson welcomed this suggestion but he pointed out that the present political climate was such that any expectation of substantial scholarship funds being available was probably unrealistic. Consequently, in an effort to reach for realistic approaches to the problem of providing financial assistance to medical students, the Task Force believed that primary emphasis should be given to workable loan programs. He pointed out that physician income had achieved remarkable growth in the past two years and that this was highly visible. In addition, today's reality is that students are really not borrowing very much. The two institutions with which he was familiar, University of Wisconsin and Stanford, maximums appear to be about $15,000. While it appears that this may rapidly escalate

*Subsequent to this meeting, the dates of the 1978 COD Spring Meeting were changed to April 24-27.

**Appendix B, the Interim Report of the Task Force is appended only to the minutes to be sent to the full Council.

to $50,000 or more, it is currently impossible to demonstrate such a figure. Dr. Nelson pointed out that there is a tremendous diversity among students, among the borrowing necessary to attend private institutions as opposed to public institutions and that even among public institutions there was great diversity among the states.

The problem in making the case is compounded by the fact that the statistical data on the amount of borrowing lags by several years. In the absence of good data, the Task Force was forced to argue from anecdotes in the face of policy being made on the basis of statistics which show that physicians are in the upper one percentile of incomes. There appears to be no politically feasible way to develop support for the proposition that there ought to be a complete subsidy of the education of people whose income will be in the upper one percent.

The Board proceeded to discuss the specific recommendations of the Task Force. Each of the short term recommendations was taken in turn with the discussion emphasizing primarily the rationale of the Task Force. The Board found itself in complete concurrence with the Task Force's recommendation on each of the recommendations 1 through 6. The long term recommendation proposed the establishment of a guaranteed student loan program for medical students which was designed to be a viable substitute for the new program established in P.L. 94-484 -- the Federal Guaranteed Loan Program for Health Professions Students. The chief policy question identified was whether or not the Association should endorse a program which recognized two classes of students which would be treated differently, one receiving an interest subsidy and the other requried to pay the full interest from the point of disbursement. While it was recognized that it would be difficult to establish the cutoff, the Board endorsed the proposal that students with a demonstrated financial need be able to qualify for a federal subsidy for the full interest while in school and during the one year grace period.

Dr. Nelson was thanked for the competence with which he and his task force had undertaken this difficult and important job.

B. USFMS Transfer Provision

The Board considered in detail current developments relating to the possibility of amending the USFMS transfer provision in P.L. 94-484. Board members expressed their pleasure at the prospect that some appropriate legislative action might be taken by the Congressional committees and indicated their assessment that the deans would

generally be quite supportive of many aspects of the changes under consideration. It was clear that success on these ventures was not foregone conclusion, particularly in light of the strength of the foreign medical student lobby. On the other hand, the proposals indicated a marked advance in the thinking of the responsible legislators.

C. Final Regulations Implementing Section 504 of the Rehabilitation Act of 1973

On May 4, 1977, HEW's Office for Civil Rights published in the Federal Register final regulations implementing Section 504 of the Rehabilitation Act of 1973 as amended. Memorandum #77-38, dated June 30, 1977 forwarded to the Assembly the summary analysis prepared by the National Association of College and University Business Officers (NACUBO), of those regulations as they apply to educational institutions and the Association's summary of Subpart F, Health, Welfare and Social Services.

The Board briefly touched on the issue but deferred detail discussion to the Executive Council meeting.

VII. Report of the OSR Chairperson

Dr. Rado reported that in its deliberations of the previous day, the OSR Administrative Board had considered and acted on the Executive Council agenda items. He gave the Board an overview of the OSR's program planning for the Annual Meeting and introduced for the Board's information a Document of Understanding, "an informal non-binding statement of organizational relationships of the medical student groups involved in the Consortium of Medical Schools" Board members expressed disagreement with the concept that a component of the AAMC would be making agreements with other organizations. They also expressed skepticism about the value to the AAMC of the activities of the Consortium, but deferred more substantive discussion to a later date.

Dr. Rado then reported on the response from the pilot issue of the OSR Report. The response was considered substantial although statistically insufficient to draw valid conclusions. It was heavily supportive of the OSR Report as a valuable medical student resource. Dr. Rado asked for the COD Board's support in Executive Council for funding for an additional 3 issues of OSR Report. Due to lack of time, discussion was deferred to the Executive Council meeting.

VIII. Adjournment

The meeting was adjourned shortly after 1:00 p.m.

Medical Student Rights and Responsibilities

WHEREAS, the status of house staff as students versus employees, and the right of house staff to collective bargaining privileges remains in question, and

WHEREAS, house staff organizations are increasingly finding it necessary to consider the use of strikes or other job actions to secure improved conditions for their patients and themselves, and

WHEREAS, the rights, duties and responsibilities of students in hospitals affected by such strikes are unclarified, and

WHEREAS, examples have been brought to the attention of the OSR of threatened reprisals directed against students who support such strikes or job actions,

BE IT THEREFORE RESOLVED, that OSR feels it would be highly inappropriate for students to be pressured or permitted to perform the job of housestaff without supervision by interns and residents.

BE IT ALSO RESOLVED, that the OSR urges the development of AAMC policy recommending that schools not exact reprisals against students who respect housestaff picket lines.

AAMC ANNUAL MEETING

Council of Deans' Activities

Sunday, November 6

7:30 - 9:30 p.m.
Ballroom East

VA/COD JOINT PROGRAM -- "ANALYZING THE VETERANS ADMINISTRATION/MEDICAL SCHOOL RELATIONSHIP"

"A View from the General Accounting Office"
--*Murray Grant*
Medical Consultant, GAO

"A View from the National Academy of Sciences' Study"
--*Saul J. Farber, Chairman, Committee on Health Care Resources in the VA*
National Research Council, National Academy of Sciences

"The Veterans Administration Perspective"
--*Jack Chase, Chief Medical Director*
Veterans Administration

Monday, November 7

7:30 - 8:45 a.m.
Cabinet Room

NEW DEANS' BREAKFAST

9:00 - 12 Noon
Continental Ballroom

PLENARY SESSION

12N - 1:45 p.m.
Bancroft Room

COD ADMINISTRATIVE BOARD LUNCHEON

2:00 - 5:00 p.m.
Ballroom East

COD BUSINESS MEETING

6:30 - 8:30 p.m.
Jefferson East

GPR DEANS' RECEPTION

Tuesday, November 8

7:30 - 8:45 a.m.
State Room

DEANS OF NEW & DEVELOPING - COMMUNITY BASED MEDICAL SCHOOLS BREAKFAST

9:00 - 12 Noon
Continental Ballroom

PLENARY SESSION & ASSEMBLY MEETING
(President's Address, Chairman's Address, Awards,)

2:00 - 5:00 p.m.
Ballroom Center

COD/CAS/COTH JOINT PROGRAM --
CHALLENGES IN GRADUATE MEDICAL EDUCATION

Session I -- "Transition Between Undergraduate and Graduate Medical Education"

"The Transition to Graduate Medical Education--A Student's Point of View"
--Thomas A. Rado, Resident in Medicine
L.A. County General Hospital

"The Readiness of New M.D. Graduates to Enter Their GME-1 Year"
--Barbara Korsch
Childrens' Hospital, Los Angeles

"The Search for the Broad First Year"
--William Hamilton, Chairman, Dept. of Anesthesiology
University of California, San Francisco

Session II -- "Quality of Graduate Medical Education"

"The Evaluation of Residents' Performance"
--John A. Benson, Jr., President
American Board of Internal Medicine

"Supervisory Relationships in Graduate Medical Education"
--William P. Homan, Chief Resident in Surgery,
New York Hospital

"The Program Director's Responsibility"
--Thomas K. Oliver, Jr., Chmn., Dept. of Pediatrics
University of Pittsburgh

Wednesday, November 9

7:30 - 8:45 a.m.
Cabinet Room

MIDWEST-GREAT PLAINS BREAKFAST

9:00 - 12Noon
Ballroom Center

COD/CAS/COTH JOINT PROGRAM --
CHALLENGES IN GRADUATE MEDICAL EDUCATION

Session III -- "Influencing Specialty Distribution Through Graduate Medical Education"

"The Coordinating Council on Medical Education Should Participate with the Federal Government to Regulate Opportunities for Specialty Training"

"The Private Sector Should Avoid Participating with the Federal Government"

Session IV -- "Institutional Responsibility for Graduate Medical Education -- The McGaw Medical Center of Northwestern University Experience"

"The Concept and Its Development"
--James E. Eckenhoff, Dean
Northwestern University

"How It Operates"
--Jacob Suker, Asso. Dean & Director, GME
Northwestern University

"How It Affects the Program Director"
--Henry L. Nadler, Chmn., Dept. of Pediatrics
Northwestern University

"Its Impact on the Teaching Hospital"
--David L. Everhart, President
Northwestern Memorial Hospital