

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

ADMINISTRATIVE BOARD MEETING

Monday, June 19, 1972

Conference Room

AAMC Headquarters

One Dupont Circle, N.W.

Washington, D.C.

SCHEDULE

- I. 9:00 a.m. - Dr. Swanson - Welcome
Major AAMC Programs
Department of Academic Affairs
- II. 10:00 a.m. - Dr. Erdmann - Division of Educational Research and
Measurement
- III. 10:30 a.m. - Mr. Kurtz - Division of Academic Information
- IV. 11:00 a.m. - Dr. Bowles - Division of Curriculum and Instruction
12:00 noon - Lunch
- V. 1:00 p.m. - Dr. Knapp - Department of Health Services and
Teaching Hospitals
- VI. 2:00 p.m. - Mr. Bowsher - Department of Planning and Policy
Development
- VII. 2:30 p.m. - Mr. Fentress - Public Relations Department
- VIII. 3:00 p.m. - OSR Administrative Board Discussion

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

ADMINISTRATIVE BOARD MEETING

Sunday, June 18, 1972

Executive Room

Dupont Plaza Hotel

Washington, D.C.

AGENDA

- I. Call to Order - 2:00 p.m.
- II. Introduction of Suzanne Dulcan and Description of AAMC Staffing for OSR
- III. OSR Goals and Priorities
- IV. Consideration of Resolutions from February Meetings
 - A. Representation from schools of osteopathic medicine
 - B. Transfers from foreign medical schools
 - C. Minority affairs as priority concern and theme of future AAMC annual meeting
 - D. Part I of National Boards offered three times annually
 - E. Matching program - service commitment in exchange for financial assistance for medical education - Report from Hal Strelnick
- V. Action Items
 - A. From AAMC Executive Council Meeting, May 19, 1972
 1. Discontinuation of the February Meeting
 2. Guidelines for Sub-council Organization
 3. Policy Statement of the AAMC on Eliminating the Freestanding Internship
 4. Policy Statement of the AAMC on the Establishment of a Cabinet-level Department of Health
 5. Policy Statement of the AAMC on National Service and the Physician Draft
 - B. From CAS Administrative Board Meeting, May 18, 1972
 1. Statement concerning close interaction between basic medical scientists and clinicians
- VI. OSR Representation on AAMC Committees
 - A. Study Group on Admissions Procedures
- VII. OSR Committee Activities
- VIII. OSR Membership
 - A. Current list
 - B. Invitations to unrepresented schools
 - C. Membership not transferable
 - D. Uniform date for election/selection of new representatives
- IX. NIRMP
- X. Relationship between SAMA and OSR

OSR ADMINISTRATIVE BOARD MEETING
Sunday, June 18, 1972
AGENDA - cont.

5:30 p.m. - Temporary Adjournment. Depart for dinner at home of

Dr. and Mrs. Roy K. Jarecky
6609 31st Street, N.W.
Washington, D.C. 20015

- XI. Reconvene - 8:00 p.m.
- XII. Annual Meeting
 - A. Physical Arrangements
 - 1. OSR Administrative Board Meeting
 - 2. OSR Regional Meetings
 - 3. OSR Business Meeting
 - 4. OSR Program Meeting
 - 5. Accommodations for Students
 - B. OSR Program Meeting - Minority Affairs
(With Mr. Dario Prieto, AAMC Office of Minority Affairs)
- XIII. New Business
- XIV. Adjournment

STAFF REPORT (for AAMC use)

RESULTS OF
SURVEY TO IDENTIFY AREAS OF NEEDED ASSISTANCE
IN THE EFFECTIVE DEVELOPMENT OF MINORITY
STUDENT PROGRAMS IN U.S. MEDICAL SCHOOLS

Association of American Medical Colleges

Office of Minority Affairs

March 30, 1972

Dario Prieto
Director
Office of Minority Affairs

Melody Smith
Research Assistant
Office of Minority Affairs

Introduction

Since 1968, many medical schools have significantly increased their efforts to recruit students from ethnic and economic groups underrepresented in medicine.* The demand for greater minority enrollment has generated such problems as: (1) identification of enough minority individuals for admission and recruitment purposes; (2) retention of minority students in medical curricula; and (3) elimination of financial barriers.

In January, 1972, the Division of Student Affairs' Office of Minority Affairs (OMA) conducted a survey of all U.S. basic science and M.D. granting schools in order to help define the OMA role in providing support for medical school minority programs. (See Appendix I for questionnaire and covering memo.) The questionnaire sought responses concerning the OMA's potential role in five basic program areas:

1. Enlarging the minority applicant pool.
2. Increasing minority representation in medical schools.
3. Retention of minorities in U.S. medical schools.
4. Financial assistance for minority students.
5. Information clearinghouse activities.

The survey form was sent to the administrative officers responsible for minority affairs at 110 degree-granting medical schools and six basic science schools, with a follow-up by telephone made one month later of those schools not replying to that date. Ninety-five returns (from 82 percent of those surveyed) were secured including responses from 91 (83 percent) of the M.D. granting schools and 4 of the 6 basic science schools. Fifty-four (59 percent) of the M.D. granting schools responding were "public" and thirty-seven (41 percent) were "private."

*Minorities underrepresented in medicine refer to Blacks, Mexican-Americans, Mainland Puerto Ricans, American Indians and Low-income Whites.

The five basic areas for potential program development were subdivided into a total of fourteen specific items (see Appendix I). Schools were asked to rate each program item according to its importance and the degree of need for assistance from the OMA to achieve the implied item objectives. Each item was classified as:

1. Not important.
2. Important, but can develop without AAMC staff assistance.
3. Important and can be facilitated through AAMC staff work.
4. Important and can only be done through AAMC staff work.

A fifth category entitled "other" was added to account for a "no response" or one that could not be characterized as 1 through 4.

Results

The Summary Table that follows presents the M.D. granting schools' responses to all 14 program items as regards both degree of importance and level of need for OMA assistance. The summary is organized to indicate the relative amount of assistance needed from the AAMC Office of Minority Affairs (OMA).

As indicated in the table, the 14 program items were rated as important by almost all schools, ranging from "High School Programs" (70 schools) to "College Visitations" (89 schools). The need for OMA assistance ranged from "Help with Their Admissions Committee Representation" (11 schools) to "Development of Regional Workshops" (85 schools). More than half of the respondents replied that OMA help was needed on 9 of the 14 program items and only one respondent felt no help was needed from OMA on any of the 14 items.

SUMMARY TABLE
PROGRAM ITEMS RANKED BY DEGREE OF MEDICAL SCHOOL NEED FOR OMA ASSISTANCE
 (N = 91 M.D.-Granting U.S. Medical Schools)

<u>Rank</u>	<u>Item Number</u>	<u>Program Item</u>	<u>No. of Schools Designating Item as:</u>			
			<u>Important</u>	<u>Needing OMA Facilitation</u>	<u>Only Possible via OMA</u>	<u>No. Needing Total or Partial OMA Support</u>
1	1c	Regional workshops involving college minority counselors, premedical advisors, medical school admission officers and faculty for exchange of ideas and coordination of efforts	86	51	34	85
2	4a	Distribution of more detailed information concerning financial assistance for minority students in U.S. medical schools	87	43	38	81
3	5a	Maintenance of data bank by AAMC identifying minority medical applicants by state of residence, undergraduate college, major, etc. for longitudinal study purposes	81	7	74	81
4	4b	Development of further sources of funding for minority students at local as well as national levels	84	47	33	80
5	5b	Development of a system through AAMC-AMCAS to identify accepted minority applicants to avoid duplication of recruitment effort and thus establish accurate lists of minority students not yet admitted	81	8	71	79
6	2b	Reduction of possible bias in admission processes, such as testing and other screening devices	83	49	14	63
7	1d	Exchange visits between science faculty members of predominantly minority colleges and faculty from colleges with a high rate of successful medical applicants	81	37	23	60

SUMMARY TABLE (Continued)

Rank	Item Number	Program Item	No. of Schools Designating Item as:			
			Important	Needing OMA Facilitation	Only Possible via OMA	No. Needing Total or Partial OMA Support
8	1b	Improving minority college students' understanding of opportunities in medicine by their visiting campuses and talking to medical students and faculty	89	54	2	56
9	3a	Development of reinforcement programs at both the premedical and medical school levels to strengthen students' study skills and understanding of the basic sciences	84	44	5	49
10	3c	Development of experimental programs in medical schools to reduce such communication problems as may exist among minority students and other students, faculty and administration	75	42	1	43
11	2c	Modification of admission procedures to allow for greater emphasis on personal factors in the assessment of minority applicants	83	40	2	42
12	3b	Individualize medical curricula to fit the unique abilities and skills of minority students	72	21	3	24
13	1a	Active participation of minority medical students and faculty in high school health career programs and counseling minorities in high school	70	21	1	22
14	2a	Increase minority representatives on admissions committee	82	10	1	11

N.B. Ninety of the 91 respondents indicated the need for OMA assistance in implementing one or more of the 14 program items.

A comparison was made of responses by public and private M.D. granting schools to the survey. No great differences were found although the "public" schools did show a slightly stronger desire than the "private" schools for assistance from the OMA in development of some of the program items.

Twenty-three M.D. granting schools have opened their doors since 1967 or are presently developing. Responses from 17 of the 23 recently established schools indicated a desire for OMA assistance in facilitating the development of almost all the program items. All 17 respondents considered the information clearinghouse activities to be uniquely OMA functions.

Responses from the basic science schools were also tallied separately. The trend of responses was similar to that of the M.D. granting schools and the need for OMA assistance in major areas of program development was evident.

Other Suggestions

The questionnaire also solicited the schools' ideas concerning other improvements in minority student programs. Suggestions from the responding schools grouped into five major areas:

- (a) Admissions - The major issue in admissions was that of identifying the best parameters for predicting minority student success in medical school. Related to the development of these parameters is the need for a data bank which would provide more detailed information about the minority applicant pool.

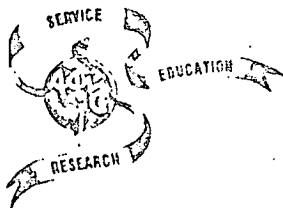
- (b) Compensatory Programs - Minority affairs officers want to know more about what the content of compensatory programs ought to be, how they might be financed, and whether special summer make-up courses could be organized for those who have failed or done very poorly in basic science work.
- (c) Financial Support - The general question of financial support for minority students continues to be a crucial one. Where will the scholarships and loans come from to support not only the minority medical students but also those undergraduate minority students doing special summer work to prepare for medical school? Also, how will the minority program offices continue to be financed?
- (d) Interpersonal Relationships - Survey respondents want to help faculty and minority students improve their relationships and the question of how best to deal with this sensitive area is a recurrent one.
- (e) Minority Faculty Member Recruitment - Finally, a number of schools allude to the need to recruit more minority faculty members; thus the problem of attracting minority students to enter a career in academic medicine arises.

Conclusion

In order to implement the program items presented as important by the medical school minority affairs officers, the OMA will develop a comprehensive plan utilizing individual site visits, small regional conferences, consultants, publications, and all of the appropriate resources of the Association of American Medical Colleges including assistance from the Divisions of Educational Measurement and Research, Curriculum and Instruction, and Academic Information, as well as the Office of Business Affairs.

The thrust of the OMA plan will be to enable each minority affairs office to develop in terms of its own objectives, needs, and strengths. Thus, consultation will not reflect a national design but rather the goal of enhancing the uniqueness of each individual program. Whether a school, through its office of minority affairs, is concerned with improving the study skills of its students, expanding its knowledge of the premedical programs of undergraduate colleges, developing a more sophisticated supplementary summer program for some of its entering students, or receiving assistance in grant preparation, the OMA's objective will be to help accomplish that which the school hopes to do. In the long run, the OMA's function as a communications center and general consultant for all medical school minority affairs programs should serve to strengthen the total effort by providing for increased cohesion and sense of purpose.

In addition, current national OMA activities, such as the Medical Minority Applicant Registry (Med-MAR) and the Minority Information Clearinghouse, will be continued and efforts to meet the pressing financial needs of minority students will be expanded.



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

DIVISION OF STUDENT AFFAIRS

January 25, 1972

TO : Minority Affairs Officer, U.S. Medical Schools (Code 6)
FROM : Dario Prieto, Director, Office of Minority Affairs, AAMC
SUBJECT: Assessment of Needs of U.S. Medical Schools' Offices of
Minority Affairs

In order to best serve Minority Affairs Offices in U.S. medical schools, I would appreciate your taking a few moments to complete the attached questionnaire.

Almost every U.S. medical school has initiated some special effort to establish programs whose concern is the recruitment, admission and retention of minority students. The AAMC Office of Minority Affairs would like to be of maximum assistance to you in improving and expanding the programs for which you are providing services and leadership.

Your responses will help identify the needs you feel to be most significant and enable the Office of Minority Affairs to organize its resources accordingly.

Please return the questionnaire to me in the self addressed envelope provided.

Thank you.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Division of Student Affairs

Office of Minority Affairs

In order for the AAMC's Office of Minority Affairs to be effective in the development of medical school minority student programs, we wish to identify those areas in which you feel we could be of assistance, either directly or perhaps in a more supportive role. The program possibilities suggested by the statements listed below are not meant to be comprehensive and you may certainly add others. However, your responses should prove highly valuable in helping us define the role this office should play in meeting the needs of minority applicants, students, and the medical schools themselves.

- (1) Not important
- (2) Important, but can develop without AAMC staff assistance
- (3) Important and can be facilitated through AAMC staff work
- (4) Important and can only be done through AAMC staff work

1. Enlarging the minority applicant pool

- | | | | | |
|-----|-----|-----|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 2 | 3 | 4 | |
| () | () | () | () | a. Active participation of minority medical students and faculty in high school health career programs and counseling of minorities in high schools. |
| 1 | 2 | 3 | 4 | |
| () | () | () | () | b. Improving minority college students' understanding of opportunities in medicine by their visiting campuses and talking to medical students and faculty. |
| 1 | 2 | 3 | 4 | |
| () | () | () | () | c. Regional workshops involving college minority counsellors, pre-medical advisors, medical school admissions officers and faculty for exchange of ideas and coordination of efforts. |
| 1 | 2 | 3 | 4 | |
| () | () | () | () | d. Exchange visits between science faculty members of predominantly minority colleges and faculty from colleges with a high rate of successful medical school applicants. |

2. Increasing minority representation in medical schools

- | | | | | |
|-----|-----|-----|-----|-------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 2 | 3 | 4 | |
| () | () | () | () | a. Increase minority representation on admissions committee. |
| 1 | 2 | 3 | 4 | |
| () | () | () | () | b. Reduction of possible bias in admission processes such as testing and other screening devices. |
| 1 | 2 | 3 | 4 | |
| () | () | () | () | c. Modification of admission procedures to allow for greater emphasis on personal factors in the assessment of minority applicants. |

3. Retention of minorities in U.S. medical schools

- 1 2 3 4
() () () () a. Development of reinforcement programs at both the pre-medical and medical school levels to strengthen students' study skills and understanding of the basic sciences.
- 1 2 3 4
() () () () b. Individualize medical curricula to fit the unique abilities and skills of minority students.
- 1 2 3 4
() () () () c. Development of experimental programs in medical schools to reduce such communication problems as may exist among minority students and other students, faculty and administration.

4. Financial Assistance

- 1 2 3 4
() () () () a. Distribution of more detailed information concerning financial assistance for minority students in U.S. medical schools.
- 1 2 3 4
() () () () b. Development of further sources of funding for minority students at local as well as national levels.

5. Information clearinghouse activities

- 1 2 3 4
() () () () a. Maintenance of data bank by AAMC identifying minority medical applicants by state of residence, undergraduate college, major, etc. for longitudinal study purposes.
- 1 2 3 4
() () () () b. Development of a system through AAMC-AMCAS to identify accepted minority applicants to avoid duplication of recruiting effort and thus to establish accurate lists of minority students not yet admitted.

Program needs not mentioned in questionnaire with which the AAMC Minority Affairs Office could be of assistance: _____

Name

Title

School

Address

Date

GUIDELINES FOR SUB-COUNCIL ORGANIZATION

The following document, Guidelines for Sub-council Organization, was considered by the Executive Council at its February 1972 meeting. While the need for a document of this type was apparent, the Executive Council felt that the Guidelines were not ready for final approval. They were therefore referred to the three Administrative Boards for consideration and recommendations.

AAMC staff has carefully revised the Guidelines since the February meeting. Each of the Administrative Boards will have discussed them prior to this meeting of the Executive Council. Action is therefore recommended at this time.

The revised Guidelines would eliminate the artificial differences which previously existed between Groups and Sections of the AAMC by providing for only one such class of membership. Groups would be established at the initiative of the AAMC President and with the concurrence of the Executive Council. They will have no voice in the governance of the AAMC.

RECOMMENDATION

Pending the approval of these Guidelines by the Administrative Boards and taking into account any recommendations which they may make, it is recommended that the Executive Council approve the attached Guidelines for Sub-council Organization.

GUIDELINES FOR SUB-COUNCIL ORGANIZATION

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

- A. ORGANIZATION -- an Organization of the AAMC is defined as a membership component, associated specifically with one Council of the Association, and having voting participation in the governance of the AAMC.
 1. Its establishment requires a bylaws revision approved by the AAMC Assembly.
 2. The Association shall assume responsibility for staffing and for basic funding required by the Organization.
 3. The Organization shall be governed by rules and regulations approved by the parent Council.
 4. All actions taken and recommendations made by the Organization shall be reported to the parent Council.

- B. GROUPS -- a Group of the AAMC is defined as representatives of a functional component of constituent institutional members. Groups are created to facilitate direct staff interaction with representatives of institutions charged with specific responsibilities and to provide a communication system between institutions in the specific areas of a Group's interest. Group representatives are appointed by and serve at the pleasure of their deans. Groups are not involved in the governance of the Association.
 1. Establishment of a Group must be by the President of the Association with the concurrence of the Executive Council.
 2. All Group activities shall be under the general direction of the AAMC President or his designee from the Association staff.
 3. Groups may develop rules and regulations, subject to the approval of the AAMC President. An Association staff member shall serve as Executive Secretary.
 4. Budgetary support for Groups must be authorized by the Executive Council through the normal budgetary process of the AAMC.
 5. The activities of Groups shall be reported periodically to the Executive Council.

- C. COMMITTEES -- a Committee of the AAMC is defined as a standing body reporting directly to one of the official components of the Association (Executive Council, Councils, Organizations, Groups), charged with a specific continuous function.
 1. Committees of the Executive Council may be charged with roles related only to governance, program, liaison, and awards.

Guidelines for Sub-Council Organization
Page Two

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

4/17/72

A POLICY STATEMENT OF THE ASSOCIATION OF AMERICAN MEDICAL
COLLEGES ON ELIMINATING THE FREESTANDING INTERNSHIP

The policy statement which appears below was first recommended by an Ad Hoc Committee of the AAMC in September 1971. This was after the AMA House of Delegates approved the concept that the freestanding internship should be eliminated. It was also felt that a statement on this matter would be consistent with the AAMC's position on the responsibility of academic medical centers for graduate medical education.

This issue was considered by the Executive Council previously and referred to the three Councils for deliberation. In February, all three Councils approved some form of the statement.

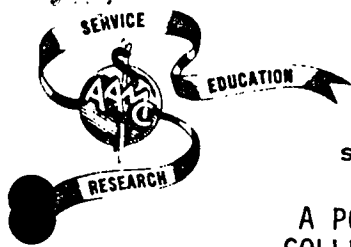
The Council of Deans and the Council of Teaching Hospitals approved the full text of the statement which reads:

The Association of American Medical Colleges believes that the basic educational philosophy implied in the proposal to eliminate the freestanding internship is sound. Terminating the freestanding internship will encourage the design of well-planned graduate medical education and is consistent with the policy that academic medical centers should take responsibility for graduate medical education. The elimination of the internship as a separate entity is a logical step in establishing a continuum of medical education designed to meet the needs of students from the time of their first decision for medicine until completion of their formal specialty training.

The Council of Academic Societies, meeting on the same day, approved an abbreviated version of the statement, ending after the words "well-planned graduate medical education."

RECOMMENDATION

The Executive Committee will discuss the differences between the statements adopted by the Councils and make a recommendation to the Executive Council.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

A POLICY STATEMENT OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES ON THE ESTABLISHMENT OF A CABINET-LEVEL DEPARTMENT OF HEALTH

The issues confronting this nation in providing a higher level of health and well being to its citizenry are among the most vital and urgent of existing domestic problems. The prospect of some form of universal health insurance coverage will press to the absolute limits our resources and ingenuity to provide health services based on need rather than on arbitrary economic determinants.

Since its establishment in 1953, the Department of Health, Education and Welfare has grown into a bureaucracy of 102,000 employees with an overall budget of nearly \$79 billion, one-third of the entire federal budget. More than 250 categorical grant programs are operated by the Department, including 40 separate health-grant programs.

The present framework within the Department of Health, Education and Welfare subordinates and submerges the health function in a manner which derogates the critical significance of these vitally important issues. There needs to be a single, authoritative point of responsibility for health policy within the federal structure. There needs to be a vigorous national leadership for the evolution of sound federal programs in the health field. The President's current Executive reorganization proposal to create a Cabinet-level Department of Human Resources would only further obscure the process of policy formulation in health.

THEREFORE BE IT RESOLVED that the Association of American Medical Colleges wholeheartedly supports the establishment of a Cabinet-level Department of Health to serve as the single point of responsibility for defining health policy, administering federal health programs and evaluating the state of the nation's health. The Department should be administered by a Secretary of Health appointed by the President with the advice and consent of the Senate. The Secretary should be responsible for all health programs now administered by the Secretary of Health, Education and Welfare including Medicare and Medicaid and any new program of national health insurance. In connection with establishment of a new Department of Health, an independent panel of experts should conduct a study to develop a thoughtful and coordinated national health policy and a detailed national health program for meeting current and future health needs for the United States.

POLICY STATEMENT ON THE PHYSICIAN DRAFT

In February, 1971 the Association adopted a policy statement on National Service and the Physician Draft. New developments during the past year indicate that the Department of Defense will attempt to phase out the physician draft and recruit a volunteer medical force by the expiration of the current draft legislation in July, 1973.

It is therefore desirable to revise the AAMC's position on the doctor draft. The proposed statement which follows was originally drafted by Dr. Robert A. Green, Chairman of the GSA Committee on Liaison with External Organizations and the AAMC representative on the Department of Defense Medical Advisory Council.

RECOMMENDATION

It is recommended that the Executive Council thoroughly discuss the proposed "Policy Statement of the AAMC on the Physician Draft" and go on record by approving this statement.

The following statement was passed by the Administrative Board of the Council of Academic Societies at its meeting on May 18, 1972, in Washington, D.C.:

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in developing criteria for the accreditation of medical schools.

STUDENT MEMBERS OF GSA COMMITTEES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

OSR - June 18, 1972
Agenda Reference: VI.

Division of Student Affairs

ORGANIZATION OF STUDENT REPRESENTATIVES (OSR)
ON GROUP ON STUDENT AFFAIRS (GSA) COMMITTEES

* 1971-72 GSA Steering Committee

Mr. James L. Holly
National Chairman
Organization of Student Representatives
c/o The University of Texas
Medical School at San Antonio
7703 Floyd Curl
San Antonio, Texas 78229

1971-72 Committee on Financial Problems
of Medical Students

Mr. Stephen R. Keasler
2nd Year, LSU Medical Center
at Shreveport
1616 Edwin, Apt. A
Shreveport, La. 71103

1971-72 Committee on Liaison with
External Organizations

Mr. Sol Edelstein
Class of '72
Wayne State University
School of Medicine
21462 Dequindre, Apt. 201
Warren, Michigan 48091

1971-72 Committee on Medical Education
of Minority Group Students

Ms. Naythania Jones
Stanford University
School of Medicine
Office of Student Affairs
Stanford, California 94305

1971-72 Committee on Medical Student
Records

Ms. Betty Jo Norwood
University of Vermont
College of Medicine
Student Mail
Given Building
Burlington, Vermont 05401

1971-72 Committee on Relations with
Colleges and Applicants

Mr. Mark Cannon
Medical College of Wisconsin
924 North 25th Street
Milwaukee, Wisconsin 53233

1971-72 Committee on Ad Hoc Transfer
Procedures

Mr. Eugene Belogorsky
Office of the Dean
University of South Dakota
Medical School
Vermillion, South Dakota 57069

* All members of this Committee are also
automatically members of the AAMC
Committee on Student Affairs.

Another student (probably not an OSR
member) may be added to this
Committee.

Committees not on list: Committee on Nomination and Rules
Committee on Ad Hoc Structure and Function

DGJ/lw - 1/18/72

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

COMMITTEES

December 1, 1971 - November 30, 1972

FINANCE

Richard O'Connor, Chairman
Cliff Clark
Hal Strelnick
David Green
Peter Sherris
Earl Yunes
Tom Williams
Larry Holly

RULES & REGULATIONS

David Curfman, Chairman
John Horneff
Russ Keasler
John McPhail
Mark Cannon
Kevin Soden

ACTION COMMITTEE

John Palmintier, Chairman
Harold Stewart
Joseph Hillman
Robert Whipple
Mark Widome
Juan Iturregui-Pagan
Jane Henney

LIAISON

John Ward, Chairman
Timothy Smith
Eugene Belogorsky
Jan Weber
Gerald Germano
Robert Walther
Gary Peterson
Vinny Voci
Steven Ketchel

The OSR Chairman is Ex Officio
on all Committees

11/30/71-LH

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POLITICAL ACTION

Barry Sussman, Chairman
Geraldine Richter
Kenneth Pariser
Todd Swick
Leonard Finn
Jim Sbarbaro
Nelson Goldberg
Gordon Josephson
Dan Pearson
Donald Berwick
Earl Yunes

NOMINATIONS

Jeff Ackerman, Chairman
Larry Ransom
Martin Craven
Kevin Soden

SENIOR ELECTIVES

Barbara Costin, Chairman
Tony Castle
Maureen Herlihy
Larry Ransom
Boyd Myers
Blane Crandall

MINORITY AFFAIRS

Vernon Daly, Chairman
Alfonzo Jones
Alice Rothchild
Nathania Jones
Dan Longo
Bob Rankin
James Pendleton
Tom Simpson
William Terrell

GUEST

Tim Nice, Student Body President
Kirksville College of Osteopathic Med.
Kirksville, MO 63501

ORGANIZATION OF STUDENT REPRESENTATIVES

Membership by Medical School
As of June 1972

ALABAMA

U. of Alabama: Charles B. Christian

ARIZONA

U. of Arizona: Steven J. Ketchel

ARKANSAS

U. of Arkansas: Samuel McGuire

CALIFORNIA

*UC-Davis: James Hamilton

UC-Irvine: Steven Feinberg

UCLA: Allen B. Richardson

*UC-San Diego:

UC-San Francisco: Grady Fort

Loma Linda: Timothy R. Smith

USC: Winston C. Hughes

Stanford: Naythania Jones

COLORADO

U. of Colorado: Clifford R. Clark

CONNECTICUT

*U. of Connecticut: Allen Walker

Yale: Alvin Strelnick

DISTRICT OF COLUMBIA

Georgetown: Geraldine Richter

George Washington: David R. Curfman

Howard: Alphonzo J. Jones

FLORIDA

U. of Florida: Kevin J. Soden

U. of Miami: Martin Arostegui

*U. of S. Florida: Gary Peterson

GEORGIA

Emory: Blane M. Crandall

Med. Coll. of Georgia: Miles H. Mason

*Provisional Institutional Member of AAMC

HAWAII

U. of Hawaii: Jack Seto

ILLINOIS

Chicago Med. School: Henry Pohl

U. of Chicago, Pritzker:

U. of Illinois: Steven M. Platt

Loyola, Stritch: Richard O'Connor

Northwestern: Charles R. Ingram

*Rush:

*S. Illinois U.:

INDIANA

Indiana U.: Janie Henney

IOWA

U. of Iowa: Robert Rankin

KANSAS

U. of Kansas: Thomas Simpson

KENTUCKY

U. of Kentucky: James R. Heckman

U. of Louisville: Vincent Voci

LOUISIANA

LSU: Jon S. Palmintier

*LSU, Shreveport: Stephen R. Keasler

Tulane: Richard Ness

MARYLAND

Johns Hopkins: Jeffrey C. Spencer

U. of Maryland: Nelson Goldberg

MASSACHUSETTS

Boston U.: Alice Rothchild

Harvard: Donald Berwick

*U. of Massachusetts: Leonard McFinn

Tufts: Earl L. Yunes

MICHIGAN

U. of Michigan: Bernard Stulberg
Michigan State U.: Robert Whipple
Wayne State U.: Sol Edelstein

MINNESOTA

U. of Minnesota: Michael Belzer
*U. of Minn., Duluth:

MISSISSIPPI

U. of Mississippi: Joseph C. Hillman

MISSOURI

U. of Missouri-Columbia: Dan Longo
*U. of Mo.-Kansas City: Martin D. Craven
St. Louis U.: Maureen Herlihy
Washington U.: Frederick J. Nachtwey

NEBRASKA

Creighton: John M. Motl
U. of Nebraska: Thomas Williams

NEVADA

*U. of Nevada: Pat Colletti

NEW HAMPSHIRE

Dartmouth: James Pendleton, Jr.

NEW JERSEY

Coll. of Med., Newark: Gerald J. Germano
Coll. of Med., Rutgers: John Ward

NEW MEXICO

U. of New Mexico:

NEW YORK

Albany Med. Coll.: Kenneth M. Pariser
Columbia: Mark Stockman
Cornell:
Albert Einstein: Vernon Daly
Mount Sinai:
NY Med. Coll.: George G. Doykos
NYU: Barry Sussman
U. of Rochester: Bartholomew Hobson
SUNY-Buffalo:
SUNY-Downstate: Gordon W. Josephson
*SUNY-Stony Brook: Todd Swick
SUNY-Upstate: David Osser

NORTH CAROLINA

Bowman Gray: J. Laurence Ransom
Duke: William T. Hardaker
U. of North Carolina: Robert Walther

NORTH DAKOTA

U. of North Dakota: William F. Sausker

OHIO

Case Western Reserve: Daniel L. Pearson
U. of Cincinnati: S. Jeffrey Ackerman
*Med. Coll. of Ohio: Alan Shields
Ohio State U.:

OKLAHOMA

U. of Oklahoma: Harold Stewart

OREGON

U. of Oregon: Richard M. Farleigh

PENNSYLVANIA

Hahnemann:
Jefferson Med. Coll.: Mark D. Widome
Med. Coll. of Pa.: Barbara S. Costin
U. of Pennsylvania: Christopher W. Goff
Penn State, Hershey:
U. of Pittsburgh: Leslie Levy
Temple U.: Larry Wellikson

RHODE ISLAND

Brown: John A. Horneff

SOUTH CAROLINA

Med. U. of South Carolina: Hugh H. Macauley

SOUTH DAKOTA

U. of South Dakota:

TENNESSEE

Meharry: William Terrell, Jr.
U. of Tennessee: Melvin L. Blevins
Vanderbilt: James B. Haynes, Jr.

TEXAS

Baylor: Carey Windler

U. of Texas, Galveston: Tom Hancher

*U. of Texas, Houston: Kenneth C. Love

U. of Texas, San Antonio: Larry Holly

U. of Texas, Southwestern: Steven A. Davis

*Texas Tech:

UTAH

U. of Utah: David J. Green

VERMONT

U. of Vermont: Betty Jo Morwood

VIRGINIA

Med. Coll. of Virginia: Boyd Myers

U. of Virginia: C. A. Castle

*Eastern Virginia:

WASHINGTON

U. of Washington: Peter M. Sherris

WEST VIRGINIA

West Virginia U.: David Porter

WISCONSIN

Med. Coll. of Wisconsin: Mark Cannon

U. of Wisconsin: Jan Weber

PUERTO RICO

U. of Puerto Rico: Juan R. Iturregui-Pagan

RECEIVED MAY 25 1972

THE UNIVERSITY OF MICHIGAN
MEDICAL SCHOOL
ANN ARBOR, MICHIGAN 48104

OFFICE OF THE DEAN

May 23, 1972

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

Dear Doctor Cooper:

I write about a very serious matter which I believe will test the problem-solving ability of the current organization of the Association of American Medical Colleges.

As you are aware, following the chaos involved with intern placement after World War II, the Matching Plan was established. It has been highly successful from the standpoint of both medical students and program directors in bridging the transition from medical school to internship. Residency selection, on the other hand, has been handled in the old fashion, with some attempts towards matching and more towards uniform acceptance dates.

The gradual elimination of the internship have brought these two procedures into conflict. The Medical Schools, probably as best represented in your organization by the Council of Deans, feel that maintenance of the Matching Program for the transition from medical school to the first year of graduate education is essential. Program directors, probably best represented in your organization by the Council of Academic Societies and the Council of Teaching Hospitals, seem to feel that the maintenance of the previous residency selection method is appropriate, with the elimination of the internship an unimportant and irrelevant recent change.

Last year, as I hope you are aware, the National Intern and Resident Matching Program insisted that academic medical centers decide to participate or not participate in the Matching Program as single units. In other words, individual program directors within universities did not have the option of being in or out. Unfortunately, a number of institutions, to put it simply, cheated, especially in one discipline. This made the situation intolerable for program directors in the same discipline in universities who had maintained the schedule of the Matching Program, and brought further pressure upon program directors in other disciplines.

The lines of battle are already drawn for this coming year. Program directors within universities, especially in Psychiatry, are soliciting applications from current third year medical students right now, in May. The students will, in one month, sign a statement that if they participate in the Matching Program they will not deal with programs outside the Matching Plan. The students are in an impossible bind. The situation cannot be resolved by unilateral pronouncements from either one academic society

May 23, 1972

Dr. John Cooper

-2-

or the Board of Directors of the National Intern and Resident Matching Program. It should not be resolved by a perpetuation of the unethical behavior of last year. It should not be resolved by student affairs officers in the medical schools penalizing their own students if they attempt to hold the line, if other student affairs officers do not do the same. It can be resolved if the Council of Academic Societies and the Council of Teaching Hospitals get together with the Council of Deans so that mutual understanding can occur.

I believe the current serious problem offers a marvelous opportunity for the Association of American Medical Colleges to demonstrate that its current structure will facilitate the resolution of this sort of difficulty.

There are many others in the nation who share my feeling upon whom you may wish to call. I would be personally pleased to be available to elucidate the matter further if you think it necessary.

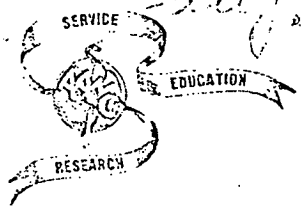
Sincerely,



Robert A. Green, M.D.
Associate Dean for Student Affairs

RAG/jet

bcc: Dr. John A. Gronvall
Dr. Roy Jarecky ✓
Dr. Joseph Ceithaml
Dr. Davis Johnson
Dr. August Swanson



copy from original to - name please
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
5/19/72

INTER-OFFICE MEMO

Retain - 6 mos.	<input type="checkbox"/>
1 yr.	<input type="checkbox"/>
5 yrs.	<input type="checkbox"/>
Permanently	<input type="checkbox"/>
Follow-up Date	<input type="checkbox"/>

DATE May 8, 1972

TO: Dr. Swanson

FROM: Dr. Johnson

SUBJECT: Central GSA Recommendation Concerning NIRMP

This is to inform you that the Central GSA, at its regional meeting on May 5, 1972, unanimously approved another strong recommendation to the NIRMP concerning the "all or none principle." (See attachment.)

As you will note, the attached recommendation not only reconfirms the action they took a year ago (noted at middle of attachment) but also singles out Psychiatry as the one specialty that was most conspicuous in abusing NIRMP guidelines during the past year.

Although this recommendation will be transmitted directly by Joe Ceithaml to the NIRMP Board of Directors meeting of May 23, it was also suggested by the Central GSA that it might also be conveyed to the AAMC Executive Council for consideration at its meeting of May 19. It was the hope of this regional group that the Executive Council might want to endorse this recommendation and might have constructive suggestions as to how the "all or none principle" might be more fully enforced.

If you desire any further background concerning this recommendation, please don't hesitate to call on either Jim Erdmann or me since both of us were in attendance at the session where this action was taken.

Your help in having this topic considered as a possible agenda item for the Executive Council meeting will be appreciated.

DGJ/sg

Attachments

- 1) Recommendation
- 2) March 20 Memo from American Board of Psychiatry and Neurology
- 3) Dr. Ceithaml's response to memo

COPIES TO: (with attachment no. 1) Drs. Ceithaml, Colwill, Cooper, Erdmann and Jarecky; Mr. Waldman

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May 5, 1972 Recommendation to the NIRMP Board of Directors
from the Central Regional Group on Student Affairs (GSA)

In the interest of the applicants to the NIRMP, it is recommended that the "all or none principle" be reconfirmed for 1973 and that hospitals and Medical Centers be notified that their continued participation in the NIRMP requires adherence to the NIRMP guidelines. One of these guidelines specifies that if an institution offers any of its first year clinical appointments (internships or first year residencies) to medical students, it may not offer any such appointments to any medical students (with the exception of married couples) outside the NIRMP prior to the announcements of the NIRMP results.

Psychiatry as a specialty was conspicuous in 1972 in abusing the NIRMP guidelines. Students quickly became aware of this as did the Associate Deans in charge of Student Affairs at many of the medical schools. Thus unfortunately, the activities of a relatively small number of Directors of Psychiatry Residency Programs cast a poor reflection on the entire specialty. It is the responsibility of every hospital and Medical Center as a corporate body which wishes to participate in the NIRMP to make certain that every clinical unit at that institution, including Psychiatry, offering first year appointments to medical students, adheres to the NIRMP guidelines. Failure to do so will result in the loss of the privilege to participate in the NIRMP by the entire corporate body.

May 8, 1971 Recommendation to NIRMP from Central GSA

According to the minutes of this GSA meeting, "It was moved and seconded that the Mid-West - Great Plains GSA urge the NIRMP Board of Directors to resist very strongly the option of hospital program directors deciding whether or not they will participate in the NIRMP. A teaching hospital should participate in NIRMP on an all or nothing basis. The motion carried with only one opposing vote. The students attending the meeting were unanimously in favor of this motion. Dr. Jack Caughey, Jr., recommended that this issue should be placed on the agenda of the Council of Deans."

May 20, 1971 Action by Council of Deans

According to the minutes of this COD meeting, "The future of the National Internship and Residency Matching Program--NIRMP--was the topic of discussion and concern to the GSA which requested COD support for its position. As a consequence the following motion was adopted:

Every medical student deserves all of the advantages inherent in the National Internship and Resident Matching Program. In order to assure them this advantage, the first hospital based graduate training appointment after the awarding of the M.D. degree should be through the National Internship and Resident Matching Program."

XIV. House Staff Meeting

Dr. Warren had a copy of the program of the House Staff meeting recently held in St. Louis. AAMC sent Dr. Richard Knapp to this meeting. Although Dr. Cooper's name was listed in the program as a sponsor, AAMC did not sponsor the meeting. AAMC has a joint committee of its Councils appointed to deal with the implications of this faction's current direction.

XV. Matching Program

There is a movement afoot to abolish the matching program. Students are very much in favor of the matching program.

ACTION: The motion was made (Longmire), duly seconded, and unanimously passed that the Administrative Board go on record as supporting continuation of the matching program for graduating medical students for all disciplines.

Dr. Swanson was asked to communicate this action to all CAS members and to the National Intern and Residency Matching Program.

XVI. Future meetings

The next meeting of the CAS Administrative Board will be held in Chicago on June 4.

At this time, no meeting of the CAS Administrative Board is planned in conjunction with the AAMC Annual Meeting in Washington, October 28 - November 1, 1971.

NOTE: Board members who will be absent for extended periods are: Dr. Weil, August 15, 1971 - January 1, 1972; and Dr. Welt, who begins a one-year sabbatical July 1, 1971, at Oxford.

XVII. Adjournment

The meeting was adjourned at 4:00 p.m.

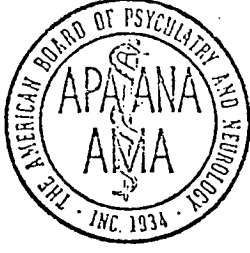
4/14/71
MHL/sl

MAR 30 1972

American Board of Psychiatry and Neurology, Inc.

March 20, 1972

RECEIVED DIRECT
MAR 22 1972
CHICAGO MEDICAL SCHOOL
OFFICE OF THE DEAN



TO: All Deans of Medical Schools
All Student Advisors

Gentlemen:

We are of the opinion that confusion exists amongst medical students regarding residencies in neurology and psychiatry for first-year graduate training, in view of the National Intern and Resident Matching Program policies. We ask you to bring to the attention of medical students interested in residencies in neurology and psychiatry the following: it is appropriate for the medical student to apply and be accepted for such a residency without registering with the National Intern and Resident Matching Program.

While some institutions may place a certain number of their total positions in the National Intern and Resident Matching Program, it should be remembered that other positions in these same programs will be entered without reference to the National Intern and Resident Matching Program. Some institutions, including free standing psychiatric and neurological institutions, and some medical centers will not attempt any National Intern and Resident Matching Program. Please bring to your potential resident applicants in both neurology and psychiatry these opportunities.

I would be happy to communicate further with you regarding this matter.

Sincerely,

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY, INC.

Shervert H. Frazier

Shervert H. Frazier, M.D.
President

SHF:dgs

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New York, New York

Please Address
All Communications to

Executive
Secretary-Treasurer
Russell N. DeJong, M.D.
1603 Orrington Avenue
Suite 490
Evanston, Illinois 60201
(312) 864-0830

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APR - 4 1972

THE UNIVERSITY OF CHICAGO
THE DIVISION OF THE BIOLOGICAL SCIENCES
AND
THE PRITZKER SCHOOL OF MEDICINE
950 EAST 59TH STREET • CHICAGO, ILLINOIS 60637

Office of the Dean of Students

March 31, 1972

MUSEUM 4-6110

EXT. 6488

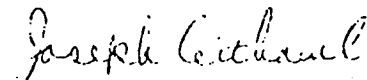
Dr. Shervert H. Frazier
President
American Board of Psychiatry and
Neurology, Inc.
722 W. 168th Street
New York, New York 10032

Dear Dr. Frazier:

As the Dean of Students at the University of Chicago Pritzker School of Medicine I am directly involved in student counseling regarding internships. Moreover, as a member of the Board of Directors of NIRMP I am aware of the NIRMP guidelines. Recently I received two copies of your letter of March 20 addressed to Deans of Medical Schools and Student Advisors. I have enclosed one of these copies with a notation written in the margin. You are perfectly correct in your understanding that a hospital or medical center need not participate in the NIRMP and still offer internships to graduating medical students. On the other hand, I do believe your first paragraph of your March 20 letter is most misleading since you did not indicate that it was appropriate for medical students to apply for such first year appointments outside of the NIRMP only if the hospital or medical center offering that first year appointment is not participating in any way in the NIRMP. All hospitals and medical centers were notified clearly and unequivocally that if the institution were to offer any internships or first year post doctoral training appointments to graduating medical students, then that institution could not make any such appointments outside of the NIRMP.

Fortunately the Student Advisors in the medical schools throughout the United States are fully aware of the NIRMP guidelines, and consequently, I do not believe that your letter of March 20 will confuse them. It is unfortunate however, that your letter of March 20 which was designed by you to clarify the situation does not have that effect. Let's hope that by next year's internship and residency competition these issues will have been resolved.

Sincerely yours,



Joseph Ceithaml
Dean of Students
Biological Sciences

JC:ems
Enc.

DISCONTINUATION OF THE FEBRUARY MEETING

At its meeting in June 1971, the Executive Council directed the AAMC staff to "explore moving the February meeting to a suitable location in March as soon as possible." An announcement was made at the October meeting of the Assembly that the AAMC would not continue to meet in conjunction with the AMA Congress on Medical Education after our commitment was fulfilled in February 1972.

Several factors precipitated this proposed change. The February date followed too closely after the Annual Meeting (three months), and past history proved that little or no business required Assembly action in February. In addition, members felt that the combined meeting of the AAMC and the AMA Congress required them to be away from their schools for too long a period of time.

The AAMC staff has discussed the possibility of a "March meeting." It was felt that the semi-annual Assembly meeting was not necessary, in view of the lack of business considered and past difficulty in maintaining a quorum. The Association Bylaws only require one Assembly meeting per year, with any additional meetings considered to be "special meetings."

The staff also felt that the individual Councils should not be constrained to meet in a central place. Councils would be free to schedule Spring meetings much in the manner that the COD scheduled its April retreat. Meetings could be arranged and coordinated independently. (Joint meetings could be similarly arranged.)

In addition, it was felt that the Executive Council should continue to meet four times annually, with the intervals between meetings more even in length.

RECOMMENDATION

1. that the Assembly discontinue its semi-annual meeting, and meet once a year at the Annual Meeting; a special meeting of the Assembly may be called (as specified in the AAMC Bylaws) should the need be determined;
2. that the Councils (and OSR) work with staff in planning Spring meetings at a date and place of their choice;
3. that the Executive Council meet on the following dates during the coming year:

December 15, 1972
March 16, 1973
June 22, 1973
September 14, 1973