OSR Administrative Board Meeting
September 7, 1973
1776 Massachusetts Avenue
First Floor Conference Room
Washington, D.C.
9:00 A.M. - 4:00 P.M.

A G E N D A

1. Annual Meeting Plans - Kevin Soden

    a. Agenda for Business Meeting
    b. Small Group Discussion
    c. Regional Meetings

2. Rules and Regulations Reforms

    a. Establishment of Vice Chairman - Kevin Soden
    b. Inclusion of Representatives-at-Large on Administrative Board - Kevin Soden
    c. Resolution for More Rapid Action on OSR Items - Mark Cannon

3. OSR Role in MCAAP - Mark Cannon and Pat Connel

4. Interaction with SAMA - Kevin Soden

5. Reports

    a. Legal Status of NIRMP Proposal - Bob Boerner
    b. Letter on Financial Aid Cutbacks - Kevin Soden
    c. Administrative Functions of Medical Students - Elliott Ray
    d. Guidelines for Regional Meetings - Dan Pearson
    e. Duties of the Secretary - Kevin Soden
    f. Term of Office of OSR Members - Kevin Soden
    g. Release of Student Information - Bob Boerner
    h. Executive Council Action on Consideration of Resolutions - Bob Boerner
    i. OSR Resolutions - Bob Boerner

RJB/vre

Association of American Medical Colleges

ORGANIZATION OF STUDENT REPRESENTATIVES

MINUTES OF
ADMINISTRATIVE BOARD MEETING

June 8, 1973
AAMC Headquarters - Washington, D.C.

1. Call to Order

The meeting was called to order by the Chairman, Kevin Soden, at 9:15 am

2. Roll Call

PRESENT: Chairman - Kevin Soden
Secretary - Jan Weber
Regional Representatives - Patrick Connell (Western), Daniel Pearson (Central),
Representatives-at-Large - Robert Kohn, C. Elliott Ray
AAMC Staff Participants - James Angel, Michael Ball, Waltraut Dube, Suzanne Dulcan, Joseph Keyes, Robert Thompson, Bart Waldman

ABSENT: Robert Amrhein (Northeast)
H. Jay Hassell (Southern)
Chairman-Elect - Alvin Strelnick
Representative-at-Large - George Woods

3. Reorganization of AAMC Division of Student Affairs and Academic Information

Dr. Thompson explained that in the reogranization of the AAMC, the Division of Student Programs and Services will have responsibility for assistance to the OSR. Mr. Robert Boerner will be the primary liaison person with Suzanne Dulcan retaining her interest in the OSR. He further explained that the Division is now organized into three basic areas. The OSR falls under Student Programs with Mr. Boerner as Associate Director. Also under this heading are the GSA, Financial Aid, and Transfers from Two Year to Four Year Schools. Dario Prieto heads the area of minority programs, and Dr. Thompson announced that there will be a national conference on Indian Health Affairs in the near future. The section of Student Services is headed by Gerald Kurtz. His responsibilities are the AMCAS program, the COTRANS program and the maintenance of student records. Suzanne Dulcan has responsibility for the AAHP, the Robert Wood Johnson Student Aid Program, and Division workshops and meetings. It was explained that Dr. Johnson, previously Director of the Division of Student Affairs, is now Director of the Division of Student Studies. The OSR was encouraged to propose studies that might be beneficial which could be undertaken by the AAMC. The question of having full-time staff for OSR was proposed, and Dr. Thompson assured us that when the OSR is able to provide enough work for a full-time staff person, there would probably be no difficulty seeing that staff was available.

4. National and Regional Issues

A. Regional Meetings - Reports from the regional representatives present were received, and it was agreed that the meetings generally went well with the students providing input at both OSR meetings, and GSA meetings. Central Representative, Dan Pearson, reported good attendance at the Central meeting with 15 - 20 medical schools represented. Patrick Connell reported that there were a significant number of absences at the Western meeting which he suggested may be due to poor productivity at the Regional meeting last year. Elliott Ray reported that the Southern meeting had 11 of 21 schools represented. He based this low figure on the fact that notices were not sent out in time. There was some question in the Southern region of the overlap of OSR and SAMA. Dan Pearson was asked to prepare a cookbook for running regional meetings to be distributed to regional representatives in the future.

B. DIME Education Program and International Health for Students of Medicine - The program of fellowships and International Health which is offered through the AAMC was explained. It was stated that there is a desire to expand this program. Suggestions were made that a handbook of foreign experiences be published for distribution to medical students. It was decided that since many of the programs that students participated in are individually arranged, it would probably be more appropriate for students interested in these programs to contact the International Health Liaison Officers at their individual schools.

C. Admissions Crisis - The four-stage plan to help alleviate the admissions crisis was explained and discussed. The program is now in effect at a large number of schools due to input from both the GSA and OSR at their regional meetings. Apropo of this discussion the Administrative Board approved the following resolution to be sent to the Executive Council of the AAMC and to the Assembly:
Resolution on Availability of Admission Data (attached)

Dr. Thompson explained that information on the fate of each applicant would soon be available to the pre-medical advisors for assistance in determining the type of program their future advisees might be best qualified for. The Board then approved the following resolution:

Resolved: The AAMC should encourage and assist undergraduate colleges and universities in gathering and disseminating information to their pre-medical students regarding the qualifications and results of the applicants to medical schools from their preceeding classes of pre-medical students.

D. Senior Electives - The possibility of developing and exchanging senior electives catalogs for all medical schools was discussed briefly. It was pointed out that there is a possibility that the AAMC may in the near future be able to identify openings for students from other schools through the use of its computer facilities.

E. Medical Student Financial Aid - Ramifications of the cutbacks in state and federal financial resources available to students were discussed. It was determined that a statement of our concern addressed to the appropriate committees of individual state legislatures was in order. The Chairman was asked to write this letter. He was further directed to include in this letter a statement of our concern for the decrease in funding of residency and fellowship programs. This letter is also to be directed to State Medical Societies and their concerned organization with copies to SAMA and SNMA.

F. Administrative Practices - The possibility of having each OSR representative prepare a listing of all administrative functions that students perform in their medical schools was considered. Elliott Ray was asked to follow up on this matter and coordinate our efforts with those of the GSA regarding this issue.

G. Orientation of New Members - The need for dissemination of a packet of information to new OSR members was expressed. This package would include such documents as the OSR rules and regulations, statements of policy from the OSR meetings and general information regarding the AAMC. Mr. Joe Keyes suggested that the information packet be very similiar to that which is distributed to the deans of new schools which joined the AAMC. Suzanne Dulcan noted that in August mailings are sent to OSR representatives and to the deans of medical schools reminding them to make the selection of the new OSR representative well before the November meeting. She stated that putting these new representatives on the mailing list early assures that they will receive the new information well in advance. Kevin Soden pointed out that it should be the job of the regional representatives to make sure that each school in his area is represented.

H. Proposed Changes in OSR Rules and Regulations -

(1) Abolition of the Office of Chairman Elect - It was generally agreed that the office of Chairman Elect should be abolished. This would require the re-wording of the bylaws in several sections. Chairman Kevin Soden agreed to draft the appropriate amendments. These are to be submitted to the general membership 30 days before the national meeting to comply with the bylaws. The amendment is to abolish the position of Chairman Elect and establish the position of Vice-Chairman who does not necessarily succeed as Chairman the following year. The amendment is also to include the fact that the Chairman must have been a member of the Administrative Board of the OSR in the year prior to his election as Chairman.

(2) Official inclusion of the OSR Representatives-at-Large on the Administrative Board - At present the bylaws are worded such that Representatives-at-Large are not official members of Administrative Board. A change in the bylaws will be proposed as written by the Chairman to include these persons as members of the official Administrative Board.

I. Monitoring of the NIRMP - Two resolutions on the role of the OSR in the reporting of violations of the NIRMP were received by the Administrative Board. One from the southern region and on from the central region of the OSR. These two resolutions were combined to form the attached resolution on the NIRMP which was approved by the Administrative Board and sent to the Executive Council of the AAMC, for consideration by the Assembly. Elliott Ray and Jan Weber were appointed to serve as Co-Chairman of the Ad HOC Committee on the NIRMP. Jan Weber reported that he was selected to serve as a member of the NIRMP Board of Directors for a period of three years.

5. Biomedical Research

Dr. Ball expressed his disappointment at the small number of questionnaires returned to him after being distributed by the OSR Representatives in a number of schools. The logistical problems that students encountered in distribution of these questionnaires were explained. It was agreed that the situation would be rectified for surveys of this sort in the future.

6. MCAAP

As a result of the discussion with Mr. Angel regarding the MCAAP, two resolutions were approved by the OSR Administrative Board:

Resolved: That there be established a Planning Committee to determine the activities of the MCAAP Task Force and that this Committee have among its members two representatives of the OSR chosen by the OSR Administrative Board.

The two representatives for this Committee chosen were Mark Cannon (Medical College of Wisconsin) and Pat Connell (University of Arizona).

Resolved: That in the development of guidelines for the Advisory Committee for the MCAAP, OSR representatives constitute a percentage of the membership equal to that of the GSA or the GME, whichever is greater.

7. AAMC Division of Student Studies

Mrs. Dube of the Division of Student Studies explained briefly the vast number of projects on which this Division is currently working.

8. Annual Meeting

This years Annual Meeting of the AAMC will be held in Washington, D.C. from Sunday, November 4th through Friday, November 9th. The OSR will begin some of its functions on Saturday, November 3rd in order to allow for the completion of the business to be introduced as resolutions to the AAMC Assembly. This scheduling is also necessary to decrease the number of conflicts between OSR and AAMC functions. The final schedule

for OSR functions will be distributed at a later date and will include a number of small group discussions, primarily on Sunday, November 4th which will concern matters such as financial aid, the admissions crisis, maldistribution of physicians, student involvement, and communications between student organizations. It was agreed that a manual of parliamentary procedures be distributed to all members and that time limits be placed on the discussion of each topic to assure that the meetings proceed on schedule. Finally the Board considered the attached resolution submitted by Mark Cannon entitled "Resolution for More Rapid Action on OSR Items". It was agreed that the resolution should be expressed in more absolute terms.

9. Adjournment

The meeting was adjourned at 4:00 pm

Respectfully submitted,

Jan R. Weber

Jan R. Weber
Secretary

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

MEMORANDUM

TO: Members of the Administrative Board

FROM: Jan R. Weber, Secretary

SUBJECT: OSR REPRESENTATION ON THE NIRMP BOARD OF DIRECTORS

I attended a meeting of the NIRMP Board of Directors in Chicago on July 27th. I brought up the question of whether I was to be considered as the OSR Representative to the NIRMP Board as we outlined in our resolution on the NIRMP at our last meeting. As you may recall, the NIRMP Board has three student members. In the past two of them have been Representatives-at-Large and one has been chosen by SAMA. The NIRMP Board voted at their most recent meeting to change this arrangement to one Representative-at-Large, one chosen from the OSR, and one from SAMA.

We discussed at the meeting whether I was to be considered the OSR Representative to the NIRMP Board by virtue of my involvement with the OSR or whether the OSR was to select a representative, in which case I would be considered to be the Representative-at-Large. I was informed by the Board that I was the OSR Representative and that the next opportunity for the OSR to select a representative would be at the end of my term of office in three years. The rationale behind this decision was that having another OSR Representative on the Committee might give the Board a slanted view of student opinion because of my allegiance to the OSR. I protested and introduced a motion to allow the OSR to select a representative at the Annual Meeting in November whose term would begin in July. Except for my vote the motion was unaminously defeated, and Dr. Cooper, President of the AAMC, who was present suggested that I let the matter drop.

Therefore, if the OSR approves, I will serve as the OSR Representative to the NIRMP Board of Directors for the next three years. I realize that it is unfortunate that the Administrative Board or the general membership did not really have much input into this decision, but the NIRMP Board has pretty much made up its mind on this matter. I am sure that I will be able to do an adequate job serving as the liaison to the OSR after my graduation from medical school. I sincerely hope that this is acceptable to the members of the Board.

. . . 2

It is of interest that the NIRMP Board hired a corporation from Toronto to review its operations and to revise its computer programming in the hope of making this system more efficient and with the ultimate objective of moving up the notification date for internship assignment as much as a month. It may happen this year.

I am looking forward to seeing all of you this fall. Keep in touch.

RESOLUTION ON THE NIRMP

1. The role of the AAMC Organization of Student Representatives in relation to the NIRMP should be mainly one of channeling student reports of non-compliance to a committee established to review such problems by the dean of each medical school.

2. The membership of this committee shall include at least:
   A. the school's OSR Representative
   B. the Dean of Student Affairs or a representative of the Office of the Dean.
   C. one clinical faculty member to be appointed by the Dean.

3. When the NIRMP is explained to the rising seniors, the importance of working within established procedures should be stressed to them by this committee. Students shall be asked to report to any member of this committee evidence of any first-year graduate program trying to seek contract agreements outside of the NIRMP arrangement for matching.

4. A brief form for reporting NIRMP code violations will be included in the AMA directory of approved internships and residencies, included in the informational material distributed by the NIRMP, and available in the Office of the Dean of each medical school.

5. The committee shall (a) guarantee anonymity to complaining students and (b) be responsible for securing all pertinent data regarding the alleged violation. Any committee member may request a meeting of the committee to determine whether data submitted merits follow-up. If it is agreed that violations exist and that the program in question does not intend to abide by its contract agreements, the committee will (a) advise the Dean and (b) report the violation to the OSR National NIRMP Monitor.

6. The OSR Monitor shall send a report of such violations to the NIRMP Board of Directors and to the AAMC Executive Council. This report shall state only that X number of various types of violations have been reported concerning Institution Y, Department Z. The Monitor will request that the NIRMP Board acknowledge receipt of such reports and advise him that appropriate action will be taken. It shall then be up to the NIRMP to take prompt, appropriate action or to see that the AAMC Executive Council takes prompt, appropriate action.

7. If the National Monitor has reason to believe that appropriate action on a reported violation is not being taken by NIRMP, the Monitor may at his discretion resubmit the report in question to the NIRMP Board of Directors, indicating that this is a second notice.

8. The National Monitor shall determine, by the time of the AAMC annual meeting, whether (a) all reports of violations forwarded to the NIRMP Board of Directors and AAMC Executive Committee have been received, and (b) the NIRMP has taken action on them. The Monitor shall report these results at the OSR annual meeting.

9. The OSR National Monitor shall be selected by a majority vote of the OSR Administrative Board every three years and shall also serve as a member of the NIRMP Board of Directors. The Monitor shall hold these offices for three years, beginnign the July 1st following his or her selection, and must be a member of the Junior Class when selected.

10. This procedure shall be reviewed by the OSR on a yearly basis.

* * *

POSSIBLE REVISION OF THE OSR RESOLUTION ON THE NIRMP

(1) The role of the AAMC Organization of Student Representatives and Group on Student Affairs in assisting in the maintenance of the NIRMP should be mainly one of channeling student reports of non-compliance to a committee established to review such problems by the dean of each medical school.

(2) The membership of this committee shall include a representative of the OSR and of the GSA as well as any other members appointed by the dean.

(3) When the NIRMP is explained to the rising seniors, the importance of working within established procedures should be stressed to them by this committee. Students shall be asked to report to any member of this committee evidence of any internship or first-year graduate program trying to seek contract agreements outside of the established arrangement for matching.

(4) The committee shall secure all pertinent information on each complaint and shall communicate this information in writing (via certified mail, return receipt requested) to the program director at the hospital involved. This communication should include a request for a formal response from the program director within a reasonable length of time (2 - 3 weeks).

(5) If no response, or an unsatisfactory response, is received within the specified time, the committee shall forward a copy of the complaint to each member of the NIRMP Board of Directors, to the administrator of the hospital involved, and to the program director, with a cover letter describing the status of the complaint.

(6) For the legal protection of all parties involved, no attempts to disseminate information on reported violations shall be made other than those outlined in these procedures.

RESOLUTION ON AVAILABILITY OF ADMISSIONS DATA

Many U.S. medical schools have the problem of receiving more applications for admission than they can realistically consider. One major cause of this problem is the fact that applicants have little idea about how to assess their chances for admission at any given school, and therefore, feel that they serve themselves best by submitting applications to as many schools as possible within human and financial limitations. We feel that if applicants had access to some detailed data on the members admitted to the first term class at each school, they would be able to make better decisions regarding the schools which should be eliminated from their consideration. There would be fewer students applying to schools at which they have virtually no chance for admission. This reduction in applications would benefit medical schools as well as applicants.

We concur in the unanimous recommendation of the GSA Committee on Relations with Colleges and Applicants (November 2, 1972) that medical schools make such admissions data available for publication by the AAMC.

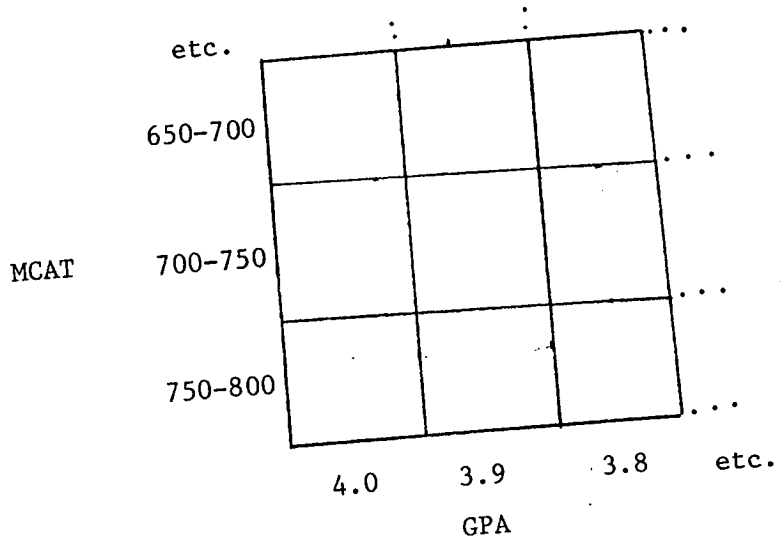
BE IT RESOLVED that the AAMC annually request its member schools to submit information on grade-point averages, MCAT scores, college majors, sex, and minority group composition of the students in as recent a freshman class as possible, this information to be included in each year's edition of Medical School Admission Requirements. Where appropriate, schools should also be urged to submit data on any other variables (e.g. age, state of residence) that they feel would assist applicants in deciding whether or not to apply for admission, and should also be urged to stress the importance of non-cognitive factors.

We further recommend that medical school admissions officers be urged to present their GPA and MCAT data in one of a number of "sample standard formats" to be suggested by the AAMC. We recommend consideration of formats such as the following:

(a) State the mean GPA and mean score on each of the four sections of the MCAT, as well as the range in each of these five categories. (Alternatively, schools may give median scores rather than means, and/or 10th and 90th percentile figures rather than the entire range.)

(b) Submit a "grid" providing class data on both GPA and MCAT, similar to the grids made available by many law schools. (See example on next page.)

For each combination of GPA and MCAT (i.e. in each box), there would appear: (1) the number of freshman medical students having these scores, and (2) the total number of applicants for that freshman class having these scores. Individual schools would have the option of using in this grid any combination of MCAT scores that they consider most relevant (e.g., science score only, or science + math score, or total MCAT score, etc.).



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RESOLUTION FOR MORE RAPID ACTION ON OSR ITEMS

One very frustrating mechanism of the OSR's operation consists in the present necessity that when an issue is brough before the OSR, it can not be acted upon until the entire group meets at the time of the annual AAMC convention. Then, if the OSR passes a resolution or statement on the issue and wishes to present this to the AAMC Council of Deans, it must wait until the next year's AAMC convention. Thus, there may be almost a two-year time lapse from the time an issue is brought to the general attention of the OSR to the time that it is considered by the Council of Deans. During these two years, there would certainly be a great turnover of OSR representatives. The entire situation minimizes the incentive for OSR representatives to make active contributions to the workings of the group, and is a source of great frustration to those who <u>are</u> very active.

BE IT RESOLVED that the OSR's Rules and Regulations be amended to provide mechanisms for more rapid action on OSR items. One scheme that deserves particular consideration is the following: Any item that is approved, in identical form, by at least three out of the four OSR regions at the official regional meetings in the spring of the same year, automatically and immediately is considered to have been passed by the OSR, and may be presented as an official OSR resolution or statement at that year's AAMC convention. Such passed resolutions would be required to be reviewed by the entire OSR at the annual meeting, and, if desired, may then be revised or withdrawn.

This mechanism would eliminate a full year from the time lapse inherent under the present procedures.

Mark Cannon
Medical College of Wisconsin

(passed by Central Region of OSR)

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

M E M O R A N D U M

TO: Mrs. Suzanne Dulcan

FROM: Greg Fawcett, Ph.D.
Executive Secretary
Data Development Liaison Committee

Greg.

SUBJECT: Release of Student Information

DATE: August 21, 1973

At their last meeting, the Data Development Liaison Committee suggested that OSR address themselves to the following question relative to the release of AAMC data:

> Should the names of individual medical students and the medical school they have or are currently attending be identified as public information.

A discussion of this topic relative to the currently proposed AAMC Policy for Release of Information is enclosed including the AAMC's recommendation for OSR approval, and accompanied by a Draft Policy for release of AAMC information.

I'm not certain as to the mechanics for carrying these questions to the OSR, but it was suggested that this might be an item for the annual meeting. Could you advise me on the appropriate procedure for implementing this request.

GF/jsj

DRAFT POLICY FOR RELEASE OF AAMC INFORMATION

It is the responsibility of the AAMC to make information on American medical education available to the public to the greatest extent possible, subject to limitations imposed by the sources of the data collected.

Data collected by the Association will be owned and maintained by the Association for the benefit of medical education.

Data in the possession of the Association will be classified according to permitted access, using the following categories:

I. Unrestricted--may be made available to the general public.

II. Restricted

Association confidential--may be made available to member institutions and other qualified institutions and organizations subject to the discretion of the President.

III. Confidential

A. Institutional

Sensitive data about individual institutions generally available only to staff of the Association.

B. Personal

Sensitive data about individual persons to be used only by the staff of the Association and, where appropriate, by the institutional members to whom the person has submitted the data.

Classification will be guided by a group of individuals broadly representative of the Association's constituency.

Data made public by the individual person or individual institution (as in the case of school catalogs, Who's Who, and news released to the press), will be classified as unrestricted.

The Association will always be willing to disclose to the individual institution or individual person any data supplied by that institution or person.

When confidential or restricted data is aggregated, it generally becomes less sensitive. Thus, data related to groups of individuals or groups of institutions might be less restricted than the same data elements related to individuals.

In those cases where, as a result of collection by another organization, data is owned wholly or in part by the other organization, the data would be classified in one of the above categories so far as the AAMC is concerned, but additional restrictions imposed by the other organization may also be necessary.

Data on individual institutions can be provided to eminent scholars or institutions known to the Association, when their purposes are worthy and their bona fides is not in question, and when assurances are given than any resulting publication will adhere to Association policies

restricting publication where individual institutions are identified. Procedural safeguards will be established on the advice of a group of individuals broadly representative of the AAMC constituency.

The intended classification of each element of data will be identified on the data collection instrument itself, so that the respondent will know what will be done with the information provided. It is recognized that a general decision to identify an item as public or restricted, even though it represents a consensus of the constituency, may still lead some individuals to refuse to supply the data.

February 27, 1973

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

Discussion Paper Regarding Confidentiality of Student Information

The AAMC is currently reviewing all of its policies regarding release of information, with the intention of making information on American Medical Education available to the public, subject to limitations imposed by the sources of the data collected. A draft policy for the release of AAMC information is attached.

The Association collects a great deal of information about medical school applicants and medical students, as a part of the administration of the Medical Colleges Admission Test and the operation of the AMCAS system. These data are used by the staff of the Association to study and analyze the student and applicant pools for the benefit of medical education. In addition, of course, the applicant data is supplied to schools designated by the student as a part of the applications process. Finally, the names and schools of those applicants who receive one or more acceptances are distributed to all schools participating in AMCAS in an attempt to limit the harmful effects of multiple acceptances.

The Association has traditionally refused to divulge any information about individual students to outsiders, out of respect for the privacy of the students involved. At present, we are considering whether some relaxation of this policy would not be in the interest of medical education and of the students themselves.

The fact of matriculation of a given student at a given medical school is a matter which is not ordinarily considered to be confidential. There are often announcements in home town newspapers, the medical student is rarely introduced without an indication of his school affiliation, and the name may even be published in a student directory. Should not the Association consider the names and schools of matriculated students to be public information? Such a decision would make possible in principle the publication of a kind of directory of American medical students. While the Association has no plan to publish such a directory, the public availability of the information would make it much easier for us to deal with some very reasonable requests from outside agencies.

We recently had a request from SAMA for a list of medical students to be used to solicit membership and subscriptions. We felt that many students would welcome these materials, but we had to turn them down under our present policy.

The Educational Testing Service is trying to complete a study of "cognitive style" which involves a number of students in a longitudinal study. ETS wanted us to say which of approximately 75 students were currently in medical school, and they wanted us to give them the name of the medical school for each person. The students in question had volunteered to participate

in the study a number of years ago, although they had not previously given consent for the AAMC to supply data. Under our present policy, we felt that we had to refuse this request as well.

The problem at hand is that of ascertaining the importance of pros and cons relative to releasing as public information the names of individual medical students by the medical school they attend. As mentioned previously the release of such information would expedite research in medical education without invading the individual's privacy guaranteed in the AMCAS and MCAT operations. Furthermore no other identifying information such as social security number would be released which might link individuals to other data banks outside the AAMC. For the purpose of research, releasing only names of individuals in this fashion would allow individuals the perogative of selectively responding directly to legitimate requests for information from those initiating the research.

On the other hand, even releasing only names of medical students with the names of the schools where each is matriculated may generate mailing lists often resulting in quantities of "junk mail". While the AAMC would not provide names directly to commercial mailing organizations, it is conceivable that such lists may be compiled indirectly from other sources receiving these names, or directly by other organizations such as the AMA through their own data gathering. Although delivery of such mail in itself is ordinarily not a perceptable threat to personal privacy, such as disclosure of personal information, it may nevertheless be offensive to many medical students. Conversely, legitimate mailings inviting membership in professional societies or certain unsolicited materials from drug companies may be desired even by those opposing mailing lists generally. Consequently it is difficult to apriori generalize across students or to adequately anticipate eventual uses of this information.

After consideration of both sides of the issue it is difficult to see how the disclosure of such information would constitute a substantial invasion of personal privacy. Therefore, the staff of the AAMC recommends that the OSR approve the release of the names of medical students with the medical school they are attending as public information.

EXECUTIVE COUNCIL ACTION ON JUNE 22, 1973

CONSIDERATION OF RESOLUTIONS

ACTION: The Executive Council approved establishing the following guidelines for consideration of resolutions by the AAMC Resolutions Committee:

1. The resolution shall have been brought before an AAMC Council, Organization, or Administrative Board or Regional section thereof, and either shall have been adopted or specifically referred to the Resolutions Committee.

2. The sponsor(s) of the resolution shall be present at the Resolutions Committee meeting to discuss and defend the resolution. This sponsor shall not be a member of the Resolutions Committee. Where a resolution has received the approval of an AAMC constituent body, that body should designate the sponsor(s).

3. The resolution shall meet the other criteria for submission stated in the AAMC bylaws.

4. The Resolutions Committee shall report to the Assembly all resolutions submitted in accordance with these guidelines, unless the resolution is withdrawn by its sponsor(s). In reporting each resolution, the committee may either:

   a. recommend approval as submitted;

   b. recommend approval with modifications, specifying if the changes were acceptable to the sponsor(s);

   c. recommend no action at this time;

   d. recommend disapproval;

   e. present the resolution for action with no recommendation.

RESOLUTION #1

WHEREAS: The current National Medical Board examinations place an emphasis on much trivial, academic, non-clinical matters.

BE IT RESOLVED: That the emphasis be placed on questions pertaining to actual clinical medicine and deal with major issues actually encountered in the practice of medicine.

SUBMITTED BY:

Ms. Serena Friedman
OSR Representative
New Jersey College of Medicine

RECOMMENDATION OF THE RESOLUTIONS COMMITTEE:

This resolution was withdrawn by the author. No action is required.

RESOLUTION #2

WHEREAS: There fails to be a uniformity in the current curriculum concerning particular academic areas at the various medical schools.

WHEREAS: There is an ever apparent need for adequate education of medical students in these areas.

WHEREAS: The focus of current medical education and practice needs to deal with preventive medicine.

BE IT RESOLVED THAT: The following areas of medical education be unform requirements at all (American) medical schools:

A) Nutrition
B) Sex education
C) Medical Hypnosis
D) Non-western medicine, including acupuncture

SUBMITTED BY:

Ms. Serena Friedman
OSR Representative
New Jersey College of Medicine

RECOMMENDATIONS OF THE RESOLUTIONS COMMITTEE:

This resolution was modified with the consent of the author and the Committee recommends approval of the following:

BE IT RESOLVED: That needs for the following areas of education be evaluated and the extent of their present content in medical curricula be determined by the Group on Medical Education of the Association with a report submitted to the Organization of Student Representatives.

A) Nutrition
B) Sex education
C) Medical hypnosis
D) Non-western medicine

RESOLUTION #3

WHEREAS: The need for a conscientious effort on the part of medical schools to encourage minority admissions (including women) is necessary; and

WHEREAS: The enculturation process and sociological conditioning sometimes make it difficult for those minority groups to actively apply to medical schools;

BE IT RESOLVED: That the medical schools must make an active effort towards recruitment of those minority groups at the high school and college levels; and furthermore

BE IT RESOLVED: That open admissions to those minority groups be based on the need for those individuals to serve their people, be based on criteria such as conscientious motivation to serve the health needs of society; be based on the past experiences of those individuals having worked in health related areas; not be based on the currently established criteria of academic grades and MCAT scores.

SUBMITTED BY:

MS. SERENA FRIEDMAN
OSR Representative
New Jersey College of Medicine

RECOMMENDATIONS OF THE RESOLUTIONS COMMITTEE:

This resolution was modified with the consent of the author and the Committee recommends approval of the following:

WHEREAS: The need for a conscientious effort on the part of medical schools to encourage minority admissions (including women) is necessary; and

WHEREAS: The enculturation process and sociological conditioning sometimes make it difficult for those minority groups to actively apply to medical schools;

BE IT RESOLVED: That the medical schools continue to make an active effort towards recruitment of minority groups at the high school and college levels.

RESOLUTIONS #4

Regarding Part I of the National Board exam:

1. The existence of this exam and the dependence of medical schools upon its use has caused basic science programs at many medical schools to become inappropriately geared ultimately toward the exam, with an emphasis upon rote memorization, and a relative neglect of conceptual understanding and clinical applications. This emphasis is a major cause of the traditional dehumanization of the medical student, and is thus detrimental to our health care system.

2. The existence of and dependence upon the exam discourages integration of basic science and clinical instruction, since the medical school recognizes it as the first and primary hurdle for the medical student, and therefore, weights its first two years of study heavily toward basic science.

3. There has not been demonstrated to be any significant correlation between performance on this exam and clinical performance.

Therefore, be it resolved that the AAMC should seriously reassess the reliance of medical schools upon Part I of the National Board Exam for evaluation and promotion of students, and consider the possibly adverse influence upon medical curricula that the existence of the Part I Exam has had.

Respectfully submitted,

Mark Cannon
(Medical College of Wisconsin)

Daniel Pearson
Chairman - Central Region, O.S.R.
Case-Western Reserve University

RECOMMENDATIONS OF THE RESOLUTIONS COMMITTEE:

This resolution was modified by the Resolutions Committee and approval of the following is recommended:

Be it resolved that the AAMC assess the reliance of medical schools upon Part I of the National Board Exam for evaluation and promotion of students.

RESOLUTION # 5

WHEREAS The Coggeshall report in April 1965 recommended that there be established a Council of Faculty to represent faculty interests in the governance of the Association of American Medical Colleges, and

WHEREAS the report in addition recommended the establishment of a Commission of Teaching Organizations to provide for participation in the Association of American Medical Colleges by other organizations interested in "various facets of education for health and medical science," and

WHEREAS the Executive Council in June 1966 recommended the establishment of both a Council of Faculty and a Council of Academic Societies thereby providing an outlet for both faculty and organizational participation in the Association of American Medical Colleges as recommended in the Coggeshall report, and

WHEREAS the action of the Institutional Membership in July 1966 establishing a Council of Academic Societies and not a Council of Faculties thereby meeting only one of the goals of the Executive Council and the Coggeshall report, and

WHEREAS during the period since 1966 there has been repeated discussion of the need for representation by the faculty of the member institutions in the Association of American Medical Colleges, and

WHEREAS the Assembly in February 1971 broadened the base of participation in the governance of the Association of American Medical Colleges even beyond that recommended by the Coggeshall report by approving the establishment of the Organization of Student Representatives without having taken formal action on the participation of faculty, and

WHEREAS the Assembly at the same meeting acknowledged this fact by adopting a resoltuion "...that there be an organization of the faculties of the member institutions represented in the governance of the Association. Therefore, the Assembly directs the Chairman and the President of the AAMC together with such other officers of the Association as the Chairman may designate, to meet with appropriate faculty representatives as well as the executive committees of the COD, CAS, and the COTH to work out a proposed organizational arrangement for this purpose to be presented to the Executive Council at its next meeting and to be incorporated in bylaw revisions for presentation to the AAMC Assembly at the annual meeting in November 1971," and

WHEREAS the Council of Deans in May 1971 passed a resolution recommending that there be further mechanism for the representation of faculties in the Association of American Medical Colleges, and

WHEREAS there was a delay in reporting to the Assembly in November 1971 on the proposed organizational structure to accomplish an organization of the faculties of the member institutions in the governance of the Association as the Assembly had previously requested in order that it might be discussed at a national [illegible]

WHEREAS the Executive Council at the meeting in December 1971 received the report of the retreat and voted to recommend favorably the proposed "Guidelines for the Organization of Faculty Representatives" to the constituent Councils for consideration and,

WHEREAS the Council of Academic Societies in responding to the request of the Executive Council voted to establish a Council of Faculties in lieu of the proposed Organization of Faculty Representatives, and

WHEREAS the Council of Deans has deferred further action on the proposal until after the regional meetings in the fall of 1972, and

WHEREAS a proposed organizational arrangement for carrying out the wishes of the Assembly "that there be an organization of the Faculties of the member institutions represented in the governance of the Association" is already eleven months overdue, therefore be it

RESOLVED that the Assembly of the Association of American Medical Colleges direct its Chairman and the President of the Association, together with the Executive Council of the Association and such other groups as deemed appropriate to prepare recommendations for revision of the bylaws of the Association establishing a Council of Faculties within the governance structure of the Association consistent with the level of responsibility of the existing Councils of Deans, Teaching Hospitals and Academic Societies, and be it further

RESOLVED that such proposed changes in the bylaws be brought before the Assembly in proper fashion for action no later than November 1973.

Submitted by:

Council of Deans Chairman
Midwest-Great Plains Region

RECOMMENDATIONS OF THE RESOLUTIONS COMMITTEE:

That the Assembly take up this matter and act upon it.

SCHEDULE OF OSR ACTIVITIES AT 1973 ANNUAL MEETING

NOVEMBER 4-8

Sunday, November 4

11:00 a.m. - 12:00 Noon	Regional Meetings
1:30 p.m. - 5:00 p.m.	Discussion Groups

1. Financial Aid
2. The Admissions Crisis
3. Student Involvement
4. Communications Between Student Organizations

8:00 p.m. - 11:00 p.m.	Business Meeting

Other Meetings of Possible Interest

Tuesday, November 6

4:30 p.m. - 6:00 p.m.	Minority Affairs Program
6:30 p.m. - 8:30 p.m.	GSA Dinner to Honor Dr. Davis G. Johnson, Former GSA National Executive Secretary