

OSR ADMINISTRATIVE BOARD AGENDA

Conference Room
One Dupont Circle
Washington, D.C.

April 1, 1975
7:00-10:00 pm

April 2, 1975
9:00 am-4:00 pm

- I. Call to Order
- II. Consideration of Minutes 1
- III. Report of the Chairperson
- IV. ACTION ITEMS
 - A. Executive Council Agenda
 - B. Resolutions 15
- V. DISCUSSION ITEMS
 - A. OSR Recommendations on Accreditation 17
 - B. Chairperson's Recommendations 36
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- VI. INFORMATION ITEMS
 - A. Distribution of MCAT and AMCAS Income
 - B. Status Report on Health Manpower Legislation
 - C. OSR Regional Meetings
- VII. Old Business
- VIII. New Business
- IX. Adjournment



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

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

January 13, 1975
AAMC Headquarters
Washington, D.C.

<u>Chairperson</u>	-- Mark Cannon
<u>Vice-Chairperson</u>	-- Cindy Johnson
<u>Regional Representatives</u>	-- Stevan Gressitt (Southern) -- Stephen F. Scholle (Central) -- Richard Seigle (Western) -- Fred Waldman (Northeast)
<u>Representatives-at-Large</u>	-- Stan Pearson -- Elliott Ray -- Philip Zakowski
<u>Immediate Past-Chairperson</u>	-- Dan Clarke-Pearson
<u>AAMC Staff</u>	-- Robert Boerner -- Joe Keyes -- Diane Mathews -- August Swanson
<u>Guests</u>	-- John Barrasso -- Ted Norris

I. Call to Order

The meeting was called to order by Mark Cannon at 7:00 P.M.

II. Consideration of Minutes

The minutes of the September meeting were approved without change.

III. Chairperson's Report

Mark Cannon reviewed for the board the activities of the AAMC regarding health manpower since the Annual Meeting. One of the efforts of the Association to obtain constituent opinion on the

many issues related to health manpower legislation was the questionnaire issued by Dr. Cooper to all of the councils and the OSR. Mark noted that over 50% of the OSR members had responded to the questionnaire. The Association has also appointed a Health Manpower Task Force to prepare a report for summarizing an AAMC position on health manpower. This report will be the basis for discussion at the joint meeting of the COD, CAS, COTH, and OSR Administrative Boards on January 15.

The report of the Annual Meeting discussion group on the GAP Report was circulated to the OSR, and Mark stated that if there was sufficient time in the Tuesday session, the board would review the OSR position prior to consideration of the report of the Task Force on the GAP Report at the Executive Council Meeting.

Mark reported that in a meeting with representatives of SAMA, Student Business Session, and SNMA at the Annual Meeting, appropriate roles of the various student groups were discussed. He stated that members of the student groups were meeting on January 18 in Washington to possibly draw-up a "document of understanding" formalizing the direction of liaison efforts between the groups and to discuss student nominees to the National Board of Medical Examiners.

Mark indicated that relations with staff have improved due to increased communication and more effective procedures in issuing OSR correspondence. He also explained that the traditional orientation session in which the board heard reports from key staff members had not been deemed necessary for the 1975 OSR Administrative Board but urged board members to contact staff with any questions regarding the activities of the AAMC. Fred Waldman suggested that it would be helpful in terms of orienting OSR members and informing them about AAMC activities if the Issues, Policies, and Programs Book were distributed to all OSR members. Dr. Swanson stated that when the decision was reached to distribute this reference only to the Deans and the library at each institution, the primary consideration was that the process of updating it would be unreliable if it were widely distributed. It was agreed that staff would investigate the possibility of distributing Issues, Policies, and Programs to the OSR and would publicize its availability in the dean's office and the school library in a future issue of the Bulletin Board.

IV. Committee Nominations

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed to forward to Dr. Mellinkoff, Chairman of the Association, the names of the following students for consideration as members of AAMC Committees:

Data Development Liaison Committee:
Primary Recommendation--Jessica Fewkes
Secondary Recommendation--J. Ernesto Mendez

Flexner Award Committee:
Stephen C. Coburn
GSA Committee on Financial Problems of Medical Students:
Joyce Adams Pittenger
GSA Committee on Medical Education of Minority Group Students:
Stanley E. Pearson
GSA Committee on Medical Student Information System:
Primary Recommendation--Fred Sanfilippo
Secondary Recommendation--John Barrasso
GSA Committee on Relations with Colleges and Applicants
Primary Recommendation--Ivy Masserman
Secondary Recommendation--P. Michael Caruso
Health Services Advisory Committee:
Primary Recommendation--Standiford Helm
Secondary Recommendation--Stephen C. Coburn
Committee on International Relations in Medical Education
Primary Recommendation--David M. Bell
Secondary Recommendation--James E. Hissam
Resolutions Committee:
Stephen Scholle

V. Executive Council Agenda

A. Appointment of the Executive Committee

Dan Clarke-Pearson recommended to the board that they consider recommending the inclusion of the OSR Chairperson on the AAMC Executive Committee. Dan pointed out that many of the issues which arise between Executive Council meetings are considered and acted upon by the Executive Committee and expressed the opinion that the OSR should be involved in the consideration of all such issues.

ACTION: On motion, seconded, and carried, the OSR Administrative Board recommended the inclusion of the OSR Chairperson on the Executive Committee.

B. Appointment of a Secretary-Treasurer

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the appointment of Mr. Sidney Lewine as AAMC Secretary-Treasurer.

C. Ratification of LCME Accreditation Decisions

In a discussion of the LCME decision to grant accreditation to Chicago Medical School, several board members expressed the opinion that consideration of financial contributions as an admission selection factor is unethical and that, in effect, the LCME was condoning such a practice by granting accreditation. The point was made by Mr. Keyes that the LCME does not view the accreditation process as a punitive measure and that

at the time of the accreditation visit substantial progress had been made in correcting the unfortunate admission practices. It was also noted that while the LCME granted accreditation, it was contingent upon continued progress as demonstrated in a series of campus visits and written progress reports in resolving the many problem areas identified by the LCME. At a later time during the meeting, the board members considered a recommendation drafted by Dan Clarke-Pearson which urged the Executive Council to request that 1) Chicago Medical School be given Probationary Accreditation, 2) the LCME condemn the practice of considering financial contributions as a factor in admission decisions and 3) the AAMC and LCME offer assistance to this school in developing an appropriate admission procedure. An extensive discussion ensued during which Dr. Cooper clarified the role of the Executive Council in ratifying LCME accreditation decisions. Since both the AAMC and the AMA have empowered the LCME to make final accreditation decisions, it would be inappropriate for the AAMC to revoke that power and request the LCME to reverse a decision previously determined. The consensus was reached that while the decision to grant accreditation could not be reversed, the AAMC should express dissatisfaction with the decision and formally condemn the previous admission practices of Chicago Medical School.

ACTION: On motion, seconded, and carried, the OSR Administrative Board recommended that the Executive Council express to the LCME that Chicago Medical School should have been placed on probation due to the inappropriate use of financial contributions as a factor in admission decisions. The OSR further urged that the AAMC state the opinion that admission decisions should not be based on present or future financial contributions and that the admission process should be carefully reviewed before granting accreditation.

D. AAALAC Request for Financial Support

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that the AAALAC (American Association for Accreditation of Laboratory Animal Care) request for financial support from the AAMC be denied, since medical schools are already providing a substantial portion of the AAALAC revenue.

E. Actions of the CCME

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the actions of the Coordinating Council on Medical Education.

F. Proposed Changes in the CCME Report: The Primary Care Physician

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed modifications in the CCME Report.

G. CCME Report: The Role of the Foreign Medical Graduates

ACTION: On motion seconded, and carried, the OSR Administrative Board voted to not approve the CCME Report and endorse only the recommendation for a national invitational conference.

H. JCAH Guidelines

The OSR Administrative Board found the recommendations on JCAH Guidelines acceptable, but pointed out that the ad hoc Committee of the Council of Teaching Hospitals in their analysis and assessment of the guidelines should have sought input from house officers.

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendations on JCAH Guidelines included in the Ad Hoc Committee Report.

I. Report of the Task Force on Groups

The board members expressed concern about whether the mechanism proposed for Group input to the Association would be effective but declined to take action on the report until the Groups' reactions to the report are determined.

VI. The meeting was recessed at 10:00 P.M.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

January 14, 1975
AAMC Headquarters
Washington, D.C.

PRESENT: Chairperson -- Mark Cannon
Vice-Chairperson -- Cindy Johnson

Regional Representatives -- Stevan Gressitt (Southern)
-- Stephen F. Scholle (Central)
-- Richard Seigle (Western)
-- Fred Waldman (Northeast)

Representatives-at-Large -- Serena Friedman
-- Stan Pearson
-- Elliott Ray
-- Philip Zakowski

Immediate-Past-Chairperson -- Dan Clarke-Pearson

AAMC Staff Participants -- James Angel
-- Robert Boerner
-- John A.D. Cooper
-- James Erdmann
-- Gail Gross
-- Charles Fentress
-- Joseph Keyes
-- Roger Lambson
-- Diane Mathews
-- August G. Swanson
-- Bart Waldman

Guests -- John Barrasso
-- Ted Norris
-- Joseph L. Oppenheimer

VII. The meeting was recalled to order by Mark Cannon at 9:00 A.M.

VIII. OSR Rules and Regulations

Mark Cannon summarized for the board some of the recent developments which resulted in the inclusion of the OSR Rules and Regulations on the Administrative Board Agenda. The Association refers

all bylaws and rules and regulations revisions to its attorneys for review, and during such review of the OSR Rules and Regulations, several sections were identified which might potentially jeopardize the AAMC tax exempt status and which conflict with AAMC Bylaws.

Joseph L. Oppenheimer, an attorney for Williams, Myers and Quiggle, the law firm which represents the Association, provided a brief description of the tax statutes relevant to the AAMC tax exempt status. He explained that in the Internal Revenue Code the Association is qualified as a tax exempt organization under Section 501.c.3. He further explained that as a 501.c.3 organization, the Association is restricted from organizing or operating in a manner which results in private inurement. Voluminous regulations issued by IRS and interpretive rulings regarding 501.c.3 organizations have led the legal council of the Association to the conclusion that the AAMC should limit its membership to institutions and particularly restrict individuals with no formal relationship to an institution from participating in the governance of the Association. Mr. Oppenheimer indicated that an additional restriction to the organization and operation of the AAMC resulted from the Tax Act of 1969. This act states that all tax exempt organizations are deemed to be private foundations rather than public charities unless they fall within three specific categories. The category applicable to the AAMC requires that it be organized and operated exclusively for other tax exempt organizations (e.g., hospitals, schools, or churches). Thus, both provisions--Section 501.c.3 and the definition of a public charity--dictate that the source of authority of the AAMC must come from institutional representatives.

Since the revised OSR Rules and Regulations do not require that officers of the organization who participate in the governance of the Association are institutional representatives, the Administrative Board agreed that changes in the document should be made to preserve the AAMC tax exempt status and bring it into agreement with AAMC Bylaws.

ACTION: On motion, seconded and carried, the OSR Administrative Board made the following changes in the OSR Rules and Regulations:

Section 4.D. Presence at the Annual Meeting shall be a requisite for eligibility for election to office. Each officer shall have been within one year or shall have previously been certified to become at the conclusion of the Annual Meeting, the official OSR representative of his or her institution. Each officer shall be an official representative of his or her institution to the OSR throughout his or her entire term of office. The Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived.

Section 4.F. There shall be an Administrative Board composed of the Chairperson, the Vice-Chairperson, the Regional Chairpersons, the Representatives-at-Large, and as a non-voting member, the immediate past Chairperson of the Organization.

Section 5. The OSR is authorized the number of seats on the AAMC Assembly equal to 10 per cent of the OSR membership, the number of seats to be determined annually. Representatives of the OSR to the Assembly shall have the prior approval of the Council of Deans; shall include only current, official OSR members; and shall be determined according to the following priorities:

- 1) The Chairperson of the Organization of Student Representatives
- 2) The Vice-Chairperson of the Organization of Student Representatives
- 3) Other members of the Administrative Board of the Organization, in order of ranking designated by the Chairperson, if necessary.

The Administrative Board also discussed various mechanisms for dealing with the status of current board members since the majority have not been certified to continue as their institution's official representative through the 1975 Annual Meeting.

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed to request Dr. Cooper to communicate to the Deans of those institutions with OSR Administrative Board members who have not been certified as their school's official representative through the conclusion of the 1975 Annual Meeting and urge them to certify those board members for that period of time.

IX. Division of Educational Measurement and Research

- A. Dr. Erdmann, Director of the Division of Educational Measurement and Research, reviewed with the Administrative Board some of the major areas with which his division is involved. In the area of measurement and assessment in the admissions process, two major projects for which DEMR has primary responsibility are the administration of the MCAT and the MCAAP program. Dr. Erdmann indicated that Mr. Angel would provide specifics of the MCAAP program later in the meeting.

Aside from educational measurement and research in the area of admission, DEMR is also concerned with the general area of assessment and evaluation of medical education programs and curricula. One major project has been the Longitudinal Study in which a cohort of approximately 2800 incoming freshmen in 1956 were studied throughout their undergraduate medical education and into clinical practice to determine their progress through medical school, career choice, and changes over time in their interests, personalities, and values. DEMR is about to enter into an agreement with the Bureau of Health Services Research to survey the cohort's practice characteristics and the nature of care delivered relating the results to various educational and personal variables already collected.

The Biochemistry Special Achievement Test developed by DEMR was originally conceptualized as the first in a series of special achievement tests which could be used for placement and measurement purposes. Recently, however, DEMR's efforts in this area have been directed in the development of a library of evaluative materials from which schools could develop their own evaluation instruments.

Dr. Erdmann stated that DEMR will sign a contract with the Bureau of Health Resources Development in the near future to explore the impact of the three-year curriculum on students, faculty, and institutions. Additional major areas of involvement include the Annual RIME Conference and the communication to the constituency of the nature and results of current research projects, various publications, and staffing of the Group on Medical Education.

During discussion of Dr. Erdmann's presentation, a question was raised about whether the MCAT fee increase would be utilized for the funding of the MCAAP program. This issue had been a source of misunderstanding at the Annual Meeting and Dr. Erdmann clarified that the MCAT fee goes into the general fund and is not assigned to a specific project.

- B. Mr. Angel, Program Director of MCAAP, outlined for the Administrative Board three major areas of MCAAP: (1) Revision of the cognitive assessment area; (2) research in the non-cognitive area; (3) development of the User Information Program. Current plans call for the new cognitive tests to be ready in the Spring of 1976. American Institutes of Research has recently signed a contract with AAMC to develop the tests, with basic emphasis on evaluation of the probability for success in clinical practice as well as in medical school. The five sub-tests will include Analytical Reading, Quantitative Skills (with an emphasis on data interpretation rather than computation), Biology, Chemistry, and Physics. These tests will be geared to measure skills as opposed to strictly content knowledge, and an effort will be made to assess such skills as problem-solving, critical thinking, and interpretive ability.

Dr. Colwill, a member of the Committee on Admissions Assessment, is currently writing a report on a strategy for developing non-cognitive assessment in admission context. The user information portion of the MCAAP will fully describe the new tests with support manuals for admissions officers, advisors, and applicants. Mr. Angel also indicated that plans are underway to print the entire range of general test specifications so that applicants can better prepare themselves for the new test.

During the spring regional meetings, workshops are planned to report on the progress made in all three of these areas and to review the proposed changes in the cognitive assessment.

X. Continuation of Executive Council Agenda

A. OSR Actions of September 1974

In light of the recommendations in the Executive Council Agenda on the OSR Actions of September, 1974. (See Addendum #1), the Administrative Board reconsidered the wording of those resolutions and their appropriate disposition.

ACTION: On motion, seconded, and carried, the OSR Administrative Board revised Statement #1 to read, "No person outside the Dean's office and committees on promotion and academic standing may review the student's records without that student's permission," and referred Information Items #1 and #2 regarding athletic facilities and child care facilities to the GSA for discussion at 1975 regional meetings. The Administrative Board moved that Statements 2 and 3 be endorsed in principle by the Executive Council, and that in addition to forwarding Statement 4 to the GME, the Executive Council approve it and recommend it to the LCME for inclusion in its document, "Functions and Structure of a Medical School."

B. NIRMP

In relation to the agenda item concerning the Report of the LCGME Subcommittee on NIRMP, Elliott Ray presented for the Administrative Board's consideration a list of policy statements regarding NIRMP. The board discussed at length these recommendations as well as the GSA and CAS recommendations on NIRMP. One of the major areas of concern to the board was the question of whether or not loss of accreditation should be used as a sanction for NIRMP violations. While there was consensus that steps should be taken to insure the viability of NIRMP, the board could not reach agreement on an effective method for sanctioning violations since they believed that the sole purpose of accreditation should be to guarantee the quality of medical education programs.

ACTION: On motion, seconded, and carried, the OSR Administrative Board approved the following recommendations on the NIRMP:

1. The OSR strongly endorses the GSA proposals regarding NIRMP. (See Addendum #2).
2. The OSR does not support the two date matching plans proposed in the report of the LCGME Subcommittee on NIRMP.
3. The OSR does not support loss of accreditation as the sanction for NIRMP violations.
4. The OSR re-endorses the all or none principle.
5. The OSR recommends that any committee formulating policies and guidelines on NIRMP include medical students.
6. The OSR does not support the principle of the second year match and opposes development of such a plan.

XI. OSR Budget

The Administrative Board reviewed a staff proposal of OSR budget revisions for the remainder of FY 75. The primary category discussed was that of reimburseable expenses for telephone, Xerox, and postage incurred by Administrative Board members. The proposal requested an additional \$500 to cover reimburseable items from November 1974 through November 1975. Mark Cannon suggested that the OSR Administrative Board request the Executive Council to increase the funds for expenses incurred by board members to \$1550.

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed to request \$1550 for reimburseable expenses for November 1974 through November 1975.

XII. GAP Task Force Report

The Administrative Board reviewed the OSR recommendations on the GAP Task Force Report which were included in the Report of the OSR Discussion Group on the GAP Report at the Annual Meeting. The recommendations from this discussion group were included in the Executive Council Agenda and are attached to these minutes as Addendum #2. Since the OSR had not formally approved these recommendations on the GAP Task Force Report, the Administrative Board considered each recommendation individually.

ACTION: On motion, seconded, and carried, the OSR Administrative Board approved the following recommendations to the GAP Task Force Report.

Recommendation #1: Approved

Recommendation #2: Approved

Recommendation #3: Approved

Recommendation #4: Approved

Recommendation #5: Approved

Recommendation #6: Approved with the following addition,
"In most instances, written exams should not be viewed as the most appropriate instrument for such evaluation. Therefore, the NBME, while able to provide some assistance in the development of the evaluation methodologies, may not be the most appropriate group to do so. The OSR recommends that the AAMC Division of Educational Measurement and Research undertake a major effort in this area."

Recommendation #7: Approved with the following addition,
"To be certified at this point for full licensure, the physician should be required to pass a standard nation-wide examination evaluating capabilities for providing patient care. The assessment should place

emphasis on the ability to integrate and apply basic science knowledge in solving problems related to patient care. The examination should include components of basic science disciplines necessary to most career choices so that basic science information is assessed within the broad spectrum of clinical careers. The exam should be criterion-referenced rather than norm-referenced. The exam should be reported as "passed" or "failed" to the physicians, to the graduate programs in which they are enrolled, and to the appropriate licensing boards. Physicians failing the exam should be responsible for seeking additional education and study."

XIII. The meeting was adjourned at 5:00 P.M.

OSR ACTIONS OF SEPTEMBER 1974

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

1. "No person outside the Dean's office may review the student's records without that student's permission."
2. "The AAMC should consider developing a program for providing information about the characteristics of individual programs in graduate medical education and the criteria for selection of participants in these programs."
3. "The AAMC should consider with other concerned groups the feasibility of a uniform application form for programs in graduate medical education."
4. "Objectives and expectations of the faculty for student performance should be clearly stated at the onset of a course or clerkship with ongoing feedback throughout the course or clerkship."

The following statements were referred as information items:

1. "Athletic facilities should be made available by each medical school for male and female student use, open at times convenient for student use, adequate to accommodate the numbers of students desiring them, and should be included within future planning, adjacent to or within proposed structures."
2. "Childcare facilities and/or services should be incorporated into future planned medical school constructions and where possible should be available in existing institutions."

Recommendation

1. It is recommended that the Executive Council disapprove this statement, since the responsibility of the full faculty for promotion and graduation requires access to the students' records.
2. & 3. It is recommended that any action on these proposals be deferred in view of the infeasibility of implementing them for the over 7,500 approved programs of graduate medical education. These recommendations would be more appropriate at some time in the future when institutional responsibility for graduate medical education is a reality.
4. It is recommended that this statement be forwarded to the members of the Group on Medical Education for consideration at the institutional level.

GSA RECOMMENDATIONS

1. The national GSA urges that the AAMC recommend to the NIRMP Board of Directors that they
 - (a) seriously review the composition of the board, attempting to streamline it with increasing relative representation of the GSA, students, and house officers;
 - (b) consider changes in its by-laws to permit it to monitor adherence to its guidelines and to take action against hospitals or students who violate them.
2. The national GSA approves and vigorously supports the OSR-GSA NIRMP monitoring system defined in Dr. Cooper's memo of 22 February, 1974, and Mr. Ray's memo of 10 January, 1974. The GSA strongly urges all schools who have not yet done so to establish effective, well publicized mechanisms for such monitoring.
3. The national GSA recommends that procedures for the accreditation of house staff training programs include consideration of house officer selection processes. For the first house staff year subsequent to graduation, this should include adherence to the NIRMP guidelines. For the second house staff year and beyond, the GSA recommends that appointments be offered no earlier than ten months prior to the beginning of the program in question.
4. The national GSA recommends that the Executive Council of the AAMC review the multiple problems relating to entry into graduate medical education presently being experienced by our medical students. These problems include among others:
 - (a) the apparent lack of availability of suitable first year house staff programs for graduates seeking careers in selected subspecialties such as Psychiatry, Ophthalmology, etc;
 - (b) the pressure to produce letters of reference relatively early in the first clinical year and well in advance of graduation for students seeking appointments in such programs one or more years subsequent to graduation;
 - (c) the problems of dehumanization within the house officer selection process.

R E S O L U T I O N

Primary Care Practice of Medicine

BE IT RESOLVED that admissions incentives and priorities
be given to qualified students from areas of physician shortage.

Dan Miller
University of Louisville

REHABILITATION TRAINING IN UNDERGRADUATE
MEDICAL EDUCATION FOR THE PRIMARY PHYSICIAN

Holly Doyne
University of Minnesota

WHEREAS, It has been estimated that 10% of the United States population is in need of various rehabilitation services and it is estimated that less than one-third are able to obtain needed services, and

WHEREAS, The common problems of arthritis, cerebral palsy, hemiplegia, peripheral vascular disease, cardiorespiratory diseases, as well as the problems of amputation and spinal cord injury, all require comprehensive care of the involved patient including rehabilitation services, and

WHEREAS, These problems are among the most common treated by the primary physician, especially the family practitioner, and

WHEREAS, At present, undergraduate medical education in most institutions devotes little time to instruction or consideration to including rehabilitation in the comprehensive care of patients with these problems, and

WHEREAS, The primary physician needs to be familiarized with the services of allied health professions, such as Physical Therapy, Occupational Therapy, Social Services, etc.

BE IT RESOLVED THAT:

Undergraduate medical education, primary-physician-oriented, include formal training in Physical Medicine and Rehabilitation, and

BE IT FURTHER RESOLVED THAT:

This training should include no less than sixty (60) hours of classroom and clinical time in the undergraduate medical curriculum, including combined teaching with other disciplines, and

BE IT FURTHER RESOLVED THAT:

This training should be sufficient to give the future primary physician an adequate data base to:

- 1) differentiate problems which can be managed by the primary physician from those requiring services of a Psychiatrist or other specialist;
- 2) recognize the amount of disability and its effects;
- 3) be acquainted with the range of therapeutic measures available; and
- 4) be aware of the roles and services which are available through the allied health professions, such as Occupational Therapy, Physical Therapy, Speech Therapy, Social Services, etc.

"Medical School Accreditation: Process and Criteria"
(With Special Attention to Student Affairs)

A Report to the Organization of Student Representatives
Administrative Board

Daniel L. Clarke-Pearson
Immediate Past OSR Chairperson

Case Western Reserve University
School of Medicine

March 1975

INTRODUCTION

Over the past twelve months, the medical school accreditation process has been a topic of discussion and concern among the various AAMC constituent bodies. In response to this concern, a 37 page memorandum appeared in the September 19, 1974 agenda of all three councils. The memorandum reviewed the LCME, its role in accreditation, and three facets of the accreditation process: the standards, the evaluators, and the procedures for evaluation. At that time, the COD expressed concern that the report review process does not necessarily influence the final outcome of LCME decisions and that AAMC Executive Council members receive no feedback as to how final accreditation decisions are reached. At the same meeting, the CAS felt that the role of the basic sciences is not evaluated thoroughly enough and recommended, therefore, that each LCME site visit team include a basic scientist.

The OSR, too, has been concerned with the accreditation process as it insures the quality of medical education, and several OSR actions have called for specific modifications in the accreditation process (see Appendix I). Most recently, this concern was reflected in a statement of January 14, 1975 which in part said that in the case of the Chicago Medical School, the LCME was too lenient, should condemn certain admission processes at that school, and should have placed the school on probation. The OSR also questioned the public accountability and credibility of the LCME. As a result, the AAMC Executive Council on January 16, 1975 adopted a modified statement which in part read:

Based on information available concerning recent LCME accreditation decisions, the Executive Council expresses concern about accrediting medical education programs of apparently submarginal quality. Where there is evidence of major educational deficiencies, the Executive Council recommends that involved programs be denied accreditation or placed on probation. This action is intended primarily to provide a stronger stimulus for educational improvement and, secondarily, to assure continuing credibility for accreditation decisions.

Although the OSR is concerned with the total process of medical school accreditation, resources and time have limited the extent of our review and evaluation. This report, which deals with the methods and process of accreditation as it relates to

medical students and student affairs, is intended to be the first step toward a re-assessment of the accreditation process. In a similar manner, the OSR hopes that other groups of the AAMC will undertake evaluations from their particular vantage points.

This report deals with three major areas of concern and interest to medical students:

1. That students make optimum input to the accreditation team visit.
2. That student affairs be thoroughly evaluated by the site visit team.
3. That the LCME site visit report be sufficiently comprehensive in order that reviewers (members of the AAMC Executive Council and the AMA's Council of Medical Education) may make a decision as to the state and problems of student affairs at the particular school.

I. Optimizing Medical Student Input to the Site Visit

The core of the accreditation process involves the site visit to a particular medical school. Prior to the visit, a volume of background information on the school is collected and reviewed by the LCME site visit team members. The site visit itself is a closely scheduled series of meetings with various members of the medical school's administration, faculty, student body, and affiliated hospitals. Students are usually invited to meet with the team for a lunch hour to discuss their particular concerns. Doubts about the quality and quantity of this student input have been raised on several occasions.

In order to establish a data base to evaluate the process of student input to the site visit team, a brief questionnaire was sent to the OSR members at 31 fully developed medical schools which were accredited during 1973-74. In the three instances where an OSR member was not identifiable, the questionnaire was directed to the student body president. Of the 31 schools surveyed, 22 returned the completed survey form (71% response). A copy of the questionnaire, as well as fully tabulated results, appear in Appendix II.

Results

In reviewing the responses, it was apparent that most students questioned were aware of the LCME team's impending visit (18 of 22 respondents). Of the 22 respondents, 13 were actually invited to meet with the LCME team. Of these 13 students, 9 were informed of the visit less than 3 weeks prior to the team's arrival. (The Dean routinely knows of the visit approximately 3 months in advance.) The 13 students were informed of the visit by the Dean or Associate Dean in all cases.

The question of whether the students who met with the team were felt to be representative was answered affirmatively in 10 of 13 cases. However, in 4 of 10 replies, the students felt they did not understand the purpose of their meeting with the LCME team. Several comments to this effect were received which are reflected by the remarks of one respondent who wrote:

Although we had some advance notice of the team's arrival we had no idea what was expected of us, either by the team or by the school. We were told to meet with the team for lunch and discussion between their scheduled meetings. The student affairs office asked us to answer honestly any questions the committee might ask; no guidelines as to what these questions might pertain. Basically we went into the interview cold, and as a result, time was wasted on both sides. In retrospect, some type of written report or at least a preliminary discussion among the students should have been organized. We went into the meeting feeling we had to 'protect' our school or at least some of its more progressive aspects of training. We hadn't examined closely enough some of the flaws, and therefore could not intelligently discuss the problems, our reactions, and possible solutions. Having had the experience, I know that subsequent meetings will be more worthwhile--our student representatives will know what to expect and how to interact with the team.

The irony of this student's closing remark is that he still does not fully understand the accreditation process, in that the next site visit will occur in 7 years, long after he and his classmates have graduated.

The questionnaire also showed that at none of the 22 schools was the student body formally polled nor did any of the site visit teams receive prepared documents from the students. Further, it was felt by 50% of the students that the time available to meet with the team was too short--usually 1-1½ hours over lunch.

Discussion

This survey, although of a small sample, identifies certain problems with the site visit as it relates to students. The major deficiencies identified by this survey include:

1. Lack of advance notice of the impending visit.
2. Lack of understanding of the "purpose" of the site visit.
3. Lack of planning, review, and documentation by students for the site visit team (due to problems #1 and #2 above).
4. The brief amount of time allotted to meet with the LCME team.

On the other hand, it is encouraging to know that so many student leaders are aware of the pending site visit and that the student who met with the LCME team were felt to be fairly representative of the student body.

In order to partially resolve the first three deficiencies, it would seem appropriate and easily implemented, to include a letter in the pre-survey materials from the LCME addressed to the student leader at the school to be accredited. This letter, which could be transmitted from the Dean to the appropriate student leaders, would explain the purpose of the LCME site visit and would outline topics which might be used for discussion at the site visit meeting. The letter would also invite students to collect and submit background materials prior to the site visit.

The LCME should also consider extending the length of time spent with the students. In addition, the inclusion of a medical student on the site visit team to review student-related areas would seem appropriate and might make the process more efficient. It is suggested that officers of OSR, SAMA, SNMA, and the Student Business Session of the AMA would form an easily identifiable, concerned, and well informed pool of students who could participate in site visits.

II. Criteria for Evaluation and Site Visit Reports

The areas of criteria for evaluation and the content of the site visit reports are so closely intertwined that they will be discussed together. Criteria for

evaluation of a medical school are included in the document Functions and Structure of a Medical School which was adopted by the AAMC Assembly in 1972 and the AMA House of Delegates in 1973. This eleven page document, however, only outlines "general but not specific criteria"¹ for a medical school, allowing ample room for experimentation and diversity. In addition, it is apparent that other criteria are used in the site visit team's evaluation of a school. These criteria are most likely a function of the concern, interest, and expertise of the various site visit team members who visit one or two schools per year in this capacity.

The accreditation site visit report conveys the team's findings to members of the AAMC Executive Council and the AMA's Council of Medical Education. Included in the report is a listing of the major areas which are to be commended as well as those matters which need to be improved or corrected at a particular school. Those who review the report are asked to evaluate it and to submit their comments as well as a formal recommendation as to the status of accreditation that the school should be granted. The LCME utilizes these recommendations in its final decision making process.

The site visit report often includes over 100 pages of discussion and documents. Although reflecting the style of the team's secretary, most conform to a rough format which includes a section identified as "Student Affairs." It has been noted that within the reports a brief and variable amount of information is presented. Consequently, it is very difficult to evaluate a medical school's quality from the reports, and it is equally difficult to compare one medical school with another due to the lack of standardized information in any two reports.

To document the lack of uniformity of information presented in the accreditation reports, the "Student Affairs" section of ten random reports were reviewed for their content of specific items which received mention. Full results of this survey are included in Appendix III.

¹Functions and Structure of a Medical School, Statement by the LCME, page 3.

Results

It should first be pointed out that no item was mentioned in all 10 or in 9 of 10 reports. In 8 of 10 reports the "number of applications" and "number of students enrolled" were noted. In 7 of 10 reports, "financial aid" and the "name of the Dean of Student Affairs" were mentioned. Included in 6 of 10 reports was a list of the "average MCAT scores for the entering class" and mention of "admissions criteria" and the "student counseling/advising system."

Thus, 5 of 10 or less of the reports contained an even more varied listing of information which was intended to help the report reviewer assess the school's student affairs. For example, such important information as discussion of the grading system, attrition, student records, minority affairs, and student health care were mentioned in less than 50% of the reports.

The amount of information presented is often equally scarce with usually only a brief mention of the above topics. Rarely is an item discussed at any great length. Further, the reports frequently contain statements which have little or nothing to do with the quality of medical education. As a blatant example, the following statement appeared in the Student Affairs section of one of the reports:

The surveyors were of the impression that the medical students were of a conscientious concern and demeanor, not given to rabble-rousing and striking.

This sort of comment seems to be inappropriate and adds little (except the author's prejudice) to the report.

Discussion

It is readily apparent that the accreditation reports lack a uniform data base. In addition, it is this writer's impression, although not quantifiable, that reports often are cursory in their discussions. If the report is to be a document on which the AAMC Executive Council and the AMA's Council on Medical Education are to base their decision as to the quality of medical education at a particular school, it would seem imperative that the report be complete and have at least a uniform amount of information.

This problem relating to the site visit report most likely stems from the lack of criteria outlined in the Functions and Structure of a Medical School. This document deliberately was left open-ended to encourage diversity and experimentation in medical education. This is an important goal, and one which the OSR strongly supports. However, the review of a medical school must, and does, go beyond those criteria listed in the Functions and Structure of a Medical School.

These additional criteria are often areas where there is no single way to achieve ends. They are, nonetheless, criteria which are important to the quality of a medical school. With regards to the area of Student Affairs, an expanded list of questions appropriate to review at the time of accreditation has been compiled (Appendix IV). These questions, although not making any factor a requirement, are areas and issues which should be pursued by the accreditation site visit team.

In order to make the accreditation reports more uniform, a basic amount of information should be included in every report. Those items in Appendix IV which are asterisked are suggested as being of such importance to be included in all site visit reports. Of course, this does not limit the amount of information and discussion in any report; it simply sets a basic amount of uniform information to be included in all reports.

III. Conclusion

This paper stems from the OSR's concern and desire that the accreditation process be as viable as possible. Due to limitations of time and resources, the paper was written from the point of view of how Student Affairs relates to the accreditation process. Several areas of deficiency have been identified through surveys and review of random accreditation reports, and simple constructive solutions to these problems have been proposed.

In light of the many problems that relate to Student Affairs, it is possible that similar deficiencies exist in other areas of the accreditation process such as

curriculum, faculty, facilities, administration and governance, and finances. Since these are more in the realms of the Council of Deans, the Council of Academic Societies, and the Council of Teaching Hospitals, the Organization of Student Representatives strongly urges that the other constituent groups of the AAMC undertake a review of the accreditation process and criteria from their particular vantage points. Since insuring the quality of medical education is the cornerstone of the AAMC, it seems appropriate that this review of the accreditation process be coordinated by an Executive Council Task Force.

SUMMARY OF RECOMMENDATIONS

1. A letter should be sent with the pre-survey materials addressed to medical student leaders which would (a) explain the purpose of the accreditation site visit, (b) outline areas which the site visit team would like to discuss with the students, and (c) invite students to submit background material prior to the site visit.
2. The length of time which the site visit team spends with students should be extended.
3. A medical student should be represented on the site visit team to review student-related areas.
4. The criteria for evaluation of student affairs should be expanded to include items listed in Appendix IV.
5. The site visit report should at least include mention of the items with an asterisk in Appendix IV.
6. Since it is apparent that there are many deficiencies in the accreditation process, an AAMC Task Force should be created in order to thoroughly review the criteria and process of accreditation.

APPENDIX I.

OSR Actions related to Medical School Accreditation, 1974-75

"Athletic facilities should be made available by each medical school for male and female student use, open at times convenient for student use, adequate to accommodate the numbers of students desiring them, and should be included within future planning, adjacent to or within proposed structures."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution and referred it to the Steering Committees of the GSA and GME and the Administrative Boards of the Council of Deans, Council of Academic Societies, and Council of Teaching Hospitals as an information item. The content of the resolution will also be included in the list of accreditation factors to be submitted to Dr. Schofield.

"Childcare facilities and/or services should be incorporated into future planned medical school constructions and where possible should be available in existing institutions."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution and referred it to the Steering Committees of the GSA and GME and the Administrative Boards of the Council of Deans, Council of Academic Societies, and Council of Teaching Hospitals as an information item. The content of the resolution will also be included in the list of accreditation factors to be submitted to Dr. Schofield.

"Since only an hour is usually devoted to meeting with students in on-site visits by members of the LCME Accreditation Team, the OSR requests that (1) at least one month advance notice be given to Student Council or student body representatives through the Dean's office prior to Accreditation Team visits to allow for development of student input to the Accreditation Team; (2) students be permitted to submit materials prior to on-site visits for preliminary consideration by the Accreditation Team; (3) student(s) be included on Accreditation Teams."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution as amended above and referred it to Dr. Schofield, Director of AAMC Division of Accreditation.

Ratification of LCME Accreditation Decisions

In a discussion of the LCME decision to grant accreditation to Chicago Medical School, several board members expressed the opinion that consideration of financial contributions as an admission selection factor is unethical and that, in effect, the LCME was condoning such a practice by granting accreditation. The point was made by Mr. Keyes that the LCME does not view the accreditation process as a punitive measure and that at the time of the accreditation visit substantial progress had been made in correcting the unfortunate admission practices. It was also noted that while the LCME granted accreditation, it was contingent upon continued progress as demonstrated in a series of campus visits and written progress reports in resolving the many problem areas identified by the LCME. At a later time during the meeting, the board members considered a recommendation drafted by Dan Clarke-Pearson which urged the Executive Council to request that 1) Chicago Medical School be given Probationary Accreditation, 2) the LCME condemn the practice of considering financial contributions as a factor in admission decisions and 3) the AAMC and LCME offer assistance to this school in developing an appropriate admission procedure. An extensive discussion ensued during which Dr. Cooper clarified the role of the Executive Council in ratifying LCME accreditation decisions. Since both the AAMC and the AMA have empowered the LCME to make final accreditation decisions, it would be inappropriate for the AAMC to revoke that power and request the LCME to reverse a decision previously determined. The consensus was reached that while the decision to grant accreditation could not be reversed, the AAMC should express dissatisfaction with the decision and formally condemn the previous admission practices of Chicago Medical School.

ACTION: On motion, seconded, and carried, the OSR Administrative Board recommended that the Executive Council express to the LCME that Chicago Medical School should have been placed on probation due to the inappropriate use of financial contributions as a factor in admission decisions. The OSR further urged that the AAMC state the opinion that admission decisions should not be based on present or future financial contributions and that the admission process should be carefully reviewed before granting accreditation.

Questionnaire on Medical School Accreditation

Name: _____

Address: _____

Medical School: _____

1. Were you aware that the LCME site visit team would be visiting your school? yes/no
If so, were you informed of the visit? yes/no
If so, by whom?
2. How far in advance were you informed of the visit?
3. Did you understand the purpose of the visit? yes/no
4. Were you invited to meet with the LCME team? yes/no
5. Which students at your school met with the LCME team and how were they chosen?
6. Did the students who met with the LCME team prepare a written statement for presentation to the team? yes/no
(If so, could you supply a copy?)
7. Did the students who met with the LCME team poll the student body for opinions on certain issues? yes/no
8. How representative of the student body do you feel the students who met with the LCME team were?
9. Do you feel that the students were given enough advance warning of the team's visit? yes/no
10. Do you feel that students had enough time with the team to make their point of view clear? yes/no If not, how much time would be needed?
11. Would you list the concerns of the students at your school which were expressed to the LCME team.
12. Any additional comments would be appreciated.

Thank you for your time and effort in completing this survey.

Of the 13 students who met with the LCME team, the following answers were given:

1. Who notified you of the LCME site visit?
Dean-6 Assoc. Dean-4 No Answer-3
2. How far in advance were you informed of the visit?
1 month-2
2-3 weeks-6
1 week-3
No Answer-2
3. Did you understand the purpose of the visit?
Yes-6 No-4 No Answer-3
6. Did the students who met with the LCME team prepare a written statement for presentation to the team?
Yes-0 No-13
7. Did the students who met with the LCME team poll the student body for opinions on certain issues?
Yes-0 No-13
8. How representative of the student body do you feel the students who met with the LCME team were?
Very-5 Fair-1 Too Status Quo-1
Good-4 Not-1 No Answer-1
9. Do you feel that the students were given enough advance warning of the team's visit?
Yes-11 No-2
10. Do you feel that students had enough time with the team to make their point of view clear?
Yes-6 No-6 No Answer-1

APPENDIX III.

in "Student Affairs" section
Tabulation of items mentioned/in ten random accreditation
reports from 1973-74.

Reports of: Arkansas, Hawaii, Meharry, Loma Linda, So. Ill.,
U. So. Calif., Toledo, Chicago Med., U. So Florida,
and Michigan State University.

Number of Reports
in which item was
mentioned:

- 8.....Number of applications
Number of students enrolled
- 7.....Mention of Financial Aid
Name of Student Affairs Dean
- 6.....Average MCAT Scores of entering class
Mention of Counselling/Advising System
Mention of Admissions Criteria
- 5.....Admissions Process
Student Morale
Projected Enrollment
Number of Students Accepted
Number of Students who are state residents
Grading system
Student involvement in school's committees
Attrition
- 4.....Number of students in other Health Prof. Schools
Student Records
Tuition
Amount of Financial Aid Awarded
Special Remedial Programs
Average Undergrad. GPA
Number of Undergrad. Colleges represented
Number of Women students
- 3.....Promotions Committee
Use of AMCAS
Student Health Services
Use of NBME
Student Housing
Amount of Financial Aid requested
Number of minority students

Number of Reports
in which item was
mentioned:

2.....Dicipline

Goals of School

Number of Students receiving Financial Aid

Retention of Minority Students

1.....Facilities

Number of Pre-meds interviewed

Age of Students

Work Study Program

Food Services

Transportation

Patient records written by students, reviewed

APPENDIX IV

Accreditation Criteria
Review Factors
Student Affairs

EVALUATION:

- * How are students evaluated in the (1) pre-clinical and (2) clinical years?
- * Are definite criteria and/or objectives clearly stated for students prior to a course or clerkship?
- * What is the grading system? (i.e., Grades, Pass/Fail/Honors, etc.)

Do students feel there is enough (adequate) feedback from their instructors, especially on the clinical clerkships?

- * How are National Board Scores used at the school? Are they required for promotion or graduation?

Are students permitted to review and/or correct their written evaluations?

Are students given the opportunity to offer feedback on a course or clerkship? What mechanism is established so that this feedback can be used to modify the courses?

Are exams criteria referenced or norm referenced?

Are there exams in the clinical years?

TEACHING

- * What is the student-faculty relationship?
- * Are there adequate tutorial programs for students who need remedial work? Are there summer remedial courses?

Are the students happy with the mode of teaching? (i.e., would they prefer to have more of one type than another?)

- * Is there opportunity for self-instruction? Are there any computer courses?

Do the students feel their time could be better spent in some other type of study or learning activity than they are offered at present?

- * Are advisors assigned or arranged for each student? During the pre-clinical years? During the clinical years? Is there a post-graduate counseling system?
- * Are there areas in the curriculum which the students feel should receive more or less time? (e.g., nutrition, human sexuality)
- * Is there enough faculty to teach the class size? Has the class size increased without a proportionate increase in faculty size?
- * Is the curriculum flexible enough to allow students time off without being penalized? Do students have to miss a whole year if they take time off?

What use is made of audio-visual aids?

- * Is there a course/clerkship in primary care/family practice? Is it required of all students? Is it integrated or part of the family practice post-graduate program at the University?
- * How much of the pre-clinical and clinical years are offered as "elective or "option" time?

Are there adequate conference room facilities on the clinical services?

- * Do the residents take an active and adequate part in the teaching program?
- * Do students on internal medicine and pediatrics (especially) work on general wards of in sub-speciality rotations?
- * Is there any organized exposure to the out-patient and emergency room services?
- * Are student/patient ratios small enough to allow an adequate teaching and learning experience?

In the obstetrical rotation, do students deliver enough babies?

- * Is there a combined MD-PhD program?
- * How is the curriculum evaluated at the school? Do students have input to this process? Is the "process" actually influential in bringing about needed changes?

FACILITIES

- * Is there adequate student housing?
- * Are the on-call rooms on the wards adequate? Do they also provide rooms for female students?
- * Are there adequate and convenient athletic facilities for the students? Are these facilities open at times when students can use them?
- * Is there a student lounge?
- * Are there adequate cafeteria and eating facilities? Do students get a free meal when on-call?
- * Is the library adequately supplied and does it provide study space for students?
- * Are the lecture halls adequate? Are labs adequate in size and staff?
- * Are there adequate student health care facilities? Do students pay a health service fee? Is it required?
- * Is there adequate student parking? Is there convenient public transportation to out-lying hospitals where students have clerkships?
- * Is psychiatric care and counseling available?

FINANCIAL AID

- * What was the amount of financial aid requested last year? How much financial aid was actually provided?
- * Are there adequate work-study programs at the school?

MINORITIES AND WOMEN:

- * What is the percentage or total number of minority students in the school and in each class? What is the ratio of male/female students?
- * Does the school have an active and effective recruiting system for minorities and women?
- * Do women feel that they are excluded from certain specialities?
- * Do women feel there is discrimination overt/covert against them and do they have some means of rectifying the situation?
- * Are there child-care facilities at the school?
- * Is there a dean or office for minority and/or women's concerns?
- * Are facilities for women (i.e., rest rooms, on-call rooms, etc.) equal to those for men and are they adequate?
- * Are women with children accepted?
- * Is there adequate female student health care?

ADMINISTRATION

- * Are students given seats with vote on the school's committees? (e.g., curriculum, exams and evaluation, judicial council, admissions, etc.)
- * Is there a student council or student government?
- * What is the role of SAMA, OSR, and SNMA?
- * Do students have a voice in the selection process for department heads and new administrators?
- * How is the admissions process handled at the school? Do students have input?
- * Is there any attempt to integrate the clinical and pre-clinical sciences in the first years?
- * Do students feel they are asked/required to do too much "scut" work? (i.e., drawing blood, running for blood, starting IV's, other routine lab work)
- * How do students feel about their school? What are their major criticisms?

- * What specialty fields do the students at the school eventually do into? (e.g., percent in surgery, medicine, peds, family practice, OB-GYN, pathology, anesthesiology, etc.-- a breakdown of this information for the past two or three years would be helpful)

Is the student body heterogeneous? How many states and colleges are represented in the freshman class?

- * Are students required to do a research project and/or paper for graduation?
- * Is time set aside in the curriculum for teaching of such things as medical economics, ambulatory medicine, public health, preventative medicine, social aspects of medicine, and legal medicine?
- * Is time devoted to ethical and moral issues in medicine? Are students required to participate in such courses?
- * What is the distribution of undergraduate majors in the freshman class?
- * Is credit given for courses taken in other departments of the university? Is there cross-registration?
- * Are medical students, nursing students, physicians assistants, etc. taught in any formal "team" type courses? How do the students feel about these courses?
- * Are students taught by physicians whose primary career is in the private or community practice of medicine?
- * Describe the admissions process. What are the criteria used to select a student?
- * Does this school participate in COTRANS? Does it accept students in transfer? Does it accept students from other schools for elective courses? Does it charge students from other schools tuition?
- * Are students allowed to take elective courses at other medical schools or institutions?
- * Are students given advanced standing and/or allowed to skip courses if they demonstrate adequate preparation and skill?
- * Is the academic system such that students may proceed at their own pace?
- * Are there "tracks" which students may enter for early career specialization?

CHAIRPERSON'S RECOMMENDATIONS

*Presented by Dan Clarke-Pearson at the
AAMC Annual Meeting
November 10, 1974

The AAMC bylaws be changed to include the OSR as a full council; the OSR be independent from the Council of Deans; and the OSR be given voting privileges on an equal basis with the other councils.

Discussed informally before meeting. Council would have to be taken into account.

Continue to discuss

to be done

Should also discuss requirements

Have had input into budget

There is a...

See...

...

...

Have had a joint mtg

2. Houseofficers be included in the governance of the AAMC and that this representative houseofficer input come from the existing houseofficer organizations--the Physicians' National Housestaff Association and the Interns and Residents Business Session of the AMA.

3. The OSR staff must be fully aware of AAMC policies, must be in touch with the issues, and must keep the OSR and its Administrative Board informed of developing issues so that we can make our input before, not after, AAMC policy is established.

4. The AAMC bylaws be amended so that student appointments to AAMC committees are made only by the OSR.

5. In terms of OSR budget:

- a) the OSR should be given the right to discuss our financial needs with the AAMC budget committee.
- b) that the budget be clearly defined for the OSR and that the OSR Administrative Board be informed monthly of expenditures and balance.
- c) that the OSR be given the right to spend the budgeted funds as it sees fit.

6. The OSR, as an advocate of pre-medical students, ask that the AAMC clearly define the costs of administering MCAT and AMCAS so that the net income from these services can be determined. In addition, I recommend that the OSR review the cost to the pre-med student to apply through AMCAS to determine whether AMCAS is worth the service the student receives.

7. The OSR develop a feedback mechanism so that other OSR members can make input to the individual OSR members on AAMC committees. The OSR develop a means of communication between and among its committee members and all OSR members about the issues the committees are addressing.

8. During the coming year, the means be developed so that the OSR Chairperson elected at next year's annual meeting will be required to take on the responsibilities of OSR leadership on a full time basis. This means, of course, that a reasonable stipend must be found to support the OSR Chairperson.

9. The AAMC in cooperation with other national medical student groups such as SNMA and SAMA sponsor an institute and workshops aimed at developing better medical student government at each medical school with the primary purpose of stimulating more representative student input on national issues.

10. The leaders of the various medical student groups meet periodically to discuss common problems and to develop unified student policy.

*Full text of the address is available upon request from AAMC, One Dupont Circle, NW, Washington, D.C. 20036.

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RULES AND REGULATIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADOPTED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES
October 28, 1971

APPROVED BY THE COUNCIL OF DEANS
October 29, 1971

REVISED JANUARY 14, 1975

The Organization of Student Representatives was established with the adoption of the Association of American Medical Colleges Bylaw Revisions of February 13, 1971.

Section 1. Name

The name of the organization shall be the Organization of Student Representatives of the Association of American Medical Colleges.

Section 2. Purpose

The purpose of this Organization shall be 1.) to provide a means by which medical student views on matters of concern to the Association may find expression; 2.) to provide a mechanism for medical student participation in the governance of the affairs of the Association; 3.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education; 4.) to provide a vehicle for the student members' action on issues and ideas that affect the multi-faceted aspects of health care.

Section 3. Membership

A. Members of the Organization of Student Representatives shall be medical students representing institutions with membership on the Council of Deans, selected by a process appropriate to the governance of the institution. The selection should facilitate representative student input. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

B. Each member of the Organization of Student Representatives shall be entitled to cast one vote at meetings of the Organization.

C. Each school shall choose the term of office of its Organization of Student Representatives member in its own manner.

D. Each institution having a member of the Organization of Student Representatives may select one or more alternate members, who may attend meetings of the Organization but may not vote. The selection of an alternate member should facilitate representative student input.

Section 4. Officers and Administrative Board

A. The officers of the Organization of Student Representatives shall be as follows:

1. The Chairperson, whose duties it shall be to (a) preside at all meetings of the Organization, (b) coordinate the affairs of the Organization, in cooperation with staff of the Association; (c) serve as ex-officio member of all committees of the Organization; (d) communicate all actions and recommendations adopted by the Organization of Student Representatives to the Chairman of the Council of Deans; and (e) represent the Organization on the Executive Council of the Association.

2. The Vice-Chairperson, whose duties it shall be to preside or otherwise serve in the absence of the Chairperson.

3. Four Regional Chairpersons, one from each of the four regions, which shall be congruent with the regions of the Council of Deans.

members 4. Representatives-at-large elected by the membership in a number sufficient to bring the number of ~~seats~~ on the Administrative Board to ten or to a total equal to ten per cent of the Organization of Student Representatives membership, whichever is greater.

B. Officers shall be elected at each annual meeting of the Organization and shall assume office at the conclusion of the annual meeting of the Association. Regional Chairpersons shall be elected by regional caucus. The term of office of all officers shall be one year.

C. Officers shall be elected by majority vote, and the voting shall be by ballot.

D. Presence at the Annual Meeting shall be a requisite for eligibility for election to office. Each officer shall have been within one year or shall have previously been certified to become at the conclusion of the Annual Meeting, the official OSR representative of his or her institution. Each officer shall be an official representative of his or her institution to the OSR throughout his or her entire term of office. The Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived.

E. Nomination for office may take place by two procedures:
(1) submitting the name and curriculum vitae of the nominee to the Association thirty days in advance of the annual meeting or
(2) from the floor at the annual meeting, a seconding motion being required for each nomination so made.

F. There shall be an Administrative Board composed of the Chairperson, the Vice-Chairperson, the Regional Chairpersons, the Representatives-at-Large, and as a non-voting member, the immediate past Chairperson of the Organization.

G. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees and Committee on Resolutions.

Section 5. Representation on the AAMC Assembly

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 per cent of the Organization of Student Representatives membership, the number of seats to be determined annually. Representatives of the Organization of Student Representatives to the Assembly shall have the prior approval of the Council of Deans, shall include only current, official OSR members, and shall be determined according to the following priority:

- 1) The Chairperson of the Organization of Student Representatives;
- 2) The Vice-Chairperson of the Organization of Student Representatives;
- 3) Other members of the Administrative Board of the Organization, in order of ranking designated by the Chairperson if necessary.

Section 6. Succession

If the Chairperson of the Organization is for any reason unable to complete the term of office, the Vice-Chairperson shall assume the position of Chairperson for the remainder of the term. Further succession to the office of Chairperson, if necessary, shall be determined by a vote of the remaining members of the Administrative Board.

Section 7. Meetings, Quorums, and Parliamentary Procedure

A. Regular meetings of the Organization of Student Representatives shall be held in conjunction with the AAMC Annual Meeting.

B. Special meetings may be called by the Chairperson upon majority vote of the Administrative Board provided there be given at least 30 days notice to each member of the Organization.

C. Regional meetings, with the approval of the Association, may be held between annual meetings.

D. A simple majority of the voting members shall constitute a quorum at regular meetings, special meetings, regional meetings, and Administrative Board meetings.

E. Formal actions may result by two mechanisms: (1) by a majority of those present and voting at meetings at which a quorum is present and (2) when three of four regional meetings have passed an identical motion by a majority of those present and voting.*

F. All official members have the privilege of the floor at regular meetings, special meetings, regional meetings, and Administrative Board meetings. The Chairperson of each meeting may at his or her discretion extend this privilege to others in attendance.

G. Resolutions for consideration at any meeting of the Organization, including regional meetings, must be submitted to the Association thirty days in advance of the meeting. This rule may be waived for a particular resolution by a two-thirds vote of those present and voting at the meeting.

H. The minutes of regular meetings and Administrative Board meetings shall be taken and within thirty days distributed to members of the Organization.

I. Where parliamentary procedure is at issue, Roberts Rules of Order (latest edition) shall prevail, except where in conflict with Association Bylaws.

J. All Organization of Student Representatives meetings shall be open unless an executive session is announced by the Chairperson.

Section 8. Students Serving on AAMC Committees

Students serving on AAMC Committees should keep the Chairperson informed of their activities.

Section 9. Operation and Relationships

A. The Organization of Student Representatives shall report to the Council of Deans of the AAMC and shall be represented on the Executive Council of the AAMC by the Chairperson of the Organization of Student Representatives.

B. Creation of standing committees and any major actions shall be subject to review and approval by the Chairman of the Council of Deans of the AAMC.

Section 10. Amendment of Rules and Regulations

These Rules and Regulations may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given to each member of the Organization of Student Representatives.

*The Chairman of the COD and the Chairperson of the OSR reached an informal agreement that formal actions may result from regional meetings only if four of four regions have passed an identical motion by a majority of those present voting and that the wording of Section 7.E(2) will be changed by the OSR at the 1975 Annual Meeting to reflect this agreement.

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ORGANIZATIONAL RELATIONSHIP: A DOCUMENT OF UNDERSTANDING

Participating organizations:

- 1) Organization of Student Representatives of the Association of American Medical Colleges (OSR)
- 2) Student American Medical Association (SAMA)
- 3) Student Business Session of the American Medical Association (SBS)
- 4) Student National Medical Association (SNMA)

I. Organizational Definition

- a. OSR is the official mechanism for medical student input to the affairs and policy-making decisions of the AAMC.
- b. SAMA is the independent student voice representing medical students.
- c. SBS is the official mechanism for medical student input to the affairs and policy-making decisions of the AMA.
- d. SNMA is the independent voice representing the views and concerns of minority medical students.

II. Communication flow

- a. Exchange of communications
 1. Officers of respective student organizations will regularly make available appropriate communications.
 2. All four organizations will publicize current policy positions of the respective groups and encourage broadest possible distribution of publications, e.g., Black Bag, Online, OSR Bulletin Board, The New Physician.
- b. Creation of leadership flow
 1. Inter-organizational meetings approximately four times per year (probably at national meeting of each organization). Each organization may send a maximum of three attendees.
 2. Exchange of ex-officio members or invited guests on governing boards, as seen fit.

III. Appointments

- a. Intra-organizational: made with input from the other student organizations; names of appointees to be forwarded to other organizations.
- b. External appointments: SAMA and SNMA will make appointments with input from OSR and SBS
- c. Exception: those external appointments directly involved with medical education; e.g., NBME, NIRMP, and CME.
 1. Four leaders will jointly make appointments by unanimous decision.
 2. Selections to be announced by SAMA and/or SNMA.

IV. Development and Implementation of Policy

- a. Cross-pollination
 1. Leaders review policy of other organizations.
 2. Place policy of four groups in cross-indexing.
- b. Action on federal legislation
 1. Input by all groups into preparation of testimony.
 2. Assignment of specific entity responsibility
 - a) SAMA and/or SNMA delivery.
 - b) OSR and SBS input, participation where possible.
 - c) OSR and SBS provide input to parent positions.

COTH Plans Workshop on Housestaff Union Organization

Throughout the last decade, housestaff union activity has increased dramatically. In the mid-1960's organized interns and residents were a rarity. Today, the demands of house officer groups for union recognition, demands for increased salaries and fringe benefits, demands for overtime pay and demands for more involvement in determining the structure and content of graduate training programs are becoming more commonplace.

All non public health care facilities are now subject to the provisions of the National Labor Relations Act, as amended. Federal hospitals are regulated, with regard to their labor relations activities by several Executive Orders, and many state and local governmental hospitals are covered by state public employee labor laws. Due to coverage under the labor law, recognition activity by house officers has increased significantly. Perhaps even more important, this recognition activity will have to be addressed under a complex body of statutory law, NLRB decisions and court rulings with which hospitals have had little experience or exposure.

Several cases are now in the process of being considered by the National Labor Relations Board regarding the status and bargaining unit configuration of house officers under the National Labor Relations Act. Decisions on these cases by the Board will have broad and significant impact upon medical schools, teaching hospitals and the structure and function of graduate medical training programs throughout the country.

To assist constituents in more effectively facing the challenges of housestaff union recognition activity, COTH has scheduled a special one-day workshop on the topic. The workshop is primarily designed for hospitals who do not have a negotiated collective bargaining agreement with their housestaff and who are interested in understanding the complex set of issues sur-

rounding housestaff recognition. The workshop seeks to assist COTH members in more effectively facing and countering a house officer recognition campaign.

The workshop will be held on April 11, 1975 at the Stouffer's National Inn, Arlington, Virginia. Registration is limited and no more than two individuals will be accepted from each member hospital. If demand warrants, every attempt will be made to schedule additional conferences. It is recommended that where possible the chief executive officer and an individual having clinical or medical education leadership responsibilities in the institution attend.

Featured speakers in the morning session of the workshop include: Robert Moss, Counsel, House Special Labor Subcommittee, discussing the National Labor Relations Act; Carl Wm. Vogt, Esq., Fulbright and Jaworski, Washington, D. C., speaking on Recognition Petition, Bargaining Unit Certification and Election Procedures; and an open discussion with John Truesdale, Executive Secretary, NLRB. The afternoon program contains presentations by Stuart Marylander, Executive Director and Paul Rubenstein, M.D., Director of Professional Services, Cedars-Sinai Medical Center, Los Angeles, talking on Housestaff Unionization: One Hospital's Recent Experience; Charles Paxon, Jr., Administrative Vice President, Temple University Hospital, will address Housestaff Actions—Management Strategies: Facing the Recognition Campaign; and Dennis D. Pointer, Ph.D., Assistant Director, Department of Teaching Hospitals, will speak on the implications of the 1974 NLRA Amendments.

Questions regarding the workshop may be directed to Dennis Pointer, Ph.D., Assistant Director, Department of Teaching Hospitals, AAMC at 202/466-5122; or write c o Dr. Pointer at the Association.

ORGANIZATION OF STUDENT REPRESENTATIVES

1974-75

ORIENTATION HANDBOOK

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OSR "Independence"

The following resolution was submitted to Cindy Johnson at the Annual Meeting by Bruce Leslie and Scott Seifer from SUNY-Upstate and Jeff Yablong from Brown.

WHEREAS: The OSR is charged with representing the voice of the American medical student, and

WHEREAS: The interests and needs of medical students as represented by the OSR may not concur with AAMC policy;

RESOLVED: That the OSR be guaranteed public expression of a dissenting opinion from AAMC policy pursuant to Section 2, Paragraph 4 of the OSR bylaws.

(Section 2, item 4 of the OSR Rules and Regulations states that one purpose of the OSR shall be "...to provide a vehicle for the student members' action on issues and ideas that affect the multifaceted aspects of health care.")

The OSR Administrative Board may benefit from a discussion of the above resolution and of the concept of OSR "independence" in general. What should the concept of OSR "independence" mean to OSR members? To what extent can the OSR be independent? In what forms and contexts is it appropriate or inappropriate for the OSR to express publicly views that conflict with those of the AAMC?

Is there discrimination against participants in scholarship programs with service commitments in the residency application process?

Steve Scholle reports that students have expressed to him a concern over possible discrimination in the residency application process against students who participate in National Health Service Corps, military scholarship programs, and other programs involving a service commitment. It is the opinion of those expressing this concern that residency programs may be reluctant to offer places to students who are committed to a term of service commencing within one or two years after graduation from medical school.

Some questions which the OSR Administrative Board might wish to address in a consideration of this issue are: How can this problem best be investigated? Should it be pursued by students alone, by students and housestaff, by the AAMC, by the LCGME, or by another group? What level of priority should be assigned to this issue?

PROPOSED PROJECT IN HUMAN VALUES

Mike Victoroff, OSR representative from Baylor College of Medicine, has suggested that AAMC become involved in some type of study of the state of human values awareness in medical education by perhaps establishing a task force.

Attached are copies of letters from Mike to Dr. Anlyan and Dr. Cooper and a response to him from Dr. Cooper.

Questions which the OSR Administrative Board might address in a discussion of this issue include whether the AAMC should initiate such an activity, whether such an activity should be pursued by independent student groups such as SAMA or SNMA, and whether the issue is of sufficient priority and urgency to require a concerted effort at the present time.

In 1957, the AAMC sponsored an Institute on The Ecology of the Medical Student. The proceedings of this Institute are included in the 1958 volume of the Journal of Medical Education. Many valuable comments, recommendations, and objective findings are reported in these proceedings, but it is questionable whether the Institute has had a lasting impact on the reduction of the dehumanizing aspects of medical education. Many of the same dehumanizing elements persist, and few anti-dehumanizing influences have been infused into medical education, in spite of the recommendations of the Institute.

THE INSTITUTE OF RELIGION AND HUMAN DEVELOPMENT

Texas Medical Center, P. O. Box 20569, Houston, Texas 77025 713-523-6886

V. Michael Victoroff
December 3, 1974

John A.D. Cooper, M.D., Ph.D.
AAMC
One DuPont Circle, N.W.
Suite 200
Washington, D.C. 20036

Dear Dr. Cooper,

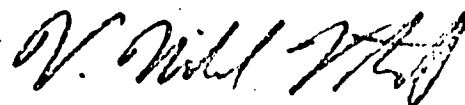
I would like to thank you for your invitation to discuss the notion of an AAMC project in the area of human values. I have enclosed a copy of a letter to Dr. Anlyan which details my clearest, current ideas of how such a project might be undertaken. Dr. Anlyan has offered to help with the formulation of a proposal which Mark Cannon might bring to the Executive Council.

I am grateful for your introduction to Dr. Hunter. He is enthusiastic about the subject of human values, and has provided some insightful suggestions.

Besides yourself and those already named, I have also mentioned my interest in this project to Dr. Swansen and the OSR leadership, and to Dr. Pellegrino, who has been my friend and advisor on related activities in the past.

If you feel our ideas are worthy of being shaped into an actual proposal, I would devote some effort to polishing them. I appreciate your encouragement, and I look forward to hearing your initial impressions.

Sincerely yours,



V. Michael Victoroff
Senior Medical Student
Baylor College of Medicine

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V. Michael Victoroff
December 3, 1974

William Anlyan, M.D.
Vice President for Health Affairs
Duke University Medical Center
Durham, N.C. 27706

Dear Dr. Anlyan,

It was a privilege to meet you the other week in Chicago. I deeply appreciate your offer to help me on the subject of human values in medical education. Your contributions in this field are well known. Many other students have approached me with requests for advice in this realm, where I have become vigorously involved, and I am happy for the chance to share our interest with you.

By "human values" I have come to mean not only the conventional topics of medical ethics and humanities related to the healing arts, but also a loosely bounded subject which many people call "humanism." Humanism pertains to the attitudes with which one approaches life, and one's encounters with people and events. I and a significant number of students throughout the country, believe that "human values awareness" is a subject which needs open discussion in the same forum with issues of medical education and relevant questions of social policy administration. Human values awareness is inseparable from the topics which are currently being debated in the AAMC, yet many of us feel that, as a subject in itself, it deserves attention as a proper entity. Human values does not displace any of the concern which we feel about the immediate legislative dilemmas or crises, but is no less important as an area where action is needed.

The leadership of the OSR has delegated me to make some inquiries about how a process might be initiated, on a national scale, whereby the awareness of medical students and teachers might be assessed and perhaps stimulated in the area of human values.

Although a certain amount of work has been done on related subjects, outside the AAMC, we feel it is appropriate for the Association to make some statement on this issue. A report to the membership is the format which we suggest. No individual member institution, consumer group, government agency or private organization has an influence on American medical education comparable to that of the AAMC. A thorough study and comprehensive report by the Association would be of enormous value to everyone concerned with human values awareness in medicine.

I would be grateful if you could share your thoughts with us about whether, and how, the resources of the AAMC should be used to undertake such a study.

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Drs. Cooper and Swansen have been very encouraging about having a proposal from the OSR brought before the Executive Council. And the reputations of persons like yourself and Dr. Mellinkoff gives us confidence that the import of human values awareness, and its significance to students, will be appreciated within the leadership of the organization. Yet, although we have some thoughts about what we, as students, would like to see, we would like to have a clear idea of what is feasible and appropriate within the AAMC, before we take any formal action. We would want any proposal submitted to the Executive Council to have been carefully thought out and discussed beforehand, so that consideration of it might be free from the impediments of oversights and poor formulation.

Therefore, I would like to bring forward some suggestions for how a project might be developed in the interest of human values awareness, and to list some items and rationales which pertain to its implementation. I would be grateful for your critique of the plans offered, and any suggestions you might have about how the principles embodied here might be drawn up in a way that would fit the goals and mechanisms of the AAMC. Again, I would like to emphasize the tentative status of this proposal. While authorized by the OSR, it yet has no official force.

1. We suggest that the AAMC sponsor a study of and report on the current state of human values awareness and training in both undergraduate and graduate medical education.
2. The report might include any recommendations that the study group felt to be in order.
3. By "human values" we mean not only such topics as medical ethics, humanities and social psychology as they are taught in training programs, but also the more vaguely defined empathy factors that contribute to the awareness of human values that is usually regarded as a part of the art of medicine.
4. We would like to see a determination of the sorts of experiences which are incorporated in medical training that tend to foster human values awareness.
5. It would be good to find out what sorts of formal programs are now established and proposed in the areas of medical ethics, race relations and the like, and what has been tried in the past. (Some of this work has already been done by the Institute for Society, Ethics and the Life Sciences.)
6. It seems worthwhile to sample the opinions of faculty and

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health-care recipients, as well as the students and housestaff themselves, regarding the level of human values awareness they perceive in the health-care providers, and in the case of the medical personnel, what experiences they regard as being most contributory to their own human values awareness.

7. Methods for teaching human values topics, and for raising awareness, should be studied, with a view toward finding ways in which they may be included in the course of medical training.

8. Such teaching methods should be carefully assessed in terms of cost and benefits, and applicability to medical education.

9. In summary, the general goals of the report, as I see it, would be to give a feeling for what things we do in medical education have the strongest influence on human values awareness, what things we might do in addition, or differently, at reasonable cost, and what the feelings of the medical and lay communities are about the state of and need for human values training in medical personnel today.

With regard to how such a study ought to be undertaken, we have some suggestions to which we would like to have your reactions:

1. The AAMC should establish a task force or work group or a committee, or similar body to carry out this investigation and write a report to its members.

2. Funding should be found, within and/or outside the coffers of the AAMC, to permit a serious and extensive evaluation to take place. This would imply a careful literature search, site-visits and interviews, questionnaires and invited testimony, as well as enough meetings of the study group to allow a low-key, free-flowing discussion, unhindered by time pressure.

3. The composition of the study group should not be limited to students. Although we feel that the study, conceived by and on behalf of students, should be largely conducted by them, we also believe it is invaluable to us to be exposed to the input from the distinguished senior members of the medical community, who have established and demonstrated their interest in human values education. Also, having certain luminaries in the field taking part in such a study group lends a necessary credibility to its work, and, of course, its final report. We would strongly support student leadership of such a group, however, in the form of a student chairperson.

Having set down these thoughts, I am empty, in a sense, of ideas about what to do with them. Here is where I hope you can help most, in suggesting a next step in the formulation of a proposal.

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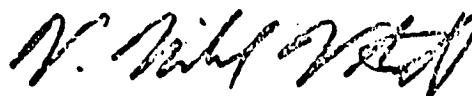
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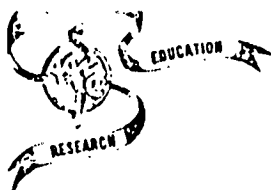
Since Dr. Cooper asked to join in on our deliberations, and, indeed, offered to help us find a clear path, I have taken the liberty of sending a copy of this letter to him, and to Mark Cannon, the Chairperson of the OSR.

I am sorry that we didn't have time to discuss this project in person, but the interval has given me the opportunity to get my thoughts on paper. I look forward to hearing your reactions to them. Greetings for the holiday season!

Health and fair weather,



V. Michael Victoroff
Senior Medical Student
Baylor College of Medicine



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

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

WASHINGTON: 202: 466-3175

January 21, 1975

Mr. V. Michael Victoroff
Senior Medical Student
Baylor College of Medicine
P.O. Box 20569
Houston, Texas 77025

Dear Mr. Victoroff:

I am responding to your letter regarding development of an AAMC study on the current state of human values awareness in training in both undergraduate and graduate medical education.

Dr. Bernard Towers, Professor of Pediatrics at UCLA, forwarded me a copy of his letter to you dated December 27, in which he recommended that you contact the Society for Health and Human Values in Philadelphia. I believe Dr. Towers' suggestion is a good one because it is important that the current state of knowledge regarding the parameters of your proposed study be delineated as carefully as possible before proceeding towards planning an inquiry of the medical schools and graduate medical institutions. Dr. Swanson has chatted with Dr. McNeur by telephone and Dr. McNeur expressed great interest in assisting you.

When embarking upon any study it is important to identify the expected outcomes and utility of such a study. As you are well aware, the Association does not make specific recommendations to the medical schools or teaching hospitals pertaining to how they should allocate curriculum time. Clearly, through the development of the annual curriculum study, it is possible to obtain information regarding educational programs in areas of special interest and thus identify those schools that might be further queried regarding what their programs are in the areas of your interest. However, before embarking upon data collection, it is very important that the expectations for the study be clearly delineated.

Mr. V. Michael Victoroff
Page Two
January 21, 1975

After appropriate investigation of information that is now available and careful planning of a proposed study, it will be necessary to seek resources from outside the Association to support such a study. The Institute on Human Values in Medicine may be a source for support of such an effort.

Sincerely yours,

John A.D. Cooper, M.D.

cc: Dr. W.G. Anlyan
(Mark Cannon)
Dr. Sherman Mellinkoff
Dr. Bernard Towers