OSR ADMINISTRATIVE BOARD AGENDA

Conference Room
One Dupont Circle
Washington, D.C.

September 17, 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

V. DISCUSSION ITEMS

A. Annual Meeting Schedule 15
B. Accreditation Pamphlet 17
C. OSR Orientation Handbook
D. Scholarship Programs with Service Commitments 22
E. OSR-AAMC BULLETIN BOARD
F. Recommendation for Full-Time OSR Chairperson

VI. INFORMATION ITEMS

A. Financial Aid Survey Preliminary Results
B. Health Manpower Legislation

VII. NEW BUSINESS

VIII. ADJOURNMENT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

June 18, 1975
AAMC Headquarters
Washington, D.C.

Chairperson	-- Mark Cannon
Vice-Chairperson	-- Cindy Johnson
Regional Representatives	-- Stevan Gressitt (Southern)
	-- Stephen Scholle (Central)
	-- Richard Seigle (Western)
	-- Frederick Waldman (Northeast)
Representatives-at-Large	-- Stanley Pearson
	-- Phillip Zakowski
AAMC Staff	-- Robert J. Boerner
	-- Prentice Bowsher
	-- John A.D. Cooper
	-- Suzanne Dulcan
	-- Joseph Keyes
	-- Diane Mathews
	-- Dennis Pointer
	-- Bart Waldman
Guests	-- Laurel Cappa

I. Call to Order

The meeting was called to order by Mark Cannon at 9:00 a.m.

II. Consideration of Minutes

The minutes of the April meeting were approved with the addition of Stanley Pearson's name to the list of attendees on pages 1 and 4.

III. Chairperson's Report

Mark Cannon reviewed with the board the actions of the April Executive Council meeting and reported on a joint meeting of AMSA, Student Business Session of AMA, and SNMA which he attended on June 13. He reported that Russel Kreidel had been supported by all four student groups to remain as the student member of the Advisory Committee on Undergraduate Medical Evaluation of NBME.

Mark also requested that board members submit current requests for expense reimbursements so that he may maintain an accurate record of OSR expenses.

IV. Report of the Department of Teaching Hospitals

Dr. Pointer, Associate Director of the AAMC Department of Teaching Hospitals, attended the meeting and summarized for the board some of the programs and activities of that department in representing the 400 teaching hospitals that are members of COTH. He briefly reviewed the involvement his department has had in responding to Sections 227 and 223 of the Social Security Amendments which deal with the payment of teaching physicians (227) and with defining reasonable costs used in computing hosptials' reimbursement by Medicare for services provided to patients (223). The Regulations issued by HEW on Section 223 are to become effective on July 1, and AAMC has filed suit against HEW in an effort to enjoin the regulations.

Dr. Pointer also discussed with the board the amicus curiae brief filed with the National Labor Relations Board regarding the status of housestaff under the Taft Hartley Act. In a brief explanation of the evolution of the decision made by the AAMC Executive Council to enter the case as an amicus curiae, Dr. Pointer noted that 90% of graduate training programs are offered by hospitals affiliated with member medical schools and two-thirds of the training programs are offered by COTH member hospitals. Thus, interest in this issue and the firm belief by the majority of Executive Council members that the adversary process inherent in collective bargaining would be detrimental to the educational aspects of graduate medical education, led to the decision to file the brief arguing against the appropriateness of NLRB's asserting jurisdiction over housestaff. Several board members offered the opinion that house officers had resorted to requesting union recognition because other methods proved ineffective in improving their educational program. Dr. Pointer expressed the Executive Council's view that while bargaining may be an effective way for housestaff and hospitals to reach agreement on certain issues related to the terms of and conditions of employment, NLRB, in asserting jurisdiction, would inevitably be making decisions outside their realm of expertise about the structure and content of graduate medical education. It was also pointed out that because of the nature of labor law, as soon as the bargaining process is initiated, all participation and discussion on an informal basis must cease.

Steve Scholle raised the question of whether lines of communication between COTH and house officers should be opened by providing a formal mechanism for housestaff input into decisions reached by COTH. In a discussion about this question, the distinction between the role of COTH and CAS and the implications of that distinction in the process of collective bargaining were clarified. Since COTH deals with issues primarily related to hospital administration rather than issues related to the educational aspects of the training programs which are addressed by CAS, hospital administrators would be in a position of bargaining about matters over which they have no control.

Mark Cannon presented to the OSR Administrative Board a statement which reflected his reactions to the NLRB brief (See Attachment I.) The board considered the statement as a motion, but voted to take no action on it.

V. OSR Annual Meeting Schedule

The board discussed at length the OSR activities for the AAMC Annual Meeting. Several possible schedules were discussed, and it was agreed that staff would work with a few board members in developing the board's recommendations and finalizing a schedule (See Addendum 2).

An outline of a proposed joint OSR-GSA program session developed by women student affairs deans at the GSA Central Region Meeting was distributed. The board endorsed the concept of a joint OSR-GSA program and approved the tentative outline of speakers and topics (See Addendum 3.) Richard Seigle suggested that a videotape of students interviewed at USC regarding their reactions to the medical school environment and the stress produced by that environment might be available for use during the program. The board agreed that such a presentation would be desirable and offered suggestions for other student panel members. The board members agreed that staff would work with Mark Cannon, Richard Seigle, and the GSA program planners to finalize the speakers and topics before the printing of the AAMC Annual Meeting Program in August.

VI. Report of AAMC Health Planning Task Force Meeting

Phil Zakowski, the student member of the Task Force on Implementation of the Health Planning Legislation, provided a report of that group's meeting on May 22. Phil indicated that the two major points of P.L 93-641 which were addressed during the first meeting were the certificate of need program which applies to new institutional health services and planning agency review of proposed uses of federal funds. Mark Cannon requested that Phil continue to inform the board of the task force's discussions regarding the health planning legislation.

VII. Executive Council Agenda

A. Election of Provisional Institution Members

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation to the Executive Council that the existing criteria for election to provisional institutional membership be applied to South Carolina and that the Executive Council recommend its election to the Assembly.

B. Criteria for Election to Provisional Institutional Membership

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation to the Executive Council that they modify the Prerequisites for Provisional Institutional Membership to substitute Provisional Accreditation by the LCME for a Letter of Reasonable Assurance of Accreditation.

C. COTH Ad Hoc Committee Report

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation to the Executive Council regarding provisions for institutions to become subscribers to the Association.

D. Ratification of LCME Accreditation Decisions

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation that the Executive Council approve the LCME accreditation decisions.

E. CCME 1975 Budget

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation that the Executive Council approve the budget of the CCME.

F. CCME Relations with Parent Organizations

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation that the Executive Council agree to implement the proposals of the CCME regarding relations with parent organizations.

G. AMA Policy on Eligibility of Foreign Medical Students and Graduates for Admission to American Medical Education

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation to the Executive Council that a statement be forwarded to LCGME regarding the mechanisms for defining the pathways to graduate medical education.

H. Amendment of the AAMC Bylaws

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed Bylaw revision allowing for institutions whose representatives serve on the OSR Administrative Board to certify two representatives to the OSR.

I. Recommendations of the Conferences on Epidemiology

In a discussion of the AAMC's role in developing national standards for medical school curricula, it was emphasized that the Association has in the past encouraged the development of national goals and objectives in various disciplines in order to provide schools with standards by which to judge their own educational programs. The AAMC does not, however, make specific recommendations regarding how those goals and objectives should be met in the individual schools.

ACTION: On motion, seconded, and carried the OSR Administrative Board supported the recommendation to the Executive Council that the AAMC encourage the organizations and agencies cited in the report to develop goals and and objectives of an expanded effort in training in epidemiology.

J. NBME Goals and Priorities Report

The OSR Administrative Board reviewed each of the Task Force responses to the GAP report and the accompanying reactions of COD, CAS, GME, and OSR to those responses. It was explained that the Executive Council at their June 20 meeting would attempt to reach a consensus on each point and compile an Association response which will be considered by the Assembly in November.

In reviewing the reactions of the various groups to the Task Force Report, the board agreed to support the OSR responses which had been previously formulated. Item 4 which recommended that NBME develop an exam to be taken by students at their transition from undergraduate to graduate education (Qual A) was discussed by the board at length. The OSR response to this recommendation has been that no exam should be made a requirement for entrance into graduate medical education since it was felt that the M.D. degree alone should remain a sufficient qualification. While the board continued to support this position, there was consensus that if an exam to be given at the conclusion of medical school became inevitable, Qual A would be preferable to National Boards as they exist now. The board also agreed that if Qual A were to be implemented at this point in medical education, it should be a pass/fail exam and, in any event, individual students' scores should not be reported to the medical schools.

XIII. Resolutions

A. Primary Care Practice of Medicine

ACTION: On motion, seconded, and carried the OSR Administrative Board approved a resolution that admissions incentives and priorities be given to qualified students from areas of physician shortage and referred it to the GSA as an information item.

B. Rehabilitation Training in Undergraduate Medical Education for the Primary Physician

ACTION: On motion, seconded, and carried the OSR Administrative Board approved a revised resolution submitted at the Annual Meeting about rehabilitation training and forwarded the revised statement (See Addendum 4) to the GME for information.

In a discussion of this resolution, Laurel Cappa, President of AMSA, indicated that AMSA is currently developing model curricula for primary care and preventive medicine and would consider the OSR statement on rehabilitation training in discussions of a model curriculum for primary care.

IX. OSR Rules and Regulations Revisions

ACTION: On motion, seconded, and carried the OSR Administrative Board approved the revisions proposed by staff. (See Addendum 5).

X. Status Report on Health Manpower Legislation

Prentice Bowsher, Director of the AAMC Division of Federal Liaison, gave a brief summary of the developments that have taken place in Congress since the last Administrative Board meeting. Mr. Bowsher noted that HR 5546 which is essentially the bill introduced by Rogers this year and passed by the House last year and which includes a provision for capitation repayments, has been approved by the Interstate and Foreign Commerce Committee and awaits approval by the Rules Committee before it is introduced on the floor for consideration.

Bob Boerner reported that the suggestion has been made by various groups to collect more data to assess the level of student interest in the National Health Service Corps. During health manpower debate, the AAMC has contended that voluntary mechanisms would be effective in addressing the maldistribution problem. The data which is available is not conclusive, however. During the past year, awards for PHSC Scholarships were issued in late Spring due to the President's rescission of $10 million of the $22 million appropriated funds. Only approximately 50% of the 2500 students who were offered scholarships accepted them, but it is difficult to determine what the acceptance rate would have been if the awards ahd been made earlier in the year. The Administrative Board expressed the desire to obtain concrete data which would provide a more precise indication of the level of student interest in voluntary programs and requested that staff proceed with plans for such data collection.

XI. The meeting was adjourned at 4:30 p.m.

STATEMENT PRESENTED TO THE OSR ADMINISTRATIVE BOARD
By Mark Cannon

On April 3, the AAMC was authorized by the Executive Council to file an amicus curiae brief with the National Labor Relations Board on the subject of housestaff unionization. The brief was prepared by a legal firm in conjunction with AAMC staff. The Executive Council in April made clear its philosophical inclinations on the issue, and the brief conveys these. However, the OSR Administrative Board, even putting aside its substantive disagreements with the AAMC's bent, notes that the brief is frequently inaccurate and misleading, and seems to contain an outright blunder in legal interpretation. Since it bears the name of the AAMC and has been disseminated in a booklet-form containing a foreword by President Cooper describing it as "a scholarly document" on "the role of interns and residents," the brief may be presumed by some to represent AAMC policy. However, the text of the brief has not been reviewed or discussed by the Executive Council. We feel that such a review is in order.

The apparent blunder is the brief's assertion that the NLRB is at liberty to "decline jurisdiction over any labor dispute involving any class or category." The brief goes on to suggest that even if interns and residents are classified as "employees," the NLRB should decline jurisdiction over this category of employees. However, the true provision of the National Labor Relations Act is that the Board may "decline jurisdiction over any labor dispute involving any class or category of employers." In this case, the "class or category of employers" is the voluntary hospital, and the 1974 amendment to the Act precludes the declining of jurisdiction over this category. Yet, 40% of the text of the brief is devoted to arguments in favor of declining jurisdiction.

On page 9 of the brief, Section I(A)1 is headed, "The whole purpose of the relationship between interns and residents and hospitals is educational." The brief later concedes that the service role of housestaff cannot be denied, yet this hyperbolic heading is permitted to appear nonetheless. The first paragraph under this heading contains more hyperbole. The statement that "graduate medical education is now a requirement for the independent practice of medicine" obscures the fact that no state requires more than one year. The statement that "virtually all states" require at least one year of graduate medical education does not accurately portray a situation in which 14 out of 50 states have no such requirement. The statement that "an individual cannot competently practice medicine on his own unless he has acquired the training offered by residency programs" would be challenged by the many communities that are served by moonlighting residents, and there has not been a documented claim that such service is not generally competent. In the following paragraph, the statement that medical students "engage in patient care and diagnosis under the supervision of medical school faculty" ignores the fact that the great majority of the students' work is done under the direct supervision of interns and residents, not faculty.

In Section I(A)3, the brief cites the Hartford Hospital sutdy to create an impression that the cost of operating programs of graduate medical education is greater than the value of the services performed by interns and residents. However, an article in the Journal of the American Hospital Association (47:65, 1973) by two staff members of the Hartford Hospital (the head of the department of education and the associate executive director) interprets the results differently. They found that the housestaff provided services valued at two to four million dollars, which would have to be obtained from other sources, were it not for the interns and residents. The brief states that the Hartford study "demonstrated that were the graduate medical education program eliminated.

145 residents could be replaced by 40 full-time doctors." This probably represents an oversight on the part of the brief's authors, since the study actually reported that 40 full-time physicians, plus 10 nurse practitioners and 14 surgical technicians, would be required to replace the 145 interns and residents. In another study, sponsored jointly by the AAMC, AHA, and AMA (Program Cost Estimating in a Teaching Hospital: A Pilot Study, by A. J. Carroll), the following is stated: "(In the teaching hospital,) the hospitalized patient can receive competent medical care regularly, routinely, or in emergencies, as often as he may need it. This would not be possible without either an adequate number of interns and residents or a very large staff of full-time physicians...(With the present intern and resident system), the overall costs of this stand-by care are considerably lower than would otherwise by possible." And, "interns and residents are hospital employees!"

The OSR Administrative Board recommends that the Executive Council consider these points, and disclaim the brief as an enunciation of AAMC policy.

ORGANIZATION OF STUDENT REPRESENTATIVES

ANNUAL MEETING SCHEDULE

SATURDAY, NOVEMBER 1

8:30 - 10:30 am	OSR Administrative Board Meeting
12:00 - 12:45 pm	OSR Opening Session: Orientation
1:00 - 2:30 pm	OSR Group Dynamics: Free Discussion
2:45 - 6:00 pm	OSR Business Meeting
6:00 - 7:30 pm	OSR General Reception

SUNDAY, NOVEMBER 2

9:00 - 11:00 am	OSR Group Discussions
1:00 - 2:30 pm	OSR Regional Meetings
2:45 - 6:00 pm	OSR Business Meeting
8:00 - 10:30 pm	OSR/GSA Program Session

MONDAY, NOVEMBER 3

9:00 - 11:30 am	OSR Information Sessions
11:30 - 1:00 pm	OSR Regional Meetings

SUGGESTED PROGRAM SESSION FOR 1975 AAMC ANNUAL MEETING

The following program outline was formulated at the Central Regional GSA Meeting by a group of women student affairs deans. The program was proposed at that meeting for joint sponsorship by GSA and OSR, and the outline is referred to the OSR Administrative Board for your consideration as a possible program for the Annual Meeting. The proposed topics and speakers are tentative and open for modification if the board chooses to jointly sponsor a program about this issue with GSA.

* * * *

FORMAT: A panel discussion centering on the theme of stress produced by the medical education process.

TIME ALLOTMENT: 2-1/2 hours in a combined GSA and OSR session with an audience of approximately 300-500 people.

TENTATIVE LIST OF PANELISTS & SUGGESTED TOPICS

1. Admissions - Judy Krupka (Michigan State)
   This could be the starting point for discussion, with attention directed toward the efforts being made to develop a more humane process in admission to medical school.

2. Formative Years of Medical Education - Pearl Rosenberg (Minnesota - Minneapolis)
   Mitch Rosenholtz (Missouri-Columbia
   Walter Leavell (SUNY-Upstate)
   1 or 2 Student Panel Members

   This will include a broad-based area for discussion and cover some of the following topics:

   a. The development of coping mechanisms in early medical school years--adjustment to dehumanization.
   b. Role model identity crisis. What is a meaningful role model concept and do we currently provide it?
   c. Internship/Residency Blues. What are realistic choices and can any assurance be given of matching?

3. Reduced Time Residencies - Mary Howell (Harvard)
   Can reduced-time residencies be instituted as a way of making post-graduate physician training more compatible with life circumstances?

4. What Impact Can the GSA and OSR Have in Implementing Change - Paul Elliott (Florida State) and 1 OSR member.

OSR STATEMENT ON REHABILITATION TRAINING IN UNDERGRADUATE MEDICAL EDUCATION FOR THE PRIMARY CARE PHYSICIAN

An estimated 10% of the U.S. population is in need of various rehabilitation services and less than one-third are able to obtain those services. Among the common problems treated by the primary care physician are arthritis, cerebral palsy, hemiplegia, peripheral vascular disease, cardiorespiratory diseases, amputation, and spinal cord injury. At present, undergraduate medical education in most institutions devotes little time to instruction of rehabilitation in the comprehensive care of patients with such problems.

The OSR, therfore, urges that undergraduate medical education include formal training in Physical Medicine and Rehabilitation. This training should be sufficient to give the future primary care physician an adequate data base to (1) differentiate problems which can be managed by the primary care 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 an Occupational Therapy, Physical Therapy, Speech Therapy, Social Services, etc.

OSR RULES & REGULATIONS PROPOSED CHANGES

Section 3. A.

Members of the Organization of Student Representatives shall be representatives designated in accordance with the AAMC Bylaws by each institutional member that is a member of the Council of Deans, selected from the student body of each such member 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.

Section 3. B.

Each member of the Organization of Student Representatives shall be entitled to cast one vote at meetings of the Organization, provided that only one representative of each institutional member may vote.

Section 4. A. 4.

Representatives-at-large elected by the membership in a number sufficient to bring the number of members 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.

Section 4. 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. Each officer must be a member of the Organization of Student Representatives throughout his/her entire term of office, and no two officers may be representatives of the same institutional member. Any officer who ceases to be a member of the Organization must resign from the Administrative Board at that time. Vacant positions on the Administrative Board shall remain unfilled until the annual meeting, except as provided for in Section 6.

Section 4. D.

Presence at the Annual Meeting shall be a requisite for eligibility for election to office. At the time of election, each candidate for office must be a member of the Organization of Student Representatives or must have been designated to become a member of the OSR at the conclusion of the annual meeting. In addition, each candidate for office must be an undergraduate medical student at the time of election. 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 5.

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 officers of the Organization of Student Representatives, in order of ranking designated by the Chairperson, if necessary;

4) Other members of the Organization designated by the Chairperson as necessary.

MODIFICATION OF

OSR RULES & REGULATIONS

At the April meetings of the OSR and COD Administrative Boards, it was agreed that the staff would prepare:

1. Revisions of the Association Bylaws to provide for the designation of two OSR representatives from schools having a representative on the OSR Administrative Board. It was agreed that the Association would bear the Annual Meeting expenses of the Administrative Board members who were second representatives of their school and who could not obtain funding elsewhere. The designation of a second representative would be left to the discretion of the institution.

2. Revisions of the OSR Rules and Regulations to specify that:

   a. candidates for election to the Administrative Board must be OSR representatives at the time of election or must have already been designated to become OSR representatives at the conclusion of the meeting;

   b. each officer must be an official representative to the OSR throughout his/her entire term of office;

   c. although a school may have two representatives, only one representative of any institution may vote in any meeting or sit on the Administrative Board, and

   d. other changes in language necessary to accomplish these objectives.

It is the opinion of the staff and of the Association's attorneys that the amendments to the OSR Rules and Regulations (Note: these are amendments to the version which was approved by the COD Administrative Board in January 1975) which appear on the next page, are necessary to make the OSR Rules consistent with the Bylaws change which is being proposed to the Executive Council.

ORGANIZATION OF STUDENT REPRESENTATIVES

SATURDAY, NOVEMBER 1

Noon Lincoln West	Orientation Session
1:00 pm Jefferson West	Group Dynamics
2:45 pm Monroe E & W	Business Meeting
6:00 pm Thoroughbred	Reception

SUNDAY, NOVEMBER 2

9:00 am Adams Bancroft Chevey Chase Dupont	Discussion Sessions
1:00 pm Chevey Chase Adams Dupont Bancroft	Regional Meetings Southern Northeast Western Central
3:00 pm Monroe East	Business Meeting
8:00 pm Lincoln E & W	OSR/GSA Program

MONDAY, NOVEMBER 3

9:00 am	Information Sessions Same rooms as Regional Meetings.
11:30 am	Regional Meetings Same rooms as Regional Meetings above.

OSR/GSA PROGRAM SESSION
1975 AAMC ANNUAL MEETING

Sunday, November 2

Theme: MEDICAL STUDENT STRESS: WHAT HAVE WE WROUGHT?

Moderators: *Mark Cannon, M.D.*
Paul R. Elliott, Ph.D.

8:00 pm	A More Humane Admissions Process - Is It Possible? *Judith A. Krupka, Ph.D.*
8:15 pm	Film: "The Professionalization of the Medical Student" - Part I Introduced by *Richard S. Seigle*
8:20 pm	First-Year Adjustment and Coping Mechanisms *Walter F. Leavell, M.D.*
8:35 pm	Film - Part II
8:40 pm	Role Model Identity Crisis *Pearl Rosenberg, Ph.D.*
8:55 pm	Break
9:10 pm	Film - Part III
9:15 pm	The Student Perspective *Michael Victoroff*
9:30 pm	Internship/Residency Blues *Mitchell J. Rosenholtz, M.D.*
9:45 pm	Reduced Time Residency Programs *Mary C. Howell, M.D., Ph.D.*
10:00 pm	What Impact Can OSR and GSA Have In Implementing Change? *Mark Cannon, M.D.* *Paul R. Elliott, Ph.D.*
	Discussion

OSR ACCREDITATION PAMPHLET

On the following pages is a draft of the major portion of the text of the proposed OSR Accreditation Pamphlet. In addition to these two sections, there will be an introduction written by Dan Clarke-Pearson which will be handed out at the meeting, and a list of suggested items for consideration which will be a distillation of the list prepared earlier in the year by Dan Clarke-Pearson and Serena Friedman.

Explanation of Procedures and Student Roles

Medical school accreditation is the process by which the public is assured that medical school graduates are qualified to be granted the M.D. degree and to provide, when fully trained, optimum quality health care to society and by which students are guaranteed a sound and valid educational experience. The organization which is charged with the responsibility of accrediting medical schools is the Liaison Committee on Medical Education (LCME).

The LCME was formed in 1942 as a joint committee of the AAMC and the AMA, and its membership consists of six representatives from AAMC, six representatives from AMA, and two public representatives. The operational structure of the LCME and the process by which schools are accredited is complex. Essentially, accreditation of a medical school is based upon careful study of detailed background and descriptive materials submitted by the school to the LCME, a site visit of the school by an ad hoc LCME accreditation team, and a written report submitted to the LCME by the site visit team.

The team usually consists of four individuals whose composite backgrounds include expertise gained at a variety of medical schools in the major areas of medical education--i.e., basic science, clinical education, medical school administration, student affairs, etc. Membership of each team always includes at least two individuals who have participated in many accreditation inspections and have a broad knowledge of and experience with the process. One member of the site visit team is designated as the secretary, and this individual is primarily responsible for compiling the opinions and judgements of the team regarding the school into a report which is reviewed by the other team members. The report is then submitted to the LCME secretary who distributes it to the LCME, the

AAMC Executive Council, and the AMA Council on Medical Education (about 45 individuals) for review and reaction. The spectrum of possible actions the LCME can take in response to the review of the site visit report and any additional background material submitted by the school ranges from denial of accreditation to the granting of full accreditation for a period of seven years. In many instances, actions taken by the LCME fall somewhere in between, and accreditation may be granted for a portion of the maximum seven years with progress reports due at specified intervals. Final accreditation decisions reached by the LCME are ratified by the Executive Council of the AAMC and the Council on Medical Education of the AMA for legal licensure purposes.

Site visits generally last four days during which members of the faculty and administration and all departmental chairmen are interviewed and all aspects of the educational program are examined. Student representatives are usually invited to spend one hour or more with the team discussing aspects of the educational program which are of particular concern to the medical students.

Since a primary function of accreditation is to insure medical students a valid educational experience and since the LCME's accreditation review and the subsequent report submitted to the medical school can have a major impact on a school's conduct of its educational program, it is essential that students have input to the accreditation process.

As a student representative, you have hopefully been informed of the pending site visit of your school far enough in advance to prepare for a concise but thorough interview with the site visit team. In the following segments of this pamphlet, suggestions are made as to how to organize background materials and to obtain a concensus of student opinion about important aspects of the program at your school so that you can present representative student views to the LCME accreditation team.

Guidelines for Implementation

There are, of course, a variety of ways to determine what issues your fellow students would most like to have considered by the LCME accreditation team. You may wish to meet with representatives of each of the classes or with an already existing student committee to discuss the pending site visit. Representatives of American Medical Student Association (AMSA), Student National Medical Association (SNMA), and the Student Business Session of AMA would serve as excellent resource people and coordinators when you are beginning your plans for gathering student opinions. Since the accreditation process ultimately affects all medical students, this initial attempt to gather "grass-roots" input should be a broadly-based as possible.

After initial discussions, several options are available; among them:

1. Disseminate a concise but thorough questionnaire, polling students about the pros and cons of their educational program. (You should be prepared to cite the percentage of the student body responding.)
2. Hold class meetings to discuss student concerns and request each class to submit reports delineating problems and assigning priorities to them.
3. Choose several representatives of each class to form a committee which will identify the issues of highest concern to the student body.

Once issues have been identified, a small working group (which should include the six to eight students who will actually meet with the site visit team) can being to organize and develop student input. Discussion with the student affairs officer of issues of concern which have surfaced during the gathering of student opinion may be beneficial at this point in terms of internal communication.

You should preferably organize your input in the form of a written report, and this should be received by the dean's office at least one month in advance of the site visit so that it can be forwarded to the LCME with other materials compiled

by the dean and departmental chairmen. In order to keep the OSR informed of student concerns on a general level and also to provide feedback as to how this system is working, you may wish to send a copy of the written material you submit to the LCME to the OSR National Chairperson.

Some guidelines in regard to written background materials are as follows:

1. Keep background materials *concise*. The LCME team reads thick volumes of materials about each school before its visit, and concise summaries of issues of concern to students will have a greater impact than will a lengthy or repetitive expose.
2. Stick to *factual* rather than anecdotal support materials. If the counseling system is ineffective at your school, and this is a major concern of the student body, provide a factual description of the existing system pointing out its weaknesses rather than an anecdotal account of common complaints voiced around campus.
3. *Focus* on key issues. Selection of the concerns which are most vitally linked to the structure and content of the education program at your school is more effective than an "a through z" listing of minor deficiencies.

Generally the site visit team will schedule a meeting with student representatives of 1-1½ hours in length. Since each major departmental chairmen is usually only alloted one hour or less--sometimes with only half of the team present--this time allotment should be sufficient if your representatives have prepared in advance. If it is apparent during the meeting that this time is not sufficient, you may wish to request an extension or an additional meeting. Keep in mind, however, that the LCME team has a very compact schedule, and your requests for additional time may not be realistic.

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?