

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board

AGENDA

Conference Room
Suite 200
One Dupont Circle
Washington, D.C.

January 16, 1979
1:00 - 5:00 pm
January 17, 1979
9:00 - 5:00 pm

- I. Call to Order
- II. Consideration of Minutes 1
- III. Report of the Chairperson
- IV. Orientation
- V. ACTION ITEMS
 - A. Executive Council Agenda
 - B. Nominations for AAMC Committee Appointments. 11
- VI. DISCUSSION ITEMS
 - A. Administrative Board Priorities
 - B. OSR Annual Meeting Resolutions. 12
 - C. Model Questionnaire for Postgraduate Training Evaluation Project
 - D. Future OSR Report Topics
 - E. Implementation of Assembly Resolution on Student Research Opportunities. 18
- VII. INFORMATION ITEMS
 - A. Report on Western Region Senior Electives Project
 - B. Report on Task Force on Graduate Medical Education
- VIII. Old Business
- IX. New Business
- X. Adjournment

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

September 13, 1978
AAMC Headquarters
Washington, D.C.

<u>Chairperson</u>	--Paul Scoles
<u>Chairperson-Elect</u>	--Peter Shields
<u>Representatives-at-Large</u>	--Cheryl Gutmann, M.D.
	--Jim Maxwell, M.D.
	--Dan Miller
<u>Regional Chairpersons</u>	--Fred Emmel (Northeast)
	--Clayton Griffin, M.D. (Southern)
	--Michael Mahl (Western)
	--Dennis Schultz (Central)
<u>AAMC Staff</u>	--James Bentley, Ph.D.
	--Janet Bickel
	--Robert Boerner
	--John A.D. Cooper, M.D.
	--Janet M. Cuca
	--Kat Dolan
	--Joseph Keyes
	--August Swanson, M.D.

I. Call to Order

The meeting was called to order by Paul Scoles at 9:15 a.m.

II. Consideration of Minutes

The minutes of the June meeting were approved without change.

III. Executive Council Agenda

A. Endorsement of LCME Accreditation Decisions

ACTION: The OSR Administrative Board endorsed the LCME Accreditation decisions.

B. Election of Provisional Institutional Member

ACTION: The OSR Administrative Board approved the election of East Tennessee State University to Provisional Institutional Membership subject to favorable recommendation by the COD Administrative Board and subsequent ratification by the full COD.

C. Election of COTH Members

ACTION: The OSR Administrative Board agreed to endorse the COTH Administrative Board's recommendation regarding the election of Mercy Hospital (Urbana, IL) and Baroness Erlanger-T.C. Thompson Children's Hospital (Chattanooga, TN).

D. Election of CAS Members

Paul Scoles noted that last year the Association of Academic Health Sciences Library Directors expressed the wish to found a Council of Academic Health Sciences Library Directors.

ACTION: The OSR Administrative Board agreed to endorse the recommendation of the CAS Administrative Board regarding the election of American Society for Pharmacology and Experimental Therapeutics, Association of Academic Health Sciences Library Directors, Association for the Behavioral Sciences and Medical Education, and Society for Neuroscience.

E. Distinguished Service Member Nominations

ACTION: The OSR Administrative Board agreed to endorse the recommendations of the Administrative Boards of COTH and COD regarding these nominations.

F. Election of Emeritus Members

ACTION: The OSR Administrative Board endorsed the recommendation that the Executive Council approve and recommend to the Assembly the election to Emeritus Membership of the individuals submitted by the Executive Committee.

G. Election of Individual Members

The Board examined the list of applicants for Individual Membership and expressed skepticism regarding the application of Arvi Jergens (graduate of La Universidad Libre Mexicana and the United American Medical College).

ACTION: The OSR Administrative Board agreed to endorse the recommendations of the Executive Council regarding the applications of the individuals listed in the Executive Council Agenda.

H. Subscriber Status

ACTION: The OSR Administrative Board endorsed the recommendation that the first criterion for eligibility for subscriber status be changed to read: "Those subscriptions shall be open to any institution, organization, or individual in the United States or Canada demonstrating a commitment to medical education and not eligible for any class of voting membership."

I. Flexner and Borden Awards

ACTION: The OSR Administrative Board endorsed the nomination of Dr. Ivan L. Bennett, Jr. for the 1978 Flexner Award and of Dr. Bert O'Malley for the 1978 Borden Award.

J. Report of the Task Force on Minority Student Opportunities in Medicine

The Board noted the revisions to the report which had been made in accordance with the Executive Council's recommendations following their extensive discussion of the report at the June 1978 meeting.

ACTION: The OSR Administrative Board endorsed the acceptance of the final report of the Task Force on Minority Student Opportunities in Medicine.

K. Report of the Task Force on Student Financing

The final report of this Task Force sets forth the following five goals which the Board discussed in turn:

GOAL 1: Provide adequate and appropriate financial assistance to assure that students aspiring to careers in medicine are not deterred by financial circumstances.

GOAL 2: Increase availability of need-based scholarship funds, without a service commitment, to ensure that financially disadvantaged students do not have to borrow unmanageable large amounts.

GOAL 3: Create an adequate loan mechanism through commercial lenders with a Federal guarantee, an interest subsidy for needy students, and repayment schedules which take into account the financial requirements of both borrowers and lenders.

GOAL 4: Provide to medical and premedical students the information and counseling necessary to good financial planning for medical education.

GOAL 5: Develop and use a variety of strategies appropriate to individual institutional circumstances to provide adequate student financing.

One recommendation that the Board had with regard to the frequent use in the term "financially disadvantaged student" was that the AAMC should develop a definition of "Financially disadvantaged" which they would like to see accepted by the federal government and lending institutions.

ACTION: The OSR Administrative Board endorsed the acceptance of the final report of the Task Force on Student Financing.

L. Preliminary Report of the Task Force on the Support of Medical Education

This Task Force is charged with recommending to the Executive Council

appropriate legislative proposals which the Association should support in working with Executive and Legislative officials on the extension of existing authorities related to the basic education of a medical student to the M.D. degree. This preliminary report is intended to suggest to the Executive Council the general directions likely to be reflected in the final report. The recommendations contained in this report reflect the conviction of the Task Force that there is a pressing need for basic Federal support for medical schools and that such support is wholly consonant with the public good. The Board considered following the nine recommendations set forth in the report in turn:

- 1) Broadbased support, equal to one-third of the average national cost of medical education (as determined by established methodologies) be an integral part of the renewal legislation.
- 2) The AAMC advocate that the following principles characterize programs of federal assistance to medical schools: a) Programs to achieve social objectives should be implemented primarily through incentives rather than through detailed specification of institutional operations; b) Programs should have reasonable continuity of purpose; should be developed in a manner that permits rational institutional planning; should recognize the lead time required for institutional change; and should avoid the institutional disruption created by major oscillations in available funding; c) Federal officials should recognize that, at least in the long run, socially desirable program objectives can be accomplished only if adequate care is given to the health and integrity of the responsible institution; d) Programs should permit institutional diversity within the framework of national objectives, and should accommodate the requirement for academic freedom with the imperative of accountability for public funds.
- 3) Direct federal institutional support to medical schools should continue to be the primary vehicle of federal assistance.
- 4) Institutional support grants, coupled with appropriate conditions for participation, be requested.
- 5) There be no further expansion of medical school enrollments for the next three to five years; during that period, the Congress and/or the Executive branch initiate further studies, hearings, and other forms of information-gathering necessary to support a reasoned decision on whether an increase, a decrease or no change in physician production would best serve the national interest.
- 6) Special projects should be continued, but not as the preferred or primary mechanism for the support of medical education.
- 7) Continuing most current special projects, such as Area Health Education Centers; a major new program to educate undergraduate medical students in the principles of containing health care costs; a special assistance program for schools with significant minority enrollments and elimination of financial distress grants and start-up assistance.
- 8) Concurs in and urges adoption of the recommendations of the AAMC Task Force on Student Financing, but has requested that Task Force to further evaluate the potential advantages and disadvantages of income contingent loan programs.
- 9) A careful assessment of the status of the medical educational facilities of the nation be undertaken by the federal government--perhaps through a statutory mandate--and that, based on the results, the medical educational facilities program be revitalized under appropriate legislative authorities.

With regard to recommendation #5, Peter Shields reported on the Task Force's discussion of the predicted oversupply of physicians and whether or not decreases in medical school enrollment were called for. The concensus of the Task Force was that it is politically impractical to recommend that medical schools decrease their class sizes or that there be no new medical schools and that until more information becomes available, the best approach is to recommend no further increases. The Board briefly discussed a few of the issues related to increased enrollment, including the belief that some schools have increased enrollment in order to generate tuition and that some clinical sites do not have sufficient patients to support the teaching program.

ACTION: The OSR Administrative Board endorsed the tentative approval of this report.

M. Response to Manpower Reports

At its June meeting, the Executive Council briefly reviewed physician manpower reports issued by the Coordinating Council on Medical Education, the General Accounting Office, and the Institute of Medicine. In July, the Executive Committee met to develop appropriate AAMC responses to these reports. One of the results of this meeting was the AAMC Working Paper on Specialty Distribution. This working paper recommends that in order to achieve a 50 percent level of physicians entering primary care careers in family medicine, general internal medicine, and general pediatrics, from the approximately 10,500 who will enter first year residencies in these fields in 1981, the following changes are necessary: 1) The number of first-year residency positions filled by U.S. medical school graduates preparing for narrower specialties should remain at 800; 2) The number of entering positions for subspecialty training in internal medicine and pediatrics for graduates of U.S. medical schools should be reduced by one-third from current 1977-78 levels; 3) To meet the continued anticipated needs for medical school clinical faculty, half of the individuals entering subspecialty training should be in programs emphasizing careers in research and academic medicine rather than clinical practice.

The paper contains the following recommended steps to achieve these goals: 1) The organizations, institutions and program directors responsible for graduate medical education adopt these principles in the public interest and work for their implementation; 2) The Liaison Committee on Graduate Medical Education (LCGME) should establish a registry of all subspecialty positions so that a firm national data base can be maintained; 3) The LCGME should adopt an accreditation mechanism to assure the quality of subspecialty training programs.

The Board discussed this paper and agreed that on a short-term basis the controls recommended in the paper are necessary; however, many members of the Board felt that to reduce the number of fellowships is to approach the problem from the wrong direction, i.e., treating the symptoms rather than the question of why medical students choose the careers they do. The Board suggested three modifications to the paper: 1) that more information is needed on the influences on career choice (such as tracking studies at individual schools) and

that firmer projections of the numbers and types of physicians needed are required; 2) that because insufficient information is available on these two issues, a moratorium rather than a decrease in the number of entering positions for subspecialty training in internal medicine and pediatrics should be called for; and 3) that a mechanism in addition to the efforts of the LCGME should be pursued in order to assure the quality of subspecialty training programs.

N. The Withholding of Medical Care By Physicians

The Board discussed this revised statement, and Paul Scoles described to the Board his concern with the following sentences: "Any attempt to justify on ethical grounds the decision to restrict medical care in order to advance an assumed social good confounds the specific role of physicians in society as providers of healing services, with a more general role shared with all other citizens. These considerations make it doubtful that a justification reasonably can be advanced." He noted that although it may be difficult for a physician to justify the withholding of services, to say that it is "doubtful that justification reasonably can be advanced" puts the individual physician too much behind the eight ball.

ACTION: The OSR Administrative Board expressed general agreement with the proposed statement on the withholding of medical care by physicians.

O. Draft Report of the AAMC Ad Hoc Committee on Medicare Section 227

Dr. James Bentley joined the Board to discuss Section 227 and the Association's position on the proposed regulations to implement it. Section 227 of the 1972 Social Security Amendment establishes special Medicare provisions for paying for physicians' professional services provided in a teaching hospital. In addition to the fact that the financial viability of a number of medical schools and teaching hospitals would be threatened, Dr. Bentley summarized four attendant problems which would accompany its implementation: 1) Many paying patients will be taken out of teaching hospitals, thereby impeding attempts to eliminate the two-class system of care; 2) Many medically needy, indigent persons who do not qualify for Medicaid will be pushed out of the health care system because academic medical centers will be financially penalized for taking them; 3) Inappropriate constraints would be placed on teaching physicians; and 4) It will not correct fraud and abuse in the system.

Dr. Bentley concluded by reporting that Senator Dale Bumpers (D.-Ark.) has announced his intention of sponsoring an amendment to repeal Section 227 and that therein lies the Association's main hope at this time.

IV. Graduate Medical Education Directories

Cheryl Gutmann reported on her recent conversation with Dr. Graettinger concerning the NRMP Directory. The issue which will be published shortly will contain a grid of sorts showing the sources of information on a few

parameters. The Board expressed the view that this grid will represent a minimal improvement. For the 1979 issue, additional parameters will be included, and Dr. Graettinger would like recommendations from the OSR as to which kinds of information should have the highest priority. He suggested that listing the type of hospital would be the easiest kind of new information to include. The Board decided that it would be a good idea to begin working with the two individuals at the AMA who have responsibility for publication of the "Green Book."

V. Graduation Questionnaire

Janet Cuca, Division of Student Studies, asked the Board for suggestions on ways to increase student participation in the Graduate Questionnaire project. For the first national administration of the questionnaire, the response rate was only 53 percent. She distributed a copy of the questionnaire with preliminary summaries of responses for many of the items and noted that the results (each school's and the national breakdowns) will soon be sent to the Graduation Questionnaire Coordinators, with the recommendation that they be shared with rising seniors.

Paul Scoles noted that the OSR has a standing offer from AMSA to cooperate on this project and suggested that the AMSA president may be willing to devote an editorial in The New Physician to this topic. He also reported that the two criticisms of the questionnaire which he had heard were 1) the fact that students' names can be tied to their responses and 2) at some schools, completion of the questionnaire was tied to release of Match results. The Board described the difficulty of contacting seniors at schools where the final year is elective.

The Board agreed that the Annual Meeting would be a good time to emphasize the importance of the project to the OSR and that the first set of regional meetings would be an appropriate setting for a presentation by Division of Student Studies staff. The Board also suggested that at these presentations, OSR members could be urged to consider themselves co-coordinators, to encourage their peers to complete the questionnaire and to assure appropriate distribution of results.

VI. Western Resolutions

At their spring meeting, the Western region passed six resolutions; Dan Miller and Michael Mahl presented these to the Board for discussion:

Resolution #1

"WHEREAS, recent events have made it apparent that due process for students may be variable according to varying policies within individual medical schools and,

WHEREAS, in some instances legal action has been taken in order to clarify student rights to due process and,

WHEREAS, it has been occasionally necessary for students to take reduced schedules or extended leaves of absence, and

WHEREAS, there has been no clearly defined policy or guidelines concerning such matters,

BE IT THEREFORE RESOLVED, that the AAMC establish a task force to accomplish the following:

- 1) Study currently existent policies concerning due process.
- 2) Establish a national policy and set of guidelines to be followed in order to guarantee students due process. Such guidelines should include guidelines for extended programs and leaves of absence, appropriate guidelines for student dismissal, procedures for student appeal."

This resolution was passed in ignorance of the 1974 Case of Lukas v. Curators of the University of Missouri and the ensuing recommendations from the AAMC to the COD on procedures for academic dismissal hearings (Assembly Memorandum #74-43). Bob Boerner suggested that when problems with regard to due process come to the attention of the OSR, they should work with the GSA in investigating the difficulties.

Resolution #2 pertained to making available more information regarding elective clerkships to students at other medical schools. In the discussion of some of the difficulties a student may encounter in attempting to take an elective as a visiting student, Peter Shields noted that some schools do not provide malpractice insurance for visiting students. Dan described the Western region's project to collect bulletins and information on requirements and qualifications and to distribute the package to regional OSR members. The Board agreed that the Annual Meeting business meeting would be an appropriate setting for a presentation on this project.

Resolution #3

"WHEREAS, there are millions of minority and disadvantaged persons living in health manpower shortage areas and the shortage of physicians in these areas has a detrimental effect on their health, and

WHEREAS, minority students generally have linguistic, cultural and experiential skills which facilitate the delivery of sensitive, effective health care to such minority populations, and

WHEREAS, it has been shown that of recently trained minority graduates of health professional schools' affirmative admissions programs, the overwhelming majority of those minority graduates do voluntarily practice in minority health manpower shortage areas,

BE IT THEREFORE RESOLVED, that the preparation, admission and training of minority students be seen as cost effective admissions and that such be viewed as a major long term, effective means of alleviating shortages in minority health manpower shortage areas.

BE IT FURTHER RESOLVED, that in view of the Bakke decision, medical schools continue to exercise their traditional freedom in admissions to undergraduate and graduate training programs and seek to achieve an ethnic representation in their entering classes which is reflective of the area they serve.

BE IT FURTHER RESOLVED, that the AAMC and its member schools vigorously support federal, state, and private initiatives aimed at increasing such cost effective admissions and training of minority medical students."

No action on this resolution is required because the Executive Council has accepted the report of the Task Force on Minority Student Opportunities in Medicine which addresses these issues.

Resolution #4

"WHEREAS, firsthand research experience contributes greatly to the development of the scientific thought processes which are of value in all areas of medicine and continuing education therein, and

WHEREAS, medical undergraduates have the opportunity to devote smaller blocks of time to research endeavors than is required for post-graduate research commitments, and

WHEREAS, many medical students have been unaware of opportunities or have been unable to fully utilize such opportunities because of problems with scheduling, funding, etc.,

BE IT THEREFORE RESOLVED, that COD-OSR-CAS form a joint committee to investigate possibilities for improving and encouraging research opportunities, basic as well as clinical, for medical students with an interest towards funding, scheduling, and student research presentations."

The Board agreed that this resolution should be introduced at the Annual Meeting business meeting.

Resolution #5 pertained to the importance of continuity in the OSR membership. The Board discussed the problems associated with achieving this highly desirable goal, including the fact that many schools do not appoint alternates, that funding is often available for only one member to attend meetings, and that former reps sometimes do not communicate with new reps. One mechanism which seems to work effectively is for the alternate (who when possible attends the annual and regional meetings during that year) to become the new representative. In order to facilitate identification of alternates, the Certification Form should include a space for this designation. Paul Scoles agreed to address the issue of continuity in his report to the membership at the Annual Meeting.

Resolution #6

"WHEREAS, feedback is an important aspect of each student's self-evaluation and progress toward becoming a good physician, and

WHEREAS, during the clinical years students often do not receive adequate course guidelines or continuing evaluation and feedback and evaluations often are based on subjective and variable analysis,

BE IT THEREFORE RESOLVED, that the OSR recommend that the AAMC make a policy statement concerning the importance of continuing evaluation of and feedback to students during each clerkship such that a student can become immediately aware of a failure to meet the course objectives and the importance of course department heads providing residents with guidelines for student evaluation."

Janet Bickel informed the Board of the existence of the AAMC's Clinical Evaluation Project and noted that the Fall issue of STAR will contain a brief description of the project. The Board was urged to communicate their thoughts on problems associated with current mechanisms of evaluation to Division of Educational Measurement and Research staff.

VII. Southern Resolution

Clayton Griffin presented the following resolution which the Southern region passed at their spring meeting:

"WHEREAS, the physician ultimately controls much of the cost for health care by determining the extent of a hospitalization, the type of laboratory testing, and the appropriate therapy, and

WHEREAS, the issue of managing the above expenditures by the physician is critical to the patient's and carrier's finances, and

WHEREAS, knowledge of the costs of these items is essential to physicians proper management thereof,

BE IT THEREFORE RESOLVED, that the OSR encourages the dissemination of cost containment information to medical students."

Peter Shields noted that this issue is being addressed both by the Task Force on Support of Medical Education and by the LCME.

VIII. Model Survey Form for Evaluation of Graduate Training Programs

Dan Miller agreed to work with other interested Board members in refining this survey form and developing a cover letter, with which it would be distributed to deans, student affairs officers, and OSR members. The cover letter will give a history of the OSR's efforts to increase the availability of information on graduate training programs and offer the survey form as a point of departure for developing their own (for those schools without such systems) or suggesting re-evaluation of their system (for those schools already using such a form).

IX. Adjournment

The meeting was adjourned at 5:15 p.m.

STUDENT NOMINEES FOR AAMC COMMITTEES

The following committees currently have openings for student representatives. The OSR Administrative Board should make a primary and alternate nomination for each committee. In some instances, the board may wish to re-nominate the student who served on the committee during the past year.

FLEXNER AWARD COMMITTEE

Charge: Consideration and recommendation to the Executive Council of a nominee selected for "extraordinary individual contributions to medical schools and to the medical educational community as a whole."

GSA COMMITTEE ON FINANCIAL PROBLEMS OF MEDICAL STUDENTS

Charge: Collect, study, and disseminate information concerning medical student loans, non-refundable grants, employment, etc.

GSA MINORITY AFFAIRS SECTION COORDINATING COMMITTEE

Charge: Coordinate all the activities and functions of the GSA Minority Affairs Section.

RESOLUTIONS COMMITTEE

Charge: Review and report to the Assembly committee actions taken on resolutions submitted in accordance with guidelines stated in the AAMC Bylaws.

OSR ANNUAL MEETING RESOLUTIONS

MEDICAL STUDENT STRESS

WHEREAS, the OSR has been concerned with the issue of undue stress in medical school for many years, and

WHEREAS, the housestaff shares similar concerns about undue stress in residency programs, and

WHEREAS, undue stress in both medical school and residency programs may contribute to increased alcoholism, drug addiction, emotional and mental disorders and suicide,

BE IT THEREFORE RESOLVED, that the OSR Administrative Board review the large body of data it has collected on the stress in medical education and in conjunction with housestaff, seek specific methods to reduce stress (such as more realistic workload, less sleep deprivation, support groups, trained therapist on the staff of residency programs).

AMERICAN MEDICAL STUDENTS STUDYING ABROAD

WHEREAS, there are more qualified applicants than first-year spaces in American medical schools;

WHEREAS, many of these qualified students are studying medicine in foreign countries;

WHEREAS, there are spaces available in American medical schools in the second and third years due to attrition;

BE IT THEREFORE RESOLVED, that the OSR strongly encourage all American medical schools to give the same consideration to American students from foreign schools as they give to any other applicants for openings mentioned above.

FEDERALLY-SUPPORTED LOANS

WHEREAS, in many cases the income in residency years is not adequate to accommodate the debt burden established during the medical school years;

WHEREAS, students shouldering large debt burdens may choose specialty areas on the basis of income in order to facilitate repayment of their debts;

WHEREAS, medical school affiliated residencies in only some cases aid in deferment of the loan throughout residency years;

WHEREAS, residents in non-medical school affiliated hospitals do not have this option;

WHEREAS, past resolutions of this kind have not succeeded in generating a change in repayment policy;

BE IT THEREFORE RESOLVED, that the OSR strongly urge the Administrative Board of the OSR to maximize all efforts to obtain a deferment throughout residency years for repayment of all federally supported loans.

EQUAL RIGHTS AMENDMENT

WHEREAS, the ERA has not been ratified in accordance with Constitutional law by two-thirds of the states, and

WHEREAS, the OSR supports the passage of the ERA;

BE IT RESOLVED, that the OSR strongly urges that no AAMC sponsored regional or national conventions be scheduled in states that have not ratified the passage of ERA.

COURSE AND CURRICULUM OBJECTIVES

WHEREAS, medical science curricula presents to the students a large amount of facts and concepts;

WHEREAS, a student needs guidelines both for the specific course and for the curriculum in general in order to alleviate academic stress,

THEREFORE, LET IT BE RESOLVED, that the OSR urges the AAMC to encourage medical schools to institute and make available to students specific course objectives and overall curriculum objectives.

PLANNING FAMILIES

WHEREAS, some medical students plan families during medical school and many schools are willing to change schedules to allow their students to continue their educations in a manner acceptable to these students,

BE IT RESOLVED, that the OSR urges the AAMC to support the actions of these medical schools and urges continuing support and flexibility by schools in dealing with these students.

WHEREAS, some residents plan families during the course of their residency years and scheduling of these pregnancies has been potentially problematic.

BE IT RESOLVED, that the OSR strongly recommends that the AAMC urge residency programs to extend maximal flexibility and support to these residents.

SMOKING

WHEREAS, smoking has been proven to be detrimental to individual and public health;

WHEREAS, studies support that non-smokers also are affected by smoke in enclosed public areas;

WHEREAS, we as health professionals should provide leadership to improve our own health as well as that of others;

BE IT RESOLVED, that the OSR restrict smoking to designated areas at all meetings and strongly urge the other member organizations of the AAMC to do the same.

GOVERNMENT FUNDING FOR ABORTION SERVICES

WHEREAS, federal funding under the Medicaid program for abortion services should be reinstated as a matter of social equity and rights to privacy of low-income women, and

WHEREAS, lack of funding availability for abortion services potentially will result in substantially increased health risks to women who will seek out low cost, low quality services or attempt self-induced abortion, and

WHEREAS, the numbers of states opting to provide funding in the absence of federal funding has been decreasing; and

WHEREAS, the Supreme Court of the U. S. has declared that it is a fundamental right of a woman to choose to terminate a pregnancy, and

WHEREAS, teaching hospitals have traditionally provided for the primary care needs of low-income people, including abortion services and therefore have a responsibility to demonstrate support on behalf of the needs of teaching hospital patients;

BE IT THEREFORE RESOLVED, that the OSR urge the AAMC to support all legislative and administrative efforts to reinstate governmental funding for abortions to insure that all women, regardless of their income level, are afforded equitable access and privacy rights with respect to abortion services.

PROPER USE OF THE NATIONAL BOARD EXAMINATIONS

WHEREAS, as medical professionals, we recognize the necessity for the profession to be held accountable for the capabilities of its members and the need for medical schools to evaluate and if necessary modify their educational process; and

WHEREAS, it is our understanding that the National Boards were created solely for the purposes of national licensure, thereby insuring a standard of competence and it has come to our attention that medical schools, perhaps improperly, have been utilizing the National Boards as a means to evaluate students for promotion and to modify curricula and in addition that teaching hospitals have used the scores as one criterion for selecting residents; and

WHEREAS, we are concerned that their increasing importance may jeopardize the development of diversified curricula,

BE IT THEREFORE RESOLVED, that an OSR study group be established to study the National Board Examinations and literature related to the Boards and propose guidelines for insuring their appropriate use.

NATIONAL HEALTH SERVICE CORPS AND ARMED FORCES SCHOLARSHIPS

WHEREAS, there is a significant and increasing number of medical students participating in the National Health Corps and military scholarships programs,

WHEREAS, information concerning these programs, their obligations, benefits and pitfalls is often vague and misinterpreted and medical students commit themselves to these programs without an adequate understanding of the scope of their obligation,

BE IT RESOLVED, that the OSR and AAMC maximize their efforts in obtaining accurate and much-needed information about these programs and that in all future task forces and publications of the OSR and the AAMC concerning medical student financing that adequate time and effort be spent in diffusing this information to OSR members and financial aid officers.

TUITION CONTRACTS

WHEREAS, in recent years, the cost of medical education has increased substantially, and

WHEREAS, in response to these monetary demands, a medical student must plan well in advance where his fiscal support will originate, and

WHEREAS, tuition changes are rarely predictable from year to year and may constitute significant increases, thus disrupting a student's advance planning, and

WHEREAS, these tuition increases are further complicated by the rapidly diminishing financial aid resources and alternatives,

BE IT THEREFORE RESOLVED, that the OSR strongly urges the Executive Council of the AAMC to encourage in its member schools the development of "tuition contracts" or other agreements by which a medical student, upon admission, may be able to reasonably predict the total cost of his medical education.

DUE PROCESS

WHEREAS, for family obligations, financial problems or other reasons, it has occasionally been necessary for medical students to take reduced schedules or extended leaves of absence;

WHEREAS, some schools have inconsistently applied existing guidelines or have failed to establish guidelines for accomodating such individual needs;

WHEREAS, despite the LCME and AAMC policy statements resulting from the Lukacs decision of 1974, recent events have made it apparent that adherence by medical schools to guidelines for due process for students may be highly variable.

BE IT THEREFORE RESOLVED, that the OSR in conjunction with the GSA address the problems arising from individualized programs of medical education and variable application of established guidelines for due process.

GRADING SYSTEMS

WHEREAS, some schools are now changing from present pass-fail grading systems to ranked grading systems, and

WHEREAS, the OSR Report is a forum for dealing with issues of national student concern,

THEREFORE BE IT RESOLVED, that the OSR requests that a literature search on pass-fail versus ranked grading systems and that a bibliography be included.

HEAL AND FISGL

WHEREAS, the new federal regulations concerning the HEAL program set the yearly maximum at \$10,000, with interest rate of up to 12% plus 2% insurance,

WHEREAS, the yearly maximum for the FISGL has been set at \$5,000 with interest rate of 7%.

WHEREAS, the new federal regulations concerning the HEAL program prohibit a borrower from receiving both a HEAL loan and a FISGL loan in the same academic year, and many students have a yearly financial need of greater than \$5000,

THEREFORE BE IT RESOLVED, that the OSR urges the AAMC to strongly support new legislation to change the above stated policy which prohibits holding both HEAL and FISGL in the same academic year.

STUDENT REPRESENTATION ON AAMC COMMITTEES

The OSR considered a resolution on maximizing the number of students active on AAMC/OSR committees and groups; this resolution grew out of a concern expressed by some OSR members that Administrative Board members are often selected to serve on committees. This resolution also included the request that the Administrative Board publish a list of persons holding committee positions so that OSR members would know who to contact with input to these committees. This resolution was accepted as an instruction to the Chair.

INTERNAL MEDICINE FELLOWSHIPS

WHEREAS, it is becoming evident that numbers of fellowship positions in internal medicine subspecialties greatly exceeds the number of specialists required, and

WHEREAS, these fellowships currently provide useful manpower for procedure-oriented subspecialties, and

WHEREAS, little factual information is currently available concerning medical student career plans upon entering general internal medicine programs, and

WHEREAS, such information on medical students' interests in fellowship programs and motives for entering such programs would be useful to the OSR in formulating a stand with which to represent medical student opinions to the AAMC,

BE IT THEREFORE RESOLVED, that the OSR attempt to survey a selected population of medical students on this issue and that the OSR, on completion of such a study, make the results known to the appropriate AAMC body.

RESEARCH OPPORTUNITIES FOR MEDICAL STUDENTS

WHEREAS, firsthand research experience contributes greatly to the development of scientific thought processes which are of value in all areas of medicine and continuing education;

WHEREAS, medical undergraduates have the opportunity to devote smaller blocks of time to research endeavors than is required for post-graduate commitments;

WHEREAS, many medical students have been unaware of opportunities or have been unable to fully utilize such opportunities because of problems with scheduling, funding, etc.

BE IT THEREFORE RESOLVED, that COD-OSR-CAS form a joint committee to investigate possibilities for improving and encouraging research opportunities, basic as well as clinical, for medical students, with an interest towards funding, scheduling, and student research presentations.

RESOLUTION ON STUDENT RESEARCH OPPORTUNITIES

According to a number of reports the number of physicians receiving research training in preparation for academic careers is declining at an alarming rate. This decline is due to a number of factors, not all of them well understood. However, at its 1978 Annual Meeting the Assembly passed a resolution of the Organization of Student Representatives:

"WHEREAS, firsthand research experience contributes greatly to the development of scientific thought processes which are of value in all areas of medicine and continuing education;

"WHEREAS, medical undergraduates have the opportunity to devote smaller blocks of time to research endeavors than is required for post-graduate commitments;

"WHEREAS, many medical students have been unaware of opportunities or have been unable to fully utilize such opportunities because of problems with scheduling, funding, etc.

"BE IT THEREFORE RESOLVED, that COD-OSR-CAS form a joint committee to investigate possibilities for improving and encouraging research opportunities, basic as well as clinical, for medical students, with an interest towards funding, scheduling, and student research presentations.

Suggestions have been offered from a number of sources (most notably the students) as to how the AAMC might implement the Assembly's resolution. Some of these suggestions are:

- 1) To prepare a (position paper, brief, fact booklet) setting forth the facts of the matter and describing the problem in as factual terms as possible,
- 2) To conduct a program within the Association to communicate these facts to deans, to student affairs and admissions officers, to health professions advisors, and to students. The objective of this program would be to enhance the admission to medical school and nurturing of those who would pursue research and academic careers, and
- 3) To increase the knowledge among medical students (especially women) of opportunities for research and academic careers.

The advice and comment of the OSR Administrative Board as to how the Assembly Resolution might be carried out is requested. As a first step staff proposes that this issue be discussed at regional meetings of the Group on Student Affairs and at the spring meetings of the Council of Deans and the Council of Academic Societies.