

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board

AGENDA

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

March 28, 1979
9:00 am - 5:00 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. Model Questionnaire for Graduate Training Evaluation Project 10
 - B. Nomination of Students for Financial Aid Workshops 24
 - C. Annual Meeting Resolutions (page 4 of minutes)
 - D. Proposed OSR letter-writing campaign
 - E. Preliminary Planning for Annual Meeting. 25
- VI. INFORMATION ITEMS
 - A. Presentation by Dr. Schofield on LCME and accreditation
 - B. Senior Electives Project
 - C. Report on OSR communications and continuity efforts
 - D. Report on GSA Steering Committee meeting
 - E. Report on GSA Committee on Student Financial Assistance meeting
- VII. Old Business
- VIII. New Business
- IX. Adjournment

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

January 16 and 17, 1979
AAMC Headquarters
Washington, D.C.

<u>Chairperson</u>	--Peter Shields
<u>Chairperson-Elect</u>	--Dan Miller
<u>Regional Chairpersons</u>	--Arlene Brown (Western)
	--Seth Malin (Southern)
	--Alan Wasserman (Central)
	--Kevin Denny (Northeast)
<u>Representatives-at-Large</u>	--Barbara Bergin
	--John Cockerham
	--Molly Osborne
	--Stephen Sheppard
<u>Immediate-past-Chairperson</u>	--Paul Scoles
<u>AAMC Staff</u>	--Janet Bickel
	--Robert Boerner
	--Judy Braslow
	--John A. D. Cooper, M.D.
	--Kat Dolan
	--James Erdmann, Ph.D.
	--Davis G. Johnson, Ph.D.
	--Joe Keyes
	--Dario Prieto
	--August Swanson, M.D.

I. Peter Shields called the meeting to order at 1 p.m. on January 16.

II. AAMC President's Welcome

Dr. John A. D. Cooper, President of the AAMC, welcomed the Administrative Board, indicating that he looked forward to working with them in the coming year. He explained that the AAMC is a consensus organization, obtaining input from and representing all segments of the academic medical center. Each of these segments, except for the deans, has a "pure culture" organization to represent it, e.g., American Medical Student Association, American Hospital Association. When working within the AAMC, however, each is part of a larger group representing a variety of viewpoints. He stated that the OSR has important contributions to make to the workings of the Association.

Dr. Cooper briefly outlined the history of AAMC and discussed the Coggeshall Report of 1965. He reviewed the wide spectrum of issues with which the Association is involved and named and described its major departments.

He then discussed the budget rescission message which the Carter Administration plans to send to Congress. The cuts proposed for the 1980 health budget include elimination of medical school capitation, the Health Professions Student Loan Program and the Scholarship Program for First-year Students of Exceptional Financial Need. Dr. Cooper noted that he will testify in an attempt to have these funds restored at Senator Edward Kennedy's oversight hearings on the Carter 1980 health budget. He concluded by saying that because the mood on Capitol Hill is characterized by Proposition 13 fever and because of changing membership on key Congressional committees, it will be a difficult year ahead.

III. Report of the Chairperson

Peter Shields began by asking each member of the Board to introduce him or herself and to describe particular areas of interest. Next, he summarized the discussions which took place at the last meeting of the Consortium of Medical Student Groups; this meeting was held in New Orleans on October 23. The first item was the need for greater student input to the accreditation process; although some in attendance at the meeting attached high priority to the goal of including students on site visit teams, the groups agreed that there is room for a great deal of improvement at the local level. The second matter discussed was due process and the need for schools to define procedures for the evaluation, promotion and graduate of students. He noted that the October issue of The New Physician was devoted to this problem. Another issue of mutual concern which was discussed is proper use of the National Boards; the need for more information on this subject was recognized. The final item was AMA-SBS's proposed "Flexner II" symposia to re-examine the spectrum of medical education.

The final subject addressed by the Chairperson was the responsibilities of Administrative Board members. He stressed the importance of seeking input from the grass-roots and of reporting on their activities at each Board meeting. He also said that he would ask for reports from Board members who serve on AAMC committees and task forces. He concluded his report by reiterating that members of the Board have a responsibility to the students whom they represent.

IV. Priorities Survey and the Problem of Membership Participation

Next was a discussion of the results of the priorities survey. Mailed shortly after the Annual Meeting to each OSR member, this survey listed nine general areas of concern to OSR; members were asked to rank their top four priorities. Twenty-nine members (26%) returned the survey. Financial aid was ranked first or second most often (15 times), followed by stress in medical education (11), uses of the National Boards (11), and the graduate medical education directory project (9).

Seth Malin questioned the low response rate, sparking a discussion of the problem of compliance. Dan Miller said that this problem was one of particular concern to him and outlined the following plan to increase membership participation and continuity: 1) survey OSR members for names of student government heads, then survey the student government heads about the method of choosing OSR members and methods of communication between OSR members and the student body and student government; in a separate survey ask OSR members these same questions and what the Administrative Board can do to help communications and continuity; 2) work to improve regional organization of and participation in OSR; 3) stress the importance of designating alter-

nates; and 4) take all opportunities to solicit input from students. Paul Scoles offered the view that the telephone is the best way to get immediate feedback. Janet Bickel agreed to pull together phone numbers from the certification forms which were completed by student affairs deans and from the sheets which were passed around at the Annual Meeting and to send them to the regional chairpersons. The point was made that while it is important for the Administrative Board to keep in touch with the grass-roots constituency, the Board is a representative body and can act, as do the AAMC Councils, without input from the entire membership on every action.

V. Report on AAMC Officers' Retreat

Dan Miller summarized some of the discussions which were held at the Officers' Retreat, December 6 - 8, 1978. The retreat chose the theme for the next Annual Meeting, November 3 - 8, 1979, Washington D.C.: "Allocation of Medical Resources and Services: The Role of the Academic Medical Center." He recommended that the Board begin to think of topics for OSR programs and discussion sessions. Other topics addressed included pressures on medical schools to change curricula to address societal problems, continuing problems with the Liaison Committee on Graduate Medical Education, cost containment, and relations with the Food and Drug Administration and with the Federal Trade Commission. The final retreat topic mentioned by Dan was proposed budget cuts for selected health programs and what the Association's strategy should be in opposing them.

VI. Proposed Cuts in Financial Aid Programs

Mr. Boerner distributed a table showing the President's proposed budget cuts in medical student financial aid programs for fiscal years 1979 and 1980. The crux of the problem is that if capitation is decreased in 1979 and eliminated in 1980, as President Carter also proposes, tuitions can be expected to increase. With the concomitant decrease in amounts and types of financial aid available, all medical students will be affected to some degree and the main impact will be felt by minority students. Mr. Boerner reported that after remaining relatively stable over the past few years, the percentage of first-year underrepresented minority students enrolled in medical schools this year dropped from 9.0% to 8.7%.

The Administrative Board discussed various strategies to deal with this difficult situation. Mr. Boerner suggested that before taking action they needed to hear from Dr. Cooper about the best approach to use. He also suggested that the leadership is likely to elicit only one response from students on this issue and that this may not be the most opportune or effective time to seek that response. The question was also raised as to whether the Board should recommend to Dr. Cooper which of the financial aid programs threatened with cuts they are primarily concerned about. Since each of the programs is important and because of the difficulty of ranking them, the Board decided not to prioritize them. Peter Shields asked if he could accept a directive from the Board to act when information becomes available on the most effective strategy to pursue.

VII. Resolutions

Rather than dealing individually with each resolution that was passed at the OSR business meeting, the Administrative Board decided to approach them on an issue basis, using the priorities survey as a starting point. In working on the issues, the Chairperson stressed the importance of communicating with the authors of the resolutions (if known), involving regional OSR members, and soliciting staff help. The issues were divided as listed below, followed by the names of members who expressed a major interest in working on them:

Financial Aid--J. Cockerham, B. Bergin, F. Emmel
 Graduate Medical Education--A. Wasserman, K. Denny, D. Miller
 Stress (including availability of counseling)--S. Malin, M. Osborne
 National Boards uses--F. Emmel
 Due Process--A. Brown, S. Sheppard
 Housestaff involvement in AAMC--J. Maxwell, J. Cockerham, K. Denny
 Grading and evaluation systems--A. Wasserman
 Internal Medicine fellowship survey--V. Dickerson, D. Miller
 Accreditation--S. Malin, D. Miller, P. Shields
 Health Manpower Legislation--S. Sheppard, J. Cockerham, P. Shields
 Research opportunities for medical students--J. Cockerham, M. Osborne,
 T. Farrell
 OSR communications and continuity--D. Miller
 Women in medicine--M. Osborne, A. Brown
 COTRANS and Off-shore medical schools--P. Scoles

VIII. Graduate Medical Education Directory Project

Dan Miller offered the Administrative Board a last opportunity to suggest changes in the model questionnaire for post-graduate training evaluation, the "history of the project" paper, and the cover memorandum and thanked the Board members who had helped him finalize the drafts of these documents. He explained that the reason the model questionnaire is so long is that it is intended to be comprehensive and to cover all the areas about which students need information; student affairs officers should adjust it to their own needs.

IX. Future OSR Report Topics

The following ideas were offered as possible topics to be covered in future issues of OSR Report: how to select a specialty (in the same manner as the "how to select a residency" issue); accreditation process; methods of student evaluation; due process and model guidelines; stress and the rights of passage through medical education. Ms. Bickel announced that the issue on financial planning would be mailed by the end of January to each OSR member for distribution.

X. The OSR Administrative Board recessed at 6:00 p.m.

XI. The OSR Administrative Board reconvened at 9:00 a.m. on January 17.

XII. AAMC Staff Reports

A. Dario Prieto, Director of the Office of Minority Affairs in the Division of Student Programs summarized for the Board the current activities of his office. Of high priority is implementation of the recommendations of the

Task Force on Minority Student Opportunities in Medicine. His office also keeps involved with legislative activities that may directly or indirectly affect minority affairs and, he said, there is no doubt that cuts in the federal health budget would negatively affect minority programs. Mr. Prieto noted that the OSR has in the past been very supportive of minority affairs activities and hoped that support would continue, both within the Association and at the individual medical schools.

B. Dr. August G. Swanson, Director of the Department of Academic Affairs, opened his remarks by offering an overview of the Council of Academic Societies and of the scope of the activities of its 69 member societies. He next summarized the major activities and concerns of the Department. One of these is monitoring curricular developments in medical schools on an annual basis resulting in the publication of the Curriculum Directory. Another is the need to track patterns of medical student career development and to discover why certain patterns develop; such knowledge is essential in order to better address the issue of specialty distribution. Another goal of the Department is to help faculty improve methods of evaluation of medical students and residents. The last area reviewed by Dr. Swanson was graduate medical education and the work of the Task Force on that topic. He described the need for and difficulties of achieving stronger institutional bases for graduate programs and discussed with the Board the major recommendations of the Working Group on Transition Between Undergraduate and Graduate Medical Education (see Appendix B).

C. Dr. Davis G. Johnson, Director, Division of Student Studies, distributed a packet of information covering the major activities of his Division which include the Graduation Questionnaire, Survey of How Medical Students Finance Their Education, applicant studies and the fall enrollment survey. With regard to the first two of these, he welcomed the OSR's ideas on and help in increasing the response rates.

D. Judy Braslow, Special Assistant to the President for Women in Medicine and Legislative Analyst in the Department of Planning and Policy Development, described how her time is divided between these two areas. She listed the variety of mechanisms which are used to monitor developments on Capitol Hill and suggested that interested students subscribe to a weekly newsletter called Washington Report on Health Legislation. She reported that her responsibilities for women in medicine have been increasing because women are asking for more programs and more information. She described the activities of the Women Liaison Officers and noted that that organization will meet in conjunction with the GSA and OSR at each of the regional meetings this spring.

E. Dr. James B. Erdmann, Director, Division of Educational Measurement and Research, outlined the five basic areas of activity of that Division: 1) the new MCAT including monitoring irregularities and assuring that the test is appropriately used; 2) the Clinical Evaluation Project, the first phase of which is an effort to work with clinical faculty to assess the state-of-the-art of evaluating medical students' performance in required clerkships; 3) the Three-year Curriculum Study; 4) the Longitudinal Study of a sampling of the Class of 1960, the executive summary for which is now available; and 5) the Group on Medical Education, whose focus is instructional resource development, research and evaluation.

F. Dr. Thomas E. Morgan, Director, Division of Biomedical Research and Deputy-Director, Department of Academic Affairs, told the Board that with its resolution on the need to increase research opportunities for medical students, the OSR has focused the sights of the Association on the general problems of declining interest among young physicians in academic careers. He pointed out a number of facts associated with this problem, such as the low quality of research being conducted in many areas, the fact that only 30% of recent accessions to medical school faculties have research experience, and the decline in the number of fellows receiving research training. At the Annual Meeting discussion session devoted to this problem, OSR members suggested that deans could do a better job of orienting students toward research careers, that admission committees' attitudes toward applicants interested in such careers need to be assessed, and that materials need to be developed to inform students of research opportunities, some specifically designed to attract women. He said that work is in progress to include a session at each of the GSA/OSR spring meetings to gather more information on these issues.

XIII. Executive Council Agenda

A. Endorsement of LCME Accreditation Decisions

ACTION: The OSR Administrative Board endorsed the LCME decisions.

B. Appointment of Secretary-Treasurer

ACTION: The OSR Administrative Board endorsed the recommendation that Dr. Robert Heysel be appointed as AAMC Secretary-Treasurer.

C. Appointment of the Executive Committee

ACTION: The OSR Administrative Board endorsed the appointment of the AAMC Chairman, Chairman-Elect, AAMC President and Chairmen of COD, CAS and COTH to the Executive Committee, with the caveat that the Chairperson of the OSR be included in their discussions when appropriate.

D. Report of the CCME Committee on Continuing Competence of Physicians

ACTION: The OSR Administrative Board endorsed the recommendation that the Executive Council receive this report and approve its recommendations.

E. Report of the CCME Committee on Coordination of Data on Physicians

ACTION: The OSR Administrative Board endorsed the recommendation that the Executive Council approve this report.

F. Report of the Panel on Technical Standards for Medical School Admission

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

G. Final Report of the Working Group on the Transition Between Undergraduate and Graduate Medical Education

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

H. National Residency Matching Program's Request for Endorsement

ACTION: The OSR Administrative Board endorsed the recommendation about NRMP of the AAMC Task Force on Graduate Medical Education which states that all programs in graduate medical education which select residents who are immediate graduates of LCME accredited medical schools should be required to utilize NRMP as a condition of accreditation by the Liaison Committee on Graduate Medical Education (LCGME).

The Board of Directors of NRMP also requested that all reports of alleged violations in the NRMP agreements be submitted to the President of the AAMC for transmission for action to the appropriate medical school with which the involved program director, student dean, or student is associated.

ACTION: The OSR Administrative Board endorsed the recommendation that staff explore with NRMP how specific mechanism could be developed to accomplish the intent of this proposal and requested that students be included in the discussions of such mechanisms.

I. Assessment of the COTRANS Program

The Board discussed the problems associated with COTRANS, namely that eligibility for COTRANS sponsorship for NBME, Part I is utilized by certain schools of questionable quality as a quasi-endorsement of their programs and that the AAMC's sponsoring COTRANS could be construed as encouraging U.S. citizens to seek medical education abroad with the expectation of returning for further education. The Board felt, however, that at this time it could not support a study which might result in the phased discontinuation of COTRANS because of a resolution passed at the OSR Annual Meeting encouraging medical schools to give the same consideration to American students at foreign schools as they give to other applicants for advanced standing. The Board decided to postpone action until staff has discussed this new information with the author of the resolution.

J. Use of the Faculty Roster for Recruiting Purposes

ACTION: The OSR Administrative Board recommended that the Executive Council approve a project to develop a roster of minority and women faculty be working through institutional representatives to contact all women or minority faculty members, to correct their current faculty profile now in the system, and to grant permission for their names to be released when appropriate.

XIV. Committee Appointments

The Board discussed the method by which information about committee openings is distributed to OSR members, i.e., a sheet included with Annual Meeting materials, and decided that this method should be evaluated and another protocol established for soliciting nominations and for disseminating information about committee openings with the goal of maximizing the involvement of the membership. Peter Shields accepted this decision as an instruction to the Chair. Because the Resolutions Committee has no business

until near the time of the Annual Meeting, the Board decided to postpone nominating a student to this committee until their September meeting.

ACTION: The OSR Administrative Board nominated the following individuals to serve on AAMC Committees:

GSA-Minority Affairs Section Coordinating Committee: A. J. Rogers
 GSA Committee on Financial Problems of Medical Students: Fred Emmel
 Flexner Award Committee: Ronald C. Petersen

XV. Information Items

Dan Miller distributed a report on the Western Region Senior Electives Project. As the student on the Task Force on Graduate Medical Education, he also reported on its recent activities (see Appendix A).

XVI. Old Business

A. Peter Shields reviewed the memorandum which Jim Maxwell wrote to the OSR Administrative Board summarizing the December 14 meeting of the Special AAMC Committee on House Staff. Jim served on the OSR Administrative Board last year, is presently a first-year resident and was asked to serve on this committee. Peter said that he will write Jim a letter thanking him for so ably representing the interests of the OSR in obtaining house staff involvement in the AAMC. The Board discussed the committee's recommendation that the AAMC sponsor a conference of house staff which would be convened in order to identify issues of concern to them appropriate for AAMC involvement and to consider means of cooperation on these issues. It was felt that the OSR should be involved in the selection of house staff to be invited to attend the conference and was suggested that they be allowed to nominate at least 15% of those invited. Peter said that we would communicate this recommendation to Dr. John Gronvall, Chairman of the Association.

B. Peter noted that he had been contacted by a reporter from The New Physician regarding the OSR's approval of the AAMC statement on the withholding of services by physicians. Concern was expressed by the Administrative Board that the OSR's approval of this statement could be misconstrued as a withdrawal of support for the Thompson Amendment to give house staff the right to bargain collectively. Paul Scoles explained that, first of all, the desire on the part of house staff to achieve the right to strike had not been the genesis of the withholding of services statement and that the OSR Administrative Board had expressed general rather than full agreement with the statement. Paul accepted an instruction from the Chair to clarify these issues with the reporter.

C. Peter told the Board that traditionally the Chairman of the Group on Student Affairs invited the Chairperson of the OSR to serve on the GSA Steering Committee. Because he would be unable to attend the January 30 meeting of this committee, Peter recommended that Kevin Denny be appointed in his stead. Kevin accepted this invitation.

XVII. New Business

A. Barbara Bergin presented a plan for the organization of a letter writing campaign to Congressmen. The primary purposes of this effort would be to develop a medical student constituency that could be mobilized with relatively short notice to write letters to legislators on issues of concern to medical students. The manager of the campaign would be responsible for writing a letter introducing the idea and purposes to OSR members and for overseeing the effort. The OSR Board would be responsible for supporting the work of the manager and for planning "legislative workshops" to be held at the regional meetings. AAMC staff would provide the necessary technical information on the issues. Barbara made a strong case for the potential effectiveness of such a campaign and urged that this was an excellent way to get students involved.

B. Plans for the regional meetings were briefly discussed. OSR members who encounter difficulty obtaining support to attend their spring meeting should bring this to the attention of their regional chairperson.

XVIII. The meeting was adjourned at 6:00 p.m.

MODEL QUESTIONNAIRE FOR GRADUATE TRAINING EVALUATION

Background to inclusion in agenda:

The model questionnaire and drafts of a cover memorandum and of a "history of the project" paper were approved by the OSR Administrative Board at its January meeting (see page 4 of the minutes). Subsequently, Dr. Swanson suggested that it was appropriate for the Board-approved and a staff-modified version of the questionnaire to be reviewed under the AAMC's data clearance procedure. Additional background information is contained in the cover memorandum to the package.

It is hoped that the results of this review process will be available in time for discussion at the March Administrative Board meeting.



association of american medical colleges

27 February 1979

MEMORANDUM

TO: Dr. August Swanson
Mr. Jesse Darnell
Dr. Paul Jolly
Mr. Trevor Thomas
Dr. John Sherman
Dr. John Cooper

FROM: Janet Bickel *JB*

SUBJECT: Clearance for Model Questionnaire for Graduate Training Evaluation

The OSR has for some time been concerned about how schools meet the needs of students for information about residency programs. One approach used at many schools is the solicitation of feedback from recent graduates on their first-year experiences; this information is then kept on file for students to consult. Toward the end of expanding and improving upon this kind of service, the OSR Administrative Board decided to develop a model questionnaire to be used to solicit evaluations. Their goal is to provide OSR members and student affairs deans with a copy of the model and for schools to adapt it to their own needs.

In order to gather surveys from which to develop a model, last spring we asked each student affairs dean to send us a copy of the survey form, if any, they were currently using. Fifty-five schools responded--46 sent us a copy of their form and the remaining nine stated that they did not provide this service to students. Working from the questionnaires received, I developed a model which the OSR Administrative Board studied and expanded (Version #1); the Board's thinking is that the model should be as comprehensive as possible and include all items about which students want information. Subsequently, recognizing the need for input from individuals knowledgeable about graduate medical education, I consulted with other staff and modified a number of the items; Version #2 is the result of these efforts. Dr. Swanson has suggested that both versions should be examined, and a copy of each is attached.

While it is obvious that the instrument is not designed to collect data for AAMC purposes, it seems appropriate to submit it for review under the clearance procedures because additional input will improve the project and because the final version will bear the endorsement of the AAMC.

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DATA CLEARANCE INSTRUMENT CLEARANCE
(Return Original along with Copy of Instrument
to Division of Operational Studies)

Project Title OSR Graduate Medical Education Information Project

Instrument Title Model Questionnaire for Graduate Training Evaluation

Respondents not applicable

Purpose see attached memorandum

Questionnaire is: New, Revised, Administered again without change.

How will replies be processed not applicable

Estimated cost of processing not applicable

Estimated cost of printing and distribution \$110

Will be charged to budget # 1323

Has OMB clearance been obtained (if required) _____

Clearance originated by Janet Bickel Date Feb 27, 1979

1. The survey is necessary, and the benefit to be gained justifies the effort required by the respondents to complete it and by AAMC staff to process it. Funds are available in the above budget for processing.

_____ Date _____

Department Director

2. _____ Date _____

Survey Instrument # _____ Director, Computer Services

3. The data to be collected do not already exist within the files of the AAMC, no feasible alternative source exists, and the instrument is technically acceptable, except as noted.

_____ Date _____

Director, Div. of Operational Studies

4. Reviewed by _____ Date _____

Business Affairs

APPROVED BY:

_____ Date _____

Vice President

_____ Date _____

President

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Model Questionnaire For Postgraduate
Training Evaluation

Date _____

Name of Hospital _____
City _____ State _____

Type of Appointment (i.e. Surg, Med, Peds, etc) _____
Year M.D. earned _____

General Career Plans _____

A. HOSPITAL

1. Geographic setting: urban _____ suburban _____ rural _____
2. Type: strictly referral (private) _____ ward _____ ward and private _____
3. Medical school or other hospital affiliation(s) _____

4. Is the hospital in jeopardy of reducing medical services at this time due to financial difficulties? _____
5. a) Is the "pyramidal system" (which can prevent a certain number of residents from continuing in the program) used for promoting physicians for further residency training?
yes _____ no _____
- b) Staff appointments are always _____ generally _____ sometimes _____
rarely _____ don't know _____ available on completion of training.
6. What particular specialties are strongly represented at this hospital?

Weakly represented? _____

7. Rate hospital facilities and service:

	<u>Excellent</u>	<u>Satisfactory</u>	<u>Poor</u>
Availability of equipment and supplies	_____	_____	_____
Caliber of nursing staff	_____	_____	_____
Social services	_____	_____	_____
Laboratory (reliability, rapidity)	_____	_____	_____
X-ray service	_____	_____	_____

	<u>Excellent</u>	<u>Satisfactory</u>	<u>Poor</u>
Medical laboratory	_____	_____	_____
Access to medical library (hours)	_____	_____	_____
On-call quarters	_____	_____	_____
Other:	_____	_____	_____

B. PROGRAM: GENERAL

1. What were the most valuable sources of preliminary information about the program? _____
2. a) Approximate percentage of women in program _____
 b) Approximate percentage of minority groups in program _____
3. Are reduced-schedule or shared-time positions arrangeable? _____
4. Rate the flexibility of the program to meet individual needs:
 excellent _____ satisfactory _____ poor _____
5. Is the primary emphasis of the program on: _____ primary patient care
 _____ specialty care _____ research

Comments: _____

6. Do housestaff generally consider this program a stepping stone to:
 academic career _____
 community practice _____ generalization _____
 metropolitan practice _____ specialization _____
 rural practice _____
 another residency _____ type: _____

7. Describe your senior residents:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Variable</u>	<u>Undecided</u>
Teaching ability	_____	_____	_____	_____	_____	_____
Clinical ability	_____	_____	_____	_____	_____	_____
Fund of knowledge	_____	_____	_____	_____	_____	_____
Ease of working with	_____	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____	_____

8. General attitudes of colleagues and superiors (relaxed, spastic, intensely competitive, etc)? _____

General morale of housestaff:

excellent ___ good ___ fair ___ poor ___ variable ___

9. Is there an organized housestaff union present? yes ___ no ___

Comments: _____

10. Was there adequate orientation when you arrived? _____

11. To what kind of student would you recommend this program: _____

12. What have you learned about this program that you wish you had known beforehand?

13. Other comments: _____

C. PROGRAM: STAFF AND CONTENT

1. Describe the attending staff (overall, on the whole)

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Variable</u>	<u>Undecided</u>
Teaching ability	___	___	___	___	___	___
Clinical ability	___	___	___	___	___	___
Fund of knowledge	___	___	___	___	___	___
Rapport with housestaff	___	___	___	___	___	___
Other:	___	___	___	___	___	___

2. Estimate (by percentages) who does the teaching? attendings ___

senior residents ___ others at same level ___

3. How accessible is the Program Director? ___ Attendings in the sub-specialities within your field? ___ fellows? ___

4. Note time spent per service and offer an overall grade (A, B, C, D) of the service:

	weeks	grade		weeks	grade
medicine	___	___	otolaryngology	___	___
obstetrics	___	___	pediatrics	___	___
gynecology	___	___	private services	___	___
ophthalmology	___	___	neurology	___	___
pediatric surgery	___	___	anesthesiology	___	___
psychiatry	___	___	urology	___	___
general surgery	___	___	pathology	___	___
orthopedics	___	___	dermatology	___	___
			other:	___	___

5. a) Have you had any outpatient services? yes ___ no ___
 if so, how supervised? by staff ___ resident ___ other ___

b) What did outpatient consist of (e.g., emergency ward, well baby clinic, etc.)?

Relative quality/value of the experience:

<u>outpatient service</u>	<u>length of time</u>	<u>excellent</u>	<u>good</u>	<u>fair</u>	<u>poor</u>	<u>variable</u>
_____	_____	___	___	___	___	___
_____	_____	___	___	___	___	___
_____	_____	___	___	___	___	___

6. Regarding patients that you admit to the hospital:

Do you always ___ often ___ seldom ___ never ___ follow them as in or outpatients?

7. Describe opportunities for electives:

amount of time allotted per year _____
 availability of electives _____
 flexibility in selection of electives _____

8. Describe your conference attendance:

Type of Conference (eg. x-ray, clinical, CPC, etc.)	Average Number hours per week	Overall quality/value of conference:				
		<u>excellent</u>	<u>good</u>	<u>fair</u>	<u>poor</u>	<u>variable</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

9. Your estimate of:

<u>hospital</u>	<u>total worked in hours per week</u>	<u>average frequency of night call</u>	<u>required to be in hospital when on call?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Extent of your responsibility for teaching medical students:

too much _____ acceptable amount _____ some _____ none _____ varies _____

Comments about your teaching responsibilities _____

11. a) Amount of routine procedures you perform:

too much _____ a fair share _____ not enough _____ varies _____

Comments:(i.e. IV or blood drawing teams available?, etc.) _____

b) Amount of paperwork you perform?

too much _____ a fair share _____ not much _____ varies _____

12. What is the average number of patients under your care at any given time?

<u>Hospital</u>	<u>Number of Patients</u>	Do you feel this is:		
		<u>too many</u>	<u>just right</u>	<u>too few</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. How many admissions per week do you average?

<u>Hospital</u>	<u>Number of Admissions</u>	<u>Do you feel this is:</u>		
		<u>Too many</u>	<u>Just right</u>	<u>Too few</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. a) Describe the variety (or lack of variety) of the patients you see:

racial balance _____ gender balance _____
socioeconomic balance _____ acute vs. chronic care _____
elective vs. emergency admissions _____

b) Predominance of any particular type of pathologic process? _____

c) Type of patient "used" most often for teaching purposes:

private _____ non-private _____ indigent _____

15. a) Do you receive adequate and effective feedback on your performance? _____

b) Format of feedback _____

16. Do you feel you have sufficient time available for proper study and evaluation of patients? yes _____ no _____

Comments: _____

17. Is the assignment of responsibility commensurate with your level of competence?

D. QUALITY OF LIFE

1. Annual Salary _____ with:

	<u>yes</u>	<u>no</u>
room	_____	_____
board	_____	_____
uniform	_____	_____
laundry	_____	_____

2. Describe additional benefits (e.g. stipends for journal subscriptions, reduced insurance, etc.) _____

3. Number of days of vacation per year _____

4. Do you feel you have sufficient time available for "yourself" and/or your family? _____

5. Rate the quality of the following:

	<u>excellent</u>	<u>good</u>	<u>fair</u>	<u>poor</u>	<u>don't know</u>	<u>not available</u>
a) married residents housing	_____	_____	_____	_____	_____	_____
b) hospital owned housing	_____	_____	_____	_____	_____	_____
c) fringe benefits (e.g. paid meals, insurance)	_____	_____	_____	_____	_____	_____
d) food at hospital	_____	_____	_____	_____	_____	_____
e) area housing	_____	_____	_____	_____	_____	_____
f) area education system	_____	_____	_____	_____	_____	_____
g) area cultural opportunities	_____	_____	_____	_____	_____	_____
h) area recreational opportunities	_____	_____	_____	_____	_____	_____
i) public transportation (buses, subway, etc)	_____	_____	_____	_____	_____	_____
j) attractiveness of area for future practice	_____	_____	_____	_____	_____	_____

E. ELABORATIONS OR COMMENTS ON ANY AREA NOT COVERED ABOVE:

MODEL QUESTIONNAIRE FOR GRADUATE TRAINING EVALUATION

Date _____

Name and Type of Program _____

Name of Hospital _____
 City _____ State _____

A. HOSPITAL

1. Geographic setting:

Urban	_____
Suburban	_____
Rural	_____

2. Type

Public	_____
Private	_____

3. Medical school affiliations? _____

4. What are the approximate percentages of types of patients in the hospital?
 Of those available for teaching purposes?

indigent	_____	private	_____
indigent	_____	private	_____

 Approximate percentage of admissions coming from Emergency Room: _____

5. Staff appointments are always _____ generally _____ sometimes _____
 rarely _____ available on completion of training.

6. a) Would you rate any training programs or departments of the hospital
 as particularly strong? Which? _____
 Particularly weak? _____

- b) If any programs in the hospital are currently on probation, please list:

7. Rate hospital facilities and services:

	<u>Excellent</u>	<u>Satisfactory</u>	<u>Poor</u>
Nursing staff	_____	_____	_____
Social services	_____	_____	_____
Clinical laboratory	_____	_____	_____
Radiology service	_____	_____	_____
X-ray service	_____	_____	_____
Pathology laboratory	_____	_____	_____
Medical library	_____	_____	_____
Availability of equipment, supplies	_____	_____	_____
On-call quarters	_____	_____	_____

B. PROGRAM: GENERAL

1. Name, if any, medical school with which program is affiliated:

2. Is the residency integrated with programs in other hospitals?
 If yes, what are they? _____

3. Does the program have a "pyramidal system" (i.e., fewer 2nd & 3rd year positions than 1st year)? yes no
4. Approximate percentage of women in program
 from minority groups
 Foreign Medical Graduates
5. Are reduced-schedule or shared-time positions arrangeable?
6. How do you rate the competence of your fellow residents?
 General level of morale among the residents?
7. General attitudes of colleagues and superiors (interested in teaching, relaxed, helpful, intensely competitive, cold, etc.)?
8. What were the most valuable sources of preliminary information about the program?
9. To what kind of student would you recommend this program?
10. What have you learned about this program that you wish you had known beforehand?
11. How are residents selected for this program, i.e., what are the most critical qualifications?

C. PROGRAM: STAFF & CONTENT

1. Note time spent per inpatient service and offer a grade (A,B,C,D) on the mix of patients and quality of supervision:

	<u>Weeks</u>	<u>Mix of Patients</u>	<u>Quality of Supervision</u>
Medicine	<u> </u>	<u> </u>	<u> </u>
General Surgery	<u> </u>	<u> </u>	<u> </u>
Obstetrics	<u> </u>	<u> </u>	<u> </u>
Gynecology	<u> </u>	<u> </u>	<u> </u>
Urology	<u> </u>	<u> </u>	<u> </u>
Pediatrics	<u> </u>	<u> </u>	<u> </u>
Pediatric Surgery	<u> </u>	<u> </u>	<u> </u>
Dermatology	<u> </u>	<u> </u>	<u> </u>
Neurology	<u> </u>	<u> </u>	<u> </u>
Orthopedics	<u> </u>	<u> </u>	<u> </u>
Anesthesiology	<u> </u>	<u> </u>	<u> </u>
Otolaryngology	<u> </u>	<u> </u>	<u> </u>
Pathology	<u> </u>	<u> </u>	<u> </u>
Ophthalmology	<u> </u>	<u> </u>	<u> </u>
Psychiatry	<u> </u>	<u> </u>	<u> </u>

2. Have you spent time on any outpatient services? yes no
 If yes, how supervised? by staff resident other
 What did outpatient consist of (e.g., Emergency Ward, Well baby Clinic) and for what length of time?

How valuable was this experience(s)?

3. Describe the attending staff:

Excellent Good Fair Poor Variable Undecided

Teaching ability	___	___	___	___	___	___
Clinical ability	___	___	___	___	___	___
Fund of knowledge	___	___	___	___	___	___
Ease of working with	___	___	___	___	___	___
Accessibility	___	___	___	___	___	___

4. Estimate by percentages who does most of the teaching:

Attendings _____ Senior Residents _____ Others at same level _____

5. Offer a grade (A,B,C,D) on the Program Director's:

Accessibility _____; Degree of organization _____; Handling of educational responsibilities _____

6. How accessible are attendings in the sub-specialties within your field?

7. Note average number of hours per week you spend attending conferences and offer a grade (A,B,C,D) on their quality:

	<u>Hours/Week</u>	<u>Quality</u>
Thoracic	___	___
G.I.	___	___
Pathology	___	___
Surgical	___	___
EEG	___	___
Neurology	___	___
Infectious diseases	___	___
Medical grand rounds	___	___
Pediatric grand rounds	___	___
Other: _____	___	___

8. Your estimate of total workload in hours per week _____ Frequency of night call _____ Required to be in hospital when on call? _____

9. On the average, how many admissions per week are you responsible for? _____ What is the average number of patients under your care at any given time? _____

10. Describe the variety (or lack of variety) of the patients whom you see:
Racial balance _____ Sexual balance _____ Predominance of any particular type of pathology _____
Comments: _____

11. Extent of your responsibility for teaching medical students:
Too much _____ Moderate _____ Some _____ None _____ Varies _____

Did you receive preparation for these responsibilities? _____
If yes, from whom? _____

D. PROGRAM: EDUCATIONAL PROCESS

1. Was there adequate orientation when you arrived? _____
2. Is the program flexible enough to meet individual needs? _____
3. Describe opportunities for and quality of electives _____

 Who teaches them? _____
4. Any research responsibilities or opportunities? _____
5. Do you receive regular feedback on your performance? _____
 Any in-training exams? _____ Comments: _____
6. Comments about the program's balance between service and education?

7. Is the assignment of responsibilities commensurate with your level of competence? _____

E. QUALITY OF LIFE

1. Annual stipend _____ with board, room, laundry? yes ___ no ___
2. Number of days of vacation per year: _____
3. Rate the quality of the following:

	A	B	C	D	Don't Know	Not Available
Married residents housing	_____	_____	_____	_____	_____	_____
Fringe benefits, e.g.	_____	_____	_____	_____	_____	_____
Food at hospital	_____	_____	_____	_____	_____	_____
Area housing	_____	_____	_____	_____	_____	_____
Area education system	_____	_____	_____	_____	_____	_____
Area cultural/recreational opportunities	_____	_____	_____	_____	_____	_____
Attractiveness of area for future practice	_____	_____	_____	_____	_____	_____

F. PERSONAL

1. Year of graduation from medical school _____
2. General career plans _____

G. COMMENTS ON ANY AREA NOT COVERED ABOVE & ON THIS QUESTIONNAIRE

Nomination of Students for Financial Aid Workshops

The Robert Wood Johnson Foundation has provided the AAMC additional funding to continue the series of developmental workshops, begun in 1977, for financial aid officers and student affairs deans of schools of medicine, osteopathy and dentistry. The new grant will fund three workshops in both calendar 1979 and 1980. The project director will continue to be Mrs. Frances French, Director of Academic Services, University of Michigan. Established dates for programs in 1979 are April 4-6 in Atlanta, June 27-29 in San Francisco, and September 26-28, tentatively scheduled in Chicago.

Mrs. French has asked Peter Shields for help in identifying students to participate in each of these workshops, and Peter is asking the Board for input on these nominations.

1979 ANNUAL MEETING

November 3 - 8, 1979
Washington Hilton Hotel

Theme: Allocation of Medical Resources and Services: The Role
of the Academic Medical Center

SAT	SUN	MON	TUES	WED	THURS	
OSR Groups Societies	OSR Groups Societies	PLENARY	ASSEMBLY PLENARY	Programs Groups Societies RIME	Groups Societies RIME	A.M.

OSR Groups Societies	OSR Groups Societies Programs	Council Business Meetings	Council Programs; RIME	Programs Groups Societies RIME	Groups Societies RIME	P.M.

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1978

ORGANIZATION OF STUDENT REPRESENTATIVES

Annual Meeting Schedule

FRIDAY, OCTOBER 20, 1978

(Evening) Administrative Board Meeting

SATURDAY, OCTOBER 21, 1978

8:00 - 11:00 am	Regional Meetings
11:00 am - 12:30 pm	Discussion Sessions
2:00 - 5:30 pm	Business Meeting
5:30 pm	Reception

SUNDAY, OCTOBER 22, 1978

9:00 - 11:00 am	Discussion Sessions
12:30 - 3:30 pm	Business Meeting
3:30 - 4:30 pm	Regional Meetings
7:00 - 9:00 pm	Program

MONDAY, OCTOBER 23, 1978

2:00 - 5:00 pm Mini Programs