

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board

AGENDA

Conference Room, Suite 200
One Dupont Circle

June 13, 1979
1:00 - 5:00 p.m.

Room 303
Eleven Dupont Circle
Washington, D.C.

June 15, 1979
9:00 a.m. - 5:00 p.m.

- I. Call to Order
- II. Consideration of Minutes 1
- III. Report of the Chairperson
- IV. ACTION ITEMS
 - A. Executive Council Agenda
 - B. Nominations for Housestaff Conference
 - C. Nominations of Students for Committees
 - 1. Liaison Committee on Medical Education
 - 2. AAMC Resolutions Committee
- V. DISCUSSION ITEMS
 - A. OSR Annual Meeting Programs 7
 - B. OSR Letter Writing Campaign
 - C. Due Process Project
 - D. Activities of the Task Force on Graduate Medical Education
 - E. OSR Communications and Continuity Efforts
- VI. INFORMATION ITEMS
 - A. Reports from Regional Chairpersons
 - B. Update on Model Questionnaire/Graduate Medical Education Information Project
 - C. Stress Project
 - D. Report on NRMP Board of Directors Meeting 8
 - E. Research Opportunities for Medical Students 10

VII. Old Business

VIII. New Business

IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

March 28, 1979
 AAMC Headquarters
 Washington, D.C.

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|-----------------------------------|----------------------------|
| <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 |
| | --Jim Campbell |
| | --Kat Dolan |
| | --Joe Keyes |
| | --James Schofield, M.D. |

- I. Peter Shields called the meeting to order at 9:15 a.m.
- II. The minutes of the January meeting were approved with the following changes: on page 4, under Resolutions, John Cockerham's name should be deleted from the "Financial Aid" study group; and on page 8, under Old Business, first paragraph, line 13 should read "to select at least 15% of those invited."
- III. OSR Report on Health Legislation

At the January meeting, Barbara Bergin presented a plan for organization of a letter writing campaign to Congressmen. Because so many Association staff are involved with federal liaison and because of potential overlap with deans' activities in this regard, it was felt important for this plan to be discussed by the AAMC Executive Staff before beginning its implementation. From this discussion emerged the idea that OSR Report would be a viable mechanism for dissemination of information to medical students on the health legislation process and on what they can do to influence it. A draft of an issue of OSR Report was distributed to the Board for their reactions. As an introduction to the Board's discussion of the draft report, Joe Keyes explained that a 501 (c) (3) organization (i.e., a "public charity" which is how the AAMC is classified for tax purposes) is limited to an insubstantial amount of lobbying and that the proposed report is a lobbying document in two ways as defined by legislation. It is simple lobbying because it encourages members

of the organization, i.e., OSR representatives, to contact legislators and it is also grassroots lobbying because it attempts to influence the opinions of the general public on a legislative matter, i.e., medical students on the inadequacy of financial aid. The Executive Staff recommended that the lobbying effort embodied in the proposed OSR Report is an appropriate use of Association funds available for this purpose. Joe Keyes concluded his remarks by reminding the Board that their recommendation regarding the report will go to the Council of Deans Administrative Board, who will then make recommendation to the Executive Council.

In the subsequent discussion of the content and tone of the draft report, Kevin Denny expressed concerns that some of the sentences were overly negative, that the thrust of the presentation was short rather than long-term and that the report was more like a pep rally than a briefing session. Other members of the Board felt that the approach employed was justifiable and would be effective in motivating students to act.

ACTION: With one dissenting vote, the OSR Administrative Board approved the draft of the Spring 1979 OSR Report on health legislation.

IV. AMSA Convention

Because he was unable to attend, Peter Shields asked Dan Miller to describe the highlights of the recent AMSA convention which was held in Denver. Dan Miller named the newly-elected officers and noted that one of the bases of the new president's platform was a wider separation between the activities of AMSA and AMA-SBS. Dan reported that AMSA delegates expressed concerns similar to OSR representatives about communications between officers and membership and that AMSA was experiencing financial difficulties. As usual there was a multitude of good programs, and 78 resolutions were brought before the House of Delegates. Kevin Denny, who also attended the meeting, suggested that the OSR might employ some of AMSA's business meeting techniques: greater availability of microphones, alternating pro and con speakers, and requiring that resolutions be submitted prior to the meeting so that reference committees can debate them and present them in an organized fashion to the floor.

V. Model Questionnaire for Graduate Training Evaluation

Subsequent to the Board's approving a version of the model questionnaire at their January meeting, staff sought input from individuals knowledgeable about graduate medical education and reworked portions of the survey. The two versions were then cleared through the AAMC data clearance procedure. Janet Bickel described to the Board the ways in which the two versions differed. The Board decided to go with the new version, with the addition of a few items from the original one. A copy of the model questionnaire, accompanied by a paper on the evolution of the OSR graduate medical education information project and by a copy of the OSR Report on the residency selection process, will be sent to student affairs deans, OSR members, AMSA chapter heads, members of the Transition Working Group, and the chairman of the Task Force on Graduate Medical Education.

VI. Presentation by Dr. Schofield

Dr. James R. Schofield, Director of the AAMC Division of Accreditation in the Department of Institutional Development, presented to the Board an overview of the medical school accreditation process; Dr. Schofield had been unable to attend the January meeting when the other orientation sessions were given. He opened with a discussion of the formation of the Liaison Committee on Medical Education (LCME) and of its membership; the LCME is recognized by the U.S. Office of Education as the accrediting agency for medical schools. He noted that the position of secretary of the LCME alternates annually between himself and Dr. Edward Petersen at the AMA. Dr. Schofield next outlined the review process, which begins with the school's forming a task force to complete an institutional self-study. This analysis is read by the site visit team in preparation for their three-day visit. One scheduled event during the visit is a meeting between the team and medical students so that the team can hear the students concerns about and criticisms of their school. In his concluding remarks, he stressed the importance of students' maximizing this opportunity by carefully organizing in advance of this meeting what it is they want to communicate to the team and noted that the OSR Accreditation Handbook, a copy of which is mailed to the OSR representative in advance of the site visit, contains suggestions on preparing for this meeting.

VII. Financial Aid Workshops

Frances French, Director of Academic Services, University of Michigan, is project director of a grant from the Robert Wood Johnson Foundation to continue the series of developmental workshops for financial aid officers and student affairs deans of schools of medicine, osteopathy and dentistry. She asked Peter Shields to nominate six students to attend each of the three workshops being held in 1979--April 4-6 in Atlanta, June 27-29 in San Francisco, and September 26-28 in Chicago. Three additional workshops will be held during 1980 and one in 1981. Each program includes a one-day session on financial aid program management and two days devoted to issues such as debt management and health manpower legislation. Students are invited for their own edification and so that the other attendees can hear their perspectives on the issues.

Peter Shields and Dan Miller reported that their attempts to identify students for the Atlanta meeting had thus far not been successful due to the students' whom they contacted apparent lack of time and/or difficulties in procuring funds to attend. Peter asked the regional chairpersons to announce the workshops at the three remaining regional meetings and to funnel the names of interested students through him. If a student anticipates funding problems, Bob Boerner agreed to write a letter to the dean urging support.

VIII. Due Process Project

Arlene Brown distributed copies of a questionnaire which she developed to collect information on flexible scheduling and due process procedures at individual medical schools; this questionnaire was sent to the Western OSR members and about half have responded. The value of OSR and GSA working together on this issue has been recognized and at the Western region meeting

a joint session on due process has been scheduled. In terms of creating a session at the Central and Northeast regional meetings Bob Boerner explained that their schedules were already set but that he would attempt to collect from student affairs deans copies of their written guidelines so that a preliminary analysis of the current state-of-the-art can be presented at the GSA business meetings and serve as a basis for students' discussions of the issue at the May meetings.

IX. 1979 Annual Meeting

The Board discussed the OSR Annual Meeting schedule; this year the meeting will be held November 3 - 6 in Washington, D.C. It was decided to schedule an additional set of regional meetings on Saturday, November 4, from 5:30 - 6:30 p.m., following the first business meeting, with the OSR reception beginning at 7 p.m. On Sunday from 11 - noon will be the Candidate for OSR Office session. The time for the second business meeting will be extended by half an hour, with the final set of regional meetings immediately following.

Janet Bickel informed the Board that she attended part of a recent meeting of the Women Liaison Officers Planning Committee. The women discussed planning a joint session with OSR on the changing needs of medical students and the importance of support systems. The Board concurred with this idea and recommended that the session be scheduled on Monday afternoon. Molly Osborne and Arlene Brown agreed to contribute to the planning of the session.

Peter Shields asked the Board to bring ideas for the main program and other discussion sessions to their June meeting.

X. OSR Appointee on the National Resident Matching Program (NRMP) Board of Directors

Peter Shields reported that the term of the OSR-appointed member serving on the NRMP Board (David Bell) has expired and that Dr. Graettinger has asked the OSR to nominate a replacement. This position should be filled by a third year medical student and is for a three-year term. Because the next meeting of the NRMP Board is scheduled for April 20, Peter said it was important that he receive the names of interested students as soon as possible and asked the other members of the Administrative Board to nominate students to him. The opening was announced at the Southern region meeting, which resulted in two representatives' submitting applications.

XI. Informational Reports from Administrative Board Members

- A. Seth Malin gave a brief overview of the Southern region meeting at which a discussion of stress in medical school was held. He also reported that he will work to improve the questionnaire to elicit information on senior electives at Southern region schools and then will recirculate it to Southern OSR members.
- B. Dan Miller reported on the effort which he is coordinating to gather from OSR members the names of their student government president and alternate OSR representative. In February he sent to each OSR member a letter requesting this information and to date had received a 36% response. For

next year, he suggested that this information be requested on the quorum forms distributed and collected at the national business meeting.

- C. Kevin Denny gave a brief summary of the January 30 meeting of the GSA Steering Committee, at which were discussed the scheduled financial aid workshops, implications of the Transition Working Group report, the report of the Panel on Technical Standards for Medical School Admission, and the outlines of the deliberations of the discussion groups at the GSA National Meeting held at Tulane last October.
- D. Fred Emmel summarized for the Board the January 29 meeting of the GSA Committee on Student Financial Assistance. Dr. Daniel Whiteside, Director of the Bureau of Health Manpower, met with the committee and heard their concerns on a variety of topics including the definition of exceptional need as applied in regulations to the Health Professions Student Loan (HPSL) Program. The Committee also registered with Dr. Whiteside their support of the continuation of the HPSL Program and support for expansion of federal repayment of loans for practice in shortage areas. The Committee also met with representatives from the Armed Forces Health Professions Scholarship Program and expressed concern about the often incorrect and misleading information supplied to students by recruiters. The representatives pledged their cooperation in seeking solutions to communications problems and invited committee members to work with them toward this end.

XII. Executive Council Agenda

A. Election of Provisional Institutional Member

Oral Roberts University School of Medicine has received provisional accreditation by the LCME and is eligible for Provisional Institutional Membership in the AAMC. Alan Wasserman said that he understood that this school has a "physical fitness" requirement which he thinks is inappropriate. Dan Miller said that he and Peter Shields had not yet read the accreditation report on Oral Roberts. The Board decided to defer action on this matter.

B. Endorsement of LCME Accreditation Decisions

ACTION: The OSR Administrative Board endorsed all of the LCME Accreditation decisions except the award of provisional accreditation to Oral Roberts University School of Medicine.

C. Report of the CCME Committee on Opportunities for Women in Medicine

ACTION: The OSR Administrative Board endorsed the approval of this report with the changes as noted in the Executive Council agenda.

D. LCGME 1979 Budget

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

E. Meeting of House Staff

Last December a small committee was formed to discuss house staff involvement in the AAMC. This committee recommended that the AAMC convene a conference of house staff to discuss educational and scholarly issues of mutual concern to residents and constituent organizations of the Association. Toward this end a meeting of residents is proposed to consider and react to the deliberations of the Task Force on Graduate Medical Education immediately prior to the preparation of their final report. This meeting will be held in Washington, D.C. on October 5 and 6. Each medical school dean will be asked to submit the names of three nominees with a one paragraph biography. The OSR will be asked to submit one nominee for each specialty. AAMC staff will review the nominees and select 30 with due regard to specialty, institutional and regional balance.

In responding to the Board's questions about the committee's recommendations and the proposed conference, Kat Dolan admitted that the Association is moving into the area of house staff involvement with caution. Some of the Administrative Board members expressed dissatisfaction with the fact that the OSR is being asked to nominate rather than to select attendees and that the house staff will not be asked to consider methods of input to the Association.

ACTION: The OSR Administrative Board endorsed the approval of the plan as set forth above, with the proviso that the OSR be asked to select five of the participants and that the mechanism for house staff input into the AAMC be included in the meeting agenda.

XIII. June Administrative Board Meeting

Because two Board members will be taking the National Boards, Part I and one Board member will be taking the FLEX exam on June 13 when the next meeting is scheduled, it was necessary to discuss alternate meeting arrangements. The Board decided to begin their meeting at 1 p.m. on June 13 and to spend the afternoon discussing the Executive Council Agenda and to continue their meeting on June 15, when all but one of the Board members can be present.

XIV. The meeting adjourned at 4:40 p.m.

1979

ORGANIZATION OF STUDENT REPRESENTATIVES

Annual Meeting Schedule

FRIDAY, NOVEMBER 2, 1979

7:00 - 9:00 p.m. Administrative Board Meeting

SATURDAY, NOVEMBER 3, 1979

8:30 - 11:00 a.m. Regional Meetings
11:00 - 12:30 p.m. Discussion Sessions
2:00 - 5:30 p.m. Business Meeting
5:30 - 6:30 p.m. Regional Meetings
7:00 Reception

SUNDAY, NOVEMBER 4, 1979

9:00 - 10:30 a.m. Discussion Sessions
10:30 - 11:30 a.m. Candidate for OSR Office Session
1:00 - 4:00 p.m. Business Meeting
4:00 - 5:00 p.m. Regional Meetings
7:00 - 9:00 p.m. Program

MONDAY, NOVEMBER 5, 1979

12:00 - 2:00 p.m. Administrative Board Luncheon
3:00 - 5:00 p.m. Joint OSR/WLO Discussion Session

SUMMARY OF THE MARCH, 1979 MEETING

NRMP BOARD OF DIRECTORS

I. New Bylaws

One of the first items on the agenda was adoption of new Bylaws of the Corporation. Of interest to the Ad Board will be Article III, Section 3.3: Election of the Board of Directors, which states that the Directors (17) shall include 3 students (1 from OSR) "to be selected during their penultimate year in medical school. Student representatives-elect shall be invited to attend, as observers, the annual Board meeting immediately prior to the start of their three year terms." The elections will be staggered with only one new student member each year.

Prior to this, students had not been selected by this criteria and as a result the other two current student members are both graduating seniors. This change should allow new, relevant input each year in addition to continuity of student participation.

Clarification by Dr. Graettinger confirmed my impression that my appointment actually began after this meeting and will continue through the 1982 meeting. The new OSR representative will be selected prior to spring 1982, and will attend that meeting in an observer status. Although presumably an observer at this past meeting, I utilized the vote allotted to the OSR representative and participated in an active status due to David Bell's inability to attend the meeting as outgoing OSR representative. However, this participation was somewhat limited by my lack of familiarity with the issues since I received the voluminous agenda only thirty minutes prior to boarding the plane in Houston on the night before the meeting.

I hope this will clarify a few of the questions we all had concerning this position prior to my appointment, and allow us to better plan for the selection of my successor at the proper time.

I would also like to point out that the student representatives hold three of the seventeen votes on the Board, and that two of the seven Executive Committee Members are students. Additionally, one of the three members of the Nominating Committee for purposes of nominating next year's Executive Committee is also a student representative (myself). I was impressed that the concerns for student welfare and the desires for their active contribution are quite sincere and real. It is my belief that this situation can only work for the continued benefit of the students, although not always as rapidly as we might wish.

II. Shared Residency Postions

Section 709 of the Health Professions Educational Assistance Act of 1976, P.L. 94-484, requires that any organization receiving Federal Aid must offer and advertise a percentage of their PGY-1 positions as shared scheduled residency (SSR) positions after January 1, 1979.

Because of this, NRMP first offered this year a Mini-Match which preceded the regular match for reasons of matching individuals applying for SSR positions. Pairs applying for such programs participated as a pair in the regular match. Total cost of operating this separate match was greater than \$6,000.

The results of the Mini-Match were rather disappointing with only four U.S. graduates matched to PGY-1 positions, at an obvious cost of more than \$1,500 per applicant. Although much of this cost was initial cost in designing computer programs which could be reused, the administrative logistics proved to be overwhelming. For this reason, and in view of the poor response by applicants, it was decided that the Mini-Match would not be repeated next year.

Therefore, individuals seeking SSR positions will be allowed to negotiate these outside the Match next year as is presently allowed for spouses and engaged couples.

III. Additional Directory Descriptors

Probably of primary concern to OSR is the addition of additional program descriptors to the NRMP Directory. This has been covered in previous communications between OSR and NRMP (Refer to Paul Scoles' letter of March 28, 1978, to Dr. Graettinger which Janet has on file).

These communications resulted in the inclusion on the April Agenda of two additional descriptors proposed for addition to the Directory:

- 1) Addition of an asterisk after "positions offered" to those programs which filled all of their positions, and
- 2) A percentage of positions matched divided by the number of applicants to the program.

Discussion centering around addition of these items proved to be long and involved, ultimately resulting in failure to gain approval for their addition to the Directory. Of central concern to all members was whether or not such information would allow an applicant to make an accurate judgement concerning quality of a program or simply would present a biased and actually invalid measure of the programs quality. Also the point was raised that such information is presently available in other places (I haven't as yet determined a dependable and satisfactory way to obtain this information). Also the NRMP feels it shouldn't distribute any information but its own.

As I said above, the discussion was long and the arguments pro and con were myriad. However, the concern by all was very sincere I believe, and so gives hope to further discussions. Also, I feel there are several board members quite sympathetic to our concerns who will be supportive to continued efforts in this direction.

To this end I plan to devote a good deal of effort in the coming year, and would therefore appreciate any ideas or information which the Ad Board might contribute. Requisite to the success of such efforts will be working to achieve increased understanding by the Board Members of the problems applicants face concerning program information, and how these can be minimized in a manner consistent with the stated purposes of the NRMP without presenting a biased picture. The annual meeting is not the time or place to proselytize these members and future success will require increased preparatory efforts by all concerned.

PROGRESS REPORT: RESEARCH OPPORTUNITIES FOR MEDICAL STUDENTS

Background

At the 1978 AAMC Annual Meeting, the Organization of Student Representatives (OSR) brought to the attention of the Assembly their concern that research opportunities for medical students are inadequate and underutilized for a variety of reasons. As a result the Assembly adopted a resolution urging the development of more, and more widely announced, student research opportunities. This expression of concern about the inadequacy of research opportunities at the undergraduate level came at a time when clear evidence had become available that the supply of clinical investigators is declining. While it is not possible to prove that increasing support for medical student research opportunities will halt this distressing trend, certainly the student concerns that opportunities are inadequate deserve immediate examination.

Method of Survey

As a first step in carrying out the Assembly's resolution, a fact-finding effort was proposed in conjunction with the 1979 regional spring meetings of the Group on Student Affairs (GSA) and OSR. Prior to each of the four joint meetings, individuals who had preregistered for the meetings were mailed a one-page questionnaire with a fact sheet on the diminishing supply of clinical researchers (Attachment A) and asked to bring the completed survey to their meeting. At each of the four meetings, additional surveys were distributed and a presentation made on the problem. Participants were then asked to give their views about the situation at their schools with regard to availability of research opportunities, level of medical student participation, perceptions about their admission committee's view of expressions of interest in academic careers, career counselling mechanisms, and balance between social and scientific goals. These discussion sessions lasted approximately 45 minutes, and surveys were collected at the end of each session.

Results of Survey

Fifty-six U.S. medical schools responded to the survey and an even larger number participated in the discussions. The mix of schools responding was such that we feel reasonably safe in extrapolating results from this sample of the larger population of all U.S. medical schools. Analysis of the survey responses and the notes of group discussions showed:

1. Research opportunities for medical students —

- 0 Research training opportunities of 3 months or longer are available for medical students at 52 (93%) of the 56 institutions surveyed.
- 0 Funds were available for student stipends in 31 schools (55%) but the remainder of schools either had no funds at all (10%) or limited funds (30%). Five schools (9%) reported that more than adequate funds were available or that federally-supported Medical Scientist Training Programs (M.D.-Ph.D. programs) met all student needs for research opportunities.

- 0 Funds to support student laboratory projects were not available at 16 schools (29%) or were available in limited amounts at 10 schools (18%).
- 0 The funds for student research support were derived from eight distinct sources:
 - Basic Research Support Grant funds were used in 21% of schools.
 - NIH and other federal research grants supplied funds in 45% of schools.
 - Other major sources were private endowment and gifts (34%), state allocations (27%), and voluntary foundations (e.g., Heart Association, Cancer Society) (21%).
 - Minor sources were work study programs (7%) and clinical earnings of faculty (2%).

Medical Scientist Training Program funds were available for students enrolled in these federally-funded programs at 10 schools.

- 0 The schools surveyed reported that the following numbers of students were pursuing research interests each year:

less than 2 students in 12% of schools

3 to 10 students in 31% of schools, and

11 to 50 students in 44% of schools, and

more than 50 students in 13% of the schools.

2. Counseling and advising about research opportunities and careers —

Where research opportunities do exist, how do students obtain counseling and get information about such opportunities? Surprisingly, twelve schools (22%) reported no mechanism at all to inform or counsel students about research opportunities. (One school reported both unused research funds and no mechanism to inform students!). Thirty-six schools (66%) reported some information and counseling mechanisms which we judged to be about equally informal (e.g., faculty advisors or word of mouth) and formal (student affairs office postings, academic bulletin notices). Eight schools (15%) made considerable, continuing efforts to recruit students into research activities. Four of these schools were among the top ten schools in "research intensiveness¹ in the United States but surprisingly, the others cannot be characterized as having large research efforts. They do appear, however, to be primarily newer, private schools with vigorous academic programs.

¹ A measure of research activity developed by AAMC staff in several studies of medical school characteristics.

3. Attitudes of admissions committees and faculty — We explored the attitude of admissions committees and faculty in general toward research and/or academic career aspirations of medical school applicants and admitted students. The intellectual climate prevailing at the schools was evaluated by using open-ended replies to a provocative statement suggesting that social concerns might be supplanting the science priorities of medical schools. Although the replies of 23% of the schools were not helpful, more than three-quarters of replies were very informative:

- 0 Forty-one percent of the respondents felt that their schools were placing high or increasing priority and emphasis on the training of medical students for practice and patient care careers to the detriment of preparation in science and for academic careers.
- 0 Twenty-one percent of respondents felt that the science/academic base for medicine was prevailing over a practice-oriented atmosphere in their schools.
- 0 Two schools (4%) reported a swing toward the science/academic orientation and 5 schools (9%) stated that their school, while still "science-oriented", was changing toward a practice/social orientation.

Admissions committees, it has been suggested, may be increasingly seeking students who will enter patient care careers and may be selecting against students who express an academic career interest during the application process. This notion was rejected by 57% of schools who reported that expressions of interest in academic careers by applicants were regarded favorably by their admissions committee. Still, results from the survey show that some pre-medical students may disguise their interest in research careers because they incorrectly believe admissions committees do not regard such interests as a favorable factor for admissions. This misperception is not confined only to pre-medical students but is shared to some extent by admitted students and some faculty.

Discussion

Stipended research opportunities are available for medical students in most, but not all, U.S. medical schools. Support for the students' laboratory activities is less widely available; this deficiency may become a negative factor if faculty research funds become less plentiful. Many sources of funds are used and, while federal sources (either individual research grants or BRSG funds) are the most numerous, private, foundation and state funds are frequently used for medical student support.

A surprisingly large number of students participate each year in research programs and thus have exposure to research methodology, problems and challenges. Nevertheless, it can be fairly said that the situation is highly variable, with

some schools having required research programs for all students and others having no research opportunities for any students. Some schools have more than enough funds; others have severe limitations.

From the end of World War II to about 1970 the attitudes in medical schools favored training of medical scientists as well as clinicians. Although the individual facts may be debated, most observers would agree that there has been a shift in public and medical opinion with advocates of increased emphasis on the selection and education of larger numbers of medical students who would ultimately render care — principally primary care — to patients. While the number of scientists trained has never been more than ten percent of medical students even at the most research-oriented schools, the success of the bio-medical science revolution of the 1950's was all-pervasive and dominant. Since 1970, the advocates of practitioner education and social change in medical schools have become more vocal and, many suggest, louder than those advocates of science-based education. While this may be a simplistic formulation, the results of this survey do bear out such a contention. However, admissions committees do not appear to select against those students who profess interest in research and academic careers except in a few of the most practice-oriented schools. Counselling of medical students regarding academic and research career opportunities is informal and largely dependent upon student initiative. At the present time most of the counselling discussions for students are oriented toward clinical practice outcomes. This situation, coupled with the fact that the great need for clinical researchers is unrecognized by both students and faculty, renders the academic counselling and recruiting mechanism inadequate in the majority of schools.

Future Action

AAMC staff are now developing recommendations for action based upon the findings of the survey just completed and reported above. These recommendations will be forwarded to the Executive Council in September, 1979.

THE SUPPLY OF CLINICAL RESEARCHERS

At the 1978 AAMC annual meeting student representatives brought to the attention of the Assembly the declining availability of research opportunities for medical students. The results of their concern was the adoption by the Assembly of a resolution urging the development of more student research experiences. The students have thus focussed our sights on the general problems of declining interest of medical students and young physicians in academic careers. AAMC and several other groups have brought out some facts about this problem:

- I. The research activity of clinicians has fallen off markedly in recent years:
 - A sharp drop-off has occurred in the numbers and proportion of physician-investigators among all first-time principal investigators on NIH research grants. The proportion fell from 43.9% in 1966 to 23.3% in 1975.
 - Data from the AMA show that the number of physicians reporting research as a primary activity has decreased from 15,441 in 1968 to 7,944 in 1975.
- II. The number of trained clinical researchers has never been large and even fewer clinical researchers are being trained now:
 - The rate of production of medical school faculty engaged in research and teaching has always been low. Of 286,700 graduates of U.S. medical schools alive in 1975 only 10,800 (3.8%) were primarily engaged in teaching and research. Even Harvard has sent only 12% of its graduates into research and teaching over the past 40 years.
 - The number of MDs in research training programs supported by NIH has fallen from approximately 4,600 in 1971 to 1,800 in 1977.
 - Of the approximately 28,000 faculty now in clinical departments only 52% have had research training.
- III. The demand for clinical researchers is increasing:
 - Budgeted vacancies in clinical departments have grown about 11% per year since 1971, compared with 4% in basic science departments at medical schools.
- IV. Interest in academic careers among MDs is declining:
 - Two studies record a striking change in student attitudes toward research: 1) The proportion of medical school graduates indicating that research would be a component of their careers dropped from 39% in 1960 to 22% in 1978. 2) The proportion of Harvard medical students assigning high priority to research dropped from 49% in 1963 to 2% in 1976.
 - In a 1977 study the AAMC documented a dwindling interest in research careers on the part of students and residents. Also, in 1972 45% of all advanced clinical trainees (or "fellows") received significant research experience but by 1976 only 40% did so.

If we are to meet the objectives of the 1978 Assembly resolution we need some information from you. Specifically, before you come to the regional GSA meeting we would appreciate your answering the following questions in your medical school. NOTE YOUR ANSWERS BELOW AND BRING THIS WITH YOU TO THE MEETING.

- 1) Are research opportunities of 3 to 12 months duration available to your medical students? _____
Do they provide student stipends? _____
Laboratory support? _____
Academic credit? _____
What is the source of funds? _____

How many students availed themselves of these opportunities in recent years? _____
- 2) Does your admissions committee regard expressions of interest in academic careers by prospective students as a favorable factor? _____
If the answer is "yes", is this attitude perceived correctly by applicants? _____ By admitted students? _____ By faculty? _____
- 3) What mechanism does your school have to counsel and inform admitted students about academic/research careers? _____

- 4) Some have suggested that many medical schools are now more concerned with social goals than scientific ones. What is the situation in your school? Is there a increased emphasis on "social" goals at the expense of science and, specifically, research opportunities for medical students? _____

NAME: _____

SCHOOL: _____

POSITION: _____