



association of american medical colleges

OSR ADMINISTRATIVE BOARD MEETING

June 24, 1981 9:00 am- 5:00 pm

A G E N D A

- I. Call to Order
- II. Consideration of March Minutes 1
- III. Chairperson's Report
- IV. ACTION ITEMS
 - A. Executive Council Agenda
 - B. Nominations of Student to LCME 6
- V. DISCUSSION ITEMS
 - A. 1981 Annual Meeting Program 7
 - B. Proposal to Survey Schools about Encouraging Ethical Behavior
in Medical Students 9
- VI. INFORMATION ITEMS
 - A. Survey on Extramural Electives 12
 - B. Summary of Status of Resident Participation in AAMC 15
- VII. Old Business
- VIII. New Business
- IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

March 25, 1981

AAMC Headquarters
Washington, D.C.

Chairperson

Chairperson-Elect

Regional Chairpersons

--Lisa Capaldini
--Grady Hughes
--Steve Phillips (Northeast)
Ed Schwager (West)
Jo Linder (Central)
Susan Haack (South)

Representatives-at-Large

--Wendy Crum
Louis van de Beek
Michael Tom
Manuel Marquez
--Martha Anderson, Ph.D.

AAMC Staff

Janet Bickel
Robert Boerner
Peter Butler
Mindy Hatton
Beth Jaeger
Joseph Keyes
Mary McGrane
Dario Prieto

I. Ms. Capaldini called the meeting to order at 9:30 a.m.

II. Consortium of Medical Student Groups

Ms. Capaldini reported that at the Council of Deans Administrative Board meeting in January, questions were raised regarding the appropriateness of OSR's approval of the Consortium's Document of Understanding which portrays OSR as having the capability of acting as an independent organization. Mr. Keyes argued that OSR is a component of AAMC, not a separate student organization, and that for the OSR to identify itself as part of the Consortium in "policy statements" is organizationally inconsistent. The OSR Administrative Board discussed this dilemma at length and agreed that, since the primary purpose of the Consortium is to facilitate communications among medical student organizations on issues of concern to students and since so much time has already been absorbed by discussions of the Consortium's structure and function, it would be unfortunate for the Consortium to continue to focus on such questions. Ms. Capaldini therefore proposed, and the Board concurred, that she describe OSR's quandry to attendees at the upcoming Consortium meeting and recommend that the Consortium's goals would be better served by sharing information on the legislative situation and financial aid problems than by additional discussions of the nature of OSR's (and other "parented" organization's) affiliation with the group.

III. The Essentials of Accredited Residencies in Graduate Medical Education

In January, representatives of the Accreditation Council for Graduate Medical Education (ACGME) and the Council for Medical Affairs (CFMA) met to resolve differences among the five parent organizations on the General Requirements section of the Essentials. The revised version was approved by the ACGME at its February meeting and was sent to the ACGME sponsoring organizations for approval. The OSR Administrative Board applauded the strengthening of the section on due process with the following caveat: that the words "constructively and continuously" replace the specified review time in Section 5.1.5: "The institutional system should assure that through the director and staff each program should at least annually, but preferably semi-annually evaluate the knowledge, skills and professional growth of its residents, using appropriate criteria and procedures." The Board also noted that it would feel more comfortable discussing the Essentials if there were more formal input of residents into AAMC deliberations and asked that this subject be included as a discussion item on its June meeting agenda.

ACTION: The OSR Administrative Board approved the General Requirements Section of the Essentials.

IV. Due Process for Residents

At the last meeting of the Executive Council, information was presented on court cases in which hospitals and residency program directors had been found to have failed to adhere to adequate standards for promotion or dismissal of residents, and it was agreed that AAMC constituents should be reminded of their rights and responsibilities in such cases. Staff therefore prepared a discussion draft for an Association memorandum on this subject. The OSR Administrative Board expressed general agreement with the content of the draft, noting the appropriate linkage between due process and evaluation methods and recommended that these links be made even more explicit by emphasizing the importance of continuous and constructive evaluation in preventing student grievances and problems. While Mr. Schwager stated the view that it is each student's responsibility to ask for feedback about his or her performance, the Board concurred that this does not excuse the lack of evaluation and feedback mechanisms.

Because it related to previous discussions of the OSR on due process, Mr. Prieto brought to the attention of the Board a recent court decision overturning a libel judgment against four former medical students at the U. of Kansas Medical School (Scarpelli vs. Rempson, et al); he noted that this decision was not only a major victory for affirmative action but also for students' rights in expressing their grievances.

ACTION: The OSR Administrative Board approved the discussion draft on due process for distribution to the Assembly.

V. Resolution on Completion of Admission Process of May 15

At its 1980 Annual Business Meeting, the Group on Student Affairs (GSA) voted to propose that all U.S. medical schools complete the admission process by May 15 each year, that is, have made sufficient offers of acceptance to fill all places in its first-year class. Mr. Boerner provided to the Board background on this resolution, and the Board agreed that this recommendation

should be included among the "Recommendations of the AAMC Concerning Medical School Acceptance Procedures" published in Medical School Admission Requirements.

VI. Student Financial Aid

Mr. Boerner gave an update on legislative developments affecting financial aid programs funded under the Higher Education Action (Guaranteed Student Loan, National Direct Student Loan and College-Work Study) and those under the Health Professions Educational Assistance Act (HEAL, NHSC Scholarship Program, Exceptional Financial Need Scholarship Program and Health Professions Student Loan Program). He indicated that at this point it is difficult to predict the fate of these programs but that prospects ahead are grim for medical students given the general lack of sympathy on the Hill in the face of projections of high physician income and physician over-supply. With regard to HEAL, he noted that delays in the processing of these loan applications by Chase Manhattan Bank have resulted in cash-flow problems at a number of schools and the possibility that demand for these loans may in the future exceed Chase's willingness to lend. With regard to the NHSC Scholarship Program, he noted the proposed elimination of new awards due to the expense of the Program to the Federal Government and the numbers of scholarship recipients already in the pipeline. The Administrative Board discussed these issues as well as others set forth on the GSA Position Paper on Student Financial Assistance. One concern raised by several members related to the proposal to re-introduce a family income cap on eligibility for GSL's. While Mr. Boerner stressed the necessity of students' tapping family resources before becoming eligible for tax-supported loans, many students pointed out instances in which it is impractical to expect family support and recommended that the criteria for definition of "independent student" deserves a more sensitive analysis than is sometimes allowed. The Board therefore recommended inclusion of a statement regarding the role of the financial aid officer in determining the appropriate degree of dependency on parents. Mr. Boerner noted that at schools where students encounter problems with financial aid personnel in this regard, the dean should be encouraged to send personnel to one of Frankie French's financial aid workshops. Ms. Capaldini also recommended including a statement to the effect that students encounter access problems related not only to Federal funding of financial aid programs but also to institutional procedures and lack of information about them.

ACTION: The OSR Administrative Board somberly approved the GSA Position Paper on Student Financial Assistance with the recommendations as stated above.

VII. Annual Meeting, October 30 to November 2, 1981

Ms. Linder reported on the program ideas which emerged from the recent meeting of the Women in Medicine Planning Committee and said that students will be interested in and are welcomed to attend these sessions. Ms. Bickel described the discussion sessions planned by the Society for Health and Human Values and the Board selected the three likely to be of greatest interest to students, recommending that the Society be requested to schedule these in order to maximize student attendance on Sunday morning, November 1. She and Dr. Anderson presented ideas to the Board for a program on physician manpower, including projections by representatives of the major specialties regarding future practice modes, technology, costs and manpower outlook;

the Board agreed that OSR should offer a program on this topic, including a discussion of changes in the role of the physician and societal expectations. The Board also agreed to hold discussion sessions on evaluation in the clinical setting and on dealing with anger toward patients, nurses and self.

IX. FY 1982 Budget

Ms. Hatton and Ms. McGrane, AAMC Legislative Analysts, gave the Board an overview of President Reagan's 1982 Budget proposals affecting medical education. The Board discussed various strategies to orchestrate student's contacting Congressmen about their concerns and the timing of such efforts.

X. AAMC Activities in Geriatric Medicine

Ms. Capaldini presented an outline of activities AAMC is considering engaging in with regard to geriatric medicine as summarized in the Executive Council agenda. While the Association does not usually overtly identify itself or undertake particular efforts with respect to specific interests because of its primary concern with the comprehensiveness of medical education, geriatric medicine involves a number of unusual characteristics which suggest the desirability as well as the necessity of reviewing that general attitude. Additionally, AAMC has been importuned by the Robert Butler, Director of the National Institute of Aging, to consider greater cooperation with the Institute in advancing its cause. The following possibilities have been proposed:

- 1) Hold a jointly sponsored conference of medical center officials and faculty. The theme would be the challenge of adapting the education, research and service functions of academic medical centers to meet the needs of the increasing numbers of the elderly.
- 2) Establishment of a grant program by NIA to identify and facilitate the training of young physicians for academic positions with an emphasis on geriatric medicine. Despite probable fiscal limitations on federal funding for such activities, even a small number of awards of this nature in the immediate future could have a highly salutary effect on the development of the field.
- 3) Inclusion of the special problems of the elderly as part of the Association's proposed study of undergraduate medical education.
- 4) Sponsorship of a meeting by the NIA in conjunction with the 1982 Annual Meeting of the AAMC to provide visibility for the field among the various constituencies of the Association.
- 5) Invitation to Dr. Butler to speak at a forthcoming Executive Council meeting in order to facilitate a better understanding on both sides of the limitations and capabilities of the Association and the Institute.

ACTION: The OSR Administrative Board recommended undertaking these activities.

- XI. Ms. Crum reminded the other Board members to attempt to collect information from attendees at the regional meetings regarding Spanish courses offered for medical students, as she is attempting to compile a list and bibliography

persuant to one of the 1980 OSR resolutions.

- XII. The minutes of the March OSR Administrative Board meeting were approved without change.
- XIII. The meeting was adjourned at 5:00 pm.

LCME NOMINEES

<u>NAME</u>	<u>SCHOOL</u>	<u>LETTER OF REFERENCE</u>
1) David Annard '82	Bowman Gray	1
2) John Ayres '83	Indiana University	0
3) Daniel Brinton '82	University of Utah	3
4) Jeffrey Brody '82	Georgetown	1
5) Samuel Dooley '82	Medical College of Georgia	0
6) Robert Dyo '82	University of Texas-Galveston	1
7) Rick Labasky '83	University of Texas-Galveston	2
8) Elise Lyons '82	University of Colorado	1
9) Susan Miller '82	University of Pittsburgh	1
10) Stephen Phillips '82	Albert Einstein	1
11) Joann Sanders '82	St. Louis University	1

OSR ANNUAL MEETING PROGRAM

Friday, October 30

7:30 pm

OSR Discussion Sessions:

Fear & Loathing in Medical Education

Dan Miller, M.D., Resident, San Francisco
County General

Ed Schwager, Medical Student, U of Arizona

Arlene Brown, M.D., Resident, Good Samaritan
Medical Center

Effective Participation in OSR: What's in it for you?

Janet Bickel, Staff Associate, AAMC

Lisa Capaldini, Medical Student, U of Calif.
San Francisco

Saturday, October 31

8:30 am - 11:00 pm Regional Meetings

11:00 am - 12:30 pm OSR Discussion Sessions:

Preventing Impairment and Failure of Medical Students

Frances Drew, MD, Director of Student Affairs, Pittsburgh

Joan May, Assistant Dean, Cornell U Medical College

Steve Phillips, Medical Student, Einstein

Carola Eisenberg, MD, Dean for Student Affairs, Harvard
Medical School

Assessment of Clinical Performance: Improving the State of the Art

Xenia Tonesk, Ph.D., Program Director, Personal

Characteristics & Skills Assessment, AAMC

Victor Neufeld, MD, Coordinator of Educational Development,

McMaster University School of Medicine

Hugh Scott, MD, Coordinator, Graduate Studies, U of Sher-
brooke Faculty of Medicine

2:00 - 5:00 pm Business Meeting

5:00 - 6:30 pm Regional Meetings

7:00 - 9:00 pm OSR Reception

Sunday, November 1

9:00 am - 10:30 am OSR Discussion Session:
Clinical Evaluations: The Unwritten Rules
George Baker, MD, Associate Dean, Student
Affairs & Curriculum
Kay Colangelo, PhD, Associate in Student Services
U of Iowa College of Medicine

10:30 - 11:30 am Candidate for OSR Office Session

1:00 - 5:00 pm Business Meeting

5:00 - 6:00 pm Regional Meetings

Monday, November 2

3:00 - 5:00 pm OSR Program
Tomorrow's Medicine: The Economy, The Science, The Practice
Martha Anderson, PhD, Staff Associate, AAMC, moderator
Jane Henney, MD, Special Assistant for Clinical
Affairs, National Cancer Institute
Alvin Tarlov, MD, Professor of Medicine, U of
Chicago Pritzker School of Medicine

PROPOSAL TO SURVEY SCHOOLS ABOUT ENCOURAGING ETHICAL
BEHAVIOR IN MEDICAL STUDENTS

Pursuant to Resolution 'G' passed by OSR at its 1980 business meeting, Steve Phillips, Northeast OSR Chairperson, has developed the following proposal for discussion by the OSR Administrative Board. Because of likely diversities of perspective among individuals at each institution regarding the incidence of unprofessional behavior among medical students and what can be done to foster the development of principles of conduct, it is recommended that three groups be surveyed: Dean, GME Correspondent, and OSR Member. Only one of these groups would receive the full schedule of questions.

The goals of this survey may be articulated as follows: To allow description of:

1. the perceived state of cheating/unprofessional behavior on the part of medical students.
2. the variety of approaches taken to instill ethical awareness and responsibility in medical students as reflected by curricular discussions of ethics, honor codes, etc.
3. the variety of approaches for dealing with breaches of codes of ethics.
4. problems with existing policies and statements as they are perceived by students, faculty, deans.
5. suggestions on how better to foster in students an awareness of their ethical obligations as incipient professionals and how best to insure that these obligations are met.

It is anticipated that comparison of the responses of deans, faculty and students will provide a valuable and unique perspective and guidance regarding where efforts need to be targeted. The results of the survey will be tabulated and analyzed by OSR Administrative Board members and staff and summarized in a paper to be distributed to appropriate constituent groups of the Association, in addition to forming the basis of a 1982 OSR Annual Meeting program (perhaps in conjunction with GME or GSA).

The covering memorandum will assure respondents that analyses of the information provided will not include identification of individual schools. It will also reference the Journal of Medical Education article "Cheating in Medical School" (February 1980) and describe the need for data on the extent of this problem in order to help schools assess what preventive measures can be taken both to insure valid evaluations of students and the development of appropriate principles of conduct.

SURVEY

1. The activities listed below may be considered responsibilities of each medical student. Please cross-out any which you believe are inappropriately included. Of the remainder, do you see shortcomings at your institution (circle one):

	NO PROBLEMS					MANY PROBLEMS	
a) refrain from cheating on examinations	1	2	3	4	5		
b) refrain from cheating on lab exercises	1	2	3	4	5		
c) refuse to aid another student during examination or lab exercises	1	2	3	4	5		
d) report to the instructor anyone seen cheating	1	2	3	4	5		
e) refrain from plagiarism	1	2	3	4	5		
f) be honest in case presentations, patient write-ups	1	2	3	4	5		
g) alert patients to student-doctor status	1	2	3	4	5		
h) maintain patient confidentiality	1	2	3	4	5		
i) refrain from abuse of alcohol and other drugs	1	2	3	4	5		
j) be alert to the possibility of impairment in other students and undertake appropriate measures to help such students	1	2	3	4	5		

2. Who voices the complaint which initiates investigation into an alleged incidence of misconduct? % of cases

- a) students _____
- b) basic science faculty _____
- c) clinical faculty/residents _____
- d) computer checking of test results _____
- number of cases insufficient to breakdown _____

3. What would you estimate to be the average incidence per year of misconduct at your institution as outlined below:

NO BASIS TO JUDGE

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		<u>Preclinical</u>	<u>Clinical</u>
Informal Procedures	Resolved by instructor and student	_____	_____
	Resolved by instructor, student and dean's office	_____	_____
	Resolved by dean's office & student	_____	_____
Formal Procedures	Resolved by official college committee and student	_____	_____
	Resolved by dean of the medical school and student	_____	_____
	Resulted in litigation	_____	_____
	a) Resolved out of court	_____	_____
	b) Resolved judicially	_____	_____

4. Describe when and how students are informed of their ethical responsibilities as students. If your school has developed an honor code, please check here _____ and attach a copy.

5. Data on the availability of a formal course on ethical problems in medicine is collected via the annual LCME Questionnaire. If in addition your school offers other formal or non-curricular activities designed to foster students' awareness of their ethical responsibilities as physicians, please describe.

6. Describe student involvement in encouraging ethical behavior. Are students involved in policy formulation? _____ Do students participate in formal hearings of a colleague accused of misconduct? _____

7. Do you believe that greater efforts are needed at your school to instill in students the motivation to develop a personal code of ethics? _____ If no, please indicate whether you are satisfied with the behavior of students _____ and/or you believe this area is not within the purview of the dean and faculty _____. If yes, please provide suggestions about how this development might better be encouraged.



association of american medical colleges

May 26, 1981

MEMORANDUM

TO: Deans of Student Affairs at U.S. Medical Schools
FROM: Janet Bickel, Staff Associate, Division of Student Programs
SUBJECT: Information on Electives for Visiting Medical Students

Two years ago we asked student affairs deans to complete the attached survey in order to compile basic information relative to extramural electives. The compilation was very well received, and it is now time to up-date the listing.

The survey asks for a bare minimum of information which students require in planning electives at other schools; nonetheless, its availability should greatly decrease the effort involved with getting the additional necessary facts. Even if the answer to the questions is "varies with department," this is useful information. We ask, therefore, that you coordinate the completion of this brief survey and return to us by June 30, 1981. The results of this survey will then be compiled and shared with the respondents and the OSR member from your school.

Also attached is a model which you may want to adapt to assist students in sharing apartments while they are enrolled in extramural electives. This idea was proposed by the Southern OSR and approved recently by the GSA Steering Committee. Coordinating such a file would involve some extra work on your part; but, given rising expenses and tighter money, students would probably be very appreciative of this service.

AB

12

SURVEY ON EXTRAMURAL ELECTIVES

If your school offers electives which may be taken by medical students from other U. S. medical schools, please facilitate students' efforts to find out about these electives by making available the following information:

1. Name, title, address and phone number of the individual to be contacted for information on taking electives at your school.

2. (a) During what month in the academic year do you begin considering applications from visiting students?

_____ Month

_____ No specific time

- (b) Maximum number of weeks for extramural electives: _____

3. Do you charge tuition and/or fees:

Tuition: \$ _____ / _____ weeks; fees: \$ _____

4. Do you require visiting students to have malpractice coverage? Yes _____ No _____
If yes, may coverage be purchased at your school?
If yes, cost equals \$ _____.

Name of School: _____ Date: _____

Name of Person Completing this Survey: _____

RETURN TO: Janet Bickel
Division of Student Programs
Association of American Medical Colleges
One Dupont Circle, N.W., Suite 200
Washington, D.C. 20036

MODEL

TO: Senior Medical Students Planning Time Away
FROM:
SUBJECT: Renting your Apartment

One of the hassles and expenses of taking electives at other schools is finding a place to stay and in many instances paying double rent. The Organization of Student Representatives of the Association of American Medical Colleges is therefore proposing development of an apartment exchange service.

If you want to participate, complete this form and return it to me. If I receive inquiries about housing which coincide with what you offer, I will give the student the information you have listed. When you are investigating electives at other institutions, ask the student affairs dean if they have established a similar file.

NAME:

PHONE: day--() - night--() -

ADDRESS:

DATES APARTMENT IS AVAILABLE:

RENT per week/ month (circle one):

SECURITY DEPOSIT required? amount:

OTHER PERTINENT INFORMATION

SUMMARY of STATUS of RESIDENT PARTICIPATION in AAMC

At the March OSR Administrative Board meeting and at two of this spring's regional meetings, questions were raised about the status of discussions to increase resident participation in the AAMC. Staff has therefore prepared a brief summary of these activities.

Questions about house staff participation in AAMC are not new but have come up periodically over the past several years. Perhaps the most thorough airing of these issues occurred in December 1978 when a special AAMC Committee on House Staff met to discuss the means by which views of residents might best be communicated to the Association. There were substantial differences in perspective among Committee members, with the resident viewing house staff as a relatively undifferentiated body of advanced medical students with common interests and concerns and the faculty believing that their participation in residency programs had already shifted their outlooks to the narrower interests of their specialty. Thus, the Committee was unable to suggest a specific framework to incorporate residents formally into the AAMC. Agreement was reached however on three points: 1) residents should continue to be invited to serve on appropriate AAMC committees; 2) a conference of residents should be convened to identify generic issues of concern to house staff appropriate for AAMC involvement; and 3) input by house staff should encompass only educational issues within the Association's purview and not extend to economic and working conditions and matters of local jurisdiction.

In October 1979 the Association sponsored a national invitational meeting of residents to review and discuss the draft report of the Task Force on Graduate Medical Education. This purpose was felt to be more timely and useful than a discussion, by individuals unfamiliar with the Association's structure and activities, of general approaches to achieving residents' input. In December 1979 the AAMC Retreat analyzed a variety of ideas toward this end but given (among other organizational problems) the difficulty in identifying "representative" residents, no satisfactory locus for residents' input could be agreed upon. The point was also raised that no group of residents have come forward requesting representation in AAMC. However, agreement was reached that AAMC should continue periodically to sponsor national invitational meetings of residents. In January 1981, one was held on evaluation. Discussions are presently underway to plan another; ideas from the OSR regarding appropriate topics are welcome, and once again OSR's cooperation in soliciting nominees for the conference will be sought.