



association of american medical colleges

OSR ADMINISTRATIVE BOARD MEETING

September 9, 1981 9:00 am-5:00pm

AGENDA

- I. Call to Order
- II. Consideration of June Minutes 1
- III. Chairperson's Report
- IV. ACTION ITEMS
 - A. Executive Council Agenda
- V. DISCUSSION ITEMS
 - A. 1981 Annual Meeting Program 8
 - B. Proposal to Survey Schools about Encouraging Ethical Behavior
in Medical Students 10
 - C. OSR Resolutions Passed at Spring Meetings (attachment)
- VI. Old Business
- VII. New Business
- VIII. Adjournment

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

June 24, 1981

AAMC HEADQUARTERS
 Washington, D.C.

Chairperson

Chairperson-Elect

Regional Chairpersons

Representatives-at-Large

Immediate-Past-Chairperson

AAMC Staff

--Lisa Capaldini
 --Grady Hughes
 --Steve Phillips(Northeast)
 Ed Schwager (West)
 Jo Linder, M.D. (Central)
 --Wendy Crum
 Louis van de Beek
 Michael Tom
 Manuel Marquez
 --Dan Miller, M.D.
 --Janet Bickel
 Robert Boerner
 John A. D. Cooper, M.D.
 James Erdmann, Ph.D.
 Beth Jaeger
 Davis Johnson, Ph.D.
 Joseph Keyes
 Dario Prieto
 August Swanson, M.D.
 Kat Turner

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

II. Student Financial Assistance

Mr. Boerner gave an overview of Congressional activity affecting financial aid sources utilized by medical students, projected that an income cap restricting eligibility for Guaranteed Student Loans (GSL) would probably be approved, and noted that all current information is subject to change. In response to questions from Board members about criteria for determining independent student status, he expressed the view that only students with all the necessary cash in hand can really be considered independent since all other students will be dependent either on their families or on taxpayers. He described the dilemmas facing financial aid officers as they attempt to make the best possible use of available aid dollars. He noted that the Senate Committee with responsibility for changing the GSL in order to achieve the requisite cost savings recently decided to open up the new Parent Loan Program to "independent" students. According to the Graduate and Professional School Financial Aid Service (GAPFAS), 50% of all medical students qualify for "independent" status; overall, however, this program is not attractive: annual borrowing is limited to \$3,000, the

interest rate is 14% and repayment must commence 60 days after receipt of the loan. Mr. Boerner also reported that with no new National Health Service Corps Scholarships being offered in the coming year, there will be significantly greater number of medical students requiring financial assistance; it has been estimated that 75% of those accepting NHSC Scholarships are financially needy. He further noted that expecting that sufficient HEAL money will always be available is not necessarily a safe assumption since one bank (Chase Manhattan) currently is supplying 85% of the money for such loans and therefore a policy decision on the part of one bank could disrupt the program. He closed with the statement that Congressional action on aid programs for medical students has been exceedingly fragmentary and difficult to monitor. Ms. Capaldini capped this discussion with a quote from Shakespeare that medical students appeared to be in the position of "having small choice among rotten apples."

III. 1981 Annual Meeting

Ms. Bickel provided descriptive information on the programs lined up for the Annual Meeting, stating the hope that most OSR members would plan on arriving on Friday, October 30, in order to attend one of the two discussion sessions being offered that evening. The main OSR Program is scheduled for Monday afternoon and is titled "Tomorrow's Medicine: The Science, The Economy, The Practice" and will feature Drs. Jane Henney (National Cancer Institute), Uwe Reinhardt (Princeton) and Alvin Tarlov (Chicago). She also read the list of programs being offered by the Society for Health and Human Values on Sunday morning and noted that the Society president is delighted that OSR members will be participating in these sessions. The Board discussed possible sites for the OSR Reception on Saturday night.

IV. Report of the Ad Hoc External Examinations Review Committee

Dr. Swanson provided background information on the Ad Hoc Committee's report entitled "External Examinations for the Evaluation of Medical Education Achievement and for Licensure." This report sets forth the parameters of the changes proposed by the Federation of State Medical Boards (FSMB) which, if implemented, will result in a single route to licensure in the U.S. The AAMC has many concerns about this proposal and about the National Board of Medical Examiners' (NBME) development of a Comprehensive Qualifying Examination to serve as FLEX I, the first of two exams which the FSMB would require for licensure. The ad hoc Committee concluded that in its efforts to improve licensure standards and ensure uniformity, the FSMB has neglected the important role of the accredited medical schools in the U.S. in ensuring that physicians who present themselves as candidates for licensure have the knowledge and skills to enter medical practice. The Committee also found that implementing a single route to licensure will not effectively deal with the problem of evaluating U.S. students graduating from foreign schools. One of the recommendations of the report is that the Accreditation Council for Graduate Medical Education require all graduates of non-LCME accredited medical schools to demonstrate that they have achieved a level of preparedness that approaches equivalency to graduates of LCME accredited schools. Another is that the NBME continue to nurture its collegial relationship with medical school faculties in order to improve its examination sequence and maintain it as a national standard for educational achievement in medicine.

In response to questions from the Administrative Board about the NBME's motives in collaborating with the FSMB, Dr. Swanson noted that the NBME has a large institutional investment in the development of a qualifying examination, passage of which would be required for entry into graduate training; the NBME has been committed to this effort since 1973 when the report of its Goals and Priorities Committee was approved. He noted also that the problem of U.S. students studying medicine abroad is an urgent one, action on which cannot wait until a FLEX sequence is developed. He reminded the Board that AAMC's concerns about the quality of the basic science items on the newly developed CQE are not defensive but centered around the necessity of testing not only knowledge of the basic sciences instrumental to the practice of medicine today but also that at the cutting edge of science.

Mr. van de Beek, student member of the Ad Hoc Committee, summarized for the Board his view of the report and surrounding issues. He stated that, although he tried to introduce them, it was unfortunate that the Committee did not deal with problems associated with Parts I and II of the Boards but that he understood the urgency presented by the FSMB/NBME proposals. He noted the strong mandate from the students who elected the Administrative Board to address these problems, i.e., passage of resolutions urging: 1) the NBME to institute a) pass/fail reporting of scores to be released only to the student and b) criterion rather than norm-referenced evaluation of test performance and 2) that curricular innovations and teaching of the basic sciences not be hampered by national examination structures. He applauded the strong underlining in the report of the credibility of the medical degree awarded by U.S. faculties and the essential role it should play in the licensing process; this credibility helps to minimize the sacrifices that students make that are a result of the National Board's influence on medical education and that many faculty members are not sensitive to. Mr. van de Beek also pointed to the report's discussion of why written examinations are deficient in evaluating the skills and areas of knowledge necessary for the practice of medicine and expressed the hope that this argument will henceforth play a greater role in discussions of the make-up and uses of the National Boards. Mr. Keyes stated the view that the role played by the Boards in medical education will be a substantive focus of the Association's General Professional Education of the Physician and College Preparation for Medicine Project.

ACTION: The OSR Administrative Board supported the approval of the Ad Hoc Committee report with continuing strong reservations about prescriptive misuses of Parts I and II of the National Boards by many medical schools especially as they affect the content and sequencing of the undergraduate medical curriculum.

V. Report of the Ad Hoc Committee on Foreign-Chartered Medical Schools and U.S. Nationals Studying Medicine Abroad

Dr. Swanson summarized the most salient points of the report of this Ad Hoc Committee entitled "Quality of Preparation for the Practice of Medicine in Certain Foreign-Chartered Medical Schools": 1) The right of U.S. citizens to study medicine abroad does not include the right to enter graduate education or practice in the U.S.; those who seek to reenter should expect to have to demonstrate a level of preparation that approaches equivalency to that of graduates from LCME accredited schools. 2) Available data indicate that U.S. citizens studying abroad are heavily concentrated in only a few schools which are generally characterized by the following: a) Most have been established since 1970; b) Many of their activities are directed from offices in the U.S.; c) They solicit and predominantly enroll U.S. citizens; d) Most promote clinical experiences

in U.S. hospitals for their enrollees, either by giving credit for privately arranged experiences or by making contractual arrangements with U.S. hospitals to provide clinical experiences; e) They have few full-time faculty and inadequate facilities. 3) The adequacy of the preparation obtained at these schools cannot be assessed entirely by written examinations, and such examinations do not substitute for the assurance of quality of the educational programs and evaluations of clinical skills and personal qualities of students in U.S. medical schools through accreditation by the LCME. 4) Therefore, the Accreditation Council for Graduate Medical Education (ACGME) should require all foreign medical school graduates to pass an evaluation in prepared test centers where qualified observers can assess their professional qualifications before being certified as eligible to enter accredited graduate programs.

Dr. Linder raised a related concern, that is, the effect that foreign school enrollees participating in clinical experiences in teaching hospitals may have on the quality and reputation of programs. Dr. Swanson noted that the potential impairment of educational quality resulting from enrollment of these students is likely to become an issue that the ACGME will need to deal with.

ACTION: The OSR Administrative Board approved the report of this Ad Hoc Committee.

VI. The General Professional Education of the Physician and College Preparation for Medicine Project

Dr. Swanson reported that the Kaiser Family Foundation has agreed to fund this three-year project which will be headed by a 17 member panel; individuals to serve on the panel have not yet been identified. In response to an inquiry regarding student participation on this project, Dr. Swanson noted that a resident will be selected to serve on the panel, that the OSR Administrative Board will be closely involved throughout the life of the study, and that it is likely that four sub-groups reporting to the main panel will be formed with students participating on two of these.

VII. Proposal to Survey Schools About Encouraging Ethical Behavior in Medical Students

Mr. Phillips offered an overview of the proposal and survey he developed to obtain information from deans, faculty and students at U.S. medical schools about the extent of unethical behavior on the part of students, how schools deal with this, and what schools are doing to foster in students an awareness of their ethical responsibilities as physicians. Questions were raised regarding requesting schools to identify and quantify instances of cheating and misconduct: Who at each school is the most reliable source of this information? Will schools be reluctant to release it (schools with the most problems may not reply)? Is cheating so highly charged and difficult to define an issue that attempts at the national level to measure its extent are bound to failure?

Dr. Swanson quoted from the External Examinations Committee report that "a minimum standard of ethical behavior is a contradiction in terms", and it was noted that the survey effort might better concentrate on identification of circumstances that contribute to cheating and students' and faculties' perceptions of what are the most common ethical dilemmas of physicians-in-training and in practice. The Board asked Mr. Phillips to reconstruct the survey based on this discussion and to submit another draft for consideration at the September meeting.

VIII. Report from AAMC President

Dr. Cooper told the Board that although the AAMC has identified retaining funds for student assistance, NIH and Medicaid as its top priorities, AAMC is not getting what it would like in any of these areas. There is little Congressional support for full funding of these programs because all but a few Republicans have accepted the White House proposals and, Dr. Cooper pointed out, AAMC is receiving no help from the "Bollweevils", Democrats (mostly Southern) who voted for the stringent Gramm-Latta budget proposal. He described the serious problems that a Medicaid cap (allowed percentage of growth) will have on the academic medical centers and teaching hospitals, where the great proportion of Medicaid patients receive their care. If the Reagan Administration has its way, federal regulations governing Medicaid will be relaxed such that individual states can substantially cut back their support of this program. The impact on individual patient may also be enormous because governors will be able to reduce eligibility for participation in Medicaid, reduce length of stay, and tell patients at which institutions they may receive care. He expressed the hope that OSR would urge its constituents to write letters to their Congressmen recommending support for the Dingle package which is the least detrimental of the proposals before Congress which affect health programs.

Dr. Cooper also outlined for the Board plans for a plenary session in conjunction with the September Executive Council meeting called "Strategies for the Future." Discussions will be held on how to prepare for price competition and the emerging tendency of large scale buyers of health care to negotiate terms for services and on the increasing commercialization of medical center activities. He remarked that impending changes in the financial picture will affect the mission of the medical schools and that the AAMC needs to develop a strategy to assist its members to meet this changing environment. Dr. Miller suggested that an examination of how the applicant pool may be affected might also be included.

IX. Delphi Survey on Characteristics of Future Medical Students

Dr. Johnson, Director, Division of Student Services provided background information on this survey he is conducting, the results of which will be incorporated in his book U.S. Medical Students, 1950-2000: Trends and Projections. He asked the Board for suggestions regarding the cover letter and draft of the second round of the survey which is a series of "change statements" generated from responses from the first round.

X. Housestaff Participation in the AAMC

At its March meeting the Board asked staff to prepare a summary of the status of discussions of housestaff participation in the AAMC. The Board discussed at length one of the recommendations of the special AAMC Committee on Housestaff which met in 1978, namely, that "input by house staff (via AAMC-sponsored conferences and on AAMC committees) should encompass only educational issues within the Association's purview and not extend to economic and working conditions and matters of local jurisdiction." Dr. Miller referred to the fear that Dr. Cooper articulated in his remarks that a Medicaid cap may diminish the academy and turn teaching hospitals

into service institutions. Dr. Miller suggested that, given the increasing financial pressures that hospital administrators are under, it would be appropriate to address these in an open forum of housestaff. Dr. Linder reported that, on her first day of orientation, the director of the program told the house staff that they would be given at least a month's notice if their jobs had to be terminated; she noted that by virtue of their roles as teachers of medical students, residents and the conditions under which they train are inextricably intertwined with the quality of medical students' clinical education and that, if major changes are underway, these need to be discussed. Recognizing that staffing and hours are matters of local jurisdiction and their wide variation among programs, Board members nonetheless pointed to the relationship between these and residents' grievances and personal and professional development. They also stated that residents and third and fourth year medical students need to become better informed about fiscal problems of hospitals, especially in a pro-competition climate, in order to prepare for the future and to prevent confrontations due to residents' lack of information about the forces impinging on the quality of their programs. The Board agreed that since these are issues which members of the Council of Deans and the Council of Teaching Hospitals have to deal with every day and that since rational discussions cannot take place over picket lines, it would be to everyone's advantage to face together the financial pressures affecting the lives of all involved in clinical teaching and learning and that discussions of these pressures could be collegial rather than adversarial. The Board therefore recommended that AAMC consider focusing the next house staff conference on the following issue: maintaining educational quality of residencies in a time of fiscal restraint and reduction of resources. Mr. van de Beek stated the view that the AAMC could offer an important service by providing a rational and facilitated setting for the discussion of attitudes about the effect that working conditions have on the graduate medical education experience and for the sharing of approaches to problems in this area.

XI. Due Process for Students and Residents

The Board discussed the documents contained in the Executive Council agenda, i.e., a memorandum from Dr. Cooper on standards and procedures for academic and disciplinary decision-making and an attachment on the need for clear institutional policies and procedures for students and residents, evaluation, promotion and graduation. Ms. Capalini applauded the emphasis in these documents on the need for continuous and constructive evaluation of residents' performance by faculty and communications back to the residents.

ACTION: The OSR Administrative approved the documents as written.

XII. Nominations of Student Participant on the LCME

The Board reviewed the credentials of the eleven applicants for this position and requested that it be noted that Mr. Phillips was not present during these discussions and that his status as a member of the OSR Administrative Board affected its deliberations only to the extent that it was assured of Mr. Phillips' familiarity with a number of Northeast schools by virtue of his role as chairperson of that region.

ACTION: The OSR Administrative Board unanimously nominated Steve Phillips (Einstein) as its first choice for student participant on the LCME, Elise Lyons (Colorado) as second choice and David Briton (Utah) as third choice.

XIII. Urban Institute Report on the Effects of Reducing Federal Aid to Under-graduate Medical Education

Mr. Boerner presented the salient points of this report and the AAMC's response to it. In a nutshell, the Urban Institute report concluded that: 1) Federal subsidies do not constitute a very significant portion of total medical school revenues; 2) it is economically rational for students to borrow to finance their education over any foreseeable range of interest rates and tuition charges and regardless of parents' income; and 3) general Federal subsidization is not sound public policy, rather the main thrust of the Federal Government should be to guarantee unlimited student access to loan money with the option of periodic refinancing in the event of a decline in interest rates. The AAMC response emphasized that the study failed to recognize financial risk aversion and that the study's conclusion are not applicable to the lower end of the income scale. Mr. Phillips noted in this regard that no matter what the income potential of the M.D. is over a lifetime, before beginning practice a student must get over the "hump" of the extended educational period, debt repayment during residency, and other factors which are persuasive disincentives to many individuals.

XIV. GSA Resolution on Criterion Referenced Licensing Examinations

Mr. Boerner distributed the following resolution for the Board's perusal: "It is inappropriate for an examination used for licensure for the practice of medicine to be graded on a norm referenced curve, and thus mandate a specified number of failures regardless of the overall level of competency of the examinees. (This method also mandates a specified number of passes with similar disregard for the competence of the cohort of examinees.)

With norm referencing the success or failure of a candidate is influenced not only by his/her performance, but in addition, by that of his/her peers. While peer performance is an appropriate factor to consider in a competition exam for honors or to establish rank order, it does not belong in a pass-fail assessment of minimal competence required for licensure.

The GSA recommends that the grading system used for Part I, II and III of the National Boards, or any test that might replace it for the purpose of licensure, be graded on a criterion reference scale instead of the current use of a norm-referenced curve.

In addition the GSA requests that the OSR and GME be asked to consider endorsing this recommendation."

The Board noted that OSR had passed a resolution almost identical to this at its 1980 meeting and wholeheartedly endorsed it.

XV. The minutes of the March meeting were approved without change.

XVI. The meeting was adjourned at 5:00 pm.

ANNUAL MEETING PROGRAM

Friday, October 30

7:30 pm

OSR Discussion Sessions:

Fear & Loathing in Medical Education

Julie Donnelly, Ed.D., Assistant Professor
U of Connecticut School of Medicine

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

Ed Schwager, Medical Student, U of Arizona

Arlene Brown, M.D., Resident, Good Samaritan Med Center
Medical Student Organizations: What's in it for you?

Janet Bickel, Staff Associate, AAMC

Lisa Capaldini, Medical Student, U of California
San Francisco

Kathleen Jennison, AMSA President

Saturday, October 31

8:30 am - 11:00 am

OSR Regional Meetings

11:00 am - 12:30 pm

OSR Discussion Sessions:

Preventing Impairment and Failure of Medical Students

Frances Drew, M.D., Director of Student Affairs,
Pittsburgh

Joan May, Assistant Dean, Cornell U Medical College

Steve Phillips, Medical Student, Einstein Med School

Carola Eisenberg, M.D., Dean for Student Affairs,
Harvard Medical School

Assessment of Clinical Performance: Improving the State of the

Xenia Tonesk, Ph.D., Program Director, Personal
Characteristics & Skills Assessment, AAMC

Victor Neufeld, M.D., Coordinator of Educational Develop-
ment, McMaster University School of Medicine

Hugh Scott, M.D., Coordinator, Graduate Studies, U of
Sherbrooke Faculty of Medicine

2:00 pm - 5:00 pm

OSR Business Meeting

5:00 pm - 6:30 pm

OSR Regional Meetings

7:00 pm - 9:00 pm

OSR Reception

Sunday, November 1

9:00 am - 10:30 am

OSR Discussion Session:

Clinical Evaluations: The Unwritten Rules

George Baker, M.D., Associate Dean, Student Affairs &
Curriculum, U of Iowa College of Medicine

Kay Colangelo, Ph.D., Associate in Student Services
U of Iowa College of Medicine

9:00 am - 10:30 am

Choice among six workshops offered by the Society for
Health and Human Values

10:30 am - 11:30 am

Candidate for OSR Office Session

1:00 pm - 5:00 pm

OSR Business Meeting

Sunday, November 1

5:00 pm - 6:00 pm

OSR Regional Meetings

7:30 pm - 9:00 pm

Women in Medicine General Session:
Career Decision Points: Passage or Impasse?

9:00 pm - 10:00 pm

Women in Medicine Reception

Monday, November 2

9:00 am - 12:00 pm

Plenary Session:
Tomorrow's Medicine: Art & Science or Commerce & Industry

3:00 pm - 5:00 pm

OSR Program
Tomorrow's Medicine: The Economy, The Science, The Practice
Martha Anderson, Ph.D., Staff Associate, AAMC, moderator
Jane Henney, M.D., Special Assistant for Clinical
Affairs, National Cancer Institute
Alvin Tarlov, M.D., Professor of Medicine, U of
Chicago Pritzker School of Medicine
Jeff Goldsmith, Ph.D., Director, Health Planning &
Health Regulatory Affairs, U of Chicago Pritzker
School of Medicine

7:30 pm - 9:30 pm

GSA Financial Aid Forum

Tuesday, November 3

8:15 am - 9:00 am

AAMC Assembly Meeting

9:00 am - 11:00 am

Plenary Session

2:00 pm - 4:00 pm

Special General Session:
Academic Functions in an Increasingly Commercial
Hospital Environment

4:30 pm - 6:30 pm

Minority Affairs Program
Tomorrow's Medicine: Beyond GMENAC

PROPOSAL TO SURVEY SCHOOLS ABOUT ENCOURAGING ETHICAL BEHAVIOR IN MEDICAL STUDENTS

At its June meeting, the OSR Administrative Board reviewed a survey developed by Steve Phillips about the ethical behavior of medical students. The Board recommended a number of changes which have been incorporated into the attached revised survey presented for the Board's review.

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 ON ETHICAL BEHAVIOR

1. Please specify the most common types of misconduct on the part of medical students at your school and comment on their severity.
2. What circumstances in your view contribute most heavily to these problems?
3. 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.
4. 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? _____
5. Please describe in broad terms what you believe to be the two or three most critical ethical dilemmas facing individual physicians today?

6. 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.

7. Do you believe that all medical students at your institution graduate with a broad understanding of and the motivation to put into practice their ethical responsibilities as physicians? In your opinion, how can the school better facilitate and enhance the development of such understanding and behavior?