



# association of american medical colleges

## OSR ADMINISTRATIVE BOARD MEETING

January 19                    12:00 - 5:00  
2nd floor conference room - One Dupont Circle

January 20                    9:00 - 3:00  
(new member orientation: 3:00 - 5:00)

January 21                    12:30 - 1:30  
Joint Board Luncheon - Hilton Hotel

- I. Call to Order
- II. Consideration of September 1981 Minutes. . . . .1
- III. Chairperson's Report
- IV. ACTION ITEMS
  - A. Executive Council Agenda
  - B. Nominations of Students to Committees. . . . .7
- V. DISCUSSION ITEMS
  - A. Joint April Board Meeting with CAS. . . . . 8
  - B. 1982 Annual & Regional Meeting Plans. . . . . 9
  - C. Planning OSR Projects for Upcoming Year
- VI. INFORMATION ITEMS
  - A. Report on Status of Student Financial Assistance Programs
- VII. Old Business
- VIII. New Business
- IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
 ORGANIZATION OF STUDENT REPRESENTATIVES  
 ADMINISTRATIVE BOARD MINUTES

September 9, 1981

AAMC HEADQUARTERS  
 Washington, D.C.

Chairperson

Chairperson-Elect

Regional Chairpersons

Representatives-at-Large

AAMC Staff

Guest

--Lisa Capaldini  
 --Grady Hughes  
 --Steve Phillips (Northeast)  
 Ed Schwager (West)  
 Sue Haack (South)  
 --Wendy Crum  
 Michael Tom  
 Manuel Marquez  
 --Janet Bickel  
 Robert Boerner  
 Beth Jaeger  
 --Thomas Oliver, Jr., M.D.

- i. Ms. Capaldini called the meeting to order at 9:30 a.m.
- ii. Student Financial Assistance

Mr. Boerner reported on the present status of financial aid programs. While the appropriations process may devalue these, student assistance programs did fare better in the budget reconciliation process than was hoped, with the retention of the Health Professions Student Loan Program, Exceptional Financial Need Program and new starts under the National Health Service Corps Scholarship Program. There is presently a problem obtaining HEAL loans due to the arbitrary national borrowing limit of \$48 million imposed by the Reagan Administration which has already been reached. While work proceeds on negotiation of a higher ceiling, another problem is that Chase Manhattan, the HEAL program's principal lender, is not adequately staffed to handle a much higher volume. Mr. Boerner noted that delays in processing these loan applications are creating cash-flow difficulties at some schools and reiterated the danger involved with one bank having most of the business under this program since no political pressure can be brought to bear on Chase. In response to inquiries from the Board about other banks' reluctance to participate, he speculated that HEAL's special processing requirements may be one reason and explained that the Bureau of Health Personnel Development and Service is working to identify additional lenders. Students also raised questions about the government setting a borrowing limit since HEAL

is not federally subsidized; Mr. Boerner said that these loans are federally insured and that there may be fears about HEAL default rates. In closing, he encouraged student attendance at the GSA Financial Aid Forum to be held Monday night of the Annual Meeting.

iii. Invitation from AMSA National Coordinator for State Legislative Affairs

Ms. Capaldini read to the Board a letter from Greg Doll, inviting OSR's endorsement for the AMSA-sponsored State Lobby Month, January 1982. The goal is to identify coordinators for each state and at each medical school toward the end of educating state legislators on the current crisis facing middle and low income students and to force them to address resulting problems. The Board decided that, although OSR does not act independently of AAMC and thus cannot formally endorse actions of other organizations, Ms. Capaldini should write a memo to OSR members urging their cooperation with AMSA chapter heads to make this laudable effort effective.

iv. OSR Annual Meeting Plans

Ms. Bickel gave an overview of the sessions planned and heard suggestions from the Board regarding the focus of the Monday program, i.e., inclusion of background information on initial fears about and the growth of the Medicare and Medicaid programs and on how the activation of market-place forces may affect educational goals of health centers. After discussing other Annual Meeting plans, Ms. Capaldini noted that she would be sending a welcoming memo to the constituency shortly. The Board voted Mr. van de Beek to be the parliamentarian for the business meeting.

v. Accreditation Council for Continuing Medical Education (ACCME) Essentials for the Accreditation of Sponsors of Continuing Medical Education

Reprinted in the Executive Council Agenda, the Essentials are designed to facilitate the ACCME accreditation decision making process. By evaluating and granting recognition to an institution or organization whose CME program substantially complies with the Essentials, the ACCME seeks to improve the quality of CME and to assist physicians in identifying CME programs which meet these standards. The Board reviewed this document and noted that there was a great need to encourage life-long learning at the undergraduate medical education level.

ACTION: The OSR Administrative Board approved the ACCME Essentials.

vi. Urban Institute Report on the Effects of Reducing Federal Aid to Undergraduate Medical Education

Mr. Boerner noted that the AAMC response to the Urban Institute Report which the Board reviewed at its June meeting was subsequently modified and therefore was being presented once again for approval. He summarized the areas which had been revised.

ACTION: The OSR Administrative Board approved the AAMC response to this report.

vii. Survey on Ethical Behavior of Medical Students

Mr. Phillips described the revisions in this survey which resulted from the Board's discussion of this project at its June meeting. As they considered how best to focus the survey questions, Board members exchanged observations about situations which place students under pressure to act unethically, e.g., receiving instructions from your resident not to disclose information; under the pressure of faculty expectations, guessing at values rather than reporting that you haven't checked; fear of being thought deficient preventing asking for help with a procedure; being paid per history and physical performed rather than per hour. They noted that it is sometimes difficult to distinguish between "white lies" and substantive falsehoods and to admit uncertainty and lack of knowledge. They pointed out also that students and residents receive implicit cues from faculty regarding acceptable behavior and what problems are appropriate to bring to their attention. Dr. Oliver added that practicing physicians are faced with many even more complex quandaries, e.g., decisions about complying with laws requiring that all cases of suspected child abuse be reported when filing entails testifying in court.

In discussing problems with asking respondents to quantify the incidence of unethical behavior at their institutions, it was recognized that those cases which are actually reported and followed through represent only the tip of the iceberg. Furthermore, Ms. Bickel noted, a recent J. of Medical Education article revealed the extent of students' reluctance to report suspicions about cheating among peers and their uncertainty about what constitutes violations of honor codes. The difficulty of identifying the person at each school who is likely to be the most informed about the extent of cheating among students was also recognized, and it was agreed that the survey should be sent to the dean requesting that he forward it to the individual best qualified to complete it. Cognizant of the multitude of disincentives to pursue this subject, the Board nonetheless agreed that there is an important need to air questions of the incidence, detection, and prosecution of cheating in medical school and its relationship to the ethical conduct of physicians and that this project could be instrumental in stimulating self-study, information-gathering and debate. Mr. Phillips therefore agreed to develop a third version of the survey based on suggestions from the Board; a pilot testing will be conducted with OSR members at the Annual Meeting.

viii. Resolutions from Spring Central Region Meeting

The Board discussed the five resolutions passed at the Central Region meeting (see attachment to the minutes). With regard to the one on when life begins, Dr. Oliver noted that he had prepared testimony at the request of a Montana Congressman and that OSR might find it useful in discussing this subject; staff will obtain a copy of this. The resolution recommending provision of more information to applicants was generally supported by the Board, but it recognized the difficulty of this given the diversity of students' requirements and questions; the Board felt that the Medical School Admissions Requirements book contains the most widely needed and readily quantifiable facts and that if the author of the resolution wants to submit this resolution at the Annual Meeting, he or she should include more examples of the kinds of information which can and ought to be provided. The resolution regarding transfers between medical schools was discussed, and it was noted that no policy on this subject is appropriate

because vacancies at schools are unpredictable and most deans already do whatever is possible to accommodate students with spouses and "significant others" enrolled at other schools. In response to the resolution on Dr. Jordan's presentation at the Central meeting, Ms. Bickel noted that the Office of Minority Affairs was preparing a paper dealing with the subjects he raised and that this would be available prior to the Annual Meeting. The last resolution on student input to the General Professional Education of the Physician project was well-received by the Board; Mr. Hughes stated that this would be a continuing priority for the duration of this project.

ix. Administrative Board Retro- and Prospective Examination

Discussion of methods of dealing with resolutions passed by the constituents at the 1980 Annual Meeting led to consideration of how the Administrative Board had spent its time during the past year; a large portion of each meeting had been spent hearing reports on and digesting Executive Council agenda items and on legislative up-dates. Some members of the Board commented that, while they felt that all the time had been well-spent, they were unable to point to many ways in which their work was directly beneficial to constituents. Other students pointed to the immediate usefulness of OSR projects, such as the model survey form on graduate training program which can be used as a schedule of questions when evaluating residencies, the model due process guidelines, analyses of legislative activities, and the potential of other projects, such as stimulating student affairs deans to serve as a clearinghouse for information on apartment rentals so that students planning electives off-campus can avoid paying double rent. At the suggestion of Ms. Bickel that OSR could be more effective if students focused their activities on a few major educational issues, Board members identified the following as important and appropriate areas advisable for OSR to concentrate on in the coming year: 1) the debate over examinations required for entry into graduate medical education, 2) limitations of written and external examinations in evaluating students for graduation, 3) educating students about the costs of lab tests and procedures and supplies, 4) resident participation in the AAMC. With regard to the last area, Dr. Oliver welcomed OSR input on achieving greater involvement of residents. Ms. Crum told the Board about information she had recently obtained on costs of lab tests and procedures and shared observations about students' lack of knowledge of these; she and Ms. Haack agreed to put together a brief quiz and fact sheet to be distributed at the Annual Meeting. It was also suggested in this regard that a future OSR Report topic could be educational costs, including those incurred in clinical settings. Ms. Capaldini reported that the next issue of OSR Report coming out shortly after the Annual Meeting would be devoted to factors contributing to the high incidence of physician impairment and what students can do to lessen the risks involved with becoming a physician.

- x. The minutes of the June meeting were approved with change.
- xi. Ms. Capaldini adjourned the meeting at 5:00 pm.

(ATTACHMENT TO SEPTEMBER MINUTES)

RESOLUTIONS PASSED AT 1981 CENTRAL REGIONAL MEETING

#1

- whereas there is no universal consensus on when life begins and people, in good faith, hold widely divergent opinions,
- therefore be it resolved that we as future physicians oppose legislative efforts to decree when life begins, believing this determination solely a matter of individual conscience, oppose governmental efforts to prevent us from or prosecute us for practicing medicine according to the dictates of our conscience.

-Claudia Morrissey  
Chicago Medical

#2

- whereas it is often difficult for applicants to assess their chances of acceptance;
- whereas some medical schools do not give regional interviews and some seem overly exuberant in the number of interviews offered;
- whereas the sum of monies to apply and necessary for the interview process is increasing;
- whereas some schools do not refund deposits for holding positions in a class;
- be it resolved that AAMC recommend to its member schools to provide more information to applicants so that qualified students can better evaluate the opportunities for matriculation at the medical school of their preference.

#3

- whereas many pre-med students form close relationships with other pre-med students during their undergraduate college experience and
- whereas subsequently these medical students are separated from their "significant others" both physically and geographically upon matriculation into medical schools,
- be it resolved the OSR and AAMC actively support a policy to allow transfers of medical students and their "significant others" at geographically separated schools when and where such vacancies exist.

-Mark Schmalz  
Minneapolis-Minnesota

#4

- whereas the OSR recognizes the right of every medical student to be placed in a post-graduate program commensurate with their abilities and not dependent on race, color, creed or sex, and
- whereas Dr. Wilbert Jordan at the Central Region OSR, presented information that minority students may not be receiving the same guidance and opportunities in residency placements
- be it resolved that we support the release of the data necessary for NRMP and AAMC to enable Dr. Jordan and/or an independent committee to investigate these discrepancies in residency placement between minority and majority students.

-David Rothfeld  
Wayne State

#5

- whereas the study of the General Professional Education of the Physician will be initiated during the 1981-82 academic year;
- whereas student views on many topics to be dealt with by the panel may be obtained thru the OSR;
- be it resolved that the Ad Board formulate a system by which OSR representatives may gather medical student views so that OSR can provide timely and reliable assistance to the panel as it completes its work

-Elizabeth Nock  
Wisconsin-Madison

## OSR Nominations to Committees

Each January the OSR Administrative Board considers the applications\* it has received for membership on various committees which have openings for student members. Such committees are listed below. At its June meeting, the Board will consider applications for the LCME opening.

1. GSA Committee on Student Financial Assistance  
(3 meetings/year)
2. GSA-Minority Affairs Section Coordinating Committee  
(2 meetings/year)
3. AAMC Flexner Award Committee  
(meets once/year via phone)
4. Women in Medicine Planning Committee  
(1 meeting/year)
5. National Resident Matching Program Board of Directors  
(1 meeting/year; nominee must be a junior)

\*attachment to agenda to be provided at the meeting



## Joint April Board Meeting with Council of Academic Societies

At the recent Officers Retreat, the OSR and CAS Chairmen and Chairmen-Elect agreed to plan for a joint meeting of the Boards on April 12 in conjunction with their regular meetings. The purpose of the session will be to examine several areas of common interest to faculty and students; suggestions are listed below. The most reasonable format appears to be as follows: OSR conduct its usual meeting but ending at 2 p.m. for a late lunch, then join the CAS meeting at 4:30 (which begins at 3 p.m.) and continue discussions informally over cocktails and dinner, beginning at 6:30.

At the January meetings, both the OSR and CAS Boards will discuss the format and focus of the April meeting. Other possible topics for the joint discussion should also be considered.

1. influences of competition for residency positions on medical students
2. results of OSR survey on unethical behavior of medical students
3. alleged deterioration of faculty/student relationships despite the increase in faculty/student ratio
4. moves toward implementation of a more structured fourth year
5. students' needs for assistance with career planning
6. role of the basic sciences in the undergraduate curriculum and the practice of medicine
7. influences of evaluation methods on students' study behavior
8. possibility of a joint CAS/OSR session at the 1982 Annual Meeting and identification of a theme
9. any Executive Council agenda items of common interest

1981 OSR Annual Meeting Schedule

Friday

6:30 - 7:30 OSR Administrative Board Meeting  
7:30 - 9:00 Discussion sessions

Saturday

8:30 - 11:00 Regional meetings  
11:00 - 12:30 Discussion sessions  
2:00 - 5:00 Business meeting  
5:00 - 6:00 Regional meetings  
7:00 - Reception

Sunday

9:00 - 10:30 Discussion sessions  
10:30 - 11:30 Candidate for Office session  
1:00 - 5:00 Business Meeting  
5:00 - 6:00 Regional meetings  
7:30 - 9:00 Women in Medicine program

Monday

3:00 - 5:00 OSR Program

1982 Spring Meetings

Southern May 6 - 9  
Western March 28 - 31  
Central April 14 - 15  
Northeast April 22 - 24