

OSR ADMINISTRATIVE BOARD MEETING  
AGENDA

September 7, 12:00 - 5:00

September 8, 9:00 - 3:00

2nd floor conference room, One Dupont Circle

September 8, 5:00 - 7:00

Map Rm., Washington Hilton (Joint meeting with CAS/COTH)  
Conservatory (Reception & Dinner)

- I. Call to Order
- II. Consideration of June Minutes. . . . .1
- III. Chairperson's Report
- IV. ACTION ITEM
  - A. AHA Prospective Reimbursement Proposal (Executive Council Agenda)
- V. DISCUSSION ITEMS
  - A. Possible OSR Activities in Improving Career Counselling. . . . .8
  - B. Goals for OSR Projects on Ethical Behavior of Students. . . . . 9
  - C. Finalizing 1982 Annual Meeting Plans
  - D. Input to Student Members on GPEP Working Groups. . . . . 10
- VI. INFORMATION ITEM
  - A. Report on Developments Affecting Financial Aid
- VII. Old Business
- VIII. New Business
- IX. Adjournment

## ASSOCIATION OF AMERICAN MEDICAL COLLEGES

## OSR ADMINISTRATIVE BOARD MINUTES

June 22 & 23, 1982  
 AAMC HEADQUARTERS  
 WASHINGTON, D.C.

Chairperson

--Grady Hughes, M.D.

Chairperson-Elect

--Ed Schwager

Regional Chairpersons

--Pamelyn Close

--David Baum

Representatives-at-Large

--Ron Voorhess, M.D.

--Beth Fisher, M.D.

--David Thom

Immediate-past-Chairman

--Linda McKibben

AAMC Staff

--Lisa Capaldini, M.D.

--Janet Bickel

--Robert Boerner

--James Erdmann, Ph.D.

--Joseph Isaacs

--Nina Matheson

--August Swanson, M.D.

I. Dr. Hughes called the meeting to order at 1:00 pm.

II. 1982 Annual Meeting

Ms. Bickel reviewed the program titles and speakers that had been chosen for the OSR Annual Meeting (attached to minutes). Board members expressed their appreciation of her work and requested that a memo be sent to OSR members in midsummer to remind students that the main programs will take place on Friday (November 5) and that they should also, if at all possible, plan on staying through Monday night when the GSA program on innovations in financing will be held. The Board also recommended that when the OSR member certification forms are sent to student deans in August that the cover memo include recommendations on facilitating continuity in OSR participation.

III. Nomination of Student to the Liaison Committee on Medical Education (LCME)

The Board discussed the qualifications of the twelve applicants for the position of student participant.

ACTION: The OSR Administrative Board nominated the following three students with its first choice listed first, etc:

John Furcolow '84 (Kentucky)  
 Ruth Keves-Cohen '83 (Hopkins)  
 Joel Lavine '84 (San Diego)

#### IV. Guidelines for the Health Professional School Admission Process

The Ethics Committee of the National Association of Advisors to the Health Professions (NAAHP) has been working on a set of guidelines for personal and professional conduct in the admissions process. Dr. Hughes noted that the guidance and suggestions of the OSR Board is now sought regarding these guidelines; the GSA Steering Committee's input has also been requested. The Board commended the NAAHP for this effort and expressed the hope that it will bear fruit and asked that the following three additional concerns be addressed in the guidelines: 1) applicant's ability to pay for a medical education should not influence their acceptability for admission; 2) applicants ought not to be coerced into waiving their rights to see letters of recommendation; and 3) advisors have some responsibilities for judging the professional suitability of students' aspiring to a medical career and for communicating assessments to advisees in appropriate ways.

#### V. OSR Report

The Board offered guidance to Ms. Bickel who is beginning research on the early 1983 issue on self-directed learning and information management. After discussion of Mr. Thom's (debt repayment) and Ms. McKibben's (teaching skills) drafts for the fall '82 issue being prepared by the Board, Dr. Hughes noted that other Board members are preparing sections as follows: Dr. Voorhees (threat of nuclear war), Mr. Baum (physician/patient relationship), Dr. Fisher (student activism), Ms. Close (creativity) and Mr. Schwager (influencing policy regarding use of the National Boards).

#### VI. Overview of Developments Affecting Financial Aid

Mr. Boerner reported that First Concurrent Budget Resolution finally agreed to by Congress for FY 1983, in addition to mandating billions of dollars in savings under Medicare, singles out the Guaranteed Student Loan (GSL) program for \$59 million of savings. However, without accompanying reconciliation instructions, the relevant committees will be under no pressure to amend the GSL program and therefore that reduction may not materialize. He reviewed cost-saving ideas that are being discussed and problems with them. In response to questions about the "independent student" issue, Mr. Boerner said that, given the plethora of different variables surrounding student loans and needs analysis, there is presently no opportunity for meaningful input on this subject.

Next he summarized discussions regarding the Department of Health & Human Services' Bureau of Health Personnel Development's attempts to modify the definition of delinquency; there are serious doubts of whether the medical schools will be able to reduce their Health Professions Student Loan (HPSL) delinquency rates in accordance with the proposed definition by June 1983. Ms. Close applauded Mr. Boerner's work in publicizing this threat and the Board requested his assistance in identifying ways the OSR can work in this area. He recommended becoming cognizant of loan collection procedures at their schools and of ongoing efforts to upgrade these and also letting state and federal lawmakers know about those schools whose delinquency rates are already under 5%.

Mr. Boerner also reported that lenders are still reluctant to participate in the ALAS/PLUS program; these loans are available to parents in 25 states and to students in about six. He noted that Sallie Mae has begun making HEAL loans and no problems are presently foreseen with regard to cash flow. There is some concern about the federally authorized HEAL ceiling, however, of \$125

million for FY 1983. The government is also becoming more concerned about the potential default rate under HEAL. Following a study, a consultant has recommended to the government to increase the origination fee from 1/4% to 2% to cover default-related expenses; a 1% fee has been agreed upon. Mr. Boerner told the Board that at 18% fixed interest, borrowing \$20,000 per year in medical school, a student would owe \$240,000 at the end of residency and, with a 25 year repayment schedule, would ultimately repay \$1 million.

#### VII. Report from Dr. Swanson

Dr. Swanson shared with the Board an update on the General Education of the Physician Project (GPEP). A major effort is to get the medical school faculty involved in the issues that will be on the agendas of the three working groups that have just been constituted (Fundamental Skills; Essential Knowledge; and Personal Qualities, Values & Attitudes). A stimulus document containing the working group charges is being sent to deans, professional societies, OSR, GSA and other constituents with the recommendation that the dean conduct an institutional self-evaluation and communicate to the GPEP panel descriptions of the strengths and weaknesses discovered.

Dr. Swanson reviewed with the Board three Executive Council agenda items, beginning with the Accreditation Council for Graduate Medical Education's (ACGME) General Essentials. Four statements amending the Essentials of Accredited Residencies were proposed, the primary purpose of which are to raise the eligibility standards for foreign medical graduates. The recommendation was to ratify these changes, to endorse the ACGME's action on the development of a written examination to evaluate clinical skills and to encourage ACGME to proceed as soon as possible with the formation of a task force to investigate feasible methods for the evaluation of clinical skills by direct observation. Mr Schwager expressed concerns about the use of written examinations to evaluate clinical skills; the Administrative Board recommended approval of the recommendation before the Executive Council with the caveat that the written examination be understood to be an interim measure.

Dr. Swanson also discussed with the students data from the 1982 NRMP Match which indicate a narrowing of the ratio between the number of graduate medical education positions and the number of graduates from U.S. schools. In 1982 this ratio was 1.12; in 1978 it was 1.20. If those positions in those programs not attracting a single U.S. graduate applicant are subtracted, the ratio is .99. Also disconcerting is that for the first time in five years there was an absolute decrement in the number of positions offered and that several institutions withdrew unfilled positions after the Match. Dr. Swanson urged that these 'jaws' should stimulate academic medical centers to accept greater institutional responsibility for graduate medical education and that the publication of the new Essentials is timely in this regard. Board members commented that the effects of this narrowing are very worrisome. Dr. Fisher forecast that the quality of care will decline in many instances if residents are eliminated as a cost-saving device and that medical students will experience added stress to 'make the grade' to succeed in the residency admissions process. Dr. Swanson concurred that this narrowing ratio would add to the already unseemly amount of competition at the undergraduate level. Dr. Hughes recommended that it is important for the AAMC to examine these trends and to develop initiatives to address difficulties and fiscal constraints at the undergraduate/graduate medical education interface; this need argues for increased relations between AAMC and residents.

The last agenda item presented by Dr. Swanson concerned increasing competition between medical educators and practitioners. He noted that 40% of the unrestricted revenues available to medical schools now come from faculty practice plans (in 1960 this figure was 17%) and that faculty are coming into greater competition with community practitioners for patients. The implications of the increasing supply of physicians are many and poorly understood. The Board expressed the hope that the AAMC will provide a forum for discussion of these issues. Dr. Swanson reminded the Board that the bulk of medical education used to be carried out on the poor and that the country may be seeing the beginning of a return to this two class system since there is no competition for patients who cannot pay.

VIII. Dr. Hughes adjourned the meeting at 6:00 p.m.

IX. Dr. Hughes reconvened the meeting at 9:10 a.m. on the following day and reported to the Board on three meetings he recently attended. He dwelt particularly on the report given by Dr. Graettinger at the GSA Steering Committee meeting in June. Because the innovations introduced by NRMP this year were not widely subscribed to, next year only transitional and categorical positions will be offered. On a more positive note, 15,000 Universal Application Forms have already been distributed to program directors, since it was decided to distribute these via this method rather than through student affairs deans. Dr. Hughes also commented briefly on the April meeting of the GPEP panel and on the most recent meeting of the Consortium of Medical Student Groups in Chicago in conjunction with the AMA-MSS Convention. At the latter were discussed: 1) AMSA's Healthwatch (to document consequences of budget cuts) and 2) plans to publish a debt management manual, an appropriate project, stated Dr. Hughes, for the student groups to work together on. In this regard, Dr. Capaldini stated that it is essential for the Consortium not to take high debt for granted and to focus solely on coping mechanisms; arguments for federal and state support of medical education need to continue to be propounded. Ms. Bickel noted that Mr. Davis, the new chairman of AMA-MSS has requested the OSR's assistance in identifying interested students to serve on work groups of the AMA's new health policy study.

IX. Academic Information in the Academic Health Sciences Center: Roles for the Library in Information Management

Ms. Matheson, principal investigator of the two year study which produced this report, described for the Board the assumptions and findings underlying the recommendations of the report. Electronic information handling is becoming fully established and the business community is vigorously promoting the use of telecommunications technologies to close the gap between an exponentially expanding information base and its efficient management. The academic community however lags far behind in its response to both the short-term problem of organizational information resource management and the long-term, and potentially more serious, problem of managing the intellectual information base on which society depends. She described the three stages of technology adoption: 1) technology replaces manual or traditional methods, and activities are performed faster and effectively; 2) new applications are fostered and things are done that were never done before; and 3) technology transforms lifestyles. Ms. Matheson noted that although medicine is a highly information-dependent profession and that the growth rate of biomedical knowledge is not likely to decrease, academic medical centers are poorly positioned to make

use of this technology and to adopt more efficient information storage and retrieval methods. Next she summarized the recommendations of the report and stated that it would be published as a supplement to the Journal of Medical Education in October.

The Board endorsed the concepts represented in the report, particularly the practice of putting repeatedly used information into the computer, e.g., course syllabi, and the opportunity for students to build personal electronic knowledge-bases to fit their own memory needs. Dr. Capaldini raised questions about controlling for the quality of diagnostic information entered in computerized patient problem management systems. Ms. Matheson described quality indicators such as frequency of citation and examination of faculty reprint files, noting as well that some quality decisions are already being made at the library level. Mr. Schwager observed that electronic information systems could equalize individuals of different ages and educational backgrounds and that in this sense alone they are very powerful. Although little is presently known about how people learn, computer aided instruction is on the horizon; computers already offer a lot of potential compared to lectures to help students think about knowledge. Dr. Capaldini raised concerns about people becoming appendages of computers and about the absence of context for information presented electronically. Mr. Thom said that doubtless interaction with a good attending is a superior teaching method but that this is a relatively rare occurrence in medical education; however, no one's memory compares to a computer's and computers can put information into a form that is easy to comprehend and work with. She suggested also that computers may contribute to the over-valuing of information but Mr. Schwager recommended that computers may work instead to reduce the importance of being able to regurgitate information.

ACTION: The OSR Administrative Board endorsed the recommendations of the report with the addition of a caution that the educational limits of electronic information systems be recognized.

- X. The minutes of the January and April meetings of the OSR Administrative Board were approved without change.
- XI. Possible OSR Activities in Improving Career Counseling for Medical Students

The Board discussed the written summary of OSR regional discussions of this topic prepared by staff, agreeing that the listing of various schools' activities to facilitate students' choices is particularly useful. They concluded that a statement on medical students' career choice dilemmas needs to be formulated and shared with organizations such as the Council of Medical Specialty Societies, American Board of Medical Specialties and local medical societies; this would include a discussion of the option-limiting logistics of residency application and of students' needs in assessing non-academic careers. There was agreement that strategies also need to be developed to help program directors see the implications of their increasing reliance on numerical indicators as competition for residencies becomes more fierce. In terms of outlining the stages of the career-decision-making process, it was suggested that senior members of the Administrative Board create and send to Ms. Bickel a map or diagram showing connections and barriers among each of the variables they are taking into account; an examination of these may be useful in revealing commonalities and/or a new way

to describe certain aspects of the process. The Board decided to enlist the assistance and support of the GSA by inviting student affairs deans to comment on their discussion of the dilemmas and to ask for their ideas about what the most serious hindrances are to providing students with the kinds of career counseling they need. Deans' responses can then be incorporated and a resulting 'guidelines' document can be shared with GSA, OSR and interested outside organizations.

## XII. OSR Project on Ethical Behavior of Medical Students

The Board asked Dr. Voorhees to serve as facilitator in a 'group process' approach to this subject; Ms. McKibben distributed copies of pages from Images of Potentiality: From Goals to Action by Eva Schindler-Rainman to help familiarize the Board with this approach which will be utilized during the OSR Annual Meeting. The Board identified the following as the most prevalent unethical behaviors of students; falsifying patient data, treating the disease instead of the patient and giving incomplete care. They selected the following as the main reasons for these problems; exhaustion, fear of failure, poor role models, lack of rewards for ethical behavior. They also conducted a 'forcefield analysis' of the present situation and projected the situation five years into the future. The most desirable outcomes of OSR activity in this area were identified as being: increased self-awareness skills of students and students' heightened awareness of the importance of ethics in medicine.

The Board decided that additional time for this discussion was needed and decided to continue it at the September meeting. They requested staff to prepare a stimulus/discussion document as a draft of a memo to deans; this would outline OSR concerns and ask them to share theirs. The Board concluded that clearly these subjects are difficult and complex, and it is OSR's role to stimulate discussion of them in numerous quarters, particularly among faculty. Recognizing such factors as lack of time to reflect and exploring other reasons why students cheat are integral to this effort.

## XIII. Proposed Medicare Prospective Payment System

Mr. Isaacs explained to the Board that Congressional commitment to reducing health care costs appears stronger than ever and that, because teaching hospitals' costs are higher than others, they stand to lose more when cuts are implemented. He described various cost-cutting mechanisms that have been proposed and problems created by these, such as shifting costs to private patients and limiting access to health care on the part of poor patients. Recognizing that the present reimbursement system rewards inefficiencies, the American Hospital Association (AHA) has developed a Medicare prospective fixed-price payment proposal; the AAMC may be asked to take a position on it. The proposal would establish for each hospital a known fixed price for each Medicare discharge based on retrospective data; payments in each year would be adjusted to reflect increased prices in the goods and services purchased. Hospitals able to provide care for less than the fixed payment would be allowed to retain the resulting profit while those with costs greater than the payments would incur a loss.

The Board discussed existing restrictions to health care faced by the poor and noted that it is unclear how this proposal might affect them. Ms. Close urged that any force which would reward good management of hospitals and increase their financial flexibility as a prospective payment system could is

probably worth a try. The Board agreed that although the proposal has the potential to affect negatively Medicare patients and teaching hospitals, because it may redress current inflationary procedures, the plan merits serious consideration.

XIV. Use of the National Boards by Medical Schools

Dr. Erdmann joined the students to offer his perceptions of the discussions held at the recent meeting of the National Board of Medical Examiners (NBME) ad hoc committee on the uses of the Boards by the medical schools, which he attended as an observer. One of the reasons for the formation of this committee (which will meet once more and focus on test security) is that the NBME has recently been presented with three legal threats related to the use of the test as the basis for promotion and graduation. Dr. Erdmann noted that interpretative materials accompanying the test caution faculty about limitations of test results. Since faculty can show that the test scores are not the "sole basis" for denial of promotion, determining whether they are being used inappropriately becomes difficult. In response to a variety of concerns expressed by OSR Board members, Dr. Erdmann remarked that the National Board, in nurturing its symbiotic relationship with medical school faculty, has not taken a hard line on questions regarding their use of the test. He commented on faculty's frequent lack of confidence regarding their evaluation methods and on their use of the Boards to discriminate at the upper end of the scale despite the test's being designed as a certification examination for licensure and conceded that faculty by abdication have allowed the Boards to exert undue influence on educational programs and the evaluation process. In response to a question on whether the committee addressed residency program directors' use of the scores as an admissions test, he expressed the view that this is an issue which should be raised with the Boards and with Dr. Bowles, GME Chairman. The OSR Board thanked him for his report.

XV. Mr. Hughes adjourned the meeting at 6:00 pm.

## POSSIBLE OSR ACTIVITIES IN IMPROVING CAREER COUNSELING

In the June meeting agenda appeared a staff summary (based on regional meeting discussions) of common dilemmas faced by medical students during the career decision-making process and a partial listing of the types of resources offered by schools to help students decide among specialties. Insufficient time was available for a thorough consideration of the forthcoming recommendations, one of which was to survey student affairs deans about the most serious hindrances to providing students 'optimal' career counselling. Before an effort of this nature is initiated, a more complete discussion is needed. What specific questions should be posed? How will replies be utilized? Given that specialty choice is frequently driven by NRMP and residency program application deadlines, needs for help with logistics and with qualitative distinctions among specialties and programs present themselves simultaneously. Requesting deans to distinguish among resources available for the various categories of needs (see p. 20 of June agenda) is clearly not intended, but how can a survey on such a complex process be appropriately narrowed?

Stimulated by the willingness of the Council of Medical Specialty Societies (CMSS) to discuss ways in which it might assist students in the specialty selection process, the OSR Board also recommended that a paper be prepared for the CMSS November meeting agenda. Such a paper was envisioned as a presentation of quandaries students face in arriving at career decisions and of ideas for ways in which CMSS and its member societies could improve informational resources available to faculty advisors and students. This recommendation, too, requires additional consideration. What is to be hoped from providing the specialty societies with educational materials on students' specialty choice dilemmas? Given the extant disagreements about which specialties are training a surplus ongoing in the face of evidence that competition for patients is escalating, can specialty societies be looked to for useful assessments of present and future career opportunities? Dr. Swanson will be attending the October meeting of the CMSS manpower committee and be able to evaluate the direction CMSS is moving on surplus questions. In the meantime, the OSR Board should reconsider what might be presented to CMSS and what can be realistically expected as a result.

## GOALS FOR OSR PROJECT ON ETHICAL BEHAVIOR OF MEDICAL STUDENTS

The Board decided at its June meeting to continue discussing possible OSR activities to address the problem of student cheating (see minutes, p.6). In addition to exploring how best to augment and draw on student affairs deans' wisdom regarding dealing with and preventing cheating, the Board may want to consider preparing recommendations to OSR members on this subject for distribution and discussion at the Annual Meeting. For instance, representatives could be urged to meet with basic science and clinical faculty, in addition to members of the dean's office, to determine the level of concern about the incidence of unethical behavior. If it is clear that this is an area that needs to be addressed, the OSR member could serve a coordinating role. Even without broad support, the representative may be able to stimulate interest in revitalizing an existing honor code or in giving the area of professional behavior more visibility and emphasis during orientation prior to the first and third years. The Board will also want to review the results of the "group process" exercise on this subject which was tried at the June meeting.

INPUT TO STUDENT MEMBERS ON GPEP WORKING GROUPS

Three GPEP working groups have been constituted and will hold their first meetings in October. Following are the names of the students who have been appointed to serve:

ESSENTIAL KNOWLEDGE

Nora Zorich '85 (M.D.-Ph.D.)  
411 West Hill  
Champaign, IL 61820  
(217)333-2412

FUNDAMENTAL SKILLS

Lou van de Beek, M.D.  
12 Cemetery Lane  
Setauket, NY 11733  
516/751-6105

PERSONAL QUALITIES, VALUES  
& ATTITUDES

Martha Sanford '83  
1630 Eustis Street, #18  
St. Paul, MN 55108  
(612)647-1405

Dr. van de Beek has requested the OSR Board's recommendations about which are the most important sub-areas, as set down in the working group charges, and what points it feels are most crucial to be made. While similar requests have not been received from Mse. Sanford or Zorich, the Board will also want to review the charges to these two groups to see if any recommendations should be forwarded.