



association of american medical colleges

OSR ADMINISTRATIVE BOARD MEETING

April 20 9:00am-5:00pm
(Conference Room--AAMC Headquarters)

April 21 1:00pm-2:30pm
(Joint Lunch - Map Room, Hilton Hotel)

- I. Call to Order
- II. Consideration of Minutes.....1
- III. Action Items
 - A. Executive Council Agenda Items
- IV. Disucssion Items
 - A. 1983 OSR Annual Meeting Plans.....7
 - B. Status Reports on Workplans from 1982 Annual Meeting Sessions
 - C. Preparation of Fall Issue of OSR Report
- V. Information Items
 - A. Report on Developments Affecting Financial Aid Programs
 - B. Reports on Regional Meetings
- VI. Old Business
- VII. New Business
- VIII. Adjournment

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

OSR ADMINISTRATIVE BOARD MEETING
MINUTES

January 18-19, 1983

Chairperson	Ed Schwager
Chairperson-elect	Pamelyn Close
Regional Chairs	Jesse Wardlow (NE)
	Mark Schmalz (C)
	David Thom (W)
	Mary Smith (S)
Representatives-at-Large	John Dietz
	Carol Mangione
	Nora Zorich
	Ricardo Sanchez
Immediate-past-Chair	Grady Hughes, MD
AAMC Staff	Janet Bickel
	Robert Boerner
	James Bentley, Ph.D.
	Emmanuel Suter, MD

I. Mr. Schwager called the meeting to order at 1:30 pm. He asked for and received approval of the minutes of the September 1982 OSR Administrative Board meeting.

II. 1983 Annual Meeting Plans

The Board reviewed the summary received from Dr. McKibben of OSR members' suggestions pertaining to the 1982 Annual Meeting group process format. Board members concurred with the following suggestions: include brainstorming sessions on Friday evening, have more small groups with fewer participants each, group leaders should be more prepared in terms of content and process, emphasize work function of the small groups. It was tentatively decided that on Friday, an OSR program should precede regional meetings rather than the other way around to allow more time for the latter. Two main themes were agreed upon for programs: teaching teaching skills to medical students and students' need for guidance in dealing with ethical issues and acquiring appropriate professional behaviors.

III. OSR Workplans Approved at Annual Meeting

The Administrative Board discussed each of the workplans which resulted from the 1982 Annual Meeting small group discussions and the following activities were initiated/continued :

A. Housestaff concerns: Dr. Hughes and Mr. Dietz volunteered to spearhead an effort to document the need for increased involvement of housestaff in AAMC deliberations. Many issues, particularly the acquiring of teaching skills, are of great interest to both medical undergraduate and graduate students. In this regard the hope was expressed that the Residents Conference projected for 1983 could be dovetailed with the OSR Annual Meeting so that some joint meetings would be possible. Board members also noted that with the emphasis in GPEP on the need for medical education to be experienced and viewed as a continuum, this need would also be recognized in the Association.

B. Personal growth and development: Ms. Close reported that she is preparing a summary of the surveys received at the Annual Meeting which asked for descriptions of programs such as support groups, peer counseling, impaired student resources, etc. This will be available for the Board to review at its next meeting.

C. Educational issues: Ms. Bickel noted that the breadth of the areas mentioned in this workplan was not conducive to specific action and recommended that as a first step Dr. James Erdmann, Director of AAMC Division of Educational Measurement and Research and staff for the Group on Medical Education, be invited to the Board's April meeting. Positive approaches which students can take to improve teaching and evaluation techniques used at their schools can be discussed, without 'upstaging' GPEP; and ways in which OSR and GME can more effectively interact can be explored. Numerous topic areas exist under this umbrella which could be developed by OSR Board members into articles for a future issue of OSR Report, and Ms. Bickel urged that they begin such research soon.

D. Social responsibility: Ms. Zorich noted that pulling together the three separate subareas—ethics, leadership and other cultures (particularly the indigent)—is still in process. The hope is that a written report will be shared with all OSR members on suggested activities for greater community involvement and increased social responsibility; such a piece could be developed into an OSR Report article. The subgoal of developing a model program for professional ethics presentation as part of orientation to the first and third years of medical school was viewed as separate from these activities. Ms. Close noted that she and Dr. Organ hope, as a continuation of last year's Administrative Board deliberations on cheating and honor codes, to complete a series of case studies to help medical students think through ethical dilemmas which they are likely to encounter but have little help in dealing with. Ms. Mangione agreed to contact Dr. Al Jonsen, Professor of Bioethics at San Francisco, who could provide guidance

to OSR in these endeavors and who would be an excellent Annual Meeting speaker.

E. Financial aid: Mr. Thom recommended that an on-going subcommittee of the Administrative Board be created to work specifically in the area of financial aid since OSR members have continuing needs in this area. For instance, a packet containing overviews of each available financial aid source, a discussion of the costs of medical education and tuition trends, and guidelines for influencing Congressional representatives could be prepared annually for new OSR members. On the subject of a debt management and financial planning manual, it was reported that negotiations between AMSA, AMA-MSS, GSA and key individuals were still underway to devise the most efficient and effective method of getting a manual in the hands of medical students.

F. Medical use of information systems: Ms. Bickel drew the Board's attention to the paper prepared by Pittsburgh OSR member Steve Hasley entitled "Micro Computers and Medical Education". Mr. Sanchez expressed the view that a more comprehensive paper could be developed for distribution to OSR members; this would be designed to help those who are still fearful of computers to make the necessary conceptual leap and see them as legitimate tools. The paper would also outline advantages of information systems in the educational process. Dr. Suter (Director, AAMC Division of Educational Resources and Programs) added other questions such a paper should raise and address and noted that the GPEP Working Group on Fundamental Skills which he staffs has a subgroup devoted to this area. Dr. Suter expressed also the hope that an AAMC group will be formed to focus on how medical educators can influence/adapt to the changing location of the knowledge base from the memory to the computer and the variety of questions which this change raises. The OSR Board recommended that, if formed, a student should have membership on this group. The idea was also put forth that OSR members be provided hands-on opportunities with computers at the Annual Meeting so that they can be more effective change agents at their schools; Dr. Don Lindbergh at Missouri-Columbia could be asked to demonstrate the computer as diagnostic aid, for instance.

IV. ACCME Essentials

Dr. Suter reviewed for the Board the proposed Accreditation Council for Continuing Medical Education (ACCME) Essentials for Accreditation of Sponsors of CME and Guidelines. He said that approval of these Essentials and Guidelines represents the final step after four years of effort to see them implemented.

ACTION: The OSR Administrative Board recommended approval of the ACCME Essentials and Guidelines.

Dr. Suter also presented two recommendations regarding the protocol for recognizing state medical societies as accreditors of local continuing medical education. The first is that the Committee

for Review and Recognition of State Medical Societies should have three members (as opposed to none) selected from nominations made by the ACCME member organizations, in addition to the six selected from nominees provided by state societies. The second is that the chairperson of this committee transmit its decisions to the ACCME for review and acceptance and for transmittal to the respective state society.

ACTION: The OSR Administrative Board recommended approval of these two recommendations.

V. OSR Regional Meetings

Ms. Smith listed a series of topics which will be addressed in joint student/dean discussions at the Southern meeting (April 9-12, St. Simon Isl, Ga.), including: leaves of absence, MCAT validation studies, organization of the 4th year, minority admission and retention. Southern OSR members will be asked to bring a copy of their school's code of ethics; plans for a workshop on model curricula are also underway. Mr. Wardlow named the programs which GSA/GME have arranged (April 13-15, Newport, R.I.) and noted that he will be polling Northeast OSR members to ascertain their preferences on a number of areas. Mr. Schmalz reported that the Central meeting will be held in conjunction with the Health Professions Advisors in French Lick, Ind., April 21-23. One program he described will have three parts: goals of first year orientation programs, philosophy behind orientation to clinics and what students need to become effective interns; a workshop on leadership skills is also planned. Mr. Thom said that the overall theme of the Western meeting (April 24-27, Asilomar) is the professional and personal education of the physician. Sessions will be held on the ethical and social development of students, stress reduction, GPEP, and introducing medical students into the community.

VI. GPEP Hearings

Mr. Schwager thanked those Administrative Board members who had submitted to him papers on aspects of one of the GPEP working group charges. He reported, however, that attempts to create a background summary to help individual OSR members in their efforts to achieve student input into regional hearing testimony were disappointing. Other Board members reiterated students' need for guidance since many have questions about the purpose of the hearings, what the OSR role can be, and how to convince the GPEP institutional representative that student input is appropriate; many reports of indifference or resistance in the deans office have been heard. Mr. Schmalz agreed to work to pull together materials to send to OSR representatives which will help them be active in stimulating faculty/student discussions.

VII. Prospective Payment Proposals

Dr. Bentley, Associate Director, AAMC Department of Teaching Hospitals, described policy makers' search for ways to slow the growth of hospital costs. Hospitals and physicians now must make choices because it is no longer feasible cost-wise to do everything possible for patients. The days in which expenses drive revenues and insurance companies pay whatever services cost are being replaced by fixed prices and income caps. The most recent and extensive development in this direction is the Department of Health and Human Services' (DHHS) prospective payment proposal for hospital services provided to medicare beneficiaries. Dr. Bentley reviewed this proposal for the Board and pointed out the complexities of hitting on a fair method to reimburse hospitals for the educational costs of residents and medical students; it is very difficult to sort which types of hospitals should get how much for such costs when no one knows exactly what these costs are. Board members also cited examples of how residency programs are changing due to changes in reimbursement methods. Dr. Bentley summarized by saying that major changes in the practice environment are underway and that students need to be aware of their potential impact. The Board approved the list contained in the Executive Council agenda of characteristics which a prospective payment system should have since AAMC may prefer to advocate a series of policy positions rather than endorsing a particular payment proposal.

VIII. Financial Aid Update

Mr. Boerner reported that the final regulations governing the Health Professions Student Loan (HPSL) Program had not yet been published and that negotiations were continuing to ameliorate the extremely harsh provisions proposed by the Bureau. Fortunately, the new chief of the Health Resources and Services Administration, Robert Graham, is going to bat for the schools, and there is hope that the worst provisions will be softened. Mr. Boerner noted the unfairness of current students being penalized for the defaults of prior graduates and of faulting medical schools in cases where the collection responsibility has resided in the university and attempts to improve the university have met with resistance. There is much though that the schools can do and are doing to improve the collection process; one difficulty is specifying what is a "reasonable collection effort" without being too specific. Another problem in a more serious vein is the recent General Accounting Office audit which reports that 23 schools have been collecting interest on \$3.5 million in HPSL rather than loaning it as intended by the Program; the audit also found numerous instances of lack of due diligence in accounting procedures.

With regard to the Guaranteed Student Loan (GSL) Program, he noted that since the needs test for families earning more than \$30,000 was instituted, there has been a 20% reduction in dollars loaned. Future attempts to reduce costs associated with this Program are impossible to predict with specificity. The continuing concern for the Health Education Assistance Loan (HEAL) Program is to keep

it available; problems remain on the horizon in convincing lenders to participate and in convincing policy makers that the default rate under HEAL will not approach that under HPSL. Under the National Health Service Corps, with the field strength for the Program at or near maximum, again this year there will be no new starts funded.

At the request of Mr. Schwager, Mr. Boerner also noted that male medical students may soon have to show that they have registered for the draft before being eligible to receive federal financial aid funds. This proposal will be discussed with the GSA Committee on Student Financial Assistance at its upcoming meeting, but it is likely that there will be no point in resisting this law.

IX. Nomination of Students to Committees

ACTION: The OSR Administrative Board nominated Mary Beth Graham (Northwestern) to serve on the Flexner Award Committee and Carol Mangione (San Francisco) to serve on the Women in Medicine Planning Committee.

X. Mr. Schwager adjourned the meeting at 3:00 pm the following day.

POSSIBLE 1983 OSR ANNUAL MEETING PLAN

Friday

3:00 - 4:00	Regional meetings
4:00 - 5:00	Business meeting #1
7:00 - 8:30	Program with SHHV*
8:30 -	Regional meetings

Saturday

8:30 - 9:30	Business meeting #2
9:30 - 11:00	Discussion sessions with SHHV
11:00 - 12:30	Regional meetings
2:00 - 5:30	Presentation on and small group discussions of GPEP recommendations
8:00 -	Reception

Sunday

8:00-9:00	Candidate for OSR office session
9:00-11:30	Program or Small Group process
1:00 - 5:00	Business Meeting #3
5:00 - 6:00	Regional meetings

*Society for Health & Human Values