



# association of american medical colleges

## OSR ADMINISTRATIVE BOARD MEETING AGENDA

September 21, 9:00 am - 5:00 pm  
Conference Room, AAMC Headquarters

Reception and Dinner with COD Board  
7:00 pm - 9:00 pm, Map Room, Hilton Hotel

September 22, 1:00 pm - 2:30 pm  
Lincoln West, Hilton Hotel

- I. Call to Order
- II. Consideration of June Minutes. . . . .1
- III. ACTION ITEMS (from Executive Council Agenda)
  - A. Blacks and the Health Professions in the 80's:  
A National Crisis and A Time for Action. . . . .(23)
  - B. Issues Related to Appointment to PGY-2. . . . . (34)
  - C. Principles for Support of Biomedical Research. .(46)
- IV. DISCUSSION ITEMS
  - A. Annual Meeting Schedule . . . . .7
  - B. Selection of Cases for Discussion Sessions with the  
Society for Health and Human Values
  - C. Contents of Information Packet to Prepare  
OSR Members for Annual Meeting Activities
- V. INFORMATION ITEMS
  - A. Report on Developments affecting Financial Aid
- VI. Old Business
- VII. New Business
- VIII. Adjournment

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DRAFT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

OSR ADMINISTRATIVE BOARD MEETING  
MINUTES

June 28-29, 1983

Chairperson	Ed Schwager, M.D.
Chairperson-elect	Pamelyn Close
Regional chairs	Jesse Wardlow (NE) Mark Schmalz (C) David Thom, M.D. (W) Mary Smith (S)
Representatives-at-large	John Dietz Carol Mangione Nora Zorich Ricardo Sanchez
Immediate-past-Chair	Grady Hughes, M.D.
AAMC Staff	James Bentley, Ph.D. Janet Bickel Robert Boerner Lynn Morrison Nancy Seline Emanuel Suter, M.D. August Swanson, M.D.

- I. Dr. Schwager called the meeting to order at 1:00 P.M. on June 28 and asked for and received approval of the April meeting minutes.

II. LCME Nomination

The Board reviewed the seven applications received for the LCME student position to which AAMC annually appoints an individual.

ACTION: The OSR Administrative Board nominated the following students in the order listed to serve as student participant on the Liaison Committee on Medical Education:

1. Warren Newton (Northwestern)

2. Michael Skoch (Kansas)
3. Peter Oliver (Chicago Medical)

### III. The Use of Animals in Biomedical Research

Ms. Morrison, AAMC staff for the Association of Professors of Medicine (APM), distributed to the Board copies of a pamphlet titled "Must Animals Be Used in Biomedical Research?" and asked for reactions to it, in light of students' role on some campuses in antivivisectionist movements. She described APM's goal of educating the general public as well as Congress about the essential role of animals in the search for medical knowledge; this effort is necessary because of the continuing, well-funded efforts of others who are trying to curtail this use. While the experiences of OSR Board members have not been uniform on this subject, there was agreement that students' exposure to the use of animals in teaching leaves many ambivalent in general about how conservatively and humanely animals are used and that this ambivalence probably carries over into the use of animals in research. The most effective solution is for faculty, from the very beginning, to address sensitively students' concerns about working on animals instead of ignoring and downplaying such questions. The Board also decided that OSR members would benefit from being better informed on this subject and that a copy of the APM pamphlet should be mailed with the minutes.

### IV. Financial Aid Update

Mr. Boerner reported that attempts to convince the appropriations subcommittees to allocate supplemental funds for NHSC Scholarship Program stipends failed and that the monthly allowance will be \$358 instead of the \$579 authorized for 1983-84. He noted that legislation in both the education and health arenas will be coming up for reauthorization next year and that attempts are being made to get into the communication loop early by offering assistance and data to key Congressmen and their staff. New regulations for the repayment of Health Professions Student Loans were finally published on June 1, with schools having until June 1984 to reduce their default rates in order to escape penalty. A major stumbling block is that no new due diligence guidelines have been promulgated, and therefore some schools have been consistently unable to write-off bad debts. Mr. Boerner described some of the difficulties with defining what is appropriate in this regard.

### V. Report on the Consortium of Medical Student Groups

Dr. Schwager asked Dr. Hughes to report on the most recent consortium meeting held in conjunction with the AMA meeting in Chicago.

Eight student groups were represented, including Boricua, a new hispanic student organization centered in the Northeast. Dr. Hughes reported that a new "document of understanding" was approved. One of its provisions is that participating members be national organizations; since LaRaMa has become limited to California students, it was disqualified. He provided an overview of AMSA's study of medical education, its frustrated attempts to complete a financial management handbook for medical students, and the AMA's health policy agenda. Dr. Hughes also described the difficulty of SNMA and AMA-MSS in agreeing on a nominee to the NRMP Board of Directors.

#### VI. Plan for Dealing with PGY-2 Match Issues

Dr. Swanson reviewed with the Board the propensity of certain specialties, e.g., ophthalmology, to recruit students early, placing pressure on students to decide prematurely and on schools to provide evaluations before they are prepared to. Rather than continuing to undermine the NRMP Match, the loss of which would mean a return to chaos, Dr. Swanson said that the goal is to inform specialty societies of the parameters of the situation and to gain their cooperation. The Board agreed with the Executive Council agenda recommendation that a problem list and mechanisms for addressing these be developed. The Board proceeded to a discussion of students' dilemmas of whether to rank a personal first choice first or the choice the dean counsels, i.e., what is perceived as being realistic. Dr. Thom noted also that, while students accept the automated nature of the Match, ranking choices is not as easy as in other application processes; with college and medical school, a student could choose among those that had chosen him. Board members remarked that anxiety about going unmatched is increasing and that students are reluctant to "shoot the moon" out of fear that many other students are listing "good" programs first; thus, there are no "good" programs to fall back on if a stellar first choice is not achieved. There was concensus that student deans need to spend more time educating students about the ins and outs of the Match.

#### VII. Loan Forgiveness for Physicians in Research Careers

Dr. Swanson highlighted this proposal before the Executive Council that AAMC make an effort to secure the enactment of legislation that would implement the loan forgiveness program described. Under the proposal the pool of physicians eligible for forgiveness would be limited to those who pass three steps: 1) completion of residency, 2) completion of a fellowship of which at least one year is in research, and 3) be recruited by an academic institution in the tenure track at the level of assistant professor. Board members noted that such a provision might help physicians who were bordering between research and other options but would pro-

bably not expand the pool of clinical researchers significantly. Dr. Swanson suggested that a benefit of AAMC movement in this direction is wider recognition that clinical investigators are special and especially needed. The Board discussed the differences between what Ph.D.s and M.D.s bring to research and the need for greater options for medical students to do research.

#### VIII. ECFMG Constitutional Issues

Dr. Suter, Director, AAMC Division of Educational Resources and Programs, summarized the history of the Educational Commission for Foreign Medical Graduates, which has grown from its original singular mission of certifying that candidates from foreign schools had completed their education and would benefit from additional education in the U.S. Worried about the recruitment of more foreign graduates into the U.S., the AAMC has resisted the ECFMG's attempts to become more self-sufficient; thus AAMC opposes efforts to weaken its role in ECFMG's governance. The OSR Board agreed with the Executive Council agenda recommendation to vote against the bylaw change that organizational trustees should be elected by the ECFMG board from nominees submitted by organizational members.

#### IX. Computers in Medicine

Dr. Suter and the Board shared perspectives about the new effort embodied in the "Computers in Medicine Newsletter" begun at the University of Colorado. Dr. Suter outlined some questions that could beneficially be asked at this gearing up phase when schools are beginning to expand the use of computers for instructional purposes: What should be the organizational principles? What quality control mechanisms can be put in place? How can an index of materials be created? While the need to strategize is recognized, Board members expressed skepticism about this newsletter providing a rallying point in this regard; but OSR efforts in this area should be communicated to its creators so that exchanges can occur. It was also suggested that in addition to publishing an article on computer applications in medical school (see below), a subgroup in OSR could develop a white paper which could serve as a basis of discussion with faculty leaders in this area, perhaps at an Annual Meeting.

#### X. Fall Issue of OSR Report

Board members reviewed and critiqued the following drafts of articles: 1) "The Social Responsibilities of the Physician: The Example of Preventing Nuclear War" by Dr. Thom, 2) "Can Computers Help Medical Students?" by Mr. Sanchez and Steve Hasley, 3) "Medi-

cine: "The Art or the Science?" by Mr. Dietz. Ms. Close volunteered to write a description of the NRMP Match algorithm for inclusion in this issue. Ms. Bickel noted that revised drafts should reach her by July 22 in order to assure adequate editing time if the issue is to be distributed well in advance of the Annual Meeting.

XI. OSR Annual Meeting, November 4-7, 1983, Washington, D.C.

After discussing various options and problems with previous years' arrangements, the Board decided to recommend that OSR members check the Holiday Inn as first choice of hotel when the preliminary programs are received in August. Ms. Smith described possibilities for having the OSR Reception in the Florida House on Capitol Hill and will report back more definite information in September.

Next, the Board discussed its Friday evening program with the Society of Health and Human Values and how to guide the four speakers (five, if the resident suggested by Ms. Zorich can participate); cases should be used in the presentations with the focus on preventing the development of bad attitudes on the part of students and on providing good background concepts for dealing with concrete ethical dilemmas. Each Board member agreed to bring two cases to the September meeting; a number of these will be selected to serve as foci for the Saturday morning small group discussions with Society members. The cases will be sent to them and to OSR members in advance of the meeting so that responses can be thought out beforehand. Ms. Smith described the Saturday afternoon program on learning teaching skills, and the Board decided to ask the residents (to be identified for the AAMC's residents conference) to participate. Mr. Sanchez raised the possibility of running two sessions on computers simultaneously during the Monday afternoon time slot and staff agreed to check possible limitations. Ms. Bickel suggested incorporating a session on meeting Congressmen to discuss student concerns into the Friday afternoon OSR business meeting. Mr. Schmalz, with the assistance of Dr. Thom, agreed to prepare a letter to go to OSR members in August urging them to arrange a meeting with their Congressmen while in Washington for the Annual Meeting. Subsequently, it has been learned that Congress intends to recess on October 28; this may or may not occur but appointments can be made with staff. Members of the Board suggested that students may want to go to the Hill in teams and that they should be given guidelines about what types of areas are most appropriate to discuss.

XII. Payment for Physician Services in a Teaching Setting

Dr. Bentley, Associate Director, AAMC Department of Teaching Hospitals, described the present need for the AAMC to respond to the Health Care Financing Agency's (HCFA) plans to implement Section

948 regarding payment for physician services in a teaching setting. As set forth in the draft report of the AAMC committee formed to study this area, there are difficult questions about how much Medicare should reimburse teaching physicians in hospitals in which the most frequently collected charge is zero or a nominal payment (which is true with Medicaid patients) because Section 948 links reimbursement with the "most frequently collected" charge. The OSR Board agreed with the recommendation appearing before the Executive Council, that is, that copies of the AAMC report should be distributed to insure that everyone understands the problem in the same way and that AAMC prepare and work to implement language to amend Section 948 to exclude Medicaid patients from the procedure for determining physician fees in teaching settings.

XIII. Counting Residents for the Medicare Prospective Payment System

Dr. Bentley explained that the Medicare Prospective Payment System, enacted as a part of P.L. 98-121, provides incentives to hospitals to count more residents than are actually receiving training. If steps are not taken to correct this, teaching hospitals will on the aggregate submit inflated numbers and Medicare will recognize the miscounting with possibly damaging consequences. It is therefore recommended that AAMC staff meet with HCFA and Congressional staff to describe the weaknesses in the present instructions and to urge adoption of "assigned time" as the counting method instead of the source of stipend payment. The Board approved this recommendation.

XIV. The meeting was adjourned at 5:00 p.m. on June 29.

OSR Annual Meeting Program

FRIDAY, NOVEMBER 4

- 1:30 Administrative Board Meeting--Map
- 3:00 Regional Meetings  
Caucus-Central  
Map-Northeast  
Conservatory-Southern  
Kalorama-West
- 4:30 Conservatory  
Business Meeting
- 7:00 Conservatory  
Joint Program with Society of Health & Human Values  
"Ethical Dilemmas of Medical Students:  
Questions No One Asks"  
Moderator: Carol Mangione  
Speakers: Louis Borgenicht, M.D.  
Kathryn Hunter, Ph.D.  
Joanne Lynn, M.D.  
Brent Williams, M.D.

SATURDAY, NOVEMBER 5

- 8:30 am Jefferson West  
Business Meeting
- 10:00 am Small Group Discussions  
with Society for Health & Human Values  
Chevy Chase, Dupont, Edison, Farragut, Grant,  
Hamilton, Independence, Jackson
- 1:00 pm Jefferson West  
OSR Program  
"Becoming an Effective Clinical Teacher--  
for Yourself, Your Patients and Others"  
Speakers: Hilliard Jason, M.D., Ed.D.  
Jane Westberg, Ph.D.
- 2:00 pm Teaching Skills Workshops  
Lincoln East, Lincoln West, Hamilton, Independence,  
Grant, Monroe West
- 4:00 pm Regional Meetings  
Jefferson West-Central  
Grant-Southern  
Hamilton-Western  
Independence-Northeast



SATURDAY, NOVEMBER 5

8:00 pm Room  
OSR Reception

SUNDAY, NOVEMBER 6

8:00 am Military  
Candidate for OSR Office Session

9:30 am Issues Assessment Group Discussions  
Farragut, Grant, Hamilton, Independence,  
Jackson, Kalorama, Jefferson East

1:00 pm Ballroom East  
Business Meeting

4:30 pm Regional Meetings  
Hamilton-Central  
Independence-Southern  
Jackson-Northeast  
Kalorama-Western

MONDAY, NOVEMBER 7

Discussion Sessions

1:30 pm Georgetown West  
"Computers & Medical Students: A Hands-On Workshop"  
Lisa Leidan, Ph.D.

2:30 pm Edison  
A Seminar for Third & Fourth Year Medical Students:  
Retaining Your Humanism in the Face of Technologic  
Explosion  
Robert Lang, M.D.  
Alan Kliger, M.D.

behaving ethically and pleasing residents, d) How to represent yourself to patients (i.e., your level of competence, calling yourself doctor, etc.)?

This group also suggested the following steps: (1) Contact AMSA and AMA-MSS regarding work they are doing and a possible cooperative effort; (2) Heighten awareness of housestaff, possibly via AAMC Council of Teaching Hospitals, of the student issues in medical ethics as delineated above; (3) Explore questions related to those characteristics of residency training which foster unethical behavior.

### **C. Financial Aid**

Mr. Jesse Wardlow stated that, considering declining federal funding, his group recommended that OSR commend those far-sighted deans and medical colleges which have adopted a long-term perspective and taken active and creative steps to develop new resources for student financial aid and programs to assist students in debt management. The following specific programs were identified as worthy of replication: (1) the floating of bonds to generate funds (for example at Dartmouth Medical School and being considered by legislatures in Illinois and Massachusetts); (2) the U. of South Alabama Medical School Job Search Program which seeks out jobs in the medical center appropriate for students; (3) the Yale Medical School Student Finance & Repayment Software, a computer program which allows financial aid officers to project specific student repayment schedules; and (4) in addition, continued involvement in strategies, such as letter writing to Congress, by which students can assist in lowering default rates and maximizing revolving loan funds available to students.

The following areas were identified as OSR priorities for 1983-84: (1) To investigate longer deferment and longer repayment schedules for GSL loans; (2) To increase the per annum and cumulative limit on GSL loans; (3) To reauthorize the Sallie Mae Loan Consolidation Program and to consider how the HEAL program can be incorporated into it; (4) To support and promote the creation of avenues and programs for service repayment options on loans as well as for grant support on the model of NHSC and the Armed Forces scholarship program; (5) To increase the opportunity for medical students to have access to College Work-Study funds for support and encourage medical schools to review policies regarding the criteria for students' working part-time; and (6) To increase student involvement on financial aid committees.

### **D. Housestaff Concerns**

Mr. Ricardo Sanchez reported that OSR members attending this session discussed progress in OSR's bringing before the AAMC senior staff and Councils the need for greater housestaff involvement in the Association. The consensus of the participants was that this issue continues to be of great importance and that the Executive Council should continue to explore the conceptual and practical aspects of achieving more

frequent input. The participants also suggested that the OSR Administrative Board urge the membership to take an active role at their institutions by informing deans and program directors of their concerns and interest regarding the potential establishment of a housestaff liaison group.

#### **E. Teaching Skills**

Mr. Steve Erban stated that this group had divided the topic of teaching skills into three areas, as follows:

- (1) Abilities: a) Basic Science faculty should enhance their skills with formal training, show enthusiasm for their subjects, and remember that first year medical students are not graduate students; b) Clinical
- instructors should establish rapport with students early in the clerkship, state goals for the clerkship at the beginning, and give mid-course evaluations; c) Housestaff should be made more aware of their teaching responsibilities from the time of application to the program and should be given undivided time to teach as well as support and formal training.
- (2) Process: a) Students should be taught how to think rather than how to react to key words; b) Basic sciences should also be taught during the last two years when this material has increased relevance to students by including basic scientists on rounds and by offering mini-courses in the sciences; c) Examinations should be structured to give students feedback on their performance and to motivate students to learn rather than just to achieve good grades.
- (3) Content: a) Periodic redefinition of what constitutes core basic science material, inclusion of clinical material during its presentation, and greater emphasis on teaching people how to teach themselves are all needed; b) Definition of goals for each clinical rotation and patient-oriented exams are also necessary.

Suggestions for remedies included the following: (1) Improve teaching by offering formal systems of educating teachers and by greater utilization of student evaluations; (2) Institute a two-track tenure system such that teachers receive recognition and rewards on a par with researchers; (3) Improve communication between departments and course directors regarding course content, methods of instruction and evaluation techniques; (4) Restructure residency programs to allow more time for teaching and more rewards for teaching excellence.

#### **F. NRMP/Career Decision Issues**

Dr. David Thom reported on several areas of interest and concern to the participants in this group. (1) Separate specialty matches: Some participants felt strongly that the current system is untenable because: a) it requires separate application processes, usually with separate sets of interview trips and letters of recommendation, b) it requires earlier specialty decisions, and c) it is confusing, especially in specialties such as orthopedics. On the other hand, for a specialty such as ophthalmology, a separate match before the NRMP means that a student can arrange NRMP choices accordingly. Clearly the best arrangement is to have

specialty programs matching at the PGY2 level in an NRMP-administered Match before the regular match, thus allowing students to rank their PGY1 choices based on the results of the previous specialty match. (2) Early timing of career decisions, especially in specialties such as orthopedics and ophthalmology that require a strong commitment by the junior year in order to properly arrange electives, research experiences, Dean's letters, etc. (3) Decreasing ratio of positions available per applicant: Particular concern was expressed that the resulting "buyers' market" will encourage program directors to go outside, or stay outside, the NRMP Match, if more convenient for them, since they will have little concern over not filling their slots. Also voiced were concerns that program directors will rely more heavily on dubious criteria such as MCAT and National Board scores and ignore students from less prestigious schools. (4) Pressure to do extramural rotations: As competition for desirable residency positions increases it will be increasingly difficult for students to match in a first-choice program. Many students feel that doing an extramural clerkship at a program they desire will help them in this endeavor. Clerkships are also a valuable method for a student to evaluate a program or community and provide a break from medical school and a chance to learn medicine in a novel setting. However, clerkships away can be expensive and personally disruptive and may result in a poor use of medical education time. (5) Lack of career counseling information on specialties: One suggestion to improve these deficiencies was to offer career days with representatives from various specialties. The importance of faculty involvement in providing career guidance and the availability of workshop tools and self-assessment kits were described.

### **G. Social Responsibilities**

Mr. John Dietz provided a summary of this group's discussion: (1) Health Care Policy Issues: It was suggested that AAMC define its position on important health issues; this discussion centered largely on the role of the OSR relative to the AAMC and the accountability of the Administrative Board in reflecting the views of students. The effects of social programs on and the responsibility for care of the medically indigent population were also discussed. Studies should be undertaken of the health effects of DRG's and other such cost containment programs. It was felt that physicians and medical institutions (both private and public) share a moral obligation for the care of indigent patients and that medical education should directly address this obligation. This group requested more specific guidelines from the Administrative Board for OSR reps to use in their school activities. One suggested format was to design activities on various social issues with clear "how to" directions from which the OSR rep could choose; there was strong agreement that OSR Report should be expanded to quarterly or bimonthly publications on a regular schedule and should discuss such issues and guidelines for action.

(2) Social Awareness Among Medical Students: Social awareness and responsibility should be fostered in medical school and sought in applicants. Admissions committees should clarify and emphasize such criteria, and pre-medical advisors should encourage involvement in social issues. The Administrative Board should suggest opportunities at the national level (e.g., with legislators and on the local scene), with specific guidelines on "how to" for OSR reps. The Administrative Board should also deal with this topic in more depth at subsequent meetings. The residency selection procedure was seen as an obstacle to fostering greater social awareness in medical students, since most program directors are uninterested in students outside of transcripts and publications. Substance abuse among medical students was considered as an example of a problem which may respond to improved social awareness; an Administrative Board project on this topic is suggested. (3) Minority Groups: The moral obligation of physicians and medical students in improving educational opportunities for minorities was reaffirmed. The focus for long term effort was seen to be educational opportunities in grade school, junior and senior high school. Programs within medical school aimed at assuring minority students' competitive equality for residency programs and licensure were suggested to be an important short term approach. (4) Other: Identified as very important but not discussed were: a) Physician's responsibilities in avoiding thermonuclear war; b) The moral obligation of the physician/student in counselling the dying patient and family and the need for instruction on this topic; c) The use of animals in medical instruction.

#### H. Curricula Innovation

Ms. Nora Zorich reported the following goals and directives which emerged from this group: (1) Goals: a) Integration of basic and clinical science instructional activities, particularly by mixing medical students at different academic levels in interactive teaching situations; also insuring the quality of this type of learning by finding adequate support among faculty. b) Improvement of the quality of physical examination instruction by increasing peer instruction and mandating adequate supervision and evaluation by qualified people. Also increasing the amount of patient-specific preparation that first- and second-year students have before doing physical exams. c) Emphasis on learning skills, particularly literature assessment and computer literacy, by addressing in a formalized manner from the beginning of medical school. d) Emphasis on problem-solving skills development, including student-initiated advocacy of this as a primary learning modality. e) Establishment of a serious, effective, ongoing curriculum evaluation process including significant student input and mechanisms to guarantee feedback to the faculty. (2) Directives: a) To encourage AAMC to evaluate the cost-effectiveness of student involvement in teaching their peers (i.e., availability of students for teaching; advantages of student involvement; model programs elaborated upon in OSR Report and also made available for presentation to deans). b) To demonstrate interactive learning systems, teaching skills techniques and problem-solving learning modalities on an ongoing basis to OSR

members and to encourage them to create similar programs at their schools. c) To encourage the use of alternative evaluation methods such as essay, oral, and interactive computer-based exams. d) To increase networking among OSR members, e.g., by encouraging all persons attending AAMC conventions to meet at the school and evaluate actions possible at their schools chosen from among presentations at the annual meeting. e) To encourage the OSR Administrative Board to increase the credibility of OSR among faculty, students and administration by direct communications.

XV. Dr. Schwager requested a motion that these group reports be accepted for the record for the purpose of guiding the deliberations of the OSR Administrative Board during the coming year.

**ACTION:** The OSR agreed to so accept these reports.

## DRAFT OF ETHICAL GUIDELINES

As most Codes of Ethics revolve around potential problems within the basic science years (e.g., cheating on exams), there is a need for a prototype of ethical guidelines for the clinical years. The following document is meant to be used as a guideline to be referred to when up-dating or creating a code of medical ethics; it should be modified to reflect the philosophy and characteristics of each institution. The goal is to assist in encouraging students to develop a sense of moral commitment to their present and future patients.

### GUIDELINES FOR THE CLINICAL YEARS

We, as future physicians, have a responsibility to guide our actions to serve always in the best interests of our patients. We must realize that this responsibility can only be upheld by maintaining the highest degree of personal and professional integrity. With this goal, the following guidelines are offered to the medical students of \_\_\_\_\_.

A Medical Student shall:

--Maintain a professional appearance, hygiene and demeanor with attire that is appropriate to the patient care setting.

--Respect all patients and their families regardless of their age, sex, race, national origin, religion, socio-economic status, state of health, personal habits, sexual orientation and cleanliness.

--Interact with patients, their families and visitors in a courteous, considerate manner and avoid the use of derogatory colloquialisms .

--Not participate in patient care under circumstances in which he/she is under the influence of any substance or other conditions that impair his/her ability to function.

--Come to the aid of a colleague that the student recognizes as impaired (substance abuse or emotional disability) and, if necessary, take an active role in preventing the impaired student from being involved in patient care.

--Be punctual, reliable and conscientious in fulfilling clinical duties, while seeking the appropriate advice and supervision in doing so.

--Be truthful in carrying out clinical responsibilities to the health care team, never falsifying information or purposely misrepresenting a situation.

--Accept the responsibility to question plans or directives for patient care when, after careful consideration, the student believes such plan not to be in the best interest of the patient.

--Maintain confidentiality of information concerning patients and refrain from discussing cases except under appropriate circumstances.

--Clearly identify his/her role as a medical student to each patient.

OSR PROJECT ON TRAVEL TIPS FOR RESIDENCY INTERVIEWS

OSR Chairperson, Pamelyn Close, has suggested that most senior medical students would benefit from such advice as that contained in the following handout ("Travel Tips for Residency Interviews") which UCLA prepared for its students. Using this document as a starting point for development of a model that might be useful nationally, the OSR Administrative Board should discuss directions that such a project might take. A subcommittee of the Board might design a model and enumerate the points most important to be included and those which would need to be fleshed out by individuals at each school. This model could then be "tested" on those seniors who attend the spring regional meetings in order to gather additional perspectives. A mailing of the model to student affairs deans and OSR members could then occur during the summer.

OSR Administrative Board members should bring additional ideas to the meeting and, if possible before the meeting, speak to their student deans about the utility of such a project.



# Travel Tips For Residency Interviews

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UCLA School of Medicine  
Office of Financial Aid  
12-109 CHS  
Los Angeles, CA. 90024

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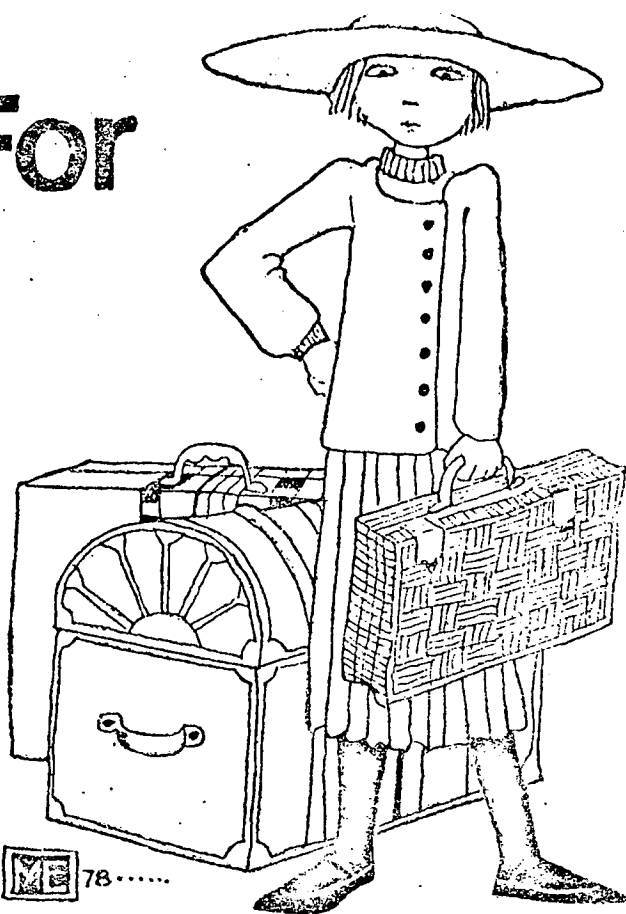
With travel expenses increasing and student resources dwindling we want to encourage you to plan your travel carefully if you want to interview for residencies in several places and still stay within a reasonable budget.

The information provided in this booklet was compiled last summer by the financial aid office at the UCSF School of Medicine. We have revised and updated any information which might make this booklet more relevant to the UCLA medical student. Our hearty thanks go out to Nancy Kull at UCSF for sharing her ideas and resources with us (and you!). Since travel prices and package deals are constantly changing we have not included them here. Instead, what we are presenting is a number of tricks and tips that are useful in making travel arrangements. Please take the time to read this information. It will help you save money and some headaches as well.

## PLANNING YOUR TRAVEL

Start planning for your trip(s) as far in advance as possible. A well-organized trip can not only be less costly and hassling, but also more enjoyable. Most airlines offer discounts to those who purchase their tickets early (APEX fares usually require booking 21 days in advance); often if the cost goes down for some reason between the time of purchase and the date of the trip, refunds are given.

Most travel experts advise using a travel agent in planning trips. Travel agencies offer sound advice that can save you time and money, and they do not charge for their services -- but several things should be kept in mind: Many travel agents specialize in certain types of travel, or geographic areas, so be sure the agent you use is knowledgeable about your particular needs. Do some "comparison shopping" between agents and let them know you are doing this--they might work harder to provide you with the cheapest and most convenient travel schedule.



Do some homework before approaching an agent. Check newspaper advertisements and call some airlines yourself (most have toll-free numbers) to check on fares so you will know a good deal when you see one. Be aware of when prices are most likely to go up--summer, for example--and if possible try to avoid these times and higher prices in planning your trip. Sometimes a lazy (or greedy) travel agent may punch the travel information into a computer without checking for the best deal---go elsewhere.

Be sure to tell an agent what your needs are, or if you are flexible in terms of dates and times. This can save you money. However, if you must be somewhere at a specific date and time, make this clear to the agent also.

Have your agent check the discount carriers. Agents don't routinely check them when putting a travel package together. Always ask about the fixed dates on which prices go up or down, what you might save by traveling midweek or at night, and how you might qualify for discount fares. When possible allow yourself plenty of travel time to the interview. Standby fares are substantially lower (sometimes as much as 50%) but not always reliable for a specific flight. Needing time to comb your hair, count to ten or collect your thoughts, you won't want to have to rush out of the airport to the hospital for an interview after a rushed and/or anxious trip.

All major airlines and bus companies, as well as AMTRAK have toll-free phone numbers for your use. To obtain the number of the travel company you want call the toll-free operator (toll-free, of course!) at 1-800-555-1212.

#### GENERAL TRAVEL TIPS

Planes are usually less expensive for longer trips but might be more costly for local California trips or hops between neighboring cities in the East or Chicago area.

Once in a particular region, try to find out the best mode of local travel -- train, bus, car, etc. Sometimes it's helpful to talk to a student from the area you're planning to visit before you leave about local transportation.

If you are renting a car or driving your own, figure in the additional costs of parking, tolls (remember the toll roads back east!), gas, plus the fatigue that comes with driving long distances. Balance these factors against the natural inclination to drive a car for freedom and mobility--you may end up wishing you had chosen public transportation--especially if the local transportation system is a good one. In the eastern cities or Chicago, for example, having a car (especially in New York) is far more trouble than it's worth. If you do plan on using public transportation in eastern or midwestern cities, send for a transit guide before you leave or pick one up as soon as you arrive in the city.

Get an idea of travel times, safe areas to travel through or stay in, etc., from local visitors, the visitor's bureau or Chamber of Commerce. For example, during your first interview at a San Francisco hospital you may meet a local student who can give you more information about the area you plan to stay in or direct you to cheaper accommodations.

If you are traveling during California's foggy months, plan on some airport delays or rerouted trips, especially if you will be flying into San Diego or the Central Valley.

### KNOW WHERE YOU'RE GOING

Study a map of your destination city before you arrive there so you'll have some idea of the distance between the airport or train/bus station, the hospital or university, and your hotel/motel. Maps of most major cities can be obtained from the local Chamber of Commerce. Members of AAA can obtain maps plus other travel information and most car rental agencies will provide a map (although usually quite sketchy).

### THE AIRLINES

Be sure to check out the delays and added cost of getting from the airport to your destination when deciding which airport to fly into. Some cities have more than one airport (New York, for example) and it might be cheaper in the long run to fly into the main airport (cheaper fare) and take a bus or drive to your interview, rather than fly to another airport which is closer to your final destination, but more expensive to get to. Be sure to consider the savings compared to driving fatigue--don't fly to an airport hundreds of miles away.

What the airlines don't tell you (and some travel agents may not either) is that you can save money by making a trip with layovers, and by traveling through an airline's "gateway" city--the airport where they are based. Most airlines push the less time-consuming, non-stop flights, but sometimes you can save 20-50% by making a short stop-over in a city, or by changing planes. Also, it may be cheaper to fly to a discounted city (usually a large, metropolitan airport) and catch a connecting flight or ground transportation to your final destination. It is often less expensive to fly to New York than to Detroit, even though New York is farther away. Flying to smaller cities can cost twice as much as flying to the major city airport and taking a train, bus, or car to the smaller place.

Flying standby is not as bad as it sounds. Most airlines fly at only 50% capacity. If you get to the airport early, standby space is available about 95% of the time, according to one travel agent--this can cut your travel costs in half. Avoid peak periods (summer and Christmas) however, if traveling standby.

Sometimes airlines will "overbook" a flight (they assume some people will not honor their reservations). This can work to your advantage. One UCSF student took a flight from San Francisco to Los Angeles on Delta Airlines. After Los Angeles, the flight was scheduled to continue to Dallas. The flight was overbooked and continuing passengers were asked to volunteer for a later flight so the Los Angeles passengers could get home. Volunteers were given a substantial discount on their ticket price and free lodging at a local hotel until the flight left later that evening--another reason to allow yourself some additional travel time before interviews!

Take advantage of special rates whenever possible. Some special fare flights operate at off-hours (very early in the morning) or only on certain days of the week, but can save lots of money for a little inconvenience.

Ask travel agents about special one-way price breaks. For example, Pan Am's San Francisco to Los Angeles International is cheaper than the LAX to San Francisco trip. The flight from northern California continues to South America with many passengers boarding in Los Angeles. Since the airline does not want empty seats on the S.F.-L.A. flight, it is willing to offer lower prices.

Since major reconstruction is currently taking place at LAX, allow yourself plenty of time to get to the airport and find your way around. It's a real mess down there and difficult to see terminal signs, etc., particularly if you are not familiar with the airport to start.

Consider taking an airport bus service (the Flyaway) to LAX rather than driving your car. The cost is very reasonable (one-way from West L.A. - \$3.25; one-way from Van Nuys - \$4.50; round-trip tickets work out to even less) and they go from several areas. Call 477-4903 (W.L.A.) or 994-5554 (Van Nuys) for complete information. RTD offers bus service to the parking lot at LAX and then a free shuttle bus to the terminals. The cost is approximately .75¢ from the Westwood area, although fares vary depending upon the departure point. For schedule and fare information call 626-4455.

Somewhere along the route you may experience delays. If you have allowed a few extra hours between flights or between flight arrival and your interview time, problems will be easier to handle. If you have saved money by careful planning, it will come in handy in an emergency case. One UCSF student's flight was cancelled because of bad weather and the next available flight would have gotten him to the airport only three hours before his scheduled interview. He had planned to drive to the hospital-a three to five hour drive. However, he took an airport helicopter downtown and got to the hospital with time to spare. The helicopter was expensive, but he had saved money for this type of emergency by obtaining special fares and flying standby.

Be sure to check out the availability of travel passes. In the past few years several major airlines have offered a package with unlimited travel to certain areas within a specified time limit. These offers have different names but the same objective: to provide lots of travel in a short period of time for a reasonable rate (perfect for the eastern seaboard). There are usually restrictions. You may be unable to travel to the same city more than once, and the flights may go through several cities and therefore take a little longer. Eastern Airlines offered a package a few years ago which several students bought. It saved them a significant amount of money, but some students had to fly into one airport and take a train to the hospital several hundred miles away. There is another reason to plan your trips well and allow plenty of time whenever possible! Before buying an "unlimited" airfare ticket find out the restrictions and consider your own time limitations.

According to one medical student, when you're flying a short distance it may pay to relax in first class and fly the day of the interview. The trip may cost only a few dollars more and you can relax in peace and quiet during the flight. The same student suggests that first class might also be ideal for the last stage of a multi-leg trip.

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In the east, the rail system is much more developed and may be a cheaper and sometimes faster way to travel. Since the cities are closer together, time is not as large a consideration as it is in California. A national timetable may be obtained from AMTRAK by calling (in Los Angeles) 624-0171.

### RENTING A CAR

Public transportation is the cheapest mode of travel, but it is not always available or very convenient. Renting a car is sometimes necessary.

Most travel agencies are equipped to help you find the cheapest car rentals and can provide helpful information if you request it. The cost of renting a car varies greatly depending on the rental agency, type of car rented and the geographic location. To save money, shop around before you rent. Check with the major agencies and see what they offer. Most have offices in this area and can give prices and other information without the added expense of a long distance call. If you know someone living in the area you plan to visit, ask them to check the rates of local agencies for you. You can also look in the telephone book of the city you plan to visit for ideas on low-cost rental agencies, e.g. Rent-A-Wreck or Rent-A-Klunker. Many public libraries carry telephone books for major cities. Since compact and subcompact cars are cheaper, they are always the first to be rented, so making advance reservations is a necessity for the cost conscious. You might not get the lowest rates and be stuck with a larger, gas-guzzling car if you don't plan ahead. Make sure you understand what the total cost of a car rental will be. There is usually one charge for the car rental itself (often the "advertised" rate), plus gas and/or mileage fee in addition to the initial rate. Insurance is also an added cost. Check your own car insurance policy to see what it covers--you may not need much more from the rental agency than what they require.

Remember to weigh alternatives carefully before you decide to rent a car. The freedom to drive when and where you want may not compensate for the higher expense.

### LODGING

Since the best deal in housing is not to pay anything, try to stay with family and friends whenever possible. A viable alternative is low-cost rooms that are not always obvious to the unseasoned student traveler.

Medical school hospitals sometimes have dormitories available for short stays; other hospitals may be affiliated with a school or fraternity/sorority that will give you free lodging or only charge a few dollars per night. Various student organizations can help too, especially the well organized groups. The La Rama organization on different campuses has housed members during their interviews and similar groups may do the same. Check with the college associated with the hospital where you will be interviewing; it may have a program to house traveling students as well.

Some "bare-bone" accommodations are available at low cost. National (e.g. Motel 6) or local motel chains that cater to itinerant visitors and travelers might be available but are not always conveniently located. Hotels are another possibility. Though not for everyone, hosteling is

a very inexpensive and usually safe way to travel. San Francisco has a hostel located at Fort Mason in Building 240 (415) 771-4646. Discount motels and hostels fill very rapidly so reservations should be made far in advance (weeks or even months), especially during peak travel seasons.

For the last minute, fly-by-the-seat-of-your-pants traveler, there is another source of aid: the Traveler's Assistance/Information counters (at most major airports). They can often direct people to motels not listed in the major tourist directories.

Students interviewing for a military position can often fly or travel on military transport at little cost. Military personnel can also get discounts on the major carriers in some cases, and students are usually able to get military overnight accommodations--billets--for a few dollars per night. The military medical recruiter should be able to answer any questions you may have and inform you of any restrictions, etc.

Traveling with others can defray costs. Most hotel/motel room rates are the same for one person or two, and splitting the cost of a room is a good way to reduce travel expenses. In some areas, there are discounts for three or more people. The same goes for renting a car with others. Again, be sure to make reservations in advance. A former student just informed us he spend much more money than he planned to because he assumed he could find a place when he arrived. He often ended up with more expensive last minute accommodations.

#### WOMEN ON THE ROAD

Motels and airlines are becoming increasingly conscious of the single-woman-business traveler and are changing their attitudes and services accordingly. Several articles have been written outlining travel hints for women and the do's and don'ts of traveling alone. Our office has a reference book on women traveling alone we would be glad to let you browse through.

Some suggestions: When checking into a motel, request a room on the second floor, close to the elevator or stairway--you'll be less vulnerable. A woman employed by the Ramada Inn suggests if you want a drink, but prefer not to be disturbed, sit at the bar--a well tipped bartender will often assist a woman who finds herself in a bothersome situation. Sitting at the bar will also make you feel safer in unfamiliar surroundings.

Finally, if you will be tipping people in motels, hotels, airports, etc., keep your tipping funds in a pocket, rather than a purse where others might see how much more money you have. Consider travelling with other women students. Aside from being safer, it's more economical!

#### FOR CALIFORNIA TRIPS

UC Davis is about 20 miles from the airport. A shuttle from the airport to Davis is available for a few dollars.

UC San Diego is located in La Jolla, about 20 miles north of the airport.

Samtrans and AMTRAK are close to Stanford and a free shuttle goes to the campus.

UC San Francisco is about 15 miles north of the airport. Lorrie's Airport Service will deliver you anywhere in S.F. for \$7.50! Call for reservations 6 hours in advance (415) 826-5950. You can also take the Airporter Bus for \$4.50 to downtown with no reservation and then take the N-Judah outbound line of the street car (underground in BART station on Market) to the UC.

LAST FINAL NOTE: Word has it our very own ASUCLA Travel Service is quite good for the budget traveler. They are located in Ackerman Union.

## RESIDENCY INTERVIEW EXPENSES

Residency interview expenses can be funded with the Guaranteed Student Loan (GSL), California Loan to Assist Students (CLAS), Health Education Assistance Loan (HEAL) or other outside loan sources. Since most lending agencies will process only one loan application per year, you will need to plan your residency interview travel at the same time you apply for the loan.

Submit your application well in advance of the interviews whenever possible. We cannot process loan forms for financial aid students until awards are made. If this presents a serious problem for you, please schedule an appointment to discuss the situation with a financial aid advisor. Normal processing time for the loan, once submitted to the lending agency, is eight to twelve weeks, although we have experienced circumstances with lenders taking much longer than the normal time. The Financial Aid Office has limited emergency loan funds to borrow against the expected loan, so it is important you plan ahead. Have an alternative source of funds such as a short term loan from friends or relatives you can repay with the outside loan.

### ESTIMATING EXPENSES

The maximum allowed with the loan is \$1,000 for residency interviewing expenses. When you submit your application to the Financial Aid Office, you must also submit the Estimating Cost Sheet (see reverse).

List the name and location of each hospital you intend to visit and the dates you will be there. If you intend to stay in one area (such as Boston) more than one day, estimate the length of stay in that city and list the different interview hospitals.

An estimate of your transportation expenses is also necessary. Often, a package deal can be purchased if you plan to travel to several places in the east or southeast. The trip should be planned in a logical order whenever possible, with a minimum of travel in order to keep your expenses low. If you must visit the same city two separate times, please indicate why on a separate sheet when you submit your loan application.

If you travel by car, estimate the number of miles even if you will be sharing a ride. A maximum of 7¢ per mile will be allowed since the standard budget already includes gas, maintenance and insurance for a 12 month period.

Expense forms that cannot be easily understood or do not appear well planned will be returned to you by the reviewing advisor. Overestimating your expenses can result in an overaward and repayment of campus financial aid will be required.

### DOCUMENTATION

All transportation, hotel expenses, and other expenses must be documented when you return so be sure you estimate carefully and save all receipts and cancelled checks.

Submit: Plane fare ticket copies  
Train, bus or taxi ticket copies/receipts  
Hotel/motel paid receipts  
Receipts of all other allowable expenses

PLANNING YOUR TRIP: ESTIMATING COST OF RESIDENCY INTERVIEWS

WHERE INTERVIEWS HELD	HOSPITALS VISITED	DATES	COST OF TRANSPORTATION (air fare, train, bus, etc.)	OTHER, SPECIFY (lodging)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____

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NEED-BASED FINANCIAL AID RECIPIENTS MUST DOCUMENT ALL ABOVE EXPENSES!

SUB TOTAL \$ \_\_\_\_\_ SUB TOTAL \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_