



association of american medical colleges

OSR ADMINISTRATIVE BOARD MEETING

January 17 & 18, 1984
Second Floor Conference Rm.

- I. Call to Order
- II. Consideration of September 1983 Minutes. 1
- III. ACTION ITEMS
 - A. Nomination of Students to AAMC Committees
(Applications will be distributed at the meeting)
 - B. Executive Council Agenda Items (I) through (M)
- IV. DISCUSSION ITEMS
 - A. Program Ideas for 1984 OSR Annual Meeting
 - B. Reports from 1983 Small Group Sessions. 7
 - C. Draft of Ethical Guidelines. 13
(See (A) on p. 7)
 - D. OSR Project on Tips for Residency Interview Travel. . . 14
- V. INFORMATION ITEMS
 - A. Report on December Consortium of Medical Student Groups Meeting
 - B. Financial Aid Update
- VI. Old Business
- VII. New Business
- VIII. Adjournment

Document from the collections of the AAMC Not to be reproduced without permission

DRAFT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

OSR ADMINISTRATIVE BOARD MEETING
MINUTES

September 21, 1983

Chairperson-elect	Pamelyn Close
Regional Chairpersons	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	John A.D. Cooper, M.D. Janet Bickel Robert Boerner Thomas Kennedy, M.D. Dario Prieto John Sherman, Ph.D. August Swanson, M.D.

I. Ms. Close called the meeting to order at 9:15 a.m. and asked for and received approval of the June meeting minutes. She also noted that the next issue of the OSR Report would be mailed during the first week of October to OSR members to distribute to all students at their school.

II. Issues Related to Appointments to PGY (Post-Graduate Year) 2
Dr. Cooper, AAMC President, explained to the Board that real problems have developed associated with the selection of students into a number of specialty programs-most notably, ophthalmology, neurology, orthopedic surgery and psychiatry. These specialties follow a different timetable and/or use a match program other than NRMP for filling their programs. These earlier and different schedules pose an

undue burden on students by requiring earlier decisions, and two or more applications and interview cycles. By advancing the time of the application and interview, they also require preparation of a dean's letter with less than optimal information. He noted that Dr. Colenbrander's matching program in ophthalmology has no board of directors, and thus he is free to operate as he pleases without regard to students' needs. Dr. Cooper also summarized criticisms that have been voiced regarding the National Resident Matching Program and some of the problems with its attempts to win the cooperation of the non-participating programs. Dr. Cooper urged that having all programs participating in one match would permit students the greatest freedom; students can assist the realization of this goal in a limited way by reporting to their deans violations of the agreements which both seniors and program directors sign each fall. He noted that in his communications with program directors who inappropriately negotiate with students outside NRMP, students' names are never mentioned.

In response to Ms. Close's questions about what else students can do to help, he recommended that OSR pass a resolution in support of a single uniform match program, the cycle of which should allow students as much time and flexibility as possible, and support the AAMC Group on Student Affairs (GSA), which has long been active in these regards. Members of the Board suggested that, while the OSR resolution should stick by and large to general principles, it might be appropriate to recommend also the need to examine all sources of career decision pressure, including how the fourth year is being used and how program directors are making their selections. Dr. Hughes mentioned that, even with NRMP, students still need well-developed decision trees and that, because of competition for positions, it is increasingly a program director's market. Dr. Cooper reminded the Board that, before NRMP, the negotiating that occurred between program directors and students was unprofessional and chaotic; sometimes parents' signatures were required and students were forced to withdraw all other applications after signing an offer. Mr. Sanchez noted that there are many aspects of the match presently not well understood by students and poorly coordinated by student affairs personnel, e.g., that two dean's letters can be written for those students applying in two specialties. Mr. Schmalz recommended that NRMP procure the services of an editor to abstract the most important points that students need to understand from the NRMP Directory. Ms. Close expressed the hope that the article in the forthcoming issue of OSR Report (which Dr. Jack Graettinger and she co-authored) would help in this regard. Ms. Bickel offered to draft a resolution and to mail it to the Board for their revisions; final discussion can occur at the Board meeting immediately prior to the Annual Meeting.

III. GPEP Update

Dr. Swanson, Director, Department of Academic Affairs, informed the Board that 36 residents had been sent an invitation to the AAMC conference scheduled for November 4 & 5 for the purpose of their discussing the perspectives emerging from the General Professional Education of the Physician Project. He said that about 100 nominations were submitted from deans and OSR members and that selections were made

with an eye toward achieving specialty and geographic diversity. In response to questions about the GPEP Panel's not achieving consensus on any specific recommendations at its July retreat, Dr. Swanson explained that panel members evidently felt the need for caution and that it is impossible to predict when a group will begin to work in synchrony. He noted, however, that what are most important are the activities to improve undergraduate medical education that need to occur locally at the institutions; the drawers of deans and policy-makers are full of reports with recommendations which have not been acted on.

The Board decided that a cover memo to OSR members should accompany the GPEP report (which will be mailed with Annual Meeting materials) urging that each student bring written comments, which will then be collated and voted on at the OSR Business Meeting; the resulting document will be shared with the GPEP panel at its December meeting. In addition, OSR members who can possibly attend the Tuesday special session (2:00 to 4:00 p.m.) on GPEP should also make plans to stay.

IV. Annual Meeting Planning

Other planning completed by the Board included selection of cases from those contributed by Board members to be used as foci for the Saturday morning discussion sessions with the Society for Health and Human Values; Ms. Mangione agreed to complete this work. Ms. Smith noted that the invitation to go to Society members should state that the main purpose of these sessions is to get people thinking in ethical terms, since it is easy once a student is on the wards to forget broader issues involved in daily decisions. Mr. Wardlow noted that a written summary of the Administrative Board's activities over the year should be prepared because of the importance of remaining accountable to the membership. Finally, after discussing numerous possibilities, the Board agreed on the following issues as subjects for the small group discussions to be held Sunday morning: 1) Financial Aid (Wardlow); 2) Ethics Applications II (Mangione), 3) Developing Teaching Skills II (Smith); 4) Social Responsibilities (Dietz), 5) Innovative Curricula and Learning Skills (Schmalz), 6) Housestaff Concerns (Sanchez); 7) Personal Growth & Development (Thom) (with the possibility that this may be replaced by NRMP Match & Career Decision Issues). The Board member listed will select a co-leader/note-taker to assist with these issue assessment sessions.

V. Principles for Support of Biomedical Research

Dr. Sherman, AAMC Vice-President, provided an overview of the document appearing in the Executive Council Agenda, and opened with the comment that the AAMC has identified three items of equal weight on its legislative agenda: student assistance, reimbursement for teaching hospitals, and support of biomedical research. The AAMC is one of the few organizations that is worried about the health of the National Institutes of Health as a whole and was alone in its opposition last time Rep. Henry Waxman (D-CA) proposed restricting the ways in which NIH has been funded and managed. All of the issues previously raised are now being joined again and it is therefore essential that the

academic community be heard with one voice regarding NIH support. Such consensus is difficult to achieve because tensions are high in the biomedical research community due to funding shortfalls and uncertainties. The strategy adopted in preparation of the document contained in the Agenda is to attempt to answer the question--what is necessary to maintain a flourishing biomedical research enterprise? Dr. Sherman explained that the legislation proposed by Waxman would "micro manage" NIH and abrogate the ability of NIH to allocate its resources in the most useful and promising ways. Instead would be mandated, for instance, that the first million dollars allocated to an agency be spent on spinal cord injury research; seventeen new authorities in this way are being proposed. The effects of creating such authorities would be cumulative since they would likely continue to be renewed. Given the almost infinite number of potential disease-oriented causes and the predictable competition among them for greater recognition, this circumstance creates a continuing opportunity for the expansion of set-asides, institutes, boards and task forces. Over time, such legislation would create the antithesis of the broad, elegant authority for biomedical research, unencumbered by detailed directives, as enacted in 1944. Dr. Sherman noted that one of the reasons why these encumberments are so difficult to fight is that Congress has gotten used to doing business this way. A new bipartisan substitute to the Waxman bill has been introduced by Madigan (R-IL), Broyhill (R-NC) and Shelby (D-AL); because it embodies a simple reauthorization approach to expiring NIH authorities, the AAMC favors it, although some of its provisions also are undesirable.

The OSR Board approved the recommendation that the "Principles" document be adopted as official AAMC policy; however, a few members raised the objection that in some places the tone of the report was on the self-righteous side. The students expressed the view that the AAMC should count on having to deal with the forces that are changing the situation, i.e., that more accountability is being required and less unrestricted money will be available. Ms. Mangione recommended that the points regarding accountability could be strengthened by emphasizing the intense competition for grants that already exists.

VI. Preparing OSR Members for Visits to Capitol Hill

The Board discussed what information needs to be collated to help prepare OSR members, as a follow up to the August memorandum urging students to make appointments with Congressmen or staff while in Washington for the AAMC Annual Meeting.

Dr. Kennedy, Director, AAMC Department of Program and Policy Development, expressed the views that medical students can speak with greatest credibility on the need for student financial aid and that there is no one better qualified to speak on this subject; he urged that students will have the most impact if they stick to real cases and if they are personal and specific. Mr. Schmalz asked for comments on the list of reminders he put together for OSR members; Ms. Bickel will revise this list as appropriate which will be included in the Annual Meeting agenda packet. Mr. Sanchez recommended that some Board members make themselves available as resources during the Annual Meeting in

case OSR members have questions not answered during the first Business Meeting.

VII. Financial Aid Update

Mr. Boerner, Director, AAMC Division of Student Programs, told the Board that the data collected via the annual LCME questionnaire revealed that for 1982-83 the total aid awarded was down from previous years but that financial aid officers reported a greater number of students needing aid. Apparently, students are tightening their belts and/or finding funds from other sources rather than borrowing from the Health Education Assistance Loan (HEAL) program among others. On other fronts, the Financial Aid Manual for students, prepared under the auspices of the GSA Committee on Student Financial Assistance, will be distributed to aid officers soon. This Committee is also gearing up for the reauthorization battles which will take place next year for both education and health financial aid programs. He provided a brief overview on the status of loan consolidation. The authority of the Student Loan Marketing Association for consolidation, which does not include HEAL, expires in November; due to the expense involved to the federal government, it is unclear whether this authority will be renewed. He also noted that there is a conflict brewing between the state agencies which guarantee Guaranteed Student Loans and national entrepreneurs, such as the Higher Education Assistance Foundation, involving competition for those loans nearest the maximum amount; hearings were held September 20 to examine the options.

VIII. Blacks and the Health Professions in the 80s: A National Crisis and A Time for Action

The Association of Minority Health Professions Schools published this report, many of the findings of which are congruent with those of the AAMC's own 1978 Task Force on Minority Student Opportunities in Medicine and subsequent implementation plan. Mr. Prieto, Director, AAMC Office of Minority Affairs, noted that the inability of the medical schools to increase the numbers of minority students is related to the poor preparation in secondary schools that many minorities receive. He said that the applicant pool has stayed about the same at 3300 students and that work must be done to find ways to increase this pool. Ms. Smith mentioned that at Miami students have made a film geared to minority students to help dispel myths about entering medicine; the minority faculty were pleased to assist in making the film and there are high hopes about it being a good recruiting tool. She also said that Miami students had sent personal invitations to clinical students at Meharry (not all of whom can complete their clerkships in Nashville due to a paucity of patients). With regard to the recommendation printed in the Executive Council Agenda, Mr. Wardlow suggested that it sounded somewhat inappropriately self-congratulatory. Given the current and increasing financial constraints on obtaining a medical education, he also asked that the wording be altered to reflect the need to upgrade and support opportunities for minority schools and students.

IX. The meeting was adjourned at 5:45 p.m.

REPORTS FROM OSR 1983 ANNUAL MEETING SMALL GROUPS
(reprinted from the business meeting minutes)

XIV. Small Group Reports

Dr. Schwager asked one of the leaders of each of the preceding morning's issues assessment groups to present a summary of the conclusions and recommendations.

A. Ethical Guidelines for the Clinical Years

Ms. Mary Smith reported on the outcome of the Saturday morning discussion group held with the Society for Health & Human Values which had devoted itself to students' needs for specific behavioral guidelines which go beyond that contained in most codes of ethics. She distributed to the membership a copy of such guidelines which could be referred to when up-dating or creating a code of ethics for medical students. Their primary thrust is to assist students to develop a sense of moral commitment to present and future patients.

B. Medical Ethics

Ms. Carol Mangione stated that her group recommended that the spring 1983 issue of OSR Report be devoted to medical ethics. The following is a suggested outline of topics: (1) Development of guidelines for the clinical years, such as those noted above; (2) Working definition of medical ethics including consideration of the goals of ethics in medical education (i.e., can ethics be 'taught?'); (3) Raising ethical questions in the clinical setting: a) Use of assertiveness training as a help in raising ethical questions in a non-threatening way; b) Curriculum formats which allow discussions of ethical issues (e.g., ethics rounds on the wards, support groups involving residents); c) Evaluations vs. ethical behavior (dealing with conflicts of interests between

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

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

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.



19 ME 78.....

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.

L
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, train, bus, etc.)	OTHER, SPECIFY (lodging)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____

22

SUB TOTAL \$ _____ SUB TOTAL \$ _____

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

TOTAL \$ _____