



association of american medical colleges

OSR ADMINISTRATIVE BOARD MEETING

April 11, 1984

Second Floor Conference Room

- I. Call to Order
- II. Consideration of January Meeting Minutes. 1
- III. ACTION ITEMS
 - A. Final Selection of Topics & Speakers for 1984 Annual Meeting Program
 - B. Executive Council Agenda Item (K): Autonomy of Specialty Certifying Boards
- IV. DISCUSSION ITEMS
 - A. Ethical Guidelines for the Clinical Years. 11
 - B. Regional Meeting Discussion Topics
 - 1. Residency Interview Travel Tips
 - 2. Increasing Educational Opportunities for Students on Economic Changes Affecting Medical Practice
 - C. Executive Council Agenda Item (A): Health Manpower Legislation
 - D. Other Financial Aid Program Update
- V. Old Business
- VI. New Business
- VII. Adjournment

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES**

MINUTES

January 17 & 18, 1984
AAMC Conference Room
Washington, D.C.

Pamelyn Close, Chairperson
Ricardo Sanchez, Chairperson-elect

Regional Chairpersons:
Pat Hennessey (South Alabama)
Dan Cooper (Colorado)
Roger Hardy (Cincinnati)
Tim Brewer (N.Y. Medical)

Representatives-at-Large:
Mark Schmalz (Minneapolis)
Steve Hasley (Pittsburgh)
Rick Peters (San Diego)

Immediate-past-Chairperson
Ed Schwager, M.D.

AAMC Staff
David Baime*
Janet Bickel
Robert Boerner*
John A. D. Cooper, M.D.*
Thomas Kennedy, M.D.*
Richard Knapp, Ph.D.*
August Swanson, M.D.*

I. Ms. Close called the meeting to order at 12:45 p.m. and asked for and received approval of the September meeting minutes. She reported briefly on the AAMC officers retreat held last December which she and Mr. Sanchez attended; they were heartened by the decision to invite a resident to be one of the 1984 Annual Meeting plenary speakers.

II. Consortium of Medical Student Groups

Dr. Schwager explained that the Consortium is primarily an information-exchange group composed of the leaders of the national medical student organizations. He reported on the Consortium meeting which was held in conjunction with the November OSR meeting; the main discussion item was the appointment of a third student to the NRMP Board of Directors (OSR/AAMC appoints one and AMSA appoints one, with the third appointment supposed to be joint between the Student Osteopathic Medical Association, AMA-Medical Student Section and the Student National Medical Association). This appointment ended up being postponed until the next Consortium meeting which was held in conjunction with the AMA-MSS meeting held in Los Angeles in December. Ms. Close reported that Ms. Regina Curtis, an American Indian, was elected. She also noted that Consortium members had responded favorably to a draft of the Group on Student Affairs'

*Present for part of the meeting.

Financial Planning & Management Manual and that Upjohn was considering funding a special Consortium meeting which would be devoted to medical students influencing health legislation.

III. 1984 Annual Meeting Planning

Board members discussed some of the frustrations which had arisen during the 1983 meeting and concluded that many resulted from too little orientation in techniques of group process such that there was no time left for talking about solutions to the problems raised. The Board agreed that with a critical mass of individuals familiar with the techniques (including issue identification and force field analysis), a group process format for the annual meeting remains preferable to a resolution format. The 1984 meeting will be planned such that the membership would not again be asked for a global endorsement of reports as occurred last year. Mr. Hennessey noted that background information on a number of topics can be mailed in advance of the meeting, including a description of group process, and that regional chairpersons could effectively encourage advance preparation through phone calls and memos; he also suggested that more experienced OSR members in regions should 'adopt' and 'mentor' new members, beginning at the spring meetings.

Ms. Bickel suggested consideration once again of some kind of joint program with the Society for Health & Human Values. Members of the Board, however, felt that last year's session was too didactic and not controversial enough and that scheduling it on the first night had diffused OSR cohesiveness. The Board decided that the Friday night program should have a health advocacy focus; Mr. Hasley suggested Dr. Quentin Young at Chicago's Cook County General Hospital as a possible speaker. Following is the outline of the tentative schedule agreed upon:

Friday, October 26
3:30-4:30 pm

Regional Welcoming

4:30-5:30 pm

"The Bionic OSR Rep" by Ms. Mary Smith

7:30-9:00 p.m.

Program on health advocacy/physicians' responsibilities

Saturday, October 27
8:30-10:00 am

Business meeting

10:00-10:30 am

Description of group process techniques

10:30-11:30 am

Brainstorming

1:30-3:00 pm

Task identification (7 groups)

3:30-5:00 pm

Leadership & negotiating skills workshop (with role playing)

8:00

Reception (outside hotel)

Program topics for sessions on Sunday and Monday:

Relating to other health professionals, especially nurses

Clinical evaluation

Recreating joy in medicine/beating the stress of medical school

NRMP Match workshop, with a student affairs dean and a student

Teaching skills workshop

IV. Issues related to the National Resident Matching Program

Ms. Close drew the Board's attention to the NRMP/Career Decision small group report in the annual meeting minutes and to the minutes of the meeting she attended in December with representatives of dermatology, neurology, neurosurgery, ophthalmology and otolaryngology. The goal of this meeting sponsored by AAMC was to facilitate maximum communication and understanding among groups with varying and conflicting perspectives on the matter of matching senior medical students into residency positions at the second postgraduate year. Ms. Close noted that reasons for these subspecialties' lack of faith in NRMP to meet their needs varied but that communications problems with NRMP and mis-understandings of NRMP's technical capabilities were common. But subspecialists' devoted to separate matches do not realize, she reported, that a match is bigger than a computer; each matching process affects junior and senior students in many ways. The Board was urged to consider how OSR could work to educate program directors about their un-intentioned influences on medical students. Members of the Board recognized the need for data on how students are using the fourth year, e.g. do students who take extramural electives match higher on their lists than those who do not leave campus? Mr. Sanchez agreed to speak with AAMC staff, Dr. Paul Jolly, about the availability of useful data which AAMC may already possess.

The Board briefly discussed the resolution tabled at the annual meeting in support of a single resident matching program. Ms. Close explained that the intent of the resolution was to state students' need of a matching process which was as equitable, inexpensive and efficient as possible. It was concluded that the OSR leadership had chosen an inappropriate method of introduction, given the lack of accompanying education about current problems and challenges and that it was important to offer a program on NRMP at the 1984 meeting.

V. General Accounting Office Study of Supervision of Residents in VA Hospitals

Dr. Cooper told the students that the GAO is an investigative branch of Congress which has traditionally done a good job in the biomedical area. Its review of the adequacy of the supervision of surgical residents at Veterans Administration hospitals resulted in a criteria paper which the AAMC has been asked to comment on. Dr. Cooper sent it to a number of academic surgeons and reported their concurrence with the paper,

except for recommendations to strengthen some of the criteria, e.g., regarding postoperative supervision. Dr. Cooper explained some of the difficulties with bringing more attendings into the VA hospitals; the number of persons entitled to VA care has gone up but, since 1972, Congress has not increased funding beyond the rate of inflation even though AAMC testifies every year for more support. Therefore the medical schools need to accept more responsibilities for the quality of the education their students receive at these hospitals.

ACTION: The OSR Administrative Board stated general approval of the criteria paper, with the added recommendation that more attention be paid to enforcement of the criteria and also to the level of supervision of surgical residents at non-VA hospitals.

VI. Lengthening of Graduate Medical Education Programs

Dr. Swanson, Director, Department of Academic Affairs, said that the American Board of Pathology had announced that, effective July 1985, the training program for combined certification in anatomic and clinical pathology will be increased in length from four to five years. That action has created considerable controversy; the Association of Pathology Chairmen and the American Association of Pathologists (CAS/AAMC members) oppose lengthening on the grounds that the case for a year of clinical training has not been made and the additional cost burden on both programs and trainees is not justified. Dr. Swanson explained also that one of the peculiarities of graduate medical education is that each of the specialty certifying board began as separate from the university medical system and thus each is free to change its requirements without review or approval by any other agency.

The recommendation in the Executive Council agenda reads as follows: "The Association of American Medical Colleges opposes the lengthening of training requirements in pathology. The Association requests that each specialty certifying board adopt procedures that will provide for consideration of the effect of changes in their certification requirements by medical schools, teaching hospitals, and other medical and surgical specialties in advance of their promulgation. The Association further requests that the American Board of Medical Specialties adopt a policy requiring that changes in the length of training for certification be approved by the ABMS."

Mr. Hardy said that he knows students reluctant to choose pathology because of the added year and requested advice about handling such questions. Mr Hennessey recommended that the protectionistic motivations apparent in the action of the Pathology Board be openly discussed and that impacts on students of lengthening training requirements should be more thoroughly investigated. Dr. Swanson predicted that the Pathology Board's action and the subsequent splash will focus these issues.

ACTION: The OSR Administrative Board endorsed the recommendation.

VII. Ratification of the Special Requirements for Transition Year Programs

Dr. Swanson explained that these special requirements expand upon the general requirements for what used to be called "flexible year" programs and before that, "rotating internships". The Association's major concerns in setting standards for this year are to ensure that it is provided by institutions which sponsor categorical residency programs, that transitional year residents have a program director responsible for the design and evaluation of their program, and that there be an institutional commitment to ensuring that the resources needed for the program are provided. Since the requirements were promulgated, the armed forces have requested two modifications. The first pertains to the lines emphasizing that the transitional year is not intended to be the terminal year of medical education and requiring program directors to exert effort to ensure that transitional year residents continue on in a categorical training program. The armed forces have manpower needs within their medical service systems for physicians who have had sufficient training to serve as nonspecialized medical officers. These individuals, after completing a transitional year, are detailed to shipboard, dispensary, and other service sites, where they provide frontline medical care within an organized backup system. After a tour as general medical officers, most if not all continue their graduate medical education in a specialty. If medical officers in transitional year programs are required to continue their graduate medical education without interruption, the manpower needs of the armed forces will be compromised.

Mr. Hennessey raised the possibility that the modification desired by the armed forces leaves the way open for the creation of a two-tiered system, but it was noted that these individuals with only one-year of training will be practicing in an organized back up system. Mr. Schmalz drew the Board's attention to the last sentence of the special requirements regarding service obligations being secondary to educational objectives and recommended that this provision be strengthened; in his experience some students are unable to choose electives freely and are used as "fillers" instead. Dr. Swanson noted that such issues should be raised during accreditation site visits.

ACTION: The OSR Administrative Board endorsed the special requirements with the recommendation that the following phrase be added to the sentence beginning on line 18: Elective rotations should be determined by the needs of the individual resident and/or the requirements of the program of future specialty, "and not on the basis of service commitments of the transitional year program."

VIII. New Challenges for the Council of Teaching Hospitals and the Department of Teaching Hospitals

Dr. Knapp, Director, Department of Teaching Hospitals, explained that at its June meeting the COTH Administrative Board asked staff to prepare a document outlining the changes taking place and the challenges facing teaching hospitals and the COTH as a constituent part of AAMC. Approval of this fifty-plus page paper is now sought so that a copy may be sent to all AAMC constituents and so that it may serve as a basis for discussion at the COTH spring meeting. Members of the Board raised questions about lack of emphasis in the document on responsibility for graduate education. Dr. Knapp reminded the students of difficulties associated with the fact that residency programs originated as fiefdoms of individual department chairmen and that presently decisions influencing graduate medical education are being shaped by the economics of patient care. He said also that in the health care field there used to be a high level of community planning and concern but that now strategic planning means knocking other providers out of business. Dr. Knapp described a few of the difficulties with identifying, for purposes of reimbursement, the costs of education at teaching hospitals and, in response to a question about whether residents really cost a service more money than they save, cited the mix of residents, the setting, the specialty and how residents are used as variables. Regarding priorities for research on hospital topics by COTH staff, the OSR Board recommended that 'alternative methods for funding residency training' is of first importance and, secondly, 'new approaches to financing charity care'.

ACTION: The OSR Administrative Board endorsed this document but with the strong recommendation that the need for teaching hospitals to improve graduate medical education be included as a priority.

IX. The Board adjourned at 5:15 p.m. and re-convened at 9:15 a.m. the following day.

X. Nominations to AAMC Committees

Ms. Bickel explained that the function of the OSR Board is to nominate two or more students, clearly ranking them by preference, but that the actual appointing is the responsibility of the AAMC Chairman. The Board will consider applications to the LCME at its June meeting; two have already been received. Board members were very impressed by the qualifications of all applicants for the positions listed below. Mr. Hardy recommended that next year photos be requested to help jog memories; Mr. Brewer expressed concerns about the tendency to nominate those individuals with whom one is acquainted despite the striking achievements of students who have not attended AAMC meetings.

ACTION: The OSR Administrative Board nominated the following students, as ranked:
GSA Committee on Student Financial Assistance: 1. Leslie E. Smith, Jr., Tennessee
2. Wesley G. McNeese, Southern Illinois

GSA-MAS Coordinating Committee:

1. Sharon Austin, Drew/UCLA
2. Mildred Olivier, Howard

Journal of Medical Education Editorial Board:

1. Jesse Wardlow, Yale
2. Joann Elmore, Stanford

Women in Medicine Planning Committee:

1. Carol Mangione, San Francisco
2. Karen D. L. Smith, Georgetown

Flexner Award Committee:

1. Joann Elmore, Stanford
2. Karen D. L. Smith, Georgetown

XI. Financial Aid Update

Mr. Boerner, Director, Division of Student Programs, summarized activities in his Division relative to renewal of the authorities for health professions student assistance which expire at the end of September. The major efforts are a study of "How Medical Students Finance Their Education" and a survey of what schools would like to see in reauthorization legislation. With regard to loan consolidation, Mr. Boerner noted that initiatives will be discussed at the upcoming meeting of the GSA Committee on Student Financial Assistance; AAMC will be exerting pressure on Congress to resolve a number of issues and to include all possible loans as eligible for consolidation. He said that the Student Loan Marketing Association (Sallie Mae), by acting as a secondary market and as a warehouse now for GSL and HEAL loans, dramatically helps to assure students access to these funds. Potential problems with HEAL access remain nonetheless, especially the possibility that members of the appropriations committees will get nervous about future HEAL default rates since the federal government is the primary guarantor for these loans. Mr. Boerner told the Board that a one-year extension has been agreed upon before the potential suspension of 37 schools from lending under the Health Professions Student Loan (HPSL) program. AAMC maintains that the only reasonable solution is to change the formula and definitions regarding what constitutes delinquent loans. In a discussion of default rates in other programs, Mr. Cooper expressed the view that more students will be delinquent across the board because of a lack of counselling about debt management and financial responsibilities; he said that many students do not realize how small their liquid salaries as residents will be in comparison to expenses including loan repayments. Mr. Boerner said that the GSA Committee on Student Financial Assistance hopes that the Financial Planning & Management Manual, which was recently approved for dispersal to the schools, will be useful to students in this regard. In response to Ms. Close's questions about how OSR can help in the financial aid arena, Mr. Boerner said that, vis-a-vis the HPSL regulations very little, but that with the upcoming reauthorization debates, students' support will be very important and OSR's help will be needed.

Turning to the priorities identified by OSR as priorities for 1983-84 by the annual meeting small group discussion, Ms. Close asked Mr. Boerner to comment:

1. Longer deferment and longer repayment schedules under GSL will be major issues for AAMC pressure;
2. The goal of increasing the per annum GSL limit to \$8000 and appropriate increases in the cumulative limit is being sought by AAMC in concert with other graduate and professional schools, e.g., law, osteopathy, etc.;

3. There is no question that reauthorization of Sallie Mae to consolidate loans and to include HEAL is an Association goal;

4. Regarding the creation of avenues for service repayment options on loans, he noted AAMC support of this concept including the addition of incentives to individuals' desiring careers as clinical investigators but also remarked on the front-end costs associated with such options. He said that there is little hope for rejuvenation of the National Health Service Corps Scholarship (NHSC) Program, since physicians seem to be moving into some shortage areas without this incentive, and that instead AAMC is exploring loan forgiveness options.

5. He recommended that OSR members at schools with parent universities investigate whether local lobbying for a greater share of College-Work Study funds is appropriate (Mr. Hardy said that at Cincinnati much of the funds used to pay student-tutors comes from College Work-Study). While some schools appear to retain bans on student employment, it was noted that at others working is a viable option for students. It was also remarked that while it is hard to generate jobs in for-profit companies, with College-Work Study monies, funds to pay one student in a hospital can be stretched to pay five students at the same salary.

Mr. Baime, AAMC legislative analyst, told the Board that Representative Paul Simon is attempting to shepherd through the House Postsecondary Education Committee a proposal which would form the basis of legislation to replace the Higher Education Act which expires in 1985. Appearing on Rep. Simon's wish list are loan consolidation provisions at 9%, raising loan limits, and graduate student eligibility for block-grants to be administered by individual institutions. Mr. Baime noted also AAMC efforts to see that tax-exempt bonds (which state agencies use to raise capital to guarantee education loans) be considered separately from industrial-based bonds for purposes of capping. Finally he said that the taxability of NHSC and Armed Forces scholarship is once again an issue which AAMC is battling.

XII: NIH Renewal Legislation

Dr. Kennedy, Director, Department of Program and Policy Development, predicted that early in its second session the Senate will either take up its Committee-reported bill or mark-up the House-passed Shelby Compromise. He described the AAMC's objections to Congressional injections into decisions better left in the hands of scientists and its prescribing directions without an understanding of their ramifications for the NIH enterprise as a whole. AAMC therefore would not be disappointed if the two chambers found themselves stalemated since both bills include provisions quite divergent from the Association's preferences. In response to questions from the Board about AAMC objections to Congressional say regarding the spending of this \$4.5 million budget, Dr. Kennedy stated that Congress is competent to examine the NIH budget in terms of public policy and the maximization of returns on public funds, but that restraints on the use of their power in this arena is particularly advisable. When asked, he detailed the AAMC's opposition to the creation of a National Institute on Nursing (passed by the House), i.e., the research being proposed is a trivialization of that term and these nurses' desire for a centralized institute to include all educational programs, e.g., prebaccalaureate, is not on par with other NIH functions.

XIII. OSR Report

Ms. Bickel provided an outline of the spring issue of OSR Report which, following recommendations of the annual meeting small group on ethics, will attempt to stimulate individual students to reflect on what is needed in order to become an ethically responsible practitioner and will include discussions of ethical behavior as students and as physicians. Mailing to OSR members for distribution will probably occur in early April. She suggested that individual OSR members may want to write a few paragraphs under the heading "Computers Update" detailing relevant occurrences subsequent to the publication of the Fall 1983 OSR Report. Mr. Sanchez agreed to contact Mr. Levy at Jefferson regarding the status of the survey on medical student electives on computers.

Ms. Close suggested that the Fall 1984 issue be responsive to the annual meeting small group on social responsibilities by dealing with physicians' and hospitals' obligations for the care of indigent patients and by describing changes resulting from the institution of DRG's (Diagnosis-Related Groups) and from competition in the health care marketplace. The Board agreed that medical students need a lot of help in considering these issues since only a few schools appear to include them in the course of study. Mr. Hasley noted that the head of Pittsburgh's medical alumni association attends student council meetings and that this is a fruitful liaison in introducing students to the real world of medical practice. Mr. Cooper recommended that students join their local medical societies; the one in Denver has even started to appoint students to legislative affairs committees, etc. He also noted that he finds the COTH Report of increasing value in understanding the teaching hospital environment. Practical suggestions such as these could be collected at the spring meetings and developed into a section for the OSR Report. Board members therefore requested the development of a brief fact sheet to be distributed prior to the regional meetings which would help orient OSR members in the increasingly competitive and cost conscious milieu and to encourage their thinking about ways medical students can be pro-active; this could include a summary of Paul Starr's argument in his book The Social Transformation of American Medicine. The regional chairpersons also requested a chance to view the AAMC's Management Education Programs videotapes on the Medicare prospective payment system's implication for the medical schools, with the idea of showing these at the spring OSR meetings.

XIV. Residency Interview Travel Tips

Ms. Close described the utility of the handout prepared at UCLA for the benefit of students trying to negotiate airports, etc. during their residency interviewing and suggested that OSR is uniquely suited to prepare a similar but more general document to provide to fourth year students via student deans. While there was some disagreement about the level of detail such a document should include, the Board approved the idea that general tips on several subjects with an emphasis on economy should be prepared. Mr. Schmalz

agreed to work with Ms. Close in designing a brief survey to be mailed in advance of the regional meetings to collect information on traveling in the main urban areas students are likely to visit, e.g., time to allow for transportation to the airport, cheap places to stay.

XV. Under New Business, Mr. Peters described a proposal which is being worked on in California by AMSA and the state legislature which amounts to taxing the income of physicians and for-profit hospitals and clinics in order to generate loan funds for medical students. The proposal includes a provision to take 5% of the income of all graduates of California medical schools and of physicians who are newly granted a California license in an effort to keep down a physician surplus. He agreed to keep the Board informed of its progress.

XVI. Due to snow, the scheduled orientation for new members of all four administrative boards and the Executive Council meeting were cancelled. The Board therefore continued to meet informally until 3:45 p.m. discussing program plans for the 1984 annual meeting.

ETHICAL GUIDELINES FOR THE CLINICAL YEARS

A copy of the following page was distributed to the student membership at the 1983 Annual Business Meeting. Mary Smith introduced it as the product of a 1983 Southern region meeting discussion session with subsequent refining at a small group session at the Annual Meeting. Because there was not time for intensive consideration of the guidelines by either the formulators or the membership, it is appropriate for the OSR Administrative Board to discuss them and decide if revisions and additional recommendations are needed.

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.