aamc association of american medical colleges

AGENDA

OSR ADMINISTRATIVE BOARD MEETING

January 21, noon - 5:30 pm
January 22, 9:00 am - 12:15 pm
Conference Room, AAMC Headquarters

January 22, 4:00 pm - 6:00 pm
Washington Hilton Hotel

I. Call to Order

II. ACTION ITEMS

A. Approval of September Meeting Minutes. 1

B. Nominations for Student Openings on Committees. 6

C. Executive Council Agenda (blue)

1. Report of the Steering Committee on the Evaluation of Medical Information Science. . . . . .(24)

2. Malpractice Insurance Legislation. . . . . (81)

3. LCME Involvement in FMS Accreditation. . . . . (87)

4. Ad Hoc Committee on Graduate Medical Education. (120)

5. Coordinated Medical Student Loan Program. . . . (122)

III. DISCUSSION ITEMS

A. Review of 1985 OSR Annual Meeting Experiences

B. Development of OSR Proposal for Gesundheit Presentations at Medical Schools. 15

C. OSR Paper "Critical Issues in Medical Education (Revised version to be mailed 1/13/86)

D. Selection and Assignment of Topics for Spring OSR Report . . . 17

E. Request to Collaborate with Association of Teachers of Preventive Medicine. 24

F. Proposal on "Evaluation and Comparison of Traditional and Problem-Based Learning Medical Education Curricula". 25

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IV. INFORMATION ITEMS

A. Report on Developments with Financial Aid Programs

B. Executive Council Agenda Information Items

V. Old Business

VI. New Business

VII. Adjournment

ADMINISTRATIVE BOARD MEETING

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES
MINUTES
September 10 & 11, 1985
Washington, D.C.

Ricardo L. Sanchez, M.D., M.P.H., Chairperson
Rick Peters, Chairperson-Elect
Pamelyn Close, M.D., Immediate-past-Chairperson

Regional Chairpersons:

Kim Dunn
John DeJong
Kirk Murphy

AAMC Staff

David Baime
Janet Bickel
Paul Elliott, Ph.D.
August Swanson, M.D.

Representatives-at-Large:

Miriam Shuchman, M.D.

I. Dr. Sanchez called the meeting to order at 12:30 p.m. The OSR Board spent the next five hours reorganizing and editing the draft of "Challenges Identified by the Organization of Student Representatives." The bulk of the time was devoted to the "Critical Issues Confronting Medical Education" section; it was decided to incorporate the main points from the sections on teaching hospitals and on research into the sections on clinical and preclinical education, respectively. This paper will be distributed to the OSR membership with Annual Meeting agenda materials (see below) and to the Administrative Boards and staff of the three AAMC Councils. The Board thanked Mr. Peters for all his work on this paper and expressed optimism about the utility of this paper to guide and stimulate discussions by OSR members and to inform other AAMC members of student concerns and perspectives.

II. Annual Meeting Plans

Dr. Sanchez reconvened the Board at 9:15 a.m. the following day. The Board decided that the Sunday morning time available for discussion of the "OSR Challenges" paper could be divided into two one-hour segments so that individuals can attend more than one of the four discussion areas: OSR organizational issues; admissions; preclinical education; and clinical education. The goal of these sessions will be to provide opportunities for OSR members to suggest additions or deletions to the document and to comment on any point. Moreover, by the end of each hour, OSR members will hopefully have identified at least one issue to pursue at the local level and strategies for drawing on OSR to pursue it. Group leaders will report at the Sunday business meeting on ideas forthcoming from these sessions and the membership will also be invited to add comments from the floor.

The Board agreed that the Friday business meeting should be limited to reports from the OSR Chair and Chair-elect and that Dr. Close could close the meeting

with perspectives about the value of participating in OSR. At the end of the hour, nominations for chair-elect and representative-at-large will be accepted; nominations will also be accepted at the beginning of the Saturday morning session. For the Friday night Student Leadership Workshop, reprints of the GPEP Report and the OSR Report devoted to GPEP should be available. OSR Board members will open the Workshop with five-minute summaries of the main satisfactions and frustrations of carrying out OSR responsibilities with the goal of encouraging the students present to do likewise. The group will then split in half in order to go around the circle for each participant to share his or her experience as a student leader. The group will then come back together for brief recapitulations of common themes. To close the Workshop, Ms. Dunn will introduce the OSR Network idea, designed to increase OSR effectiveness; by asking members to pinpoint information they want or have to share, a compendium of OSR member responses can be made available. Following th Workshop, a reception will be held in the Hilton Hotel.

Finally, preparations for OSR members' visiting their Congressmen were discussed. Mr. DeJong reported that he will be working with Mr. Baimen revising the materials which were used two years ago for the same purpose. He said a memo should go shortly to the OSR with basic information about contacting Congressmen, and that during the Annual Meeting as much help and as many resources as possible will be available to OSR members to support them in this goal.

III. The minutes of the June meeting were approved with the addition of Dr. Close's name to those in attendance.

Dr. Close also commented on the draft she had received of the upcoming issue of OSR Report devoted to relations between nurses and medical students; because of its emotional overtones, presentation of this subject is particularly difficult. Dr. Elliott and Dr. Sanchez concurred, and it was agreed to request students to respond in writing if they have strong feelings and to devote a portion of the next OSR Report to the letters received.

IV. Independent Student Issue

Mr. Baime and Dr. Elliott provided an overview of the policy being proposed by a coalition of education associations led by the American Council on Education: "that upon enrollment in graduate or professional school a student will acquire automatic emancipation from dependent status for Title IV financial aid programs." The AAMC staff recommendation is that the AAMC support its Committee on Student Financial Assistance in opposition to this position on independent status. The OSR Board reviewed the arguments in favor of and against the proposed policy and strongly supported the AAMC staff recommendation. It believed the most important arguments are that the AAMC's policy base for support of Federal aid to medical students has consistently been one of creating and maintaining access to the profession and also that this proposal inappropriately shifts responsibility for financing medical education from parents to the government.

V. Financial Assistance Program Update

Regarding health manpower programs, Mr. Baime said that in August President Reagan signed a supplemental appropriations bill; reauthorization for these programs extends through the end of September. He noted that the Administration has been making it as difficult as possible to allow unused lending authority from last year to be used this year for Health Education Assistance

Loans (HEAL). It may be necessary to telephone Congressmen to get their help in pressuring the Office of Management and Budget to give banks this lending authority. Regarding the new Health Manpower Act, there is a conference pending on the bills passed by the House and Senate. At the time the conference bill goes to Mr. Reagan, OSR members will be asked to write him urging his signature and to send copies of their letter to their Congressmen in case of a veto. Mr. Baime distributed the AAMC's testimony on the Higher Education Act reauthorization; the Board asked that copies of this be sent to all OSR members as part of a packet preparing them to visit their Congressmen and that it be summarized on one sheet that can be left in Congressmen's offices. It is predicted that this bill will be marked up in early October, but that the conference will not occur until 1986.

VI. Medical Students Alternative Loan Program

Dr. Elliott provided background on recent meetings with officers from the Higher Education Assistance Foundation (HEAF) which is the largest private, non-profit student loan guarantor in the United States. AAMC and HEAF are in the process of developing a loan program which would cover GSL and PLUS loans as well as a proposed alternative loan which would have the following characteristics: guaranteed access for all medical students; refinancing (consolidation) options; repayment options; coordinated application and delivery of major loan programs; replacement of HEAL loans for most students, possibly at lower interest rates; possible lower loan guarantee/insurance rates; flexible (variable or fixed) interest options; incorporation of debt management analysis and counseling.

Dr. Elliott stated confidence that this program can be sculpted to the special needs of medical students borrowing, loan consolidation and repayment; it may not necessarily offer a better interest rate that students would otherwise pay but certainly better terms and conditions. The OSR Board endorsed the proposal.

VII. Revision of AAMC Policies and Procedures for the Treatment of Irregularities in the Admissions Process

Dr. Elliott noted that Mr. Keyes had developed the proposed revisions appearing in the Executive Council agenda. He explained that, because of its involvement with the admission process through the American Medical College Application Service (AMCAS) and because of the efficiencies represented by a centralized investigation process, the AAMC has taken on the responsibility of investigating admissions irregularities and forwarding reports to its member medical schools. An example of an irregularity is a student's failing to report that he or she had previously applied to a given medical school. The proposed revisions in the policies and procedures are an attempt to remove internal inconsistencies, to delete provisions which have proven unduly constraining, and to separate matters of internal processing from the document used to communicate with the subject of the irregularity. Dr. Elliott noted that the policies are very protective of student rights. The Board endorsed the new policies with the request that the option of applicants to defend themselves orally (instead of the arbitrator acting on the basis of a written record only) be explored and, if feasible, added.

VIII. Commentary on the Report on the General Professional Education of the Physician

Dr. Swanson said that AAMC plans to print 35,000 copies of this Commentary prepared by a Council of Deans (COD)-Council of Academic Societies (CAS) working group. He noted that its distribution is another way of introducing more energy into the system and to keep GPEP alive at the individual schools. He expressed the hope that OSR is helping in this effort and asked Board members about GPEP's current status at their schools.

In response to questions about the tone of the first section, Dr. Swanson explained that the working group was formed at least in part because some faculty believed that some GPEP recommendations sounded anti-science; this section wa written to ally such anxieties. Dr. Sanchez proposed eliminating some words in the peniultimate sentence in section one to read: "'Essential knowledge' is not a collection of facts to be memorized as the 'core knowledge' that all physicians should possess." Mr. DeJong asked why a stronger recommendation could not be made in section five about the identification of a specific budget for medical student education. Dr. Swanson responded that the working group felt it best not to push this but that OSR may request COD to embrace this issue. There is much evidence that, without an identifiable resource budget, programs are too amorphous and undefined to be optimally effective.

IX. Transition to Graduate Medical Education: Issues and Suggestions

At the request of the COD Administrative Board, this paper was developed, primarily from an analysis by Norma Wagoner, Ph.D., Group on Student Affairs Chair. Dr. Swanson and Dr. Elliott reviewed with the OSR Board those areas considered most important to address now: 1) medical schools should assume more authority over how students use their fourth year; 2) an AMCAS-like service for the residency selection process should be explored; and 3) more information needed by students about programs should be put into one source. Dr. Sanchez said that, at the next Consortium of Medical Student Groups meeting, OSR will ask AMA-MSS to explore with the AMA adding information to the "Green Book." In response to concerns about specific items raised by Board members, Dr. Swanson said that this paper was a "shopping list" of ideas. Next he asked for the Board's input on a draft of Graduation Questionnaire items related to students' experiences in residency selection and matching. The Board provided him with substantial feedback.

X. Investor-Owned Teaching Hospital Participation in the Council of Teaching Hospitals (COTH)

In discussing the arguments pro and con investor-owned hospital participation in COTH/AAMC as outlined in the Executive Council agenda, Mr. Peters expressed the view that the COTH Board is the most informed body on this subject and that its recommendation should be accepted. The COTH Board believes that it is organized to support the patient care, education, and research missions of teaching hospitals and that the ownership status of the hospital should not exclude hospitals sharing common interest in supporting these objectives. Dr. Elliott noted that many deans are hesitant to bring investor-owned hospitals into the AAMC fold, but that this bylaw change would allow all parties involved in clinical education to sit at the same discussion table. The OSR Board approved the recommendation.

XI. Health Planning

Dr. Sanchez referred the Board to the Executive Council agenda discussion of this item which is an expansion of that available at the June meeting. In order to establish a national health planning system that treats equitably all providers engaging in major capital projects, the COTH Board recommended that the AAMC adopt a revision to its previous position on health planning. The OSR Board agreed to support the COTH recommendation.

XII. Primary Care Health Manpower Shortage Areas

Ms. Bickel noted that the Director of the Bureau of Health Professions had written Dr. Cooper for advice on distribution of information on health manpower shortage areas to medical students. The OSR Board examined the copies of the February Federal Register provided and recommended that it contained information that rising junior medical students would find very useful. It asked that the Bureau provide sufficient copies for AAMC to mail these to student affairs deans with a memo from the OSR Chairperson stating that examination of this information could positively influence students' choice of specialty and practice area.

XIII. Responsibilities of OSR Members

The Board discussed development of a listing of OSR member responsibilities which would expand on that contained in the OSR Orientation Handbook. This listing would include the point that OSR participation is like an intense correspondent course with many opportunities for hands-on experience in academic medicine and that it is an excellent investment in the future of the health professions. The inclusion of this document in the OSR Annual Meeting agenda materials will be reinforced by the presentations by OSR Board members at the Student Leadership Workshop. Mr. DeJong agreed to finish the development of the document. During the subsequent discussion of how to encourage OSR members to run for OSR office, Ms. Bickel expressed concerns about sending a balanced message to potential candidates; on the one hand, it's important not to discourage interested students but it's also essential that those students elected be willing to make the time commitment to OSR Administrative Board participation which sometimes may entail personal sacrifice. It is hoped that having receptions on both Friday and Saturday nights of the Annual Meeting will allow more time for interested students to talk with Board members about the opportunities and realities of OSR Board participation.

XIV. Medical Student Computer Use

Dr. Sanchez brought the Board's attention to a letter from University of Pittsburgh OSR member Edwin Rock, recommending that more attention be focused on overcoming barriers to medical student organization's use of telecommunication networks. Mr. Peters expressed the view that, if properly approached, some computer companies may be interested in donating hardware to the OSR Board. Mr. Wellish and Ms. Dunn agreed to explore possibilities and were reminded not to approach companies on behalf of the AAMC but simply as a group of interested medical students. Dr. Elliott noted that at the Annual Meeting this year would be the first meeting of the Computer Applications in Student Affairs group and that he would bring up the continued interest of OSR in these matters.

XV. The meeting adjourned at 2:30 p.m.

NOMINATIONS FOR STUDENT OPENINGS ON COMMITTEES

At its January meeting, the OSR Administrative Board nominates students to fill available openings for students on committees (see committee descriptions, #1 through #4, next page). As of January 6, only three completed applications have been received, and they are included in this agenda. At the Board meeting, the additional completed applications received will be distributed.

OPENINGS FOR STUDENTS ON COMMITTEES

An important way in which student perspectives are brought to bear on issues and opportunities facing medical educators is through their participation on national committees. Annually the OSR Board is asked to nominate students to certain committees; those with an opening in 1986 are described below. One does not need to be an OSR member to be eligible to apply to serve; therefore, please broadcast this availability to other students.

Interested students may either complete the self-descriptive sheet (over) or submit a curriculum vitae; a supporting letter from a dean is also helpful. These materials should be mailed to Janet Bickel at AAMC by January 5 (May 15 for the LCME opening). At its first meeting, on January 21, the OSR Administrative Board will consider the applications received and make recommendations to the AAMC Chairperson on who to appoint. Students serving on these committees are responsible for keeping in touch with the OSR Chairperson on actions and proceedings.

1. Group on Student Affairs' (GSA) Committee on Student Financial Assistance:

   This Committee is composed of financial aid deans who monitor in as proactive a way as possible legislation affecting and developments regarding provision of financial aid to medical students. This year a proposal for an alternative loan program has emerged from this Committee. It meets in Washington D.C. usually in early February and June and in the fall in conjunction with the AAMC Annual Meeting. AAMC can cover travel to one of these meetings.

2. Women in Medicine Planning Committee:

   This group meets once each spring in Washington to plan the Women in Medicine Annual Meeting activities; travel expenses are paid.

3. Flexner Award Committee:

   This Committee nominates an individual selected for "extraordinary contributions to medical schools and to medical education". Members are mailed dossiers on nominees and the Committee meets via a conference call in early summer.

4. Association of Teachers of Preventive Medicine Board of Directors:

   The liaison representative for this group will serve as the primary link between ATPM and the organization he or she is named to represent and will serve as advisor to the Board in its development of policies. The spring meeting is held in Atlanta and the fall meeting is in conjunction with the American Public Health Association; ATPM will fund travel to one meeting.

5. Liaison Committee on Medical Education (LCME):

   This joint AAMC/AMA Committee is responsible for certifying the quality of American medical schools. It has established the following criteria for the appointment of a student member: a) have commenced the clinical phase of training by July 1986, b) be in good academic standing, c) warrant the judgment that the responsibilities to the LCME would be capably executed. Demonstrated interest in academic medicine and participation on academic affairs committees are also important. This one-year term begins July 1986. The appointment entails extensive reading and attendance at four meetings per year. Contact Bob Van Dyke (202/828-0677 for more information).

3210 Hampton Ave.
Apt. #4
St. Louis, MO. 63139
1 January 1986

Ms. Janet Bickel
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C.. 20036

Dear Janet:

At last! I have finally set pen to paper and gotten this letter and the enclosed curriculum vitae accomplished. My first resolution of the New Year was to do so, and I'm happy to have been so successful in resolution keeping so early in the New Year.

The purpose of the letter and curriculum vitae is, as you probably are aware, to document my interest in being considered for a student position on the Group on Student Affairs' Committee on Student Financial Assistance..

I am interested in applying for such a position for a number of reasons. I hold an undergraduate degree in Economics, have approximately 1 year postgraduate experience in banking, which included responsibility for credit assessment and loan evaluation, and have co-managed a self-supporting cheese cooperative during my second year in medical school. Therefore, the successful management of financial affairs is not foreign to me. I think that I can contribute to the resolution of some of the financial problems faced by medical students by active participation in the Student Financial Assistance Committee's work.

Thank-you for your help, both now and at all the O.S.R. meetings, and thank-you for considering me for this position.

Sincerly,
John G. Muller
John G. Muller
St. Louis University
O.S.R. Representative

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aamc association of american medical colleges

Development of OSR Proposal
for Gesundheit Presentations at Medical Schools

Patch Adams (whose Annual Meeting presentation was so well received) met with Paul Elliott and Janet Bicket in November to discuss possible avenues of OSR/AAMC support for Patch's efforts to reach more medical students and to further the work of the Gesundheit Institute. One idea that emerged from this meeting was that OSR could develop a proposal and seek funding for it. An outline of the idea follows:

Funds would be sought to underwrite Patch's travel to and time at host medical schools and hospitals where he could present a variety of educational and interactional offerings. The rationale is that: (a) medical students are confused and troubled about many trends in medical practice, e.g., cost containment pressures; (b) what Patch can present is not included in any curricula and is needed to offset the despair and disease- and technology-orientation that can creep into education and practice; (c) school funds are not likely to be adequately available at most medical schools to underwrite a visit; and (d) foundation support of such visits would allow much more flexibility in the creation of his presentations. The goals for the presentations are first to uplift the student to the thrill of medical practice and to open up the breadth of practice possibilities. The emphasis will be to wed the art and science of medicine. Human caring and sharing will be explored in great depth; hence, improving possibilities for doctor/patient relationships. There will be a potent introduction to wellness and complementary systems of care.

Patch could design a number of packages, depending on student's desires:

(1) A one-day (ideally 24 hours) visit which would feature Patch talking about the work of the Gesundheit Institute within a long open forum on health care. The forum could involve other health professions as well as medical students and residents and could also include one or more of Patch's shows: (a) Magic Elixirs of Life;

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(b) How To Be A Nutty Doc (a playshow with audience participation); (c) Presentation on the role of the doctor in society; and (d) other. Time could also be included for seeing patients, e.g., rounds or a three-hour patient interview. The open forum could continue into the night.

(2) A two-to-five day intensive Gesundheit simulation where Patch and participants would attempt to live a mini-version of the Institute's work. A setting would need to be found where he and students and patients would live together. This could also include shows, rounds, and many journeys into phases of humanity in medicine.

Patch will be joining the Board for lunch on January 21 so that the Board will have opporunities to discuss the above with him.

SELECTION & ASSIGNMENT OF TOPICS FOR SPRING OSR REPORT

The spring issues of OSR Report should reach the printer no later than March 30, therefore the OSR Board needs to decide on its content and assign responsibility for its preparation. One possible inclusion could be the attached article "Matching Strategies", prepared by Dr. Jack Graettinger, Executive Vice President of the National Resident Matching Program. Board members are encouraged to bring outlines of ideas for other articles.

MATCHING STRATEGIES

Let's assume that you know how the Match works (1986 NRMP DIRECTORY, pp.). You know that you should rank programs in the order that you would like to be in them and can safely ignore the likelihood of your being accepted in your ranking of the first few programs on your Rank Order List - you will match into the most preferred program on your list that offers you a position regardless of how many other students are applying for that program. But, you are well aware that competition for many programs, particularly in some specialties, is keen. How do you asses your chances? How should you decide on which programs and how many should you list, how do you estimate the competition and should you list more than one type of specialty? In what follows are several suggestions for preparing for that early-winter day when you must finalize and submit your Rank Order List for the Match.

Much information is available from your Office of the Dean for Student Affairs. The first source is the "Green Book", the DIRECTORY OF RESIDENCY TRAINING PROGRAMS of the Accreditation Council for Graduate Medical Education (ACGME), that lists all accredited residency programs in U.S. hospitals whether or not they are in the Match.

The second is your NRMP DIRECTORY that lists all of the programs participating in the Match by state and city and also by specialty. You will find that there are three types of programs. Categorical "C" programs are PGY-1 programs in a specialty that usually are entered by those who intend to remain in the specialty for the years necessary for elgibility for the

Specialty Board examination. Preliminary "P" programs are offered for the PGY-1 year in Internal Medicine, General Surgery or as Transitional programs for those who intend to enter an another specialty later in their training or are undecided. Advanced Programs "S" for Students are PGY-2 programs to be entered after a year or more in a broad specialty.

The NRMP DIRECTORY also has a data section in which the filling of programs in various specialties and regions of the country and the matching success of student and other categories of applicants are described by specialty. The relative competetiveness of specialties can be estmated with these data.

The third is the NRMP 1985 RESULTS booklet in which are listed the numbers of positions sought and filled by each participating program by hospital and, by specialty, those programs that did not fill all of their positions. Programs that do not fill all of their positions may be less competetive than those that do.

The fourth is the list of where graduates of your school have gone in previous years commonly maintained in Deans' Offices. Much information can be gleaned from older graduates.

A fifth source is the LISTING OF CANDIDATES WHO MATCHED UNDER NRMP FOR 1985 APPOINTMENTS. You can find the location of people you knew from your and other schools' preceeding classes who may well be of help in your quest.

You will also have advice about hospitals and programs from the office of your Dean and from faculty members. You will have a "Dean's Letter" that summarizes the school's evaluation of your

potential and will ask several faculty members who know you well to write letters supporting your applications. Ask your deans and faculty members how they asses your options and chances.

By the end of the junior year you most likely decided that you want to enter one of the medical or surgical or support (hospital based) specialties and you probably will have chosen a particular one or two types of programs. While doing your homework gathering information from the various sources, you will write for materials from a number of hospitals, many of which you will visit during the fall, decide on your strategies for judging hospitals and programs against your aspirations and be prepared to make careful notes of the pro's and con's of each program you visit. During your interviews you will keep in mind that a program director who asks you how you intend to rank his program or offers you a position outside of the Match is violating his NRMP Agreement. A program director, despite his obligations as a faculty member and role model, may persist in such unethical behavior. Remember, as you respond, your NRMP commitment that your confidential Rank Order List, completed only after you have carefully considered all of the programs to which you have applied, is to determine your choices.

Finally, the time comes when you must begin rank-ordering your programs. NRMP has provided you with the work-sheet for your Rank Order List together with instructions in your 1986 NRMP DIRECTORY. Make some copies and start rank-ordering early! The following strategies are suugested:

1. Include no fewer than five choices for a specialty, preferably more. No matter what you have been told or written by any

program director, DO NOT list only one or two programs. The percentage unmatched among students who do so is nearly twice as great as among those who list more choices.

2. Include all programs you would find acceptable in rank order sequence. Remember, the Match is carries out the conventional admissions process and that you should be sure to include not only the programs you find most desirable at the top of the list but also programs in which you think you have a greater likelihood of acceptance lower on your list as you did when you applied to college and to medical school. Don't be overconfident by omitting some less-preferred choices.

These two stategies are the most important for your success in Matching!

3. Include on your list with a ranking of "X" also all programs to which you have sent an application that you do NOT find acceptable. The program director of any program you have "X"'d will not know that you have not ranked the program. If you are ranked by a program but have not included the program on your list with either an active rank or an "X", the program director will receive an error message. You cannot be matched to a program you have "X"'d!

4. If you apply for one or more of the increasing number of PGY-2 programs that are being offered through the Match ("S" programs) you can inter-mix choices for "C" and "S" programs and indeed include a few "P" programs as "back-up" choices (see below.) You must also submit a Supplemental Rank Order List on which you have ranked appropriate Preliminary programs for the PGY-1 year should

you match to a PGY-2 program. Several Supplemental lists may be submitted if you would prefer to list different sets of one year programs for different "S" programs. Only "P" programs can be listed as choices for the PGY-1 year unless a hospital offers only a "C" and no "P" program in Medicine or Surgery.

5. If you are listing programs in two specialties because of being undecided between them, inter-mix the choices of programs in the two carefully based on preference and the Match will decide for you!

6. If you are listing programs in two specialties because you feel that you might not get a program in your first choice of specialty, list at least five programs in your preferred specialty for your first five choices followed by at least five programs in your second specialty as choices six through ten. The listing of only one or two choices of a "back up" specialty is just as hazardous as listing too few choices for a single specialty on a Rank Order List!

7. The other reason for listing choices for two specialties arises in some of the advanced specialties in which some of the PGY-2 programs are and some are not in the Match. These programs expect you to arrange for a prerequuisite PGY-1 year. One of two quite different strategies should be used, depending on the time the programs make their appointments. If you seek a position in a PGY-2 program that appoints residents after the date of the Match, list an appropriate PGY-1 preliminary program in the Match with a rank-order that reflects your choice for the PGY-2 program. Such choices can be inter-mixed in proper rank order among your choices for the programs in the specialty that are in

the Match.

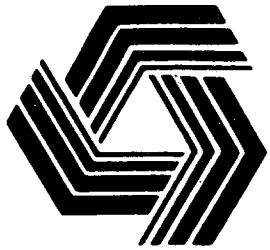
Unfortunately in some specialties PGY-2 positions are offered before the national Match, many in unofficial matches carried out by individual specialties. If you get a position in such a match, you usually must apply for a PGY-1 preliminary position in NRMP. You should list your choices for appropriate PGY-1 positions. You can also rank other types of programs.

8. DO NOT try the strategy of listing only the most competetive positions on your list with the anticipation that, if you are unmatched, you will be able to get a "top" position after the Match. Essentially all but the least competetive programs fill in the Match, particularly in some specialties.

9. If you and another student wish to use the "Couples" option in the Match to seek two positions, you will find the work sheet for the "Couples Rank Sheet for Paired Programs" and specific instructions in the 1986 NRMP DIRECTORY and you can obtain your official form from the Dean's Office.

10. If you and another student wish to share one position, you can obtain a "Shared Residency Pair" form from your Dean's Office which must be submitted to NRMP by November 1, 1985. You must inform program directors of your "paired" status.

When we at NRMP look at the Rank Order Lists of students who have failed to match, practically all of them have failed to follow one or more of these Strategies. Remember that although more of you want positions in some types of programs than can be accomodated in them, there will be some 1.2 times as many total PGY-1 positions as there are seniors graduating from our schools.



ASSOCIATION OF
TEACHERS OF
PREVENTIVE
MEDICINE

October 22, 1985

Janet Bickel
Association of American Medical Colleges
One Dupont Circle, Suite 200
Washington, D.C. 20036

Dear Ms. Bickel:

The Association of Teachers of Preventive Medicine (ATPM) is interested in developing a collaborative project with AAMC's Office of Student Representatives (OSR). Such a project would be directed toward obtaining information on prevention-related teaching activities within medical schools, with AAMC student representatives assuming responsibility for identifying those activities. The information generated would be used by ATPM in creating a database of prevention education resources and in planned analyses of the prevention component in medical education. ATPM would also support publication of the information in a form similar to that used in OSR's development of a compendium of computer-related teaching.

It is our expectation that this joint project, if approved, would be undertaken through ATPM's cooperative agreement with the Centers for Disease Control. We would like to include plans for the project in our request to CDC for Year Two funding of the agreement. That request will be submitted on January 31, 1986, and the details for the project will need to be finalized well in advance of that date. For practical reasons, therefore, we would like to determine OSR's interest in such a project as early as possible, and to reach some decisions regarding process for further consideration of this idea.

ATPM is interested in strengthening its contact with the OSR and views this project as an opportunity to do. Please let me know if you need additional information or if I can otherwise facilitate your review of this proposal.

Sincerely,,

Katherine

Katherine Lacy
Associate Executive Director

1015 FIFTEENTH ST., N.W.
SUITE 403
WASHINGTON, D.C. 20005
202-682-1698

6 January 1986

TO: OSR Board

FROM: M. Brownell Anderson, Staff Associate, Division of Educational Measurement and Research

RE: Attached proposal from Kimberly Dunn

During November, 1985 Kim presented to me the ideas encompassed in the attached proposal. She contacted me, at Janet Bickel's suggestion, because I worked at Southern Illinois University School of Medicine for 5 years, 3½ of those years with Dr. Howard Barrows. Kim is to be highly commended for conceiving, articulating and drafting the proposal. Following are a few thoughts which occurred to me while reading the proposal and I offer them solely for your consideration.

Since, as stated in the 'background' section, students are uniquely suited to be effective change agents, I suggest you consider pursuing this project with students as invited participants in workshops. I make this suggestion for the following reasons:

a) As already stated, students are in a unique position to effect change

b) Approaching the proposed project from the perspective of the student addresses another of the recommendations of GPEP; the issue of fostering self-directed learning skills in students

c) There have been preliminary discussions about presenting workshops for students to develop skills in implementing problem-based learning at Southern Illinois University and Dr. Barrows would very likely support the proposal.

Having worked with Dr. Barrows for several years, and having kept in touch with most of his activities since leaving SIU, I am concerned that the proposed time table is unrealistic - there is not enough time before the 1986 Annual Meeting to accomplish this ambitious proposal. It would be interesting to enlist the cooperation of first-year students at some of the proposed participating institutions and involve them in this project over a two year period.

An additional concern is that the Macy Foundation is not likely to fund this endeavor and we will need to find another funding source. Overall, I think this proposal has considerable merit and should be pursued.

EVALUATION AND COMPARISON OF TRADITIONAL AND PROBLEM-BASED LEARNING MEDICAL EDUCATION CURRICULA

DRAFT OF PROPOSAL OUTLINE TO MACY FOUNDATION

BACKGROUND

This project will be organized and conducted by the Organization of Student Representatives (OSR). The OSR is the student voice within the Association of American Medical Colleges (AAMC). The OSR was established in 1971 to represent student views on AAMC issues. Each medical school has one student representative. Students meet twice a year, once at the Annual Meeting of the AAMC and once at one of four regional meetings. The OSR has an elected interim Adminstative Board which meets an additional four times a year in Washington D.C.

One of the primary goals of the OSR is to implement the recommendations of the General Professional Education of the Physician Report (GPEP Report) at each of the medical schools. Students are uniquely suited to be effective change agents within medical isntitutions because students are not bound by departmental, financial, or political constraints. One of the primary functions of each of the OSR meetings is to develop students as effective change agents. In the past this has been done through small group sessions discussing how to implement change, role-playing exercises, case studies of effective curricula changes and student/faculty view exchange workshops. Although this has met with moderate success, we feel that we have not been able to effectively deal with a primary stumbling block to effecting change. That block is that students return to their home institutions full of ideas and enthusiasm but are met by faculty and administrators who were not at the meetings and consequently do not share the student's enthusiasm. Therefore, to overcome this problem, we would like to invite faculty and administrators from six of the traditional medical education institutions to visit both a problem-based learning educational institution and an institution that is in transition towards a problem-based curricula. After these two schools have been visited, Dr. Howard Barrows will then travel to each of the six invited institutions to conduct Medical Education Seminars for students, faculty, and administrators.

SPECIFIC AIMS

1. Compare curricula of traditional medical education system with a problem-based learning medical education system.

2. Identify strengths and weaknesses of both models of medical education.

3. Conduct internal evaluations of each participating school's curricula using standardized evaluations.

4. Compare student's attitudes toward learning in the traditional and problem-based learning curricula.

5. Compare faculty's attitudes towards teaching in the traditional and problem-based learning curricula.

6. Conduct Medical Education Seminars at each of the participating schools.

7. Publish the proceedings of this project and distribute to medical school students, faculty, and administrators.

OUTLINE OF PROPOSED PLAN

1. Six institutions will be selected based on commitment to both this project and to effecting change in medical education. The OSR Representative will work with the head of the Academic Affairs at the school to select two faculty participants- one from the basic sciences and one from the clinical sciences.

2. Using standardized questionaires, the students and faculty will be surveyed to determine what their attitudes towards learning and teaching are.

3. The four people from each of these six institutions will then meet at Southern Illinois University to evaluate problem-based learning in action.

4. This group of twenty-four will then go to Rush Medical College in Chicago to evaluate their curricula.

5. The group will then convene and synthesize their thoughts on what they have experienced.

6. Medical Education Seminars will then be held at each of the participating institutions.

7. Proceedings of these seminars, the site visits, and the survey results will then be published and distributed to medical students, faculty, and administrators.

MATERIALS

. Standardized assessment questionaires to be provided by University of Wisconsin Medical School. These will be used to evaluate student's attitudes toward learning and faculty's attitudes toward teaching.

I. Internal evaluations of each participating medical school's curricula will be done using the syster developed at the University of Tennessee Medical School.

I. Background reading for the site visits:
   a. The Coggellshell Report, AAMC Publication, 1984.
   b. The General Professional Education of the Physician Report, AAMC Publication, 1984.
   c. How To Begin Reforming the Medical School Curriculum, Macy Foundation Report, Howard S. Barrows, editor.
   d. How to Design a Problem-Based Curriculum for the Pre-Clinical Years, Howard S. Barrows, 1985.
   e. AAMC 's Clinical Evaluation Project Interim Report.
   f. LCME Accreditation Guidelines

4. Southern Illinois University site visit:
   a. Welcome/Overview- David Resch, Dr. Moy
   b. The Problem-Based Learning Process-Dr. Barrows
   c. Student Assessment
   d. Faculty Educational Skills Required for Problem-Based Learning
   e. Resources
   f. Student/Faculty Small Group Discussions
   g. Demonstrations

5 Rush Medical College site visit
   a. Welcome/Overview-Dr. Russe
   b. Lessons from the Development/Transition of the Curriculum from Traditional to PBL.
   c. Documentation for Accreditation- Preparation for LCME Review
   d. Student Assessment
   e. Student/Faculty Small Group Discussions

6. Site Visit Summation and Evaluation Forms

7. Designing the Medical Education Seminars to be held at the six invited institutions.

Schedule

1. By the January Ad-Board Meeting will have:
   a. Proposal finished
   b. Schools selected with written verification
   c. Evaluation tools

2. By the end of January will have:
   a. Sent proposal for funding
   b. Sent initial materials to the six selected schools

3. By the end of February will have:
   a. Selected appropriate site visit dates
   b. Completed initial evaluations of the six schools selected.

4. Site Visits to be completed by end of April
   a. Day 1- Travel to Chicago in the morning and then on to Southern Illinois University in the afternoon.
   b. Day 2- Seminar at SIU
   c. Day 3- Travel to Rush Medical School in the morning. Seminar in the afternoon.
   d. Day 4- Evaluation of site visits and planning of the Medical Education Seminars.
   e. Day 5- Travel to home institution.

5. Medical Education Seminars to be completed by the Annual AAMC Meeting.

6. By January, 1987 will have completed project. Will have final report done and mailed to all medical schools.

Possible Schools:

1. The University of Texas Medical School at Houston
2. The University of Texas Medical School at San Antonio
3. The University of Tennessee Medical School
4. Hahnemahn Medical School
5. University of North Carolina Medical School
6. University of Washington Medical School
7. University of San Diego Medical School
8. Stanford Medical School
9. University of Kansas Medical School
10. University of Nebraska Medical School
11. Southern Illinois University
12. Rush Medical College
13. University of Wisconsin
14. McMaster University

BUDGET ESTIMATE

1. Travel expenses
   - Airfare- 24 ($300) $7200.00
   - Lodging- 24 ($50)(4 nights).....$4800.00
   - Meals- 24 ($20)(5 days).....$2400.00
2. Surveys
   - Printing .....$ 800.00
   - Computing.....$1600.00
3. Materials.....$ 800.00
4. Medical Education Seminars.....$1200.00
5. Publication Costs.....$5000.00
6. Administrative Costs.....$1000.00

TOTAL.....$24,800.00