



association of american medical colleges

AGENDA

[AAMC Headquarters]

OSR ADMINISTRATIVE BOARD MEETING

JANUARY 20 - 22, 1987

January 20

9:00 a.m. Meet in Washington Hilton Hotel lobby to go to breakfast. Returning OSR Board members will give overviews of recent OSR projects and activities. The OSR Chairperson will provide an orientation on how OSR fits into AAMC's policy and program development and on her plans for the coming year. New Board members are encouraged to bring their questions and ideas for OSR activities, including problems that need to be examined (see p. 10 of pink agenda).

noon-5:30 Convene at AAMC Headquarters, 2nd floor conference room

I. Call to Order

II. ACTION ITEMS

- A. Approval of September Board Meeting Minutes. 1
- B. Nominating Students for Committees. 5
- C. Executive Council Agenda Items*

III. DISCUSSION ITEMS

- A. 1987 Annual Meeting Plans & 1986 Meeting Evaluation. 8
- B. Sharing Information on Curriculum Innovations. 11
- C. Proposal from Clay Ballantine on an Electronic File System on Topics of Interest to Medical Students. 19
- D. Proposal from David Kreeger on US-USSR Student Exchange Program. 23
- E. Presentation by David Baime, AAMC Legislative Analyst, on status of student financial aid programs

-----F. Executive Council Agenda Items*

*To be mailed separately with cover memo on items to be discussed by OSR Board

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IV. INFORMATION ITEMS

- A. Articles in December issue of JME (separate enclosure):
 "National Survey of Writers of Dean's Letters", p. 943,
 and "Policies of U.S. Schools on the Use of NBME Part I
 and Part II Examinations", p. 954.
- B. Future Ad Board Meeting Dates25
- C. Executive Council Agenda Items

January 21

- 9:00 am - 1:45 pm Complete above agenda at AAMC Headquarters
- 2:00 pm - 3:00 pm Lunch together at local restaurant
- 3:30 pm OSR Regional Chairpersons meet
- 6:00 pm Joint Boards Session with Congressman Waxman
 Jefferson East, Washington Hilton
- 7:00 pm Joint Boards Reception & Dinner
 Monroe West

January 22

- 8:00 am - 8:30 am Joint Boards Session with manpower presentation
 by Dr. Thomas Kennedy, AAMC Department of Program
 and Policy Development Director
 Jefferson West, Washington Hilton
- Remainder of morning open for OSR Board members to visit Congressmen
- 12:30 pm - 1:30 pm Joint Boards Lunch
 Georgetown West

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES
ADMINISTRATIVE BOARD MEETING MINUTES

September 10, 1986
AAMC Headquarters
Washington, D.C.

Rick Peters, M.D., Chairperson
Vicki Darrow, Chairperson-Elect
Ricardo C. Sanchez, M.D., M.P.H. Immediate-past-Chairperson

Regional Chairpersons:

Joann Elmore
Joanne Fruth
Dan Schlager, M.D.
Jim Stout, M.D.

Representatives-at-Large

John DeJong, M.D.
Kim Dunn
Vietta Johnson
Kirk Murphy
Robert Welch

AAMC Staff:

David Baime*
Robert Beran, Ph.D.*
Janet Bickel
Richard Knapp, Ph.D.*
Robert Petersdorf, M.D.*
Nancy Seline*
August Swanson, M.D.*

*Present for part of the meeting.

I. Dr. Rick Peters called the meeting to order at 8:45 a.m. and asked for and received approval of the June meeting minutes.

II. Annual Meeting Plans

The Board members reviewed the program outline and volunteered to introduce sessions and staff the OSR Orientation Booth beginning at 10:00 a.m. on Friday, October 24. Ms. Joann Elmore asked if OSR members should complete an evaluation of the OSR meeting and a brief survey on their priorities on issues the OSR Board should address; the Board thanked her for these ideas and she volunteered to design the forms. A number of Board members suggested articles and materials for the annotated program agenda; including examples of improving the OSR member selection process along the lines of Ms. Janet Bickel's memo to student affairs deans on this subject which accompanied the OSR certification form.

III. Meeting with New AAMC President

The OSR Board welcomed Dr. Robert Petersdorf and asked his perceptions of the strengths and weaknesses of OSR. He replied that, given students' natural progression and the difficulties of providing continuity of participation, medical student representation within the AAMC has been good. Dr. Petersdorf stated the view that greater participation of house staff within the AAMC would be worthwhile and solicited the Board's suggestions along these lines. Board members listed many reasons for creating a housestaff organization within

AAMC: 1) teaching hospitals exist more for residents than for medical students and there is a big gap in the AAMC spectrum between the medical student and faculty perspective; 2) residents play a critical role in medical student education; 3) the number of Executive Council agenda items pertaining to graduate medical education seems to be increasing and, until some of its members have begun their internship, the OSR Board discusses these issues in a relative vacuum; and 4) poor communications between residents and administrators contribute to many teaching hospital problems. The Board envisioned an organization similar in structure to OSR but falling under COTH instead of COD.

The students also discussed with Dr. Petersdorf OSR's concerns about misuses of National Board scores by residency program directors and by basic science faculty. He stated that he could live with the test scores only being reported on a pass/fail basis but that, without these scores, it may be more difficult for program directors to make a fair evaluation of students from schools with an unsegmented grading structure. In the Board's discussion of this subject, Mr. Robert Welch stated that, for most students if the scores don't correlate with clinical abilities, then they shouldn't be offered to program directors. Dr. Peters reiterated that all medical student organizations agreed with pass/fail score reporting. The Board agreed that the fact that the NBME is changing the exam doesn't mean the AAMC should wait to see the changes before stating its position on score reporting.

Dr. Petersdorf asked the OSR Board to let him know when his presence is desired at OSR meetings and said that, as a medical student, he would have benefited from participation in such an organization.

IV. Problem-Based Learning Proposal

Dr. August Swanson expressed the view that, although Mses. Brownie Anderson, J. Bickel and Kim Dunn had revised the proposal along the lines discussed at the June Board meeting, it is not necessary to seek funding for a demonstration project. A buyer's market already exists for well-designed workshops and materials on problem-based learning. He said that he is looking for between five and seven persons to serve as an advisory committee and workshop faculty. Their first job would be to create a strategy for developing workshops, and for designing a curriculum. A student would serve on this advisory group and a student would be a member of the institutional teams participating in the workshop. Dr. Swanson asked the Board's help in identifying knowledgeable faculty.

V. Universal Application Form for Graduate Medical Education and NRMP Violations

Dr. Peters stated that this form, developed by AAMC and distributed by NRMP, is deficient in the amount of information it allows students to provide program directors. Board members suggested changes in the layout and categories but recognized the limitations of one form designed to accommodate the most common demands of hundreds of hospitals.

Dr. Ricardo Sanchez said that in this age of computers, the application paperwork is doubly painful to medical students who have already submitted the same background data to so many groups, e.g., AMCAS. Dr. Peters asked if a centralized application service isn't the next logical step, using the AMCAS data base. But other Board members objected to this use of this AAMC database. Dr. Swanson stated that only 80% of medical schools use AMCAS and that, given the large number of residency programs, it could take a generation to achieve their participation in such a service. Dr. Peters noted that if even 2000 participate, a significant paperwork reduction would occur. Dr. Swanson recommended waiting for evidence that program directors want such a service. In the meantime, Ms. Bickel will work with other AAMC and NRMP staff in revising the application form.

Dr. Peters explained that the Consortium of Medical Student Groups hopes to formalize and publicize methods of reporting and acting on seniors' experience with violations to the NRMP agreement. Dr. Swanson described the ten-year old mechanism whereby seniors may report violations to the AAMC President. Most students, however, are unwilling to be personally identified, even though the accused program directors have the right to confront their accusers. Dr. Swanson mentioned the care necessary in handling such situations due to their legal implications. The Board agreed that all of the constraints related to the transition process are contributing to the violations problem but that OSR should continue to examine ways in which it can better serve as a conduit for improving students' recognition of their rights and responsibilities.

VI. Legislative Update

Mr. David Baime opened with an overview of the tax reform conference saying that the Senate caved into the House on a number of items so that the outcome for higher education is not as happy as it might have been. It appears likely that scholarships and fellowships will be counted as taxable income and that the deductibility of student loan interest will be phased out by 1991. He mentioned that, rather than their children borrowing through HEAL, some parents may be better off taking out a second mortgage on their house, because that interest is deductible. Turning to the Higher Education Act (HEA) reauthorization, Mr. Baime said that AAMC has emphasized getting a bill out before Congress adjourns, but action on this is threatened by overall Federal spending issues. House and Senate conferees have agreed on increasing the Guaranteed Student Loan (GSL) maximum to \$7,500, on earmarking funds for a stipend program for disadvantaged students, and on a number of other positive provisions. However, they also agreed that students aged 24 or older be considered financially independent of their parents which AAMC has opposed in the interest of financial aid officers' achieving the most equitable possible distribution of need-based financial aid. Another HEA conference issue which the Board discussed with Mr. Baime is limiting GSL use at foreign medical schools. OSR Board members also discussed the value of setting aside time during their Washington visits to discuss matters of interest with their Congressmen.

VII. OSR Report

The Board congratulated Dr. Jim Stout and Mr. Welch on their articles published in the Fall issue of OSR Report and discussed possible topics for the Winter issue. Ms. Joanne Fruth expressed an interest in looking at the subject of balancing personal and professional responsibilities in medicine, particularly in the area of personal relationships. Other Board members raised related topics such as maintaining personal health, impairment prevention programs, updating the Hippocratic Oath, and exploring how physicians' use of medical language and hospital slang affects attitudes toward patients. Mses. Darrow and Dunn suggested that addressing some of these could be combined with an overview prepared by Ms. Bickel of her study of the integration of human values courses into clinical education.

VIII. Reports from Board Members Serving on AAMC Committees

A. Group on Student Affairs (GSA) Committee on Student Affairs

Ms. Vicki Darrow said that she and Mr. Welch had been asked to serve on these two new GSA committees on an interim basis until a student can be nominated through the traditional process (i.e., these committee openings will be described in the annual meeting agenda, with an application deadline of January 5, and the new OSR Board will nominate students from the applications received). She reported that, during its first meeting, this Committee generated a long list of issues with which to concern itself and began an analysis of the Report of the AAMC ad hoc Committee on Graduate Medical Education and the Transition from Medical School to Residency.

B. GSA Committee on Admissions

Mr. Welch reported that at its first meeting this new Committee: 1) drafted a set of traffic rule revisions with the goal of cutting the number of application offers being made during the summer 2) reaffirmed its commitment to the AAMC's affirmative action goals of proportional representation of blacks and other minorities in medical school, and 3) agreed to examine simplifying admissions pre-requisites and evaluating non-cognitive qualities.

C. GSA-Minority Affairs Section Coordinating Committee

Ms. Vietta Johnson gave an overview of the annual meeting programs being offered by MAS, including a session on high school programs for increasing the minority applicant pool and a research forum. She recommended that there are others more qualified to receive the MAS Service Award than this year's recipient, Bill Cosby, and that OSR members take an active role in nominating individuals in the future.

IX. Ambulatory Training Act of 1986

Dr. Richard Knapp summarized Medicare's current method of paying for graduate medical education and the differences between the direct payment, which is a function of allowable education costs, and the indirect adjustment, which is a substitute for a measure of the increased severity of illness of teaching hospital patients. He then listed some of the pros and cons of the Kennedy/Heinz proposal to provide support for graduate medical education in ambulatory care sites and answered Board members' questions about the policy positions appearing in the Executive Council agenda. The OSR Board agreed that training in the ambulatory setting should be supported through the hospital but expressed skepticism about the use of weighting factors as incentives for training programs to redistribute positions among specialties. While recognizing that publication of hospital-specific information on Medicare's educational payments might cause trouble, the Board thought it might be useful. The Board recommended that direct medical education payments for foreign medical school graduates be phased out. Finally, the students agreed that AAMC's decisions about whether to pursue changes in graduate medical education financing should be policy- rather than budget-driven. Dr. Knapp stated that, because of all the other important issues before Congress, this proposal is not likely to move quickly.

X. New Business

- A. Ms. Elmore described the syllabus which Dr. Roy Maffly prepared and distributed to juniors at Stanford to help them prepare for the residency selection process and asked staff to photocopy portions of it for OSR Board members.
- B. Ms. Joanne Fruth asked regional chairpersons to stress the importance of students' returning the health promotions/disease prevention survey which was mailed to OSR in July. Also, the Board agreed that she should share the results of this project with the AMA-MSS group interested in preventive medicine.

XI. The meeting adjourned at 4:45 p.m.

NOMINATING STUDENTS FOR COMMITTEES

The OSR Board is asked to nominate two or three students for each committee opening named on the following handcut (the LCNE position will be discussed at the April meeting).

All applications received by January 8 are being mailed with this agenda.

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 1987 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, but also consider applying yourself.

Interested students may either complete the following, self-descriptive sheet 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 (March 30 for the LCME opening). At its January meeting, the OSR Administrative Board will consider the applications received and make recommendations to the AAMC Chairperson. 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. 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. Term begins in Spring 1987, ends with student's graduation from medical school. (Currently serving: John Muller, St. Louis U. OSR Member)

2. GSA-Minority Affairs Section Coordinating Committee:

Coordinates all the activities and functions of GSA-MAS, which advises the Association on all issues of concern to minorities in medicine. See #1 for additional information. (Currently serving: Vietta Johnson, Harvard OSR Member)

3. GSA Committee on Student Affairs

This new Committee will make recommendations to the GSA Steering Committee on the student affairs issues it considers of greatest concern. At its first meeting, the Committee identified the following areas as needing the most attention: transition from medical school to residency, student health, student advising, and the problem student. See #1 for additional information. (Currently serving: Vicki Darrow, OSR Chairperson-Elect)

4. GSA Committee on Admissions

This new Committee will make recommendations to the GSA Steering Committee only in the area of medical school admissions. At its first meeting, it

Admissions (Con't.):

identified the following of primary concern: Decreasing the amount of acceptance activity during the summer preceding matriculation, simplifying medical school prerequisites, and reaffirming affirmative action goals. See #1 for additional information. (Currently serving: Robert Welch, Columbia U. OSR Member)

5. 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. (Currently serving: Charles Weaver, U. Washington OSR Member)

6. 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. Term begins Summer 1987. (Currently serving: Mark Blumenthal, Rutgers OSR Member)

7. Liaison Committee on Medical Education (LCME):

The 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 1987, b) be in good academic standing, 3) 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 June 1987. The appointment entails extensive reading and attendance at four meetings per year. Contact AAMC staff member Bob Van Dyke (202/828-0677) for additional information.

1987 AAMC ANNUAL MEETING

The 1987 meeting (begins Friday, November 6, in Washington D.C.) will have a slightly altered format which Dr. Bob Beran will describe to the OSR Board during the meeting. The overall theme of the meeting will be related to manpower issues.

At the January Board meeting, it is appropriate for the OSR Board to consider themes to be addressed and potential speakers. The following memorandum includes an idea for one program. Board members are invited to bring others.

The Board will also discuss the attached summary of 1986 annual meeting program evaluation, which also includes responses to the OSR Issues survey.



association of american medical colleges

December 10, 1986

M E M O R A N D U M

TO: Lou Borgenicht, M.D.

FROM: Janet Bickel 

SUBJECT: Possible 1987 OSR Annual Meeting Program

Thanks very much for your paper "Medicine: Between Two Cultures." In reviewing it with an eye toward a potential OSR meeting focus, I'm struck first by its initial focus on physicians' social responsibilities, which was the main theme of OSR's recent annual meeting. The two main points in the remainder of the paper that I think might provide a very fertile focus for the next meeting are: 1) how a belief in certainty has shaped doctors' and patients' expectations--discussed as a backdrop to observations about the modern world's being increasingly governed by uncertainty; and 2) how medicine, because of its bridge position between art and science, can play a leading role in reshaping conceptual thinking about health and illness, if it increases its focus on human life and values.

You could address these topics via the humanities, and physicians' writings in particular. If the OSR Board likes these ideas, I'll contact Dr. Barbara Warren, as you suggest, who might be able to address the topics from a physics perspective. Then maybe we could have a third speaker from a health policy perspective.

At its mid-January meeting, I hope the OSR Board will be able to make some initial decisions about its 1987 programs, and I'll be in touch after that to let you know where we stand. In the meantime, if you have additional thoughts, please contact me. In January, I'll be sending you a gratis copy of a brand new book by Charles Odegaard that addresses many human values curriculum topics; I especially want you to see it for an appendix he has chosen, just in case you haven't--an excellent article by Schwartz & Wiggins, "Science, Humanism and the Nature of Medical Practice: A Phenomenological View" (Persp. Biol. Med. 1985, 331-61).

cc: OSR Administrative Board

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SUMMARY OF OSR ISSUES SURVEY & ANNUAL MEETING EVALUATION

At the end of the 1986 Annual Meeting, a Program Evaluation was distributed. On the back of this was an OSR Issues Survey with three questions: a) what do you think are the most important issues for the OSR Administrative Board to address next year? b) what ideas do you have for implementing the above? and c) any suggestions for improving OSR? OSR Chairperson, Ms. Vicki Darrow, summarized the responses as follows. Time will be set aside during the January Board meeting for discussion of these.

Total number of responses - 33

Annual Meeting Program Evaluations: Overall very good; responses to almost all sessions are 4 or 5 (5 = excellent).

Suggestions for Next Year's Meeting and for OSR's Functioning:

Increase number of small group sessions	5*
Better dissemination of OSR information at each medical school	5
Better communication between meetings & between schools	3
More time for regions to spend together (possibly including lunch meetings), more networking or testimonials of how to be an OSR rep (within the region)	3
Encourage students to stay at Annual Meeting longer to create better relationships with the AAMC	2
More social activities at the meeting	1
Formulate a national housing network	1
Need concrete tools for change	1
Provide overview of Ad Board's recent work	1
Push harder for involvement of non-represented schools	1

Issues Identified for OSR Ad Board:

Problem-based Learning (one suggestion was to integrate PBL with traditional curriculum)	18
House Staff Representation	9
Transition Issues	9
National Boards Scoring	8
Financial Aid	7
Minorities in Medicine	5
Curricular innovation	4
Medical Student Impairment	4
Human Values	4
Preventive Medicine	3
Working closer with AMSA	3
Medical Economics	3
Access to medical care	2
Teaching of ambulatory care	1
Improve clinical teaching	1
Health Care Delivery (including alternative ways)	1
Social Responsibility	1
Changing Field of Medicine vis-a-vis career choices	1

*Numbers stand for number of people who wrote out that response

SHARING INFORMATION ON CURRICULUM INNOVATIONS

OSR Board members are encouraged to come prepared to give the Board an overview of recent or ongoing curriculum innovations which may be of interest to other students. For instance, Sarah Johansen from Dartmouth is bringing handouts on the integration of alcoholism-related knowledge into the curriculum and on problem-based learning exercises.

Board members are also encouraged to examine their copies of the 1986 OSR Network "Information to Share" which was mailed to the OSR in December. Staff has also compiled responses to the "Information Needed" section which follow. The majority have to do with curriculum, but the Board may also want to discuss ways to address the other areas (i.e., counselling, community outreach, evaluation, and insurance).

"INFORMATION NEEDED"

A. CURRICULUM

School

Problem-Oriented Diagnosis/Problem Based Learning

UMDNJ-Robert Wood Johnson (Rutgers)

Curriculum changes: Any having made big changes and how they did it; any programs especially proud of?

U. Kansas

International health - we need more contacts with addresses for our interested students.

U. Kansas

What are policies at various schools regarding taking clinical clerkships at other schools/hospitals/cities?

U. Illinois - Rockford

What are some of the ways at your school that you found personally helpful in making the presentation of basic science material more clinically useful and relevant?

Loma Linda U.

Problem-solving learning - if your school uses this technique how was it started and what are the cons you see with this system.

Loma Linda U.

The role of the Clinical Faculty in the Basic Science Curriculum

Jefferson

Integration of Computers into the Basic Science Curriculum

Jefferson

Implementation of programs placing greater emphasis on problem-oriented, student-initiated learning rather than traditional lecture approach

Jefferson

Clerkship Orientation Program

Minnesota-Duluth

How the Neurology course can be better taught: The Neurology course at UCLA is poorly organized and incomprehensible (or so it seemed at the time) to the students. If you enjoyed your neuro course, I'd appreciate hearing about what made it enjoyable.

U. California, LA

What kind of sexuality courses do other schools run?

Mayo Medical School

Student Tutoring 1st & 2nd Year Students

I'm interested in any medical school tutoring program.

Yale

We've got a 12 hr. Nutrition Course - A well established one, in fact - but would like specific ideas on curriculum. (Current topics covered include Nutritional Assessment, deficiency syndromes, total parenteral nutrition, 3-5p. paper on a topic of your choice, 24 hr. nutritional analysis of one's own diet.)

Dartmouth Medical School

CURRICULUM (cont'd)School

Would also welcome ideas on effective ways to present the material. (Does anyone talk about every day healthy eating out there?)

Dartmouth Medical School

A task force has been developed at our school to examine our curriculum and design a totally new curriculum. We would appreciate input on other schools' curriculum, particularly how the transition between the classroom/clinical experience is addressed.

Medical College Ohio

Method of introducing students to the clinical setting (i.e., how and when do students get contact with patients?)

Bowman Gray

Method (if any) of teaching health economics

Bowman Gray

Our school is reviewing the curriculum in regards to what preventive medicine is being taught. We would like to survey the students in the clinical years and are in the process of designing a survey. Any copies of surveys in use at other schools would be helpful.

U. Washington

Computers in Medical Education* see PataMac exhibit from Cornell University

Duke U.

Orientation Ideas

Duke U.

Physical Diagnosis Course

Duke U.

Need info on nutrition courses

LSU-Shreveport

Experiences in Problem-Solving Curriculum

U. Cincinnati

Approaches to Psychiatry in Year I & II

U. Cincinnati

We are instigating improvement of our clerkship catalog which now contains very little with respect to course description and virtually nothing about course (especially electives) objectives, requirements, where to meet, where to park, etc. We would welcome contributions of good model clerkship catalogs.

Medical College Ohio

Need more info on ways to incorporate problem-based learning into existing curriculum.

St. Louis U.

Also info on transition from pre-clinical years to clinical years.

St. Louis U.

Info on ethical training within the clinical years.

St. Louis U.

Are sub-specialty (Urology, Neurosurgery, Orthopaedics, etc.) offered as required junior year courses or as senior electives? Is Primary Care, such as family practice, part of junior year?

U. Arkansas

CURRICULUM (cont'd)

School

Preparation of Students Before the Clinics Begin to Communicate Effectively With Patients From Other Subcultures (esp. urban indigents). Does any school have any effective curriculum that helps students get over the "culture shock" of trying to communicate and deal with patients from unfamiliar, esp. poor, Black, Hispanic, Vietnamese, and urban backgrounds? Need references, syllabi, suggestions.

U. Tennessee

Our Educational Policy Council is presently reviewing the structure and content of the medical school curriculum. I'd be interested in information about problem-solving approaches to specific courses and to a curriculum as a whole. I'm also interested in the GPEP prompted move away from large lectures, required class hours and passive learning. Does it work? How is it implemented? What are the obstacles and pitfalls?

U. Wisconsin

Health Improvement Courses for Medical Students - Personal Health

Stanford

Request information on 2nd year Physical Dx course - departments involved, format, curriculum

U. Kentucky

B. COUNSELLING

Pre-residency syndrome
Resident/Physician Impairment

School

UMDNJ-Robert Wood
Johnson (Rutgers)

Would like information concerning the "impair
medical student"; including any possible programs
you have involving substance abuse and how your
school copes with these problems.

Medical College Ohio

What do you see as solutions to the "pre-residency
syndrome"?

Loma Linda U.

Intra Class Peer Counseling Info

Duke U.

Need info on helping students choose a speciality
Need info on how to evaluate residency programs

LSU-Shreveport

Info on Residency Training programs (partial/total)
(single/multiple years) in Third World

Case-Western Reserve

Info/Data on Emerg. Medicine Residency Programs in U.S.
Info/Data on Emerg. Medicine Job Opportunities in U.S.

Case-Western Reserve

What programs are in place at your school to assist
students in preparing for selecting a residency and
being successful at "Match Time"?

U. Florida

Peer Counselor Programs

U. Arkansas

C. COMMUNITY OUTREACH

Would like more info on community-oriented programs
we could enact.

Medical College Ohio

Student Run Children's Carnival Student Health

Duke U.

Homeless People at New Orleans Charity Hospital

U. Wisconsin

Community-oriented Programs

U. Arkansas

D. EVALUATION

What are some of the solutions your school has to avoid "cyclic studying"? I.e., at LLU Soph. year, we have one subject test every Friday.

Attempts to discontinue the use of Parts I & II of the National Boards as a criteria for promotion/graduation.

Our promotions committee is re-evaluating our grading policies of H/P/F and we would like info from other schools as to their policies and advantages/disadvantages they have discovered regarding H/P/F and letter grades.

Are there any formal study groups/classes/meetings at your school to help second year students prepare for the boards?

Evaluations in a P/WP system

School

Loma Linda U.

Jefferson

Medical College Ohio

Mayo Medical School

Hahnemann U.

E. INSURANCE

Recently MCG raised student malpractice insurance from \$65 to \$375 annually. This increase is without precedent as MCG has never had a suit filed against a student. I would greatly appreciate any info concerning how other schools handle the question of student malpractice insurance as well as who pays the bulk of the premium, if any.

Need copies of insurance policies for medical students and/or medical campus (ENVELOPES AVAILABLE)

Student Health Insurance - Does anyone use the AMSA insurance or other plans with any success? What kinds of rates do you pay?

Medical College Georgia

U. Arkansas

U. Tennessee

THER

Idea

Would like any info on the decline in the med school applicant pool. Any info on causes/solutions would be helpful.

Student Health Care - how does your school provide these services and what is the individual cost? Also need information about institutional health insurance.

Policy on Hep B vaccine.

--Does your school pay for the vaccine?

--Does your school require students to be vaccinated?

Cornell HBV free, not required

Mechanisms of improving interaction between students in all four years

Coming LCME visits

A 5-year (slower) Program:

--Does this exist at any medical school? A married medical woman with children inquired about this possibility.

I think that there is a need for a public speaking seminar on campus and believe that OSR could help establish such an event. Does anyone have experience with teaching presentation and speech skills?

Any ideas about strengthening the student voice with respect to school policy making? Dartmouth students have felt they did not play an important enough role in several recent policy changes; including the institution of a high pass grade two years ago and a change in the student parking regulations. (All this despite a rather active student government and involved student body.)

Ideas on Increasing Student/Faculty Interaction

Creative Fund Raising Ideas
Administration of a Student Newspaper

Mechanisms Working at Your School to Increase the Visibility of the AAMC - How do you combat student apathy?

Senior (M-4) year requirements, electives, grading, hours that must be done on campus

Student Housing Alternatives (In city)

School

Medical College Ohio

U. Kansas

U. Illinois - Rockford

Jefferson

Minnesota-Duluth

U. California, LA

Mayo Medical School

Dartmouth Medical School

Duke U.

U. Cincinnati

U. Florida

U. Arkansas

Hahnemann U.

Idea

School

We would like to be in contact with students interested in HEALTH POLICY from other schools:

- a) To invite them to a conference "Taking Responsibility for Health Policy: How Medical Student and Physicians Can Create Change" at Stanford January 25-27, 1987.
- b) To network, share ideas, and share direction. We would also like to offer our experience in putting this conference with other schools that would like to present similar conferences.

Stanford

We are in the process of improving the services we offer for visiting students doing extramural clerkships, and would like info on what your school provides, e.g., list of students to stay with, other housing opportunities, maps, temporary ID, parking privileges, etc.

U. Kentucky

TO: Officers and Members of the Advisory Board of the AAMC-OSR

FROM: Clayton Ballantine
234 Franck Avenue
Louisville, KY 40206 (502) 895-6997

RE: The establishment of a national level set of information packets or electronic file system on topics of interest to medical students

DATE: January 6, 1987

It struck me at the AAMC-OSR convention in New Orleans that an immense amount of information was changing hands through the chance contacts occurring among the students in attendance. The INFO TO SHARE/INFO NEEDED bulletin boards and the subsequent OSR Network listings were great steps in enhancing this exchange of ideas. But there may be some additional steps the OSR can take to further stimulate medical students to take advantage of the vast opportunities for student initiative both within and outside the medical curriculum.

One way to view the situation is that various students and schools have functioning programs which provide practical models of solutions to some of the common problems of medical education. Students or administrators at other schools often try to solve the same problems by starting from scratch. The current system of idea exchange depends on a chain of at least two links. The AAMC student representatives from the donor and recipient schools each have to put in time and effort so a group of interested students at the latter can discover the existence of and get details about a pertinent program at the former. A more direct linkage may make it easier for student representatives and interested students to get the various balls rolling.

If those student representatives who offered ideas via the bulletin boards and OSR sheets could be tapped to send their information into a central clearinghouse, we could build up quite a set of examples of practical problem solving. Organized by topic, these information packets or an electronic file could be available to any medical student or school administrator on request. A menu of topics along with access information could be included in one of the AAMC-OSR newsletters that goes to all medical students. This would also tie in well with Kirk Murphy's idea for a computer bulletin board.

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Once the menu is roughed out, we could throw it open and solicit input via the student representatives and the newsletter on any of the topics to which a school may have information to contribute. Apparently there is a medical curriculum clearinghouse at the University of North Carolina which may be loaded with appropriate data, but many of the menu topics fall at the edge of the curriculum or beyond. I have not yet contacted or heard of any similar system in the AAMC-OSR, AMSA, or AMA-MSS. This file set up may be a way to pull together a great deal of information under one roof.

I have included extremely rough drafts of a letter soliciting the initial write-ups for the packets and a sample menu of topics for your mulling pleasure. This will obviously involve a bit of work to get organized and running, as well as some continuous staff and student support. But it seems like a good way to get a better flow of ideas among all concerned students, faculty and administrators, especially if we involve the rest of the AAMC councils and the other student organizations.

I will be glad to do whatever I can to help get this implemented. Thanks for your time, effort and consideration of this proposal. Hope you enjoy the meeting and each other.

CB/pg

Enclosures

Dear

The AAMC-OCR is attempting to pull together information packets on a broad range of topics addressing solving some of the commonly held problems of medical education. Through the INFO TO SHARE/INFO WANTED bulletin boards and the OSR NETWORK listing, you indicated that you could provide some information in one or more areas.

Rather than have you wait for different students to contact you we are asking that you write up a description of the program on which you have information and submit it to be grouped with similar examples. These packets will be made available to all medical schools. This approach may both cut down on your labor and also provide easier access by interested students to the collective data on a given topic.

The written description does not need to be elaborate. Just a basic fleshing out of the details with an emphasis on the practical aspects of getting started and the pit falls to avoid should be fine. Or maybe even just send in a copy of whatever document or booklet was involved. Obviously it depends on what your INFO TO SHARE is and your own judgement about a write up. Be sure to include a contact address that will be valid in the next year or so, such as your student affairs office.

We have also included a rough list of the various files we are trying to assemble so feel free to contribute or find someone else to contribute to any of these. This may turn out to be a great service for your peers and colleagues. We are trying to get this together before the regional meetings this spring so if you can submit these by the end of February it will help all of us.

Thanks for your time and effort and we look forward to hearing from you soon.

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The Menu of Topics

Freshman orientation programs
Pre-clinical/clinical transition programs
Clinical experiences in the pre-clinical years
Residency selection, transitionitis programs
Student honor codes/codes of ethics
International health opportunities/overseas electives
Funding resources for grants and special electives
National board exam preparation; computer software and courses
Text book recycling
Community outreach programs/free clinics
Accreditation visit preparation and follow up
Nutrition/Preventive medicine/Primary care courses and programs
Student Health Services and screening programs
Debt management and financial aid information or seminars
Computers in medicine courses
Significant Other programs
Curriculum oversight or advisory groups for students
Student publications; yearbooks, newspapers, humor

NOTE: This memo with the three enclosures was already sent to the the OSR Board; please bring your copy of the enclosures.

David E. Kreger
116 Atlantic Street
Gloucester, Mass. 01930
(617) 283-8236

MEMORANDUM

November 15, 1986

From: David Kreger
To: OSR Administrative Board Members
Regarding: US-USSR Medical Student Exchange Program

If I did not have a chance to meet you last week in New Orleans, please allow me to introduce myself. I am a third year medical student at Harvard and I have been working on US-USSR medical student exchanges for three years, largely in association with International Physicians for the Prevention of Nuclear War (IPPNW). I had the opportunity to speak about some of these activities as a member of last month's OSR panel on medical student involvement in community and international health.

In New Orleans, I met Joann Elmore and Vicki Darrows, and we talked in some depth about on-going efforts to set up a program to allow American medical students to study clinical medicine in the Soviet Union for a period of months, and to allow Soviet medical students to do visiting clinical rotations in the United States. I have met a great many medical students throughout the US who want to participate in this exchange, but at present there is no opportunity to do so.

The exchange idea has been bandied about for two decades, but only one American medical student has ever studied medicine in the USSR -- and that was 17 years ago. In the last two years, however, three medical professors in particular have made a strong personal commitment to helping to bring this idea into reality. They are Dr. Christie Kiefer, an anthropologist on the faculty of UCSF; Dr. Norman Robbins, a professor in the Anatomy Department of Case Western Reserve School of Medicine; and Dr. Alexander Leaf, Chairman of the Department of Preventive Medicine at Harvard Medical School, and former Chief of Medicine at Massachusetts General Hospital. I have been fortunate enough to be in frequent communication with these professors over the last two years.

Enclosed is a recent letter from Dr. Leaf to the president of the AAMC, as well as a copy of the actual proposal. The letter explains that what the medical student exchange project most needs right now is a major organization -- the AAMC, ideally -- to formally sponsor it. After two years of work it has become clear that the only way to create a medical student exchange program with the Soviet Union will be to negotiate it with the Soviet ministries of health and higher education. It has also become clear that only a major national organization that represents a consensus of the American medical education

establishment, such as the AAMC, is likely to have success negotiating with the Soviet ministries.

I obtained permission from Dr. Leaf, as well as from Dr. Petersdorf's office, to have a copy of Dr. Leaf's letter sent to you. Dr. Petersdorf's office wanted me to make it clear that the AAMC has not yet taken any position on the program, but is interested in learning more about it. One concern of Dr. Petersdorf's office was whether the USSR would be able to offer visiting Americans students a solid medical curriculum, or whether it would just be a "cultural" exchange. Perhaps one of the first things that the AAMC could endorse would be a small conference between American and Soviet medical educators, to take place in Moscow, for the purpose of exploring possible curricula.

We medical students have a crucial role in helping the exchange come about; the whole project hinges on their being an organized voice for the medical students who want to participate. OSR in particular can play a crucial role in encouraging the AAMC to sponsor the exchange, just as Dr. Leaf has suggested.

I hope the OSR Administrative Board can discuss this topic in its January meeting, endorse the proposal, and develop a plan for addressing the topic with the AAMC president, Council of Deans, etc., so that perhaps at the annual meeting a year from now the AAMC as a whole can vote to sponsor the exchange program.

Please contact me at the above address and phone if you would like to discuss this further. Thank you for your consideration.

enclosures: 1) Letter from Dr. Leaf to Dr. Petersdorf.
 2) US-Soviet Medical Student Exchange Project:
 Brief History and Status.
 3) Letter from the Dean of Case Western to Dr.
 Velikov, Vice President of Soviet Academy
 of Sciences, further explaining the proposal.



association of american medical colleges

ROBERT G. PETERSDORF, M.D.
PRESIDENT

November 4, 1986

(202) 828-0460

MEMORANDUM

TO: Department & Division Directors
FROM: Office of the President
SUBJECT: 1987 & 1988 Executive Council/Ad Board Dates

Please note the following dates for Executive Council/Administrative Board meetings (be sure to circulate to your staff):

1987

January 21 - 22

April 15 - 16

June 17 - 18

September 9 - 10

1988

January 13 - 14

April 6 - 7

June 22 - 23

September 7 - 8

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