



**association of american
medical colleges**

**AGENDA
FOR
ORGANIZATION OF
STUDENT REPRESENTATIVES**

ADMINISTRATIVE BOARD MEETING

April 15, 1987

AAMC Headquarters

ORGANIZATION OF STUDENT REPRESENTATIVES

1986 - 1987

ADMINISTRATIVE BOARD

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IMMEDIATE PAST-CHAIRPERSON

Rick Peters, M.D.
(U. California-San Diego)
1010 Muirlands Vistaway
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January 14, 1987



association of american medical colleges

AGENDA

OSR ADMINISTRATIVE BOARD

April 15, 1987
8:30 am - 5:00 pm

I. Call to Order

II. ACTION ITEMS

- A. Approval of January Board Meeting Minutes.1
- B. Nomination of LCME Student-Participant. 9
- C. Executive Council Items
 - 1. Committee on Strategies for Promoting Academic Medical Centers Report
 - 2. Committee on Faculty Practice Report
 - 3. Proposal for International Medical Scholars Program
 - 4. Transition Committee Report Followup
 - 5. Use of Animals in Medical Education

III. DISCUSSION ITEMS

- A. 1987 Annual Meeting Planning 10
- B. OSR Participation in Computer Conference Network. . . 12
- C. Ideas for Fall Issue of OSR Report
- D. Discussion with Dr. Robert Petersdorf on the Physician Supply Task Force
- E. Discussion with Dr. Jim Bentley on Indigent Care
- F. Discussion with Mr. David Baime on Legislation affecting Financial Aid Programs
- G. Discussion with Dr. Robert Beran on Group on Student Affairs Activities

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- H. Recent Articles
 - 1. "Coping with Entitlement" (previously distributed)
 - 2. "What Future for Primary Care Private Practice". . . 15
 - 3. "Health Care in Transition: Consequences for Young Physicians" & "Uncertainty and the Young Physician" (reprints enclosed)
- I. Executive Council Items
 - 1. JCAH Accreditation and the Academic Medical Center
- IV. INFORMATION ITEMS
 - A. Updates on OSR Regional Meetings
 - B. Executive Council Items
- V. Old Business
- VI. New Business
- VII. Adjournment

Joint Boards Session
6:00 to 7:00 pm
Monroe West

Joint Boards Reception & Dinner
7:00 to 10:00 pm
Monroe East

THURSDAY, APRIL 16

Joint Boards Lunch
noon to 1:00
Conservatory

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

January 20 & 21, 1987
AAMC Headquarters
Washington, D.C.

Vicki Darrow, Chairperson
Kim Dunn, Chairperson-Elect
Rick Peters, M.D., Immediate-past-Chairperson

Regional Chairpersons:

Mike Gonzalez-Campoy
Jill Hankins
Tom Sherman
Mary Vistica

Representatives-at-Large

Mark Blumenthal
Joanne Fruth
Sarah Johansen
Kirk Murphy
Andy Spooner

AAMC Staff:

M. Brownell Anderson*
David Baime*
Robert Beran, Ph.D.*
Janet Bickel
Joseph Keyes*
Wendy Pechacek*
August Swanson, M.D.*

Guest:

Douglas Kelly, Ph.D.*

*Present for part of the meeting.

I. Ms. Vicki Darrow called the meeting to order at noon on January 20, and presented an overview of the agenda.

II. 1987 Annual Meeting Plans (November 6-9, Washington, D.C.)

Board members offered general comments on the importance of students' staying at least through Sunday night and preferably through Monday and recommended that, since the major deterrent is funding, that COD and GSA be urged to support their OSR members' staying through Monday. Ms. Janet Bickel reported that AAMC's meeting theme is "The Supply of Physicians: Toward a National Policy"; the main opening session will begin at 4:30 p.m. on Sunday. In examining the 1986 program evaluations, the Board noted students' desire for more workshop-type formats and decided to offer a series of nuts-and-bolts workshops on Friday night. The Friday afternoon regional meetings will continue to include a focus on discovering and addressing students' expectations of and needs regarding the annual convention. At the Friday business meeting, AAMC President, Dr. Robert Petersdorf would be asked to give a 'big picture' overview of AAMC priorities and activities. The New Member Orientation would be retained and open to everyone, concentrating particularly on how OSR is different from other student organizations. Chairperson-elect campaign speeches would remain on Saturday evening, but candidates who are not elected will receive a 3-minute-speech opportunity on Sunday afternoon.

The students selected as their plenary session theme "Looking Ahead: Perceptions of Physicians' Role in Society", and decided to invite Surgeon-General C. Everett Koop, actor Alan Alda, someone from the media who frequently reports on medical issues, a physician who draws on the humanities in his or her teaching, and a physical scientist. In addition to physician manpower issues, another meeting focus could be students' learning to communicate with patients who are very different from themselves. The Saturday afternoon small group sessions would pick up on the plenary session themes in a future-oriented vein. The Sunday morning sessions would help students focus on messages and ideas to take home, followed by regional meetings where action plans can be formulated. The Sunday afternoon business meeting could include a brief report from each of the morning sessions. Ms. Kim Dunn urged each of the representatives-at-large to focus on one potential annual meeting subject area and start developing a program.

The Board commended the Southern region for putting together summaries of the 1986 sessions and decided to split up this responsibility among the regions for 1987. The Board also agreed that the Network worked well enough to continue offering this exchange, and to encourage students to bring more handouts to share. An outline of 1987 meeting plans, plus potential program titles and topics, is appended to the minutes.

III. AAMC Reorganization

Dr. Robert Beran, Assistant Vice President, Section for Student and Educational Programs, distributed the new AAMC organization chart and described the major staffing changes. The reorganization will be discussed in an upcoming issue of AAMC Weekly Report.

IV. Network on Issues of Concern to Students

Prompted by a proposal from OSR member Clay Ballantine, the OSR Board asked Ms. Wendy Pechacek, Staff Assistant, and Ms. Brownie Anderson, Staff Associate, to describe AAMC resources. Ms. Pechacek reported on the student services network which contains over 450 entries for 33 different services, e.g., orientation programs. Anyone may call her with a request (202/828-0570), and she will check the network for contact persons and program descriptions. Ms. Anderson described the Group on Medical Educations' computer conferencing network on the CONFER conferencing system; anyone with a modem can use this to locate "experts" with specific knowledge about medical education and as an open forum to discuss medical education issues. Ms. Anderson suggested that one role OSR can play in strengthening this network is to encourage faculty and deans at their schools to use it. Mr. Kirk Murphy and Mr. Andy Spooner volunteered to look into these two systems more fully and see how OSR's needs might be integrated. They will also contact Mr. Ballantine to discuss his proposal. They should write a summary to be distributed to the Board in March, so that OSR regional chairpersons can present this as a discussion item at the OSR spring meetings.

V. Impending New York Legislation and the National Board of Medical Examiners

Mr. Joseph Keyes, Vice President, Institutional Planning and Development, and AAMC General Counsel, explained that the New York Assembly adopted a bill which would prohibit the use of the NBME as a licensure exam in the state of New York unless the National Board changes its policy and allows graduates of non-LCME-accredited schools access to the NBME I, II, and III. While the bill was stalled in the Senate last year, predictions are that it is likely to be adopted by both houses this year. The New York medical school deans are thus concerned about the NBME exams' availability. The NBME argues that while its examination sequence is the most visible aspect of its certification program, it must be used in conjunction with other standards, i.e., graduation from an LCME-accredited school, in order for states to use NBME certification as part of a licensing process. Since the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS) is available to provide some evaluation of foreign students, the NBME states that "it is difficult to identify any compelling rationale for modifying its eligibility requirements for certifying examinations." Mr. Keyes asked the students' views on whether AAMC should push the NBME to revise its policy, and the majority of Board members responded negatively.

VI. Treatment of Residents and Fellows for Guaranteed Student Loan Deferments

Mr. David Baime, AAMC Legislative Analyst, explained that about 40 schools appear to be violating Federal statute by formally enrolling residents as students for the purpose of obtaining loan deferments on Guaranteed Student Loans (GSLs) and ALAS/PLUS loans. The AAMC's Committee on Student Financial Assistance therefore requested the Executive Council to issue, on behalf of the Association, an advisory opinion discouraging this practice. The Committee believes that, if this practice should receive widespread publicity, the consequences would be serious, either in terms of sanctions on individual institutions or conceivably in a limitation on the access of medical students to the GSL and ALAS/PLUS programs.

Ms. Darrow noted that many residency programs at which she interviewed used GSL deferments as a recruiting device. Mr. Baime added that existing statute already gives residents a two year deferment and reminded the Board of the bad press medical students have gotten in recent years over loan defaults. Mr. Keyes advised moving with care in spotlighting the schools' abuse, however, so that schools do not perceive AAMC's advisory opinion as a hostile act or a burden. The OSR Board agreed that AAMC should issue an advisory opinion. Ms. Sarah Johansen recommended the AAMC simultaneously elicit and address the reasons why schools have felt compelled to provide this deferment to residents.

VII. Briefing for OSR Board Members Visiting Congressmen

Mr. Baime stated that students should not underestimate the benefits of going to Capitol Hill because legislators and their staff want to know about the problems students face and about students' perspectives on solutions. It is helpful to be specific about bill numbers but not crucial, and students should hold the visits to about 20 minutes. Mr. Baime provided an overview of President Reagan's budget. He said students should stress the reduced access to medical education that will result if Congress approves the proposed HEAL cuts. The President has also proposed complicated changes and cuts in the GSL Program. Mr. Baime advised students to talk about the average seniors' debt being over \$33,000 and the increasing numbers having debt over \$80,000 and how such debt may influence career choices.

VIII. After the Board proposed additional annual meeting program topics and arrangements, the meeting was adjourned at 5:30 p.m.

IX. Council on Graduate Medical Education

Ms. Darrow recalled the meeting to order at 8:45 the next morning, and gave a brief overview of the activities of the Consortium of Medical Student Groups. The next Consortium meeting will be in conjunction with AMSA's New Orleans convention in March, and any OSR Board member attending is invited. Next, she and Mr. Tom Sherman summarized their meeting the afternoon before with Dr. David Sundwall, Health Resources and Services Administrator and Chairperson Pro-Tem of the new Council on Graduate Medical Education. AMSA leaders were also present at this meeting held for the purpose of emphasizing to Dr. Sundwall the importance of having a student serving on this Council, instead of just one house officer. Congress and the White House will be looking to this Council for recommendations in a number of important areas, including physician manpower, graduate medical education financing, and foreign medical school graduates. Dr. Sundwall replied that, at the first opening on the Council, a student would be considered. In the meantime, students are invited to appear at the subcommittee and committee hearings and meetings. Consortium leaders will be placed on the mailing list to receive meeting schedules and minutes.

X. OSR Report

The Board gave Ms. Bickel and Ms. Joanne Fruth substantial feedback on the drafts of their articles for the spring issue of OSR Report (respectively, on human values teaching programs and personal growth during medical school). In response to OSR member Cynthia Carlson's proposal to include a brief article on the utility of Upjohn's educational materials, the Board was divided about whether the materials' utility outweigh drug companies' advertising motives. The Board decided that OSR Report is not the best mechanism for informing students who might not know about the existence of such resources. Instead, Ms. Carlson will be asked to write an informational flyer suitable for posting in a student dean's office, and this will be sent to OSR representatives.

XI. Proposed US-USSR Medical Student Exchange Program

The Board briefly discussed the exchange program proposed by Harvard medical student David Kreger and enthusiastically approved it. The Board could see many potential benefits of US students' interacting with USSR physicians and vice-versa, including opportunities for scientific exchanges. Ms. Bickel reported that Dr. Petersdorf has already tentatively agreed that AAMC will broker such a program, pending the ability to get official permission and funding to support it. Board members also mentioned existing international exchange programs in other foreign countries of which they were aware.

XII. Preventive Medicine Survey Results

Ms. Fruth gave an overview of the history of this joint OSR-Association of Teachers of Preventive Medicine (ATPM) effort to identify excellent health promotion/disease prevention teaching programs. So far, 20 OSR members have responded to the OSR survey, and she and Mr. Mark Blumenthal created a synopsis of the survey returns and met with ATPM staffer Janet Strauss to discuss the returns. The Board agreed that the Fall issue of OSR Report could be a potential vehicle for a presentation on preventive medicine teaching approaches. Mr. Spooner mentioned that many students don't take such courses seriously, saying they don't even know what "real medicine" is yet. Ms. Johansen offered an example from the Dartmouth curriculum of effective ways to teach the importance of not smoking cigarettes, for example, and such programs could be highlighted in an OSR Report article.

XIII. Final Report of the Ad Hoc Committee on Graduate Medical Education and the Transition from Medical School to Residency

Ms. Darrow noted that the Transition Committee Report includes many recommendations that students have pushed hard to see implemented, e.g., upgrading the NRMP Match process. Dr. August Swanson, Vice President, Division of Academic Affairs, explained that the recommendations from the preliminary report had been divided into those that are widely accepted and possible and those that require further explanation because, while desirable, they have met resistance. Dr. Swanson said that students and deans have got to continue negotiating with, and keeping the pressure on program directors, but that efforts which focus on one side of the equation only will not succeed. Referring to the ways she felt victimized by the residency selection process, Ms. Mary Vistica noted that the language in some of the recommendations was toned down from the previous report and asked what enforcement mechanisms could be strengthened and what students could do, for instance, in not responding to program directors' pressures to do "audition" electives. Other Board members mentioned intolerable conflicts students find themselves in between program directors and their own general education. Ms. Darrow shared a booklet titled "Should I Do a Senior Elective at...?" published by the Association of Professors of Gynecology and Obstetrics, showing that almost half of the program directors state that a senior elective is "generally beneficial in

obtaining a PG-1 position in our department." Dr. Swanson mentioned that leaders in otolaryngology and orthopedics recently promised to push their members to refrain from recommending auditioning electives, and that AAMC and other organizations will be mailing program directors messages in the direction of the Transition Committee recommendations.

Dr. Swanson also described the fervor of the deans at their spring meeting to band together against program directors' infringement of students' general education but predicted there would be backsliders when pressures mount that would put students at a competitive disadvantage with programs. As a way of increasing adherence to recommendations, Ms. Johansen suggested asking deans to sign a statement of support, especially of those recommendations whose success depends on everyone's participation, e.g., not releasing deans letters until a specified date. Dr. Swanson applauded this idea and added that each dean should get all his department chairs together and have each describe resident recruiting policies; this exercise can lead to peer pressure in the right direction. Board members also discussed the difficulty of including negative comments in deans letters, especially when some faculty write so little in their student evaluations. Dr. Swanson noted that 40 schools have signed up to send teams to AAMC's Management Education Program on improving their system for the evaluation of clinical students: these workshops directly address this difficulty. Ms. Kim Dunn asked that a student be added to the AAMC ad hoc committee formed to develop guidelines on evaluative information.

XIV. Problem-Based Learning Proposal

Ms. Dunn summarized last year's work to design a symposium devoted to improving faculty's problem-based teaching skills and asked Dr. Swanson about the status of his idea to have AAMC instead offer a Management Education Program series on this subject. She said that the OSR annual meeting session devoted to problem-based learning was highly successful and that OSR identified this as the top priority for the OSR Board to pursue. Dr. Swanson replied that preliminary explorations with leaders at New Mexico and Harvard have been positive and that getting a program off the ground is a high priority. The first step is to pull together an advisory committee (which would include a student) to discuss the most effective way to introduce faculty to learning how to prepare problem-based exercises. Dr. Swanson noted that faculty are very slow to change because they tend to teach the way they were taught but suggested that competition for the best applicants may help them to improve their programs.

XV. Discussion with Dr. Douglas Kelly about NBME Scoring

The AAMC Council of Academic Societies (CAS) Chair-elect met with the OSR Board to describe the factors underlying the CAS sentiment that scale scores (instead a pass/fail designation) on NBME exams continue to be provided to students and schools. These exams are the only instrument available to faculty which are nationally referenced. Also, faculty are familiar with the means by which the test questions are

composed; Dr. Kelly stated, for instance, that the anatomy faculty on test committees are scholars with a high degree of visibility and respect within this discipline. In response to Board members' comments about faculty's unsophisticated use of scores, Dr. Kelly said that cut-off points are a problem in any grading system and agreed that the most serious problem with the NBME exams is the large variety of purposes they serve. He reiterated the difficulty which program directors have in finding reliable information on which to base their evaluation of applicants. Mr. Sherman described problems with schools' use of Part I scores as a barrier exam to the third year and programs' use of these scores in resident selection, since the exam was not designed for either of these purposes. Dr. Kelly said that there still is a large vacuum in available evaluative instruments, related to the fact that nobody has been able to assign a number to the qualities which make a good physician. In the face of this vacuum, faculty have decided that it's safer to have NBME score data than not to have it.

Board members stated how perplexing this discussion was because the reasons cited by Dr. Kelly for wanting the scores are the same ones students give for the scores' being misleading. The Board expressed the hope that CAS would, as stated in the Executive Council agenda, address abuses of the exam by educating faculties about the limitations of the exam. Dr. Kelly thanked the students for communicating their perspectives and expressed the hope that CAS and OSR can work together to improve student evaluation because new ideas are urgently needed and the more faculty/student communication, the better. Mr. Mark Blumenthal stated that the NBME exams have been used as a substitute for faculty knowing students well enough to evaluate them. Dr. Kelly agreed that a reconsideration of the whole milieu is needed but reminded students of the pressures under which faculty are increasingly working. He agreed with Board members, however, that schools should not print students' Board scores on transcripts, particularly schools that give letter grades.

XVI. Nomination of Students to Committees

From the applications received, the OSR Board nominated the following students for committee openings (the student named first is the Board's first choice):

- A) Group on Student Affairs (GSA) Committee on Student Financial Assistance:
William Kapp, Med. College of Georgia
- B) GSA-Minority Affairs Section Coordinating Committee:
Anita Lewis, Med. College of Ohio
- C) GSA Committee on Student Affairs:
Shiela Rege, UCLA
Joan Lingen, Chicago Med.
- D) GSA Committee on Admissions:
Robert Welch, Columbia

E) Association of Teachers of Preventive Medicine
Board of Directors:

Michael Pratt, U. of Washington
Doug Gordon, Syracuse

F) Flexner Award:

Lisa Adams, Dartmouth
Monica Vogt, Baylor

G) Manpower Task Force:

Student Member: Sarah Johansen, Andy Spooner

Resident Member: Miriam Shuchman, Jim Stout or Vicki Darrow

XVII. December Journal of Medical Education Articles

Board members thanked Ms. Bickel for including the articles on deans' letters, NBME exam usage, and residents' teaching skills as information items in the agenda and asked that she routinely send them copies of this Journal. With regard to including negative comments in deans letters, Mr. Blumenthal said that this works when the professor knows the student and when there is no interpersonal conflict there; Ms. Darrow said that program directors' previous experience with a school's deans letters is also important.

XVIII. The Board approved the September Board meeting minutes.

XIX. Ms. Johansen described the value of Dartmouth's course "Scientific Basis of Medicine" and of Project Cork's infiltration of alcoholism-related materials into the curriculum and offered handouts on both. Ms. Jill Hankins said that sharing such information made good regional meeting sessions; she also said Board members might be interested in examining Emory's professional code of ethics and a system called Medfile for organizing their files. Ms. Fruth summarized the main points which the Administrative Board had come to during its meeting. Ms. Darrow adjourned the meeting at 1:45 p.m.

Nomination of Student-Participant for the LCME

As soon as staff in the Section on Accreditation have finished compiling the summary of the applicants for this position and their background materials, this packet will be mailed to OSR Board members to be studied prior to arrival. A subcommittee appointed by Ms. Vicki Darrow will meeting the night before the Board meeting and present its recommendations to the full Board the following morning. The subcommittee will then meet briefly with Mr. Joseph Keyes, Director, Division of Institutional Planning and Development, to go over the OSR Board's nominations.

OSR 1987 Annual Meeting

Friday, Nov. 6

3:30 - 4:30 pm Regional Meetings
4:30 - 5:30 pm Business Meeting
5:30 - 6:00 pm New Member Orientation

7:30 - 9:00 pm

WORKSHOPS

Possible Topics:

- A) Transition to Residency
Joe Girone, M.D. (former OSR member)
- B) Financial planning & debt management
- C) Procuring an NIH Grant
Janet Cuca, NIH
- D) Influencing Health Legislation
- E) Lifestyle issues OR Influencing Curricular Change
Dan Hunt (U. of Washington)

9:30 - ?

Party

Saturday, Nov. 7

8:30 - 11:30 am

PLENARY SESSION: "Looking Ahead: Perceptions
of the Physician's Role in Society"

David Hilfiker, M.D.
Nowel Christman, Ph.D.

Invited: Cong. Henry Waxman
Victor Cohen (Wash. Post)

1:30 - 4:30 pm

(DISCUSSION GROUPS): Four Tracks (the
first three include two 1 1/2 hour segments
with a short break in-between)

Potential Themes for Tracks:

- A) Health care for the indigent
David Hilfiker, M.D.
- B) Graduate medical education and career
choice issues
- C) Learning to practice in ambulatory care
& HMO settings

D) Drawing on Humanities and Ethics to
improve clinical education
Lou Borgenicht, M.D.
Delese Wear, Ph.D. (Coordinator, Human
Values in Medicine, NEOFOM)

5:00 - 6:00 pm Chairperson-Elect Campaign Speeches

7:30 - 9:00 pm Patch Adams, M.D. on Joy of Medicine (OR
switch Patch to Friday night or Saturday
afternoon small group and organize a session
for Saturday night with Program Directors?)

Sunday, Nov. 8

6:30 am Run

8:30 - 10:00 am ISSUE-ORIENTED WORKSHOPS

- A) Improving Problem-Based Teaching
- B) Incorporating Preventive Medicine
- C) Incorporating Alternative Medicine Approaches
- D) Improving Clinical Evaluation of Students
- E) Communicating with Patients

10:30 - noon REGIONAL MEETINGS

1:30 - 4:00 pm BUSINESS MEETING

4:30 - JOIN AAMC PROGRAMS

Other Potential Invitees:

Norma Wagoner, Ph.D.
Victor Sidel, M.D.

OSR Participation in a Computer Conferencing Network

The OSR Board will discuss with Ms. Brownie Anderson, Section on Student and Educational Programs, the following letter from Mr. Andy Spooner and subsequent negotiations. Briefly, Ms. Anderson will discuss whether the GME's Network is likely to focus on those issues of greatest interest to students. She has discovered a network which may better suit OSR's needs--MEDNET created by students at the U. of Michigan.

Also, during Dr. Petersdorf's time with the OSR Board, members may discuss with him responses to the AAMC's pilot project on communications by electronic mail (pink memo, dated 3/6).

31 January 1987

James R. Davis, Jr.
Medical Sciences Liaison
Educational Unit
The Upjohn Company
2515 Flagstone Circle
Birmingham, AL 35226

Dear Jim:

Last time we talked at any length you mentioned that Upjohn would consider funding an OSR project if we submitted a proposal to you. As you may know, I was elected to the national Administrative Board of the Organization of Student Representatives of the AAMC as a Representative at Large. At our last Board meeting I came up with an idea for a project that will immediately benefit medical students across the country; Upjohn can help make this project come about.

The AAMC Group on Medical Education (GME) has developed a computer conferencing network via a computer at Wayne State University. The network is on the CONFER conferencing system. This network will be used "to provide timely medical education news items from AAMC; to continue information exchange begun at regional and national meetings; to conduct small group meetings; to provide an information resource of work-in-progress; to locate 'experts' with specific skills and knowledge; and as an open forum to discuss medical education issues." (I am quoting from the AAMC weekly report.) Once the system comes into general use, it should render obsolete the current method of relying on the sluggish, non-interactive mails to spread news about medical education.

The OSR is interested in promoting use of this network by its members at the national meeting in November. What we would like to do is give every OSR representative an instruction manual and an account number that would allow him or her to return to school and begin using the network immediately. In each student's account would be a small sum of money that would allow several months of use of the system.

M. Brownell ("Brownie") Anderson, AAMC staffer for the GME, whom I believe you know, has said that she could set up accounts for students provided the funds were there. Ultimately, of course, medical schools would provide their own funding to use this system once it catches on, but for now we need to "prime the pump" and get people communicating via this versatile network. Brownie's telephone number is (202) 828-0560; her address is AAMC/DEMR, One Dupont Circle, NW, Washington, DC 20036.

The cost of access to the system during prime time is \$0.25. Only a few minutes a month is all that is necessary to send and receive

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31 January 1987

information and to take advantage of the databases that are available in the network. From what Brownie tells me, a heavy user might consume \$5 to \$10 per month on the system.

I would like to propose funding for the following two items:

- 1) Printing costs of an instructional manual. The GME has a manual that is about 70 pages long that describes the system and gives lessons in its use. We would need 50-100 of these, depending on how many students were willing or able to use the system. I project costs this way:

70 pages (photocopy) @ 5¢	= 3.50
Section dividers	= 0.50
Binder	= 1.00
TOTAL	= 5.00 per manual

100 manuals would then cost about \$500.

- 2) Funding for startup accounts. 100 accounts at, say, \$5 each, or a fixed sum that could be divided among all those signing up for access to the network would be appropriate. Amounts in the range of \$5 to \$10 per person should be enough for several months of use depending on the extent of use.

Throughout this project, Upjohn would be free to include whatever promotional material it deemed necessary; OSR recognizes Upjohn's long record of support for medical education, and this project could be ideal for continuing the tradition.

My initial projection of a cost of approximately \$1000 is a very rough estimate, and I would be willing to come up with some more specific numbers if necessary. I look forward to hearing from you about this project and to hear any suggestions you might have.

In any case, thank you for your continued support of undergraduate medical education. See you on campus?

Sincerely,

Andy

Andy Spooner
Representative at Large
OSR of the AAMC
1193 Tutwiler
Memphis, TN 38107-4820
(901) 272-7044 (or call Alicia Smith at (901) 528-5642)

cc: Vicki Darrow, OSR Chair
Janet Bickel, AAMC Staff



to Wendy
**association of american
medical colleges**

February 6, 1987

Dear OSR Members:

We have just completed our first Ad Board Meeting and I'm pleased to tell you that you have elected a very energetic and enthusiastic Board.

The enclosed minutes describe our Board meeting in detail, and I hope you share them with other interested parties. I will highlight just a few areas.

- 1) We have begun to plan our 1987 annual meeting, using the suggestions from those students who filled out the evaluation forms for the 1986 meeting. We will keep you aware of all the plans as they evolve and are always glad to receive suggestions.
- 2) Clay Ballantine, an OSR member from University of Louisville, wrote a proposal for establishing a computer network for medical students to share information. The Board has begun looking into existing systems within the AAMC.
- 3) The next OSR Report will be published in late March. A box containing enough copies to distribute to all students at your school will be sent to your student affairs office. It is your responsibility to help with the distribution. This issue will provide us with many insights into the stresses of medical education and with many ideas for improving our education.

Dr. Petersdorf, president of AAMC, has formed a committee for housestaff participation. OSR has a long history of working for housestaff representation in the AAMC and we are happy to see that residents, who are an essential component of our education, will soon be in the AAMC. Jim Stout (resident in Pediatrics at the University of Washington) and Kirk Murphy (Representative-at-large on the OSR Ad Board) will represent us on that committee.

At the Executive Council meeting, the issue of reporting National Board scores was again discussed. Unfortunately, the Executive Council voted to rescind its previously voted position favoring Pass/Fail Score Reporting. They did acknowledge that there are many misuses of National Board scores and have charged the Group on Medical Education in the AAMC to work with the National Board of Medical Examiners to inform program directors and medical schools about the limitations of test scores. As the OSR Chairperson, I offered a statement opposing the action of the Executive Council and presented our arguments for reporting national boards on a pass/fail basis only. Kim Dunn (the OSR Chair-Elect) and I voted against the Executive Council action. Kay Clawson, M.D., the immediate past-chairman of the Council of Deans requested that the OSR statement be included in the minutes of the meeting, so our comments are on record. We will

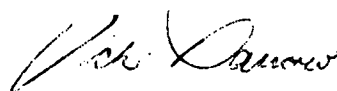
OSR Members
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continue to work for Pass/Fail scoring as the new comprehensive exam comes into being.

Another item to be aware of is the U.S. Government Council on Graduate Medical Education. This council was set up to discuss and make recommendations concerning physician manpower, foreign medical graduates and residency programs and financing. A medical student was not appointed to sit on this council, in spite of the recommendation by the legislators that a medical student be appointed. We set up a meeting with David N. Sundwall, M.D., the designee on the council for the Assistant Secretary for Health with the President of AMSA - Jeff Stolz, AMSA Vice-President - Preston Reynolds, OSR Northeast Regional Chairman - Tom Sherman and myself. We presented many reasons why we felt that a student representative is an essential component of any discussion in medical education. I'm happy to report that he was very receptive.

In summary, your Ad Board has been working hard at the national level to have an impact on the development of policy in medical education. I encourage all of you to make plans for attending your regional meeting this Spring.* Regional meetings are excellent opportunities to exchange ideas, success stories and frustrations with other medical students committed to improving medical education. You will also have a chance to meet with Ad Board members to discuss current issues facing the Ad Board and to provide your input in tackling some of these issues. Remember OSR is a voice within the policy making group for medical education in this country and the involvement of each OSR member is an essential component in making changes in medical education at the local and national level.

Take care,



Vicki Darrow
OSR Chairperson

Enclosures

*Attached is an Ad Board Roster to facilitate your contacting regional chairs for meeting information.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
Organization of Student Representatives
Administrative Board Meeting Minutes

April 15, 1987
AAMC Headquarters
Washington, DC

Vicki Darrow, Chair
Kim Dunn, Chair-elect
Rick Peters, M.D., Immediate Past-chair

Regional Chairs

Mike Gonzalez-Campoy
Tom Sherman
Mary Vistica

Representatives-at-Large

Mark Blumenthal
Joanne Fruth
Sarah Johansen
Kirk Murphy
Andy Spooner

AAMC Staff

M. Brownell Anderson*
David Baime*
James Bentley, Ph.D.*
Janet Bickel

Wendy Pechacek

Robert G. Petersdorf, M.D.*
John F. Sherman, Ph.D.*
Jim Terwilliger*

Guest

Louis Kettle, M.D.*

* Present for part of the meeting

I. Call to Order

Ms. Vicki Darrow called the meeting to order at 8:45 a.m. and requested approval of the January meeting minutes. Under the discussion of GME's CONFER conferencing system, Ms. Joanne Fruth requested the addition of the OSR/ATPM preventive medicine course survey as a potential data source for CONFER. The OSR Board approved the minutes with this addition.

II. Consortium Proposal on Match Violations

Ms. Darrow described the Consortium of Medical Student Associations' attempts to develop a record of complaint form for recording violations in the residency interview process. The Consortium hopes to provide an avenue for students to report discriminatory incidences which is not directly tied to the Match.

The Board discussed the issue of confidentiality in maintaining records. Some members were concerned that the currently proposed decentralized storage system would defeat the purpose of the form. Others proposed adding questions to the AAMC Graduation Questionnaire instead.

Dr. August Swanson, Vice President for Academic Affairs agreed that confidentiality is an important factor in this process. He stressed his belief that education of students as to their rights in the interview process and education of program directors on appropriate questions is the key to improving the system.

The Consortium's next meeting will be held on June 21 in Chicago at the AMA conference.

III. OSR Participation in Computer Network Conference

Ms. Brownie Anderson, Staff Associate, joined the Board for an overview of where the OSR is in the process of getting on-line with the CONFER System. Andy Spooner reported that the OSR will receive \$1,500 from Upjohn in support of on-line time. Ms. Anderson agreed to provide the Board with manuals and sign on numbers, and urged that they develop some incentives for members to utilize the system. Andy Spooner proposed that the Board commit to conduct at least one piece of business over the CONFER system prior to their June meeting. Mr. Spooner will contact members with this information. He suggested using their medical school library computer if they do not have access to their own personal computer and modem.

IV. Indigent Care

At Ms. Darrow's request Dr. Jim Bentley, Division of Clinical Services, gave the Board an overview of the questions facing leaders concerned about the care of indigent patients during a time of shrinking resources for health care overall. He described the distribution of indigent patients as heavily skewed, with most of these patients in public general hospitals, and teaching hospitals as the next major source of care. Dr. Bentley divided his description of indigent patients into several categories: the long-term chronically ill, young mothers and children with no insurance, alcoholics and drug addicts, and those who are simply poor. He also discussed the avenues currently being examined to address problems with indigent care including: a) national health insurance, b) improving the health care delivery system in general (e.g., projects at the U. of Pennsylvania and Johns Hopkins are examining the effects of patients with no primary provider), c) legislative efforts to make health care benefits a requirement of employment, and d) a large variety of state efforts. Dr. Bentley concluded

with thoughts about how many tiers Americans will allow in their health care system and about medical educators' examining their dependence on poor patients to teach.

V. Joint Commission on the Accreditation of Hospitals (JCAH) and the Academic Medical Center

Ms. Darrow asked the Board to direct questions to Dr. Bentley regarding the Executive Council agenda item on JCAH's study of academic medical center hospitals. The study concluded that academic medical center hospitals have a low compliance with JCAH medical staff standards for quality assessment. It recommended some efforts to recognize the distinctive quality enhancing features of these hospitals, but called for full compliance with quality assessment standards for common diagnoses and treatment. Ms. Darrow was encouraged to see that the JCAH speaks directly to the importance of monitoring and evaluating quality, as well as addressing medical center faculty concerns.

VI. International Medical Scholars Proposal

Dr. Swanson provided an overview of the proposal, emphasizing the need for quality control in any such endeavor. He suggested that this is in the early planning stages, but could be very beneficial to foreign physicians in their training programs. The Board felt the basic premise is desirable but that many of the specifics still need work.

VII. Transition Committee Follow-up

Dr. Swanson reviewed the future plans designed to implement the suggestions of the transition report. These include revision of the Universal Application Form, a critical review of the use of Deans' Letters, education of the various parties on appropriate use of NBME scores, and limits on possible audition electives. The NRMP rank order lists will be due on February 19, 1988, with Match Day to be March 23.

Dr. Swanson also noted that a forum will be held each fall, prior to the Annual Meeting. Here all concerned parties will meet to discuss their progress in addressing the concerns outlined in the transition report.

VIII. Use of Animals in Medical Education

Ms. Darrow explained to the staff present and the Board that AMSA's president Preston Reynolds informed her that the pamphlet "Before You Go To Dog Lab" misquotes AMSA's position regarding the use of animals in medical

education. Ms. Darrow distributed a copy of AMSA's position and noted that it is two-fold. AMSA affirms the use of animals in research, and feels that students should be given options and alternative educational materials when animals are used.

Dr. John Sherman, AAMC Executive Vice President, gave an overview of why this issue is worthy of public discussion and of the cyclic efforts of irresponsible groups to do away with the use of animals in medical education and research altogether. He concluded that in preparation of its pamphlet AMSA naively allied itself with one of the most extreme representatives of these groups. When OSR Board members discussed their own experiences with the use of animals in education, a large diversity of perspectives emerged. The OSR Board noted that the Executive Council recommendation that the AAMC develop an "alert" stressing the importance of institutions' having formal internal policies to deal with challenges should take into account the variations in students' moral reactions to the use of animals.

IX. Discussion with AAMC President

Dr. Robert Petersdorf gave an overview of the plans for the AAMC's Task Force on Physician Supply. He believes that there is no overlap with the Council on Graduate Medical Education and its subcommittees; however, this government-sponsored activity makes the independent and non-political AAMC study doubly important, especially if the two efforts arrive at different conclusions. The AAMC officers believe that the AAMC must have a position on physician supply questions even though this position is likely to have numerous implications for the whole infrastructure of biomedical research and medical education. To do nothing would be to remain open to accusations of maintaining the colossus that has been built. He also raised points related to the dangers of having unemployed physicians and to the continuing problem of America's 35 million underserved persons.

Ms. Darrow thanked him for this summary. She expressed the Board's concern that the student and resident selected to participate on the task force were not selected from the nominees submitted by the OSR Board. Dr. Petersdorf responded that there were several sources for nominations and that there were specific reasons for appointing those people named. He agreed that Board members should understand these reasons, and urged them to notify him if they have any concerns. Ms. Darrow explained the Ad Board's goal of fostering leadership among as many students as possible.

Mr. Kirk Murphy asked Dr. Petersdorf about the committee formed to examine the inclusion of housestaff in the AAMC. This group will meet in June and make its recommendation to the Executive Council.

X. Discussion with Council of Deans' Chair

Dr. Lou Kettle, Arizona, summarized discussions held by the deans at their recent spring meeting including: 1) transitionitis and the AAMC's efforts to reduce disruption of students' education, including the dean's recommendation that deans letters not be released prior to November 1; 2) geriatric education and the need to expand the ambulatory care component, e.g., Boston U's home care service model; 3) preventive medical education and how to be as good at preventive care as in curing patients of diseases; and 4) physician supply. Regarding the latter, Dr. Kettle said that the deans are very conservative in their approach, since medical schools are not social agencies but rather respond to state and local directives. Board members asked about the importance of more problem-based learning in the curricula. Dr. Kettle commented on the expense of this inclusion at Arizona (dollars to convert space into small group discussion rooms and to purchase computers) and of the need first to change the perspectives of the curriculum committee chair and the academic deans and to reduce the lecture time across the board.

The OSR Board thanked Dr. Kettle and asked him to join them in June for a continuation of this discussion.

XI. Legislative Update

Mr. David Baime distributed a governmental relations update and pointed to the politics involved in the current budget freeze and effort to reduce the deficit. The Senate Budget Committee's resolution rejects the financial aid cutbacks proposed by President Reagan and retains funding for health manpower programs. Mr. Baime mentioned a Technical Amendments Bill which AAMC used to raise the possibility of residents' becoming eligible for GSLs in those cases where stipends do not cover living expenses; he said that the dental schools want the GSL language changed in this direction and AAMC has supported this even though AAMC does not encourage residents to assume greater debts. OSR Board members asked Mr. Baime other questions related to residents' eligibility for deferment during residency and to the current status of deductibility of interest on student loans. The Board members thanked him for his time and requested his participation in the OSR annual meeting program.