

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

September 9, 1987
AAMC Headquarters
Washington, D.C.

AAMC Staff

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

James Bentley, Ph.D.*
Robert L. Beran, Ph.D.*
Sarah Carr*
Charles Fentress*
Richard Knapp, Ph.D.*
Sonia Kohan*
Elizabeth Martin*
Wendy Pechacek
Robert G. Petersdorf, M.D.*
Nancy Seline*
Cynthia G. Tudor, Ph.D.*

Regional Chairs

Michael Gonzalez-Campoy
Daniel Shapiro
Tom Sherman, M.D.

Representatives-at-Large

Joanne Fruth, M.D.
Kirk Murphy, M.D.
Andy Spooner

Guests

Stephen Keith, M.D.*
Joe Sigler*
Joe Thiessen*

* Present for part of the meeting

I. Call to Order

Vicki Darrow, M.D., called the meeting to order at 8:35 a.m. She reviewed the schedule for the meeting as well as the materials she had sent to Board members with their agendas. Included were minutes from the most recent COGME meeting, information/articles on the New York housestaff working hours and supervision controversy, information on a proposal for parental leave to be included in the ACGME essential items and a draft commentary on housestaff hours developed by Drs. Bentley and Petersdorf.

When requesting additions to the agenda, Andy Spooner asked to add time to discuss progress on the CONFER Network and Joanne Fruth, M.D. asked that the Board appoint a student to the Women in Medicine Coordinating Committee as soon as possible.

II. Action Items

A. Consideration of minutes

Michael Gonzalez-Campoy noted that the Central region had reviewed their regional meeting at the last administrative board meeting. The minutes were approved as amended.

B. Executive Council Items

1. Proposed Policies for the Establishment of a Jointly Sponsored AAHC/AAMC Group of Government Relations Representatives

Dr. Richard Knapp reviewed this proposal with Board members. He felt it would help get communications on legislative and regulatory issues to the right people on campus. He also hopes this arrangement will help both groups get their views heard on Capitol Hill. The Board endorsed this proposal.

2. Report of the Committee on Housestaff Participation

Kirk Murphy, M.D., who served as the student member of the committee, presented their report. The Ad Board approved the report in its entirety. The only change they requested was that the Councils consider this at this year's annual meeting versus their Spring meeting. Dr. Darrow and Ms. Dunn agreed to forward this suggestion to the Councils.

3. Discussion of "A Commentary on the New York State Recommendation for Housestaff Working Hours and Supervision: The AAMC Position"

Prior to this discussion the Ad Board talked briefly about their main concerns with the commentary and how to best present them to the authors. They decided to try to address the following:

- a) what is the "natural course of illness"? How long is it?
- b) the qualitative difference between on-call time for residents versus attendings
- c) the need to improve communication skills of residents to reinforce the team approach to medicine
- d) the reality that many residents do work 36 hour shifts and are exhausted when they are finished.

Robert G. Petersdorf, M.D. and James Bentley, Ph.D., joined the OSR Administrative Board for this discussion.

Dr. Murphy began the discussion by raising the issue of the different activities comprising the number of hours/week for residents versus attendings. Dr. Petersdorf agreed that residents have a more intense time when working. However, especially in "acute" specialty training, he believes the "episodic" approach to work is inappropriate for practicing physicians.

Dr. Petersdorf noted that the issue of supervision is central to the situation in New York. He strongly advocated progressive levels of responsibility in training programs and indicated that

he plans to strengthen that part of the commentary. He felt that what he would like the paper to say is that housestaff training needs to be looked at much more carefully.

Dr. Sherman raised the Ad Board's objections to the section of the paper minimizing the importance of housestaff fatigue. The residents on the Ad Board all confirmed that a night of on-call with only two hours sleep was common -- not an exaggeration. Dr. Petersdorf reiterated the fact that no connection has been made between fatigue and bad decisions. However, he agreed that the residents in the room knew better what on-call was like and agreed to take that section of the paper out.

The OSR Ad Board prepared a Response to the Commentary and distributed it to the Council Administrative Boards at their Thursday meeting. A copy is attached.

4. Treatment of Capital under Medicare

Sonia Kohan, Division of Clinical Services, presented the proposal to repeal the AAMC's original policy statement on the treatment of capital under Medicare. The Ad Board approved this proposal and gave support for continuing to pay Medicare capital payments on a cost-related basis.

C. Committee Appointment to Women in Medicine Coordinating Committee

The Ad Board approved the nomination of Ann Reynolds, Medical College of Georgia, to serve as the OSR representative to the AAMC Women in Medicine Coordinating Committee.

D. Procedure of Appointment of Representatives to Committees

The Ad Board reviewed Ms. Dunn's revised proposal for selection and approved it.

III. Discussion Items

A. Legislative and Regulatory Update

Ms. Sarah Carr, Legislative Analyst, AAMC Office of Governmental Relations, reviewed the staff and structure of their office at the AAMC. She then gave the Board an overview of current activities on Capitol Hill. The main focus right now is on the budget, including a reworking of Graham-Rudman-Hollings. President Reagan may approve some new taxes if an increase in the defense budget is agreed to. Medicaid is slated to receive a \$550 million increase, and AIDS legislation would give \$945 million to NIH.

The Catastrophic Health Insurance Legislation is being negatively affected by the proposed prescription drug benefit. The House has

passed H.R. 1327, reauthorizing the National Health Service Corps at \$65 million, with a new provision for loan repayment for providers.

Title VII Reauthorization and NIH reauthorization are coming up in the near future.

Ms. Carr then discussed strategies for the Board to use during their luncheon with staffers Joe Thiessen from Penney's office and Stephen Keith, M.D., from Kennedy's office. She suggested an informal discussion beginning with the staffers reviewing what their offices are currently working on.

Dr. Darrow expressed thanks to Ms. Dunn for the idea of the luncheon and Mr. Gonzalez-Campoy for planning it. During the lunch, Mr. Thiessen and Dr. Keith told Ad Board members of the importance of direct communication with representatives on the Hill. They suggested that students track one or two issues they feel are important and write to their representatives whenever they have concerns or ideas. Also, a 20 minute visit to staff in Washington can be a very important expenditure of time. All students are urged to keep informed of who their representatives are and what issues are affecting them.

B. Group on Public Affairs Proposal - Joe Sigler, VP for University Relations, University of Texas-Houston

Mr. Sigler presented some of the past projects of the GPA and explained that they are currently developing an idea for a model AIDS public information program that could be adapted for use at any medical school. The program would involve faculty and students in outreach to their communities. Dr. Darrow asked that the GPA develop a written proposal which, if ready then, would be presented to the OSR at their business meeting in November. Mr. Sigler explained that the GPA would be working with the AAMC Task Force on AIDS which will not have met by then. Dr. Darrow thanked the GPA for their proposal.

C. 1987 Annual Meeting Program

Ms. Pechacek reviewed the current status of the OSR program for the November meeting. Ad Board members discussed ideas for an OSR reception and decided to contact local schools for their support. Mr. Spooner will address the OSR at the first business meeting on the CONFER computer network. He will also hold demonstrations. The times for the demonstrations will be printed in the OSR Annual Meeting program.

D. Fall 1987 issue of Progress Notes

Ms. Pechacek reviewed the proposed articles and items for the fall issue of the OSR newsletter, including a lead article on preventive medicine, a focus article on Dr. Petersdorf, a project forum article on the indigent care clinic Dr. Sherman developed in Hartford, and a perspective article from Dr. Darrow.

Dr. Darrow referred Ad Board members to the follow-up letters current OSR appointees to committees had written summarizing their last meetings. Ad Board members asked that an announcement of committee openings in the coming year be included in the newsletter, and that students be encouraged to apply early for these positions. They also asked that those considering running be reminded that those elected need to stay at the meeting until Monday morning in order to assist in decision-making as a new Board member.

E. Proposed Addition to 1988
Graduation Questionnaire

Dr. Cynthia Tudor, Director of Student Studies, presented the question to be added asking students about potentially discriminatory questions asked during residency interviews. Revisions to the originally proposed question were made incorporating suggestions of the Ad Board and members of the Consortium of Medical Student Associations. The Ad Board approved the question as revised.

F. Indigent Care

Ms. Dunn presented the paper she had written on indigent care. She feels this is a crucial problem that deserves the attention of the AAMC. Dr. Sherman explained that he had raised this two years ago and was told it was not a policy issue for medical education and thus should not be raised by the OSR.

Ms. Dunn suggested that, in future meetings with staffers, the Board try to pinpoint key people who are interested in this issue. Also, the OSR can work on a directory of student-initiated projects and contact persons.

Dr. Sherman and Ms. Dunn discussed the potential for an OSR-generated policy statement on this issue. They will contact Dr. Bentley regarding his paper on indigent care.

IV. Information Items

A. Deferment of Student Loans during Residency

Robert Beran, Ph.D., joined the Board to give them an overview of the status of this issue. Following the technical amendments, the two year internship deferment is guaranteed only for new borrowers after July 1, 1987. For residents whose schools are willing to enroll them as full-time students, they can receive deferments based on in-school status. This definition is not helpful to residents in unaffiliated programs.

B. November 1 Release Date

Dr. Beran also gave a status report on success of this initiative. He noted a high level of cooperation among the schools, but indicated that some early match programs are causing serious problems. The AAMC is monitoring activity in this area and believes that the venture is, as a whole, successful.

C. Attendance at Council Meetings

Dr. Darrow suggested that one member of the Ad Board regularly attend the Council of Teaching Hospitals and Council of Academic Societies Ad Board meetings. This will allow them to get to know the issues and the members.

V. Old Business

Ms. Pechacek reminded Ad Board members to be timely in returning their travel vouchers. Members may be able to make airline reservations with the AAMC agent, avoiding the need for large outlays of student money for these meetings.

VI. New Business

Dr. Fruth asked that Dr. Darrow include a list of Ad Board accomplishments in the Annual Meeting program.

VII. Adjournment

The meeting was adjourned at 5:00 p.m.

The OSR Response to: A Commentary on the New York State Recommendations
for Housestaff Working Hours and Supervision: The
AAMC Position

The OSR Ad-Board is now composed of 12 members, 7 of whom are currently in residency training programs. This gives the OSR Ad-Board a unique position from which to discuss this paper.

Although the OSR Ad-Board agrees with the need to address this issue, we would like to raise concern about specific points in the current draft.

We believe that "hours of work" is not the key issue; but that the core issues relate to matters of education, supervision, and ancillary support.

1. Hours of Housestaff

OSR believes that discussion of such fundamental matters must be predicated on statistically and substantively valid analyses. If there is a consensus that such studies are not available then the inadequate studies such as the Arthur Young study should not be used as examples.

Even if one accepts the Young study's conclusion that residents and attending physicians work a comparable number of hours per week, this comparison is made suspect by the fact that residents' duties are chiefly those of patient care, an endeavor which is of greater intensity and duration.

2. Natural Course of Illness

While following the natural history of a disease by one resident through a 20-40 hour period may yield some educational gain, providing patient care with residents through shorter time frames would:

- a. better develop in residents essential communication skills in signing over patients
- b. improve patient care by bringing new ideas to the management of the patient
- c. double or triple the number of residents who would be exposed to the acute progression of the illness
- d. foster the attitude that the team approach to patient care is in the best interest of the patient.

3. Provision of Service

Residents are willing providers of clinical service to hospitals and are not an implicit financial liability. The problem of hours of service in the clinical setting needs to be separated from the issues of intensity and tempo. To improve quality of service and improve the educational and financial status of our hospitals we need an improvement in efficiency. Residents need: better supervision early in their training; improved patient care, nursing, and ancillary services; and decreased administrative workloads. Some of these changes will involve increased initial financial outlays by hospitals, but through improvement in quality of education and care with decreased length of stay and increasing clinical efficiency, there should be a net financial gain. This would be concurrent with providing residents more time for educational needs by decreased working hours. It is not the quantity of time, but the quality that is at issue.

4. Graded Responsibility for Housestaff

We agree that excellent training occurs when there is supervised responsibility of house staff with increasing levels of freedom as housestaff gain experience and competence.

5. Housestaff Fatigue

The reality of the residency experience across the various specialties is that at the end of the "on-call" period, usually lasting at least 36 hours, residents are truly exhausted. Whether or not this affects clinical judgement remains a question. To draw any conclusions at this time without any substantive data would be premature.

6. Moonlighting

Moonlighting is a complicated issue involving financial questions of educational debt, family responsibilities, and income expectations. It is being discussed at many levels. We encourage the AAMC to discourage moonlighting but not to call for an absolute "halt" at this time.



M. Littlemeyer
**association of american
medical colleges**

**AGENDA
FOR
ORGANIZATION OF
STUDENT REPRESENTATIVES**

ADMINISTRATIVE BOARD MEETING
September 9, 1987

AAMC Headquarters

Organization of Student Representatives
Administrative Board

September 9, 1987
8:30 a.m. - 5:00 p.m.

AGENDA

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University of Texas-Houston
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- V. Old Business
- VI. New Business
- VII. Adjournment

Wednesday, September 9

6:30 pm
Georgetown West

Joint Boards Session with Guest Speaker
Representative Fortney (Pete) Stark,
Chairman of the House Ways and Means
Health Subcommittee

7:00 pm - 9:30 pm
Jefferson E & W

Joint Boards Reception and Dinner

Thursday, September 10

8:00 am - 12:30 pm

Administrative Board Meetings:
COD - Caucus
COTH - MAP
CAS - Edison

12:30 pm - 1:30 pm
Hemisphere

Joint Boards Lunch

1:30 - 3:30 pm
Military

Executive Council Business Meeting

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

June 17, 1987
AAMC Headquarters
Washington, D.C.

Vicki Darrow, M.D., Chair

AAMC Staff

Kim Dunn, Chair-Elect

David Baime*

Rick Peters, M.D., Immediate
Past-Chair

Robert L. Beran, Ph.D.*

Janet Bickel*

David Moore*

Wendy Pechacek

Regional Chairs

Robert G. Petersdorf, M.D.*

Nancy Seline*

Mike Gonzalez-Campoy

August G. Swanson, M.D.*

Dan Shapiro

Cynthia G. Tudor, Ph.D.

Tom Sherman, M.D.

* present for part of meeting

Representatives-at-Large

Mark Blumenthal, M.D.

Joanne Fruth, M.D.

Sarah Johansen

Kirk Murphy, M.D.

Andy Spooner

I. Call to Order

Dr. Vicki Darrow called the meeting to order at 8:45 a.m.

II. Action Items

A. Consideration of Minutes

Dr. Darrow requested approval of the April meeting minutes. Dr. Joanne Fruth reminded the Board that regional chairs had agreed to form subcommittees at their regional meetings to review the Universal Application Form. The minutes were approved as amended.

Dr. Darrow asked for volunteers to attend Thursday's Council meetings. Ms. Sarah Johansen and Dr. Kirk Murphy agreed to attend the Council of Academic Societies Board meeting, and Dr. Sherman and Dr. Fruth agreed to attend the Council of Teaching Hospitals Board meeting.

Dr. Darrow requested additions to the proposed agenda, and the following were added: Dr. Murphy requested the Board's input for his meeting on July 14 and 15 with the Committee on Housestaff

Participation. Ms. Johansen asked for time to get ideas on pediatric clerkships, and for the Saturday evening program at the annual meeting. Mr. Andy Spooner asked for time to update the Board on the CONFER System Project. Dr. Mark Blumenthal asked to discuss the review he had written on David Nash's book, and his participation with the Association of Teachers of Preventive Medicine.

Dr. Darrow directed the Board's attention to the GME, GSA and LCME reports in the Executive Council agenda. She also noted a letter she had received from Dr. Donald Weaver, Department of Health and Human Services, indicating he would like more student input.

Discussion with AAMC President

Dr. Robert G. Petersdorf joined the Board and asked if there were any issues on the agenda that the Board wanted to discuss. Members asked Dr. Petersdorf to explain the rationale for the proposed reduction in the number of Council meetings from four to three per year. He explained that the burden on stafftime during April between Spring Council meetings and regional group meetings does not allow for much work to be done at home. Members expressed concern about the timing taking away from OSR Annual Meeting program development. Dr. Petersdorf suggested using the AAMC's new e-mail system or a smaller meeting without the Councils as alternative mechanisms for this planning.

Dr. Darrow asked Dr. Petersdorf to elaborate on future plans for the Journal of Medical Education. He described the current status of the JME as not being read as often as we would like and thus, having little impact on the community. He described the JME as a priority for the new Vice President for Communications. Areas which will definitely be addressed are health services research, health policy, patient care, and medical education. Dr. Darrow expressed the hope that the JME continue to provide a forum for excellence in medical education.

Dr. Blumenthal expressed concern that the OSR Administrative Board does not currently receive the JME on a regular basis. Dr. Petersdorf assured the Board that they would receive it in the future.

Dr. Darrow asked for Dr. Petersdorf's view on how the AAMC should become involved in addressing the needs of the indigent care population. Dr. Petersdorf is concerned that fewer and fewer people seem to want to address this topic. He suggested that students continue to push such efforts as HR 1327, the National Health Service Corps Reauthorization.

Dr. Sherman described some clinics that students have developed to serve their local population. Dr. Petersdorf explained the importance of such clinics becoming a part of the academic institutions infrastructure in order to survive. Dr. Sherman

suggested that the AAMC can serve as a clearinghouse for information on projects which have been successful.

Dr. Petersdorf urged that the OSR resolve to address this issue, suggesting that they could take a leadership role in this area. Dr. Sherman and Dr. Blumenthal suggested focusing students on the philosophy that community service should be an integral part of being a doctor. Dr. Petersdorf commended the annual meeting program planned by the OSR for its focus on service and encouraged the Board to widely publicize their efforts.

Discussion with Director of Section for Provider and Professional Affairs

Ms. Nancy Seline described the HRSA project she is involved in which focuses on the current transitions from in-patient to ambulatory care.

Ms. Seline's visit also prompted a discussion of the current lawsuit by New York housestaff to reduce on call hours.

Ms. Dunn described the issue and Dr. Darrow asked for feedback from students which they could provide to the COTH Board for their discussions. Dr. Peters proposed developing a set of model rotation schedules, given certain ratios of patients to residents, which would show programs what some of their options are. Dr. Sherman and Dr. Fruth agreed to present the Board's views to the COTH Board.

B. Executive Council Items

1. ACGME Essential Items

Dr. August Swanson reviewed this change which prohibits students from a school which is not accredited from obtaining graduate medical education. The Board agreed that the school always has the option of going through an accreditation review should they wish for their students to be able to get residency positions in U.S. accredited programs.

2. New Schedule for Council Meetings

The Board discussed this issue with Dr. Petersdorf, and decided that a change to three meetings in February, June and September would be acceptable if a mechanism is provided for additional time to plan the OSR program for the annual meeting.

3. AIDS Legislation

The Board agreed that a task force would be appropriate to study how the AAMC should be involved in this complex issue. Ms. Kim Dunn questioned why we (the AAMC) are undertaking this effort for AIDS when there are many more significant issues which should be addressed (i.e. indigent care).

4. Mandatory Health Legislation

Mr. David Moore, AAMC staff, reviewed the current legislation on health benefits for the uninsured. He stressed that these bills are designed for those who are not poor enough to be eligible for Medicaid, but are too poor to purchase insurance on their own. He cited an estimated 6.3 billion dollars in 1985 was spent for care of the uninsured. Board members expressed concern over the effects of the bill on small businesses. They endorsed the concept of all persons having access to health care, but questioned the feasibility of this particular bill.

5. Revision of AAMC Statement on Medical Education for Minority Group Students

Ms. Wendy Pechacek reviewed the purpose of revising this statement as a reaffirmation of the AAMC's commitment to increase minority representation in medical education. The OSR Administrative Board felt this was a positive and important move to re-endorse affirmative action.

III. Discussion Items

A. 1987 Annual Meeting Program

Dr. Darrow reviewed the current OSR program for the Annual Meeting. She reminded the moderators of their responsibility to communicate with presenters. Moderators are also responsible for providing Ms. Pechacek with a synopsis of their respective session by August 1.

Dr. Darrow suggested that Board members and/or speakers forward articles of interest for the membership to Ms. Pechacek for distribution with the OSR program.

Mr. Dan Shapiro volunteered to plan the OSR reception, which will be held on Friday, November 6.

Board members requested that an OSR information table be set up and staffed at the Annual Meeting to answer any questions about the organization.

B. Transition Report Activities and Report of the Group on Student Affairs

Dr. Robert Beran reviewed the current status of the effort to move the date for release of Dean's letters back to November 1. He shared a draft memo to be sent to deans reiterating this decision. Letters have been sent to student affairs officers, program directors and third year students. A meeting has been held with representatives from the military but that change will take time.

Mr. Gonzalez-Campoy reported that the Central GSA had passed a resolution in full support of the November 1 date. Board members

asked that the rationale for the November 1 date and a status report be provided in the Fall OSR Report.

The Board asked that students who have already gone through the application process be asked for feedback on the Universal Application Form.

Dr. Beran reviewed the current terms and conditions of the MEDLOANS loan programs. The Board was pleased with the positive direction this program has taken. They suggested that any information on loan consolidation through MEDLOANS be forwarded to any housestaff associations and all program directors.

Dr. Darrow asked if a student could become involved in the GSA/GME Plenary at the Annual Meeting. Dr. Beran suggested that a student respondent would be an appropriate inclusion, and Dr. Darrow agreed to contact the National GME Chair to see if this is a possibility.

C. September Luncheon with Congressional Representatives/ Legislative Assistants

Ms. Dunn described her proposal to meet with congressional representative/legislative assistants at the September 9 OSR Administrative Board meeting. The Board agreed that this would be a valuable experience. Mr. Gonzalez-Campoy volunteered to help Ms. Dunn make arrangements for this meeting.

D. Proposal for Selection of Students to Committees

The Board reviewed Ms. Dunn's proposal and suggested that guidelines also be developed for appointments to ad hoc committees. They agreed that these guidelines would be useful for validating the process and also suggested developing guidelines for responsibilities of committee appointees. Ms. Dunn will review their recommendations and submit a revised proposal in September.

E. NRMP Discrimination Reports

Dr. Swanson and Dr. Cynthia Tudor joined the Board for a discussion of the residency interview complaint form proposed by the consortium of Medical Student Associations. They proposed the inclusion of questions in the Graduation Questionnaire which would ask respondents about specific discriminatory questions which may have been asked during their interviews. The questions would focus on clearly illegal events. The response could later be separated by sex, race or specialty area to see if any clear patterns arise. These results could then be used to educate the various publics on what is really happening. The Board and the Consortium will be asked to submit proposed questions and Dr. Tudor will present a final set of questions for the Board's review in September.

The Board asked Dr. Swanson about progress of the Problem-Based Learning Task Force. He felt their meeting on June 8th was very successful and that the student representative, Jennifer Hook, is a

real asset to the group. They are developing a workshop to effect changes outlined in the GPEP report.

IV. Information Items

A. Regional Meeting Reports

Due to time constraints, regional meeting reports were waived until the next meeting.

B. Legislative Update

Mr. David Baime joined the Board to discuss the technical amendments recently added. The two key areas were an attempt to restore the status quo prior to the November 10 rule as regards deferment for two years of residency, and the fact that GSL and SLS monies may now be borrowed by residents whose stipends are not sufficient to meet living expenses.

The Association contacted interested parties concerning the reauthorization of the National Health Service Corps. The AAMC sees no strong opposition to HR 1327.

C. Committee Nominees/Appointees

1. LCME - David Donnell is the OSR representative.
2. COGME - Victor Freeman is AAMC's nominee to this committee.
3. Task Force on Physician Supply - Following concern expressed by Administrative Board members that their initial nominees were not considered, Kim Dunn was named to the Steering Committee and the Subcommittee on Medical Scientists Supply and Demand and Sarah Johansen was named to the Subcommittee on Physicians Supply and Demand.
4. ATPM Representative - Tabled until September meeting.
5. AMA Conference on Impairment - Next year's Central region chair, Julie Drier, will serve as OSR's first representative to the planning committee for AMA's conference on impairment in October. This appointment came out of a request by Dr. Petersdorf.

D. Housestaff Committee Members

Dr. Murphy asked Board members to make recommendations regarding who should comprise the housestaff group. Members brainstormed several configurations for this group.

Dr. Sherman questioned the process by which this group is being formed. He felt that the Board should first understand what the AAMC was looking for by including housestaff. The Board decided to delineate what they felt were important reasons for housestaff participation: a) housestaff are prime medical educators during

clinical years, b) it will provide a mechanism for disseminating information to housestaff and bringing information back to the AAMC c) many research concerns need to be addressed through this group. All members felt that specialty area should not be the factor determining membership because the common thread for the AAMC is the residency experience as a whole.

Dr. Murphy asked the group to define their priorities for selection of membership in the housestaff group. Their first choice would be the COTH membership each designating one representative, the second would be the 730 major affiliates each having one, and the third choice would be one representative from each of the medical schools and major community hospitals.

E. OSR Report Subcommittees

Dr. Fruth presented the report of the subcommittee for revision of the OSR Report. The new publication will be entitled Progress Notes, with the subtitle "Medical Education News from the Organization of Student Representatives". Regular articles to be included are a) a feature article, b) a forum describing a successful student initiated project, c) AAMC focus - to describe a staff person or section at the Association and what they have to offer students as a resource, d) a resource board to include brief informative items and available resources, e) a bibliography for additional reading on the topic in the feature article, f) letters to the editor, and g) the chairperson's commentary.

Dr. Blumenthal described his review of Dr. Nash's book on future practice alternatives. He felt that, overall, it is a very useful book. The Board decided that a regular book review column would not be feasible in the new Progress Notes, although they may choose to include one occasionally.

VII. Adjournment

The meeting was adjourned at 3:45 p.m. at which time the OSR Administrative Board joined the COD Administrative Board for an informal discussion focusing on the incorporation of preventive medicine into the medical education curriculum, and who should teach medical students.

Organization of Student Representatives

WASHINGTON HILTON

FRIDAY, NOVEMBER 6

3:30 - 4:30 pm - Regional Meetings

Edison -- Western
Military -- Central
Farragut -- Northeast
State -- Southern

4:30 - 5:30 pm - Jefferson West

Business Meeting

5:30 - 6:00 pm

New Member Orientation: Getting the Most Out of OSR

Sarah Johansen
Kirk Murhpy, M.D.
Wendy Pechacek

7:30 - 9:00 pm - Workshops

1. Farragut
Orientation to Career Decision-Making

Moderators: Andy Spooner
Michael Gonzalez-Campoy

Emmett S. Manley, M.D.
Resident in Family Practice
UT - Knoxville
Memorial Hospital

Norma Wagoner, Ph.D.
Associate Dean, Student Affairs
University of Cincinnati College of Medicine

Franklin Williams
Coordinator
UT Family Practice Student Association
UT Memphis College of Medicine

2. Grant
Joy of Medicine

Contact person: Wendy Pechacek

Patch Adams, M.D.
Director & Founder
Gesundheit Institute

3. Independence Moderator: Vicki Darrow
Becoming an Influential Change
Agent/Desert Survival Workshop

Leader: D. Daniel Hunt, M.D.
Acting Associate Dean, Academic Affairs
University of Washington School of Medicine

Facilitators: Cynthia Carlson
Medical Student
University of Washington School of Medicine

Vicki Darrow, M.D.
Resident in Obstetrics/Gynecology
University of California, Irvine

Jim McQuade, M.D.
Resident in Psychiatry
University of California, Irvine

4. Hamilton Moderator: Sarah Johansen
Issues in Women Physicians' Professional Development

Janet Bickel
AAMC Staff

Ellen E. Wilson, M.D.
Resident in Obstetrics/Gynecology
Holy Cross Hospital
Silver Spring, MD

5. Jackson Moderator: Joanne Fruth
Communicating with Patients

Noel Chrisman, Ph.D.
Community Health Care Systems
University of Washington School of Nursing

9:00 pm - Map

Reception

SATURDAY, NOVEMBER 7

9:00 - 11:30 am - Jefferson West

PLENARY SESSION

6. Looking Ahead: Perceptions of a
Physician's Role in Society

Moderator: Vicki Darrow, M.D.
Chairman
Organization of Student Representatives

Panel: Noel Chrisman, Ph.D.
Community Health Care Systems
University of Washington School of Nursing

Charles E. Odegaard, Ph.D.
President Emeritus
University of Washington

Victor W. Sidel, M.D.
Distinguished University Professor
of Social Medicine
Albert Einstein College of Medicine
Montefiore Medical Center

1:30 - 4:30 pm - Discussion Groups

7. Caucas
Health Care for the Indigent

Moderator: Tom Sherman

David Hilfiker, M.D.
Family Practice Physician
Community of Hope Health Service & Christ House

Victor Sidel, M.D.
Distinguished University Professor of
Social Medicine
Albert Einstein College of Medicine
Montefiore Medical Center

8. Map
The Current Debate on Education and
Training of Physicians: Supply,
Demand and Opportunity

Moderator: Vicki Darrow

Kimberly Dunn
Medical Student
UT Houston and
Chairman-elect OSR

Sarah Johansen
Medical Student
Dartmouth Medical School

Deborah M. Prout
Dept. of Public Policy
American College of Physicians

9. Lincoln West Moderator: Mark Blumenthal
Learn to Love the Questions: Clinical Lessons
from Creative Literature

Lou Borgenicht, M.D.
Pediatrician
Salt Lake City, UT

Kathryn Hunter, Ph.D.

Delese Wear
Coordinator, Human Values in Medicine
Northeastern Ohio Universities College of Medicine

10. Jefferson West Moderator: Joanne Fruth
Transition into Residency and Practice

Pamelyn Close, M.D.
Hematology/Oncology Fellow
Children's Hospital of Philadelphia
and David Nash, M.D., Deputy Editor, Annals of Internal Medicine

7:30 - 9:00 pm - Jefferson West

11. Service Moderator: Sarah Johansen

Daniel W. Morrissey, O.P.
Consultant to the Vice President for
Health Sciences
Columbia University

SUNDAY, NOVEMBER 8

8:30 - 10:00 am - Workshops

12. Grant Moderator: Tom Sherman
Self-Directed Learning

Amy Justice
Medical Student
Yale University

13. Hamilton Moderator: Tom Sherman
Changing the Medical School Curriculum

Deborah Capko
Medical Student
UMDNJ/Robert Wood Johnson Medical School

Thomas Sherman, M.D.
Resident in Internal Medicine
St. Louis, MO

14. Independence Moderator: Mary Vistica
Influencing the Legislative Process

Mary Vistica, M.D.
Resident in Surgery
Loyola University Medical Center

15. Jackson Moderator: Mark Blumenthal
Preventive Medicine in the Clinical
Specialties

Moderators: Daniel Blumenthal, M.D.
Chairman, Dept. of Community Health
& Preventive Medicine
Morehouse School of Medicine

Panel: Joseph Barbaccia, M.D.
Professor and Vice Chairman
Dept. of Family and Community Medicine
University of California, San Francisco

Robert C. Cefalo, M.D.
Chairman
Division of Maternal and Fetal Medicine
University of North Carolina, Chapel Hill

Alan Cross, M.D.
Associate Professor
Dept. of Social and Administrative Medicine
University of North Carolina, Chapel Hill

Richard Owen, M.D., M.P.H.
Consultant in Internal Medicine
Mayo Clinic
and
Assistant Professor of Preventive Medicine
Mayo Medical

10:30 - 12:00 pm - Regional Meetings

Kalorama - Western
Independence - Central
Hamilton - Northeast
Jackson - Southern

1:30 - 4:00 pm - Lincoln West

Business Meeting

August 14, 1987

MEMORANDUM

TO: OSR Administrative Board
FROM: Kim Dunn, OSR Chairperson-elect
RE: Selection of students to committee

At the June meeting, it was decided to revise and broaden the April proposal for selection of students to committees to include responsibilities of students appointed and to consider how to process additional requests for student participation outside of the usual ones. Therefore, to that end, follow three aspects for consideration.

REGULAR COMMITTEE APPOINTMENTS

In the recommendations for appointments that regularly occur, i.e. LCME, WIM, ATPM etc, the proposal for April still holds as follows:

1. All Ad Board members continue to receive and review all applicants' applications.
2. Select two Ad Board members to review all applicants for all committees for the coming year.
3. These two members meet before the day of the full Ad Board meeting to adopt a set of criteria to be used in selecting the appointment for a given committee and review all applicants in light of these criteria.
4. During the next day, this sug-group present the criteria and ranking of suggested applicants for discussion.
5. Once a final decision is made, we will then submit the list of recommendations and selection criteria to Dr. Petersdorff.

NON-REGULAR STUDENT APPOINTMENTS

There will be exceptions to the timing of Ad Board meetings and the need for a student representative, particularly in light of decreasing the number of interim meetings from four to three. There are two

aspects which we should consider in deciding a protocol. First, is the use of the computer communication system. Second, is the prerogative of the Chair in deciding and making a recommendation. In an unexpected case, I propose the following:

1. Post a call for nominations to be considered by outlining requirements of the position, information requested about a nominee, and date of close for acceptance of nominations. This can be handled on the computer network system where, currently, Ad Board members are using it. However, in the future, it will be available for all OSR Representatives.
2. Based on information received via this manner and by telephone calls, the Chair, in consultation with the two Ad-Board members, time permitting all Board members, will make a decision.

RESPONSIBILITIES OF APPOINTED STUDENTS

The major stimulus for this aspect of the proposal stems from the fact that reporting by students to the various committees has been less than stellar. Therefore, two things should be required of appointees. They are:

1. Request that as new information arises during their appointment and student in put would be helpful, place a notice in the computer network, when and where possible.
2. A memo will be sent to the appointed student requesting a report by a given date after the end of their tenure on the committee. It will then be the work of the two Ad Board members shepherding committee appointments to see that reports are filed.

INDIGENT CARE DISCUSSION

At the June meeting there was a proposal before the various Boards to discuss the AAMC's role in the AIDS issue. This is a terrible disease affecting society broadly with unique problems for those afflicted with the disease, their families and friends, and the health delivery system. However, if there wasn't a good measure of societal pressure "to do something" with this issue I doubt that it would have received the attention that it has within the AAMC.

During the OSR June meeting the point was raised of why the AAMC does not similarly address issues concerned with indigent health care. I understand the broadness of this issue and recognize why some of the reticence exists for becoming involved. That is, the AAMC has a very full plate and this is a "societal problem" requiring broad societal address. However, given that we in training and many in academic medical centers see the growing discrepancies in health care daily and that, currently, there seems to be no outcry from society generally "to do something" about health care for the indigent, I do not fully understand the other aspects of our reluctance to assume, however small, a leadership role in raising the issues, where possible, for "society" to address. Medical Academia occupies a privileged position in our society. Concomitant with that trust comes an obligation. One, I do not feel, we are currently addressing to our full capacity. Therefore, as a means to raise the topic for discussion, the following is presented.

POSSIBLE AAMC ACTIVITIES RELATED TO INDIGENT CARE

ISSUE

How should the Association respond to the growing problems for our society posed by the increasing discrepancies in health care delivery, i.e. indigent care?

THE CHALLENGE

The inexorable increase in this country in the number of individuals faced with inequities in medical and health care combined with the current lack of apparent will of society to address the issues is creating a future challenge for our social, political, and medical institutions. The growing seriousness of the problem both in an ethical and moral context and in every substantive context together with the danger of political under-reaction requires prompt, comprehensive and thoughtful assessment by each of our societal institutions (e.g., professional societies, educational institutions, religious organizations) as to the possibility of new or enhanced roles that they might undertake for the public good. Unquestionably, academic medical centers carry a major responsibility for such analysis and possible actions. Furthermore, the unique and ethical character of the problems posed by the growing inequities in medical care suggests that the Association should thoroughly explore every possibility for appropriate collective activities.

BACKGROUND

Historically, there has been recent interest in the issues associated with indigent care. In Sept., 1986 a proposal was drafted for consideration by the AAMC. (See attachment A). At the January, 1987 meeting there was extensive discussion of the paper and no resolution for activity. In fact, the concensus was for deliberate inactivity.

Dr. Jim Bentley at the April OSR Ad Board meeting gave 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 Penn 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
- 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.

At the June OSR meeting Mr. David Moore reviewed the current legislation for health benefits for the uninsured. There was consensus that all persons should have access to health care.

To this point the status quo has been goodwill characterized by little activity. I do not see any substantive moves in the near future. Our program at the national meeting is focussing on service and to a great extent on many of the issues surrounding indigent care. However, it is going to take more if something is to materialize within the AAMC. We, as students and housestaff need to spend some time brainstorming on possible AAMC actions, and in raising the issues wherever possible within the other constituents of the AAMC. We need to be like the happy elephant- smile and lean heavy.

The following are meant as springboards for discussion. Some activities could include:

Legislative efforts- The AAMC has been supportive of such like the Medicaid initiatives and the National Health Service Corps Reauthorization. But, what else could be done? Why not take a pro-active approach? Why not compare how other countries approach the problem and learn, with an eye to adopting where possible?

Clearing house of activities- As Tom suggested at the June meeting, why not devote some resources to developing and/or expanding the AAMC's ability to serve as a clearing house of activities to include, specifically, initiatives in dealing with indigent care? For instance, this could include educational projects, health service innovations, and state initiatives and activities.

Interfacing with other groups- Why not join forces with other organizations that have had a long history of active involvement with issues related to indigent care, e.g., the Public Health Association ?

Education- Perhaps one of the areas most difficult to deal with and one which we do have, ostensibly, some control is our attitudes towards indigent patient care in an academic setting. Who treats indigent patients? Almost without exception it is not the chairpersons of departments nor the heads of divisions. In many instances it is solely the medical student or student and housestaff. We could all point to cases, some more than others, where the quality of care received by an indigent patient would have been far better if their economic situation were different. I know of two instances where young children died as a result. I recognize that we have to learn on someone but I think it would be far better to learn with one who has experience at our side teaching us as opposed to a hit-or-miss "learning experience" at the patient's expense. This is one area I think that we, as students and housestaff, can begin to demand of those whose job it is to train.

The above is merely a brief outline meant to sharpen focus, heighten dialogue and, hopefully, spark activity. The problem is broad and will require community of minds and efforts to solve. I hope that, though we have a packed agenda, we will be able to plan an approach to keeping this issue before us.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM #87-41

August 28, 1987

TO: Council of Deans
FROM: Robert G. Petersdorf, M.D.
SUBJECT: November 1 Dean's Letter Release Date

The determination of the medical schools to comply with November 1, 1987 as the release date for deans' letters has been extraordinarily firm. Although a small number of deans' letters have been released, the diligent adherence to the release date policy by over 90% of our schools demonstrates clearly the commitment to the concept of a uniform release date for deans' letters.

During the last several weeks, concern has intensified regarding the effect of the already released deans' letters on students from schools that are holding the line on the November 1 release date. The concern is exacerbated by the anxiety producing messages emerging from a very small number of PGY1 programs. It appears reasonable to assume that in the absence of deans' letters (or anything that resembles a dean's letter) from all but a few schools, that program directors will not be in a position to make informed decisions about their applicants until after November 1.

In his memorandum of August 5, Dr. Beran provided a status report on the activities associated with the November 1 release date. At that time, we were aware of five schools that had released deans' letters. Since that time, staff have been informed of eight additional schools that have released deans' letters or information typically contained in a dean's letter. We have been assured that the number of letters released is small. The transgressions from the November 1 policy are as follows:

- o inadvertent release of deans' letters because of a misunderstanding of the Executive Council's decision
- o the content of the dean's letter being provided by a faculty member or advisor in the form of a letter of recommendation
- o the endorsement by the dean of a faculty member's letter (with all the components of a dean's letter) as an official institutional letter from the dean
- o letters from student affairs deans that clearly state they are not dean's letters, but contain all the elements of a dean's letter
- o deans' letters sent by medical schools who choose not to comply with the November 1 decision
- o a dean's letter sent by a school, but marked "unofficial."

Staff and the Group on Student Affairs national officers have contacted each of these institutions and, in most instances, have received agreement to not send any additional letters. The help of the Council of Deans Administrative Board has

also been engaged in contacting some of these schools. Please alert your faculty that the provision of the information typically in a dean's letter, in any form, is being accepted as a dean's letter. Such letters should be held until November 1.

You are urged to continue to support the November 1 release date decision of the Council of Deans, Council of Academic Societies and Executive Council. Those institutions that are tempted to send deans' letters prior to November 1 should consider the strong commitment of over 90% of the membership!

If you have any questions regarding this matter, please call Robert Beran at (202) 828-0570.

cc: Medical Student Affairs Officers

May 26, 1987

Dear Vicki:

I hope this catches up to you in Seattle before you depart for Irvine. I was back in Seattle for 2 days in late April but you were apparently in Florida then. I just heard from Bruce Riger in China that you and Jim were also on an Oriental tour. I've been on the road most of the last two months but I-90 between Seattle and Rochester, Minnesota doesn't have quite the lure of China.

Down to business; the Association of Teachers of Preventive Medicine/American College of Preventive Medicine/PREVENTION '87 meeting in Atlanta was quite a success. This is an excellent meeting for anyone interested in preventive medicine from either a policy making/public health or clinical viewpoint. There were several excellent scientific sessions (smoking cessation and advertising, breast cancer screening and risk factors, cancer prevention goals, exercise and heart disease, AIDS update) and the political climate was highly favorable to student involvement in the meeting at all levels. Roughly 25 medical students, primarily from the Southeast, were in attendance compared to 3-4 in 1985.

The board of the ATPM and ATPM President Joan Altekruze (Univ of S. Carolina) expressed at several points their desire to increase student attendance at the meeting and involvement in board activities and the planning of scientific sessions. I believe that the next year will be an opportune time for OSR reps and students interested in preventive medicine to canvas faculty at their medical schools for financial assistance to attend PREVENTION '88 in Atlanta next Spring.

A second potential meeting of interest to medical students may be in the works for 1987-88. During this year's board meeting and several open sessions a consensus arose that a major meeting to address the topic of clinical preventive medicine was needed. The board had previously attempted to obtain funding for a less ambitious clinical preventive medicine from the Kellogg Foundation but their efforts were rebuffed. A major effort to obtain grant support for such a meeting will probably take place over the next several months and I would anticipate this meeting becoming reality in 1988. Clearly student input and participation in a conference on the future of clinical preventive medicine is desirable. I will be in contact with Dennis Barbour, ATPM's executive director to keep abreast of any developments in this area.

I am currently working with Dan Blumenthal of the ATPM (a pediatrician at Morehouse School of Medicine) on coordinating a clinical preventive medicine workshop for the fall AAMC/OSR meeting in Washington, DC. The format will be similar to that used the past two years (1½ hours of time split between several speakers and discussion). We are in the process of lining up speakers from four specialties (OB-GYN, Pediatrics, Family Practice, and Internal Medicine) to speak on prevention in their practices. Our working roster includes Bob Cefalo of UNC-Chapel Hill (on Lou Vontuers recommendation) for OB, Alan Cross of UNC-Chapel Hill or Dan Blumenthal for Pes, Jack Farquhar (Stanford) for I.M. and Edward Dismukes of the Univ. of Tennessee for F.P. I hope to get all of the speakers confirmed, a moderator lined up, and the scheduling set over the summer. However, I obviously won't be going to the OSR meeting in November and would appreciate your help in lining up an OSR contact who will be at the meeting and could handle on-site coordination. I'll check with the OSR rep at Mayo School of Medicine when I get to Rochester and see if he/she is interested.

The Association of Preventive Medicine Residents (APMR) is interested in working with medical students. I sat in on their business meeting and I think that in the future the liaison representative to the ATPM might also serve as the liaison to the APRM since the two groups meet in conjunction and have similar agendas. The APMR selected an at large officer on their board to serve as a liaison to various medical student groups (Karen Chapman, M.D. Dept. of Preventive Medicine, University of South Carolina School of Medicine, Columbia, SC 29206). I spoke with Karen at the meeting and recently wrote her regarding possible P.M. resident involvement in the OSR/AAMC prev. med. workshop.

Finally, I've enclosed Mark Blumenthal's report to the ATPM which summarizes several other projects with some preventive medicine content. I will be trying to drum up some financial support to attend the fall ATPM board meeting at the American Public Health Association meeting in October. My goal is to push for curricular changes favoring incorporation of preventive medicine into existing medical school courses and more importantly clinical clerkships and to increase medical student exposure to the discipline of preventive medicine. I hope your spring has gone well and that everything works out well for you and Jim in Irvine.

Michael Pratt
857 6th Avenue, SE
Rochester, MN 55901

July 16, 1987

Dear Rick, Vicki, and Kim,

The ad hoc meeting for housestaff participation has come and gone, and I think with good results. Libby will be circulating a proposal to the committee for touching up and signatures, but in the meantime I thought I'd let you know the highlights. This is meant to be for your information to help direct your thinking. I'm sure you'll agree that the final proposal should be circulated before general discussion with the Ad Board and constituency.

There was surprising consensus all around on several points, most importantly that there should be such an organization, and that it should be part of the governing structure of the AAMC. Organization along the lines of a non-voting group or annual conference (as in the past) was discussed, but not given serious consideration. Although the committee will recommend a "sub-council" structure similar to the OSR, there were proponents for the idea of elevating the residents' organization (as yet un-named), the OSR, and perhaps ultimately a graduate students' group, to the level of council status, independent from the COD, COTH, and CAS, on a separate spoke of the organizational wheel. Although I believe this idea might have promise, I did not push for it because the restructuring involved would lengthen the time frame considerably. Additionally, my perception is that your (national chairperson's) relationships with the COD are more of a help than a hindrance.

Much of the discussion centered around which council to align the residents' organization with. The committee will recommend a double alignment: with the COTH for purposes of selection and financing individual members, and with the CAS for matters of formal input. This structure implies a potential representative pool of 400 or so residents, which is the number of full-member COTH hospitals. In reality, the national convention roll-call will undoubtedly be more modest. I assume this would also involve those with executive council votes sitting at the CAS and perhaps the COTH ad board meetings, analagous to the OSR-COD relationship.

Several decisions were punted. Among them:

1) How will the delegates be chosen, and will the various specialties be fairly represented? With the choosing deferred to the local hospital level, there will be no way to control this on a national level, and it doesn't take a palm reader to predict that the various surgical specialties will be under-represented. However, I believe that even more important than equal specialty representation is the selection of housestaff who can muster the excitement and energy necessary to tackle the issues and organizational mumbo-jumbo. Although not perfect, it seems that the proposed selection process will have the greatest chance of achieving this. Besides, the COTH has the cash, and if we are going to ask them to finance the meeting trips, they should get to say who goes.

2) Although voting status is implied, there will be no recommendation regarding the number of votes and whether or not they will be spontaneously generated, or be taken from another council. I pushed for a stipulation that the OSR's

two votes be protected, but was slapped back. In deference to broad recommendations, the details to be worked out later. My gut feeling is that Dr. Petersdorf will protect the OSR votes; just keep an eye out, that's all.

3) By the time we actually get around to throwing a party, it may well be 1989. The various councils will review our recommendations, by-laws will be drawn up, and the whole thing will undoubtedly need to be ratified by the Assembly, etc. I guess it will ultimately be up to Dr. Petersdorf to keep the thing from being lost in a bureaucratic black hole, but it seems to me that Fall 1988 is a realistic time frame for a first convention. I know you will use your various talents of persuasion to keep a fire lit under the right people. Let me know if I can help when it gets around to planning time.

All in all, it was a great meeting, and I'm optimistic for the future. I was pleased to participate in such a worthy conference. Unfortunately, I will need to start looking for a second residency in order to stay involved, but what the hell- at least I can defer my loans a while longer.

I hope all is well with you guys. Rick, here's hoping that the R-2 year is better than the R-1 year. If things get ugly, I'll meet you in Hawaii ahead of schedule. Vicki, good luck with those crash C-sections. Remember to learn the names of those pediatricians you hand off to- they'll give better Apgars that way. And Kim, stay in school until the 60-hour week becomes a reality.

If you can stand it, I ran across a quote that might help when you're on your next red-eye to D.C. (Vicki and Kim- pardon male usage)

"For those to whom much is given, much is required. And when at some future date the high court of history sits in judgement of each of us, recording whether in our brief span of service we fulfilled our responsibilities...our success or failure...will be measured by the answer to four questions: First, were we truly men of courage...Second, were we truly men of judgement...Third were we truly men of integrity..Finally, were we truly men of dedication?"
-John Kennedy

If that's too much, how about this Yoda proverb I picked up at the meeting:
"The ~~sun~~ scenery only changes for the lead dog"

Vicki - hope you're doing well.

Missing you,

Give me a call if you have any questions about the meeting that I didn't address.

Jimbo

New Address:
11515 34th Ave NE
Seattle WA 98125
(206) 367-6972

P.S. Poor Kirk deserves a purple heart. He took a red-eye out, got to the meeting about 10:00, it was over by 2:00 (with an hour in there for lunch) and he went home on a red-eye that night. Total meeting to travel ratio, about 1:15.

Even though we didn't see much of each other, I miss having you in town.
25

July 10, 1987

Dear Vicki,

I sincerely hope everything is going well for you, or perhaps I should say as well as expected given your recent transition from medical student to medical doctor. Nonetheless, I am sure you are handling the situation with flying colors.

Enough chit-chat, the main reason I am writing is to give you a brief run down of the events which occurred during the last COSFA meeting and MEDLOANS conference held June 23 -26. The important points from the meeting are enumerated below:

1. At the COSFA meeting, Bob Beran announced several new changes in the MEDLOANS program which are detailed in the enclosed document titled "Why should a student borrow GSL, SLS . . . etc." After careful review, it seems that the most significant changes in the program are:
 - a. A decrease in the interest rate from T-Bill rate plus 3% to T-Bill rate plus 2.7% on HEAL loans.
 - b. A change in the capitalization schedule to decrease the frequency of capitalization.
 - c. The elimination of the guarantee fee on GSL and SLS.
 - d. Current updated reports to the students concerning level of loan indebtedness and payment schedules.
 - e. MEDLOANS has agreed to work with borrowers to create repayment schedules that will be comensurate with income level.

The above changes are essentially the most important changes offered by the MEDLOANS program. It is interesting to note that

the initial response to MEDLOANS was not as overwhelming as expected by COSFA or AAMC. The reasons for this still are not fully delineated; however, lack of appropriate publicity and more competitive programs from other lenders were among reasons postulated. Interestingly, it occurred to me that if the MEDLOANS program succeeds in attracting the bulk of medical student borrowers, the AAMC stands to make quite a significant amount of money. I am assured by AAMC staff that any profits will go back into the program; however, I feel this is a point which ought to be recognized by the OSR leadership.

2. David Baime gave a federal update in which he informed the committee that there may have been an oversight when recent deferment status was reauthorized. As you know, the current status of loan deferment allows for a two year deferment to all federal borrowers. The problem is that when this recent technical amendment was clarified, it did not specify all borrowers. David and Wendy met with the Dept. of Education and it was revealed to them that the deferment may only apply to new borrowers and not all borrowers. This may pose a serious problem; however, David told the committee that he would work for further clarification of this matter. Further information will be forthcoming.
3. Another topic which arose is that of loan eligibility for residents. Recent technical amendments have made Health Institutions of Higher Education eligible for federally supported student loans. This legislation stems from dental students having to pay fees/tuition for post-graduate training. Up until this time the ACGME has not been recognized by the Dept of Education, and the question is whether it is desirable to make teaching hospitals eligible to become borrowing institutions under this new provision. Will this result in the institution of tuition and fees on residents by hospitals? Do residents need more loans which may result in a greater level of indebtedness? These and other questions were discussed and motion was made to consult with the COTH AD board before the next COSFA

meeting. It would be timely for the OSR to adopt a position on this issue prior to the next meeting if possible.

4. David also stated that Title VII will be up for reauthorization in 1989, and he suggested that COSFA and AAMC be more active in the reauthorization process. This suggestion was well received and a decision was made for COSFA to take the lead in this process.
5. The last item of business involved the restructuring of COSFA. Proposal was made to reduce the number of members, and thereby increase the effectiveness of the committee. After considerable discussion, a motion was made and passed resulting in the following committee composition:

1 chairperson, 4 regional representatives, 1 MAS representative, 1 OSR representative, 3 at-large members chosen for their expertise, and 1 national officer.
6. The MEDLOANS conference commenced on June 24th and by all indications was a resounding success. The meeting was highlighted by Dr. Edward Stemmler who rendered the keynote address, which, I might add, was right on target concerning medical education now and for the future. Aside from this, the conference provided a formal introduction forum for the MEDLOANS program, and only time will tell as to whether it was efficacious in this regard.

This briefly summarizes the main points of the recent COSFA meeting and MEDLOANS conference. It would behoove the OSR Ad board to discuss those issues raised above so that we might have an official position at the next COSFA meeting. If I can be of any assistance or can answer any questions, I can be reached at the following address. Hope to hear from you soon.

Address:

Medical College of Georgia
MCG Box 589
Augusta, Ga. 30912
404-738-9663

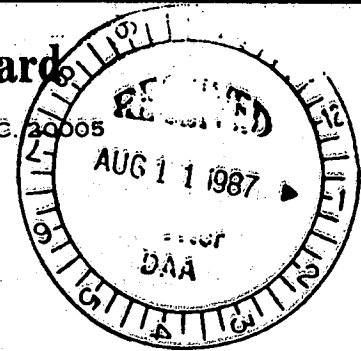
Cordially,



William K. Kapp III

Psychiatry Match Review Board

OFFICE OF EDUCATION, 1400 K ST. N.W., WASHINGTON, D.C. 20005



News Release

PSYCHIATRY ADOPTS NRMP R1/R2 MECHANISM FOR 1988

With wide support from the field, the American Association of Chairmen of Departments of Psychiatry and the American Association of Directors of Psychiatric Residency Training have endorsed the NRMP R1/R2 mechanism as the uniform method of entry of graduating U.S. medical students into the field of psychiatry, beginning with the medical school graduating class of 1988. Previously, only R1 psychiatry positions had been included in the National Residency Matching Program, leading to much confusion because of the fact that applicants can also enter training in psychiatry at the R2 level.

In order to oversee the functioning of this program and to ensure maximal compliance with it, the AACDP and the AADPRT have established the Psychiatry Match Review Board. The Board, which is comprised of four representatives from each of the sponsoring organizations, will function to assist training directors and senior medical students in understanding and complying with the NRMP R1/R2 mechanism. The Board will also investigate reports of non-compliance with the NRMP rules and, where appropriate, recommend sanctions against programs that fail to comply. The initial members of the Board are Robert Michels, M.D., Herbert Pardes, M.D., Anthony Reading, M.D. and Jerry Wiener, M.D. (all from the AACDP), and Jonathan Borus, M.D., George Ginsberg, M.D., William Sledge, M.D. and Stefan Stein, M.D. (all from the AADPRT).

Further information about the functioning of the Psychiatry Match Review Board may be obtained from Anthony Reading, M.D., Chairman, PMR Board, at (813) 972-7050, or William Sledge, M.D., Vice Chairman, PMR Board, at (203) 789-7299.

*Jointly sponsored by the American Association of Chairmen of Departments of Psychiatry
and the American Association of Directors of Psychiatric Residency Training*