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

February 24, 1988
AAMC Headquarters
Washington, D.C.

Kim Dunn, Chair
Clayton Ballantine, Chair-Elect
Vicki Darrow, M.D., Immediate Past-Chair

Regional Chairs
Jeralyn Bernier
Cynthia Carlson
Julie Drier
Dan Shapiro

Representatives-at-Large
Maribel Garcia-Soto
Sarah Johansen
Bill Obremskey
Michael Rush
Andy Spooner

AAMC Staff

Robert L. Beran, Ph.D.
Sarah Carr
Thomas Kennedy, Jr., M.D.
Wendy Pechacek
Robert G. Petersdorf, M.D.
August G. Swanson, M.D.
James Terwilliger
Cynthia Tudor, Ph.D.

I. Call to Order

Kim Dunn called the meeting to order at 8:25 a.m. and introduced the Administrative Board to Robert G. Petersdorf, M.D., President, AAMC.

II. Discussion with Dr. Petersdorf

A. Dr. Petersdorf reviewed the agenda for the morning's AAHC Forum meeting which included discussions of the applicant pool, research issues including the use of animals and fetal tissue, and the physician-nurse relationship.

B. Dr. Petersdorf gave an overview of the history of the AAMC paper on housestaff hours and supervision. Issues identified during this discussion included:

- o lack of specifics in the AAMC paper's discussion of resident responsibilities versus ancillary services
- o need for a clearer definition of a "working" hour
- o essentiality of maintaining a specific limit to the number of

hours (e.g. 80) in order for the paper to have impact

- o need to address moonlighting, somehow recognizing that there are programs which don't require the maximum number of hours per week. Dr. Petersdorf stated that the main concerns with moonlighting were a) lack of proper supervision and b) fatigue.

C. Dr. Petersdorf explained that the budget process for the AAMC was underway and described two areas in which this will impact the OSR:

1. The Organization of Resident Representatives has been put on hold for a year. During this discussion, Ms. Dunn asked if the OSR could invite some residents to attend the 1988 Annual Meeting. Dr. Petersdorf felt that would be appropriate.

2. For future meetings, the AAMC will purchase airline tickets for OSR Administrative Board members to ensure optimal rates are secured.

III. OSR Discussion Items

A. AAMC Graduation Questionnaire (GQ)

Ms. Dunn led a discussion on how the OSR Administrative Board could best utilize and promote the information found in the GQ. Group consensus was to develop a list of actions students can take with the information. Suggestions included:

- o Summarizing trends in results and giving students ideas on how to use the information
- o Writing graduating seniors prior to its distribution to explain how it is used
- o Be sure school's curriculum committee knows about it
- o Bring it to chairmans committees and faculty council
- o Use during LCME accreditation

The Administrative Board's efforts in this area will include: an article by Cynthia Tudor, Ph.D., Director, Student Studies, Section for Section and Education Program, on the current AAMC questionnaires and their uses; a discussion group at the annual meeting focusing on the GQ; and introducing the all schools summary to the consortium of medical student organizations to familiarize them with some of its uses.

At its December meeting, August G. Swanson, M.D., Vice President, Division of Academic Affairs, asked the Administrative Board to take the results of the GQ back to their deans and ask how they used the results.

First, he asked how the AAMC might improve the response rate. Members suggested tying it to receipt of final transcripts, match list or

using animals.

There was a consensus among the board members that students should be given an option to not attend such classes.

E. Reports from Regional Chairs

Each of the chairs gave an overview of plans for their spring regional meetings. Jeralyn Bernier will be developing a packet of information on the relevant issues at the meeting. Julie Drier reported that the COSR is trying to focus on having the students retreat to Nordic Hills rather than heading for Rush Street. The COSR will give each resident a t-shirt and a photo directory. Cynthia Carlson reported that the WOSR would like to have more interaction with the student affairs deans and will arrange a dinner with them one night at Asilomar. Dan Shapiro described SOSR's plans to again be totally integrated with the GSA at their meeting. Special events will include a breakfast with a financial planner, trips to Graceland, and a Mud Island Barbecue. Bill Obremskey reminded the regional chairs of how helpful it is to OSR reps if people share projects and ideas at these meetings. He also urged them to help their members discuss issues, reach consensus and make resolutions.

IV. Executive Council Items

A. International Medical Scholars Program (IMSP) By-Laws

Dr. Swanson joined the Board to explain the status of the IMSP project. This effort is geared toward established foreign physicians coming to the U.S. for specialized training. The ECFMG is currently surveying schools and programs to determine what international efforts are already in existence.

Sarah Johansen asked why this program was being developed. Dr. Swanson explained several reasons including: the fact that the U.S. has been increasingly throwing up barriers to foreign physicians in the past year and the feeling by some that USSR and other communist nations have "picked up the slack" by training foreign physicians and indoctrinating them beyond medicine. He expressed the feeling that the major problem with the IMSP is what the source of funding will be.

B. ACGME Task Force Report on Resident Hours and Supervision

Dr. Swanson also presented these amendments to the general requirements of the ACGME. The Board had no arguments with the proposed changes, they only hoped that someday they would be implemented. Dr. Swanson reported that the Residency Review Committees are going to be asked to record the duty limitations and supervision requirements they observe. They will be given one year to respond.

C. Intramural Research at NIH

Thomas Kennedy, Jr., M.D., Associate Vice President, Office of the President, presented the current proposal to privatize NIH research.

Although he doesn't feel it is very likely to happen, the current administration is doing all they can to pare down the budget and OMB sees this as one way of doing so.

D. Reauthorization of Title VII

Sarah Carr, Legislative Analyst, Office of Governmental Relations reviewed the programs under Title VII and explained that they will all expire in September 1988. Dr. Stephen Keith on Senator Kennedy's staff has been our main contact person for these issues.

Some changes which may occur are under the Health Career Opportunities Program (HCOP). Right now students are only eligible for this money if they have gone through an HCOP program. This may change. Schools may have stipulations to increase their minority enrollment by a certain percentage if they wish to participate in the program.

Some proposals in the area of student financial assistance include cutting the HEAL guarantee limit from 300 million to 100 million and discontinuing the FADHPS and EFN Programs.

Ms. Carr also reviewed the current status of the GSL deferment issue. The technical amendment only reinstated a two year deferment for new GSL borrowers - those after July 1, 1987. Old borrowers only have a deferment for as long as the state in which they do their residency requires prior to licensure. A list of length of practice prior to licensure by state is available from Wendy Pechacek at the AAMC.

V. Old Business

VI. New Business

Sarah Johansen shared a survey developed by Kim McKay Ringer on Women in Medicine. She expressed a concern that the needs of women medical students and residents were not being met through the AAMC. The Board agreed that a survey either this spring or in the fall issue of Progress Notes would be useful.

VII. Adjournment

The meeting was adjourned at 5:20 p.m.

aamc association of american medical colleges

AGENDA FOR ORGANIZATION OF STUDENT REPRESENTATIVES

ADMINISTRATIVE BOARD MEETING
February 24, 1988

AAMC Headquarters

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 828-0400

Organization of Student Representatives
Administrative Board

February 24, 1988
8:15 a.m. - 5:00 p.m.

I. Call to Order

II. Action Items

A. Consideration of minutes of September Board meeting.....1

B. Executive Council Items.....Executive Council Agenda

1. International Medical Scholars Program Bylaws..... 10
2. Resident Supervision and Hours..... 35
3. ACGME Task Force Report on Resident Hours and Supervision..... 78
4. Health Manpower Act..... 82
5. Statement on Professional Responsibility.....90
6. Intramural Research at NIH (discussion).....97

III. Discussion Items

A. Developing a 1988 OSR Action Plan

B. Spring 1988 Progress Notes

C. 1988 Annual Meeting Program.....7

D. Overview of Regional Meeting Plans.....9

E. Women in Medicine - Sarah Johansen

IV. Information Items

A. New York State Department of Health Update on Section 405(h).....23

B. "Information for Residency Directors about the Use of Parts I and II NBME Scores as Factors in Residency Selection".....25

C. "Medical Technology and the Poor"..... 31

D. Letter to Governor Kean from the Committee of Interns and Residents..... 33

E. "A Role for Medical Students in the Animal Research Debate"..... 36

F. "Use of Animals in Experimental Research: A Scientist's Perspective"..... 37

V. Old Business

VI. New Business

VII. Adjournment

OSR Administrative Board Meeting
Schedule

Tuesday, February 23

AAMC Conference Room

6:00 p.m. - 8:00 p.m.	Dinner

Wednesday, February 24

AAMC Conference Room

8:15 a.m.	Dr. Petersdorf
9:00 a.m. - 12:00 p.m.	OSR Discussion Items (see III on agenda)
12:00 p.m. - 2:00 p.m.	Lunch and New Member Orientation
2:00 p.m. - 5:00 p.m.	Schedule to be announced: *Dr. Swanson - IMSP Bylaws and ACGME General Requirements *Dr. Knapp - Health Manpower Legislation and Privitization of NIH *Jim Terwilliger - Update on use of animals in research and education

Washington Hilton

6:00 p.m. - 7:00 p.m. Jefferson West	Joint Boards' Session with Guest Speaker
7:00 p.m. - 7:30 p.m. Jefferson East	Joint Boards' Reception
7:30 p.m.	Dinner on your own

Thursday, February 25

Washington Hilton

8:00 a.m. - 12:30 p.m.	Individual Board Meetings
Map	--Council of Deans
Caucas	--Council of Teaching Hospitals
Jackson	--Council of Academic Societies
12:30 p.m. - 1:30 p.m. Military	Joint Boards' Lunch
1:30 p.m. - 4:00 p.m. Hemisphere	Executive Council Business Meeting

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

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

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

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

Representatives-at-Large
Joanne Fruth, M.D.
Kirk Murphy, M.D.
Andy Spooner

AAMC Staff
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.*

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.

1988 AAMC Annual Meeting
OSR Program Update

Friday, November 11

1:30-3:00 p.m. — OSR Administrative Board Meeting

3:30-5:30 p.m. — Plenary I
Overview of National Issues

**Need to invite Dr. Petersdorf, Mr. Colloton, and determine which other AAMC Staff to invite
**Need to determine Ad Board members to moderate

5:30-7:00 p.m. — Dinner

7:00-7:30 p.m. — Business Meeting I
Nominations and Brief Review of Program

7:30-9:30 p.m. — Regional Meetings I

10:00 p.m.---- — OSR Party
**Need to contact Chicago area schools for local host
?Julie Drier at Central region meeting

Saturday, November 12

9:00-11:30 a.m. — Plenary II (One or two sessions)

To be invited	Inviter	Invited?	Response	Wendy has address?
Gellhorn	Jeralyn	Yes		Yes
Bell	Jeralyn	Yes		Yes
Axelrod	Jeralyn	Yes		Yes
Foege	Dan	Yes	No	
Tosteson	Kim			
Brandt	Kim			
Boulger	Kim			
Ginzberg	Kim			
Iglehart	Kim			
Pickett	Kim	Yes	Yes	Yes
Koop	Cynthia			
George Engel	Vicki			

12:00-1:30 p.m. — Lunch

1:30-3:00 p.m. — Set of 2-3 Workshops/Discussion Groups (see list below)
**Need to determine how many rooms we will need

3:00-4:30 p.m. — Set of 2-3 Workshops/Discussion Groups (see list below)
**Are we having the same number here?

4:30-7:30 p.m. — Dinner

7:30-9:30 p.m. — Evening Program
**Need to determine who to ask--Bernie Siegel said no

Sunday, November 12

8:00-10:00 a.m. Regional Meetings II

10:30-12:00 noon Workshops (see below)
**Need to determine number of rooms needed

12:00-1:30 p.m. Lunch

1:30-4:30 p.m. Business Meeting II: Elections

Proposed Workshop Speakers

Topic	Invitee	Inviter	Invited?	Response	Wendy has address?
How Patients are Treated	Stone	Dan			Yes
Demographics/ Change	Hayes/ UCLA ppl.	Maribel			
How Patients are Treated	Class	Jeralyn			
AIDS	Osborne Koop TF ppl (Kevin Flanigan)	Julie Cynthia			
Intl. Health NHSC	Leland?	Bill			
Problem-based Learning	Ramos/ Hooke	Bill/Vicki			
Ambulatory Care Survey	Seline	Vicki			Yes
Clinical Instruction by attending	Inui	Vicki			
Computers	McCoy	Andy	Yes		Yes
Women		Sarah			
Evaluation/ NBME	Volle	Clay			
Leg. Update	Carr	Wendy			Yes
Ad Board Issues Input	Kim/Clay				

Northeast OSR, Spring meeting 1988

Montreal, April 13-15

Medical Education: An Uncertain Path to an Uncertain Future

Tuesday, April 12
8-11:00 p.m. OSR Registration

Wednesday, April 13
9-10:30 a.m. Joint plenary with GSA, GME:
"The Good Doctor - Defined from the Perspectives of Government and Academic Medicine"
Speakers: Monique Begin, Former Canadian Minister of Health; Robert Petersdorf, M.D., President AAMC; Daniel O. Thier, M.D., President, Institute of Medicine

10:30-11:00 a.m. Coffee Break

11:00-12:30 p.m. Welcome to NEOSR: orientation, review, agenda

12:30- 2:00 p.m. Lunch

2:00- 5:00 p.m. OSR Plenary and Discussion of: "Regulation of Student and Resident Training--The New York State Experiment"
Speakers: ?Gellhorn, ?Bell, ?Axelrod, ?Cornell/New York Hospital program director and/or administrator

6:00 p.m. - ... GSA Cocktail Party
Dinner and Montreal...

Thursday, April 14
8:30-11:30 a.m. Rotating Small Groups
1. ?A National Comparison of Medical Practice and Training--Amy Justice
2. Problem-Based Learning: Albany Medical College--John Cianca; Tufts--Charles Schnee
3. ?Evaluations of Students--Just or Unjust?--Amy Justice
4. ?Options--The Students' Role in and Knowledge of Their Future

11:30- 1:00 (optional) Minority Affairs Section Lunch:
"Ethical Considerations for Minorities in Medical Education", James Story, Ph.D., Dean of Admissions and Student Affairs, Meharry Medical College

1:15- 11:00 p.m. Trip to Quebec City (with GSA)

Friday, April 15
7:30-9:00 a.m. Women's Liaison Breakfast (optional)

Northeast OSR, Spring meeting 1988

Montreal, April 13-15

Medical Education: An Uncertain Path to an Uncertain Future

Friday, (con't)

9:00- 11:30 a.m. "Seminars in Innovation":
Humanities Curriculae: Hershey, U. of R., M.C.P.
Intro. to Clinical Sciences, e.g. physical dx: Dartmouth, U. of Buffalo
Ethics: U. of Conn.
Impaired Students: Columbia, ?U. of P.

11:30-1:00 p.m. Lunch

1:00-4:00 p.m. Ad Board update--Sarah Johansen
Synthesis and Initiation
Business Meeting and Elections

SEE YOU ALL IN MONTREAL!!! PLEASE CALL ME IF YOU HAVE QUESTIONS.

JERALYN--(401)521-9774

Preliminary Schedule
AAMC - OSR Central Region
Spring Meeting
April 15 - 18, 1988
Nordic Hills
Itasca, IL

Transitions: Managing the Stress of Change in Medicine

(2-1-88)

Fri. April 15, 1988

10:30 - 11:30	Travel time to Nordic Hills
11:30 - 1:30	Convention Planning Committee Lunch (Nordic Hills) all convention planning committee members Purpose: to review convention program, identify problem areas, and allow convention planning members some casual time together before the convention begins
1:30 - 3:30	Free time (to complete tasks identified above or play)
3:30 - 4:30	Registration
4:30 - 6:00	Reception in OSR chairperson's suite/Dinner (dinner in the suite ?)
6:00 - 7:00	Business meeting I introductions ride-share any problems? outline program entertainment sign-up for Sat. eve. election of COSR chair-elect - will open floor for nominations tomorrow a.m.

7:00 - 9:00 Opening Session - "Transitions"
- welcome and general comments
- transition to OSR
- identify transitional phases in medical school
- the responsibility of the upperclassman
- group discussions of specific transistions, major problems and positive ways to make to transition easier
- group leader summaries to entire group
  Dr. Ted Booden
  Jan Reece

Sat. April 16, 1988

8:30 - 9:30 Continental breakfast

9:30 - 10:00 Business meeting II
introductions
open floor for nominations for chair position

10:00 - 11:30 Administrative Board update
- presentation (Julie Drier, Central Region OSR Chairperson)
- question/answer period

Financial/legislation update
- presentation (_____)
- question/answer period

AIDS and the Academic Teaching Hospital update
- presentation (Kevin Flanigan)
- question/answer period

GSA update
- intro/history/purpose of the GSA (? Dr. Gerry Schermerhorn?)
- invitation to participate in GSA programs, how the GSA and OSR can most effectively work together (Dr. Michael Rainey)

11:30 - 1:30 Networking/Lunch

1:30 - 2:45 OSR SPONSORED PROGRAM FOR CGSA
Cynthia Scott

2:45 - 3:00	Break
3:00 - 5:00	Cont. with Cynthia Scott
5:00 - 7:00	OSR Project Forum
? 6:30	**INFORMAL COOKOUT WITH GSA**
7:00 - 9:00	Dinner
9:00 - ?	Play
Midnight	Raid the refrigerator . . . Munchies (Nordic Hills)

GSA SCHEDULE - SAT. APRIL 16, 1988

10:00	GSA REGISTRATION BEGINS
10:30 - NOON	MINORITY AFFAIRS SECTION BUSINESS MEETING
NOON - 1:30	LUNCH ON YOUR OWN
1:30 - 2:45	**OSR SPONSORED PROGRAM FOR CGSA**
2:45 - 3:00	BREAK
3:00 - 3:45	CGSA COMMITEE MEETINGS (FINANCIAL AID/ADMISSIONS AND STUDENT AFFAIRS)
3:45 - 4:00	BREAK
4:00 - 5:30	WELCOME/KEYNOTE SPEAKER
5:30 - 6:30	SOCIAL HOUR
6:30 -	**INFORMAL COOKOUT WITH OSR**

Sun. April 17, 1988

9:00 - 9:45	Continental Breakfast
_____	? Business meeting III

10:00 - 11:30	_____
	Dr. Quinten Young, _____
	Mr. George Atkins, _____
	? Dean Falk, Dean, Chicago Medical School
11:30 - 1:30	Networking/Lunch
1:30 - 2:45	Open Discussion/Information sharing - What is happening at Your school? What is OSR doing at your school?
_____	Proposed goals for the COSR (Agenda for Action or modified Agenda for Action) -Identify proposed goals -Discuss -Consensus regarding COSR goals for the next year? -Identify committee members to coordinate members in working toward goals if appropriate
3:00 - 5:00	**GSA Project Forum** **Theme: "Managing Interfaces: The Student Affairs Officer as Change Agent"**
5:00 - 7:00	Networking/Dinner
8:00 -	**Student-Dean Disco (Sydney's pub, Nordic Hills)**

GSA SCHEDULE - SUN. APRIL 17, 1988

8:30	REGISTRATION CONTINUES
9:00	WELCOME/ANNOUNCEMENTS
9:15 - 10:30	**NEWS FROM: OSR** AND CGME AAMC AND NBME
10:30	BREAK
10:45 - NOON	COMMITTEE ON FINANCIAL AID SPONSORED PROGRAM
NOON - 1:30	LUNCH ON YOUR OWN OR WOMEN LIAISON OFFICER LUNCHEON

1:30 - 2:45	Committee on Admissions sponsored program
2:45 - 3:00	BREAK
3:00 - 5:00	**PROJECT FORUM**
5:00 - 6:00	SOCIAL HOUR
6:00 -	DINNER ON YOUR OWN
8:00 -	**STUDENT-DEAN DISCO (SYDNEY'S PUB, NORDIC HILLS)**

Mon. April 18, 1988

9:00 - 9:30	Continental breakfast
9:30 - 10:30	GSA: NRMP Match of Spring, 1988 (panel)
10:30 - 10:45	Break
10:45 - 12:00	**GSA Program for OSR** (?Career counseling/ development program?) Domeena Renshaw (?Mon am?)
12:00 - 2:00	Networking/Lunch
2:00 - 3:00	Business meeting IV - Summary of OSR meeting - Identify goals of the COSR for the upcoming year - Welcome to new chair-elect - Words from the new OSR Chair-elect - closure (present Chair)

GSA SCHEDULE - MON. APRIL 18, 1988

8:30 - 9:30	NEWS FROM NRMP
9:30 - 10:30	**MATCH REACTOR PANEL**
10:30 - 10:45	BREAK
10:45 - NOON	**COMMITTEE ON STUDENT AFFAIRS SPONSORED PROGRAM** **? ADD "FOR OSR" TO TITLE ?**
NOON - 1:30	LUNCH ON YOUR OWN

1:30 - 3:15	MINORITY AFFAIRS SECTION SPONSORED PROGRAM
3:45 -	FREE TIME/BUS TO LOOP
	BUS TO MALL(S)/DINNER ON YOUR OWN

GSA SCHEDULE - TUES. APRIL 19, 1988

9:00 - 10:15	CONCURRENT CASE DISCUSSIONS #1
10:15 - 10:30	BREAK
10:30-11:45	CONCURRENT CASE DISCUSSIONS#2
NOON	CGSA BUSINESS LUNCH MEETING
2:30	MEETING ADJOURNED

MISC IDEAS

Identifying and managing the stresses of change in medicine (panel)

The stress of medical school (speaker/small group discussions)

8:00 - 9:00 Effective, healthy ways of coping

9:00 - 10:00 Identification of personal goals, strategies for meeting personal goals

1:30 - 2:45 What is OSR? What can OSR be?
Introductory Panel:
- **Wendy Pechacek**
- **Julie Drier**
- **A student from a pro-OSR school**
- **A GSA dean from a pro-OSR school**

Small groups:
(balance groups with veteran OSR reps, new reps, deans, etc.)
- student leader (a veteran OSR rep)
What do you want to do as an OSR rep (list goals)?
How can you achieve these goals?

TENTATIVE PROGRAM: WAAMC MEETING, APRIL 24-27, 1988-ASILOMAR

THEME: "Medical Education in the Information Age"

Sunday, April 24

9:00 - 6:00 p.m.	GME Special Program: Workshop for Curricular Affairs Deans
3:00 - 6:00 p.m.	Registration
3:00 - 6:00 p.m.	MAS program: Tracking minority medical students- Database demonstration project
4:00 - 6:00 p.m.	GSA Dean's fireside chat
4:00 - 6:00 p.m.	OSR BUSINESS MEETING
4:00 - 5:00 p.m.	WAAHP New advisor's workshop
6:00 - 7:00 p.m.	Dinner
7:00 - 9:00 p.m.	Keynote address- Dr. Jack Myers, University of Pittsburgh
9:00 - 10:30 p.m.	Wine & Cheese reception

Monday, April 25

7:30 - 9:00 a.m.	Breakfast
9:00 - 10:30 a.m.	PLENARY I: "Teaching medical students about information management"
10:30 - 11:00 a.m.	Break
11:00 - 12:00 a.m.	Four concurrent sessions- TBA 1) The "automated" Dean's letter 2) Toward a curriculum in medical information sciences 3) Automation in the admissions process 4) MAS: Perspectives and insights in recruiting and retaining native american students
12:00 - 1:00 p.m.	Lunch
1:30 - 3:00 p.m.	PLENARY II: "The role of medical schools in physician oversupply: Congressional perspectives"
3:00 - 3:30 p.m.	Break

3:30 - 5:00 p.m.	OSR: International Health Opportunities and Indian Health Service
3:30 - 5:30 p.m.	WAAHP: Building a Library for pre-meds and their advisors
6:00 - 8:00 p.m.	Bar B Que
8:00 -	GME, GSA, MAS, OSR Fireside chats (all seperate)

Tuesday, April 26

7:30 - 9:00 a.m.	Breakfast
9:00 - 10:30 a.m.	PLENARY III: "Medical student well being
10:30 - 11:00 a.m.	Break
11:00 - 12:00 a.m.	Three concurrent sessions- 1) The impaired student- diagnosis and treatment 2) Faculty development vs. course development- how to work with student and faculty to improve curriculum 3) Change effectiveness- the role of students
12:00 - 1:00 p.m.	Lunch (OSR with pre-med advisors)
1:00 - 2:30 p.m.	GSA: NRMP report WAAHP: Admissions officers & pre-health professions advisors meeting GME: Clinical competence examinations/ Assessment of clinical skills MAS: National Boards and minority student performance OSR: Computers in medicine: medical students perspective
2:30 - 3:00 p.m.	Break
3:00 - 4:30 p.m.	WAAHP: Advisor reports on Dentistry, Optometry, Osteopathy, Podiatry, & veterinary medicine
3:00 - 5:00 p.m.	GSA: Handling negative information in the dean's letter: round 2
3:00 - 4:30 p.m.	OSR: Issues in change effectiveness & communication
3:00 - 5:00 p.m.	GME: Research planning meeting:

assessing outcomes of medical education

3:00 - 5:30 p.m. MAS: Student development: The medical scholars program at UCSF

4:30 - 6:00 p.m. OSR: BUSINESS MEETING NUMBER 2

4:30 - 5:30 p.m. GSA/GME: Student Affairs/Academic Affairs administrators: Computer applications in student affairs offices

5:00 - 6:00 p.m. GME: Business meeting
MAS: Business meeting

6:00 - 7:00 p.m. Dinner (OSR with Deans)

7:15 - Trip to the Monterey Aquarium (pre-registration required)

Wednesday, April 27

7:30 - 9:00 a.m. Breakfast

9:00 - 10:30 a.m. PLENARY IV: AIDS and medical education

10:30 - 11:00 a.m. Break

11:00 - noon Wrap-Up

12:00 - Lunch

SUNDAY, APRIL 24, 1988

	GSA	MAS	GME	OSR	WAAHP
3:00- 4:00	REGISTRATION				
4:00- 5:00	Deans' Fireside Chat	Tracking Minority Students-- Database Demo (3:30-6:00)		Business Meeting	New Advisor Meeting
5:00- 6:00					
6:00- 7:00	DINNER				
7:00- 9:00	KEYNOTE ADDRESS Jack Myers, M.D.				
9:00-10:30	WINE & CHEESE RECEPTION				

MONDAY, APRIL 25, 1988

7:30- 9:00	BREAKFAST				
9:00-10:30	PLENARY SESSION I "Teaching Medical Students About Information Management"				
10:30-11:00	BREAK				
11:00-12:00	FOUR CONCURRENT SESSIONS: The "Automated" Dean's Letter Toward a Curriculum in Medical Information Sciences Automation in the Admissions Process MAS: Perspectives and Insights in Recruiting and Retaining Native American Students				
12:00- 1:00	LUNCH				
1:30- 3:00	PLENARY SESSION II "The Role of Medical Schools in Physician Supply: Congressional Perspectives"				
3:00- 3:30	BREAK				
3:30- 5:00	Business Meeting		Update: CONFER Workshop	Int'l Health Opportunity & Indian Hlth Service	Building a Library for Pre-Meds & Advisors (3:30-5:30)
6:00- 8:00	BARBECUE				
8:00-	Admissions Officers' Fireside	Fireside Chat	Deans' Fireside Chat	Fireside Chat	

TUESDAY, APRIL 26, 1988

	GSA	MAS	GME	OSR	WAAHP
7:30- 9:00	BREAKFAST				
9:00-10:30	PLENARY SESSION III: "Medical Student Well Being"				
10:30-11:00	BREAK				
11:00-12:00	THREE CONCURRENT SESSIONS: The Impaired Student: "Diagnosis and Treatment" "Course Development" vs. Faculty Development-- How to Work With Students and Faculty to Improve Curriculum Change Effectiveness--The Role of Students				Update on National Meeting
12:00- 1:00	LUNCH				
1:00- 2:30	NRMP Report; Financial Aid Officers Meeting	Nat'l Boards & Minority Student Performance	Clinical Competence Exams/Assmt Clin Skills	Older Students/ Single Parents	Admissions Officers & Pre-Hlth Advisors Mtg
2:30- 3:00	BREAK				
3:00- 5:00	Negative Information in Dean's Letters	Minority Student & Faculty Development	Assessing Outcomes of Medical Education	Change Efficacy & Communicatn	Advisor Reports
4:30- 5:30	Computers in Student Affairs		Computers in Student Affairs		
5:00- 6:00		Business Mtg	Business Mtg		
	DINNER (OSR: Dinner with Deans)				
7:15-	TRIP TO THE MONTEREY AQUARIUM				

WEDNESDAY, APRIL 27, 1988

7:30- 9:00	BREAKFAST
9:00-10:30	PLENARY SESSION IV: "AIDS & Medical Education"
10:30-11:00	BREAK
11:00-12:00	WRAP-UP
12:00-	LUNCH

Current SOSR Spring Meeting Plans, April 27-30, Memphis, Tennessee

Theme: Medicine for the Next Century

Format: three topics with three discussion groups addressing each (same as 1987 program)

-Recruitment
-Educational Strategies for the 90s
-Counseling for the "unimpaired" medical student

Also: Breakfast with a financial planner
Business meeting I: Roundtable discussion
Business meeting II: Elections
Optional evening tour of GRACELAND!!!!!

(h) Medical Students. Medical Students, as a part of the educational curriculum, may observe the provision of patient care services by an appropriately licensed practitioner granted privileges pursuant to his or her license to practice in the hospital, and initiate and update patient histories and conduct physical examinations and enter findings in the medical record of the patient. These encounters can be performed only with the prior consent of the patient and with the approval of the attending physician. The findings of such encounters shall be verified by the appropriately credentialed supervisory physician prior to the initiation of orders to carry out the plan of patient care management. Prior to service requiring direct physical contact with a patient, a medical student shall identify himself/herself to the patient as a medical student.

Most Recent NY Proposal (12/87)

The hospital may, consistent with provisions of paragraph (2) of subdivision (f) of this section, permit medical students to be assigned and directed to provide the following patient care services otherwise requiring professional licensure under the direct personal supervision of an attending physician/faculty member or senior post graduate trainee:

Arterial puncture
Lumbar puncture
Thoracentesis
Paracentesis
Venous pressure determination
Nasogastric tube placement
Rectal examination
Pelvic examination
Vaginal delivery, Vertex Presentation
Surgical assistance
Sigmoidoscopy
Vena section
Parenteral administration of I.V. fluids

The following patient care services may be performed under the general supervision of an attending physician or senior postgraduate trainee:

Phlebotomy
Electrocardiogram
Vital Capacity determination.

ASSOCIATED MEDICAL SCHOOLS OF NEW YORK

Recommendation for Medical Student Supervision

(h) Medical Students. Medical students, in the course of their educational curriculum may observe the provision of patient care services by an appropriately licensed practitioner or authorized resident granted privileges pursuant to that license to practice in the hospital, and may take histories, perform complete physical examinations and enter findings in the medical record of the patient. The latter functions can be performed only under the approval of the attending physician and must be counter-signed within 24 hours by an appropriately credentialed physician. Medical students may be assigned and directed to provide patient care services under an attending or senior resident supervision. It will be the responsibility of the medical school, medical staff and hospital medical board to guarantee appropriate supervision and documentation of all procedures performed by students. In addition, the medical school and hospital medical board will certify a student's competence to perform procedures which can be done under general supervision. Documentation of supervision and competence of medical students will be a quality assurance item, formally incorporated into medical school, medical board and hospital policy.

NATIONAL BOARD OF MEDICAL EXAMINERS®

3930 CHESTNUT STREET, PHILADELPHIA, PA. 19104

TELEPHONE: AREA CODE 215-349-6400 · · · CABLE ADDRESS: NATBORD

January 14, 1988

To: Residency Directors

The attached paper on "Information for Residency Directors About the Use of Parts I and II NBME Scores as Factors in Residency Selection" was presented at the fall AAMC Workshop for Residency Directors. This paper will appear in the next issue of the *National Board EXAMINER*. Recognizing that this information may be helpful to you in the coming weeks, I am forwarding an advance copy to you at this time.

Robert L. Volle, Ph.D.
President

RLV/clg

Information for Residency Directors About the Use of Parts I and II NBME Scores as Factors in Residency Selection

The National Board of Medical Examiners (NBME) Parts I and II examinations are frequently taken by students during their medical education programs, either as a school requirement, or to comply with requirements of this voluntary pathway for licensure. In the residency application process, NBME scores may be included by students or requested by the programs as part of the selection database. The NBME is providing this information about the purpose of these examinations and interpretation of scores so that residency directors who use scores in the selection process can be fully informed regarding appropriate interpretations and limitations of the evaluation instruments.

National Board of Medical Examiners certification requires graduation from a Liaison Committee on Medical Education (LCME) approved school of medicine in the United States or Canada, successful completion of Part I, Part II, and Part III examinations and satisfactory completion of one full year in a graduate medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or comparable Canadian accreditation. Approximately 80% of U.S. graduates are licensed by this mechanism which is endorsed by 51 of the 54 licensing authorities (except Texas, Louisiana, and the Virgin Islands).

Description of the Examinations

The Part I examination is a two-day multiple-choice examination composed of approximately 950 questions, covering the basic medical sciences in the subjects of anatomy, behavioral sciences, biochemistry, microbiology, pathology, pharmacology, and physiology. Each subject contributes approximately the same number of items to the examination. This examination is usually written at the end of the sophomore year. It is administered in June and September. The great majority of examinees take the June administration. The Part II examination is a two-day multiple-choice examination composed of approximately 900 questions, covering the clinical sciences and includes approximately the same number of questions in the following subjects: internal medicine; obstetrics and gynecology; pediatrics; preventive medicine and public

health; psychiatry; and surgery, each with related subspecialties. This examination is usually written in the senior year. The number of examinees taking the test in September is slightly greater than the number who take it in April. The Parts I and II examinations may be taken in either order. Candidates must have passed Part I and Part II before they are eligible to write the Part III examination.

The Part III examination is a one-day examination intended to measure a candidate's medical knowledge which is deemed appropriate for the unsupervised practice of general medicine. Part III consists of two components; the first containing standard multiple-choice items (approximately 300) of the type found in Part I and Part II; the second part contains patient management problems to evaluate knowledge and strategies in diagnosis and management. This examination is written during March or May of the PGY-1 year. The great majority of examinees take the test in March.

Use of the Examination Scores

The Part I and Part II National Board examinations are designed to be taken at pecific nodal points in the student's educational career, at the end of the formal curriculum in the basic medical sciences and during the final year of the clinical educational program. The Part examinations are developed in accordance with detailed subject content specifications as determined by the several Test Committees of the National Board, selected from medical school faculties in the United States and Canada. These examinations are designed to evaluate student performance on content that is taught in most medical education programs of LCME accredited institutions.

Parts I and II National Board examinations provide measurements of the basic medical science and clinical science knowledge of individual students that may be helpful in the overall assessment of students. It is important to understand, however, that the examinations have not been developed for the purpose of assessing preparation for post-graduate education. Appropriate use of these test scores, for whatever purpose, also requires recognition of certain limitations (see Precision of Measurement below) of evaluation instruments of this type.

Standard Scores

Parts I and II scores are reported to students and their medical schools for the total Part and for each of the subjects within the Part. Standard scores are reported on a scale with a range of 5 to 995, with nearly all scores falling between 200 and 800. This scale has an average of 500 and a standard deviation of 100 for a Criterion Group of examinees. The Criterion Group for a given test consists of students who were tested during the four-year period prior to the year in which the test was administered and who were two years from expected receipt of the M.D. degree (for Part I) or in their final year of school (for Part II). In both Criterion Groups, the examinees are candidates for NBME certification and taking the test for the first time. Criterion Group norms are provided in Table 1.

For Part I, a total score of 380 or higher is required to pass; therefore, approximately 11% of the Part I Criterion Group would be expected to fail a Part I examination. (See Table 1). For Part II, a total score of 290 or higher is required to pass; therefore, approximately 2% of the Part II Criterion Group would be expected to fail a Part II examination. (See Table 1.) Pass or fail scores are not determined for individual subjects.

Precision of Measurement

Tests do not measure with as much precision (reliability) as certain instruments used in the physical and biological sciences. Reliability coefficients of .9 or greater are recommended for tests used for important decisions about individual examinees. For Part I, the reliability coefficients for recent total examinations are .97 and for individual subject tests range from .74 to .87 with an average of .83; for Part II, these data are .95 (total), .76 to .85 (range of subjects), and .82 (average of subject).

Standard Error of Measurement (SEM) values are determined for each Part and its subject tests and provide a useful interpretation of the reliability of the test(s). The SEM defines a range around the obtained score within which the examinee's true score is likely to lie. For example, the odds areapproximately 2 to 1 that an examinee's true score is within one SEM of his or her obtained score. The SEM for the entire Part I is approximately 20 standard score points and for the subject tests averages approximately 40 points. The SEM for the entire Part II is approximately 25 standard score points and for the subject tests averages approximately 45 points.

Interpretation of Scores

Program directors who use Part I or Part II scores as a factor in selecting residents, must recognize that these examinations are not designed for that specific purpose. In addition, policy regarding use of these examinations varies among individual schools, e.g., their requirement for candidacy status and utilization in promotion and graduation decisions, etc. These variables may be factors in performance. They also should recognize that an examinee's true score for a total Part is likely to be within a band of 20 points (Part I) or 25 points (Part II) above or below the obtained score. A subject examination score is likely to be within a band of 40 points (Part I) or 45 points (Part II) below or above the obtained score. Small differences in scores between individuals are therefore, not meaningful and should not be over-valued when making critical decisions about potential residents during the selection process.

Table 1
Criterion Group Norms
(Four-Year Group)

Score	Percentile
750	99
725	99
700	98
675	96
650	93
625	89
600	83
575	75
550	68
525	58
500	49
475	39
450	30
425	22
400	15
380	11
350	7
325	4
300	2
290	2
275	1
250	1

COMMITTEE OF INTERNS AND RESIDENTS
388 PARK AVENUE SOUTH NEW YORK, NEW YORK 10016-8852 (212) 725-5500
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1957-1987
O YEARS OF SERVICE

August 20, 1987

Governor Thomas Kean
State Capital
Trenton, N.J. 08608

Dear Governor Kean:

The Committee of Interns and Residents commends your vision and leadership in developing pioneering policies to deal with the AIDS epidemic. The 1,000 house staff officers at UMDNJ share your goals of maintaining the highest possible standard of health care in New Jersey and of making UMDNJ a nationally pre-eminent health science institution. These goals, however, are in serious jeopardy. The appended petition demonstrates the depth of our concern.

University Hospital, where we the undersigned work, admits an alarming number of AIDS patients rejected by other hospitals, both in this city and in other communities. Other hospitals are actively avoiding the treatment of AIDS patients, "referring" them to University Hospital instead. Some patients in the middle of treatment at other facilities have been encouraged to sign out of the hospital, after which they are promptly delivered to University Hospital for admission. As a result:

1. **University Hospital is unable to carry out its social mission as a health care center for the diverse problems of the community it serves.** University Hospital, which has always offered quality patient care, is in dire straits. Almost half of all patients on the medical service are afflicted with AIDS, with an unknown number of HIV infected patients on other services. Beds for non-AIDS patients at University Hospital are becoming scarce. Newark area residents are deprived of the health care they need, and many of these people, with little or no ability to pay, have nowhere else to turn.

2. **University Hospital, UMDNJ's centerpiece, stands to lose its leadership as a major referral and training center.** The treatment of AIDS is eclipsing all other clinical training in Internal Medicine and other services. For the good of our

current patients and for the good of all the patients we will treat in our professional lifetimes, we must be prepared to diagnose and treat the wide variety of illness that afflict the community.

3. **The recruitment of qualified resident doctors is in serious jeopardy.** Our training is perceived by both residents and medical students as unbalanced and inadequate due to the markedly skewed patient population this University Hospital now serves. The past year, this hospital had difficulty recruiting residents to Internal Medicine, after several years of successful recruitment. Out-of-state recruits are few and far between and fourth year medical students from New Jersey Medical School say they are wary of residency training at this institution. This not only diminishes the national reputation of UMDNJ, but also hurts patient care if we are unable to continue to attract the finest resident physicians. If this trend continues, UMDNJ will never reach its goal of becoming a premier health science institution.

New Jersey has the opportunity to take the lead in setting innovative health care policy. We offer the following proposals, in the interest of preserving the quality of patient care and the integrity of residency training:

1. **We must develop strict guidelines regarding the transfer of patients from one acute care facility to another.** Transfer guidelines should be based exclusively on the hospital's ability to provide an acceptable level of care, not on the diagnosis or level of insurance coverage. Fines or penalties should be attached to insure enforcement. Such guidelines would permit AIDS patients to remain in their communities, close to family and friends. Such guidelines would also ease the overload on inner city hospitals, so that they can serve other patient needs.

2. **In the interest of proper and compassionate care for AIDS patients, we urgently need skilled nursing facilities, long-term care facilities, housing and hospices.** In facilities properly equipped and staffed with physicians and an ancillary staff including nurses, psychologist and

Social workers, AIDS patients who do no need acute care would receive the specialized care they require, at a huge savings.

3. **New Jersey needs to institute proper reimbursement for hospitals treating AIDS patients.** The current DRG hospital funding system maintains the fiction that AIDS does not exist. There is no reimbursement for AIDs-related illnesses. As long as there is a financial disincentive for hospitals to admit AIDS patients, dumping will continue unabated. Effective reimbursement for AIDS would automatically bring about a more even distribution of AIDS patients among teaching and community hospitals. Until an appropriate reimbursement mechanism for AIDS can be implemented, New Jersey should provide financial assistance to those hospitals that are most actively battling this epidemic. In this way, New Jersey can continue to assume leadership in confronting this crisis.

It is urgent that action be taken in a timely manner, as the recruitment of new housestaff begins in mid-September. We are anxious to meet with you to discuss these matters.

Sincerely yours,

Janet Freedman MD

Janet Freedman, M.D.
President

JF/pt:a:kean
cc: Dr. Molly Joel Coye
Dr. Stanley S. Bergen, Jr.

University of Tennessee is AIMS (Aid for the Impaired Medical Student) which relies on students' looking out for each other and assures confidentiality of intervention and treatment. Another kind of pro-active approach is being tried at the University of Louisville, i.e., a four-day Health Awareness Workshop preceding the beginning of classes; Stanford offers an elective with similar content, e.g., exercise, relaxation, time management, nutrition.

6. An earlier phase of this AAMC project produced a very useful overview titled "The Evaluation of Clerks: Perceptions of Clinical Faculty" (available from Dr. Xenia Tonesk at AAMC (202/828-0561).
7. C. Rollins Hanlon, "Directors' Memo", *ACS Bulletin,* December 1984.

A ROLE FOR MEDICAL STUDENTS IN THE ANIMAL RESEARCH DEBATE

Helen Jones is president of the Society for Animal Rights, a 20,000 member "abolitionist" organization which totally opposes experimentation on all animals for any reason.

Sam Shuster is a physician/scientist who relies on animals in his own research. "The debate on animal research is phoney. The public has been conditioned to respond to animal research without being aware of either its factual basis or its consequences," writes Shuster. "What gargantuan ignorance!"[1]

Ms. Jones and Dr. Shuster are but two of the many participants in this on-going debate. Few topics are able to elicit such moral vehemence and passion. Accusations fly back and forth; laboratories have been vandalized; and lobbying efforts on both sides of the issue are fierce. Yet, despite the emotions and egos surrounding animal experimentation, it is wrong for *either* side to underestimate the sincerity and thoughtfulness underlying much of the noise and rhetoric. It is wrong for Ms. Jones to suppose that all researchers are unconcerned about the effects of their work on their animal subjects. It is equally wrong for Dr. Shuster to assume that all animal activists are ignorant. Many simply advocate stricter standards for the humane care of laboratory animals. Only through a mutual respect of each other's commitment can the channels of communication be opened and issues surrounding animal experimentation resolved.

What is your role in this issue? Should you even be concerned? As a medical student, you are aware that virtually every advance in medical science has been based upon knowledge gained through experiments involving animals. The medications you will prescribe, the vaccines you administer, and the surgeries you perform all required initial experimentation on animals. By the very nature of your training, you have become a participant in the animal research debate. As such you should be:

Informed: Start looking at both the popular and scholarly literature. You may be surprised to find to what degree the critics of animal research dominate the literature. However, the New York Academy of Sciences devoted an entire volume (#406, 1983) to the role of animals in biomedical research, providing an excellent discussion of current perspectives and the future directions in this field. Also, the National Association for Biomedical Research (1275 K Street, N.W., Suite 900, Washington, D.C. 20005; 202-371-6606) publishes a weekly update describing in detail events surrounding the animal experimentation debate.

Concerned: Animal welfare and animal rights groups are claiming growing momentum behind their efforts to impose stricter controls on—or even eliminate—the use of animals in research. Over 400 animal rights organizations are currently active in the United States. Representatives of these groups have already scored some legislative victories at the state level, and support for federal legislation is increasing. In Nevada, new legislation has been drafted by the Las Vegas Humane Society which would make it "...unlawful for any person to sell, exchange, give away or possess a live animal to be used in scientific research"[2].

Involved: Misconceptions about the practice of animal experimentation can only be dispelled by actively educating those who have expressed concerns. Since letters to legislators from animal activists far outnumber those written by the scientific community, there is a big role here for medical students to play. Perhaps even more important is medical student involvement in informing the public about how and why animals are used. **Please read the accompanying brochure** published by the Association of Professors of Medicine, and share it with friends and family both within and outside of the medical community.

The debate on animal research is not "phoney". It is very real and important. Try to imagine where we would be now without the benefits provided by animal research. Imagine where we might be in the future if animal activists have their way. As a medical student, you should feel compelled to become informed, concerned and involved. To do otherwise could severely retard the growth of medical knowledge.

Roger Ian Hardy (U. of Cincinnati)
OSR Representative-at-large

NOTES

1. Shuster, S., "In Ignorance Arrayed", *Br. Med. J.,* 1:1541-42, 1978.
2. *Update,* Vol. VI, No. 1, Washington, D.C.: National Association for Biomedical Research, 1985.