

Organization of Student Representatives
Administrative Board

June 22, 1988
9:00 a.m. - 5:00 p.m.

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IV. Old Business

V. New Business

VI. Adjournment

Organization of Student Representatives
Administrative Board Meeting
Schedule

Wednesday, June 22

9:00 a.m. - 5:00 p.m.	OSR Ad Board	Military
6:00 p.m. - 7:00 p.m.	Joint Boards' Session	Hemisphere
7:00 p.m. --	Joint Boards' Dinner	Thoroughbred

Thursday, June 23

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

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

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

AAMC Staff

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

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

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

envelope. They also suggested more education of the student on its use.

Second, Dr. Swanson asked how they (the deans) actually use the information. Board members reported the following responses: results confirmed feelings the dean already had about where the program needed to go; used mainly for financial aid purposes; and that the comment section is the most helpful.

Dr. Swanson offered his help in any efforts the OSR might undertake in this area.

B. Access to Health Care

Ms. Dunn asked the group to discuss where they would like to go on this issue. Board members agreed that this is an educational issue that should be kept alive by the students. They felt it is important to instill a sense of social responsibility throughout medical education. Suggestions for facilitation included urging that this issue be addressed throughout the curriculum, particularly in the clinical years; collecting information about student-initiated programs; and following up Tom Sherman's article in Progress Notes with brief descriptions of other student initiated projects. The consensus of the group was to keep this issue alive in all they do.

C. 1988 Annual Meeting

Wendy Pechacek, OSR Staff Director, reviewed the current outline of the meeting included in the agenda book. The administrative Board further defined the plenary session to include societal realities and political pressures and their effect on medical education. To address this, speakers will include educators and regulators.

During the meeting at each strategy session a "scribe" will be designated to do a two minute summary during the Sunday business meeting.

Students who have information on programs at their schools can bring them to the Sunday afternoon business meeting for display/distribution.

D. Use of Animals in Education and Research

Jim Terwilliger, Legislative Analyst, Office of Governmental Relations, distributed an overview of the current status on animal welfare legislation. The proposed Pet Protection Act will curtail research possible by eliminating availability of pound animals. A compromise is found in S.778 whereby the person bringing the animal to the pound determines whether or not that animal may be used for research.

Mr. Terwilliger also discussed HR.1770 which would allow persons or organizations to sue on behalf of an animal for violations of the Animal Welfare Act.

AAMC's most recent communication with deans on this issue suggested that institutions develop policies regarding the use of animals in education and regarding students who refuse to participate in classes

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 Obremsky 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.

1988 OSR ANNUAL MEETING PROGRAM

Friday, November 11

- 1:30 p.m. - 3:00 p.m. OSR Administrative Board Meeting
- 3:30 p.m. - 5:30 p.m. OSR Opening Session
Petersdorf
*Who else should be invited?
- 7:00 p.m. - 7:30 p.m. OSR Business Meeting I -
*What is planned for this session?
- 7:30 p.m. - 9:30 p.m. OSR Regional Meetings
Residents' Meeting
- 10:00 p.m. - OSR Party at Northwestern
*Need OSR Ad Board contact person for
Carolyn Sachs at Northwestern

Saturday, November 12

- 8:30 a.m. - 11:15 a.m. OSR Plenary
- Society and Ethics, Public Health and
Science: Focus on Health Policy
- Society and Ethics: (8:30 - 9:45)
Roger Bulger, M.D.
*Did Gellhorn accept? If not, who else should be invited?
- Public Health and Science (10:00 - 11:15)
George Pickett, M.D., M.P.H.
William Schull, Ph.D.
- 11:15 a.m. - 12:15 p.m. OSR Chair-elect Campaign Speeches
- 1:30 p.m. - 3:00 p.m. Discussion Groups }
3:00 p.m. - 4:30 p.m. Discussion Groups } *Need to decide on
division of topics
- Discussion Group Topics: 1. AIDS and the Medical Student:
Responsibilities and Opportunities
- Kevin Flanigan
MS III
Rush Medical College
2. Medical Education in the Ambulatory
Care Setting
- Nancy E. Seline
AAMC

Saturday, November 12

Discussion Group Topics

3. Legislative Update: Reauthorization of Title VII

Sarah B. Carr
AAMC

4. Medical Language and the Changing Social Climate

John H. Stone, III, M.D.
Associate Dean and Director
of Admissions
Emory University School of Medicine

5. Computers: Tools for Medical Education in the 1990's

Michael McCoy, M.D.
Assistant Dean, Instructional Computing
UCLA School of Medicine

6. International Health: Inspiration and Information

Gabriel Smilkstein, M.D.
William Ray Moore, Professor
Department of Family Practice
University of Louisville
School of Medicine

7. The Demographics of Change in Medical Practice

David E. Hayes-Bautista, M.D.
Professor, UCLA School of Medicine
Curriculum Director, HISMET Program
*Maribel would like to discuss possibility of

8. having this as an evening session
Beth Malko has offered to coordinate a session
on starting an indigent care clinic

9.

*Kevin Flanigan suggested tour¹⁰ of area hospitals for those interested from
4:30- 7:00 for those interested??
7:30 p.m. - 9:00 p.m. OSR Evening Programs

1. Title?? George Engel, M.D.
Professor Emeritus of Psychiatry
Professor Emeritus of Medicine
University of Rochester, Medical Center

2. ??

Sunday, November 13

7:00 a.m. OSR Run
Organizer: Carolyn Sachs, Northwestern

8:00 a.m. - 10:00 a.m. OSR Regional Meetings
Residents' Meeting

10:30 a.m. - Noon OSR Workshops

1. The Future Evaluation of Medicine

Parker A. Small, Jr., M.D.
Professor of Immunology and Medical
Microbiology
Professor of Pediatrics
University of Florida
School of Medicine

Robert L. Volle, Ph.D.
President
National Board of Medical Examiners

2. The AAMC Student Surveys: Using the
Results at Your Institution

Diane W. Lindley
AAMC

Wendy L. Luke
AAMC

3. OSR Administrative Board Issues Forum

Kim Dunn
OSR Chair

Clay Ballantine
OSR Chair-Elect

4. Women in Medical School and Residency

Sarah Garlan Johansen
Dartmouth Medical School

Ann Reynolds
Medical College of Georgia

1:00 p.m. - 3:30 p.m. OSR Business Meeting II
*is there where student representatives to
the various committees will give their
reports??

To: Ad-Board
From: Kim
Re: Proposal for information packet for National Meeting

At the Southern Region meeting during the Network Session, Chris Bartels, OSR Rep from Univ. of Virginia, told of a very successful student evaluation of their entire four-year curriculum. He had a copy of the report that was compiled by the students and which is in the process of working its way through the faculty. It was thorough and showed that there had been a coordinated effort by students to focus the faculty's attention on the curriculum- both its strengths and weaknesses. Chris has agreed to develop a shortened version of their report, deleting names etc. He also has said that he will put to paper the details of the process that they followed. At present, Chris is away for the last few days of his three-week break. However, by the June meeting this should be ready.

What I would like to propose for consideration is us developing a curricular information packet to be distributed to the reps at the Annual Meeting. This could serve to collate information in a nice neat package for our reps to hopefully make their jobs easier at home. As a focal point of this package could be the information that Chris is getting together for us. Along with additional suggestions for organizing this could be helpful for our reps. For instance, explaining what the Graduation Questionnaire is and how the information can be of great benefit for stimulating curricular change. Additionally, we could have specific sections on Problem-Based Learning, Computers in Medicine, Evaluation of Clinical Education, Innovations in Evaluation, Ambulatory Teaching, Preventive Medicine, etc. In essence, it would be an organized, pre-packaged Information-To-Share.

To: Ad-Board
 From: Kim
 Re: Use of Graduation Questionnaire Results in LCME Site Visits.

Students are perceived as transitory at our medical schools. Because, unless you are a permanent fixture such as myself, we are. (I'm going to finish before the century.) This finite period of time for a given group of students is one barrier for students' input into curricular affairs. When it is time for an LCME site visit (SV) (now every 7 years), the sampling of students at that point in time theoretically will not encompass fully three entire consecutive classes of students and their perceptions about the curriculum.

	1	2	3	4	5	6	7	1
	SV							SV
Class1	x	x	x	x				
Class2			y	y	y	y		
Class3				z	z	z	z	

An additional difficulty with student input into LCME visits is that there does not appear to be a uniform mechanism.

Therefore, why not explore the potential for using information from the Graduation Questionnaire about curriculum as a part of the review process. It is a uniform mechanism for all students to have input, including the three classes who do not have any opportunity. It also provides a mechanism for inter-school comparisons of students' perceptions about their curriculums. Finally, given that there is seven years between site visits, it would allow the opportunity to see how a school responded/improved on students' overall evaluation of their four years of undergraduate medical education.

Student Member
Committee on Stud.
Affairs
12-109 CHS
UCLA School of Med.
Los Angeles, CA 90024
May 8, 1988

Members of the Ad Board
Organization of Student Representatives
One Dupont Circle
N.W./Washington, D.C. 20036

RE: *Committee on Student Affairs Meeting on 3/24/88-3/25/88*

Dear Colleagues,

This is a slightly delayed synopsis of issues discussed by the Committee on Student Affairs during our meeting in Washington, D.C. in March. We had an extremely heavy agenda but it is exciting to note that we made quite a headway in our goals during this busy meeting.

We focused our attention on the following areas during this meeting:

- 1) Student Affairs Programming for the annual meeting.
- 2) National Survey of health policies and procedures.
- 3) Additional Topics (Transition Issues).

I. 1988 ANNUAL MEETING

The following topics have been agreed upon:

- 1) *Joint Session with Professional Societies*
Organizer: Dr. Mike Miller from Oregon Health Sciences University with Dr. Carol Aschenbrener from the Univ. of Iowa assisting.

The committee plans to co-sponsor a session during the Annual Meeting with various program directors to mutually share admissions/residency selection process problems. Dr. Miller will be using information obtained from the 1988 Graduation Questionnaire (#48) for this session; he will be working closely with Cynthia G. Tudor, Ph.D., on this. Additionally, I volunteered to solicit student concerns e.g. civil rights violations. I also recommended that students and program directors be encourage to meet locally at their respective schools and discuss issues of concern. This was recently done at my school, the UCLA School of Medicine, with excellent results. Dr. Miller is presently interested in having interested students talk at this meeting. The OSR Representatives at his school, Tim Guard and Scott Dunn, are soliciting student speakers.

- 2) *Coping with the Difficult Student*
Organizer: Dr. Gerald C. Peterson from the Mayo Med. Sch.

This issue was recently discussed at the Central Region GSA meeting.

- 3) *Personal Counseling for Medical Students*
Organizer: Mary Jo Miller from the Univ. of Tennessee

One possibility discussed for this session was to ask students from five local Chicago-area medical schools to react to model programs. Additionally, concern was expressed regarding why students underutilize these programs in general. I mentioned that students are generally unsure about trusting their records to remain confidential. Additionally, there is a lot of social stigma associated with going in for "mental health counseling." At UCLA, the offices have been moved off-campus to further ensure privacy to students seeking counseling.

4) *Student Honor Codes as Antidotes for Academic Dishonesty*

Organizer: Dr. Carol Aschenbrener from the Univ. of Iowa

There was debate regarding whether student-run honor codes were more effective than faculty-enforced honor codes. The University of Virginia (undergraduate) is well known for its student-run honor code. This model honor code system will be presented and a former UVA student (now a Yale resident) will be invited to comment on this.

5) *Impairment Identification Program*

Organizer: Mary Jo Miller from the Univ. of Tennessee

The University of Tennessee, Memphis, has an excellent program in this area. Issues to be discussed include the institutional obligation to the student versus that to the public.

6) *Inclusion of Negative Information in the Dean's Letter*

Organizer: Dr. Michael Miller from Oregon Health Sci.
Univ. and Dr. L. Cook from the Albert Einstein
College of Medicine

One approach discussed was to invite a panel of three students who had some type of negative incident (which would be mentioned in their dean's letter) and have them present their perspective. It was also suggested that information correlating PGY 1 performance with the accuracy of the dean's letter could be included in this type of a session.

II. SURVEY OF HEALTH POLICIES AND PROCEDURES:

This Committee has decided to organize a national survey of health policies and procedures designed to be distributed to Student Affairs Deans of the various medical schools. Members present at the meeting each picked a survey item of interest and designed sample questions on the topic. A tentative draft of the Survey was drawn up and distributed to the members by the end of the two-day meeting. The second draft is scheduled to be distributed in May. The major survey items include:

- 1) *General Policies* - Who defines policies, how these are publicized to students, provisions for visiting students, etc.
- 2) *Health Care Services* - Cost to the institution, to the student, and utilization.
- 3) *Health Impaired* - Policies for the health impaired, specific provisions made for the health impaired (e.g. for a paraplegic), and long-term follow-up of performance.
- 4) *Health Screening* - Preventive health care and policies for general health screening.
- 5) *Infectious Diseases* - Immunizations and policy following accidental exposure to infectious material.
- 6) *Insurance Coverage* - Who was covered (spouse, dependents too), cost to student, disability insurance, life insurance coverage.
- 7) *Leave of absence* - General policies, LOAs for mental health/substance abuse reasons.
- 8) *Mental Health Services*

9) *Substance Abuse*

III. ADDITIONAL TOPICS DISCUSSED:

Dr. Robert F. Jones briefly discussed the AIDS committee's concerns in relation to health insurance. Bob Beran felt that it was important for the Committee on Student Affairs to include questions on disability and life insurance in the national survey.

The Glaxo Pathway Evaluation Program, a program that proposes to help medical students pick a medical specialty, had approached the Committee on Student Affairs regarding endorsement. Dr. Henry Seidel stated that the AAMC should not be in the business of offering a seal of approval to the program, regardless of its merits or demerits. The committee agreed with this statement.

A survey of Program Directors was taken earlier this year with questions regarding months they planned to interview applicants. The committee discussed whether it would be appropriate to send this survey results to student affairs officers, and it was decided that the AAMC would send a memo out before the regional meetings. At UCLA, I have put up a copy of this survey results in the Clerkship Scheduling Office so students can refer to this while scheduling their 4th year curriculum.

Problems that had arisen because of the November 1 date for release of Dean's letters was discussed. In general, this was very well received though some students did complain about problems with the early match programs. There is also some confusion regarding whether the November 1 date applies to all other evaluative information. Dr. Petersdorf's recent memo asked the programs not to request this information before the uniform release date, thereby not placing the burden on the school. The COD recommended that a memo be sent out that clarifies (1) what a transcript is; (2) what a dean's letter is. However, there is some disagreement about whether transcripts can be released prior to November.

Dr. Henry Seidel gave us a preliminary report of the Ad Hoc Committee on Deans' letters. The pros and cons of implementation of a model dean's letter format were discussed.

The AAMC staff will develop a new draft of the Universal Application Form and distribute it this summer. It is already too late this year to make any changes because of the NRMP's printing schedule.

The Committee has also expressed an interest in focusing on a long-range Committee project focusing on a professional development workshop for student affairs officers, involving needs assessment. Committee members planned on securing ideas at the regional meetings.

On the whole, this was a very productive meeting, thanks to Dr. Aschenbrener's organizational skills, and the AAMC staff. I have a copy of the minutes of the meeting, the program director's survey results, and the tentative National Health Policies and Procedures Survey. Additionally, Gretchen C. Chumley is the AAMC staff person on this committee, and will be able to provide us with up-to-date information on the topics discussed above. I would love to discuss any of these issues in detail with you so please call/write anytime with ideas and suggestions.

Sincerely,



Sheila D. Rege
(213) 820-5128



association of american medical colleges

April 28, 1988

MEMORANDUM

TO: Financial Aid Officers

FROM: Robert L. Beran, Ph.D.
Assistant Vice President for Student and Educational Programs

SUBJECT: MEDLOANS Further Reduces Cost of Borrowing

It was a pleasure visiting with so many of you during the recent MEDLOANS Workshops. Although we learned as much from the participants as they did about the MEDLOANS program, those schools in attendance seemed to believe that their time was well spent.

A number of operational topics, from developing school guides to informing schools directly of problem applications, were discussed and agreed upon. Those and other issues will be summarized and addressed in the next MEDLOANS newsletter.

There was also considerable discussion relative to comparing various loan programs, as well as differential costs within the same loan program (i.e., differential HEAL rates by different lenders). During these workshops, we were asked to compare these various programs. However, given the lack of complete information, we were often unable to make such comparisons with any degree of accuracy or confidence. We can, however, with great confidence identify MEDLOANS financial terms.

For ease of reference, I have enclosed a brief chart of MEDLOANS Component Loan Program's loan terms for this year. I do, however, want to point out two significant modifications from last year for the MEDLOANS SLS and HEAL loans:

- 1) MEDLOANS HEAL loans will continue to accrue interest at the 91-Day Treasury Bill rate plus 2.7%, but that accruing interest will not be capitalized until after the in-school, deferment, and grace periods have elapsed, and the **active repayment period begins**. Also, MEDLOANS HEAL rate will now be capped at 18%.
- 2) MEDLOANS SLS loans will continue to accrue interest at the statutorially defined rate (currently 10.27%), and the guarantee fee will continue to be waived. The accruing interest will, as with the HEAL loans, **not be capitalized until after the in-school and deferment periods have elapsed**, (there is no grace period on SLS loans), and the active repayment period begins.

The current variable interest rate on the MEDLOANS Alternative Loan Program (ALP) is 9.15% which is .65% over the current prime rate of 8.5%, and about 2.25% over the current rate of 90-Day Commercial Paper of 6.87%. The ALP fixed rate is 12.05%.

The insurance premium on the ALP loan will stay the same at 6% for students who wish to pay the accruing interest, and 8% for those students who wish to capitalize the interest. Interest is capitalized semi-annually.

While we are confident that the previously noted interest reduction measures are important to minimizing the cost of borrowing, we are equally confident that the

effectiveness of a loan program is measured by more than the lowest rate available. In addition to providing competitive terms and conditions, the MEDLOANS loan program will continue to focus considerable energy on enhancing the responsiveness, service and options available to students and financial aid officers.

If one views all aspects of the program in aggregate, it is clear that the MEDLOANS program remains the most comprehensive and focused loan program available to medical students. If you have any questions or comments, please don't hesitate to call Wendy Pechacek, Bob Colonna or me.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEDLOANS

MAJOR FINANCIAL TERMS OF MEDLOANS COMPONENT LOAN PROGRAM

Guaranteed Student Loan Program

- 1) Guarantee/Insurance Fee - 0%
- 2) Origination/Processing Fee - 5%
- 3) Interest Rate - equal to prior loans or 8% as set in federal statute
- 4) Interim Interest Capitalization Frequency - not applicable
- 5) Interim Interest Capitalization Occurrence - not applicable
- 6) Minimum/Maximum Rates - 7%-10% (New Borrowers 5 years into repayment)

Supplemental Loans for Students

- 1) Guarantee/Insurance Fee - 0%
- 2) Origination/Processing Fee - 0%
- 3) Interest Rate - as set in federal statute currently 10.27%
- 4) Interim Interest Capitalization Frequency - none
- 5) Interim Interest Capitalization Occurrence - at commencement of repayment
- 6) Minimum/Maximum Rates - 0%-12%

Health Education Assistance Loan

- 1) Guarantee/Insurance Fee - 8%
- 2) Origination/Processing Fee - 0%
- 3) Interest Rate - 91-Day Treasury Bill plus 2.70%
- 4) Interim Interest Capitalization Frequency - none
- 5) Interim Interest Capitalization Occurrence - at commencement of repayment
- 6) Minimum/Maximum Rates - 0%-18%

Alternative Loan Program

- 1) Guarantee/Insurance Fee - 6% or 8%
- 2) Origination/Processing Fee - 0%
- 3) Interest Rate - 91-Day Treasury Bill plus 3.2%
- 4) Interim Interest Capitalization Frequency - semi-annual
- 5) Interim Interest Capitalization Occurrence - January 1 and July 1
- 6) Minimum/Maximum Rates - 0%-20%



association of american medical colleges

June 3, 1988

MEMORANDUM

TO: Medical School Student Affairs Officers

FROM: Gretchen C. Chumley, Staff Assistant
Section for Student and Educational Programs

SUBJECT: Airline Discounts for Residency Interviews

Greetings! We have good news for your students! The AAMC has recently signed an exclusive agreement with Continental/Eastern Airlines to offer discount fares for senior students interviewing for residency positions. The specific terms of the agreement are explained below:

o **Convention Fare Discounts**

- 50% off coach fares (no restrictions, penalties, or advance booking)
- 50% off first class fares (no restrictions, penalties or advance booking)
- 5% off lowest applicable fare (all rules and restrictions apply)

o **Dates of Program**

Convention fare discounts are valid for travel from November 1, 1988, through February 28, 1989, except during holiday periods

o **DIRECTIONAL Holiday Blackouts**

The discounts will not apply for travel as follows:

1. not valid southbound (northeast to Florida) NOVEMBER 22-24 and DECEMBER 22-23, 1988
2. not valid southbound (northeast to Florida) FEBRUARY 9-11, 1989
3. not valid northbound (Florida to northeast) JANUARY 2-3, 1989
4. not valid northbound (Florida to northeast) FEBRUARY 13, 14, 19, and 20, 1989

o **Toll-Free Convention Desk 800 Number**

Within the continental U.S., reservations on Continental and Eastern, as well as other airlines, may be booked through this service. When making reservations, please remember to refer to the Easy Access Number: EZ 14P59.

The AAMC sent out "bids" to eight major carriers in March, and the terms and conditions of each proposal received were reviewed. We awarded the contract to Continental/Eastern Airlines because they offered the most beneficial package to the medical students. We are especially proud to offer Continental/Eastern Airlines' discount fares because:

the medical students. We are especially proud to offer Continental/Eastern Airlines' discount fares because:

- o they have the largest route structure across the U.S.
- o the dates of the discount program cover a longer time period than negotiated last year
- o the coach and first class fare discounts are substantially larger than offered last year
- o the holiday blackout periods are only DIRECTIONAL and will allow more interview opportunities to students around the holidays.

In order to publicize this program to medical students, Continental/Eastern Airlines have provided the enclosed promotional flyers. We would like you to distribute these to your senior students as soon as possible, perhaps using students' mailboxes as a vehicle for dissemination. If you need additional copies of the flyer, contact me at 202/828-0570.

We hope this program will benefit your students. If you experience any problems whatsoever, please contact me as soon as possible.

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

June 22, 1988
Washington Hilton and Towers
Washington, D.C.

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

Regional Chairs

Cynthia Carlson - Western
Julie Drier - Central
Daniel Shapiro, M.D. - Southern

Representatives-at-Large

Maribel Garcia-Soto
Sarah Johansen
Bill Obremsky, M.D.
Michael Rush
Andy Spooner, M.D.

AAMC Staff

M. Brownell Anderson
Robert L. Beran, Ph.D.
Catherine Cahill
Sarah Carr
Thomas Kennedy, Jr., M.D.
Wendy H. Pechacek

I. Call to Order

Kim Dunn called the meeting to order at 9:10 a.m. in the Military Room of the Washington Hilton and Towers Hotel.

II. Action and Discussion Items

A. Consideration of Minutes of February 24 Meeting

The Administrative Board approved the minutes without change.

B. Review of Agenda

Ms. Dunn reviewed the agenda for the day, and the following items of new business were added:

- o AMSA has asked us to support their proposal for a grant from the Robert Wood Johnson Foundation to nationalize the Students Teaching AIDS To Students project
- o Glaxo Pathway Evaluation Program
- o IOM Proposal
- o International OSR
- o National Health Policy

Vicki Darrow, M.D., congratulated the new M.D.s on the Administrative Board--Jeralyn Bernier, Bill Obremskey, Dan Shapiro and Andy Spooner.

C. Annual Meeting Program

The Administrative Board reviewed the current status of the annual meeting program.

The opening session on Friday will include an overview of national issues and the Administrative Board's activities over the past year. This will be followed by orientation and regional meetings. Carolyn Sachs, from Northwestern, is helping to plan the OSR party for Friday evening. Dr. Shapiro will be her contact person.

Saturday's plenary is entitled, "Society and Ethics, Public Health and Science: Focus on Health Policy." Roger Bulger, M.D., President of the Association of Academic Health Centers and either Alfred Gellhorn, M.D., or Bertrand Bell, M.D., will provide the first half of the plenary, and George Pickett, M.D., M.P.H. and William Schull, Ph.D., will speak to Public Health and Science issues.

The OSR Chair-elect speeches will be held immediately following the plenary. This is much earlier than in previous years. Efforts will be made to develop "Ad Board job descriptions" to help representatives assess prior to the national meeting whether they are interested in such an opportunity.

Afternoon discussion group topics are:

- o AIDS and the Medical Student: Responsibilities and Opportunities
- o Medical Education in the Ambulatory Care Setting
- o An Update of Legislative Issues
- o Medical Language and the Changing Social Climate
- o Computers: Tools for Medical Education in the 1990s
- o International Health: Inspiration and Information
- o Evaluations in the Clinical Setting
- o Health Policy Programs

Evening programs will include a session with George Engel, M.D., tentatively to address how medicine's science continues to be bound by a 17th century world view, and a session with David Hayes-Bautista, M.D., on the demographics of change in medical practice.

Sunday morning will bring another set of regional meetings, followed by four "strategy sessions":

- o The Future Evaluation of Medical Students
- o OSR Administrative Board Issues Forum
- o The AAMC Student Surveys: Using the Results at Your Institution
- o Women in Medical School and Residency

Sunday afternoon elections will be held for chair-elect and the five-at-large positions. During this time, student representatives to committees will briefly report on their work, and scribes from the strategy sessions will share ideas for students to take back to their schools.

Dr. Darrow is coordinating meetings of residents interested in involvement in the AAMC. These will be held during OSR regional meetings.

Ms. Dunn reviewed a proposal for a new election process to be utilized on Sunday afternoon. This process will be put in writing and disseminated widely so that all students understand the process.

D. Proposal for Information Packet

Ms. Dunn reviewed her proposal to provide annual meeting attendees with an information packet to take back to their schools. This packet will be a sort of "cookbook," where students could select which areas they would like to work on at their schools and would find one to two page descriptions of how to begin to initiate change at their schools. Ideas for topics include: using results of the AAMC Graduation Questionnaire, beginning a student-run indigent care clinic, how to lobby effectively, etc.

E. Regional Meeting Reports

Julie Drier felt the Central region meeting was a success. They provided a lengthy syllabus which students seemed to like. The only difficulty encountered was the election process. Integration with the GSA program was very well-received. Joan Lingen, Chicago Medical School, is the new Central region chair.

Dr. Shapiro felt that the totally integrated Southern region meeting had major advantages. The only difficulty was when some students were viewed only as notetakers versus valuable discussion participants. The roundtable and financial planning breakfast went very well. Dr. Spooner did a great computer demonstration at UT-Memphis. The highlights of social time were the trip to Graceland and the Mud Island barbeque where students from the Puerto Rican schools lead a sing-along. Kathleen Huff, University of South Florida, was elected 1988-89 Southern region chair.

Cynthia Carlson explained that the Western region meeting had been planned to address issues with the OSR people who had been involved for a long time. Unfortunately, many of the attendees were newcomers who were not as prepared to discuss issues on a national level. However, students did agree to go back to their schools and discuss hours required during 3rd year clerkships as a regional focus issue. Sheila Rege, UCLA, was elected Western region chair.

Sarah Johansen reported on the Northeast meeting. The setting of Montreal was fun. Joint sessions with the GSA went well. Student leaders of sessions on issues including AIDS, Problem-Based Learning, and Evaluation did a great job. Beth Malko, University of Connecticut will chair the Northeast region next year.

F. Women in Medicine

Ms. Johansen explained that the Women in Medicine session at the annual meeting will be designed to generate issues for the OSR to focus on in the coming year. The Board agreed to review and condense a survey on women in medicine issues, written by Kim McKay Ringer, to include in the fall issue of Progress Notes.

The OSR Administrative Board approved a proposal to make the student position on the Women in Medicine Coordinating Committee a two year term.

G. Progress Notes - Fall 1988

After much discussion, the Administrative Board decided on the following articles for the next issue of Progress Notes.

- o Main article: Dr. Robert Volle, President, NBME, on the future of National Boards and the Evaluation of Medical Students
- o Ms. Dunn's "Perspective" will include history of the NBME pass-fail issue, as well as attempts at clinical evaluation.
- o Dr. Shapiro and his wife, Nadine Becker, M.D., will write about couples in medicine and their different experiences during interviewing. This will include results from the AAMC Graduation Questionnaire.
- o Dr. Bernier will write about her experiences with the Swedish Health Care System.
- o Chris Bartels, University of Virginia, will write a Project Forum article on affecting change in medical education from a student's perspective.
- o The Consortium of Medical Student Organizations will submit brief descriptions of each of their groups and a contact person.
- o The AAMC Focus Column will look at the progress of the Task Force on Physician Supply
- o A women in medicine survey will be included

There is an August 1 deadline for receipt of these articles by the OSR staff.

H. Resident Hours and Supervision Paper

The Board reviewed reactions they had heard from residents about the proposals made. Members agreed to continue to work to keep this issue in front of people.

I. Proposal to Include GQ Data in LCME Site Visits

Ms. Dunn reviewed her proposal. The Board agreed that we first need to determine:

- o Whether the results are used in any way now
- o How/where might they be used in the process

Ms. Dunn will talk with August Swanson, M.D., Vice President for Academic Affairs, to determine where to go with this effort. The minimum would be to encourage students to ask their deans for their schools' GQ results as the accreditation process begins.

III. Information Items

A. Update on AAMC Workshops on Problem-Based Learning

M. Brownell Anderson reviewed the structure and purpose of these workshops. Up to five persons per school attend--preferably two basic science faculty, two clinical faculty, and one administrator from the dean's office.

The first half focuses on institutional change. The group works through a problem that a school is facing, then small groups try to address the problem from their school's perspective.

The second half includes an introduction to problem-based learning where faculty go through a tutorial. There is an extensive evaluation, including a follow up evaluating each school's action plan.

A second workshop will be held this fall, with nine schools participating. Ms. Anderson believes demand for programs looking at institutional change and curriculum change will increase as the applicant pool decreases.

Ms. Dunn proposed that the Administrative Board write to OSR representatives at the schools that participated in the workshop, encouraging them to contact the faculty who attended and offer their assistance in implementing the action plan.

B. Recommendations Concerning Medical School Acceptance Procedures for First Year Entering Students

Robert Beran, Ph.D., Assistant Vice President, Student and Educational Programs, joined the Board to discuss this latest version of "traffic rules." He reviewed the history and purpose of these procedures.

Current changes are designed to streamline the admissions process and move the summer activity back into the spring. The Board asked that language be added to the rules to clarify that students should be given adequate time to decide between two schools, no matter how late in the year an offer is made.

C. November 1 Release Date for Deans' Letters

Dr. Beran explained that the GSA and OSR had reaffirmed the November 1 release date at their spring regional meetings. Dr. Petersdorf has sent a memo to program directors reconfirming this policy. Dr. Beran reported that, for this year, all three military services had agreed to wait until after November 1 for a dean's letter.

D. MEDLOANS

Dr. Beran reviewed the current terms of the MEDLOANS loan program. This program continues to have very competitive components which every student who must borrow should consider. MEDLOANS recently announced a refinancing plan where fixed rate (12 or 14%) SLS or ALAS loans will be refinanced to a variable rate for no charge. Also, MEDLOANS loan consolidation program is now available. Additional information can be obtained from the AAMC.

E. Airline Discounts

The AAMC has negotiated with major airlines and contracted with Eastern/Continental for discounts for senior medical students during residency interviews (November 1, 1988 - February 28, 1989). Discounts are 50% off coach or first class fares or 5% off the lowest applicable fare. Students should call 1-800-468-7022, EZ14P59 to obtain this special rate. Some directional holiday blackouts will apply. Students can contact the AAMC Section for Student and Educational Programs for more information.

F. GME Steering Committee Meeting

Dr. Spooner reported on his attendance as student representative to the GME Steering Committee on May 17-18, 1988. He explained that the Group on Medical Education and the OSR share many views on what should change in medical education. The GME is currently working on defining its role at the AAMC. Regional GME chairs have asked if local OSR representatives might attend their regional meetings. This is already happening in the Northeast.

The Innovations in Medical Education (IME) exhibit will open at 2:00 p.m. on Sunday of the Annual Meeting. Students should be encouraged to attend. Also, the Ad Board agreed that Ms. Dunn should write to the GME Steering Committee and invite them to attend OSR sessions at the Annual Meeting.

G. Computers at the Annual Meeting

Dr. Spooner is gathering input on what students would like to see, computer-wise, at the Annual Meeting. This will include information on on-line searches, deals for medical students, and how to sort through all the software that is available out there.

H. NBME Meeting

Clayton Ballantine reported on the NBME meeting held in Philadelphia in late March. Their planned computer evaluations are in a holding pattern until all the bugs are worked out. They used the meeting to explain development of the case studies and the point scoring system.

Other discussion items included development of a uniform pathway to licensure, and establishment of a medical school liaison officer at each U.S. medical school to work with the NBME.

I. Health Policy Forum

Mr. Ballantine also reported on a health policy forum held at Baylor. There were approximately 40 attendees--mainly deans and faculty. They reviewed a dozen health policy programs currently in place. The main conclusion about successful programs was that each school had a person who knew the inner workings of the school serving as an advocate for the program. He will send the summary to the Board when it becomes available.

J. Housing Network and OSR Survey

Very few have been received thus far. Mr. Ballantine will coordinate the follow-up effort.

K. Federal Update

Sarah Carr, Office of Governmental Relations, joined the Board for a brief overview of the current status of legislation.

- o Title VII: We are essentially comfortable with Kennedy's bill, and will have little time to work on the house version once it is finally out. Reauthorization is now within reach.
- o The National Health Service Corps loan repayment program is now available. Funding is for 48 M.D.s in family practice, ob/gyn, and general osteopathy. They will receive \$13,300 per year for 2 years, more for a longer commitment. The state grant program will also begin.
- o New regulations for SLS require that a student first exhaust eligibility for GSL. This has not been a problem for medical students.

- o The student status deferment may be restricted through the GSL default bill, perhaps by tying it to tuition charges.
- o The 2 year internship deferment may be reinstated soon, and the AAMC will notify all parties concerned if this happens.
- o There is an NIH bill that would restrict funding for fetal tissue research.

Dr. Darrow urged that the AAMC lobby to lengthen the internship deferment to initial eligibility for specialty certification.

IV. Executive Council Items

A. Physician Recredentialing

Catherine Cahill, Office of Governmental Relations, reviewed Congressman Stark's H.R. 3231 "Medicare Physician Competency Act of 1987." She explained that he is looking for a way to ensure quality of care for Medicare patients by insisting that participating physicians be recredentialed on a periodic basis.

In New York there is a proposal to tie recredentialing to relicensure versus payment. The proposal calls for a nine year cycle which would split those in hospital versus office-based practice for purposes of peer review.

The American Board of Medical Specialties (ABMS) feels recertification is a good idea, but believes it is something individual boards should pursue. They are not supporting Stark's bill. The AMA is also opposed to the bill.

Board members asked if this might serve as a disincentive to accept Medicare patients. It was noted that several states now require any physicians practicing in their state to accept Medicare patients.

The Board supported the recommendation that the AAMC encourage the development of recertification policies by American specialty certifying boards. They do not support Stark's bill, or the idea that certification be required by federal statute.

2. Intramural Research at NIH

Thomas Kennedy, Jr., M.D., gave the history of the NIH, describing it as a distinguished laboratory that works differently than extramural research. The Institute of Medicine is currently studying the NIH to determine if it would do better if privatized. They have determined NIH to be unique because a) there is no project based work, b) it is very productive for training people because mentors are full time research people, and c) it establishes standards for extramural efforts.

The Administrative Board supported the recommendation that the AAMC endorse a comprehensive examination and evaluation of all aspects of NIH's intramural research program, and express reservation about privatization.

3. Fraud in Research

Dr. Kennedy also reviewed this issue. This is a very hot topic in view of recent allegations. There is a push to increase institutional responsibility to prove to the public that science is above board.

Board members expressed concern that step by step guidelines be established for accusers to follow. They agreed that safeguards for whistle blowers need to be built in.

4. Use of Animals in Educational Experiences

The Board reaffirmed their belief that students should be given a choice as to whether they participate whenever alternative means of instruction are available.

V. New Business

A. AMSA Proposal

Ms. Dunn reviewed AMSA's proposal to the RWJ Foundation to fund a nationwide effort to utilize the Students Teaching AIDS to Student program. Board members supported the concept of such a proposal and agreed to submit a letter of support upon review of the actual proposal.

B. Glaxo Pathway Evaluation Program

Mr. Ballantine described this program and the activities related to it in the regions thus far. The Board decided that they are not in the business of endorsing programs developed by drug companies. However, they will not object to Glaxo having a workshop this fall, as long as it does not conflict with the AAMC/OSR annual meeting program.

C. IOM Proposal

Ms. Dunn suggested developing a proposal to submit to IOM on access to health care. The Board suggested she determine what that process is and what kind of preliminary and long-term support it would require.

VI. Adjournment

Ms. Dunn adjourned the meeting at 5:10 p.m. The next meeting will be held September 7, 1988.