

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

September 7, 1988  
AAMC Headquarters  
Washington, DC

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

AAMC Staff

Robert F. Jones, Ph.D.  
Dorothy J. Lehrman  
Wendy H. Pechacek  
Robert G. Petersdorf, M.D.  
August G. Swanson, M.D.

Regional Chairs

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

Guest

Cindy Osman, M.D.

Representatives-at-Large

Maribel Garcia-Soto  
Andy Spooner, M.D.

I. Call to Order

Kim Dunn called the meeting to order at 9:00 a.m.

II. Action Items

A. Consideration of minutes of June 22 Administrative Board Meeting

The Board approved the minutes without change.

B. Executive Council Items

1. Fraud in Research

Dorothy J. Lehrman, Division of Biomedical Research, joined the Administrative Board to answer any questions they had regarding the status of this issue. A Notice of Proposed Rulemaking is expected from the Public Health Service. Also, the Inspector General's report should be coming out soon. It is important that the community make it clear that they can and do police themselves. A guidebook has been developed which will go to the AAMC Executive Council at their February meeting.

2. Committee on AIDS: Report on Institutional Policies

Robert F. Jones, Ph.D., Division of Institutional Planning and Development, answered questions members had regarding this report. He explained that the current state of scientific evidence is very interpretable. This creates a difficulty in making any long term recommendations because they can so quickly become dated.

A subsequent report will discuss the implications for medical education. The Board agreed with the recommendation to distribute this report. They were concerned, however, that the issue of protecting students from contracting AIDS from patients was not addressed.

3. Revision of General Requirements Section of the Essentials of Accredited Residencies and Revision of ACGME Bylaws

August G. Swanson, M.D., Division of Academic Affairs, joined the Board to discuss the above issues. Ms. Dunn began the discussion by complimenting Dr. Swanson on his article, "Medical Students: A Substrate and a Legacy." He responded that he believed what had he said, but also that faculty are very hard to move on these issues.

Dr. Swanson expected most revisions to the Essentials to go through. He explained that the on-call facilities provision would be very difficult for some hospitals to meet. Regarding the autopsy issue, there appears to be a lack of interest on the part of clinicians as to what is happening, beyond high costs, to so significantly lower the rate at which autopsies are performed.

He cautioned that Section 5.1.5, on stated maternity/paternity/adoption leave policies, may be a problem because it is not considered a truly educational issue.

Dr. Swanson asked Board members to discuss what they "hear on the street" regarding reasons for the declining applicant pool. Responses included:

- o Pre-med advisors who were anti-med school
- o Pre-med teachers with disdain for pre-med students
- o Little or no undergraduate counseling/resources available
- o Debt and the cost-benefit ratio
- o Delayed gratification
- o Loss of autonomy with HMOs and other changes in practice environments
- o Malpractice
- o Physician glut
- o Less \$
- o Less prestige--especially in primary care

He then asked for suggestions on how to address these issues:

- o A video with someone from Dr. Swanson's generation talking about the positives of change--e.g., what doctors can do now that they could not do earlier. Active countering of the negatives out there
- o More information on alternatives to clinical practice for persons with medical degrees
- o Training materials for advisors, including some variation of Trends, to begin to break down their stereotypes
- o Target AED group
- o Target high school population

4. Discussion with AAMC President

Robert G. Petersdorf, M.D., AAMC President, joined the Board for a discussion over lunch. He asked Vicki C. Darrow, M.D., to review plans for residents to be invited to the annual meeting.

Dr. Darrow reviewed the reasons for inviting residents. These centered around getting input for how residents could be effective members of the AAMC. She explained that all those invited are past OSR representatives. She will encourage them to stay through Sunday to take advantage of the OSR and AAMC programs. Dr. Darrow will make suggestions as to who they might contact for funding, but will make it clear that they are on their own.

Dr. Petersdorf will try to meet with this group on Sunday morning. As far as the current status of the proposed ORR, he explained that there are still major implementation problems. Many who are opposed to the group are perhaps reacting against some of the AMA-RPS developments. If this group is formed, it will be important to find a committed staff to work with them.

The new AAMC journal, Academic Medicine, which will debut in January. It will include articles on health policy, book reviews, debates, and a new editorial board.

Newly appointed staff include Dr. Thomas Malone, Vice President for Biomedical Research, and Dr. Herbert Nickens, Vice President for Minority Affairs, Health Promotion and Disease Prevention. The Board expressed interest in inviting Dr. Nickens to come to their February meeting so they can hear more about his plans for these areas.

The Task Force on Physician Supply will have an interim report out at the Annual Meeting. Conclusions are not radically different from those made by COGME. However, we do feel it very important to find a way to recognize the fact that LCME

schools do provide a better education than most foreign medical schools.

### III. Discussion Items

#### A. Annual Meeting Update

Ms. Dunn reviewed the current status of sessions planned for the 1988 annual meeting. Roger Jelliffe, M.D., Professor of Medicine at University of Southern California will replace Dr. Schull in the plenary session. Bill Obremskey, M.D., has found four students to serve on a panel and share their international health experiences during Dr. Smilkstein's session. During the "open forum" Saturday evening, Andy Spooner, M.D., will coordinate an exchange of medical education computer software information, and Dr. Obremskey will coordinate a slide show with students who have had international health experiences. During the Sunday morning "strategy sessions", scribes will take notes on any conclusions or recommendations and will report on them during the business meeting that afternoon.

Dave O'Connell, OSR representative to the Association of Teachers of Preventive Medicine (ATPM), contacted Ms. Dunn regarding the potential for a session on preventive medicine during the annual meeting. The Board discussed this possibility and determined that there were already four sessions per discussion group period and additions at this point would detract from the overall program. They will contact Mr. O'Connell and ATPM early in the planning process next year to be sure to include a session.

#### OSR Election Procedures

The Annual Meeting program and business meeting agenda will be sent to OSR representatives approximately 2 weeks prior to the annual meeting. The business meeting agenda will include a set of election procedures approved by the OSR Administrative Board.

#### C. Fall 1988 Progress Notes

The Board decided against printing the article written by Dr. Robert Volle of the NBME. Progress Notes will include the following articles:

- o Ms. Dunn's "Perspective" article
- o Dr. Shapiro's article on the couples match
- o Chris Bartels', OSR representative at U. of Virginia's, "Project Forum" article
- o An "AAMC Focus" article on the Task Force on Physician Supply
- o Jeralyn Bernier, M.D.'s, article on the Swedish Health Care System

They also discussed a survey proposed by Sarah Johansen and Kim McKay Ringer addressing women in medicine issues. Members were not clear

about the purpose of the survey and decided this would not be the best time to include it in the newsletter. A major concern was whether medical schools currently have maternity/paternity/adoption leave policies. The AAMC Group on Student Affairs is currently conducting a health care policy survey of the schools and will solicit this information. Once this data is compiled, the Administrative Board will discuss what additional questions they would like answered.

D. OSR Housing Network and OSR Survey

Clayton Ballantine explained that due to sporadic and low response rates to the initial surveys, a follow-up to both surveys will be done. Staff will mail these out by mid-September and deadline for return will be October 14. This will allow time for compilation and/or analysis prior to the Annual Meeting.

E. Access to Health Care

Cindy Osman, M.D., President of AMSA, joined the OSR Administrative Board for a discussion of Access to Health Care. AMSA has a task force looking at current "visions" for a national health care system and critiquing them. Ms. Dunn reviewed past efforts of the AAMC in this area including support of Medicare/Medicaid and Kennedy's bill. Dr. Osman expressed her goals of a) increasing communication between AMSA and the OSR, b) keeping these issues in front of all medical students, and c) determining common issues around which the groups can lobby.

The Administrative Board discussed their scheduled dinner with the Council of Deans that evening and decided to focus discussion on issues of reimbursement and ambulatory care education.

F. Orientation Booklet and Resource Manual

The Board reviewed the materials and information currently gathered for this publication. They agreed that the two parts should be separated and both should be distributed at the annual meeting. Part IV, on "OSR" positions, will instead be published AAMC positions on selected topics such as AIDS, housestaff supervision and hours, etc. Copies will be available at the Administrative Board Issues Forum on Sunday morning.

G. Status on Graduation Questionnaire--Question 48

Board members asked what the status was of the analysis of question 48. Question 48A results, indicating the number of times a student was asked various types of potentially discriminatory questions, will be included in the regular summary of results due out in early October. 48B is a comment section. Approximately one-third of respondents (5,000) did make some type of comment on 48B. This analysis will take more time because each comment will need to be

coded and entered by hand. Preliminary results can be expected by the end of the year.

IV. New Business

Mr. Ballantine asked regional chairs to ask their members why they had or had not participated in the Housing Network.

V. Adjournment

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



**association of american  
medical colleges**

**AGENDA  
FOR  
ORGANIZATION OF  
STUDENT REPRESENTATIVES**

**ADMINISTRATIVE BOARD MEETING  
September 7, 1988**

**AAMC Headquarters**

Organization of Student Representatives  
Administrative Board

September 7, 1988  
8:30 a.m. - 5:00 p.m.  
AAMC Conference Room

AGENDA

- I. Call to Order
- II. Action Items
  - A. Consideration of minutes of June 22 Administrative Board Meeting..1
  - B. Executive Council Items..... Executive Council Agenda
    - 1. Fraud in Research.....Dorothy Lehrman
    - 2. Committee on AIDS: Report on Institutional Policies.....19
    - 3. Medicare Policy Issues for 1989.....44
    - 4. Revision of General Requirements Section of the Essentials of Accredited Residencies.....60
    - 5. Revision of ACGME Bylaws.....62
- III. Discussion Items
  - A. 1988 Annual Meeting Program Update.....10
  - B. OSR Election Procedures.....18
  - C. Fall 1988 Progress Notes.....21
  - D. OSR Housing Network and Survey - Clay Ballantine
  - E. Access to Health Care - Cindy Osman, AMSA President
  - F. Orientation Booklet and Resource Manual - Kim Dunn
  - G. Status of Graduation Questionnaire question 48A
- IV. Information Items
  - A. "It's Amazing What Can Be Learned in 12 Months" videotape
  - B. "Medical students: A substrate and a legacy".....34
  - C. "How long before a medical degree starts to pay off?".....38
- V. Old Business
- VI. New Business
- VII. Adjournment

Organization of Student Representatives  
Administrative Board Meeting

Schedule

Wednesday, September 7

|                       |                          |                   |
|-----------------------|--------------------------|-------------------|
| 9:00 a.m. - 5:00 p.m. | OSR Administrative Board | AAMC Headquarters |
| 6:00 p.m. - 7:00 p.m. | Joint Boards Session     | Conservatory      |
| 7:00 p.m. - on        | COD/OSR Dinner           | Map               |

Thursday, September 8

|                        |                                |                |
|------------------------|--------------------------------|----------------|
| 8:00 a.m. - 12:30 p.m. | Individual Board Meetings      |                |
|                        | -Council of Deans              | Map            |
|                        | -Council of Academic Societies | Jackson        |
|                        | -Council of Teaching Hospitals | Caucas         |
| 12:30 p.m. - 1:30 p.m. | Joint Boards Lunch             | Conservatory   |
| 1:30 p.m. - 4:00 p.m.  | Executive Council Meeting      | Jefferson West |

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 Obrebsky, 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.

Organization of Student Representatives  
1988 Annual Meeting Program  
November 11-13, 1988

Chicago Marriott Hotel  
Chicago, IL

Friday, November 11

Room

3:30 - 5:00 p.m. OSR Opening Session Salon II

Overview of National Issues

Presiding: Kimberly Dunn  
OSR Chair

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

Vicki C. Darrow, M.D.  
OSR Immediate Past-Chair

Robert G. Petersdorf, M.D.  
President, AAMC

5:00 - 5:30 p.m. Orientation: Getting the Most Out of OSR Salon II

Andy Spooner, M.D.  
OSR Representative-at-Large

Sarah Garlan Johansen  
OSR Representative-at-Large

This brief time will be spent discussing how OSR works and tips on becoming a more effective representative. New and old reps are encouraged to bring questions.

7:00 - 7:30 p.m. OSR Business Meeting I Salon A/B/C

Nominations for Chair-elect  
and At-Large Members, and  
Overview of the Program

At this first business meeting, voting OSR members are asked to sit toward the front of the room and take a folder containing quorum forms and ballots. The one official OSR representative from each school should complete quorum form #1 (white). At the conclusion of the program, the floor will be opened for

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nominations for OSR Chair-Elect and OSR Representatives-at-Large (five).

7:30 - 9:30 p.m.

OSR Regional Meetings

Northeast

Southern

Western

Central

Residents' Meeting

Iowa

Michigan

Michigan State

Northwestern

Indiana

10:00 p.m. -

OSR Party at Northwestern

Saturday, November 12

8:30 - 11:15 a.m.

OSR Plenary Session

Salon D

Society and Ethics, Public  
Health and Science: Focus  
on Health Policy

Moderator:

Kimberly Dunn  
OSR Chair

Speakers:

Roger Bulger, M.D.  
President  
Association of Academic  
Health Centers

Alfred Gellhorn, M.D.  
Chairman  
Commission of Graduate Medical  
Education  
New York State

George Pickett, M.D., M.P.H.  
Professor, School of Public  
Health  
The University of Michigan

William Schull, Ph.D.  
Director of Genetics Programs  
University of Texas  
Health Science Center at Houston

11:15 - 12:15 p.m.

OSR Chair-Elect Campaign  
Speeches

Salon D

Following their presentations, candidates will respond to questions from the floor.

1:30 - 2:45 p.m.

Discussion Groups (pick one)

Medical Education in the  
Ambulatory Care Setting

O'Hare

Moderator:

Michael Rush  
OSR Representative-at-Large  
University of Kentucky

Discussant:

Nancy E. Foster  
Health Care Policy Analyst  
University of Pennsylvania

Legislative Update:  
Reauthorization of  
Title VII

Ontario

Discussant:

Sarah B. Carr  
Legislative Analyst  
AAMC

M.D. Activity in the Health  
Policy Arena

Superior

Moderators:

Jeralyn Bernier, M.D.  
OSR Northeast Region Chair  
Pediatrics Resident  
Yale, New Haven

Bill Obrebskey, M.D.  
OSR Representative-at-Large  
General Surgery Resident  
Methodist Hospital, Indianapolis

Discussant:

James Stout, M.D.  
Robert Wood Johnson Fellow  
University of Washington, Seattle

AIDS and the Medical Student:  
Responsibilities and  
Opportunities

Miami

Moderator:

Julie K. Drier  
OSR Central Region Chair  
University of Minnesota, Minneapolis

Speakers:

D'Andrienne BeCoat  
Medical Student  
Rush Medical College

Kevin Flanigan  
Medical Student  
Rush Medical College

Steven Miles, M.D.  
Associate Director  
Center for Clinical Medical  
Ethics  
University of Chicago Hospital

Greg Thompson  
Medical Student  
Rush Medical College

3:00 - 4:30 p.m.

Discussion Groups (pick one)

International Health:  
Inspiration and Information

O'Hare

Moderator:

Bill Obremskey, M.D.  
OSR Representative-at-Large

Discussant:

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

Computers: Tools for Medical  
Education in the 1990s

Ontario

Moderator:

Andy Spooner, M.D.  
OSR Representative-at-Large  
Pediatrics Resident  
University of Tennessee, Memphis

Speaker:

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

Clinical Teaching at Bedside

Superior

Moderator:

Cynthia Carlson  
OSR Western Region Chair  
University of Washington

Discussants:

Jan Hirschman, M.D.  
Associate Professor of Internal  
Medicine  
Department of Medicine  
Seattle VA Hospital

Paul Ramsey, M.D.  
Associate Professor of  
Internal Medicine  
Department of Medicine  
University of Washington  
School of Medicine

Medical Language and the  
Changing Social Climate

Miami

Moderator: Dan Shapiro, M.D.  
OSR Southern Region Chair  
Obstetrics/Gynecology Resident  
The Philadelphia Hospital

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

7:30 - 9:00 p.m.

OSR Evening Programs

Fully Humanized Medicine is  
Within Reach. A Letter to a  
Prospective Benefactor

Salon G

Moderator: Vicki C. Darrow, M.D.  
OSR Immediate Past-Chair  
Obstetrics/Gynecology Resident  
University of California, Irvine

Speaker: George Engel, M.D.  
Professor Emeritus of Psychiatry  
Professor Emeritus of Medicine  
University of Rochester  
Medical Center

The Demographics of Change  
in Medical Practice

Salon H

Moderator: Maribel Garcia-Soto  
OSR Representative-at-Large  
University of California,  
San Diego

Speaker: David E. Hayes-Bautista, M.D.  
Professor  
UCLA School of Medicine  
Curriculum Director,  
HISMET Program

9:00 - 11:00 p.m.

Open Forum

Salon F

Sunday, November 13

7:00 a.m.

OSR Run  
Organizer: Carolyn Sachs  
Northwestern

8:00 - 10:00 a.m.

OSR Regional Meetings

Northeast  
Southern  
Western  
Central  
Residents' Meeting

Purdue  
Ohio State  
Northwestern  
Wisconsin  
Minnesota

10:30 - Noon

OSR Workshops

The Future Evaluation of  
Medical Students

Northwestern

Moderator:

Clayton Ballantine  
OSR Chair-Elect  
University of Louisville

Speakers:

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

The AAMC Student Surveys:  
Using the Results at Your  
Institution

Ohio State

Speakers:

Diane W. Lindley  
AAMC

Wendy L. Luke  
AAMC

OSR Administrative Board  
Issues Forum

Purdue

Discussants:

Kimberly Dunn  
OSR Chair  
University of Texas, Houston

Kathleen Huff  
OSR Southern Region Chair-Elect  
University of South Florida

Joan Lingen  
OSR Central Region Chair-Elect  
Chicago Medical School

Beth Malko  
OSR Northeast Region Chair-Elect  
University of Connecticut

Sheila Rege  
OSR Western Region Chair-Elect  
University of California,  
Los Angeles

Women in Medical School and  
Residency

Wisconsin

**Speakers:**

Sarah Garlan Johansen  
OSR Representative-at-Large  
Dartmouth Medical School

Ann Reynolds  
Medical College of Georgia

1:00 - 3:30 p.m.

OSR Business Meeting II

Salon F/G

A packet of curriculum vitae for those OSR members who are running for office, and ballots, will be distributed at 12:45 p.m. Official OSR representatives who did not complete a white quorum form on Friday must submit quorum form #2 (yellow) prior to receiving their school's packet.

## Annual Meeting Session Summaries

| <u>Session</u>   | <u>Ad Board Member</u> | <u>Received</u> |
|--|------------------------|-----------------|
| Society and Ethics,<br>Public Health and<br>Science... | Kim                    |                 |
| Medical Education in<br>the Ambulatory Care...         | Nancy Foster           |                 |
| Legislative Update                                     | Sarah Carr             |                 |
| M.D. Activity in the<br>Health Policy Arena            | Jeralyn                |                 |
| AIDS and the Medical<br>Student...                     | Julie                  |                 |
| International Health                                   | Bill                   | Yes             |
| Computers  | Andy                   | Yes             |
| Clinical Teaching...                                   | Cynthia                |                 |
| Medical Language...                                    | Dan                    |                 |
| Fully Humanized Medicine...                            | Vicki                  |                 |
| Demographics of Change...                              | Maribel                |                 |
| Future Evaluation...                                   | Clay                   |                 |
| AAMC Student Surveys...                                | Diane and Wendy        |                 |
| Ad Board Issues...                                     | Kim                    |                 |
| Women...   | Sarah                  |                 |

## OSR Election Procedures

### Preparation beforehand

Slate of candidates for both chair-elect and at-large positions are written on posters prior to election so that people can see the names of the candidates while voting. Additional paper will be needed at session to write any candidates who are nominated on Sunday and to rewrite remaining list after each round of voting.

C.V.s are collected up until 1:00 p.m. on Saturday, then collated in alphabetical order. 100 cc. are made for distribution on Sunday.

Ballots for At-Large and chair-elect are prepared with names known by 1:00 p.m. on Saturday.

### Curriculum vitae

\* Students must prepare their own c.v.s for duplication. We can only offer their use of typewriters in the AAMC office.

\* Students must give their c.v.s to AAMC staff by 1:00 p.m. on Saturday (already typed) if they want to be included in the c.v. packet on Sunday. AAMC staff will xerox and collate those they have and distribute them Sunday afternoon.

\* If students do not get their c.v.s in on time, they can copy their own (100 cc.) and give them to AAMC staff by noon on Sunday in order to be included in distribution.

\* C.V. packets are handed out as students enter the room for elections on Sunday afternoon. Only 1 per school will be available and will be given to the school's official OSR representative. This will be determined by looking at the official OSR roster, included in the red folder. If the official representative is not in attendance an alternate may cast their school's vote. This alternate should have completed a yellow quorum form so we have a record of who voted for that institution.

### Quorum Forms

-complete white forms on Friday evening...one per school completed by official OSR representative

-anyone who isn't there on Friday completes a yellow one on Sunday

Packets contain:

- ballots (at-large and chair-elect ballots to be pre-printed with as many nominees as possible on Saturday for distribution on Sunday)
- three other pieces of paper, different colors, to be used for subsequent rounds of voting
- school name on outside
- outline of voting procedures
- c.v. packets
- yellow quorum forms to be completed by those who hadn't completed a white ones during Friday's business meeting
- most recent OSR roster

Actual Voting

1st runoff:

1. Students add last minute runners to bottom of pre-printed ballots
2. Students (one official rep per school) circle their top five choices for at-large and their top one choice for chair-elect
3. Students fold their ballot in half and write their school name on the back of their ballots
4. Ballots are collected by designated Ad Board members and brought to outside table for counting by AAMC staff
5. Ad Board designee (Vicki?) assists in determining runoff candidates
6. Any runner with over 50% of vote is automatically elected. Of remainder, top third (e.g. 5 of 15) are forwarded for second round. If only one vote separates someone from being in top third, they are forwarded as well.

2nd runoff:

7. Using a second ballot sheet of a different color in the packet, students write the number of runners equal to the number of at-large positions remaining.
8. Students fold their ballots in half and write the name of their school on the back of their ballot.
9. Go to number 4, continue until all five positions are filled.

### Activities during elections

1. Hold chair-elect elections (their speeches are given Saturday morning, so there is no need for them to speak, although you may wish to have them identify themselves once again)
2. During tallying, have "scribes" report on results of Sunday morning strategy sessions. (could be ad board members)
3. Have last call for at-large members now. This allows those who did not win chair-elect to be nominated for at-large if they so desire. Have students add any last minute nominee's names to the pre-printed at large ballot.
4. Hold at-large elections...begins with each nominee giving a three minute speech (use timer)...follow process described above
5. During tallying, have student representatives to committees give their reports

## Medical Couples

Nadine and I, like 16,000 other fourth-year medical students, gathered with our classmates on March 23rd to learn where we would be in resident training. Our stomachs were churning and our heads pounding and we opened our envelopes hastily. We stared at each other with joy and disbelief. . . we had matched together. We were married three days later as planned, without the forced smiles we would have worn had the match been a disaster.

Our story is becoming quite common. Last year approximately 700 people entered the "couples" match seeking residency positions together. Most were successful to some degree, but for many, match day brought abrupt change to previously stable relationships.

In our search for positions together, Nadine and I learned about the problems medical couples face as they enter their careers. Many of the problems are those faced by all working couples; who does the shopping, pays the bills, cleans house, cooks dinner, etc. Medical couples though have the complications of long hours and being "on-call".

Still, all the problems medical couples encounter are surmountable. partly, we set lower expectations of our partners. We know implicitly what it feels like to be "post-call". We know and share that impossibly frustrating feeling of planning a night out and having a patient get sick as we have one foot out of the door. We forgive each other quickly for the way we look or act at the end of a hard day. In short we (hopefully) know exactly what the other is experiencing.

Certainly, many medical couples don't "make it". As much as we understand the other's situation, people in medical relationships often fall prey to competition, professional jealousy or inflexibility. Nadine and I have defended against these bugaboos fairly well, but they have zapped us on occasion. Our residency search highlights some of the ways we got zapped.

In our hunt for residency spots, we agreed not to discuss the other's performance or personality in our interviews in order to avoid the appearance of competition. With the single exception of the program we got, every program asked questions of us that fostered a competitive spirit. "Is he/she as good as you?" was a common one. One program director even openly showed disdain for me in his talk with Nadine, while another sent me a solicitous letter but sent nothing to my wife. Often we left programs with frayed nerves or wounded egos.

Another major hurdle that we and other couples face is sexism. We naively thought this demon was dead. I can only say we were very wrong. We have not yet seen it in our new-found program, but sexist attitudes clouded many of our interviews.

Interviewers frequently asked Nadine if she knew "what she was in for". We were both especially peeved when interviewers asked her what she would do when I was on-call. No one ever asked me what I would do. I even asked one interviewer why he only asked Nadine that question. He was surprised that I cared.

Of course, Nadine had to handle (illegal) questions about our plans for children and her long-term commitment to our specialty. Again no one asked me these questions.

Though sexist attitudes most often clouded Nadine's interviews, I was not immune. One interviewer told me flat out that experience told him men in medical couples were usually inferior candidates. He added that he figured men in my situation "allowed" themselves to be coupled with superior medical women to advance their careers. When I asked him if he had concluded this from reading my file he told me he hadn't read it yet.

Still, with all the difficulties we faced, we found a handful of programs that saw us as more of a curiosity than a threat. We found that we were successful with these programs because we were explicit about our goals and because we presented ourselves as two individuals who happened to be married.

Ultimately, Nadine and I got what we hoped for. Partly, we were lucky, but part of our good fortune was good planning. Still, even the best planning does not prevent external forces from stressing a medical couple. To residency programs, hospitals and private practices that are free of impediments to medical couples we say thank you. To those with barriers intact, we say "get with the program". Current estimates suggest that 50% of the new generation of physicians will marry other doctors. The impact of this will undoubtedly be significant for both medical practice and physician's lifestyles. The greatest impact, though, will likely be on residencies. The pressure to reduce resident working hours is already on. The influx of medical marrieds into residency programs will likely act to increase this pressure.

Major changes in the way residents are trained are still down the road. For the time being medical couples can expect to encounter difficulty with scheduling, vacation planning, and daily life. Hopefully, though, they will no longer have to deal with sexist attitudes and closed minds in their search for compatible residencies.

Project Forum Being Heard in Virginia  
Christopher Bartels - University of Virginia 1990  
John Armstrong, M.D. - University of Virginia 1988

What ever happens to those written evaluations hastily completed at the end of a third year clerkship? Who sees them and what is done with them? These were the questions asked by the recently graduated fourth year class at the University of Virginia. A lack of answers prompted a few student leaders to organize about half of their classmates, over sixty in all, to look over the evaluations which were given to them during their third year and the generate a report called the Comprehensive Clerkship Review.

The forty-four page report received kudos from the administration because it offered criticism and praise, as well as suggestions for improvement. More importantly, it represented the view of the whole class and not just of select individuals. Another strength of the report was the fact that those fourth year students who prepared it were not around to reap the benefits of their work. "Entitlement" is a word often thrown around medical education boardrooms to describe student's demands for improving this or that. However, the Comprehensive Clerkship Report was approached with the objective of cooperation between students and faculty to improve medical education and to give praise where it is due. As consumers of medical education, we have certain expectations, but as responsible individuals we are obliged to do our part to improve the product.

Under the leadership of the medical student government president, six individuals were chosen as primary reviewers; one for each of the rotations during third year. Their job was to write each review by gathering information from written clerkship evaluations, group meetings, and interviews. For objectivity, each primary reviewer intended to enter a field other than that of the evaluated clerkship. The initial review was then considered by five to ten other consultants, with consensus opinions resulting in the addition or deletion of comments. Finally, the entire report of al six clerkships was evaluated by fifteen student reviewers, again to insure that the facts and opinions expressed were accurate and appropriate. The result was a comprehensive report with over sixty students involved in its preparation.

An "objectives" format was used to evaluate how well the clerkship experience satisfied its objectives. Each review starts by stating the objectives for the clerkship, their use, and how they were initially addressed. The ward experience is then evaluated with comments about the level of responsibility, teaching, and job performances feedback. Lectures, conferences, reading, and examinations were reviewed to evaluate their effectiveness in helping students to assimilate the material. From the above base, suggestions for improvement are made which summarize ideas expressed throughout the review.

Both strong and weak aspects of each clerkship are highlighted in the report. Constructive criticism is the standard, and every attempt is made to give a fair appraisal. The names of the specific individuals have been used to highlight both positive and negative ward experiences. It is the hope of the committee that the information will be used to provide feedback to encourage continued excellence in those who have taught well, and to promote change in those who need improvement.

It sounds simple, right? The best answers usually are. However, the ultimate success of the report rested on a few points. First, the report was timely. It was produced in six weeks and presented to a clerkship directors meeting in October. Second, the report was widely disseminated to both students and faculty. However, the reports to all but the clerkship directors of had the names of the "bad" faculty omitted to avoid any semblance of blacklisting. After all, it was not the intention of the report to be a hit list with vengeance taken against all those who may need improvement. To reiterate, the document was a sincere attempt to work with faculty to change things for the better at the University of Virginia.

The climate was right for such a report when we printed it. The new dean of the medical school had expressed great interest in medical education when he entered that position two years ago. Students were first to generate a report of a student faculty conference held to discuss the impact of the GPEP report at UVA. Those other faculty interested in improving medical education issues. For example, the committees to look at "Faculty as Teachers" and "Residents as Teachers", composed of both faculty and students, are in active discussions, with reports expected from these groups expected this Fall. The "Task Force on Teaching Effectiveness", also with both faculty and student members has already printed a very revealing report on the perceived versus desired importance of teaching in faculty promotions decisions. Although changes will not occur overnight, students at UVA will be better off for improvement and did what they could, even though they would not be present to enjoy the results.

#### American Medical Association Medical Students Section (AMA-MSS)

The purpose of the Medical Student Section of the AMA is to provide medical student participation in the activities of the AMA through adherence to the following principles: to have meaningful input into the decision- and policy-making process of the association; to improve medical education and to further professional excellence; to involve medical students in addressing and solving the problems of health care and health care delivery and to provide a forum for discussion and dissemination of information; to develop medical leadership; to initiate and effect necessary change; to promote high personal and professional ethics, and a humanistic approach to the delivery of quality patient care; to promote activity within organized medicine on the local, state and national levels; and to work cooperatively with other student groups to meet these objectives.

The AMA-MSS meets nationally in December and June each year. Students at each medical school select a voting delegate and an alternate to represent them. All student AMA members receive the Journal of the American Medical Association, American Medical News, Pulse, the AMA Drug Evaluation Guide and other membership benefits. Contact your MSS chapter representative or the AMA Department of Medical Student Services (312/645-4746) for additional information.

## California Chicano/Latino Medical Student Association

The California Chicano/Latino Medical Student Association (CMSA) is a young organization having been formed just four years ago. Membership includes about 200 medical students from 9 California medical schools as well as several hundred undergraduate students who participate in CMSA sponsored activities. CMSA's main goals are (1) to promote the development of a communication network for Chicano/Latino students; (2) to promote Chicano/Latino medical student interests that will lead to the improvement of health care for underserved communities in California; (3) to facilitate educational programs for the recruitment and support of Chicano/Latino medical applicants; (4) to support the efforts of all other organizations committed to the improvement of health care of Chicano/Latino and underserved communities. Among the activities sponsored by CMSA are the Newsbulletin which is published quarterly and contains information and updates on issues concerning health care in underserved communities. An annual conference is held each spring and brings together students and professionals for a weekend. The Supernetwork Program serves as a recruiting effort by linking undergraduates at various target schools to medical students and other resources. The Hispanic Medical Education Training Program (HISMET) is a CMSA co-sponsored program which places students interested in working in medically underserved areas in preceptorships as well as a Family Practice Residency in California. Many of the issues that concern the membership of CMSA have nationwide importance and all questions and comments from students concerned about these issues are welcome.

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## SOMA

SOMA was founded in 1970 to propagate educational, scientific and charitable purposes. SOMA chapters are found at each of the fifteen colleges of osteopathic medicine. SOMA represents over seventy percent of osteopathic medical students and interns. Over the years, SOMA has seen rapid growth in membership benefits and programming. Our accomplishments are due to the dedicated work of our predecessors. As the future of osteopathic medicine we are promoting the osteopathic ideal.

The objectives of SOMA are:

1. To improve the quality of health care delivery to the American people and the world.
2. To contribute to the welfare and education of osteopathic medical students.
3. To familiarize its members with the purposes and ideals of osteopathic medicine.
4. To establish lines of communication with other health science students and organizations.
5. To prepare its members to meet the social, moral, and ethical obligations of the osteopathic profession.

## Boricua Health Organization

The Boricua Health Organization is a national group of students, providers, and consumers of health care services, who direct our attention to the inadequate health care delivery system present in our Latino communities. We have come together as an organization in search of knowledge and common strength. We seek progressive and equitable institutionalized changes, and advocate for human rights as they apply to health care for our community.

We define ourselves as members of the national minority composed of Latin Americans by birth or descent who live in the United States of America and Puerto Rico, and are bound by a common language, share a similar cultural and historic heritage, and are confronted with similar problems and needs in the areas of health, education and quality of life. We include as members all those persons of other national or cultural origins who believe and partake in our goals.

BHO is more than just an organization of Latino students. BHO embraces individual aspirations and countless personal sacrifices with the struggles of our community for better housing, education, health care and living standards. BHO engenders responsibility in each of its current 500 members to take on the poverty that plagues both the academic and practical world in delivering health care to our community.

If you wish to become a BHO member, subscribe to the CURANDERO newsletter, or obtain additional information, please write to any of the following addresses:

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### Medical Student Research Awards

The Emergency Medicine Foundation and the University Association for Emergency Medicine is sponsoring medical student research awards.

The awards are designed to encourage medical students to engage in and be exposed to emergency medicine research. Stipends are awarded for 1-3 months. The stipend for the EMF-UA/EM Medical Student Research Award is \$800.00 a month. The stipend which is awarded to the student's institution may not be used for faculty salary support, capital expenditures, i.e., purchases for durable goods over \$300.00, or institutional overhead. Each proposal will be evaluated according to the following criteria: 1) relevance of the project to the goals of the program, 2) the applicant's academic background, 3) evidence of institutional support, adequate facilities, and institutional commitment to research, and 4) confidence of the preceptor.

Applications must be postmarked no later than November 1, 1988. Notification of funding will be made February 3, 1989. Those wishing to receive an application should contact Michael E. Gallery, Ph.D., Executive Director, Emergency Medicine Foundation, P.O. Box 619911, Dallas, Texas 75261-9911, 214/550-0911.

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

From its inception in 1915, the National Board of Medical Examiners has developed examinations and awarded a certificate that may be used by the several licensing jurisdictions as evidence of fulfilling the requirements for the initial license to practice medicine. The National Board certificate is awarded only to graduates of accredited medical schools in the United States and Canada and to those who have completed one year of residency training in an accredited graduate program. More recently, medical schools and faculties have found the Board examinations useful as aids to educational programs. Medical students have found the examinations useful because of their concurrence with medical education, their widespread acceptance as evidence of competence and utility when reciprocity and endorsement for licensure is required.

The examinations given by the National Board of Medical Examiners for its certificate reflect the content of medical education in the United States and Canada. In order to meet this goal careful consideration is given to the content of the thirteen disciplines that constitute the framework for the Part I Examination in the basic biomedical sciences and the Part II Examination in the clinical sciences. Even more important, a careful selection is made of the examiners who represent the faculties of medical schools accredited by the liaison committee of the American Medical Association and the Association of American Medical Colleges. The seven Part I test committees have 56 members; the six Part II test committees, 48 members. The examinations are the result of the combined efforts of 104 medical examiners supported by the staff of the National Board.

Students who write the Part I and Part II certifying examinations have their performance compared with standards established by the performance of examinees in the preceding four years. Inasmuch as 13,000 candidates sit annually for each examination, the standards are determined by the results obtained from more than 50,000 examinations for each part. Because of these large numbers, the detailed attention to content, the quality of each test item, and the availability of calibrated test items, the examinations are very reliable instruments for their intended purpose.

Nonetheless, the National Board is now conducting a major review of standard setting and considering the relative merits of "grading on the curve" and basing examination scores on "what a student should know". Two oversight committees have been established and charged with the responsibility of reviewing the design and content of Part I and Part II and for recommending the standard setting method to be used in arriving at a pass/fail set-point. Much of the work of these committees will be concluded and changes made in time for the 1990 examinations.

From 1915 to 1950, the Part I and Part II examinations were constructed from essay questions and the standards were set by individual graders. The failure rate for Part I was about 14% and for Part II, about 4%. In 1950, multiple choice questions were introduced and the pass/fail point set in such a way that an approximate failure rate for Part I of 14% and for Part II of 4% were maintained. A group of eight medical schools were used to provide the reference group used to set standards of performance. In the late 1960's, the

reference group was changed to include all first time examinees who were two years away from graduation for Part I and those who were in the fourth year of medical school for Part II. In 1981, the standard setting process was changed to the present practice of using performance by the reference groups for the previous four years to set the pass/fail point.

The question of score reporting is also under review. It is apparent from the discussions held by the Association of American Medical Colleges in 1987 that medical school faculties prefer score reporting that is rank ordered or normative. Faculty hold the view that students who score 600 or more have demonstrated more knowledge about the material on the examinations than those who have scored 400 or less. This distinction is important to some, but not to others. Clearly, the consideration of any change in score reporting requires a careful assessment of an impact on medical education and the practice of medicine.

That the results of the examinations may be misused by some medical school faculties or by some residency program selection committees is unfortunate and nettlesome. The National Board has maintained consistently that medical school faculties have the responsibility for determining academic achievement and that residency programs should evaluate all information available about candidates before selections are made. For the large majority of medical schools and residency program selection committees, scores on National Board examinations are only part of the information used to make decisions. The Board has made and continues to make every effort to apprise medical schools and residency programs about the limits of its examinations.

While the National Board reserves the right to establish the pass/fail score for purposes of its certificate, medical schools and state licensing boards are free to establish alternative standards and to use different scores. Reporting of only a pass or a fail score would mandate a national standard that might be unacceptable to medical schools and licensing boards. In any event, the problem is not with standardized testing but with inappropriate use. Standardized tests are designed to be objective, accessible and fair and are used to provide students and candidates with an opportunity to demonstrate, without bias, the acquisition of the knowledge requisite for medicine.

Medical schools, residency programs and others need to reverse any extraordinary emphasis upon the results of standardized testing for making decisions about selection and academic progression. In order to do so, it will be necessary to reverse grade inflation in undergraduate programs, to establish intramural evaluation methods that are credible and to set expectations for academic achievement that are appropriate to medicine. Faculty and medical students should get to know each other and to agree that high standards of achievement and performance are required for the practice of medicine.

Obviously, medical knowledge is necessary but insufficient for medical practice. Present examinations assess medical knowledge but do not evaluate psychomotor skills, moral and ethical values or much about how medical knowledge is used. Examinations under development at the Board and elsewhere give more attention to the ability of students to acquire and use information. Standardized patients, clinical and biological laboratory data and the availability of interactive computer systems may form the new technological basis for evaluating communication, observational and management skills of medical

students and residents. Moreover, the ability to read, evaluate and use the evolving medical literature may be assessed by newer examination formats. The National Board has embarked on the development of a computer-based examination that emphasizes the clinical case simulations, a study of clinical skill assessment using standardized patients and an evaluation of problem-based curricula now in use in a few medical schools. It is expected that the National Board will offer in the early 1990's certifying examinations that complement the assessment of knowledge with an assessment of the ability to use medical knowledge in appropriate ways.

Dear Questionnaire Participant:

This study is being distributed as an extremely important part of ongoing research regarding medical student family and career planning, day care, and maternity /paternity leave policies.

1. Medical School \_\_\_\_\_
2. Year in School \_\_\_\_\_
3. Age \_\_\_\_\_
4. Sex \_\_\_\_\_
5. Marital Status: \_\_\_\_\_
  - Married/Living as married \_\_\_\_\_
  - Single/never married \_\_\_\_\_
  - Single/divorced \_\_\_\_\_
  - Other (please specify) \_\_\_\_\_
6. What strategies are you using, or do you think will work best, to balance your career and personal life?(Check all that apply)
  - never marry \_\_\_\_\_
  - marry during medical school \_\_\_\_\_
  - marry during residency \_\_\_\_\_
  - postpone marriage until residency training complete \_\_\_\_\_
  - have no children \_\_\_\_\_
  - have children prior to medical school \_\_\_\_\_
  - have children during medical school \_\_\_\_\_
  - have children during residency training \_\_\_\_\_
  - postpone childbearing until residency training complete \_\_\_\_\_
  - Other (Please specify) \_\_\_\_\_
7. How many children are there in your class? \_\_\_\_\_ the school?
8. How many children do you have? \_\_\_\_\_ (IF NONE, SKIP TO #22)
9. What were their age(s) at matriculation \_\_\_\_\_
10. Have you had planned/unplanned children during medical school?(circle) \_\_\_\_\_
11. If so, during which year(s)? \_\_\_\_\_
12. If so, how would you rate your experience in terms of: (Write in number)
 

|                              |                                  |
|------------------------------|----------------------------------|
| a. Faculty interaction _____ | Supportive and accomodating (1)  |
| b. Peer reaction _____       | Neutral (2)                      |
| c. Administration _____      | Tolerant, but not helpful (3)    |
| d. Spouse/partner _____      | Negative or inflexible (4)       |
|                              | Encouraged quitting (5)          |
|                              | Encouraged Modified Schedule (6) |
|                              | Encouraged Full Time (7)         |
13. What were your enrollment arrangements?
  - Full time \_\_\_\_\_
  - Part time \_\_\_\_\_
  - Leave of Absence (LOA), how long? \_\_\_\_\_
  - Extension \_\_\_\_\_
  - Other \_\_\_\_\_
14. How do you care for your child while at work?
 

|  |                                    |
|--|------------------------------------|
| _____ School                             | _____ Partner (husband, wife, etc) |
| _____ Medical center affiliated day care | _____ Family member                |
| _____ Private home care < 6 children     | _____ Live in help                 |
| _____ " " " <12 "                        | _____ Other                        |
| _____ Public day care center             |                                    |
15. Have you been satisfied with the care? \_\_\_\_\_
16. What hours is childcare available? \_\_\_\_\_
17. What additional hours do you need? \_\_\_\_\_
18. What is your child care expense per month? \_\_\_\_\_
19. How far do you drive to and from daycare? \_\_\_\_\_
20. Is cost of child care included in the budget provided by Financial Aid? \_\_\_\_\_
21. How much is budgeted? \_\_\_\_\_
22. If you are planning your first/or additional children in medical school or residency, how do you plan to alter your education/work schedule? (Please comment)
 

|                          |                     |
|--------------------------|---------------------|
| a. <u>Medical School</u> | b. <u>Residency</u> |
| Full time _____          | _____               |
| Part time/shared _____   | _____               |
| LOA _____                | _____               |
23. If Leave of Absence (LOA), for how long? \_\_\_\_\_
24. Does your school have a formal maternity/paternity leave policy? (Please circle)
 

|           |          |                    |
|-----------|----------|--------------------|
| Yes _____ | No _____ | I don't Know _____ |
|-----------|----------|--------------------|
25. How does your school provide for maternity leave? (check all that apply)
 

|              |   |
|--------------|---|
| Formal _____ | Informal _____  |
| _____        | Take vacation as <u>part</u> of leave                           |
| _____        | Take vacation as <u>all</u> of leave, no add'l time allowed     |
| _____        | Extension of medical school without change in enrollment status |
| _____        | Official Leave of Absence (Non-student status)                  |
| _____        | < six months  |
| _____        | > six months  |
| _____        | Part time enrollment (e.g. complete one year over two years)    |
| _____        | Inflexible, No provision  |
| Other _____  |   |
26. Have you worked with a medical student/resident who was pregnant? \_\_\_\_\_
27. If so, how would you rate the experience? (Please comment)
 

|   |                                       |
|---|---------------------------------------|
| _____ Found it a <u>positive</u> experience | _____ I had to take <u>extra</u> call |
| _____ Found <u>no</u> difference            | _____ She worked harder to compensate |
| _____ I worked harder to compensate         |                                       |

Please complete and add any additional concerns or comments on an additional sheet, tear off and [send to Wendy Pecachek], [Office of Student Affairs], [Leave in envelope posted near mailboxes for your OSR Rep to pickup]?? by September 2, 1988. Many Thanks,[OSR Administrative Board] or [Sarah G. Johansen, Rep-at-Large]