

OSR AD BOARD RETREAT
December 14 & 15, 1988

AGENDA

Wednesday, December 14, 1988 (Embassy Suites, 2000 N Street, N.W.)

9:00 - 9:30 August Swanson, M.D.
NRMP - Dean's Letter Task Force

10:15 - 10:45 Herbert Nickens, M.D., M.A.
Minority Affairs

11:00 - 11:30 Louis Kettel, M.D.
Culpepper Award

11:30 - 12:15 GSA, Student Health Services Survey - Beran/Chumley
Graduation Questionnaire - Randy Park

12:15 - 1:00 Lunch

1:15 - 1:45 Karen Mitchell, Ph.D.
MCAT Review

2:00 - 2:30 Robert Petersdorf, M.D.
ORR

3:15 -
Review of AAMC Structure and Governance - Beran
Review of Officer's Retreat - Ballantine & Reich

**Thursday, December 15, 1988 (Hampshire Hotel, 1310 New Hampshire Avenue, N.W.,
Queen Anne Room)**

9:00 - 11:00 New Business

- o Next Edition of Progress Notes
- o 1989 Annual Meeting

11:00 - 11:30 Committee Assignments - Flexner & GSA-MAS

Noon - 1:00 Lunch

1:30 - 2:00 Elizabeth Martin
Graphics Identity Program

2:15 - 3:15 Brownell Anderson
CONFER Orientation (AAMC, One Dupont)

3:30 - 4:00 Sarah Carr
Student Loan and Financing Legislation

Deep retreat



**association of american
medical colleges**

December 2, 1988

MEMORANDUM

TO: Jeanne Newman
FROM: Bob Beran *Bob*
SUBJ: Establishment of "short-term" OSR account

Pursuant to our conversation yesterday, would you please establish a "short-term" account to cover the OSR Retreat on December 14 and 15. The attached check from Upjohn and a \$2,500.00 "contribution" from Dr. Petersdorf will constitute the account balance. Local lodging and meeting expenses will be charged against the account.

Thanks, Jeanne.

RLB:mg

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THE UPJOHN COMPANY

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November 28, 1988

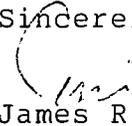
AAMC-OSR
Wendy Pechacek
One Dupont Circle
Washington, DC. 20036

Dear Wendy:

Enclosed is a check for \$2000 that Kim Dunn and I discussed at the recent AAMC meeting in Chicago. It is to be used for a special retreat for the newly elected board officers to plan 1989 activities for OSR. Kim told me that the meeting would be in Washington in December. Hope this will be of help for the planning session.

Congradulations on the birth of your new baby. Hope both of you are doing fine. Have a Merry Christmas and a Happy New Year. I will come to visit AAMC-OSR early in 1989.

Sincerely,


James R. Davis, Jr.
MSL Education Unit

Enc: Check #0375470

Fall 88
(preparing for 1989)

OSR Administrative Board Retreat

NOTES

Progress Notes

The Ad Board discussed a number of possible changes they would like to see in this publication including:

- *bigger headers
- *bylines at the beginning vs the end of articles
- *a description of what OSR is
- *less long articles, more short information pieces
- *incorporate the new AAMC logo
- *"what's inside" box
- *Subheaders
- *more horizontal vs vertical layout
- *graphics and pictures
- *cartoons
- *add OSR and Organization of Student Representatives in header
- *change to OSR Progress Notes
- *AAMC stats and plug for the graduation questionnaire
- *list of OSR reps for each school
- *list of schools up for LCME site visits and pre-visit resources
- *dates for next year's match, Nov.1, etc.

1989 Annual Meeting Topics

The Ad Board discussed several possibilities for session topics and decided to pursue the following:

- *Animal Rights in Education and Research: A Clarification of the Issues
- *Comparison of Medical Education Systems in Other Countries
- *Evaluation (the ideal evaluation system, or an interactive clinical exam, SIU)
- *Learning Styles
- *History of Medicine
- *Lobbying
- *Impairment and Counseling
- *Alternative Uses of the M.D.
- *Indigent Care

Also, Clay reported that the P.R. person from the Indian Health Service has offered to host a reception Friday evening at the annual meeting. Members suggested that all loan forgiveness for service programs have representatives there. Kim mentioned that Jim Posen at Northwestern is trying to pull together a compendium of loan forgiveness programs. Sarah Carr will look into having someone from National Health Service Corps represent their program as well.

Visit with Sarah Carr

Sarah reviewed the staff of the Office of Governmental Relations including Dick Knapp, Senior VP; Dave Moore, Assistant Director and contact for the Ad Hoc Group for Biomedical Research, budget appropriations, NIH, mental health administration, health policy; Catherine Cahill: medicare and medicaid and the commissions e.g. ProPAC, reimbursement issues; Leslie Goode: animal rights, VA funding; Sarah Carr: ED financial aid, HHS financial aid, such as HEAL and HPSL, National Health Service Corps, foreign medical graduates, international health,

nursing education, fetal research and fetal tissue research, and family planning issues.

The main work of OGR is to monitor what Congress is doing in terms of authorizing and appropriating money and try to advocate the programs or policies we as an association feel will improve the quality of medical education.

Sarah also noted the focus on student loan default issues right now. She agreed to address these concerns in her Federal Update for the Spring issue of Progress Notes.

Indigent Care Proposal

Kim reviewed previous AAMC initiatives to address this issue. She explained how she, Lee Rosen and Joe Prud'homme had gotten this proposal together. They want to form a 50 member task force on indigent care to talk about how to work with the policymakers who hold the purse strings to start to address these concerns. Lee talked about some of the choices hospitals are forced to make given current public policy. He feels the public needs to be made aware of the choices that are being made. They plan to have a speaker series for this task force and invite people like Leland and Bentsen. They also plan a media blitz to raise to the public's attention what has been happening in Houston. There is a proposal for a single day where students would bring policymakers to teaching hospitals to show them the reality of the situation. Students would be given a guidebook on how to educate the policymakers to the issues over the course of the day. Finally, they propose a national conference. There will be a session at the annual meeting devoted to this.

Beginning of 12/15/88 OSR Ad Board Retreat

Clay: Does everybody have a copy of Progress Notes with them? You've seen this thing before. I want to do some pretty big changes in it.

Sheila: I agree!

Clay: This thing is, to me, the driest, most boring thing in the world. I tell you, if you've ever done any journalistic work -- things like this where you have the entire unbroken column of print -- big no, no in journalism.

I don't know what the deadline is, but it's usually in mid-February.

Beth: Who's responsible for typesetting and all that stuff.

Clay: All that stuff is done by Wendy and LaVerne. All you have to do is just write what you've got -- even handwritten is ok.

LaVerne: As long as it's legible.

Clay: The big things I'd like to change is I want to use bigger headlines at the heads of the articles, because these things are just way too tiny. There's nothing in there that breaks it up and grabs you eye.

Kathleen: I wonder can we have the names at the tops of the articles. It's been really bugging me.

Clay: You mean the bylines? Good point.

Lee: Also a description of what OSR is.

Caroline?: I question whether people read these long articles. Maybe have one or two, but maybe use this as information.

Clay: Take a look at what we're going to be doing here. Some of the things that I thought of just sitting around last night. One thing, we'll definitely need the new logo.

Beth: As long as we're still on layout. Shouldn't we have midway breaks, headline?

Clay: You mean breaking up the article itself with subheadings? Yeah, that's the size print that you do this with. That is, I think, a very good way because then you catch peoples eyes up and down the page.

Kathleen: Also something about what's inside you know. Like a little box of "what's inside".

Clay: Just remember that this is ours and we can do with it whatever we want.

Sheila: Have any of you seen the UCLA one? That is catchy. We do it on a computer at home, I wish I had a copy.

Clay: Just desktop publisher?

Sheila: Yes. What they do is come up with some inside things. It's just a lot more pictures and text.

Clay: That's exactly what I'm talking about. Let me just get to the other things I have listed here. Doing a more horizontal form of the layout instead of these long vertical things. Have articles run across instead of running down the page. You know what I mean, break it into two columns across with another headline here so that you're not looking at something vertical.

Sheila: How about three columns?

Clay: We may be stuck with two column technology, but I'm not certain that's something we can find out from Wendy I guess. We can still do headlines across and you know articles that fill this way instead of the other way (vertical). Also, I was hoping that we could get alot of graphics and do more pictures and stuff. The way I was hoping to do it was break up not only the front page. I mean, I think the perspective -- this overview, the perspective, and maybe the "what's inside" blocked down at the bottom is good; but, over here break it up a little bit and maybe get one of the (as far as graphics displays I was thinking of things like taking selective results out of the GQ and getting them graphed. Like Trends and anything. Don't forget we can go back 5, 10 years with the GQ and look at how a particular question on there has changed, like indebtedness of medical students or something like that. You can go back and find the average indebtedness for five or ten years. All that stuff, every now and then on the Weekly Report they do that. Those little AAMC graphs and Liz Martin will be in here right after lunch and maybe we can get here to talk about some of the capabilities there.

Beth?: Clay one of things I want to suggest is that we put the initials OSR and then as well as Organization of Student Representatives on the front. Because I think at schools we talk about OSR, but not everyone knows what it is.

Clay: Maybe that should be the biggest thing on here -- OSR Progress Notes. Good idea.

Beth: Could we have a catchier name other than Progress Notes?

Joan: There just changed it to Progress Notes.

Clay: It was just changed from whatever it used to be.

LaVerne: OSR Newsletter.

Clay: So if we had it in great big letters OSR Progress Notes, I think that would work out.

Someone: And then have Organization of Student Representatives on there, but have OSR in much larger print.

Joan: What do you think about having the first sheet look like a hospital progress note? Still have the big AAMC logo on front, but it would actually look like have a hospital logo at the top and then look like a progress note. It might be kind of catchy. People might kind of look at it.

Clay: I also thought that along with the graphics displays we could put in a plug for the GQ and mention these data come from the questionnaires you'll be asked to fill out halfway through your last year in school. Get a plug in there for that. We'll just run down the list here of the things that I was thinking about:

- o List of committee positions (we're have four of those and we can do a brief description of the committee positions) that would be a nice other block -- what to get involved? Committee positions available. We should be able to draw some outside response into the system.

Joan: Clay, how do feel about having a little ID picture of each of us and a little blurb about who we are and where we're from. Some people don't know who alot of us are.

Clay: We could at least do a listing of who we are and where we're going to school and stuff like that.

Someone: Perhaps a caricature of the whole group.

Caroline: I think that the people in your schools, when they see that, will be really receptive to it -- to seeing the cartoon.

Clay: I don't want to eat up alot of space with it. These are all good ideas.

Someone: There's someone at Emory who may be able to do it.

Clay: We couldn't get them any money, though. They could certainly autograph their work -- cartoon by so and so. Or a byline. Moving down the list:

- o In listing the committee positions that are available, I think it would be good to try to funnel attention to the local OSR rep with that. Ask you student affairs dean or student government who your OSR rep is to get more information or call Wendy or LaVerne.

Lee: Is there enough space to in a very quick way list the OSR reps for each school?

Caroline: Just 127.

Lee: You know like three columns.

Sheila, Beth: I think it's a good idea.

Someone: Maybe by regions.

Caroline: The thing is the last time OSR was really explained in Progress Notes, the whole student body changed. It would be a good introduction to the turnover.

Clay: Ok the next one:

- o Listing of the LCME site visits that are due up this year. With a reference to the AAMC pre-visit resources: the booklets for students and how to get organized beforehand, maybe a brief blurb about that.

Mentioning the GQ results, mention that the OSR reps have that.

- o Look on the back page of the last issue -- there's a calendar thing on there. I think if we put this together a little differently, we could expand it to include, at least our meeting dates and places and also other NRMP dates. (It might be too late for that, this comes out in March and the Match will be gone.) We can have the 1990 Match dates listed. Little too far ahead you think? I think we should at least mention NRMP Uniform Dean's Letter Release Date November 1.

Sheila: Something like Dean's Letter Release Date interview, something about applications...maybe a calendar for the year.

Clay: I think we can at least put in the November 1 and maybe not the dates of the other stuff. Also, I wanted to get the major Consortium members, just an idea again, get their meeting dates and themes, and have at the head of the thing -- Contact your local school, AMSA, or appropriate organization rep. What the meeting dates are, the theme and the place. That way I know that they are 12 or 14 other groups and some of them do not meet year round, but it would be an interesting

reimbursement for doing indigent care. It's just that there's not enough money.

Clay: We're running out of time for this. Can we introduce ourselves to Liz Martin?

OSR Ad Board Retreat - December 15, 1988
Tape #2(a)

1989 Annual Meeting Topics:

Beran: The western region is not a problem. The GSA and the Western Region always, always, always includes students from day one of their planning and that's never a problem. It does get to be a problem in some our regions. I would point particularly to the central region, which on occasion -- Michael Rainey, was very sensitive to what was going on with students. But what you need to make sure of is that you try and work with the planning committee in the region as much as you can. If you get left out of the loop, then let us know. We then get you back into the loop. I'm not saying that from a forceful standpoint. We'll just make a call and talk to them. Sometimes they forget. Some of it's legitimate, some of it's not. But oftentimes, the program is planned and then the student is not involved from the OSR standpoint in the planning and then they call us and raise hell and say, "Look that region went ahead and planned the program, and we didn't even know what the hell they were going to plan. So we couldn't get our stuff into the program."

What we need to do is try to get you into that process, if you're not already in it, as soon as you can. If they haven't contacted you, I would suggest when you go home, that you write a nice little letter to the chair. Again, if they haven't contacted you, say "We're trying to get ready for the regional meeting. Can you let us know what's going on." I think the southern is pretty good about that as well. Southern region usually is very considerate as far as students. In fact, they now I think, ask the student to come to their planning meeting. Northeast, I think, does the same thing.

Beth: We've already been involved. It's all set.

Beran: Good. We've been working on that for a couple of years. So, I'm glad to hear it.

Beth: At least they've put us on the GSA Steering Committee.

Beran: The regional officers, in general, are a good cast of characters for the next several years. In all of the regions. Michael has been the delight of the central region.

Clay: As far as the process of getting this thing put together. Some of these things are really crucial about process. We've got to have things lined up and ready to go next time we get together. You've got to at least have your speakers. Know exactly who you want to get to speak. Try to have it set up so that you've already contact with them and ask them to speak. This is because, if you know about people in medicine, they book their schedules way in advance.

The more interesting they get, the farther in advance they go. What I thought we'd do is go around again -- maybe once quickly to see what people's ideas for programs are. Then maybe go back around and try to flush these things out and see who's got ideas. Before we get to that, let talk quickly about the overall theme and see what you all think about that. Anybody have suggestions, ideas?

Joan?: Don't we essentially go along the lines of whatever the national theme is?

Clay: Yeah. We can do however, yeah. The national meeting is going to be something like the educational process in academic medicine.

Beran: They'll refine the title in about 3 or 4 weeks.

Caroline: Kay Clawson said he wanted it to be on education. Bill Butler said he wanted academic medicine included somehow in the title.

Clay: That's the gist of it. We can do whatever we want essentially, but as I said before, I think there are a lot of things that are coming to fruition right now -- certainly on the table -- as far as educational process and what is an ideal educational system. What kind of programs are in place and those kinds of things. That's a focus I'd like to see it take. It's wide open. Go ahead and throw out anything that you want.

Lee: What we were talking about yesterday. I think it's an excellent theme to tie in with the theme of the national conference. In terms of trying to give something to the OSR people that are there for the first time, that aren't as active in these national projects. Something to take away from and start at their own schools. I would suggest that we have as our theme, you can come up with a fancier way of saying this, but -- ~~empowering~~ empowering medical students to take initiative in their own medical education. In other words, that we spend some time talking to people about the whole issue of ~~empowerment~~ empowerment, which has to do with international development and what Dr. Nickens was talking about yesterday. The fact that there are people next door to you that have similar needs. But also medical students who traditionally feel pretty powerless in their own education, either because they can't find a way to go out and do projects in the community or something like that. Or because they don't feel strong enough to discuss with their deans -- that's what I'd like to see our focus be. We could tie in all the other ideas that people have been bringing up in the past couple of days -- the role of physician as teacher, the indigent care projects, all those kinds of things. But as far as our major speakers are concerned, without anybody particularly in mind, get some people to really fire up the OSR reps about the possibilities that they themselves can achieve in their own schools.

Clay: I agree with you. I think that's one of the big things that we can do here that other organizations can't quite cover the bases as well as we can. That's getting a lot of stuff planted around to various schools. AMSA does a lot of that same kind of way. We've got access to so many other things that AMSA doesn't really have as direct an access to. I think you're right and we can do a lot with it.

We can juggle with the wording later, but that idea making it so you've got something to take home and go work on. At the same time, the only other side of the coin there is the idea of feeding ideas and input back up the ladder into the policy making bodies. I don't know how we can address that and try to get it under the same umbrella.

Lee: If you teach people, whether you want to call it "How to Effect Change" or "How to Empower Yourself", something like that, then you make them realize that an important part of the process is taking what's already there, what you think is good and spreading the network back up. You teach them how to feel good about themselves, come up with an idea, and beat it back and spread it on terms of a national level.

Clay: Affecting locally and nationally?

Lee: Yeah. Or just make people realize that we are a national body and there are so many

neat things around the country that could be spread. If you can get a lot of people talking about what's good at their school...

Caroline: I think that's a little bit broad. I think we can home in on something specific and this may overlap on what David was talking about last night. I could see that being done with this thing about physician as educator. Maybe let's look at medical student as educator, and think about this initiative that we were talking about earlier. There are a lot of schools that are doing very effective things in the community -- medical students are involved. Have those come in and do some kind of presentation. Have it structured, give it some guidance -- say "Look we want this design, this workshop, or discussion group." Have information the student can take back and implement. So that way we would be accomplishing something ...

Clay: I think that we can do with each of our individual programs. Keep that thrust in mind that the idea is to design it so you've got something concrete to take home.

Caroline?: Let a survey fair type thing. Just allow a couple of hours and tell all the schools that if you have the project that you think is really good, bring a display on it, bring information that we can pass out.

Clay: Actually some of those things I agree that's a good idea.

Caroline: I think that's better than presentations.

Clay: Right now, I want to focus on the theme and try to nail that down.

Anita: It sounds like what you're talking about because how people have customized their medical education to fit whatever their various careers are going to be.

Lawrence: That's a good word "customized".

Anita: People, obviously, have made medical school more than just ...(Clay: yeah, like 2 plus 2) and you have to in order to be, I think, an effective physician. Because there are thousands of pediatricians -- what's going to make you different from Joe Smoe down the street.

Caroline: Have you read the book Pathfinders? It's been a long time since I read it, but one of the key things I remember from the book was that the people who were making strides in whatever their field is, have usually customized their path.

Anita: There are a lot of medical schools that now look particularly for medical students who are willing to do something extra with their medical education that makes it very different from anybody else. They call it their alternative curriculum or whatever.

Joan: You know, I really like that as a theme. We could use "Medical Student as Educator" as the theme -- almost everything we've been talking about would fit in. Not just as educator in the community. Let's think about it, fourth year teaches third years, residents teach...how to be effective as a teacher as a medical student.

Clay: The one thing we lose if we keep it just to that is the idea of looking at the actual educational process from the evaluation end and from where it's headed, what shape it's going to take.

Joan: Not really, because aren't we trying to educate our schools about a more appropriate

way to evaluate us?

Clay: Can you refine your wording in that some? "Medical Student as Educator"? Is that what you're saying?

Joan: As a general theme I think you can use it to tie all kinds of stuff in. I mean, I think it's a good concise way of expressing the idea we're after. I don't think that it necessarily excludes anything.

Lee: Strengthening the medical student voice?

Anita: I would go with customizing medical education.

Lawrence: Yeah, I would go with that.

Clay: Yeah, I think that's got it.

Lawrence: That catchy to me. It makes people want to go to this thing.

Clay: How about "Customizing Medical Education"?

Joan: If you put the "your" in their, people suddenly see self-interest and then go to listen to it. I think if you personalize it, people get involved.

Anita: One of the reasons I think that would be good is I think you should strive for this type of meeting. Number one, to include more than just OSR reps. I always thought that OSR has been a very snobby and selective group. And sometimes, you know, you're trusting your reps to go back and really tell hundreds of students. This is something, I mean, it's in Washington -- a location that's pretty accessible. I think that even though alot of things like the voting and all that kind stuff is particular to OSR reps -- the workshops should be available to anybody. If there are things that are presented that's students can do to make their own medical education better, they should have privy to that information. I think that's really our sole purpose here.

Joan or Kathleen?: If you went to them with an idea they might listen to it, but they're not real open to alternative curriculum. I know at my school you could push and probably get something, but it wouldn't be easy. If you can kind of affect some sort of change to make your administration more open to this kind of thing.

Caroline: Part of that privy is to be evaluated. If you're going to do something, you've got to show that it's worth something.

Joan: You don't have to think about customizing in the traditional terms either. I mean some of these other things you were talking about -- these community programs or whatever else you want get involved in -- may not necessarily involve curriculum changes. They might involve getting a group of students together and doing something that, in a sense, would be part of your medical education.

Anita: I think the medium then is that I know that there's one student at my school who used the tactic of finding out from a friend of his what he had done at this school. He made the dean very jealous and said, "Well, so and so at Yale did this and he got credit for it and blah, blah, blah." And it make the dean say, "Well if Yale gave credit for it, maybe I'll do it." That's really what we're trying to do here.

Clay: Trying to transplant ideas.

Lee: The problem that hear with calling it "Customizing Medical Education" is that you're just emphasizing individuality in a place that you might not want to be emphasizing it. In other words, you sent an OSR rep that as you were saying is representing an entire student body. What I would be more interested in hearing is how to get the students collectively to influence change. Now that includes helping each student design his or her own curricula.

Clay: If you leave the your out of it, then you get back to a more global approach -- "Customizing Medical Education".

Lee: But there's still, I think, alot of issues that we're talking about -- especially the ACGME report that involves higher school curricula.

Clay: Deep seated change rather just a glossy ...

Lee: But it's students working together, not each person getting his or her own things out of it, but just the entire class, the entire OSR committee and you know, that kind of thing.

Kathleen?: I figure that after you learn you can take back and share with your classmates, "Oh, I found out this" is something that I would be interested in. Wouldn't you be interested in something like this?

Lee: Definitely. Which is why there should be a workshop on different things that you could do. But if we're talking about a theme for the conference, and what are we going to have the plenary sessions be about. I don't know if "customizing medical education" is appropriate for that or appropriate for a couple of workshops or something.

Beth?: I think it's two different ideas. I think the overall idea of customizing your medical education could be a workshop. And then "affecting change back at your local school", I think is a totally different topic. That's talking about how to go back home and affect change, not just in your education.

Lawrence: "Your" could mean a collective sense.

Caroline: Lawrence is speaking much deeper than that. He's saying even customizing is taking the idea of all these ideas and we could try this little program in our school. Whereas what Lee was saying maybe we need problem-based education nationwide.

Joan: What are some of the negative comments about the last national meeting versus... What I think we need to do is to stay realistic and stay with some local things, and when local things become...

Clay: I think you need a mix because I've heard from reading through the evaluations stuff, people like both sides of that. There's alot of emphasis about getting very practical, concrete and helpful things to do at your school. But at the same time, there's also feedback on those things. They say they like the global approach.

Caroline: You definitely should have a balance, but I think that always you have to have in mind that these are representatives from an institution. It's not just...the conference can't be designed just to uplift the people that there. And I felt that there was a little too much of that this past year. I got alot out it personally, but not a whole lot that I was able to take back.

Beth: That's a very common complaint from the northeast.

Lee: It was my first conference, so you can take this opinion for what it's worth is that...talking about the plenary session I learned alot. I didn't get very excited about it at all. It was alot of information...they all had very good things to say, but I just kind of heard this very general kind of thing. I could see the plenary session being some just incredibly, dynamic, wild people. I mean, global issues, global sense -- don't worry about specifics, get your people fired up and use the particular workshops and sessions and information, that's where you give them specific things to take home. You know, handouts. I could see getting some of the people like the women who in the housing project that convinced the government to give the housing project back to the people that lived there and away from the government. And how did she mobilize her people? Getting all these people -- really dramatic figures of how to affect change, mobilize your group, how do you influence the political system, or influence your administration. Just kind of, you know, not to worry about very scientific presentations, but just 200 people in a room listening to some really good visual descriptions and dynamic people. And then go back and talk about the particular programs that are working, the customizing that's going on and smaller workshop groups.

Clay: If you look at the conference-at-a-glance thing. I have a few copies here. We've got a couple of different forums to work in. Obviously we have the plenary session, as it's set up on there, on Saturday morning. Then we have several blocks of discussion groups and workshops. There are three different set of those. Then we have the regional meetings and the business meetings.

The business and regional meetings are kind of set the way they are -- at least as it is. So what we've got to work with essentially is one big plenary session. And three sets of discussion groups/workshops. There's all kinds of room in there for take home stuff. The feedback that came in -- I agree with you, it would be hard to identify people like that unless we've got names. We need to get names. Are you talking about having a general thrust at just "affecting change"? Is that what you're talking about? Then having all the specifics in the workshops?

Joan: You know, I think especially when you get alot of new OSR reps, the first thing you do sitting down at a plenary session dealing with these global ideas, it might be wild, but your initial reaction is, "That is above the scope of anything I can even touch." I think you've got to be pragmatic. Give them some big ideas, but you've got to come at it from a level where people could think they could do something like that, they could get involved in something like that.

Lee: That's precisely my point. You take people who do things that if you just read them in Time magazine, they seem wild but you get them to talk about how they did it and it wasn't such a big deal for them to do it.

Beth?: The first meeting I went to three years ago. We had our Saturday morning big nasty plenary, but we had a meeting Friday night that was like the meeting we had this year, Saturday night with Dr. Baptiste. It was Colonel Eisenburg and her husband. It was local. They didn't touch on individual issues, but they talked about something that was uplifting, it was real. That type of thing. That may be the way you should address that. Don't sit people down in the first plenary. I think the plenary is important. I think you do need to be more global. But if you don't have that as your first major meeting -- if you have something before that that's a little bit ...

Kim: We got more good comments about that. It was something that students felt good about being medical students.

Beth: That's the point. Stan Marcy(?) is a good speaker like that too.

Clay: How about going back to Morton whatever his name was? The guy dealing with "reawakening of the mind"?

Everyone: That's an excellent idea.

Someone: Mortimer Adler.

Clay: Mortimer Adler, that was it.

Caroline: He might be a wonderful author, but...

Kim: Bernie Segal. We have been trying for four years. He wants to do it. It's a matter of timing.

Clay: Bernie, the "love lost(?) in America"?

Kim: Vicki Darrow knows him fairly well. Jan, her husband, did a month with him two years ago. He wants to do it. It's always been a matter of scheduling. You've got to book ahead.

Clay: He'd kicked off inspirational things.

Joan: He'd probably be more appropriate than Mortimer Adler, who has a busy schedule. He's also like 75 years old.

Caroline: I think that we're talking about education. I mean the discussion that some people missed last night, we had a ... (end of tape)

Beginning Tape #2 (12/15/88)
Side B

Lee: ...but he writes that way and speaks more clearly.

Caroline: But, I think, those are the more kinds of global type things that Lee is talking about. I think what Clay is saying, and I agree completely, is that you have discussion groups then that you can focus on. To go back to the theme, any of these issues that we've talked about, I think a broader view on education is better than trying to say -- I wouldn't want to see a theme or a plenary that people came up and talked about projects at their school.

Cynthia: Melvin Conner, who wrote the book Becoming a Doctor, I don't know if any of you read it. He's chairman of the department of anthropology at Emory. He was an anthropologist who decided he wanted to go to medical school...

Clay: He kind of just did medicine as a kick almost.

Cynthia: That's right. He went into it, he cut his book, which I have some disagreements with... He went into it as an anthropologist and viewed from his expertise in analyzing people and cultures. You know, he goes into the medical environment as a student and writes this book.

Someone: He's excellent.

Cynthia: He's very critical of the medical education process, but not medicine. He's a very positive support on medicine. The other thing that he has is student responsibility. You have to have organized students -- not just it's up to the students, but you've got to learn how to organize yourself.

Clay: That would almost go better in the plenary. Try to get Adler or Segal for the inspirational kick-off.

Caroline: Segal would be wonderful as an inspiration. Another speaker, real quick, is Dr. Foege, who is the director of the Carter Center. He was former director of the CBC. Carter is another possibility.

Kim: Now the problem with Bill Foege is, he's an excellent speaker, but sometimes he's less than...I mean, he cancelled on us one time. He's wonderful, he's incredible. He's the guy that's responsible for the eradication of small pox, in terms of a international effort.

Caroline: And see, in terms of the Carter Center, they're very involved in concrete things that they can do.

Joan?: What about Jimmy Carter?

Caroline: Jimmy Carter would be good. As you know, he's not a real dynamic speaker. (Laughs, ha ha ha) I'll tell you what he's really good at doing, is answering questions. He's wonderful at fielding questions. With him you'd rather have him do a very short address, but get him to field questions. 'Cause that's where you really see the breadth of his vision.

Beth: He's a very inspirational type of person. He's not a great speaker, but he does have a spiritual base.

Joan: I think the plenary session is where he belongs.

Clay: Listen, we're talking about a solo speaker again.

Cynthia?: We could have a panel at the plenary.

Clay: Yeah, that's true. Saturday night.

Kim: And you know alot of people are going to come that are not students.

Joan: Do you know if you can get some of these people?

Caroline: Well, I can always check. These three are people in Atlanta that I can talk to, so...

Lee: We could do in terms of just framing the structure of the thing as having your kickoff speaker on Friday and using the plenary session to have 2 or 3 people that are doing just like this person you were talking about -- just taking a different approach to his medical education. Still, it's just dynamic speakers and who cares if they're going to actually...the message that you should get from them is not duplicate them, their specific way of doing things, but notice from them that you've done really neat things. What about

some of the people that write the books, like what's his name Selzer -- is that the surgeon who wrote all those books.

Everybody: Yeah, Richard Selzer.

Lee: Is he a good book? I mean, is he a good speaker?

Clay: Let me throw out a couple of other names since we're throwing around speakers. There's also the current editor of The New England Journal, Marcia Angel. She's been involved quite some time and apparently quite dynamic as a speaker. But, she talks alot about the future of medical education and the forces that shape it from the outside. That's her focus in alot of things that she talks about. Another is Uvay(?) Reinhart.

Everybody: No.

Clay: No? You heard him speak?

Anita: I took his class.

Clay: Ok, scrap him.

Anita: I mean, I think not good enough for...he was here in 1987.

Cynthia?: Did anybody go to the women's programs? There was a speaker there that was really good.

Everybody: Kay Clark(?) .

Kim: Something that I think would be great to tie into in terms of looking at education, I think that's a great thing to focus on. Something happens to medical students in that 17 year process that we call medical education. Students come very excited, very enthused... Something happens during that period of time. People come wanting to go into primary care. People come wanting to help others. I think that maybe something on how to maintain the enthusiam, and how to maintain your commitment to what you want it to be when you started medical school.

Kathleen?: That almost goes back into "customizing" your education.

Beth: Maybe that goes back into what we were talking about "empowerment". Because you go in... and actually I have talked to our founding dean, who is a brillant guy...

Clay: How about "Medical Education something: Affecting Change to Maintain Commitment"?

Kim: Yeah, "Maintaining Commitment..."

Kathleen?: I like the "Keep the Fire Alive" type thing.

Caroline: That's a nice goal.

Lee: How about "Affecting Change in Medical Education: Keeping the Fire Alive"?
Ok, "Medical Education: Keeping the Fire Alive". If you have a workshop or session that addresses depression in medical school, not clinical depression because we're talking about...

I guarantee that will be the only thing everybody at the OSR convention goes to because

they will be able to personally relate.

Clay: There is significant feedback on the sheets that we get back that says along the lines of what they were saying. Forget the esoteric stuff, it only helps the person who's there. Give us stuff that has broader range.

Lee: In terms of specifics, or groups.

Clay: "Medical Education: Keeping the Fire Alive". Good work, thank you, guys. Alright, let's take a look at our schedule here for a minute. There was a lot of talk...I think what we need to do is beef up the new member orientation. I'll tell you the stuff that came out of the feedback about scheduling and stuff. There were a lot of things about the confusing layout of the hotel, the size of the room, and things like that. That we can address fairly easily.

Kathleen?: There are four things going on at any given time with the workshops?

Clay: If we're going to cover the bases, people like that because small group discussions are where the real meat gets handed over. A lot of times, there are two students from a school and they split up.

Kathleen: If you're only one person from one school you can go only to one thing. You don't have any information at all from the other three.

Clay: I think that's the responsibility that would be incumbent on whoever's organizing the thing to prep up. I mean, this goes beyond just the write-ups that the Southern and Northeast regions do. This would take another step and have a synopsis at the meeting or have something you can handout there at the meeting or shortly thereafter.

Let me just run down a list of things that we've got about the overall schedule:

--People talked about having buffet lunches available, that you could buy your way into rather than having people try to scatter and come back.

--A party on the first night. We've already got our funding. A party on-site. I think the Indian Health Service lady, Erika Cleary, wants to get involved with us anyway and have a reception for us that night.

Kim: One year Kirk Murphy and I went down to the grocery store by the Washington Hilton and bought a whole bunch of stuff and brought it back. I think four rooms, regional chairs, had big room...we kind of had a floating thing. There was more interaction and more camaraderieship.

Kathleen: We could have theme parties for each region.

Clay: There you're talking about bucks. Let me finish running down this list of stuff.

--Some people mentioned wanting more time to take care of regional meeting business. More time to explore the city.

--Information to take home, several things about that.

--A more in-depth introduction of the Ad Board and orientation to new members at the very beginning.

Joan: I think that that's an important thing. I think maybe a couple of us should get together and put on a slick presentation for people who really don't know.

Clay: Well, if you look at the schedule, there is a new member orientation slotted in there.

Joan: It's not a good time, though.

Clay: Yeah, we really got to do it, I think, before the regional meetings because there's a lot of stuff that goes on at regional meetings.

Kim: Another thing, the "Resource Manual and the Handbook" has a lot of that information in it.

Joan: But people don't read it.

Kim: In terms of...it goes back to the information. There's only so much information you can absorb.

Caroline: How many old members know all the stuff that goes on at orientation?

Sheila?: Remember Dr. Petersdorf did it two years ago. He came and he gave the whole song and dance. It was dull, but very informative.

Clay: Actually, I can incorporate a lot of that stuff into my opening remarks at the opening session. We could probably have Bob do it.

Beran: Right.

Joan?: The regional chairs are going to do a slide show.

Caroline: What all is presented at the new member orientation that the whole group wouldn't benefit from?

Clay: I was just thinking about that orientation to the meeting and OSR we could do and just have that as part of the opening session. I think we could get a pretty concise bit of information across there.

Let me shift the focus a bit and rather than talking about the brass tacks here, I think we could probably get the scheduling done the way we want if we don't talk too much about the new member orientation and how we're going to put it together. We need to get at themes and speakers. And a rough block of time. If I'm hearing you right, you want to have a block of time for a **kickoff speaker on Friday evening** at some point. Am I right?

Ok, some we're going to have to do some trading around there. In order to do that, we're going to have the **reception that Friday night**. We want to have a **regional meeting on Friday** as well. So far we have an opening session, a regional meeting, a business meeting (we'll have to do some of that there -- I guess we could do it in the opening session).

Lee: What do you do at the opening session?

Clay: We open chair nominations and...

Kim what else was on the first business meeting? You remember?

Kim: It was an experiment this past year. We had trouble getting people in Friday evening. We were especially worried about it in Chicago...we said well, maybe we can draw them back

by having the second business meeting and the nominations. It was an experiment and it didn't work, so...

Clay: So, I have an opening session that will include the business meeting, the remarks by Dr. Petersdorf and Dr. Beran, the orientation stuff. We'll also have a reception. I hope that we can have an inspirational speaker of some sort that first night and also the regional meetings. We can't push anything any earlier than we're starting on Friday already. You mean having the regional meetings first? We have tried that before...we're talk about that again. The business meeting will be a subdivision of the opening session. We will designate it as so. The business meetings will essentially be in the same places -- one at the beginning and one at the end.

The next morning, we have an OSR plenary session and the chair-elect campaign speeches and the discussion groups.

Kim: As it was last year, because of room constraints, we had to have the chair-elect speeches very early on. There was alot of complaint about that this year.

Clay: Have it maybe closer to dinner time?

Kim: Yeah, that's what has been done in the past. They worked very well in the past.

Anita: That's a good idea. Some of the people felt they didn't have enough time to prepare their speeches.

Beran: What are you going to call this inspirational talk you're going to have on Friday? Is it going to be a plenary? An inspirational talk from Jimmy Carter?

Everybody: No!

Joan: What's his name, Bernie Segal.

Clay: We can call it a general session. Does that matter?

Beran: Well, if you want to get somebody with any clout, you just can't call it a "discussion session". I mean, you've got to ...

Clay: Which one is higher on the scale? I mean, is plenary higher than general session?

Beran: You determine that. You could call it the general session.

Clay: Why don't we call it the special general session? How about New and Improved?

Beran: The point is, it's a big session. It's like a plenary -- an opening address.

Clay: So now we have an opening address slated for Friday.

On our plenary session the next morning, essentially, did you all like the way Saturday worked except for moving the campaign chair-elect to later? And having an evening program in there that ends at 9:30 or so still gives everybody a sense that they can get the heck out of their and go have some fun in DC.

Beth: So Friday night is the Indian Health reception and Saturday night is the regional hop

Beran: If you're bringing food into the hotel, LaVerne and I didn't hear anything that was

said.

Kim: That's very true.

Clay: What hotel? What food?

Beran: I can only tell you from personal experience that 3 years ago, I carted in about 8 boxes of booze and I got caught. The corkage charge was about as much as it would have cost me to set a bar in the room.

Clay: We're work around that. Let me come back to Sunday. **Regional meetings in the morning, workshops mid-morning, business meeting to finish it up.** How's that look for leaving that intact?

Beth: We needed more time at the northeast regional meeting. The problem was people didn't come until 9:00.

Clay: If you look at the schedule, maybe what we can do is, if we can do something about the brunches and having a brunch in the hotel that available you can buy into. Is that something we can set up?

Beran: We have pay up front with those guys, we have to have a head count and then pay. The coffee that you get into the rooms alone, is expensive.

Kim: We could set up something close. There are plenty of sandwich shops around there. We could have enmasse things that people want to go very quickly and buy.

Caroline: You heard how much lunch was yesterday.

Beran: \$450. The only thing that you need to be aware of is that any type of meal function that you have in the hotel, or any kind of reception function in the hotel is going to cost much more money than you want to pay. There's only one GSA regional meeting now at the hotel because it's a reception.

Clay: My point is that on Sunday, if we do some manipulating in the schedule, maybe we can start a little bit later and crowd around lunch a little better.

Beth?: We couldn't have the workshops first?

Clay: The problem is when you do it that way you're bringing in outside speakers. When you bring them in and insult them with having only five people in there, then the word gets around. That's really one of reasons why it's set up this way.

Beth?: How about business meetings early? I mean, people don't have to attend -- except official reps.

Lee: It's a great idea to have them in the morning.

Clay: Well, the question is what do you do? Have the business meeting in the morning and then ...

Beran: Maybe regionals in the afternoon.

Clay: I think the feeling of having the business meeting with the elections there at the end

was...that's the kicker at the back end of the schedule that holds everybody in there. It keeps people there, I think, better than the workshops would.

Beran: You had more this year at your business meeting than before -- over 92 or 93 schools were represented. You had alot of folks there. You may not have had some other folks, you just the representatives there, but...

Clay: I'm afraid we may be locked into that with the elections. The thing is in our literature about it we can make a big point about how that's elections and try to get your flights late in the day.

Beth: Is there any way we can get coffee and rolls or something at the regional meetings in the morning?

Someone: That would do it, but there's the thing that we can't bring in food, and we can't afford it.

Joan: Just coffee and rolls and have maybe the first half hour of the regional meeting be breakfast, and then maybe...

Clay: I think we've essentially got the basic framework. Let's go around the room once and real quickly give me a topic for something you would like to see as a discussion group or a workshop. Something you're ready to work on. Remember I kept bugging you about this before you came in.

Kathleen: **How to Lobby.**

Clay: Within your school?

Kathleen: No, government -- state, local, national. The FMA arranged a program with our medical association, they had students come up for a day, stayed overnight. They took you around, showed you how to lobby. It's very good. The state associations would help with this too.

Clay: Just topic alone.

Caroline: **Evaluations Issues -- Student Evaluations Issues.**

Lee: **History of Medicine.**

Cynthia: I have three different ones, I didn't know we were supposed to narrow it down to one. **International Health and Primary Health Care** -- the possibility of getting David Warner to come in, or somebody from WHO, I have contact with all of them. **Holistic Medicine: Alternative Health Care** -- people who do other things like acupuncture, massage therapy, that kind of thing. **Learning Styles** -- there's a test that you can take to figure out your learning style and your personality characteristics. It can help you find the right specialty. You can get a license to do that.

Clay: A guy named Joe Novak, who speaks about learning how to learn and different learning styles.

Cynthia: You can get somebody at your school licensed to do that. The process of how you can get that done. Then how you can help your faculty change so they include more than one learning style and their teaching approach. How you can approach the admissions board

so that they don't just pick people that are their types of personality and learning styles for admissions process. How you can do teamwork with the students so that students of one kind of learning style can help a person with another kind of learning style.

Lawrence: **Student Morale Support Groups. Indigent Care Project. Different Joint Degrees You Can Pursue with Your Medical Education** -- the whole idea of public health, public policy, that kind of thing.

Lee: **Alternative Uses of the M.D.**

Anita: **International Health Education. History of the AAMC.**

Kim: **Indigent Care.**

Sheila: **Transition Issue** (that I raised yesterday). **Alternative Specialties in Medical School.**

Joan: **Passing on the Pearls** -- clinical skills, helping fourth-years realize what they have that they can give to third-years and help them make that transitional move. Impairment - - emotional stress, depression, that kind of stuff.

Beth: **The Evaluation Issue** -- I did a workshop at our regional meeting last year. Having people sit down and actually work on an evaluation. You know, how you would evaluate students. **Different Ways of Using the M.D.** -- to get a little broader, my own personal issue is resource allocation. I'm sure that fits in this...

Clay: What I would like to see for the plenary is...alot of people are talking about the evaluation thing. I don't know how to broaden it out more than that, but for the plenary or within workshops...the idea of evaluation of its effect, the kinds of things that should be included in evaluations (I know a couple of speakers who could talk to that, including Parker Small, Howard Burroughs, the guy who developed the standardized patients). I don't konw if that's really broad enough considering all the other things we've talked about here.

Cynthia?: Dr. Burroughs talked at our regional meeting, and I wasn't that impressed.

Beth: I thought Caroline's idea, Melvin Conner, Becoming a Doctor, was a great plenary, because he's talking about the whole issues of health.

Clay: A plenary is essentially three different speakers with some cross topic.

Lee: Have maybe two or three people like that, who've done really neat things in medical education, careers, blah, blah, blah. You know, pick a theme and get three people who are exactly like this person who did something unique. That serves your thing -- they're interesting, they're broad, their personal anecdotes, and they also give examples on how to customize medical education...

Caroline: I don't know is Mel Conner would be best for a plenary. He might be good if we can't get...

Clay: Don't forget we also have that second evening program on Saturday night, which is where he might fit.

Caroline: That's a good point, because I think students are going to want to discuss with him. He's good at answering questions. He would be a good person to enact with.

OSR Ad Board Retreat - December 15, 1988
Tape #3

Continuation of 1989 Annual Meeting Topics:

Clay: So are you talking about having the thrust of this be Animal Rights ⁱⁿ and Education ^{and} Research: A Clarification of the Issues? Having DeBakke talk about the research end of it?

Kim: Yes

Clay: And this other, I haven't read this woman's article.

Kim: I think it would interesting to read it, see what you think -- it's the most succinct thought-provoking article I've read on the whole issue. I think that maybe in February what Ruth would be very willing to do -- after reading the article -- she'd be glad to come and talk to the group. Ruth Bulger -- she is a Black woman, she was a research professor (I worked in her lab doing kidney research). She was at the University of Texas, she's now at the Institute of Medicine and head of Biomedical Health Policy (Division of). She's very good.

Beth? -- That's what I'm going to start with and if we can't get one of those two then we'll work from there.

Anita: I'd like to do a workshop on international health education. I wanted it to be combined with a study tour that I was hoping would take place this summer. I talked to Caroline a little bit about this the last time we met. I'm hoping that it would be something that's interactive in a sense that students will have already experienced something and then come back to the group and compare ~~and contrast~~.

Clay: You know we essentially did that this past year with Gabe Smilkstein talking about his experiences in international health.

Anita: Yeah, these were just research projects. I'm not looking for that.

Lee: I think, though, that you need to have certain topics covered in every national meeting. I think international health is one of them that you need, not necessarily to repeat exactly what was done, but update what now is the status of international electives or opportunities. — *Q&A, compendium developed for IMSP*

Clay: You're talking about finding out how other countries educate medical students and bringing that information back?

Anita: Yes

Group: That would be interesting.

Clay: OK, you're going to have to be clear in your title so people won't say, "Oh, it's another international health talk."

Caroline?: I hate the title "International Health" because it doesn't say

anything. I don't know if you're talking about health care issues, health care in other countries, medical education in other countries. You know it's so ambiguous.

Kim: Maybe International Medical Education.

Clay: Even that isn't clear enough. I think you have to say something like "How physicians are trained abroad."

Cindy?: How about foreign medical schools?

Group: That would be good. That's the nature of education.

Joan: When people see foreign, they're going to assume we talking about the Caribbean.

Anita: I wanted to stay away from that particular port like foreign medical schools, and foreign medical graduates because with such a conservative organization as AAMC is carries obviously ...

Sarah Carr: I don't think so. The AAMC and the AMA are working to develop international medical scholars program. I think there's a recognition that the exchange between other countries and our country ...

Kathleen?: How about comparison of foreign medical education?

Clay: Comparison to medical education systems abroad. What about speakers, does anyone know speakers who would be good in that arena?

Sarah Carr: The World Health Organization has a directory of medical schools.

Kim: They came out with a document a few years ago. I don't remember the title, but essentially it is one that adopted the problem-base learning format. There are several people in the GME that are involved in this network nationally and internationally that you could probably hook up with. The folks in New Mexico are the people who are most prominently involved there and also at McMaster. I can give you a bunch of names.

Beth: So, Anita, if this project doesn't get off the ground. Do you still want to do that topic anyway or not?

Anita: I think it could probably be done.

Lee: Something international has to happen. At the last minute, I'm even here we could put something together, if this goal or whatever you're trying to establish doesn't get through.

Clay: Gabe would always be ready to come back, but that's a repeater after one year.

Lee: There's so many other people that are around.

Caroline: And even if this part isn't used -- we can use it to generate interest.

Kim: Is this last workshop fine?

Caroline: Were you (Clay) going to do something with evaluations? Were you going to handle that?

Clay: You go ahead. How were you going to approach it?

Caroline: I need to think about it a little bit more. We don't want to repeat with Parker Small exactly what we did before, but there might be some areas using him that we can explore more indepth than he had time to do this year. I think he'd be a good contact person for ideas.

Clay: Fred Burg, who's head of the GME, challenged us as OSR to come up with what he considered the ideal evaluation system.

Beth: There are some very interesting people in the NEGME. I'm their representative.

Clay: So the GME is a well of evaluation-oriented people.

Kim: Basically from Bob Beran's talk yesterday, he talked of ongoing projects. Something to tie in with looking at maybe the dean's letter -- student's perspective on how dean's letters are done at different places, it's role in evaluation, how good it is, what would you like to see in a dean's letter. Those kinds of things.

Clay: I believe that's scheduled to be finalized fairly soon.

Someone: Doing a clinical competence evaluation where we actually take a clinical exam.

Someone else: Yeah, that's the SIU (Southern Illinois Univ) school. It's real big. That would be good.

Lee: For basic science students.

Anita: You know, Caroline, SIU keeps on file the videotapes of their students having gone through their clinical evaluation system. So, it might be something that would be interesting for the students. I've done one. They ask you to do an abdominal exam, and you do what's on the door. You go in and see this mock patient and they videotape you at the same time. It would be interesting to see how medical students rate versus what the actually rating came out to be.

Caroline: That's a super good idea. It's interactive and that's something we need to do.

Anita: I know one thing that's pertinent is that all the schools in Illinois are really considering that type of an exam before graduation.

Kim: Actually SIU is the only medical school in this country that can say to a residency program that they can uniformly guarantee the clinical competence...

Clay: We've run out of time.

Someone: We have nine sessions here, I thought we needed twelve.

Clay: We've got them. I'm going that computer one. Essentially, Cindy's got learning styles; Lawrence has history of medicine; Caroline has evaluation; Kathleen has lobbying and federal approach; animal rights, impairment in counseling, comparing cultural medical education. What approach are you going to take with that, Lawrence? And Lee's got alternative uses of the M.D.

Lee: Are we doing anything on financial aid?

Clay: No, not directly.

Lee: I really think that's important information that the OSR reps need to take back with them -- like loan forgiveness programs and financial aid legislation.

Clay: We can do that also as part of the Business Mtg. If you want to try to prep up a handout on it, and a discussion of that handout will be an inspiration.

?: Don't we have a rep to the student financial aid committee? GSA?

Clay: COSFA (Committee on Student Financial Assistance).

?: Maybe we need to have that rep do a presentation.

Caroline: All the committees representatives do that.

Clay: That would also cover another area that we really haven't touched on much which is minority student issues. If we have the GSA-MAS student speak at our business mtg. as well with their committee report on what's going on, prep up whatever materials they want to hand out and have as part of our meeting.

Clay: Let's get Sarah in and out of here. Let's go around and introduce ourselves again.

Sarah Carr: All I thought I'd do today was tell you a little bit about the office of governmental relations and specifically what issues I handle in OGR, as we call it. The Office of Governmental Relations is headed by Dick Knapp, who's a senior VP in the Association. We are off from the President's office on the organizational chart. Generally speaking, we handle legislative issues and other components of the Association handle regulatory issues. Generally, our focus is on the Congress. They are four legislative analysts in the OGR -- Dave Moore, Assistant Director, handles budget appropriations, NIH, mental health administration, he handles the big broad issues. He also is the staff liaison for the ad hoc Group for Biomedical Research, which is a group of associations interested in health policy, and especially interested in biomedical research, who come together each year and make recommendations on NIH and animal funding -- what the levels should be. We develop a document and present it to the Congress so that, hopefully the budget appropriations committee can consider what the community thinks what levels ought to be made available. Since there are usually much higher than what the budget will allow, we're not always successful with that. The ad hoc group is John Sherman's baby. He kind of got it started -- so Dave works closely with him on that issue.

Catherine Cahill is also a legislative analyst. She handles medicare and

medicaid issues, and also the different commissions, PropAC and Fisperk. She monitors all the reimbursement things. She gets actually less involved in regulatory issues because the Division of Clinical Services really watches all the postregs quite closely (health care finance administration).

Clay: Don't they (health care finance administration) essentially hold all overall purse strings on medicare and medicaid?

Sarah: Well they don't hold the purse strings exactly, they administer the programs. It's still Congress that establishes the funding on those. But they have a lot of control because they take those broad funding levels and then... So there's quite a lot of decision-making going on there. William Roper is the current head of HCFA. Maybe you've heard his name.

Leslie Goode is the newest legislative analyst to join our staff. She replaced Jim Terwilliger, who some of you I think know and remember. She does animal rights issues, VA funding, I can't think of the rest of her issues right now. Those are the big ones, though.

I do Department of Education financial aid, Department of Health and Human Services financial aid, that means the health manpower health professions, which is where HEAL and HCFA loans come from and EFN scholarships. That program was just reauthorized. Maybe some of you read if you've gotten our legislative update. I guess you got it in Chicago. There was a summary in there that what's in the bill and what was enacted. I also do the national health service corps, foreign medical graduates...

Clay: On the national health services corps, before we get too far -- the Indian Health Service is going to give us a reception at the next Annual Meeting on Friday night, the beginning of our meeting. At that point, I think present in some manner, the information about their loan repayment program. I would love it if we can get involved somebody from the health service corps to be there as part of that. Maybe get us a little more money too! But certainly to get the word around about the program.

Sarah: You're having somebody from the Indian Health Service?

Clay: Somebody who's apparently handling their p.r. now.

Sarah: And you want someone from the national health service corps also?

Clay: Sort of a service opportunities reception. At least have a representative there where people can collar.

Sarah: As far as the loan repayment program is concerned, the two are kind of parallel. You want me to look into that?

Clay: That would be great.

Sarah: I also in conjunction with financial aid issues, of course, one of the biggest ones is deferment of loans in residency. That's an issue of great importance to us right now. I also do international health and nursing education and also two issues in biomedical research, which have to do with fetal research and fetal tissues research. Sometimes I also get involved in Title X, family

planning issues. Basically, what we try to do is we kind of monitor what Congress is up to in terms of authorizing and appropriating money. We try to advocate the programs or policies that we think will help improve the quality of medical education and the quality of your life. That's kind of what we do in a nutshell. If you have any questions, I'd be happy to answer them.

Clay: We're also asking you to write for Progress Notes -- the Federal Update. We're pretty much give you the latitude and a half a page -- go have fun with it.

Sarah: I'll tell you one big issue that in education and financial aid is defaults -- student loans. I don't know if this is something that you all have ... I know in financial aid one of the big issues seems to be that it's very important to tell students what they're in for in terms of borrowing. The Congress and the Department of Education -- in one area it's guaranteed student loans or Stafford student loans, but default rate; not the default rate, but dollars in default have gone up dramatically in the last ten years. They've reached \$1.6 billion.

Anita: Is that among medical students?

Somebody: It affects everyone because we're kind of all borrowers, you know. Dipping in the same well.

Sarah: But, also in the HEAL program there's a big problem because ... How many of you have HEAL loans by the way? Just three. Those who don't have HEAL loans, did you decide you...

Lawrence: I'm a GSL man.

Clay: GSL.

Clay: How much is yours?

Somebody: \$22,000.

Kim: In terms of student indebtedness, we're just going to get worse and worse and worse. We were thinking about how indebtedness and service...

Sarah: That's not something that is new.

Kim: I know, but what's going on in terms of trying to link that up now? I know there's the national health service corps, and those kinds of things, but we were thinking more broadly.

Sarah: I don't know what you mean by "more broadly". Well, money's the problem. There's not enough money in general services. This year it was 48 residents able to take advantage of the loan repayment program. Now in FY89, the funding level was 8 million, but 2 million of that went to nursing loan repayments.

Kim: I guess what I'm trying to say is there's a compendium of loan forgiveness programs. There's a student who's name is Jim Posen, at Northwestern. He was very interested in trying to work with someone who compile and put together (at the private sector, state level, hospital level, everything) -- ways to work on

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the problem.

Sarah: I think the most I've ever heard about lower payments in the private sector has been with nurses, not so much physicians. I mean maybe he'll come up with something where a hospital will actually ...

Kim: Maybe the thing to do, because he's looking for a contact.

Clay: Can we give him to you?

Sarah: Sure, what's his name? Jim Posen, Northwestern.

Clay: Other things for Sarah? I have to come back on one item -- process of getting the national meeting put together. You who have now gathered up these topics and are thinking towards speakers. I believe a way to get to do this is you can make a tentative contact with somebody and find out if they're interested on you own. But when it comes down to actually sending the letters of invitation, we should be all that through LaVerne and Wendy at AAMC. It all goes out on AAMC stationery.

So my point is this isn't a renegade effort and we'll be doing alot of mailing to these speakers who will be involved. So keep very close tabs through LaVerne on where it stands in contacting these people and handle all correspondence through LaVerne. This is a great way to use CONFER because I believe it's easier to type it at home and have it come off instantaneously at the AAMC than have it go through the mail in a couple of days.

Anita: Is it David who is doing the financial aid for the Annual Meeting?

Clay: He's going to do it on "Teaching to Teach".

Anita: Who's doing the financial aid?

Clay: What I thought we could do is have the student committee members and having the committee reports actually done at the very beginning of the meeting as part of the opening session. That way getting people alerted to the current status of some of the issues right there at the very beginning.

Anita: Maybe we should ask Dr. Manly to speak on the ...

Clay: We could invite her to our reception or something like that.

Somebody: Could we get her at the beginning of our reception to just make a couple of quick statements as the reception starts?

Clay: Sure.

Sarah: But I wouldn't bring Manly in unless you have the director of the Indian Service. Who did you say the P.R. person is?

Clay: Yeah, Erica Cleary is her name, I can give you her address. Essentially we weren't giving any program time to it other than at the reception and whatever else we can think.

What else do we need to cover here?

Kim: Do you want to talk about the indigent care thing with Sarah? It'll take 5 minutes.

(Kim passes out paper on indigent care). Basically, the history of this whole issue is -- my limited experience on it has been within the Association is all documented there for your pleasure reading. Within the Association there is a number of people that recognize the need for addressing the issue and don't know how to go about doing it. There have been a number of initiatives in terms of doing things like lobbying for increase medicare-medicaid, those kinds of things. But in terms of looking at the role of the academic medical institution, then solving this issue has not been a great deal of import given to it. With that in mind, when this whole thing came about... At the plenary session last meeting, Joe Krom'homme, who's a fourth year student at Baylor, raised a question directed to the plenary speakers. His question was, "What are we in medicine doing about access to medical care?" It sort of danced around, nobody talked about it and danced around the issue, but it's something that's not going to go away. As I sat there and listened I thought that what we could do is develop a network of students who are interested. I talked to Joe and asked if he would be willing to coordinate this activity. He finally agreed. Joe has been very active in the AMA and holds a great deal of respect in the medical school organizations today. He was a good person to contact. We're very delighted he agreed to do this. It just so happens that he's across the street (Baylor) and is a year ahead of Lee (Rosen). The three of us sort of got together in terms of what could be done, trying to pool our experiences, our ideas, whatever. Initially, the goal was to send out to the fifty some odd folks that signed up to be a part of the task force. That was the initial thing. As you can see beer and chips can do alot of things. Basically, it kept growing. The three of us talked about everything that you have here. On the plane up Lee and I put this together as a format for discussion.

Lee: It's just as it is on paper. It addressed the issue -- what do we do about indigent care? How do we work with policymakers who hold the purse strings to alot of things we're involved in. One of the reactions that I have comes from our work in a public hospital. Academic medical centers are asked to provide most of the care for indigent populations. Because academic medical centers and public teaching hospitals often have much higher staff/patient ratios, alot of times medical students and residents end up providing care for people. And maybe they're not the most appropriate or qualified people that provide that kind of care. And, maybe we should be telling our governments at whatever level -- this is what your dollar is able to pay for, and if you want to pay for more, then you have to spend more or ... The real comes for me is that our psychiatry emergency room, maybe you all can relate to this, there are eight beds for inpatient for the entire city of Houston, which is the fourth largest city in the country. When someone comes in that's suicidal, it is illegal to let them out of the custody of a physician if they do not deny their suicidal or homicidal deviation(?). If there are more than eight people in the psychiatry unit, then the residents are being asked to sign their names saying that they attest to the fact that this person denies suicidal deviation(? sounds like aviation). When in many cases these people will go out and kill themselves or kill somebody else. It gets to be absurd, they go to the person and tell them to say no. Ok. The person says "no", and denies suicidal/homicidal deviation without even bringing the message of suicide up. It angers me that we as medical students and future residents have to bear the brunt of a lot of society's choices. I don't even think that society is aware of the choices that they have made. I

think it is our role to educate them about those choices. That's just a real quick way of saying alot of things.

What we want to do is start a project in Houston to educate policymakers and the public about indigent care. We want to have a speaker series where we bring the people involved and make the people in the Texas medical center, both of the medical schools, nursing schools, public health schools aware of some of the issues. Meet with Micky Leland, who's our Congressperson and Lloyd Benson, who's our Senator about working with them. What do policymakers need to know, what to know, perceive that they do or don't know? And ask them to work through those particular circles. We have contacts in both of their offices to find out that kind of thing. Then have the three component of that, in addition to educating medical community and the political community, but the general community through like Red Duke(?), I think he's national. He's a surgeon.

Kim: He's a television doctor, he's responsible for the trauma centers, basically.

Lee: Anyway, have a media blitz to raise the issue in the public media -- see what goes on in Houston. At the same time, apply for some grants and work with grant proposals to get some money to fund this whole national project. At the various regional meetings, have some kind of short time allocated to the issue about indigent care -- raising consciousness. Have some kind of student day, which we talked about at the national meeting in one of the workshops, then soon after, where medical students around the country take political or federal policymakers to the teaching hospital with a set "how to" manual -- what do you want to educate them about, what do they need to know -- that kind of thing. Show them this is what our emergency room looks like, this is what our psychiatry emergency room is like, this is how alot of people are waiting, people have to lie in beds that have not been changed for many days, that kind of thing. Then, a few months after that, once we see how this goes, have some kind of national conference which might be able to be hosted in Houston where the medical centers have both lots of public and private hospitals (one of the largest concentrated areas of medical care), where we educate leaders of medical students, residents, and leaders of academic medical centers how to frame questions for policymakers on these issues.

Kim: One of the reasons I think too in terms of the indigent care thing, Houston is a unique situation because traditionally Baylor has assumed the responsibility for that. It's going to be now a joint responsibility between Baylor and UT (where I go to school), which is an interesting marriage in many ways. If you look at indigent care in intercities where there are two medical schools who had the responsibility, it's amazing how much responsibility gets lost between the cracks. In terms of looking at social responsibility is on how on accountability for things like supervision of residents and medical students, I think it's fine for medical students and residents to do things for a patient regardless of socio-economic status, but how do we know that the residents or medical students that are doing it are clinically competent. Those are the kinds of issues that we are proposing to focus on in the conference, in terms of how academic institutions are going to approach the problem.

Lee: Texas, as opposed to Massachusetts, where I've spent some before, is a place where almost no money is spent on social services. There's almost no interest on the part of the government, at least financial support, for things

like indigent care. It's really a place where the medical center and private organizations have had to foot the bill and run the show. As such, medical students and residents are providing the care for the poor in these counties with very little supervision.

Sarah: I have a question. I think that this is really a big issue. I'm wondering how the deans of your schools and people within AAMC that would be directly involved in this. Have you talked to them to get their opinion.

Kim: For the last four years.

Clay: Obviously, you ought to have Bill Butler in on this at the ground floor of this thing.

Lee: We have meetings set up with Butler come January. I think that he'll be responsive.

Kim: I think we'll get his support. This is it right now, it's two pieces of paper and some energy. I feel very strongly if this group says we're not going to do anything on it, we will not do anything on it.

Clay: This sounds great. This is what you're planning to focus on at the Annual Meeting as well?

Kim: In the workshop, yeah.

Caroline: Along the lines we were talking about yesterday, trying to build a consensus within. Clay and I have spent alot of time in the last couple of days trying to convince these people (Exec. Council) that we want to work with them. We're not trying to generate projects to alienate them.

Kim: We spent a little time talking about who would be the right people to go to talk to in terms of Congress. Say over the next year on Thursday mornings when we have physically that morning free just to go... say in CAS (Council of Academic Societies) one of the very real things that's got to happen in medicine is the whole issue of health services research. Health services research is critical to the future, health care delivery. How do you define the minimal level of care? It ties in with a whole bunch of things that are going on. In terms of the teaching hospitals, you know you look at the indebtedness that teaching hospitals, it's growing in terms of the amount of uncompensated care. They have a whole set of issues. I think there's a number of people who are active in alot of issues pertinent to it. But in terms of thinking about who to go talk to and that kind of thing...

Sarah: You don't think that indigent care is a issue that anyone's concerned about?

Kim: No, no I think there's a great deal of concern about it.

Sarah: But you're going to be...the purpose of this project is to educate policymakers about the issue?

Lee: No, it's to encourage members of the medical community to take a more active...what I find at my medical school is just an incredible bitterness to government intervention in medicine. That there's government making decisions,

the physicians aren't involved and that it's they who have to bear the brunt of this horribly inefficient system. Now I know, and you know that there are physicians involved at the top. There are people concerned and doing some research. What I would like to do is educate the people in our medical center, if they feel that something is not working well, how to influence policymakers on a local level, and if necessary, on the national level to what really is the physicians perspective on indigent care or on health care issues. Instead of just complaining about, how to go and "here's your policymaker, here's your political system, if you believe that you're right..." It always seems to me that they think that everyone in the Texas medical center thinks that they all together have the same idea and it's different from the governments. It's not like you have a hundred different ideas of what could be right. So what we're just trying to do is get them to build their own consensus and take that and influence the political system that way. Much more directed at having physicians take a leadership role in health policy.

Clay: Are you wanting us to say yes we support this or no we don't? I think it's a good idea. You're going to have to be real careful about for one thing, putting AAMC's name on anything or OSR's name on anything. You know all the constraints about that. It seems like something to go ahead and run with.

Caroline: From they question that Sarah asked, if your intent is not to educate policymakers, you need to reword ...

Lee: Our intent is to educate policymakers.

Caroline: Clearly, there isn't enough money going to the problem of indigent care, but it's not as if nobody isn't trying to do something about it. Teaching hospitals you know get reimbursement for doing indigent care. It's just that there's not enough money.

Clay: We're running out of time for this. Can we introduce ourselves to Liz Martin?

To: New OSR Ad-Board
From: Kim Dunn
RE: History of Long-Standing Issues

Introduction

Over the past four years of serving on the Ad-Board a variety of issues have continued to be important to not only the OSR but the three Councils as well. When I was going through all my notes and the minutes from the past four years, I decided that an historical perspective on these issues might be of help to you in your upcoming service on the Board. Though there have been many issues, I concentrated on those which are of ongoing major importance to students and/or those which I think will be on the agenda for the year. Therefore, to that end I have gone through the OSR Agendas, the Executive Council Agendas, and the Council of Deans Agendas to identify what has been said on the following issues. I have also enclosed articles which I hope you will find of interest as I have on the following:

Medical Education:

1. Coggeshall Report
2. GPEP Summary
3. Excellent articles by Gus Swanson and David Rogers
4. Copy of OSR/ATPM Preventive Medicine Survey
5. Other background materials including a bibliography

Housestaff Participation in the AAMC

1. History of the resident participation in AAMC including a copy of the Ad-Hoc Committee
2. OSR Response to Supervision Paper
3. Supervision Paper (Revised)
4. AMA-MSS Summary of activity on legislation affecting housestaff hours and supervision.
5. Background Paper on Libby Zion case.
6. Excerpt from an excellent book on Hospital Structure and Function on resident supervision and patient outcome.

National Boards

1. OSR Statement on Boards
2. Background minutes
3. Background reading

Animals in Research and Education

1. Background materials\minutes
2. Current AAMC position
3. Excellent article by Ruth Bulger that I highly recommend

Fraud in Research

Minorities in Medicine

1. Background positions of the AAMC
2. Article by David Hayes-Bautista

Women in Medicine/Discrimination Questions in Residency Interviews

1. History of use of GQ and use of it to gather information for solving some problems.

Indigent Care

1. Background materials in Council of Deans, Executive Council, and the OSR.
2. Letter from Dr. Petersdorf
3. Article by K. Dunn
4. History of the Medical Care Section of the APHA
5. Case for Community Oriented Primary Care

Other

1. Traffic Rules
2. Medloans
3. Use of GQ in LCME Site Visits
4. Use of GQ at home institutions
5. Housing Network participation this year
6. Selection Process of Students to Committees

I hope that you will find this of help.

Cheers,

