



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

**AGENDA
FOR
ORGANIZATION OF
STUDENT REPRESENTATIVES**

ADMINISTRATIVE BOARD MEETING

February 22, 1989

1776 Massachusetts Avenue
2nd floor conference room



Organization of Student Representatives
Administrative Board

February 22, 1989
9:00 a.m. - 4:30 p.m.

AGENDA

- I. Call to Order
- II. Action Items
 - A. Consideration of minutes of September Administrative Board Meeting...1
 - B. Executive Council Items.....Executive Council Agenda
 - 1. Recommendations for Format & Content of the 1991 MCAT.....24
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 - C. Health Care System Responsibilities in the Federal Government - Herbert Nickens, M.D.
 - D. Federal Update - Sarah Carr
 - E. Indigent Care Proposal - Kim Dunn
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- V. Old Business
- VI. New Business
- VII. Adjournment

Organization of Student Representatives
Administrative Board Meeting

Schedule

Wednesday, February 22

9:00 a.m. - 5:00 p.m.	OSR Administrative Board	2nd Floor 1776 Mass. Ave.
*6:30 p.m. - 7:30 p.m.	Joint Boards Session Senator David Durenberger (R-MN)	Hemisphere
*7:30 p.m. on	Joint Boards Reception/Dinner	Thoroughbred

Thursday, February 23

*7:30 a.m. - 12:30 p.m.	Administrative Board Meetings	
	- Council of Deans	Military
	- Council of Teaching Hospitals	State
	- Council of Academic Societies	Farragut
*12:30 p.m. - 1:30 p.m.	Executive Council Lunch	Thoroughbred
*1:30 p.m. - 3:30 p.m.	Executive Council Business Meeting	Military

* = Washington Hilton

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.

Annual Meeting Deadlines

Function sheets April 7

Specifics for Preliminary Program (speakers, themes, etc) May 1

Final Program Outlines July 24

Proposed Annual Meeting Programs

Plenary???

Computers Clay

Learning Styles Cindy

History of Medicine Lawrence

Evaluation Caroline

Lobbying/Federal Update Kathleen

Alternative Uses of the M.D. Lee

Indigent Care Kim

Animal Rights

Impairment and Counseling

Comparing Cultures in Medical Education

Spring 1989 Progress Notes

Please be prepared to discuss the status of the articles agreed on at the December Administrative Board Retreat. These include:

- *"Perspective from the Chair"
- *AAMC Stats
- *Listing of May 1989 committee openings
- *Listing of upcoming LCME site visits and AAMC pre-visit resources
- *Calendar with OSR, NRMP and Consortium Meeting Dates, including regional "blurbs" describing issues to be discussed in April
- *"AAMC Focus" column to be written by Dr. Herbert Nickens on his new division
- *"Project Forum" article on the Indigent Care Task Force
- *"Federal Update" by Sarah Carr
- *Listing of OSR Reqs and "What is OSR?"
- *Book Reviews (We need to develop guidelines for these. I'll explain the history at our meeting.)
- *Pictures, cartoons
- *Interesting elective programs
- *Evaluation (Volle or Powell on NBME steps toward change. Small on how evaluation drives curriculum, and Rege on students' perspective)
- *"OSR Survey"
- *"Blocks" on:
 - Housing Network
 - Airline Discounts
 - New MEDLOANS Program

OSR/GME Regional Meetings

At their recent steering committee, Clay asked the GME about the possibility of the OSR meeting with the GSA and the GME on alternate years in those regions where the three groups do not regularly meet together. He would like to raise this notion with the Ad Board to get your reaction and, if that is positive, to plan strategies.

HARWAL PUBLISHING COMPANY

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January 19, 1989

Mr. Clay Balantine
234 Franck Avenue
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Dear Clay:

Thank you again for returning my call last wednesday. Before I discuss our Student Advisory Panel let me give you a quick look at who we are and what we are trying to accomplish.

Several years ago Harwal Publishing Company, a subsidiary of John Wiley & Sons, made the decision to begin publishing high-quality, reasonably-priced, student-oriented medical books. The enclosed copy of our National Medical Series: Medicine text is an example of the format that evolved from this decision. The series now covers all of the basic science areas as well as most of the major clinical clerkships. The response from students has been tremendous, and we plan to continue expanding the series in appropriate areas.

Our focus on the needs of medical students has led us to begin exploring other publishing opportunities and formats. The formation of our Student Advisory Panel last fall was a natural outgrowth of this interest. Through this panel we hope to stay close to the evolving book needs of medical students, while giving students a chance to influence future publications. For example, much of the discussion at our first meeting centered around problem-based learning and its possibilities for the future. We plan to continue meeting with this group twice a year and would be happy to have a member from the Organization of Student Representatives join us.

Mr. Clay Balantine

January 19, 1989

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Our next meeting will be held at the AMSA National Convention in Las Vegas on Friday, March 17 at the Alexis Park Hotel. As I mentioned, we will be happy to pay for the travel and hotel expenses of your representative. I hope to have an agenda for the next meeting shortly and will forward it to you when available.

I have enclosed a list of the people currently serving on the Panel. You may know a few of them. Please give me a call after your February meeting. I look forward to having an OSR representative join our panel. If you have any questions, do not hesitate to contact me.

Sincerely,



J. Matthew Harris
Medical Editor

kjm
Enclosure

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Women in Medicine Coordinating Committee Appointment

Ann Reynolds term as OSR Representative to the Women in Medicine Coordinating Committee ended with the 1988 Annual Meeting. Janet Bickel has requested that we appoint the next student in time for attendance at their March 13, 1989 meeting. Are you aware of students who are interested in this position? If not, who on the Ad Board is willing to serve? Responsibilities are to attend the March meeting to help plan the Annual Meeting program, and to attend the meeting at the Annual Meeting. This is a two year appointment.

AAMC/GSA Acronyms and Abbreviations

AACOM	-- American Association of Colleges of Osteopathic Medicine
AACRAO	-- American Association of Collegiate Registrars and Admissions Officers
AADS	-- American Association of Dental Schools
AAHC	-- Association of Academic Health Centers
AAMC	-- Association of American Medical Colleges
AAU	-- Association of American Universities
AAUP	-- American Association of University Professors
ABMS	-- American Board of Medical Specialists
ACCME	-- Accreditation Council for Continuing Medical Education
ACGME	-- Accreditation Council for Graduate Medical Education
ACE	-- American Council on Education
ACT	-- American College Testing Program
ADA	-- American Dental Association
AHA	-- American Hospital Association
AHEC	-- American Health Education Center
AHME	-- Association for Hospital Medical Education
ALAS/PLUS	-- See PLUS/ALAS
AMA	-- American Medical Association
AMCAS	-- American Medical College Application Service
AMSA	-- American Medical Student Association
BOEG	-- Basic Educational Opportunity Grant (now called PELL grants)
BHP	-- Bureau of Health Professions
CAS	-- Council of Academic Societies, AAMC
CASA	-- Coordinators for Computer Applications in Student Affairs
CFMA	-- Council for Medical Affairs (sponsored by AAMC, AMA, AHA, ABMS, CMSS)
CHF	-- Coalition for Health Funding
CLEP	-- College Level Examination Program
CME	-- Council on Medical Education
CMSS	-- Council of Medical Specialty Societies
COD	-- Council of Deans, AAMC
COHEAO	-- Coalition of Higher Education Assistance Organizations
COTH	-- Council of Teaching Hospitals, AAMC
COTRANS	-- Coordinated Transfer Application System (not in active use)
CSS	-- College Scholarship Service (ETS need analysis product)
CWS	-- College Work Study (Also CWSP)
ECFMG	-- Educational Commission for Foreign Medical Graduates
ED	-- Department of Education (also DOE)
EDP	-- Early Decision Program
EFN	-- Exceptional Financial Need Scholarships
ETS	-- Educational Testing Service
FFS	-- Family Financial Statement (ACT need analysis product)
FLEX	-- Federation Licensing Examination (owned by FSMB, prepared by the NBME)
FMGEMS	-- Foreign Medical Graduate Examination in the Medical Sciences
FSMB	-- Federation of State Medical Boards
GAPFAC	-- Graduate and Professional Financial Aid Council
GAPSFAS	-- Graduate and Professional School Financial Aid Service (need analysis)
GBA	-- Group on Business Affairs, AAMC
GIP	-- Group on Institutional Planning, AAMC
GME	-- Group on Medical Education, AAMC (also used as an acronym for graduate medical education)
GMENAC	-- Graduate Medical Education National Advisory Committee (published a government report, 1980)
GPEP	-- General Professional Education of the Physician (AAMC Report, 1984)
GQ	-- Graduation Questionnaire
GSA	-- Group on Student Affairs, AAMC
GSA-MAS	-- Group on Student Affairs - Minority Affairs Section

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- GSL -- Guaranteed Student Loan
- HCFA -- Health Care Financing Administration
- HCOP -- Health Careers Opportunity Program
- HEA -- Higher Education Act
- HEAF -- Higher Education Assistance Foundation, Inc.
- HEAL -- Health Education Assistance Loan
- HHS -- Department of Health and Human Services
- HPSL -- Health Profession Student Loan
- HRSA -- Health Resources and Services Administration
- IME -- Innovations in Medical Education
- IOM -- Institute of Medicine of the National Academy of Sciences
- IPS -- Institutional Profile System
- JAMA -- Journal of the American Medical Association
- JCAH -- Joint Commission on Accreditation of Hospitals
- JME -- Journal of Medical Education
- LCME -- Liaison Committee on Medical Education (medical school accreditation)
- LCME Questionnaire -- Annual medical school report on financial aid for Part 1-B medical students
- MARC -- Minority Access to Research Careers Programs
- MAS -- See GSA-MAS
- MBRS -- Minority Biomedical Research Support Program
- MCAT -- Medical College Admission Test (Trade Mark is "NEW MCAT")
- Med-MAR -- Medical Minority Applicant Registry
- MEP -- Management Education Programs (Council of Deans)
- MODVOP -- Medicine, Osteopathy, Dentistry, Veterinary Medicine, Optometry and Podiatry
- MSAR -- Medical School Admission Requirements (AAMC publication)
- MSKP -- Medical Science Knowledge Profile
- MSOUSMS -- Minority Student Opportunities in U.S. Medical Schools
- MSS -- Medical Students Section of the AMA
- MSTP -- Medical Scientist Training Program (M.D./Ph.D.)
- NAAHP -- National Association of Advisors for the Health Professions
- NAMME -- National Association of Minority Medical Educators
- NASFAA -- National Association of Student Financial Aid Administrators
- NAS/NRC -- National Academy of Sciences - National Research Council
- NBME -- National Board of Medical Examiners
- NDSL -- National Direct Student Loan
- NHSC -- National Health Service Corps
- NIH -- National Institutes of Health
- NMF -- National Medical Fellowships
- NRMP -- National Resident Matching Program
- OSR -- Organization of Student Representatives, AAMC
- PG 1,2.. -- Post-graduate year 1, 2, ... (Also PGY 1, etc.)
- PHS -- Public Health Service
- PLUS/ALAS -- Parental Loans to Undergraduate Students/Auxiliary Loans to Assist Students
- RIME -- Research in Medical Education (Annual Meeting)
- RRC -- Residency Review Committee
- SAIMS -- Student and Applicant Information Management System (AAMC)
- SEOG -- Supplemental Education Opportunity Grant
- SLMA -- Student Loan Marketing Association; also called "Sallie Mae"
- SMAE -- Simulated Minority Admissions Exercise (AAMC program)
- SNMA -- Student National Medical Association
- STAR -- Student Affairs Reporter (AAMC publication)
- WAR -- Weekly Activities Report (AAMC publication)
- WLO -- Women Liaison Officers, AAMC

SOAR - Summary of Applicant Resources (GAPFAS)

Yale University

November 29, 1988

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Myron Genel, M.D.
Associate Dean

Dear Dick:

At the risk of being redundant, let me share with you some further thoughts regarding development of an AAMC program in health policy/government relations for medical students. You may recall that I mentioned this to you a few weeks ago in Chicago after speaking at one of the OSR workshops entitled "MDs in Health Policy", chaired by one of our pediatric residents, Jeralyn Bernier. While fully recognizing that this was a self-selected group, reflecting their involvement in OSR as well as their choice among three workshops, I was nonetheless impressed and pleased that when asked, almost all indicated they would be (would have been) interested in such a program were it available. Anecdotal, this has been my experience for the past several years, ever since I spent the year in Washington as an RWJ Health Policy Fellow.

Herewith, are some gratuitous, seat of the pants reflections:

1. Such a program should be sponsored by the AAMC, possibly as a joint effort between the OSR and your Office of Government Relations. If possible, it should be linked with the IOM and AAAS through their own fellowship programs. In this regard, I discussed this several months ago with Marion Ein Lewin, project director for the IOM/RWJ Health Policy Fellowship Program and the PEW Foundation Fellowships. I believe that there would be some interest.
2. The elective should be offered to over a 10-12 week period, preferably the latter. Anything shorter would, in my view, not be sufficient to provide a worthwhile experience. Indeed, even 12 weeks is difficult and could only be truly worthwhile if it were well organized and structured.
3. It should include a peer group of 3-4 students in each block to provide a sufficient mass for small conferences and orientation sessions as well as to provide a large enough group of peers to share experiences with one another. This could be enlarged upon if successful, but not by very much, since I believe it might be difficult to find worthwhile working experiences.
4. Ideally, I would hope that students could be placed in congressional offices, some of the independent agencies such as CEO, OTA, PPRC, executive agencies such as NIH, CoGME, etc., even in the government relations offices of the AAMC and other professional organizations which abound in Washington. With respect to the congressional assignments and, perhaps less so, the executive agencies, an AAMC sponsorship may prove a bit of a problem, but I believe that this

could be easily ascertained in advance.

5. I would seek to identify individuals in Washington in appropriate positions in the above who would agree to serve as a preceptor for a defined period of time. Of all of the details, I believe this would be the most difficult and the most important for the program to succeed.
6. I would not think that a large amount of funding would be necessary, although obviously a modest stipend to help cover living expenses would make the program more desirable. Perhaps some of the foundations (like Robert Wood Johnson) could be approached to ascertain interest.
7. At the outset, the program should be tried on a small pilot basis with one or two groups of students, perhaps during the summer months which would attract students finishing their first year at some schools.

I would be happy to help with further development of this if you and others in the AAMC leadership believe this to be worthwhile. Certainly, I would expect OGR to be interested at least judging by Kim Dunn's "Perspective" column in the current issue of the OGR Progress Notes in which she makes note of a Baylor Conference which identified a "need to expose medical students to how health policy is formed". Clearly, I agree with this assessment, although it is obvious that the number of students that could be effectively accommodated by this type of program would be quite small.

Sincerely,



Myron Genel, M.D.
Professor of Pediatrics
Associate Dean

MG:pac

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

February 22, 1989
1776 Massachusetts Avenue, N.W.
Washington, D.C.

Clayton Ballantine, Chair
Caroline Reich, Chair-elect
Kimberly Dunn, Immediate Past-Chair

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Kathleen Huff - Southern
Joan Lingen - Central
Elizabeth Malko - Northeast
Sheila Rege - Western

Representatives-at-Large

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Cynthia Knudsen
David Kostick
Lee Rosen
Lawrence Tsen

AAMC Staff

Robert L. Beran, Ph.D.
Sarah B. Carr
Leslie Goode
Robert F. Jones, Ph.D.
Karen J. Mitchell, Ph.D.
Herbert Nickens, M.D.
Wendy H. Pechacek
August G. Swanson, M.D.

I. Call to Order

Clayton Ballantine called the meeting to order at 8:45 a.m.

II. Action Items

A. Consideration of minutes of September 7, 1988, Administrative Board meeting

The minutes were approved without change.

B. Executive Council Items

1. Recommendations for Format and Content of the 1991 MCAT

Karen J. Mitchell, Ph.D., Director of the MCAT Program, reviewed the recommendations of the MCAT Evaluation Panel and the MCAT Essay Pilot Project. These include:

1. Beginning in 1991 the MCAT battery should include four tests: Biological Sciences, Physical Sciences, Verbal Reasoning and a Writing Sample (essay),
2. The science portion of the battery should be reconfigured to address the knowledge of basic concepts in biology, chemistry and physics, as well as facility at scientific problem-solving; the biologically-related chemistry concepts should be included in the Biological Sciences test and the physically-related chemistry concepts should be included in the Physical Sciences test,
3. The data representation and interpretation items previously included in the Skills Analysis: Quantitative test should be incorporated in the Biological Sciences and Physical Sciences tests,

4. The Verbal Reasoning test should be developed to address both basic text comprehension and critical thinking and logical reasoning skills,
5. The Verbal Reasoning test should include humanities, social science and science texts; comprehension, critical thinking and reasoning skills should underlie correct response to the verbal reasoning items rather than subject-matter expertise in the three text disciplines,
6. Applicants' communication/writing skills should be evaluated through inclusion of two, thirty-minute Writing Samples (essays),
7. The Writing Sample (essay) reporting format should include (a) alphabetic, rather than numeric scores, (b) confidence band information and (c) score point descriptors,
8. The current MCAT fifteen-point scale should be retained for reporting scores on the Biological and Physical Sciences and Verbal Reasoning tests,
9. Economical alternatives to distribution of applicants' essays to the medical school should continue to be examined,
10. The tests should be sequenced with Verbal Reasoning and Physical Sciences preceding the Writing Sample (essay) and Biological Sciences tests,
11. The statistical specifications for the tests should be developed to maximize measurement precision at score ranges critical to admissions decision making,
12. In addition to the 80-minute savings in testing time associated with recommendations one through eleven, administrative options for further shortening the test day should be explored,
13. User-friendly support materials for MCAT including a Student Manual with a full-length practice test and scoring key, a User's Guide for admissions officers and faculty members and an MCAT Technical Manual documenting the reliability and validity of the test should be developed,
14. Field-testing of materials for the revised exam should be accomplished in late 1989 and in 1990 and the reconfigured MCAT introduced in April 1991.

The OSR Administrative Board approved the recommendations and authorized an implementation plan for the 1991 and subsequent exams.

2. Final Report of the AAMC Committee on AIDS

Robert F. Jones, Ph.D., joined the Administrative Board to answer any questions they had about this report. Members asked how the OSR might help in the implementation of the recommendations of the report. Dr. Jones suggested that they bring copies of the paper to their deans and ask whether they have seen it and what is being done at their schools in response to the report.

One issue that remains to be addressed is that of insurance for students. Dr. Jones will continue to work to resolve this issue and will report back to the Administrative Board on his progress.

3. AAMC Strategic Planning Document

Mr. Ballantine review the goals of the plan with the Board and asked them to note any areas they feel are OSR priorities, as well as any areas that appear to be overlooked.

Priorities:

- *Clinical Evaluation Workshops
- *Problem-based Learning Workshops
- *Women in Medicine Faculty Development Workshop
- *Increase Participation in MEDLOANS
- *Initiate international medical education activities such as student exchange and Group on International Medical Education

Areas Overlooked:

- *Career development programs for students
- *Recruitment and retention of minority and women students and faculty
- *Recognition that teaching is part of residents' job

III. Discussion Items

A. 1989 Annual Meeting Session Status

The following sessions are being planned:

-Plenary session **"Medical Education in the Changing Health Care System"** Clay Ballantine is inviting Ruth Hanft, Jimmy Carter, Bill Foege, and someone from the New England Journal of Medicine.

-Melvin Connor, author of Becoming a Doctor, to do the Saturday evening session (Caroline Reich);

-**Interactive session on evaluation** (Caroline Reich) One possibility is a debate on the value of the use of standardized patients;

-**Learning Styles** (Cindy Knudsen) Session will suggest ways faculty can broaden their teaching to reach every learning style. Also can use results to get like-styled students together in study groups;

-**Physician's Role as Educator** (Dave Kostick) Session will help students set up an elective at their school which teaches students how to educate the community on health-related issues;

-**How to Lobby and AAMC's Stands on the Issues** (Kathleen Huff) Will send out information to students prior to the meeting to encourage them to go to the Hill prior to the start of the annual meeting;

-**Indigent Care** (Kim Dunn);

-**LCME Workshop** (Kim Dunn) for students with upcoming site visits;

-**Alternative Uses of the M.D.** (Lee Rosen) will invite an M.D., J.D., an M.D., M.P.H., an M.D., M.B.A., etc.;

-**Teaching Residents to Teach** (Joan Lingen);

-**Impairment and Counseling** (Sheila Rege) will discuss programs currently available for prevention and treatment;

-**Animals in Research** (Beth Malko) will be a debate on their use;

-**International Medical Education** (Anita Jackson) will invite international students to compare their systems of medical education to that of the U.S.;

-**Medicine as Seen through the Mass Media** (Anita Jackson);

-**History of Medicine** (Lawrence Tsen) will include a talk on the psychology of epidemic disease from leprosy to AIDS, and a presenter from the American Association on the History of Medicine.

B. Spring 1989 Progress Notes

The following articles are planned for the next issue, to be mailed prior to the first regional meeting in April:

- Perspective from the Chair (Clay Ballantine)
- Evaluation (Bob Volle, Parker Small, Lawrence Tsen)
- Project Form (Kim Dunn, Indigent Care)
- Federal Update (Sarah Carr)
- Listing of Ad Board, What is OSR?, What is AAMC? (Dave Kostick, Wendy Pechacek)
- Book Reviews (Joan Lingen)
- Cartoons, etc. (Anita Jackson)
- OSR Survey (Beth Malko)
- Fourth year flexibility (Anita Jackson)
- AAMC Stats (Wendy Pechacek, Randy Park)
- AAMC Focus Column (Herb Nickens, Div. of Minority Health, Disease Prevention and Health Promotion)
- Blocks on Housing Exchange Network (Clay Ballantine), Airline Discounts (Gretchen Chumley), MEDLOANS (Wendy Pechacek)
- Listing of Upcoming LCME Site Visits and Pre-visit AAMC Resources
- Calendar with OSR, NRMP, etc. dates

C. Health Care System Responsibilities in the Federal Government

Dr. Herbert Nickens, Vice President, Division for Minority Health, Disease Prevention and Health Promotion, reviewed the structure of the Department of Health and Human Services (see chart). He noted that HHS has a larger budget than the Department of Defense, but that it includes Social Security. The Office of Human Development Services (OHDS) comprises programs benefitting specific populations. The Social Security Administration (SSA) is mainly a check-producing agency. The Health Care Financial Administration (HCFA) includes Medicare (\$95 billion) and Medicaid (\$35 billion). He noted that originally Medicare was designed for the over 65 population and Medicaid for those in poverty. However, currently 40% of Medicaid goes to nursing homes and a smaller and smaller proportion is going to the poor. The Centers for Disease Control (CDC) has a \$1.1 billion budget, with 300-400 million going to AIDS-- mainly prevention. NIH is the "crown jewel" with a \$7 billion budget. Of that, \$1.5 billion goes to intramural research and the rest is shipped out.

D. Inclusion of Graduation Questionnaire (GQ) Data in the LCME Site Visit

Dr. August Swanson, Vice President, Division of Academic Affairs, discussed with the Board a proposal that the GQ results be used more directly in the LCME accreditation process. He suggested that schools should review GQ results over the past 7 years to note any areas where there have been significant changes -- or no changes at all -- in the perceived adequacy of instruction. This could indicate to the LCME Secretary areas where students are unhappy with their curriculum.

The Board members felt it important to be sure the OSR representative is part of the visit. They expressed concern over the selection process schools use to determine which students will be involved in the site visit. One way to address this problem would be to provide each school with

a randomly selected list of 25-30 students, equally distributed across classes, etc., and ask the school to arrange for the site visit team to meet with 8 of them.

Board members feel it is important to educate students on how to play a role in site visits during their annual and regional meetings. This includes indicating when their next visit is and how they can get into the loop of communication.

E. Federal Update

Sarah Carr and Leslie Goode, Legislative Analysts, Office of Governmental Relations, reviewed the status of the following issues:

A number of bills have been introduced regarding national service programs (like VISTA or the Peace Corps) S.3, introduced by Senator Nunn, would eventually replace the current financial aid system. In his plan, students would be required to provide service to receive any aid.

The AAMC recently responded to a Notice of Proposed Rulemaking on defaults in the Stafford Loan Program (GSL). We opposed the proposed regulations and called for more grant support and longer internship deferment. We also noted that schools don't have much control over which of their graduates will eventually default.

The Student Loan Insurance Fund for HEAL is almost out of money. A number of proposals have been made on how to deal with this problem -- including raising the HEAL insurance premium from 8% to 14.57%.

A bill has been introduced which would restore the deductibility of interest on student loans. Leslie Goode and Anita Jackson will write a letter to OSR urging them to write their representatives in support of this bill.

Leslie Goode explained that, in order to receive copies of bills, students should call the Document Room at 202/224-3121. They need to know the bill number and the date it was introduced.

E. Indigent Care Proposal

Kim Dunn and Lee Rosen distributed this proposal and asked Board members to respond to it.

F. Group on Student Affairs Update

Robert L. Beran, Ph.D., Assistant Vice President for Student and Educational Programs, updated the Administrative Board on the following:

Universal Application Form: We will survey students, program directors and student affairs deans with a proposed revised form with the goal of getting as much compliance as possible.

Glaxo: The Committee on Student Affairs (COSA) will discuss expressed career counseling needs of medical students. They may develop a model program. Sheila Rege will forward the Administrative Board's concerns to COSA. Of the current situation, Mr. Ballantine said, "It may be poisoned water, but it tastes good when you're thirsty!"

Health Services Survey: responses are currently being summarized. Results will not be a policy document, but a database on what is going on at the schools.

MEDLOANS: The rates of the Alternative Loan Program (ALP) have been dropped to T-Bill plus 2.7% throughout the life of the loan, with interest capitalized once at repayment, a four year

deferment during residency, and an 8% insurance premium. This makes ALP the most competitive privately insured program on the market. The MEDLOANS program will also guarantee necessary funds are available throughout a student's medical education once they begin to borrow through the program. A positive part of the program is the fact that the ALP insurance premium is based only on the default behavior of allopathic medical students versus the HEAL premium which incorporates all of the health professions. Students will be able to refinance old HEAL and ALP loans to the new ALP rates. MEDLOANS also has a loan consolidation program in place.

G. OSR/GME Regional Meetings

At a recent meeting of the Group on Medical Education Steering Committee, Mr. Ballantine asked if there was interest in the GME meeting with the OSR on alternate years in the regions that do not currently do so. Board members agreed that this was a worthy idea that should be pursued.

H. Harwal Publishing Company Student Advisory Panel

The Board appointed Cindy Knudsen to this panel.

I. Women in Medicine Coordinating Committee

The Board appointed Lisa Staber, OSR representative at the University of South Dakota to this position.

J. Upjohn Medical Liaison Committee

The Board appointed Lawrence Tsen to this committee.

IV. Old Business

V. New Business

VI. Adjournment

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