



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

**AGENDA
FOR
ORGANIZATION OF
STUDENT REPRESENTATIVES**

**ADMINISTRATIVE BOARD MEETING
June 14, 1989**

1776 Massachusetts Avenue
2nd floor conference room

Organization of Student Representatives
Administrative Board

June 14, 1989
8:30 a.m. - 4:00 p.m.

AGENDA

| | | |
|------|--|--------------------------|
| I. | Call to Order | |
| II. | Action Items | |
| | A. Consideration of minutes of February Administrative Board Meeting | 1 |
| | B. Executive Council Items | Executive Council Agenda |
| | 1. AAU Report on Indirect Costs | 1 |
| | 2. AAMC Positions on Public Policy Issues | 24 |
| | 3. A Single Examination for Medical Licensure | 26 |
| | 4. Conflict of Interest | 68 |
| | 5. APHIS Proposed Animal Welfare Regulations | 70 |
| III. | Discussion Items | |
| | A. The Role of the Student in the Accreditation of U.S. Medical Education Programs | |
| | B. The Results of Q48B of the 1988 Graduation Questionnaire | |
| | C. 1989 Annual Meeting Session Status | 7 |
| | D. Fall 1989 <u>Progress Notes</u> | 8 |
| | E. GME/OSR Interaction | |
| | F. Resource Manual Development | |
| | G. Proposal for Improving the Scope and Quality of Health Care | 16 |
| IV. | Information Items | |
| | A. Honor Codes | 21 |
| | B. Creative Successes in Financial Aid | |
| | C. Report on Regional Meetings | |
| | D. Iliad | 23 |
| | E. Career Counseling | |
| | F. Guidelines for Consideration of Applications for Transfer or Advanced Standing | 30 |

V. Old Business

VI. New Business

A. Summary of meeting

VII. Adjournment

Organization of Student Representatives
Administrative Board Meeting

Schedule

Wednesday, June 14

| | | |
|------------------------|---|-----------------------------|
| 8:30 a.m. - 4:00 p.m. | OSR Administrative Board | 2nd Floor 1776 Mass.Ave. |
| *4:00 p.m. - 6:00 p.m. | Structure & Governance (Clay and Caroline) | Jackson |
| *6:00 p.m. - 7:00 p.m. | Joint Boards Session Speaker: Dr. Harvey Barkun Executive Director Assoc. of Canadian Medical Colleges | Jefferson West |
| *7:00 p.m. - 9:30 p.m. | Joint Boards Reception/Dinner | Jefferson East |

Thursday, June 15

| | | |
|-------------------------|------------------------------------|--------------|
| *7:30 a.m. - 8:30 a.m. | CAS/COD Breakfast w/Speaker | State |
| *8:30 a.m. - 12:30 p.m. | Individual Board Meetings | |
| | -Council of Deans | Conservatory |
| | -Council of Teaching Hospitals | Map |
| | -Council of Academic Societies | Caucas |
| *12:30 p.m. - 1:30 p.m. | Joint Boards Lunch | Cabinet |
| *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

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

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

Regional Chairs

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

Representatives-at-Large

Anita Jackson
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 Konner, 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) S3, 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.

FINAL PROGRAM OUTLINES DUE BY JULY 24, 1989

OSR 1989 Annual Meeting Session Status

Friday, October 27

1:30 pm - 3:00 pm OSR Administrative Board Meeting
3:30 pm - 5:30 pm OSR Opening Session - **need speaker** (Clay)
7:00 pm - 9:00 pm Regional Meetings
9:00 pm - on OSR Reception - **need sponsor** (Clay)

Saturday, October 28

9:00 am - 11:30 am OSR Plenary
Forces Shaping the Future of Medical Education
-Marcia Angell, M.D.
-Peter Boussein, J.D.
-Robert Volle, Ph.D.

1:30 pm - 2:45 pm OSR Discussion Groups (4)
1) The Physician's Role as an Educator (Dave)
-Irwin Cohen, M.D., M.P.H.
2) Alternative Uses of the M.D. - **need speakers** (Lee)
3) Stress Management - **need speakers** (Caroline)
4) Indigent Care - **need speakers** (Kim)

3:00 pm - 4:30 pm OSR Discussion Groups (4)
1) History of Medicine (Lawrence)
-W. Bruce Fye, M.D., M.A.
-Robert P. Hudson, M.D., M.A.
2) Teaching Residents to Teach - **need speakers** (Joan)
3) How to Lobby (Kathleen)
-Sarah B. Carr
4) International Medical Education - **need speakers**
(Anita)

5:00 pm - 6:00 pm OSR Chair-Elect Campaign Speeches

7:30 pm - 9:30 pm OSR Evening Program
-Melvin Konner, Ph.D., M.D.

Sunday, October 29

8:00 am - 10:00 am Regional Meetings

10:30 am - 12:00 pm OSR Workshops (4)
1) Coping in Medical School (Sheila)
-Mary Jo Miller
-John Sneider, Ph.D.
2) Learning Styles - **need speakers** (Cindy)
3) Medicine and the Media - **need speakers** (Anita)
4) Clinical Competence (Beth)
-Paula Stillman, M.D.

1:30 pm - 4:00 pm OSR Business Meeting

Fall 1989 Progress Notes

Project Forum -

AAMC Focus - ?GQ, MCAT Changes, ACME

AAMC Stats -

Federal Update?

Book Review?

Perspective column -

Bulletin Board items -

*Calendar with OSR, NRMP and Consortium Meeting Dates

*Listing of OSR Reps? Wendy

*resources available through OSR rep

*Pictures, cartoons Anita (show Ad Board caricature)

*"OSR Survey" Beth

*"Blocks" on: Housing Network Clay

Airline Discounts Gretchen

Student Services Network Gretchen

Politeness in Interviewing

Working with the Media; Power is in the People - Henry Seidel, M.D.

NBME Follow-up article (Roseann Jones)

THE JOHNS HOPKINS UNIVERSITY
SCHOOL OF MEDICINE
BALTIMORE, MARYLAND 21205

OFFICE OF THE DEAN
720 RUTLAND AVENUE

CABLE ADDRESS
HOPMED

Power Is In The People

The thought has occurred to me - and I have written about it - that residency selection committees have a major responsibility for shaping up the process of the Match. There is responsibility, too, that is invested in applicants for residency positions. In this regard, there are some attitudes and behaviors that need re-examination - and some opportunity for healthy change in the implementation of the Match.

For example, not long ago, I talked with a student who had not achieved a first choice in the Match. This student was appropriately hurt - rejection always hurts - and not so appropriately angry. I'll admit that part of grieving for something lost not uncommonly involves a period of anger. In this instance, though, it may not have been entirely justified.

Firstly, the student offered an explanation that boggles the mind - an explanation that is heard with some frequency across the Country. The suggestion was made that one particular program wanted that student so badly that the director called all his counterparts and told them to cease and desist in order to allow him to capture the prize. We do sometimes value ourselves highly, but it does stretch the imagination to conjure up a cabal amongst residency selection committees designed to route the most precious among the applicants to particular programs. This would require a massive collusion on a country-wide basis which would pander to the notion that preciousness is easily definable and that the precious few would be ceded by some agreement to particular departments. The very competitive nature of American academic medicine would of itself argue against this possibility.

Secondly, this student did an "audition elective" - went off to another medical school, another academic center where greener pastures were supposed. The student forgot that audition electives are risky. There is a protective shade of gray which envelops applicants when they are considered on the basis of recommendations, interviews, and transcripts, a protective coloration which may be lost when an indifferent attending, an exploiting house officer, and the need to adapt to a new setting, new routine and new telephone numbers can serve to intimidate the very best during a month elsewhere. The audition is more often a negative rather than a positive. Admittedly, demand for these auditions does not begin with the student;

2.

and I have not mentioned the incredible compromise of valuable elective that multiple auditions effect. Imagine, though, if, during one year, there were a collective decision, country-wide, amongst applicants to refuse to do auditions.

Finally, the student wrote a "bread and butter" letter, thanking interviewers and the residency selection committee, one and all, that this was the object of that student's heart's desire in a residency. Again, admittedly, these letters are frequently requested. Imagine, however, the collective power of applicants if they all, across the Country, would say, "Enough! No one will write such a letter." Could there be this much trust within the full group? Would not the foolhardiness of these letters be eliminated by collective action?

In fact, the student with whom I spoke was not the victim of a cabal; rather, the victim of an audition elective and a meaningless "bread and butter" letter. A fine applicant was found wanting by a particularly crusty senior faculty member. All else fell by the wayside, the protective shade of gray was lost, the heart's desire was lost. Quite obviously, students have power if they choose to exercise it. Perhaps, the OSR could mount an effort across the Country which would effectively bring an end to spurious letter writing and inappropriately requested auditions. Perhaps there is an untapped power - a collective refusal to yield to the unreasonable.

Henry M. Seidel, M.D.
Associate Dean for Student Affairs
The Johns Hopkins University
School of Medicine

May 22, 1989

On Being Misquoted in the New York Times

My wife and I have recently been in the habit of having Sunday morning breakfast at the Bagel Shoppe in our neighborhood. We buy the New York Times at the drugstore next door, order our bagel - for me with lox, no cream cheese - commandeer our table and spread out. I love the lox - a lifetime affair - but, a few weeks ago, I lost the taste for it in mid-bite. On that terrible Sunday morning I found myself misquoted in the New York Times. Of the several sustaining infatuations in my life - among them, Edmund Dante, the 1933 New York Yankees, Big Daddy Lipscomb, William Carlos Williams, Lox, and the Times - two of them were suddenly gone.

It was a grievous misquote, infuriating, a comment taken out of context and put in inappropriate context. Sitting there in the Bagel Shoppe, I was confronted by the terrible realization that people believe the New York Times. I got angry. Actually, I climbed the wall. A phone call from a friend a bit later on didn't help. She had read the article. All she saw was that I had been quoted twice in the New York Times. She didn't even know what it was about. I was a celebrity because I had been quoted. Notoriety! Maybe what was in the piece didn't matter. Maybe it is enough to live with the possibility that Russell Baker or Art Buchwald might have read my name. Maybe it was enough to console myself with the thought that my parents, were they alive, would have known and would have provided redemption - "These are not our son's words." - in Yiddish, it would have sounded better.

2.

There was, then, a moment of calm in the eye of the hurricane. Look! They've got to make a living. They need controversy. Let them have it. At least you helped them take their minds off Iran. You did the whole country a real favor.

Next, the lingering thought, a long ago lesson from an old friend, Voltaire Cousteau, the warning to avoid getting in the water with sharks. But, if you do get in the water with sharks, don't get hurt. But, if you do get hurt, don't bleed! Okay, it's a moment of truth. Don't bleed!

Finally, the realization that the New York Times is the newspaper of record in our society. When some historian reads it, it will be misinterpreted, maybe even back to what was originally meant. A chance worth taking? Probably not. Write them a letter. Maybe they'll publish it. On the other hand, if they publish it, they'll probably edit it "in order to conserve space". The editing could kill you. Still, take the chance. Thus, a decision is made.

Respond? Yes. But what do you say? Anything will sound defensive. Too bad. Give them facts and then, not to let them off the hook, some emotion - righteous indignation to be sure, but well modulated, controlled, conveying just the suspicion that I am, really, if the truth be known, well above all that.

Will I get the point across? It's tough to know - so I consult with others. There is a good deal of conversation with those who "know" the media. It is a time when there is

3.

a certain wonderment at all this bustle over - what? It all makes you think of arcane shenanigans and discussions about how it will "play in Peoria".

All this takes time. Along the way, there is some reassurance in much of the feedback - "I knew it didn't sound like you" - "It was an awkward article, stilted, so they could get the controversy they wanted." And, there was comment that was not so reassuring - "Boy, the Times really did a job on you!" - said in a dozen different ways. There were also two letters from colleagues saying that they "understood" - that our intent had probably been buried by the placement of the quotes, but that someone had to speak for what had clearly been the original context of those quotes. Those letters were helpful. At least two people could see beyond the awkward article to the origins (insightful men!).

The bottom line for me was that a lot of people read that article and that it was read not only by acquaintances, but also by others across the Country. The obvious is confirmed. Newspapers have an impact. But, they are also available for rebuttal. And the failure would be much more ours if there were no response, if the lie were not put to rest.

I conclude again - : It is a risky business, getting involved with the media, but it is far riskier not to be involved. If, because you become involved, you end up feeling injured, is it appropriate to back away? Not at all. Truth is liberating. The only way to heal the injury is to go after the truth and,

4.

happily, the newspaper is there to help you do it. Then, too, there's that human wish to be redeemed in the eyes of the world. Risk upon risk; the possibility of being mired. Finally, with the Ode to Glory sounding in the background, the unyielding sense of the obligation to serve - after all, if all of us keep quiet, shriveled in our timidity, there will be no freedom, no liberation, no truth.

The letter was published four weeks after the original article and the response was enormously gratifying - although the final printed version was one-third the submitted length. Still, the thrust had not been changed; it was edited with a fair hand. And, in the aftermath, it seemed that at least as many people as had read the original article read that letter. There was also private correspondence from friends expressing relief, friends who had said nothing in the first instance from a sense of genuine consideration and tactfulness. Not surprisingly, within myself, many weeks later, there was much less heat, much less turmoil. The human need had been served. Catharsis! And so, too, the societal need. Who knows whether a real blow was struck for "truth". At least, in a tiny way, the effort had been made.

Do I make too much of this? I don't think so. Jules Pfeiffer once wrote about "little murders", those mean and nasty things that people are capable of doing to each other, day in and day out, that almost constantly, very often imperceptibly, kvetch the juice from life. It's possible in the same imperceptible

5.

way - by inaction, by silence - to let freedom and its basic essential truth become dry, withered.

And, there was something in me quite human that demanded that I not allow "them" to wrest authority from me. They had me feeling powerless, sitting there that morning in the Bagel Shoppe, and if I yielded to it I would always to some extent be parietic, deprived by my own conscious decision to yield to an intimidation that might have been much more the product of my perception than of reality. No way.

In the end, it probably wasn't such a big deal, really, but I was glad it had happened. I reflected on this warmly - cozily - as I was doing the Times' Sunday crossword puzzle - in the Bagel Shoppe - between bites of my bagel and lox.

Henry M. Seidel, M.D.

Associate Dean, Student Affairs

A PROPOSAL FOR IMPROVING THE SCOPE AND QUALITY OF HEALTH CARE
PROVIDED TO PATIENTS THROUGH THE HARRIS COUNTY HOSPITAL DISTRICT

PURPOSE

To provide staff support and guidance to the local Task Force on Vulnerable and Indigent Populations, a select committee of Texas Medical Center and Harris County Hospital District leaders will collaborate in developing creative ways in which to increase the scope and quality of health services provided to patients in Houston and Harris County.

APPROACH

The study will begin with the designation of a task force of student, academic, community, and health care institution experts. This task force will design an approach that will include interviews with patients, ambulatory and community service providers, hospital administrators, and other personnel knowledgeable about local indigent care issues and problems. The task force will frame the questions for the surveys/data gathering instruments and review the current literature and policies pertaining to indigent care. The task force will then identify gaps and suggest possible administrative and policy changes to address the problems identified. Finally, a conference will be held to present these findings to the select group of leaders in health care services and education. These individuals will participate in a series of discussions wherein the

task force's summary of the problems and proposed solutions will be reviewed and critiqued and wherein reactions and commitment will be sought among these leaders to effect the needed changes. Areas for further study will be designated and working groups organized by conference participants.

DATA/INFORMATION TO BE COLLECTED

- o Information from personal interviews conducted with a variety of people who are well acquainted with indigent health care service problems; and
- o Recent studies that have been undertaken, papers written, and conferences held, etc. on the status of indigent health care in Harris County and in Texas.

RECOMMENDATIONS FOR A STUDY COMMITTEE

*Lu Ann Aday, Ph.D.
Associate Professor of Behavioral Sciences
Department of Health Services
UT School of Public Health, E-311, 792-4471

*Kim Dunn
UT MD/PhD Program Student

Charles E. Begley, Ph.D.
Assistant Professor of Management and Policy Sciences
Department of Health Services
UT School of Public Health, E-327, 792-4472

*Lee Rosen
Baylor Medical Student

Steve Linder, Ph.D.
Associate Professor of Management and Policy Sciences
Department of Health Services
UT School of Public Health, 792-4004

*Mr. John Porretto
Executive Vice President for Administration and Finance
UTHSC-H, HMB 11.192, 792-4270

Carlos Vallbona, M.D. (or assistant)
Professor and Chairman
Department of Community Medicine
Baylor College of Medicine, 798-4906

*Mr. C. R. Richardson
Vice President for Finance and Administration
Baylor College of Medicine, 798-4975

Jan van Eys, Ph.D., M.D.
Professor and Chairman
UT Department of Pediatrics

Cecile Ervin, J.D.
UT Health Law Program
RAS E-901, 792-4813

*Laurence E. Tancredi, M.D., J.D.
Director, UT Health Law Program
RAS E-901, 792-4813

Mark Clasen, M.D., Ph.D.
Associate Chairman
UT Department of Family Practice and Community Medicine
MSB 2.106, 792-5255

Mr. Lewis A. Lefko
Associate Counsel
Hermann Hospital
NCNB Building, 16th Floor, 797-3700

Mr. John Ives
Executive Vice President and Chief Operating Officer
St. Luke's Hospital
791-3006

Nancy Hansel, Dr. P.H.
Associate Professor
Chief of Community Medicine
UT Department of Family Practice and Community Medicine
792-5264

Mr. Larry Mathis
President and Chief Executive Officer
Methodist Hospital System
790-3366

*Martha Hargrove
Dr. P.H. Student
UT School of Public Health

Ms. Lois Moore
President and Chief Executive Officer
Harris County Hospital District
652-1200

Margaret Sharp
Research Assistant
Department of Pediatrics/Genetics
UT M.D. Anderson Cancer Center

*Executive Task Force members

STUDY/ORGANIZATION

A task force approved and appointed by the Health Policy Institute Director and student coordinators will provide leadership, direction, and oversight in the design, implementation, and evaluation of the research program.

Four students with strong analytical and writing skills, under the direction of student coordinators, the faculty, and the Assistant Director of the Health Policy Institute will gather data and prepare "briefing books" for policy conference participants.

RESOURCES REQUIRED

- o Four students - two supported by Baylor and two supported by UT Medical School

UTMS (\$750 x 2 x 3) \$6,750.00

Baylor (\$750 x 2 x 3) 6,750.00

- o Discretionary funds to produce position papers 2,000.00

- o Funds for questionnaires, mailings, and committee meetings 1,500.00

TOTAL \$17,000.00

If yes, is a student who fails to report an infraction subject to discipline under the honor code? 23 yes 11 no 4 no response

9. Are 15 faculty 11 medical administrators represented at deliberations of the student honor council? 22 yes 18 no
10. What measures may be recommended by the honor council?
- 33 written reprimand
 - 26 in permanent academic record
 - 24 not in permanent academic record
 - 25 verbal reprimand
 - 33 suspension
 - 29 probation
 - 37 dismissal
 - 22 repetition of academic work
 - 12 community service
 - 6 monetary fine
 - 14 restitution, if theft or property damage
 - 3 referral to administrator for penalty
11. Are the decisions of the honor council 9 final or 28 subject to faculty or administrative approval?
5 had no honor council 11 schools, 17 students
12. During the last five years, how many students have been _____ suspended _____ dismissed on the basis of recommendation from the student honor council? 13 schools, 19 students (1 only said yes)
13. Is there a mechanism for appeal of honor council decisions? 37 yes
5 no. If yes, is the appeal conducted by a 5 student 11 faculty
11 administrative body? student-faculty or student-administ. body 10
2 no response
14. Who reviews decisions made by the honor council?
- 29 dean
 - 11 student affairs officer
 - 3 other assistant or associate dean
 - 1 faculty moderator
 - 10 other (please explain)
faculty committee, University President, V.P.A.A.

Person completing this questionnaire:

Name _____
Title _____

A summary of responses to this questionnaire will be presented during the GSA panel on Student Honor Codes at the AAMC Annual Meeting. It would be most helpful if you could attach a copy of your honor code policy.

Your cooperation in completing this questionnaire is greatly appreciated.

May 19, 1989

MEMORANDUM

TO: Medical School Student Affairs and Admissions Officers

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

SUBJECT: Guidelines for the Consideration of Applications for Transfer or Advanced Standing

During the process of developing the "traffic rules" for first-year entering students, the GSA Committee on Admissions was urged to also develop a set of guidelines and recommendations for transfer and advanced standing decisions for applicants from both LCME and non-LCME institutions. Discussions held during previous GSA spring regional meetings and among the members of the GSA steering committee have focused on a number of problems associated with the increase in the number of students seeking transfers. This topic was also discussed during the recent spring meeting of the AAMC's Council of Deans.

The problems noted included 1) the lack or absence of communication between medical school officials of the schools involved, 2) the consequences to the school of losing a student at the beginning of the third year (i.e., scheduling of clerkships, arrangements with affiliated hospitals), 3) the lack of information regarding the number of acceptances being held by an applicant for advanced standing from a non-LCME accredited institution, and 4) the inability of the institution that loses a student to fill the vacated position. For example, during the past year, one institution lost 12 students by transfer between the second and third year. The timing of the transfers was such that it was impossible for the school to fill the positions vacated. The situation is exacerbated if the school losing students begins to seek students from other schools.

In order to increase the communication among schools involved in the transfer process, the Group on Student Affairs Committee on Admissions has developed draft guidelines for the consideration of applications for transfer or advanced placement. The proposed guidelines incorporate a reporting procedure by schools that will facilitate the AAMC serving as a clearinghouse for transfer and advanced standing activity.

Please review the enclosed draft guidelines with your admissions or student affairs officer and return any comments and suggestions by May 30. Your suggestions will be discussed by the admissions committee during their June 2nd meeting. A second and final draft will be sent for your comment during the month of June. Thanks for your help.

Draft Guidelines for the Consideration of Applications for Transfer or Advanced Standing

- 1) Institutions receiving applications for transfer or advanced standing should require an official transcript and a letter of evaluation from the student affairs or academic dean of the applicants current school of enrollment.
- 2) To the extent possible, the acceptance of transfer students between LCME accredited institutions should be limited to instances of relieving extreme hardship for the student.
- 3) Upon acceptance of individuals for transfer from an LCME accredited institution, or the acceptance of individuals for advanced placement from a non-LCME accredited institution, the school should complete and file a transfer action form with the AAMC's Section for Student Services.
- 4) The AAMC will, on a schedule to be determined, periodically distribute a transfer and advanced standing master acceptance list to all member institutions. This roster will list all individuals currently holding acceptances.
- 5) Institutions will also file a transfer action form when a transfer or advanced placement student withdraws from an acceptance from their school.

Please direct your comments to:

Robert L. Beran, Ph.D.
Assistant Vice President for Student and Educational Programs
Association of American Medical Colleges
One Dupont Circle, N.W., Suite 200
Washington, DC 20036

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

June 14, 1989
1776 Massachusetts Avenue, N.W.
Washington, D.C.

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

AAMC Staff

Sarah Carr
Donald G. Kassebaum, M.D.
Randy Park, Ph.D.
Wendy H. Pechacek

Regional Chairs

Joan Lingen, M.D. - Central
Elizabeth Malko, M.D. - Northeast
Sheila Rege, M.D. - Western

Representatives-at-Large

Anita Jackson
Lee Rosen

I. Call to Order

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

II. Action Items

A. Consideration of minutes of February 14, 1989, Administrative Board meeting

The minutes were approved without change.

III. Discussion Items

A. Fall 1989 Progress Notes

The following articles will be included in the fall issue:

Perspective from the Chair - Clay Ballantine

Books, review of On Becoming a Doctor - Caroline Reich

Perspectives on Evaluation:

Follow-up to spring article - Robin Powell/Clay Ballantine

Standardized Patients - Howard Barrows/Clay Ballantine

AAMC Focus, ACME Project - Lou Kettel/Wendy Pechacek

Letter to the Editor, Power is in the People - Henry Seidel/Wendy Pechacek

Project Forum, Soviet Sister Program - Sheila Rege/Elaine Pico

Federal Update - Sarah Carr/Wendy Pechacek

Report on GQ #48B - Randy Park/Wendy Pechacek

Improving the Match Interview Process - Lee Rosen

Financial Aid Alternatives - Anita Jackson

Information Items:

Listing of Loan Repayment Programs - Jim Posever/Clay Ballantine
Note re: OSR Resource Manual - Farion Williams/Caroline Reich
Annual Meeting Topics Listing - Wendy Pechacek
Calendar of Events - Clay Ballantine
WLO/GME/GSA/OSR Job Descriptions - Wendy Pechacek
Housing Network - Wendy Pechacek
Airline Discounts - Gretchen Chumley/Wendy Pechacek

The deadline for articles is August 15, 1989.

B. 1989 Annual Meeting Session Status

The Board reviewed the status of planning for the 1989 annual meeting program. Clay Ballantine is working on finding a speaker for the opening session on Friday evening. Following that session, the Indian Health Service will help fund a reception for the OSR at the Hilton.

The Saturday morning plenary, "Forces Shaping the Future of Medical Education," will feature Marcia Angell, M.D., Peter Bouxsein, J.D., and Robert Volle, Ph.D.. Afternoon discussion groups will address the following topics:

The Physician's Role as an Educator
Alternative Uses of the M.D.
Career Development in Academic Medicine
Learning Styles
History of Medicine
Teaching Residents to Teach
How to Lobby
International Medical Education

Melvin Konner, Ph.D., M.D., author of On Becoming a Doctor, will join the OSR for the Saturday evening program.

Sunday morning workshops will focus on:

Coping in Medical School
Medicine and the Media
Indigent Care
Clinical Competence

In addition to the topical sessions, there will be the usual Friday evening and Sunday morning regional meetings and the annual business meeting on Sunday afternoon.

C. The Role of the Student in the Accreditation of U.S. Medical Education Programs

Donald G. Kassebaum, M.D., Director, Section for Accreditation, and LCME Secretary 1988-89 and 1990-91, joined the Administrative Board for a discussion of ways to improve student input into the LCME Accreditation process. Dr. Kassebaum reminded the Chair and Chair-elect that it is important for them to send comment letters on the survey reports they receive for review. He suggested that they at least critique the students' role. These comment letters are included in a notebook with the survey and site team report and read by those who vote.

Dr. Kassebaum also noted that the survey team spends more time with students as a group than any other group when they visit the campus. MS I and II students meet with them over lunch one day and serve as guides for classrooms and laboratories. MS III and IV students have lunch with them a second day and guide them through the clinical facilities. He feels that students have always been forthcoming on site visits and that student input influences the survey team enormously. Ad Board members expressed concern that some students are chosen because they will not be assertive in discussing any problems they see at their institution. They asked that deans be required to include a paragraph in the survey which describes how the students were selected to be involved in the visit.

Clay Ballantine noted the fact that the survey report lists a series of "musts" and "shoulds" for the school to undertake as follow up to the visit. Since only the musts need to be addressed in follow up reports, schools often attack those areas directly, and the shoulds are not ever dealt with. Dr. Kassebaum discussed the need of the institution to focus on some achievable goals to which they can channel their resources. With resources being so limited at most institutions, they are not always able to address every issue that arises in the survey report.

Mr. Ballantine raised the need for students to be informed very early on about upcoming site visits so that they could organize their efforts and put together a valuable student report. He called for a requirement that deans formally notify all students of an upcoming visit at least 18 months in advance. This notification should include a list of those students who will be involved in the visit so that other students can provide input to them. He also suggested that Appendix III of the Medical Student Section be made more explicit. This is the appendix that deals with how deans get students involved. Board members agreed, but also felt that the OSR could play a leadership role in informing and educating students about the potential for their involvement in the process as well.

The Administrative Board and Dr. Kassebaum agreed that development of a student handbook to accompany the official "Role of the Student" booklet would be very helpful. This handbook should include copies of student reports put together at visits to the University of Wisconsin-Madison and Duke. Dr. Kassebaum noted that the survey instruments and summary information in the University of Wisconsin report were extremely helpful to the survey team. The handbook should also ask students to push for an increased response rate on the AAMC's Graduation Questionnaire (GQ), and to ask their deans for copies of the school's individual GQ report since the last site visit so that students can review it for positive or negative changes. It was also felt that the dean should provide the site visit team with past GQ results. In the handbook, students should also be encouraged to review the list of musts and shoulds from the school's last LCME report to see how these areas have changed/not changed.

Board members felt it essential to continue to have workshops at the annual meeting for students who represent schools with upcoming site visits. This year that workshop will be on Saturday, October 27, from 11:30 a.m. - 1:30 p.m. Dr. Kassebaum will join Ad Board members in conducting the workshop. Following the workshop, a letter will be sent to the dean of the school with the name of the student who attended. The letter will ask for feedback on how whether the training was effective. The self-study is organized at least one year before the visit, so it is important to get to students early.

Ad Board members asked to receive copies of the Data Base Questions completed by the schools. They also requested that an Ad Board member other than the Chair and Chair-elect review the survey reports, as they would have more time to put into a careful comment letter.

Note: At the February Administrative Board meeting, August G. Swanson, M.D., 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. A suggestion for addressing the problem of selection of objective students was 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.

D. Results of Q48 of the 1988 Graduation Questionnaire

Randy Park, Ph.D., Senior Research Associate, Section for Student and Educational Programs, reviewed results of Q48 which requests information on the types of questions students were asked during residency interviews. The request to add this question to the GQ came from the Consortium of Medical Student Organizations. Results showed that significantly more women than men were asked questions regarding interpersonal relations and intention to have children. Additionally, five times as many female interviewees as male interviewees were asked about their commitment to medicine, and seven times as many females were asked questions that they perceived to be threatening. Dr. Park went on to share some anecdotal responses illustrating the wide range of questions students are asked.

The question was rerun in the same format in the 1989 administration of the GQ for purposes of cross verification. It may be run again in 1990 in a revised format. Articles in Academic Medicine and Progress Notes will report on the results. Board members asked that Dr. Park look at responses by specialty area to see if certain specialties are particularly abusive. They asked that a question about the fact that programs ask students to send letters saying they will be ranked #1 in the NRMP be added to the GQ.

Finally, they thanked Dr. Park for the Stat pieces he provided for the spring 1989 issue of Progress Notes and asked that he develop one based on money spent interviewing by specialty area for the fall issue.

E. OSR Resource Manual

Caroline Reich presented a plan to develop a resource manual for OSR representatives that could be passed on when a new representative is appointed. The manual would include reference information, such as the OSR Orientation Handbook, the AAMC Publications Catalog, the AAMC Annual Report, information on the MEDLOANS program, the latest Housing Exchange Network, and the latest Legislative and Regulatory Update. It would also include policy statements and task forces reports distributed by the AAMC. Finally, it would include sections similar to those in the Resource Manual distributed at the 1988 annual meeting addressing such topics as women in medicine projects, career counseling tools, how to start an indigent care clinic, the compendium of excellence in teaching preventive medicine, etc. This third section would be developed by OSR members who are interested in becoming more involved in the organization and have special interests in particular areas. Sections will be added each year.

Ms. Reich proposed that she and Farion Williams work on developing this manual. They suggested a three ring binder that would be kept in the student affairs office to ensure continuity. Board members felt that, in some schools, the library or another location would be more appropriate. Finally, she asked that Ad Board members forward suggestions for entries or names of students who would be interested in contributing to the manual to her.

Anita Jackson offered to develop a section on ways to finance one's medical education and Lee Rosen and Kim Dunn will include the results of their survey on student run clinics.

F. GME/OSR Interaction

Lee Rosen explained that he had met with the GME Steering Committee and they are interested in working more closely with the OSR. He identified several issues, including the valuing of faculty teaching ability, single pathway to licensure, NBME Pass/Fail score reporting, and the effect of the Boards on the curriculum, as common issues that both groups are interested in and might like to discuss at the annual meeting joint breakfast. On the issue of rewarding faculty teaching, some Board members explained that they publicize nominees for their teaching awards in addition to winners to be sure they get well-deserved recognition for their efforts. One outcome of the annual meeting discussion will be a joint letter to both groups providing suggestions on how they might work together on their own individual campuses. Brownie Anderson, Executive Secretary of the GME, will join the OSR at their September meeting to finalize the agenda for that discussion.

G. "An Exercise in Community-Oriented Primary Care"

Kim Dunn and Lee Rosen discussed the latest version of their proposal. Currently, a conference is planned for next Spring. They asked that they be supported in an effort to put a booklet together describing currently operational student run clinics and how to mobilize students, faculty, and administrators to discuss the issues. They will develop a letter to be sent to the OSR encouraging them to talk about the issues on their own campus. This will be sent to Board members for review prior to distribution.

H. Assessing Change in Medical Education (ACME) Project

Caroline Reich described the first meeting of ACME as an organizational one where members reviewed all past recommendations for change in medical education. At the second meeting plans are to prioritize these recommendations and then research attempts to address the problems for successful models.

Ms. Reich feels it is important that it be determined, from a student perspective, what changes have been effective. She also asked the Board to review the list of recommendations and share their thoughts on which are priorities from their point of view.

I. OSR Survey

Clay Ballantine explained that he had lost the results of the OSR Survey conducted last year. Board members expressed concern about the number of surveys students bring with them for distribution at each annual meeting. They asked that a master survey be developed for each annual meeting. Wendy Pechacek agreed to ask OSR representatives to send her any questions/surveys they wanted distributed prior to the annual meeting. If the data is already available, she will provide it to them. If it is not, she will compile the questions and include them in OSR meeting materials. Responses will be collected, compiled, and distributed by AAMC staff.

J. Federal Update

Sarah Carr, Legislative Analyst, Office of Governmental Relations, reviewed the status of the following issues:

She feels the National Service legislation is basically a dead issue. She explained the AAMC's response to the National Health Service Corps (NHSC) Interim Final Rule. A copy of this letter will be sent to Board members for their information.

The regulations for the Stafford Loan Default bill were announced by the Department of Education last month. The only stipulation that will affect our schools involves requiring entrance interviews. The majority of provisions apply only to schools with default rates of 20% or more.

Ms. Carr and Lawrence Tsen are planning a briefing session and trip to the Hill for interested OSR representatives on Friday morning prior to the annual meeting. A letter will be sent to the OSR the first week of July describing this opportunity.

IV. Old Business

Sheila Rege, M.D., reported on a discussion with the Group on Student Affairs Committee on Student Affairs regarding career counseling programs. The Committee recommended that several "model" programs be collected and compiled by AAMC staff for distribution to students and student affairs officers who requested assistance in improving the current programs at their institutions. Wendy Pechacek distributed a draft compilation of those programs she had collected, as well as entries from past OSR Networks. This piece includes offerings available in each of the four years, as well as those that are made available to all medical students. Dr. Rege asked that this draft be developed further and presented to the Committee for further discussion at their next meeting which is scheduled to be held at the annual meeting.

V. New Business

The OSR Administrative Board received, with regret, the resignation of Southern Region Chair, Kathleen Huff. Philip Noel, Southern Region Chair-elect, will be asked to attend the September 27 Administrative Board meeting.

VI. Adjournment

The meeting was adjourned at 4:00 p.m.