

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

January 4, 1974

TO: Bart Waldman  
FROM: Bob Boerner  
SUBJECT: Actions of the OSR Business Meeting of November 3-4, 1973

The following actions were taken by the OSR at its business meetings of November 3-4, 1973:

1. The attached Rules and Regulations Reforms were approved.
2. The attached Report of the Task Force on Financial Aid and OSR was approved.
3. The attached Report of the Task Force on Operational Aspects of OSR Was approved.
4. The Proposed Policy for Release of AAMC Information was approved.
5. The following national officers were elected.

Chairperson: Daniel Clarke-Pearson, Case Western School of Medicine

Vice Chairperson: Mark Cannon, Medical College of Wisconsin

Secretary: David Stein, Wayne State Univ. School of Medicine

Representatives-at-Large:

Russell Keasler, LSU-Shreveport School of Medicine

Elliott Ray, Univ. of Kentucky School of Medicine

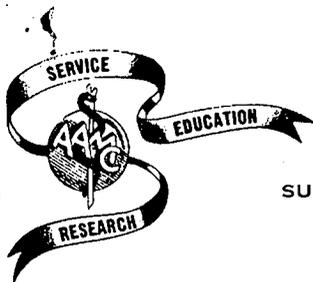
Ernest Turner, Univ. of Kansas School of Medicine

6. The attached Resolution on Primary Care Training was approved.
7. The attached Resolution on Safeguarding Data Systems was approved.
8. The attached Resolution on NIRMP was approved.
9. The attached Resolution on Medical School Curriculum was approved.
10. The attached Resolution on OSR Committee Placement was approved.
11. The attached Resolution on Random Admission Selection was approved.
12. The attached Resolution on the Pass-Fail System was approved.
13. The attached Resolution on Minority Applicant Pool was approved.

No formal actions were taken at the OSR Administrative Board Meetings of November 3 and 6, 1973.

RJB/vre

Dictated but not read.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

*file*

January 22, 1974

MEMORANDUM

TO: Bart Waldman

FROM: Bob Boerner

SUBJ: Actions of the OSR Business Meeting of November 3-4, 1973

The following actions were taken by the OSR at its business meeting of November 3-4, 1973:

1. Rules and Regulations Reforms.

ACTION: On motion, seconded and carried. The OSR approved the following change in wording of their Rules and Regulations:

That the words "chairman," vice chairman," etc., be changed to "chairperson," "vice chairperson," etc., in every instance where applicable.

ACTION: On motion, seconded and carried. The OSR approved the following addition in their Rules and Regulations section 4, Subtitle A, Section 1.

The Chairperson must be official OSR representative at the time of his or her selection, and must have attended the previous OSR annual meeting and the most recent official regional meeting of his or her OSR region. In the event that no OSR representative who satisfies these criteria desires to seek the office of Chairperson, the requirements of previous attendance shall be waived.

ACTION: On motion, seconded and carried, the OSR following the recommendations of the Administrative Board (September 7, 1973), approved the following changes in their Rules and Regulations:

Section 4, subtitle (a), section 2: This should be changed to read: "The Vice Chairperson, whose duties are to preside or otherwise serve in the absence of

the Chairperson. If the Vice Chairperson succeeds the Chairperson before the expiration of this term of office, such service shall not disqualify the Vice Chairperson from serving a full term as Chairperson." (Wherever appearing in the Rules and Regulations of the NSR, the words "Chairman-elect" shall be replaced by the words "Vice Chairperson." In the Rules and Regulations this will include changes in Section 4D, line 2; Section 4F, line 7; and Section 5, item 2.)

Section 4, subtitle (a), section 3: This section shall be replaced by the following: "The Secretary whose duties it shall be to (a) keep the minutes of each regular meeting, (b) maintain an accurate record of all actions and recommendations of the organization; and (c) insure the dissemination of minutes of each regular meeting and a record of all actions and recommendations of the organization and of the organization's representatives on the committees of the AAMC within one month of each meeting."

Section 4, subtitle (d): This shall be changed to read: "There shall be an Administrative Board composed of the Chairperson, the Vice Chairperson, the Representatives-at-Large, the Secretary, and one member chosen from each of four regions, which shall be congruent with the regions of the Council of Deans. Regional members of the Administrative Board shall be elected at the Annual Meeting by regional caucus."

Section 6, subtitle (d) shall be deleted and replaced by the following: "Formal actions may result by two mechanisms: (1) By a majority of those present and voting at meetings at which a quorum is present and (2) when three of four regional meetings have passed an identical motion by a majority of those present and voting."

Section 4, subtitle (e): This section would be eliminated completely.

Section 3, Membership: Add subtitle (c) "Each school shall choose the term of office of its representative in its own manner."

2. Election of National Officers.

On motion, seconded and carried, the Assembly elected the following national officers:

Chairperson: Daniel Clarke-Pearson, Case Western School of Medicine

Vice Chairperson: Mark Cannon, Medical College of Wisconsin

Secretary: David Stein, Wayne State University School of Medicine

Representatives-at-Large:

Russell Keasler, LSU-Shreveport School of Medicine

Elliott Ray, University of Kentucky School of Medicine

Ernest Turner, University of Kansas School of Medicine

3. Election of Regional Chairpersons.

Southern: Stan Pearson, Meharry Medical College

Northeast: Serena Friedman, New Jersey College of Medicine

Western: Cindy Johnson, University of Washington

Central: Lisa Bailey, Northwestern University

4. Resolution on Primary Care Training.

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

WHEREAS, the urgent need for primary care physicians in the U.S. has been made evident and,  
WHEREAS, the current mechanism for meeting much of this need is through the use of foreign medical graduates in community hospitals at the intern and resident levels, which in turn is depriving other countries of badly needed doctors, and  
WHEREAS, medical schools in the U.S. often provide inadequate exposure for medical students in the area of primary care and emphasize role models of the academic specialist, often to the exclusion of the primary care specialist; be it therefore  
RESOLVED that experience in primary care be incorporated into the core curriculum of each medical school as part of the required clinical training of all medical students, and  
RESOLVED, that the AAMC should work with the member institutions to achieve this goal.

5. Resolution on Safeguarding Data Systems.

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

WHEREAS, there are both potential and realized harmful consequences that may and have resulted from the use of automated and nonautomated personal data systems.

RESOLVED that the AAMC urge its member institutions to establish a mechanism with representation of all constituent groups within the academic health center and/or the medical college to develop a set of "safeguard requirements" for automated and nonautomated personal data systems that includes the following points:

- a. There must be no personal data record-keeping systems whose very existence is secret.
- b. There must be a way for an individual to find out what information about him is in a record and how it is used.
- c. There must be a way for an individual to be informed when information about him that was obtained for one purpose is being used or made available for other purposes without his consent.
- d. There must be a way for an individual to correct or amend a record of identifiable information about him.
- e. Any organization creating, maintaining, using, or disseminating records of identifiable personal data must assure the reliability of the data for their intended use and must take precautions to prevent misuse of the data.

6. Resolution on NIRMP.

ACTION: On motion, seconded and carried, the OSR membership approved the following resolution:

That the OSR (1) encourage continuing collection of data on the success of NIRMP operations via polling each Fall immediately following the Annual OSR meeting of all senior medical students via OSR mailing of a generated anonymous questionnaire (2) encourage NIRMP to investigate and enforce penalties against NIRMP violation (3) encourage NIRMP to reweigh and be more explicit in defining a student's liability when he/she participates in NIRMP.

7. Resolution on Medical School Curriculum.

ACTION: On motion, seconded and carried, the OSR membership approved the following resolution:

RESOLVED that medical school curricula require instruction of at least two lecture hours each in:

1. Nutrition
2. Medical ethics
3. Human sexuality
4. Medical hypnosis
5. Non-western medicine

Furthermore that

1. Nutrition
2. Medical ethics
3. Human sexuality

be required as integral parts of the curriculum taken by medical students.

8: Resolution on OSR Committee Placement.

ACTION: On motion, seconded and carried, the OSR membership approved the following:

WHEREAS, at present there is no direct mechanism for student input to the Coordinating Council on Medical Education, the Liaison Committee on Graduate Education or the Liaison Committee on Graduate Education be it therefore

RESOLVED: that the AAMC appoint a member of the OSR as one of its representatives to each of these committees.

9. Resolution on Random Admission Selection.

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

BE IT RESOLVED that the AAMC establish a committee to consider a feasibility study of the philosophical and technical aspects of random or partial random admission of qualified applicants to medical schools; the limitation of student applications should be considered.

10. Resolution on Pass-Fail System.

ACTION: On motion, seconded and carried, the OSR approved the following resolution.

BE IT RESOLVED that the OSR study the feasibility of instituting a pass-fail system in an effort to equalize the post-graduate training application process.

11. Resolution on Minority Applicant Pool.

ACTION: On motion, seconded and carried, the following resolution was approved by OSR:

BE IT RESOLVED that the causes for the minority applicant pool appearing to be leveling off need to be investigated more fully and that an OSR committee be created to do so.

No formal actions were taken at the OSR Administrative Board Meetings of November 3 and 6, 1973.

RJB/ad

## OSR CONSIDERS MAJOR ISSUES AT ANNUAL MEETING

Over 110 students representing 76 medical schools participated in Organization of Student Representatives Activities at the AAMC Annual Meeting in Washington, D.C. The accomplishments of the OSR business sessions on November 3 and 4 included election of national and regional officers, revision of the OSR Rules and Regulations, passage of a resolution to make available to applicants more admissions data from each medical school, and passage of a resolution on the release of student information. The newly elected national OSR officers are Daniel Clarke-Pearson, Case Western Reserve University School of Medicine, Chairman; Marc Cannon, Medical College of Wisconsin, Vice-Chairman; and David Stein, Wayne State University School of Medicine, Secretary.

During the morning of November 4, OSR held regional meetings, and that afternoon five OSR task force groups discussed the following topics: financial aid and OSR, confidentiality of student information and related issues, the operational aspects of OSR, legislation and medicine, and the Medical College Admissions Assessment Program in relation to the admission crisis. The discussions of these task force groups will become the basis for OSR programs for the coming year. On November 5, the students also enjoyed a bus tour of Washington and an evening at the theater.

ORGANIZATION OF STUDENT REPRESENTATIVES  
OF THE  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
MINUTES

BUSINESS MEETING

November 3-4, 1973  
Washington Hilton Hotel  
Washington, D. C.

1. Call to Order

The meeting was called to order by the Chairperson, Kevin Soden, at 8:15 p.m. Saturday, November 3, 1973, in the Military Room.

2. Roll Call

Mr. Soden declared the presence of a quorum. Seventy-seven member schools were represented.

3. Minutes of the Previous Annual Meeting

The minutes of the meeting held in Miami Beach, Florida, on November 2-3, 1972, were approved as written in the Agenda.

4. Chairperson's Report

The Chairperson, Kevin Soden, stated that the OSR is now being more widely recognized and its members are consulted earnestly for active student participation and input. He thanked the Regional Chairpersons for their successful Regional Meetings. He also thanked the Administrative Board for their efforts in making this past year a success, noting that "the continued working of the OSR during the year is through the Administrative Board." The Chairperson drew attention to an additional Administrative Board meeting held in September. He then commented briefly on several bylaw changes he felt necessary and "recommended" their approval. Attention was focused next on the five task forces: (1) MCAAP and the Admission Crisis (2) Legislation and Medicine (3) Student Information - confidentiality and related issues (4) Financial Aid and the OSR (5) Operational Aspects of OSR. Finally, it was announced that the OSR is now under a new division of the AAMC (Division of Student Programs and Services). He concluded with a brief rundown of the OSR events for the annual meeting.

5. Regional Reports

Three Regional Chairpersons gave reports of their Spring Regional Meetings.

Southern Region - H. Jay Hassell, Chairperson  
Western Region - Patrick Connell, Chairperson  
Central Region - Dan Clarke-Pearson, Chairperson

The Northeast Region, it was explained by Representative-at-Large Robert Kohn, did not have a quorum present at the Regional Meeting.

6. Report on Health Service Advisory Committee

Dan Clarke-Pearson, the OSR representative to this AAMC Committee, noted that the Primary Care Task Force focused on new delivery models for primary health care, primary care graduate training, and new health practitioners in primary care. The Quality of Care Task Force dealt with PSRO legislation and its implications for teaching hospitals. The HMO Prototype program was also discussed. He encouraged attendance at The Primary Care, Quality of Care Program being held November 7 at 9:00 a.m.

7. National Intern and Resident Matching Program (NIRMP)

Elliott Ray, OSR representative-at-large, gave an extensive history and progress report on NIRMP. The importance of NIRMP was reemphasized. Concern was voiced over continuing violations of the NIRMP honor code. He stated that an OSR member is now an official voting member of the NIRMP Board of Directors.

8. Medical Colleges Admission Assessment Program (MCAAP)

Alvin Strelnick presented a briefing on the development and present status of the MCAAP. He stated that representatives from OSR have been involved in the development of recommendations and the actual determination of the needs in admission assessment. He stated that the final report for MCAAP would be presented at this annual AAMC meeting. He also congratulated James C. Angel for his work in administering the project.

9. OSR Task Force Discussion Groups

Kevin Soden clarified the room assignments and time changes for the discussion groups.

A. 1:30 to 3:30 p.m.

1. MCAAP and the Admission Crisis  
Chairperson: Patrick Connell
2. Legislation and Medicine  
Chairperson: H. Jay Hassell
3. Financial Aid and OSR  
Chairperson: Alvin Strelnick
4. Student Information-Confidentiality and Related Issues  
Chairperson: Kevin Soden

B. 4:00-5:00 p.m.

1. Operational Aspects of OSR  
Chairperson: Dan Clarke-Pearson

C. 5:00-6:00 p.m.

1. MCAAP Seminar  
Discussion Leader: James Angel  
Panel: Mark Cannon, Joanne Scherr, Hal Strelnick

## 10. Action Items

- A. The Rules and Regulations Reforms as printed on page five of the Agenda were then presented and discussed item per item.

**ACTION:** On motion, seconded and carried, the OSR approved the following change in wording of their Rules and Regulations:

That the words "chairman," "vice chairman," etc., be changed to "chairperson," "vice chairperson," etc., in every instance where applicable.

**ACTION:** On motion seconded and carried, the OSR approved the following addition in their Rules and Regulations Section 4, Subtitle A, Section 1.

The Chairperson must be an official OSR representative at the time of his or her selection, and must have attended the previous OSR annual meeting and the most recent official regional meeting of his or her OSR region. In the event that no OSR representative who satisfies these criteria desires to seek the office of Chairperson, the requirements of previous attendance shall be waived.

**ACTION:** On motion, seconded and carried, the OSR, following the recommendations of the Administrative Board (September 7, 1973), approved the following changes in their Rules and Regulations:

Section 4, subtitle (a), section 2: This should be changed to read: "The Vice Chairperson, whose duties are to preside or otherwise serve in the absence of the Chairperson. If the Vice Chairperson succeeds the Chairperson before the expiration of his or her term of office, such service shall not disqualify the Vice Chairperson from serving a full term as Chairperson." (Wherever appearing in the Rules and Regulations of the OSR, the words "Chairman-elect" shall be replaced by the words "Vice Chairperson." In the Rules and Regulations this will include changes in Section 4D, line 2; Section 4F, line 7; and Section 5, item 2.)

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Section 4, subtitle (a), section 3: This section shall be replaced by the following: "The Secretary whose duties it shall be to (a) keep the minutes of each regular meeting, (b) maintain an accurate record of all actions and recommendations of the organization; and (c) insure the dissemination of minutes of each regular meeting and a record of all actions and recommendations of the organization and of the organization's representatives on the committees of the AAMC within one month of each meeting."

Section 4, subtitle (d): This shall be changed to read: "There shall be an Administrative Board composed of the Chairperson, the Vice Chairperson, the Representatives-at-Large, the Secretary, and one member chosen from each of four regions, which shall be congruent with the regions of the Council of Deans. Regional members of the Administrative Board shall be elected at the Annual Meeting by regional caucus."

Section 6, subtitle (d) shall be deleted and replaced by the following: "Formal actions may result by two mechanisms; (1) By a majority of those present and voting at meetings at which a quorum is present and (2) when three of four regional meetings have passed an identical motion by a majority of those present and voting."

Section 4, subtitle (e): This section would be eliminated completely.

Section 3, Membership: Add subtitle (c) "Each school shall choose the term of office of its representative in its own manner."

- B. Chairperson-elect speaks to Resignation. Alvin Strelnick, Chairperson-elect, 1972-1973, spoke to his letter of resignation which had been accepted by the Administrative Board. He explained that he resigned with the intention to submit his name for renomination under the new Rules and Regulations as presented.

## 11. Additional Topics of Discussion

- A. The chairperson reasserted the importance of continuity to the successful operation of the OSR and gave additional explanation about the alternate and official OSR representative. He stressed that the official representative is the only voting member at the OSR meeting.

## 12. Recess

The meeting was recessed at 11:50 p.m., to be reconvened Sunday, November 4, at 8:00 p.m.

13. OSR Business Meeting Reconvened: November 4, 1973

A. Call to Order

The Chairperson, Kevin Soden, called the meeting to order at 8:40 p.m., Sunday, November 4, in Georgetown West Room.

B. Determination of Quorum

Quorum was declared.

14. Regional Chairperson Reports

The four regional chairpersons gave reports of the business in their respective regional meetings held earlier that day. Two regions announced the election of their new 1973-74 Regional Representatives to the OSR Administrative Board (the other two were elected at the conclusion of this business session but are included here in the minutes for continuity). The new regional representatives are:

Southern:	Stan Pearson, Meharry Medical College
*Northeast:	Serena Friedman, New Jersey College of Medicine
*Western:	Cindy Johnson, University of Washington
*Central:	Lisa Bailey, Northwestern University

\* Minutes of these meetings constitute Addenda items #1, #2, and #3 of these minutes.

15. Task Force Reports

The detailed reports of three of the OSR Task Forces are included as Addenda items #4, #5, and #6. The following is an abbreviated outline of each Task Force's presentation.

A. Financial Aid and OSR

1. Alvin Strelnick reported briefly on the decrease in loans and scholarships available to medical and graduate students. The Recommendations of the Task Force were approved by the OSR Assembly (See Addendum #4).
2. Martin Wasserman explained the National Health Service Corps and the important role medical students could help play in fulfilling its objectives. He left his address for those who desired further information.

Martin Wasserman  
NHSC, RM, 6-05 Parklawn  
5600 Fishers Lane  
Rockville, Maryland

B. Legislation and Medicine

Joanne Scherr reported briefly on (a) Federal Assistance to the Health Professions, (b) The Federal Appropriation Process, (c) The status and future of Health Maintenance Organizations, (d) Research Ethics and Research Training. She stated that a good deal of this information is distributed in the AAMC weekly letter of Dr. Cooper and encouraged all members to read it regularly in order to keep abreast of important legislative issues.

C. MCAAP and the Admission Crisis

Patrick Connell explained what great progress has been made during the past year. He explained many of the programs and ideas which have been initiated by medical schools and undergraduate colleges. He expressed the hope that these changes would help relieve many psychological pressures of medical school admissions. He stressed improved guidance from pre-med advisors and a more realistic appraisal of applicant's abilities.

D. Student Information-confidentiality and Related Issues

Kevin Soden reported that his group opposed release of any student's name and school by the AAMC without the expressed approval of that individual and/or the OSR administrative board. They recognized many requests for medical student and school listings were made to AAMC each year but requested that personal student information be placed in the "Restricted" classification under the AAMC's proposed policy for release of information.

E. Operational Aspects of OSR

Dan Clarke-Pearson reported that his task force spent the first hour in evaluating the OSR, examining the function of the Administrative Board and elucidating the numerous AAMC committees and the degree of student participation on them. The recommendations of the Task Force (see Addendum #6) were approved by the entire OSR Assembly.

16. Information Items

- A. Resolution on the NIRMP - attention was called to this resolution printed completely on page 17 of the Agenda and the fact that it was passed September 7, 1973, by the OSR Administrative Board.

B. Proposed Policy for Release of AAMC Information

ACTION: On motion, seconded, and carried.

The OSR approved the proposed policy for release of AAMC information as printed on page 18 of Agenda, with the stipulation that any information including the names of individual medical students be in the "restricted" category, and that this information be released only with the approval of that individual and/or the OSR Administrative Board.

C. AAMC Executive Council recommendation to increase CAS and COTH Assembly Representation - The complete recommendation was printed on page 17 of the Agenda. It was noted that the number of voting assembly delegates of the OSR would continue to be 10 percent of the OSR membership.

D. Proposed Policy Guidelines on Extramural Academic Experiences -

These policy guidelines were written by the Division of Student Programs and Services. It is their intent that an application of them would keep to a minimum future misunderstandings related to unexpected monetary charges, supervisory responsibilities and academic record keeping.

E. Resolution on Availability of Admissions Data - This resolution had passed at three OSR spring regional meetings. It was written by Mark Cannon. As noted on pages 22-23 of the Agenda, it had been adopted by The OSR Administrative Board in June, 1973, and was presented to the AAMC Resolutions Committee in September, 1973. (This resolution was adopted, with modification, by the AAMC Assembly on November 6, 1973; see Addendum #7.)

F. Student Administrative Listing - Elliott Ray gave an explanation of a study he has attempted to coordinate concerning student input to administrative activities. He presented summary drafts on his study to date, based on returns of less than 16 percent. He encouraged the OSR representatives to disregard the old forms, and stated that new ones would be sent to the OSR representatives shortly.

G. Medical Colleges Admission Assessment Program - The MCAAP goal of providing more information to prospective applicants and actual applicants, to medical school people directly involved with admissions, and to premedical advisors was singled out. OSR representatives were acknowledged for active participation.

H. Summary of U. S. Medical Schools Using EDP and/or Uniform Acceptance Dates in Admitting 1974-75 Entering Class - The present status of study was briefly presented. It was noted that 51 medical schools had agreed to use EDP and 69 schools were to use the uniform acceptance dates. The purpose of the AAMC staff committee has been to make the admission process more equitable and less wasteful. It was hoped that their suggestions about the application process would help reduce uncertainty and anxiety of applicants. Prompt rejection letters to those who are "clearly non-competitive" would also allow these applicants to make alternative plans.

I. Calendar of 1974 OSR Regional Meetings - The following dates and locations were identified for spring meetings:

<u>Region</u>	<u>Dates</u>	<u>Location</u>
West	3/31-4/2	Asilomar, California
South	4/11-4/13	Birmingham, Alabama
Northeast	4/29-5/1	White Sulphur Springs, West Virginia
Central	5/2-5/4	Minneapolis, Minnesota

J. Guidelines for consideration of Resolutions by the AAMC Resolutions Committee - It was pointed out that by AAMC Executive Council action on June 22, 1973, future resolutions would adhere to the four guidelines as outlined on page 39 of the Agenda. In addition, attention was placed upon the function and role of the AAMC Resolutions Committee and upon the OSR representative to that committee.

17. Election of National Officers

A. The following OSR members were nominated OSR officers for 1973-74.

1. Chairperson

- a. Daniel Clarke-Pearson, Case Western Reserve School of Medicine
- b. Alvin Strelnick, Yale University School of Medicine
- c. Elliott Ray, University of Kentucky School of Medicine

2. Vice Chairperson

- a. Fred Sanfilippo, Duke University School of Medicine
- b. Mark Cannon, Medical College of Wisconsin
- c. Dale Antanitus, University of Rochester School of Medicine

3. Secretary

- a. Richard A. Marfuggi, University of Vermont College of Medicine
- b. Bob Rosenbaum, University of Michigan Medical School
- c. David Stein, Wayne State University School of Medicine

4. Representatives-at-large

- a. David Van Wyck, University of Arizona College of Medicine
- b. Michael Victoroff, Baylor College of Medicine
- c. Stan Pearson, Meharry Medical College
- d. Elliott Ray, University of Kentucky College of Medicine
- e. Frank Handle, University of Pennsylvania School of Medicine
- f. Russ Keasler, LSU-Shreveport School of Medicine
- g. Joel Davin, Boston University School of Medicine
- h. Ernie Turner, University of Kansas School of Medicine
- i. Paul Pitel, Brown University Medical College
- j. Burt Adelman, Cornell University School of Medicine
- k. Jerry Zeldis, Yale University School of Medicine

B. The following OSR members were elected for 1973-74 offices:

1. Chairperson - Daniel Clarke-Pearson, Case Western Reserve School of Medicine
2. Vice Chairperson - Mark Cannon, Medical College of Wisconsin
3. Secretary - David Stein, Wayne State University School of Medicine
4. Representatives-at-large
  - a. Russ Keasler, LSU-Shreveport School of Medicine
  - b. Elliott Ray, University of Kentucky School of Medicine
  - c. Ernie Turner, University of Kansas School of Medicine

18. New Business

- A. Resolution on Primary Care Training, submitted by Fred Sanfilippo, Duke University, and Kevin Soden, University of Florida:

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

WHEREAS, the urgent need for primary care physicians in the U.S. has been made evident and,

WHEREAS, the current mechanism for meeting much of this need is through the use of foreign medical graduates in community hospitals at the intern and resident levels, which in turn is depriving other countries of badly needed doctors, and

WHEREAS, medical schools in the U.S. often provide inadequate exposure for medical students in the area of primary care and emphasize role models of the academic specialist, often to the exclusion of the primary care specialist; be it therefore RESOLVED that experience in primary care be incorporated into the core curriculum of each medical school as part of the required clinical training of all medical students, and  
RESOLVED, that the AAMC should work with the member institutions to achieve this goal.

B. Resolution on Safeguarding Data Systems, submitted by Kevin Soden, University of Florida:

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

WHEREAS, there are both potential and realized harmful consequences that may and have resulted from the use of automated and nonautomated personal data systems.

RESOLVED that the AAMC urge its member institutions to establish a mechanism with representation of all constituent groups within the academic health center and/or the medical college to develop a set of "safeguard requirements" for automated and nonautomated personal data systems that includes the following points:

- a. There must be no personal data record-keeping systems whose very existence is secret.
- b. There must be a way for an individual to find out what information about him is in a record and how it is used.
- c. There must be a way for an individual to be informed when information about him that was obtained for one purpose is being used or made available for other purposes without his consent.
- d. There must be a way for an individual to correct or amend a record of identifiable information about him.
- e. Any organization creating, maintaining, using, or disseminating records of identifiable personal data must assure the reliability of the data for their intended use and must take precautions to prevent misuse of the data.

- C. Change in Rules and Regulations of the Organization of Student Representatives, submitted by Jacqueline Wertsch, Medical College of Pennsylvania:

**ACTION:** Following discussion, on motion, seconded and carried, the OSR approved the following resolution calling for a change in the Rules and Regulations under Section 3 entitled Membership.\* It is to read as follows:

Section 3 Membership

(A) An OSR representative shall be a medical student representing an institution with membership on the Council of Deans, selected by a process appropriate to the governance of the institution. The selection should facilitate representative student input. Each such representative must be certified by the dean of the institution to the Chairman of the Council of Deans.

(B) Each OSR representative shall be entitled to cast one vote at meetings of the Organization.

(C) Each institution with an OSR representative may select an OSR alternate who may attend regional and annual OSR meetings.

- D. Resolution on NIRMP, submitted by Jacqueline Wertsch, Medical College of Pennsylvania; and the Northeast Region:

**ACTION:** On motion, seconded and carried, the OSR membership approved the following resolution:

That the OSR (1) encourage continuing collection of data on the success of NIRMP operations via polling each Fall immediately following the Annual OSR meeting of all senior medical students via OSR mailing of a generated anonymous questionnaire (2) encourage NIRMP to investigate and enforce penalties against NIRMP violation (3) encourage NIRMP to reweigh and be more explicit in defining a student's liability when he/she participates in NIRMP.

- E. Resolution on Medical School Curriculum, submitted by Serena Friedman, New Jersey Medical College:

\*Since this Rules and Regulations change was not circulated 30 days prior to the annual meeting, it must be circulated 30 days prior to, and approved at, the next annual meeting in order to become part of the OSR Rules and Regulations.

**ACTION:** On motion, seconded and carried, the OSR membership approved the following resolution:

RESOLVED that medical school curricula require instruction of at least two lecture hours each in:

1. Nutrition
2. Medical ethics
3. Human Sexuality
4. Medical hypnosis
5. Non-Western medicine

Furthermore that

1. Nutrition
2. Medical ethics
3. Human Sexuality

be required as integral parts of the curriculum taken by medical students.

**F.** Resolution for OSR Committee Placement, submitted by Fred Sanfilippo, Duke University:

**ACTION:** On motion, seconded and carried, the OSR membership approved the following:

WHEREAS, at present there is no direct mechanism for student input to the Coordinating Council on Medical Education, the Liaison Committee on Medical Education or the Liaison Committee on Graduate Education be it therefore

RESOLVED: that the AAMC appoint a member of the OSR as one of its representatives to each of these committees.

**G.** Resolution on Random Admission Selection, submitted by Jerry Zeldis, Yale University:

**ACTION:** On motion, seconded and carried, the OSR approved the following resolution:

BE IT RESOLVED that the AAMC establish a committee to consider a feasibility study of the philosophical and technical aspects of random or partial random admission of qualified applicants to medical schools; the limitation of student applications should be considered.

**H.** Resolution on Pass-Fail System, Submitted by Joel Daven, Boston University:

**ACTION:** On motion, seconded and carried, the OSR approved the following resolution:

BE IT RESOLVED that the OSR study the feasibility of instituting a pass-fail system in an effort to equalize the post-graduate training application process.

I. Resolution on Minority Applicant Pool, submitted by Serena Friedman, New Jersey College of Medicine:

ACTION: On motion, seconded and carried, the following resolution was approved by OSR:

BE IT RESOLVED that the causes for the minority applicant pool appearing to be leveling off need to be investigated more fully and that an OSR committee be created to do so.

19. Adjournment to Regional Elections

The meeting was adjourned at 12:25 a.m.

Respectfully submitted

H. Jay Hassell  
Southern Regional Chairperson  
Acting Secretary

## ADDENDUM #1

### Minutes Western Region OSR

The Western Region representatives of the OSR met twice during the National meetings with ten of the fourteen schools represented. A large part of the first meeting was spent in the orientation of new OSR representatives and discussion of the structure and function of the AAMC and the role of OSR within the organization. The NIRMP proposal was discussed and Elliott Ray answered questions and further clarified the issues.

The following officers were chosen:

Chairperson: Cindy Johnson  
University of Washington  
Seattle, Washington

Vice-Chairperson: Joanne Scherr  
USC  
Los Angeles, California

Secretary: Craig Moffat  
University of Utah  
Salt Lake City, Utah

During the second meeting we talked about the potential of the OSR and the problems of continuity. Each representative will try to bring the new OSR representative with them to the regional meeting in the spring. Women's issues were also discussed, particularly in regard to the general lack of sensitivity to these issues by many of the OSR representatives. There was some thought of planning a session on women's issues for the next National meeting.

## APPENDUM #2

### Minutes

Central Region OSR Business Meeting  
10:00 a.m. - 12:00 noon  
November 4, 1973

Chairperson - Daniel L. Clarke-Pearson  
Case Western Reserve University

I. Following some opening remarks, there was a brief discussion of the previous evening's OSR Business Meeting and a look ahead to the upcoming Task Force and OSR Business Meetings scheduled for later in the day.

II. Report of Action Taken on Central Region Items. Dan Clarke-Pearson reviewed Central Region Action items adopted at the spring regional meeting and what action has been taken on these items:

A. NIRMP Resolution. Following general discussion, Elliott Ray told the region why our resolution was modified in order to be suitable for adoption by the AAMC. Although the Central Region understood this, it was still felt that there needed to be found a more effective threat to deter internship and residency programs from violating NIRMP rules.

B. Suggestions on the "4 Stage Plan to Alleviate the Admissions Crisis". The history and structure of the plan was discussed. The Central Region's proposed alterations were then outlined. It was pointed out the extent to which these have been implemented to date (i.e., Information Dissemination, Early Decision Plan, and Uniform Acceptance Dates).

Mark Cannon's "Resolution on the Availability of Admissions Data" and the Central Region's "Resolution on Information Dissemination to Pre-Medical Students" were mentioned. (I would like to inform the Region that both resolutions were adopted by the AAMC Assembly on Tuesday, November 6, 1973.)

C. MCAAP. Regional MCAAP Task Force representative Mark Cannon outlined briefly the progress and present status of the MCAAP. He urged the members to attend the "MCAAP Program" scheduled for later that day.

D. Catalogue of Student Officers. This catalogue, which was adopted by the Central Region, has become a national priority. The members were urged to return all questionnaires regarding this project.

E. Resolution on Open Records. This resolution, written by Gene Stringer, has been forwarded to the Task Force on Student Records which met later that day. This resolution was incorporated into another resolution which was adopted by the OSR.

F. Resolution for More Rapid Action on OSR Items by Mark Cannon. This resolution was approved by the OSR Administrative Board and was included as a change in the OSR Rules and Regulations which were approved the previous evening at the OSR Business Meeting.

III. Report of Central Region AAMC Meeting. Although the Central Regional OSR did not officially participate in this meeting, several members attended as observers. Bob Rosenbaum reported on the major topic of discussion--the proposed alterations in the National Board Examinations.

The Central Region has been very interested in several aspects of the National Boards for the past two years, so this discussion renewed interest. Mark Cannon reported on some research he has been doing related to the National Boards and promised to keep the region informed on new items.

Robert Lemanske reported that the University of Wisconsin's study of selection criteria for internships ranked National Board Scores about fifth behind personal recommendations and several other criteria. Bob will distribute this study to the Central Region in the near future.

Finally the Central Region decided to investigate the possibility of having (a) student(s) placed on the Advisory Board of the National Board of Examiners.

IV. Election of Regional Officers. The following people were elected to serve as Central Region officers for the coming year:

Chairperson - Lisa Bailey  
Northwestern

Vice-Chairperson - Dan Plautz  
University of Missouri-Columbia

Secretary - Holly Doyne  
University of Minnesota

Respectfully Submitted

Daniel L. Clarke-Pearson

ADDENDUM #3

Minutes  
The Northeastern Region

Meeting of November 4, 1973

1. Discussion of the NIRMP - The National Intern and Residency Matching Program - use of an anonymous form for violation reportage
  - whether accreditation should be threatened for violations
  - the use of fines or blacklisting programs from catalogue as penalties for violations
2. Grading systems at the various schools
3. Letter to the American Psychiatric Association - motion tabled
4. Sub-division into three sub-regions:
  - Northern: Rhode Island, Mass., Vermont, New Hampshire, Conn.
  - Central: New York, New Jersey
  - Southern: Washington, D.C., Maryland, Maine, Penn.
5. Meetings of the Sub-Regions and Selection of their representatives:
  - a. Paul Pitel, 60 Charlesfield St., Providence, R.I. 02906
  - b. Serena Friedman, 43 Glenwood Rd., Upper Montclair, N.J.
  - c. Tessa Fischer, 4504 MacArthur Blvd. NW, Wash. D.C. 20007
6. Additional report of meeting in detail by Robert Kohn, sent to National OSR

Meeting of November 5, 1973

1. Selection of one Regional Chairperson from the three Sub-Regional Representatives - Serena Friedman of the NY-NJ sub-region was selected.
2. Vote on Regional Resolutions:
  - a. Prison Health Resolution - Passed, text to follow in next letter
  - b. Minority Representation on OSR Resolution - inviting Black, Puerto Rican, Indian, and Chicano minority medical students to sit as official members of the OSR General Assembly - Tabled
  - c. Regional GSA Meeting Resolution - The scheduling of the Group on Student Affairs regional Northeast meeting at White Sulphur Springs, West Virginia was felt to be in an obscure location outside the region and not easily reachable by our regional representatives. The following resolution was PASSED:

RESOLVED: The Northeast Region recommends that

1. In the future the interests of Student Representatives to OSR should be considered with respect to transportation costs and difficulties when scheduling the annual regional meetings;
2. This year the Northeastern OSR representatives will meet at a location convenient to the majority of OSR representatives and alternates on a date before the April 29th GSA Northeast Meeting;

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3. The Northeast Region will send student representatives to the GSA Meeting in West Virginia
- d. Hospital Workers Union 1199 Resolution: (From Rick D'Amico)  
The following resolution from the NYU Representative was modified and passed after much discussion, some of which follows:

RESOLVED: "That the Northeast Region of the OSR opposes the selective regulation of the Health Services Industry by the Federal Government via the Cost of Living Council and supports the right of Health Services workers to unionize in order to bargain for better wages and working conditions."

As related during the discussion Local 1199, a union including non-medical hospital workers at the non-voluntary hospitals, signed a contract with hospitals asking for a 7 1/2 percent annual increase in wages for the two year period beginning June, 1972, subject to approval of the Cost of Living Council. This money had been budgeted and the contracts signed but the Council only approved the first year's increase and not the second. The Local 1199 union workers did go out on strike as of this writing. This resolution in support of these workers addresses itself to the issue of the selective regulation and discriminatory regulation of the health industries, adversely affecting health services personnel.

3. AAMC COMMITTEES - Attached is an incomplete list of committees on which OSR Representatives may sit if selected by the OSR Administrative Board. A more complete list plus application forms will follow in a future letter. Interested students are URGED to join these committees to help balance the inequality or lack of Northeastern representation on the elected Administrative Board. (Forward applications to your Sub-Regional Representative.)
4. November 5th Meeting with the Administrative Board - The follow-up on resolutions passed by the Northeastern Region and submitted to the other regions for approval is that more documentation and historical background must be provided regarding the resolutions on Prison Health and Hospital Workers Union 1199 Support. This information by the proposers of the resolutions should be sent as soon as possible to Serena Friedman, the NE Region Representative.

The Administrative Board of OSR will meet January 11, 1974 in Washington, D.C. All Northeastern Sub-regions are urged to meet with their school representatives prior to this date and all new business should be forwarded to the Regional Representative.

THE GREATER NORTHEASTERN NEW YORK-NEW JERSEY SUB-REGION  
OF THE NORTHEASTERN REGION OF THE OSR

The following summarizes the discussions and actions of the sub-region at their November 5th, 1973 meeting in Washington, D.C. at the Annual OSR Meeting:

(See attached list of those representatives attending this meeting.)

1. The Draft - Discussion centered on those medical students already committed to serving, etc. Burt Adelman of Cornell Medical School will do further research on this issue and report back to the region.
2. Family Practice Programs - Eric Sened of Columbia is interested in a listing of available programs in the Northeastern area, especially in New York City, for undergraduate Medical School electives. This request is to be forwarded to proper channels (i.e. the N.Y. Chapter of the Academy of Family Practitioners) along with a request to initiate additional N.Y. programs.
3. A National Electives Catalogue - A unanimous decision was reached to press for a listing nationally for all available electives available to third and fourth year students at the various medical schools. In addition, all representatives in the Northeastern Region are requested to collect a listing of available electives at your own schools and forward this list to your sub-regional representative. A final list, then, will be available through the Regional representative.
4. NIRMP Violations Form - National Intern and Residency Matching Program Questionnaire - This anonymous form which permits violations of NIRMP to be described will be distributed to seniors at all the NY-NJ Sub-Region Schools (attached).
5. Resolution on Athletic Facilities - The sub-region asks the other sub-regions to discuss the following resolution and to plan to vote on it regionally:

RESOLVED: "Athletic facilities should be made available by each Medical School for student use, open at times convenient for student use, adequate to accommodate the numbers of students desiring them, and should be included into future planning (adjacent to or within proposed structures)."

6. Resolution on Child-Care Facilities - The sub-region also requests each sub-region to consider and vote/discuss the following resolution:

RESOLVED: "Childcare facilities should be incorporated into future planned Medical School constructions and where possible should be available in existing institutions."

7. Grading Systems - Regarding the feasibility of uniform pass/fail grading systems, one member requests each school representative to forward to the Regional Representative a description of the grading system used at his/her school.
8. Evaluation of the Clinical Rotations - The sub-region asks other sub-regions to consider the following resolution:  
  
RESOLVED: "There is a need for continuous ongoing evaluation from teaching staff during the clinical rotations."- 9. Hospital Internship - Residency Programs - The sub-region asks the other sub-region to consider the following resolution:  
  
RESOLVED: "The AAMC should annually request its member programs to submit information on what factors are used as criteria for acceptance into their programs, how these factors are weighed, and of those accepted what qualifications made them acceptable." (i.e. grades, recommendations, minority, sex, interviews, etc.)
- 10. Systems Approach - i.e. Cardiovascular, used in teaching - One representative wants to know which schools use this approach in the region.
- 11. Payment for Acting Internships - One representative wants to know how many schools pay students who are acting interns in their clinical years (ex: Cornell pays tuition, room and board)
- 12. Attendance at (Sub) Regional Meetings - Our Sub-Region has elected to invite students and representatives of other student organizations to their meetings (such as SNMA, MCHR) and encourages other sub-regions to do so.
- 13. Resolution Concerning Local 1199 - A resolution was formulated concerning the hospital workers union 1199 by the NYU representative.\* The background of this issue and the final form in which the region passed this resolution follows in the regional report. (The Administrative Board of OSR desires more documentation and historical background on this resolution before it can endorse it. Will the NYU representative please forward this before January 11, 1974.)

\* Rick D'Amico

Serena Friedman - Chairperson  
The Greater Northeastern NY-NJ  
Sub-Region  
College of Medicine and Dentistry  
of New Jersey at Newark (CMDNJ)  
OSR Representative  
100 Bergen Street  
Newark, New Jersey

TO: David Stein  
OSR Secretary

FROM: Hal Strelnick

SUBJECT: Report of the Task Force on Financial Aid and OSR

The OSR Task Force on Financial Aid met from 1:30 to 4:00 p.m. on Sunday, November 4, 1973 in the DuPont Room of the Washington Hilton Hotel during the AAMC Annual Meeting. Discussion was begun by soliciting questions and areas of particular concern from the participants to be focused upon during the discussion. These were incorporated in the discussion as the Task Force followed the revised outline (see below) that provided historical background and identification of existing financial resources available to medical and health science students. In attendance with members of the OSR was a reporter for Medical World News who is researching this problem. Due to a conflict in scheduling, no member of the GSA Committee on Financial Problems of Medical Students was able to attend.

Federal, state, and private involvement in financial aid was identified with a short background of the development of each. Discussion focused primarily on the new directions federal loan and scholarship support seems to be heading. Current Administration proposals would shift support from institutions to students and from existing loan and scholarship programs to administration by the National Health Service Corps, which would require post-graduate service in medically indigent areas for financial support during medical school. The future of federally insured loan programs did not seem to be clear. The concept of an Educational Opportunity Bank was explained and discussed. Such a deferred tuition program was proposed in the HEW "Mega-proposal" for all higher education, but its present state in terms of pending legislation or appropriation was not known. Experimental models already are working at Yale University, for example, and other institutions with Ford Foundation grants. It was felt that such a Bank need not be only a Federal program, but either a state or private program as well.

The cost of medical education was discussed, particularly in regard to criticism leveled by the current Administration that medical schools and other educational institutions falsely depress tuition charges. The example of the University of Colorado Dental School was cited and discussed. Tuition charges there are \$10,000 and approach the said costs of education; however, no student can afford such tuition. The state provides loans with up to 80% forgiveness for practicing in indigent areas. Even with such forgiveness, students would still have \$8,000 in debts after dental school and service, plus whatever debts might have been accumulated in college. The magnitude of such debts certainly would reduce the "buy-out" rates; however, these would also create financial pressures that even the most idealistic graduate could not avoid. Students from low income backgrounds have shown considerable reluctance in the past for accumulating even considerably smaller debts, so even with such loans available, such "apparent costs" might prohibit their interest or entrance

in such programs. Unquestionably, these costs would be eventually passed on to the medical consumer.

The question of "who should pay for medical education?" divided the Task Force as it has other groups which have examined this question. The current Administration has raised the question of whether students of such high earning potential as medical students should be underwritten to such a great extent as they have in the past. Already capitation grants to medical schools seem to be threatened with elimination. If the AAMC Task Force on Financing Medical Education is, indeed, correct in estimating the per student /per year costs at \$15-25,000, who is to pay for this? Although the student is the direct benefactor, he or she cannot afford such costs at the time he or she receives medical education. Accumulated debts of young medical graduates at present scales (\$5-15,000 for college and medical school) are already feared to be passed on to medical consumers and to serve as deterrents for entering the most needed medical specialties (e.g., family practice). Increased debts would not only exacerbate this, but would also eliminate the low-income student so important to recent attempts to increase student heterogeneity and identify students likely to practice in medically indigent areas and specialties. Although not the direct benefactor, both society and patients receive the services provided. Medical center patients receive the non-learning medical student services (so-called "scut") as well as the common role of "patient advocate" played by students with their far busier instructors. Society, of course, receives the medical services provided by the post-graduate, as intern, resident, practitioner, and researcher. It seems clear that the division in the Task Force, and elsewhere, results from the unnecessary dichotomy drawn about "who pays?". Society and the student must share the costs. The formula for such sharing must recognize the benefactors of all existing "learning services" and proportion costs accordingly. All these issues seem to argue for the establishment of an Educational Opportunity Bank, among other methods of financial assistance.

Finally, a full consensus of the Task Force agreed upon and recommended the following policies:

- 1) The AAMC, OSR, and GSA Committee on the Financial Problems of Medical Students should be active in promoting continued and increased heterogeneity in the variety and sources of financial aid. Though the Task Force welcomes financial aid support connected to a service commitment in medically indigent areas, it rejects a monopoly of that or any other single form of financial aid. A heterogeneous student body requires a variety of methods for solving its financial aid problems.
- 2) The AAMC should encourage and assist in the generation of sources of financial aid from the private sector, such as the First Chicago University Financing Corporation. This should include investigation of the feasibility of promoting student community contact to result in mutually negotiated aid support in exchange for service. Either a community listing available to interested students or a matching program should be considered.
- 3) The AAMC should investigate the feasibility and creation of an Educational Opportunity Bank, such as that proposed in the so-called HEW "Mega-proposal" and the Association's own report on Expanding Educational Opportunities for Minorities, based on a tuition deferment and repayment plan. Sources in both the public and private sector should be explored.
- 4) The AAMC should increase significantly communication to students and medical schools concerning the available sources of financial aid as well as

relevant legislation and government policy development. This might take the form of a single publication or newsletter. A specific example of this shall be OSR's cooperation with the National Health Service Corps in disseminating information and arranging programs at individual medical schools.

5) It should be an AAMC policy that the requirement of financial aid should not affect a student's admission or retention in medical school. That is to say, every student should be able to find some sort of financial support.

6) It shall be an AAMC policy that medical schools be open and candid about their methods of awarding financial aid with their students, specifically as to minimum need levels, determination of need, policy of scholarship and/or loan awards, etc. There shall be legitimate channels for grievances concerning aid awards for students at each school.

These policies were presented to the OSR assembly and approved unanimously.

The Task Force agreed that, as financial aid was an on-going problem with few answers in sight, it would continue through correspondence. The chairman will submit position papers to the membership for criticism and revision; revised positions will be submitted to Regional and National meetings for discussion and action.

OSR TASK FORCE ON FINANCIAL AID AND OSR, November 4, 1973  
Dupont Room, Washington Hilton Hotel  
Washington, D.C.

I. Identifying existing sources of aid to medical students

A. Federal sources

1. National Defense Education Act
2. Health Professional Education Assistance Act of 1963
3. Comprehensive Health Manpower Training Act of 1971 (PL 92-157)
4. Emergency Health Personnel Act Amendments of 1972, etc. (PL 92-585)
5. Federal agencies
  - a. Public Health Service
  - b. Armed Forces Health Professions Scholarship Program (PL 92-425)
  - c. National Health Service Corps
6. Goals and problems
  - a. Instability of funding (impoundment, etc.)
  - b. Priorities--distribution, specialty, income groups
  - c. Access and information

B. State sources

1. Local scholarships and loans (variation)
2. Programs of aid tied to a service commitment
3. Goals and problems
  - a. Service commitment (legality, changed career plans, etc.)
  - b. Limitation of resources and eligibility

C. Private sector sources

1. Federally Insured Student Loan Program
2. First Chicago University Finance Corporation
3. United States Aid Fund
4. Bank of American Student Opportunity Loan Program
5. AMA Education and Research Foundation
6. National Medical Fellowships, Inc.
7. Robert Wood Johnson Foundation Student-Aid Program

D. Medical students and employment

1. Non-medical work
2. Medically-related employment
  - a. MECO, PHS grants, etc. (i.e., summer support)
  - b. Paid externships ("moonlighting")
  - c. Medical student labor ("scut")

II. Generating other sources

- A. Service-related financial aid--the community commitment
- B. OSR's "Matching Program for Redistribution of Health Personnel"
- C. Educational Opportunity Bank
- D. OSR's role in development (generating data, etc.)

III. Policy

- A. Effect on admission or retention, attracting low-income students, etc.
- B. Availability of information at institutional level, grievance, award policy, etc.
- C. Consortium of 12 Medical Schools--"unit loan" policy
- D. External audit of need--policing need
- E. Awards in relation to specialty or area of practice
- F. Who should pay for undergraduate medical education? How much?
- G. OSR and AAMC roles and policies

A good summary of available sources is to be found in Chapter 4, Medical School Admission Requirements, 1974-75, AAMC, Washington, D.C., 1973 (pp.30-41).

See also, Financial Information National Directory/'72: Health Careers, Chicago, AMA, 1972. (\$2.95)

## TASK FORCE ON FINANCIAL AID AND OSR

### Participants

- |   |                               |                       |
|---|-------------------------------|-----------------------|
| 1. Jerry Bettinger  | University of Texas Med. Sch. | Houston, Texas        |
| 2. Sue Boetteher  | Univ. of Colo. School of Med. | Denver, Colo.         |
| 3. Robert Boska   | SUNY-Upstate Med. Center      | Syracuse, N.Y.        |
| 4. Beane Crandall   | Emory Med. School             | Atlanta, Ga.          |
| 5. John Guercio   | Tufts Med. School             | Boston, Mass.         |
| 6. Cindy Johnson  | Univ. of Washington Med. Sch. | Seattle, Wash.        |
| 7. S. Russ Keasler  | LSU-Shreveport School of Med. | Shreveport, La.       |
| (GSA Committee on Financial Problems of Medical Students) |                               |                       |
| 8. Bob Lemanske   | Univ. Wisconsin Med. School   | Madison, Wisc.        |
| 9. Henry H. Macer   | Albany Medical College        | Albany, N.Y.          |
| 10. Rick Marfuggi   | Univ. Vermont Med. School     | Burlington, Vt.       |
| 11. Craig Moffat  | Univ. Utah School of Med.     | Salt Lake City, Utah  |
| 12. Gary Peterson   | Univ. of So. Florida Med.Sch. | Tampa, Florida        |
| 13. Bob Roche   | Loyola Stritch Med. College   | Maywood, Ill.         |
| 14. Paul Romain   | Univ. of Ill. Med. School     | Chicago, Ill.         |
| 15. Joseph L. Ryan  | Univ. of Missouri-Kansas City | Kansas City, Missouri |
| 16. Lyman B. Spaulding                                    | Univ. of New Mexico Sch. Med. | Albuquerque, N.M.     |
| 17. A. Hal Strelnick                                      | Yale Univ. School of Med.     | New Haven, Ct.        |
| (Chairperson)   |                               |                       |
| 18. Ernest A. Turner                                      | Univ. of Kansas Med. School   | Kansas City, Kansas   |
| 19. Fred Waldman  | NYU Medical School            | New York, N.Y.        |

ADDENDUM # 5

To: OSR Administrative Board  
From: Kevin Soden, Chairman, OSR Task Force on Confidentiality  
of Student Records and Related Issues  
In Re: Report of Task Force

There were approximately twelve people in attendance including Dr. Paul Jolly and Mr. Gerald Kurtz of AAMC staff.

Question #1 - Should the student have access to his records?

Without any doubt, a student should be allowed to see his records including faculty evaluation of the student. Faculty evaluations were felt to be especially important as this gave students the opportunity to realize and act upon both strong and weak areas identified by the faculty and house staff.

The Dean's letter sent out by the Dean's office about a student when he applies to an Internship or Residency should be able to be reviewed before being sent out.

All felt that the letter of recommendation sent by pre-medical people for admission to medical school should not be seen by the student.

Question #2 - What about the confidentiality of health records, especially medical student health records?

There was concern expressed over the fact that medical student health records may be reviewed without the student's consent to possibly ascertain drug use, psychiatric problems, etc., before allowing a student to continue in medical school, or to undertake a residency program. Therefore, it was felt that the OSR ought to draft a resolution stating that all medical student health records are confidential unless release is authorized by the student.

Resolution Presented to OSR

The resolution presented to (and passed by) the OSR was an outgrowth of this Task Force and was an attempt to insure the confidentiality of records of all people within the academic health center.

Plan for the Future

- (1) Have resolution passed by the Executive Council of the AAMC.
- (2) Submit the resolution to SAMA for their approval at their annual meeting (February 28-March 4) in Dallas.
- (3) Submit the resolution to the AMA House of Delegates (through (SAMA) for approval of their annual meeting in June.

Respectfully Submitted

Kevin Soden

4. The OSR Administrative Board should assume the following responsibilities:
  - A. Address and act on national and regional OSR issues.
  - B. The Ad Board should identify and act on other issues raised in the interim.
  - C. The Representatives-at-Large should assume more specific roles
  - D. The Ad Board should communicate all actions to the OSR membership within one month of each meeting.
5. A listing of all AAMC and GSA Committees which have OSR members should be compiled and distributed to the OSR.
6. The OSR member of an AAMC or GSA Committee should submit a written report of discussion topics, action and future plans of the Committee within one month of each meeting. This report should then be distributed to the OSR membership.
7. The OSR Annual Meeting should be longer in duration. It was suggested that the meeting convene on Friday afternoon or evening and conclude on Sunday evening.
8. The task force felt that the annual meeting should consist of a balance between regional meetings, task forces, and OSR business meetings.
9. The concept of forming task forces at the annual meeting was approved.
10. It was strongly suggested that there be time allotted at the annual meeting for two regional meetings: one regional session early and one near the conclusion of the annual meeting.
11. The OSR secretary should be responsible for the collection and distribution of the minutes and reports of the following meetings:
  - A) OSR Annual Meeting
  - B) OSR Regional Meetings
  - C) OSR Task Force Meetings
  - D) Reports from OSR members on AAMC/GSA Committees
  - E) OSR Administrative Board Meetings

ADDENDUM #6

MINUTES

OSR TASK FORCE ON  
EVALUATION OF OSR STRUCTURE AND FUNCTION

Chairperson: Daniel L. Clarke-Pearson  
Case Western Reserve University

Recorder: Holly Doyne  
University of Minnesota

This OSR Task Force met and discussed the following topics:

- I. OSR Purpose
- II. OSR Organization
  - OSR Members
  - OSR Administrative Board
  - OSR Members on AAMC/GSA Committees
- III. Goals of the OSR Annual Meeting
- IV. Communications
  - Existing OSR and AAMC Publications
  - Areas needing Communication Development
- V. Comprehensive Proposal for OSR Reorganization and Action  
by Dan Plautz - University of Missouri, Columbia, Mo.

The following recommendations summarize the thrust of the task force discussion. These recommendations were presented to and approved by the OSR Assembly at its Annual Business Meeting, November 4, 1973.

1. OSR representatives should assume a greater responsibility in:
  - A. Communicating with their respective student bodies
  - B. Responding to OSR and AAMC action items and questionnaires
2. Each OSR representative should establish and maintain a file of AAMC and OSR communications which will be passed on to the succeeding OSR representative from that Medical School.
3. The OSR Administrative Board should investigate and correct mistakes in official OSR mailings. (A significant number of official representatives did not receive a copy of the Agenda for this Annual Meeting.)

12. After discussing Dan Plautz's "Comprehensive Proposal for OSR Reorganization and Action," the Task Force felt that the proposal should be circulated to the general OSR membership for consideration. It was further recommended that this proposal be discussed at all regional meetings this spring.

Task Force members who will lead discussion at the regional meetings were selected:

Southern - Mike Victoroff - Baylor  
Northeast - Dan Diaglin - Georgetown  
Central - Dan Plautz - Univ. of Missouri, Columbia, Mo.  
Western - (none named at this time)

In the interim, suggestions, criticisms, comments and opinion regarding this proposal may be sent to either Dan Plautz or Dan Clarke-Pearson.

Respectfully Submitted,

Daniel L. Clarke-Pearson

ADDENDUM # 7

RESOLUTION ON AVAILABILITY OF ADMISSIONS DATA

Many U. S. medical schools have the problem of receiving more applications for admission than they can realistically consider. One major cause of this problem is the fact that applicants have little idea about how to assess their chances for admission at any given school, and therefore, feel that they serve themselves best by submitting applications to as many schools as possible within human and financial limitations. We feel that if applicants had access to some detailed data on the members admitted to the first term class at each school, they would be able to make better decisions regarding the schools which should be eliminated from their consideration. There would be fewer students applying to schools at which they have virtually no chance for admission. This reduction in applications would benefit medical schools as well as applicants.

We concur in the unanimous recommendation of the GSA Committee on Relations with Colleges and Applicants (November 2, 1972) that medical schools make such admissions data available for publication by the AAMC.

BE IT RESOLVED that the AAMC annually request its member schools to submit information on grade-point averages, MCAT scores, college majors, sex, and minority group composition of the students in as recent a freshman class as possible, this information to be included in each year's edition of Medical School Admission Requirements. Where appropriate, schools should also be urged to submit data on any other variables (e.g., age, state of residence) that they feel would assist applicants in deciding whether or not to apply for admission, and should also be urged to stress the level of importance of non-cognitive factors.

We further recommend that medical school admissions officers be urged to present the GPA and MCAT data in one of a number of "sample standard formats" to be suggested by the AAMC.

Sponsor: Mark Cannon, author                      Daniel L. Clarke-Pearson  
                    Medical College of Wisconsin      Chairperson, Central Region OSR

Adopted by Central Region OSR, May 12, 1973  
Adopted by OSR Administrative Board, June 1973  
Adopted by AAMC Assembly, November 6, 1973

RESOLUTION ON INFORMATION TO PRE-MEDICAL STUDENTS

BE IT RESOLVED that the AAMC should encourage and assist undergraduate colleges and universities in gathering and disseminating information to their pre-medical students regarding the qualifications and results of the applicants to medical school from the preceding classes of pre-medical students.

Sponsor: Daniel L. Clarke-Pearson  
Chairman, Central Region OSR

Adopted by Central Region OSR, May 12, 1973  
Adopted by OSR Administrative Board, June, 1973  
Adopted by AAMC Assembly, November 6, 1973

ADDENDUM #9

To: OSR Body  
From: David Stein, Secretary OSR  
Re: OSR Administrative Board Meeting, 11/5/73

On Monday at the AAMC Annual Meeting, the new OSR Administrative Board held its first meeting. The initial emphasis concerned questions from OSR members to members of the Administrative Board.

- A. The fate of OSR resolutions in the AAMC Resolutions committee was discussed briefly. The point was made several times that the "Fatality Rate" of OSR resolutions is very high. It was generally felt that some resolutions sent to this committee had not been properly researched and fully thought-out prior to submission. Attempts to by-pass the Resolutions Committee and introduce resolutions directly from the floor during the AAMC Assembly showed the highest fatality rate. Such attempts are usually aborted without actual consideration of the resolution by the AAMC.
- B. The suggestion was made by Dan Clarke-Pearson that authors of resolutions follow those resolutions as they are introduced to the AAMC Assembly.
- C. It was again stressed that an attempt be made to contact those schools not sending representatives to the OSR in an effort to include them in the organization.
- D. Each member present at the meeting was urged to check whether his/her school teaches nutrition, medical ethics, human sexuality, and medical hypnosis and how much time on each.
- E. Mark Cannon proposed holding "sub-regional" meetings between national and regional meetings in an effort to promote continuity to accomplish more.
- F. Dan Clarke-Pearson, OSR Chairperson, suggested the following actions be taken concerning OSR representatives to AAMC Committees:
  - (1) Prepare a list of all AAMC Committees on which OSR members function.
  - (2) Attempt to expand the number of Committees on which the OSR sits. (Note that we just acquired representation on the COD).

- (3) Send a letter to each O.S.R. Representative for self-nomination to an A.A.M.C. Committee. From these "applications" members to the Committees could be chosen by the OSR Administrative Board at its next meeting, January 11-12, 1974.
- G. The suggestion was also made that the O.S.R. send Representatives to S.A.M.A. and S.N.M.A. functions. Elliott Ray, Ernest Turner, and Stan Pearson accepted the responsibilities for establishing liaison with these organizations.
- H. A brief discussion ensued on when the next Administrative Board meeting should be held. Early January 1974 was considered the best time.
- I. Regarding the fate of task forces initiated at the national meeting: Hal Strelnick's task force on Financial Aid will continue, and Kevin Soden's task force on Student Confidentiality awaits the outcome of its Resolution on the "Confidentiality of Student Records."
- J. As the resolutions acceptance system of the A.A.M.C. now stands, the O.S.R. resolutions approved by us on Saturday night cannot be brought before the AAMC Resolutions Committee in time for evaluation AND consideration at this year's national meeting. Therefore, to be considered at this national convention, these ideas would have to be introduced from the floor. The attrition rate for "bills" entering by this route is astronomical. In lieu of this, the O.S.R. Administrative Board considered it wise to submit these Resolutions to the AAMC Executive Council later this year.

Meeting Adjourned.

Respectfully submitted,

David E. Stein  
OSR Secretary