

[Agenda]

ORGANIZATION OF STUDENT REPRESENTATIVES
1976 BUSINESS MEETING
November 10 and 11
San Francisco Hilton Hotel

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Business Meeting

November 1 and 2, 1975
Washington Hilton Hotel
Washington, D.C.

I. Call to Order

The meeting was called to order by Mark Cannon, Chairperson, at 3:00 p.m.

II. Declaration of Quorum

Mark Cannon declared the presence of a quorum of the Organization of Student Representatives membership.

III. Consideration of Minutes

The minutes of the November 11 and 12, 1974 business meeting were approved without change.

IV. Report of the Chairperson

Mark Cannon reported that during the year the OSR had established itself as a productive entity of the AAMC through more effective communication with the councils and with AAMC staff.

He reviewed the issues which were identified at the 1974 OSR Annual Meeting and outlined the OSR Administrative Board's activities in those areas. As a result of an OSR discussion group on women in medicine, the OSR Administrative Board proposed the establishment of an AAMC Office of Women's Concerns to create an identifiable national focus for efforts being conducted on behalf of women in medicine. The Executive Council acted on the OSR's proposal by creating a position in the Office of the President to focus AAMC's activities in this area and to refer inquiries and communications about women's affairs to the appropriate department or division.

Mark also outlined OSR's efforts in providing input to the development of an Association position on Health Manpower Legislation. A questionnaire was distributed to AAMC constituents after the 1974 Annual Meeting to gather opinions about various aspects of the pending legislation, and over 50% of the OSR membership responded to the survey. The AAMC task force which then formulated an Association position on health manpower included one student representative. The Executive Council in June approved the Health Manpower Task Force report with two amendments -- one of which was offered by the OSR. Mark indicated that OSR debate on health manpower would continue at this year's Annual Meeting, and emphasized that the OSR's input on this issue had been significant and effective.

Another area in which the OSR Administrative Board devoted much of its efforts was the medical school accreditation process. A statement critical of an LCME accreditation decision was adopted by the OSR board, and the Executive Council subsequently adopted a similar statement which urged the LCME to deny accreditation or to place schools on probation when their educational programs appear to be of submarginal quality. Mark also reported that the Administrative Board has been working with staff on an accreditation pamphlet intended to inform students on how to best prepare for and participate in accreditation site visits.

Mark concluded by stating that the past year had been an important one in terms of the OSR's strengthening its alliance with other medical student groups and with the Group on Student Affairs (GSA) and the Group on Medical Education (GME). He urged the OSR to be faithful to its charge by providing representative student input in an open and direct manner to the AAMC, but pointed out that compromise by all constituencies was often necessary in a large and diversified organization.

V. Report of the Leaders of Other Student Groups

Frank Douglas, M.D. of the Student National Medical Association (SNMA), Laurel Cappa, President of the American Medical Student Association (AMSA); Kathy Stapenik, Director of AMSA's Division of Medical Education; and J. Ted Norris, Delegate of the AMA's Medical Student Business Session reported on the activities and goals of their groups focusing on accomplishments in the areas of special projects and on interactions with other medical education organizations. It was pointed out that leaders of the student groups had met periodically during the past year to discuss issues of concern to all medical students, and the speakers stressed the importance of continuing these liaison efforts to maximize student input to the policy making process of the AAMC, the AMA and other organizations dealing with medical education, legislation, and policy. John Barrasso, Chairperson of AMSA's Legislative Affairs Committee and OSR representative from Georgetown, outlined recent developments in the area of health manpower legislation and urged OSR representatives to attend the health manpower discussion group which was scheduled on the following day.

VI. OSR Rules and Regulations

Mark Cannon reviewed the revisions to the OSR Rules and Regulations which were proposed by the OSR Administrative Board, It was moved and seconded that the standing Rules and Regulations be repealed and that the proposed Rules and Regulations be accepted.

ACTION: On motion, seconded, and carried, the OSR repealed the current OSR Rules and Regulations and adopted the Rules and Regulations proposed by the Administrative Board with the deletion of "shall have the prior approval of the Council of Deans" in Section 5. Representation on the AAMC Assembly.

The Rules and Regulations which were adopted by the OSR are attached as Addendum 1.

II. AAMC Response to the Principal Recommendations of the GAP Committee Report to the NBME

Mark Cannon provided a brief history of the OSR's involvement in developing the AAMC response to the GAP report (See Addendum 2). He pointed out that the AAMC response which was forwarded to the Assembly for approval was the culmination of review and debate by each of the constituent bodies and it represented a consensus of viewpoints on the GAP committee's recommendations. After discussion of the major points of the response, the OSR considered a resolution to approve the AAMC response with four amendments which were offered from the floor.

ACTION: *On motion, seconded, and carried, the OSR approved the AAMC response to the Principal Recommendation of the GAP Committee Report to the NBME with the following revisions:*

1. *Addition under Section 3 of the stipulation that the qualifying exam be scored on a pass/fail basis.*
2. *Change of second sentence of Section 3 to read, "Passage of Parts I and II of the National Board examination or passage of the FLEX examination should be accepted as an equivalent qualification."*
3. *Change item 3.f. to read, "Students failing the exam should be responsible for seeking additional education and study, and medical schools should be encouraged to provide the additional academic assistance if students so request."*
4. *Addition of second sentence under Section 7 to read, "The core portion of a graduate medical education program shall be defined as one year of graduate medical medical training."*

VIII. Student Services Fees

At the 1974 Annual Meeting, the OSR requested that the OSR Administrative Board examine the AAMC activities in the area of premedical student services, with special regard to whether the current levels of MCAT and AMCAS fees were appropriate. Mark Cannon reported that members of the board had discussed this matter with staff and the Executive Council throughout the year and that a financial analysis presented by staff at the November 1 board meeting indicated to the satisfaction of the board that present fees for AMCAS and MCAT are reasonable.

ACTION: *On motion, seconded, and carried, the OSR requested that information regarding fees for premedical student services be distributed to the OSR.*

IX. The meeting was recessed at 6:00 p.m.

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- X. The meeting was recalled to order by Mark Cannon at 3:00 p.m.
- XI. Mark Cannon declared the presence of a quorum of the Organization of Student Representatives membership.
- XII. Mark Cannon opened the meeting by introducing Robert Harmon, M.D., President of Physicians National Housestaff Association. Dr. Harmon addressed the issues of housestaff unionization touching on recent housestaff activities across the country and the pending case before the National Labor Relations Board.
- XIII. Discrimination Against Students with Service Commitments

Richard Seigle presented a resolution regarding potential discrimination in the residency selection process against students with various types of service commitments.

ACTION: On motion, seconded, and carried, the OSR approved the following resolution: "The AAMC has committed itself to satisfying the nation's health care needs in medically underserved areas on a voluntary basis through scholarship programs with service commitments or by fee-for-service commitments after graduation. It has come to the attention of the OSR that medical graduates with service commitments may be discriminated against when applying for Post-graduate Year I (PGY I) positions. Also, physicians seeking advanced post-graduate programs after completing national service may be excluded from many programs

Rather than providing incentives for service, it may be that graduate medical education programs are making it more difficult for the service-committed graduate to enter a program of his or her choice.

The OSR recommends that the AAMC investigate whether this problem exists and, if so, use their influence to correct this attitudinal discrepancy.

XIV. OSR Structure and Function

In response to two resolutions introduced by the Discussion Group on OSR Structure and Function, the OSR discussed at length the concept of publicizing its dissenting positions to its constituency and to the public. It was pointed out that the strength of the Association depends upon its unity and its ability to speak with a single voice for the medical education community. Other representatives expressed the opinion that the OSR's credibility as an organization representing medical students is compromised when its positions are not disseminated to medical students and to the public.

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

WHEREAS: The OSR by vote represents student opinion,

WHEREAS, We now recognize that the OSR has a disproportionately small voice in formulation of AAMC policy and positions that directly influence medical education,

WHEREAS, The OSR wants to be an effective advisory unit of the AAMC Executive Council providing meaningful input and not just passively sanctioning AAMC policy,

BE IT RESOLVED THAT, for the future, the OSR assenting and dissenting positions be clarified and communicated to our constituency.

ACTION: On motion, duly seconded, a resolution mandating OSR Administrative Board members to resign if OSR dissenting positions are not reported to medical students was defeated.

XV. Election of Officers

ACTION: On motion, seconded, and carried, the OSR elected the following representatives to national office:

Chairperson: Richard Seigle--University of Southern California, School of Medicine

Vice-Chairperson: Thomas Rado--University of Arkansas, School of Medicine

Representatives-at-Large:

Robert Bernstein--University of Connecticut, School of Medicine

Sheryl Grove--University of Oklahoma, College of Medicine

Peter Kotcher--LSU-Shreveport, School of Medicine

Stephen Scholle-- University of Missouri-Columbia, School of Medicine

XVI. National Labor Relations Board Amicus Curiae Brief

ACTION: On motion, seconded, and carried, the OSR approved the following resolution regarding the amicus curiae brief filed with the NLRB by the AAMC:

WHEREAS, an amicus curiae brief has been filed with the NLRB by the AAMC on behalf of four hospitals supporting the contention that housestaff are purely students and not employees,

WHEREAS, this brief represents sentiments in conflict with the desires and best interest of the OSR,

WHEREAS, at present there is no housestaff representation within the AAMC,

WHEREAS, the OSR Administrative Board voted in opposition to the views and sentiments expressed in the brief,

WHEREAS, there are inaccuracies and distortions of fact contained in the brief,

BE IT RESOLVED, that the OSR communicate and clarify to its constituents, the NLRB, and the public a dissenting opinion supporting the housestaff position to the NLRB.

XVII. Health Manpower Legislation

John Barrasso presented a resolution approved by the OSR Discussion Group on Health Manpower Legislation. After briefly describing the bills currently pending in Congress, he asked for discussion of the issues from the floor.

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

BE IT RESOLVED, that the number of available Public Health Health Service scholarships be increased so that any any students desiring a scholarship can receive one at any time during their academic careers.

BE IT RESOLVED, that an attempt be made to make the NHSC flexible enough to account for the needs of the neq physician by establishing a program similar to the NIRMP match for assigning graduate physicians to underserved areas,

BE IT RESOLVED, that a limited number of low interest loans be made available to individuals needing some financial aid but are unwilling to sign a full support-for-service scholarship.

BE IT RESOLVED, that capitation grants going directly to medical schools as unrestricted funds be eliminated and that special project funds be made available for specific projects designed to:

- 1. Establish remote-site training for all undergraduate medical students for a six (6) week period.*

2. Provide meaningful primary care training for medical students.
3. Increase the training of nurse practitioners and other physician extenders.

BE IT RESOLVED, that residency training programs in primary care in community hospitals in underserved areas be established with numbers sufficient to accommodate the numbers of applicants.

BE IT RESOLVED, that medical school tuition and fees established at the time of a student's acceptance to medical school be fixed with increased not to exceed 10% for each academic year.

ACTION: On motion, seconded, and carried, the OSR agreed to disseminate the above resolution with the exception of the last portion regarding tuition levels to Congressional health subcommittee members.

XVIII. New Business

A. Dissemination of Additional Information Regarding Health Manpower Legislation to Medical School Applicants

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

WHEREAS, applicants to medical school are generally unaware of the financial crisis in medical education and of health manpower legislation,

BE IT RESOLVED, that the OSR requests the addition of a new section in Medical School Admission Requirements designed to acquaint the applicant with these issues. The purpose of this section would be not to provide an up-to-date bulletin but rather to inform applicants about the existence of these problems.

B. Student International Exchange Programs

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

WHEREAS, student international exchange programs provide an invaluable opportunity to broaden student perspectives on alternative health care delivery systems and cultural values,

WHEREAS, the AAMC Division of International Medical Education has in the past sponsored such exchange programs but at present is not doing so for lack of outside funding,

BE IT RESOLVED, that the OSR requests that the AAMC Division of International Medical Education make every effort to find sources of funding to establish such programs.

C. Guidelines for the Clinical Curriculum

The OSR adopted the following statement regarding guidelines for clinical curriculum:

Medical students in their third and fourth years function as service providers as well as learners.

Most of the time these roles serve each other but occasionally they conflict. We the members of the OSR feel that priority should be given to the students role as learners and that to implement this priority we recommend that the following guidelines for the clinical years of the medical school curriculum be adopted:

1. That hours per week in the hospital be limited to a maximum of 60-70.
2. That night call be no more frequent than every fourth night.
3. That teaching directed to the students' level take place for a minimum of 5-7 hours per week.
4. That scut work be held to the minimum necessary for the students to learn the procedures involved.

D. Continuing Medical Education

The OSR approved the following statement regarding periodic relicensure of physicians:

We believe physicians to have an ongoing responsibility for maintaining competence in medicine and we believe that periodic relicensure of physicians is a necessity. To this goal we propose that the AAMC support the concept of physician relicensure on a periodic basis and support NBME's study of meaningful methods of relicensing M.D.s.

XIX. The meeting was adjourned at 7:00 p.m.

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RULES AND REGULATIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADOPTED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES
October 28, 1971

APPROVED BY THE COUNCIL OF DEANS
October 29, 1971

The Organization of Student Representatives was established with the adoption of the Association of American Medical Colleges Bylaw Revisions of February 13, 1971.

Section 1. Name

The name of the organization shall be the Organization of Student Representatives of the Association of American Medical Colleges.

Section 2. Purpose

The purpose of this Organization shall be 1.) to provide a means by which medical student views on matters of concern to the Association may find expression; 2.) to provide a mechanism for medical student participation in the governance of the affairs of the Association; 3.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education; and 4) to provide a vehicle for the student members' action on issues and ideas that affect the multi-faceted aspects of health care.

Section 3. Membership

A. Members of the Organization of Student Representatives shall be representatives designated in accordance with the AAMC Bylaws by each institutional member that is a member of the Council of Deans, selected from the student body of each such member by a process appropriate to the governance of that institution. The selection should facilitate representative student input. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

B. Each member of the Organization of Student Representatives shall be entitled to cast one vote at meetings of the Organization,

C. Each school shall choose the term of office of its Organization of Student Representatives member in its own manner.

D. Each institution having a member of the Organization of Student Representatives may select one or more alternate members, who may attend meetings of the Organization but may not vote. The selection of an alternate member should facilitate representative student input.

Section 4. Officers and Administrative Board

A. The officers of the Organization of Student Representatives shall be as follows:

1. The Chairperson, whose duties it shall be to (a) preside at all meetings of the Organization, (b) coordinate the affairs of the Organization, in cooperation with staff of the Association; (c) serve as ex officio member of all committees of the Organization; (d) communicate all actions and recommendations adopted by the Organization of Student Representatives to the Chairman of the Council of Deans; and (e) represent the Organization on the Executive Council of the Association.

2. The Vice-Chairperson, whose duties it shall be to preside or otherwise serve in the absence of the Chairperson.

3. Four Regional Chairpersons, one from each of the four regions, which shall be congruent with the regions of the Council of Deans.

4. Representatives-at-large elected by the membership in a number sufficient to bring the number of members on the Administrative Board to ten or to a total equal to ten percent of the Organization of Student Representatives membership, whichever is greater.

B. Officers shall be elected at each annual meeting of the Organization and shall assume office at the conclusion of the annual meeting of the Association. Regional Chairpersons shall be elected by regional caucus. The term of office of all officers shall be one year. Each officer must be a member of the Organization of Student Representatives throughout his/her entire term of office, and no two officers may be representatives of the same institutional member. Any officer who ceases to be a member of the Organization must resign from the Administrative Board at that time. Vacant positions on the Administrative Board shall remain unfilled until the annual meeting, except as provided for in Section 6.

C. Officers shall be elected by majority vote, and the voting shall be by ballot.

D. Presence at the Annual Meeting shall be a requisite for eligibility for election to office. At the time of election, each candidate for office must be a member of the Organization of Student Representatives or must have been designated to become a member of the OSR at the conclusion of the annual meeting. In addition, each candidate for office must be an undergraduate medical student at the time of election. The Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived.

E. Nomination for office may take place by two procedures: (1) submitting the name and curriculum vitae of the nominee to the Association thirty days in advance of the annual meeting or (2) from the floor at the annual meeting, a seconding motion being required for each nomination so made.

F. There shall be an Administrative Board composed of the Chairperson, the Vice-Chairperson, the Regional Chairpersons, the Representatives-at-Large, and as a non-voting member, the immediate past Chairperson of the Organization.

G. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees and Committee on Resolutions.

Section 5. Representation on the AAMC Assembly

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 percent of the Organization of Student Representatives membership, the number of seats to be determined annually. Representatives of the Organization of Student Representatives to the Assembly shall include only current, official OSR members and shall be determined by the following priority:

- 1) The Chairperson of the Organization of Student Representatives;
- 2) The Vice-Chairperson of the Organization of Student Representatives;
- 3) Other members of the Administrative Board of the Organization, in order of ranking designated by the Chairperson if necessary.
- 4) Other members of the Organization designated by the Chairperson as necessary.

Section 6. Succession

If the Chairperson of the Organization is for any reason unable to complete the term of office, the Vice-Chairperson shall assume the position of Chairperson for the remainder of the term. Further succession to the office of Chairperson, if necessary, shall be determined by a vote of the remaining members of the Administrative Board.

Section 7. Meetings, Quorums, and Parliamentary Procedure

A. Regular meetings of the Organization of Student Representatives shall be held in conjunction with the AAMC Annual Meeting.

B. Special meetings may be called by the Chairperson upon majority vote of the Administrative Board provided there be given at least 30 days notice to each member of the Organization.

C. Regional meetings, with the approval of the Association, may be held between annual meetings.

D. A simple majority of the voting members shall constitute a quorum at regular meetings, special meetings, regional meetings, and Administrative Board meetings.

E. 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 four of four regional meetings have passed an identical motion by a majority of those present and voting.

F. All official members have the privilege of the floor at regular meetings, special meetings, regional meetings, and Administrative Board meetings. The Chairperson of each meeting may at his or her discretion extend this privilege to others in attendance.

G. Resolutions for consideration at any meeting of the Organization, including regional meetings, must be submitted to the Association thirty days in advance of the meeting. This rule may be waived for a particular resolution by a two-thirds vote of those present and voting at the meeting.

H. The minutes of regular meetings and Administrative Board meetings shall be taken and within thirty days distributed to members of the Organization.

I. Where parliamentary procedure is at issue, Roberts Rules of Order (latest edition) shall prevail, except where in conflict with Association Bylaws.

J. All Organization of Student Representatives meetings shall be open unless an executive session is announced by the Chairperson.

Section 8. Students Serving on AAMC Committees

Students serving on AAMC Committees should keep the Chairperson informed of their activities.

Section 9. Operation and Relationships

A. The Organization of Student Representatives shall report to the Council of Deans of the AAMC and shall be represented on the Executive Council of the AAMC by the Chairperson of the Organization of Student Representatives.

B. Creation of standing committees and any major actions shall be subject to review and approval by the Chairman of the Council of Deans of the AAMC.

Section 10. Amendment of Rules and Regulations

These Rules and Regulations may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given to each member of the Organization of Student Representatives.

11/2/75

THE RESPONSE OF THE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
TO THE PRINCIPAL RECOMMENDATIONS
OF THE GOALS AND PRIORITIES
COMMITTEE REPORT
TO THE
NATIONAL BOARD OF MEDICAL EXAMINERS

The AAMC has long been engaged with furthering the improvement of medical education in the United States. Through direct services to its constituents, interactions with other organizations and agencies concerned with medical education, national and regional meetings and participation in the accreditation of medical schools, the Association has exercised its responsibilities to the schools, teaching hospitals and to the public which is served by its medical education constituency. From time to time, the Association has analyzed and responded to reports bearing on medical education emanating from other organizations and agencies. This is a response to the National Board of Medical Examiners' Goals and Priorities Committee Report entitled, "Evaluation In The Continuum of Medical Education."

The responses recommended in this document are a consensus derived from a task force report which provided the basis for extensive discussion and debate by the Councils, the Organization of Student Representatives and the Group on Medical Education. The consensus was achieved through deliberation by the Executive Council and is now presented to the Assembly for ratification.

Assuming that the Report of the Goals and Priorities Committee, "Evaluation In The Continuum of Medical Education", has been widely read, an extensive review and analysis is not provided here. The Report recommends that the NBME reorder its examination system. It advises that the Board should abandon its traditional 3 part exam for certification of newly graduated physicians who have completed one year of training beyond the M.D. degree. Instead, the Board is advised to develop a single exam to be given at the interface between undergraduate and graduate education. The GAP Committee calls this exam 'Qualifying A', and suggests that it evaluate general medical competence and certify graduating medical students for limited licensure to practice in a supervised setting. The Committee further recommends that the NBME should expand its role in the evaluation of students during their graduate education by providing more research and development and testing services to specialty boards and graduate medical education faculties. Finally, the GAP Committee recommends that full certification for licensure as an independent practitioner be based upon an exam designated as Qualifying B. This exam would be the certifying exam for a specialty. In addition, the GAP Report recommends that the NBME: 1) assist individual medical schools in improving their capabilities for intramural assessment of their students; 2) develop methods for evaluating continuing competence of practicing physicians; and, 3) develop evaluation procedures to assess the competence of "new health practitioners."

RESPONSES

1. The AAMC believes that the 3 part examination system of the National Board of Medical Examiners should not be abandoned until a suitable examination has been developed to take its place and has been assessed for its usefulness in examining medical school students and graduates in both the basic and clinical science aspects of medical education.

2. The AAMC recommends that the National Board of Medical Examiners should continue to make available examination materials in the disciplines of medicine now covered in Parts I and II of the National Board exams, and further recommends that faculties be encouraged to use these materials as aids in the evaluation of curricula and instructional programs as well as in the evaluation of student achievement.

3. The AAMC favors the formation of a qualifying exam, the passing of which will be a necessary, but not necessarily sufficient, qualification for entrance into graduate medical education programs. Passage of Parts I and II of the National Board examination should be accepted as an equivalent qualification.

The following recommendations pertain to the characteristics and the utilization of the proposed qualifying exam.

- a. The exam should be sufficiently rigorous so that the basic science knowledge and concepts of students are assessed.
- b. The exam should place an emphasis on evaluating students' ability to solve clinical problems as well as assessing students' level of knowledge in clinical areas.*
- c. The exam should be criterion-referenced rather than norm-referenced.
- d. Scores should be reported to the students taking the exam, to the graduate programs designated by such students and to the schools providing undergraduate medical education for such students.
- e. The exam should be administered early enough in the students' final year that the results can be transmitted to the program directors without interference with the National Intern and Resident Matching Program.

*Discussion also brought out that the exam should be as free from social and cultural bias as possible.

- f. *Students failing the exam should be responsible for seeking additional education and study.*
- g. *Graduates of both domestic and foreign schools should be required to pass the exam as a prerequisite for entrance into accredited programs of graduate medical education in the U.S.*

4. *The AAMC doubts that medical licensure bodies in all jurisdictions will establish a category of licensure limited to practice in a supervised education setting. Therefore, the AAMC recommends that the Liaison Committee on Graduate Medical Education should require that all students entering accredited graduate medical education programs pass the qualifying exam. The LCGME is viewed as the appropriate agency to implement the requirement for such an exam.*

5. *The AAMC should assume leadership in assisting schools to develop more effective student evaluation methodologies and recommends that the Liaison Committee on Medical Education place a specific emphasis on investigating schools' student evaluation methods in its accreditation surveys.*

6. *The AAMC recommends that the LCGME and its parent bodies take leadership in assisting graduate faculties to develop sound methods for evaluating their residents, that each such faculty assume responsibility for periodic evaluation of its residents and that the specialty boards require evidence that the program directors have employed sound evaluation methods to determine that their residents are ready to be candidates for board exams.*

7. *The AAMC recommends that physicians should be eligible for full licensure only after the satisfactory completion of the core portion of a graduate medical educational program.*

CURRICULUM AND EVALUATION

Report of the OSR Discussion Group, Nov. 2, 1975

There were 25 participants in the OSR Discussion Group on Curriculum and Evaluation. AAMC staff member Dr. Thomas Morgan, previously Dean of Curriculum at the University of Washington, participated and offered valuable perspectives and guidance.

Most of the session consisted of free discussion of concerns about curriculum. Three resolutions were passed (see attachment). All participants were satisfied with the session and felt they had gotten what they wanted out of it.

The major concerns expressed were the following:

1. Basic science instruction is most effective when done in an inter-departmentally integrated fashion. Many schools do not use such a method.
2. Basic science material frequently is, or appears to be, "too much, too long, and irrelevant."
3. Most schools' programs are deficient in certain areas, such as nutrition and human sexuality, that most students feel are essential for all physicians. (See resolution #1.)
4. Curriculum reform is difficult because generally each department is resistant to giving up any of its teaching time.
5. Curriculum and teaching at many schools seem to be geared toward National Board exams. It was felt that holding "exam sessions" immediately before National Board exams would be preferable to designing the entire teaching program toward national exams which most of us feel have no relevance to our goals. (See resolution #2.)
6. The lecture format is too heavily relied upon at most schools. The lecture is an inefficient way of conveying information, and stifles students' active participation in their educational processes.
7. Greater correlation of basic science and clinical science instruction was considered desirable. The point was made - and roundly endorsed - that this should be a two-way street: it should include a greater involvement of basic science faculty in the clinical clerkships, as well as clinicians in the basic science portions of the curriculum.
8. When a school has shortened its curriculum to a three-year program, it has generally accomplished this not through real reforms, but by eliminating vacations and compressing the existing program into the available time.

9. There is a need for each school to set overall objectives of its curriculum.

10. The "powers that be" seem not to be interested in students' opinions on curriculum and seem not to listen to them.

11. It is difficult to mobilize student activism at the local level because students are "too busy."

12. It is difficult to try at a national level to have an impact on curricula of individual schools. The AAMC does not prescribe curricular guidelines to its member schools. Therefore, changes must in general be achieved at the local level.

13. "I want to be educated, not trained." We should be permitted and encouraged to think and conceptualize, rather than memorize. We should be prepared for a career in which we must continue to move with the times and grow professionally, and we must be taught in such a way that maximizes our tendencies and our abilities to continue educating ourselves.

14. Peer evaluation is a valid means of assessment of student performance, and should be used more widely. (See resolution #3.)

Out of curiosity of the group leader, a show of hands was taken on the participants' satisfaction or dissatisfaction with their schools' curricula in general and with the basic science and clinical science portions:

	<u>basically satisfied</u>	<u>basically dissatisfied</u>
curriculum in general	9 (37.5%)	15 (63.5%)
basic science	5 (20.8%)	19 (79.2%)
clinical science	22 (91.7%)	2 (8.3%)

Among Dr. Morgan's suggestions were the following:

- 1) Find out where the power over curriculum - the "real power" - resides at the local level. This may vary at different schools, and may be a dean, a vice president, the faculty, or a committee. Then, determine the most effective means of communicating student concerns to this entity.
- 2) The AAMC will assist local groups in setting up workshops to evaluate and possibly reform their curricula.
- 3) If we want to explore the possibility of a certain kind of change in curriculum at our schools, the AAMC will put us in touch with schools that have already gone through that kind of change.

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Dr. Morgan suggested that students wishing to pursue these last two paths, or desiring more information, contact either him or Dr. James Erdmann of the AAMC's Division of Educational Measurement and Research.

submitted by Mark Cannon

Resolutions of the OSR Discussion Group on Curriculum and Evaluation

1. The OSR considers the areas of nutrition, human sexuality, medical ethics, and preventive and occupational health to be essential in any medical educational curriculum. The OSR resolves that the AAMC recommend to the Liaison Committee on Medical Education that in the accreditation process, special attention be given to schools' instruction in these areas.
2. The OSR resolves that it is undesirable for schools to gear their curricula or teaching toward National Board exams, and that it is inappropriate to consider student performance on these exams to be an index of educational quality of schools.
3. The OSR resolves that the AAMC urge its member schools to explore and develop student peer evaluation as a means of assessing student development.

OSR RULES AND REGULATIONS REVISIONS

Since the adoption of the present Rules and Regulations of OSR, we have had one voting member and one non-voting member on the Executive Council of the Association of American Medical Colleges. As all of you are probably aware, student opinion has frequently been in disagreement with one or another of the constituencies which comprise the Association. On several issues, most notably the issue of the status of housestaff, we have been a repeated minority of one in Council votes. During the past year, we have found that a number of issues have arisen in which the division was not so clear cut. It was felt by the OSR Administrative Board that when issues are not clear cut and when the division of votes in Executive Council is more narrowly distributed, an additional vote for our Organization might play a potentially decisive role.

We entered into negotiations with the Council of Deans in order to determine the conditions under which they might find acceptable the addition of a second student vote to Executive Council. The proposed rule changes are the result of these negotiations.

In favor of the rule changes. The elimination of the Vice-Chairpersonship and its replacement by a Chairperson-Elect will have the net effect of increasing the continuity of student voice both within our Administrative Board and on the Councils of the Association. The AAMC is involved in a large number of highly complex national and educational issues. In general, a student serving on Executive Council finds himself in a state of bewildered ignorance for the better part of one academic year. Provision of a Chairperson-Elect would ensure that there would always be one student who "knows the ropes" thus obviating the possibility of the first one or two Council meetings passing without relevant student input. Addition of a second student vote would have two consequences. First, it ensures that student-originated motions will always be seconded. From a parliamentary point of view, this is an important consideration. Secondly, it will place increased effectiveness in our hands, especially in areas where the Council is closely divided.

Against the proposed change. The creation of a Chairperson-Elect position, will ensure continuity, but might make the leadership of OSR less responsive to the representative constituency. In the absence of a mandatory vote of confidence at the last Administrative Board meeting, some members feel that it is highly unlikely that an unsatisfactory Chairperson-Elect would be removed.

Thomas A. Rado
OSR Vice-Chairperson

RULES AND REGULATIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADOPTED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES
October 28, 1971

APPROVED BY THE COUNCIL OF DEANS
October 29, 1971

The Organization of Student Representatives was established with the adoption of the Association of American Medical Colleges Bylaw Revisions of February 13, 1971.

Section 1. Name

The name of the organization shall be the Organization of Student Representatives of the Association of American Medical Colleges.

Section 2. Purpose

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The purpose of this Organization shall be 1.) to provide a means by which medical student views on matters of concern to the Association may find expression; 2.) to provide a mechanism for medical student participation in the governance of the affairs of the Association; 3.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education; and 4.) to provide a vehicle for the student members' action on issues and ideas that affect the multi-faceted aspects of health care.

Section 3. Membership

A. Members of the Organization of Student Representatives shall be representatives designated in accordance with the AAMC Bylaws by each institutional member that is a member of the Council of Deans, selected from the student body of each such member by a process appropriate to the governance of that institution. The selection should facilitate representative student input. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

B. Each member of the Organization of Student Representatives shall be entitled to cast one vote at meetings of the Organization.

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C. Each school shall choose the term of office of its Organization of Student Representatives member in its own manner.

D. Each institution having a member of the Organization of Student Representatives may select one or more alternate members, who may attend meetings of the Organization but may not vote. The selection of an alternate member should facilitate representative student input.

Section 4. Officers and Administrative Board

A. The officers of the Organization of Student Representatives shall be as follows:

1. The Chairperson, whose duties it shall be to (a) preside at all meetings of the Organization, (b) coordinate the affairs of the Organization, in cooperation with staff of the Association; (c) serve as ex officio member of all committees of the Organization; (d) communicate all actions and recommendations adopted by the Organization of Student Representatives to the Chairman of the Council of Deans; and (e) represent the Organization on the Executive Council of the Association.

2. The Chairperson-Elect, whose duties it shall be to preside or otherwise serve in the absence of the Chairperson.

3. Four Regional Chairpersons, one from each of the four regions, which shall be congruent with the regions of the Council of Deans.

4. Representatives-at-Large elected by the membership in a number sufficient to bring the number of members on the Administrative Board to ten or to a total equal to ten percent of the Organization of Student Representatives membership, whichever is greater.

B. Officers other than the Chairperson shall be elected at each annual meeting of the Organization and shall assume office at the conclusion of the annual meeting of the Association. The Chairperson shall assume office as provided in Section 6. Regional Chairpersons shall be elected by regional caucus. The term of office of all officers shall be one year. Each officer must be a member of the Organization of Student Representatives throughout his/her entire term of office, and no two officers may be representatives of the same institutional member. Any officer who ceases to be a member of the Organization must resign

from the Administrative Board at that time. Vacant positions on the Administrative Board shall remain unfilled until the annual meeting, except as provided for in Section 6.

C. Officers shall be elected by majority vote, and the voting shall be by ballot.

D. Presence at the Annual Meeting shall be a requisite for eligibility for election to office. At the time of election, each candidate for office must be a member of the Organization of Student Representatives or must have been designated to become a member of the OSR at the conclusion of the annual meeting. In addition, each officer must be an undergraduate medical student at the time of assuming office. If it becomes necessary to elect a Chairperson, candidates for the office of Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived.

E. Nomination for office may take place by two procedures:
(1) submitting the name and curriculum vitae of the nominee to the Association thirty days in advance of the annual meeting or
(2) from the floor at the annual meeting, a seconding motion being required for each nomination so made.

F. Any officer of the Organization may be recalled by a two-thirds vote of those present and voting at any official meeting.

G. There shall be an Administrative Board composed of the Chairperson, the Chairperson-Elect, the Regional Chairpersons, the Representatives-at-Large, and as a non-voting member, the immediate past Chairperson of the Organization.

H. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees and Committee on Resolutions.

Section 5. Representation on the AAMC Assembly

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 percent of the Organization of Student Representatives membership, the number of seats to be determined annually. Representatives of the Organization of Student Representatives to the Assembly shall include only current, official OSR members and shall be determined by the following priority:

- 1) The Chairperson of the Organization of Student Representatives;
- 2) The Chairperson-Elect of the Organization of Student Representatives;
- 3) Other members of the Administrative Board of the Organization, in order of ranking designated by the Chairperson if necessary
- 4) Other members of the Organization designated by the Chairperson as necessary.

Section 6. Succession

A. The Chairperson-Elect shall automatically assume the office of Chairperson at the conclusion of the annual meeting of the Association unless the Chairperson-Elect receives a vote of no confidence from the Administrative Board at the last regularly-scheduled meeting prior to the annual business meeting of the OSR. If the Chairperson-Elect receives a vote of no confidence or otherwise resigns from office, the next Chairperson shall be elected in accordance with the procedures established in Section 4.

B. If the Chairperson of the Organization is for any reason unable to complete the term of office, the Chairperson-Elect shall assume the position of Chairperson for the remainder of the term. Further succession to the office of Chairperson, if necessary, shall be determined by a vote of the remaining members of the Administrative Board.

Section 7. Meetings, Quorums, and Parliamentary Procedure

A. Regular meetings of the Organization of Student Representatives shall be held in conjunction with the AAMC Annual Meeting.

B. Special meetings may be called by the Chairperson upon majority vote of the Administrative Board provided there be given at least 30 days notice to each member of the Organization.

C. Regional meetings, with the approval of the Association, may be held between annual meetings.

D. A simple majority of the voting members shall constitute a quorum at regular meetings, special meetings, regional meetings, and Administrative Board meetings.

E. Formal actions may result by two mechanisms: (1) by a majority of those present and voting at meetings at which a

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quorum is present and (2) when four of four regional meetings have passed an identical motion by a majority of those present and voting.

F. All official members have the privilege of the floor at regular meetings, special meetings, regional meeting, and Administrative Board meetings. The Chairperson of each meeting may at his or her discretion extend this privilege to others in attendance.

G. Resolutions for consideration at any meeting of the Organization, including regional meetings, must be submitted to the Association thirty days in advance of the meeting. This rule may be waived for a particular resolution by a two-thirds vote of those present and voting at the meeting.

H. The minutes of regular meetings and Administrative Board meetings shall be taken and within thirty days distributed to members of the Organization.

I. Where parliamentary procedure is at issue, Roberts Rules of Order (latest edition) shall prevail, except where in conflict with Association Bylaws.

J. All Organization of Student Representatives meetings shall be open unless an executive session is announced by the Chairperson.

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Section 8. Students Serving on AAMC Committees

Students serving on AAMC Committees should keep the Chairperson informed of their activities.

Section 9. Operation and Relationships

A. The Organization of Student Representatives shall report to the Council of Deans of the AAMC and shall be represented on the Executive Council of the AAMC by the Chairperson of the Organization of Student Representatives.

B. Creation of standing committees and any major actions shall be subject to review and approval by the Chairman of the Council of Deans of the AAMC.

Section 10. Amendment of Rules and Regulations

These Rules and Regulations may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given to each member of the Organization of Student Representatives.

INTRODUCTORY STATEMENT AND RESOLUTION
COMMITTEE OF INTERNS AND RESIDENTS VS.
MISERICORDIA HOSPITAL MEDICAL CENTER

In April, the Committee of Interns and Residents (CIR) petitioned the New York State Labor Board for recognition as the exclusive bargaining representative for interns and residents at the Misericordia Hospital Medical Center. Following an NLRB Advisory Opinion obtained by the Hospital in which the NLRB claimed jurisdiction over the CIR petition, the State Labor Board dismissed the CIR petition stating, "the question of possible state jurisdiction here is certainly not free from doubt." To obtain a review of the State Labor Board's decision declining jurisdiction, CIR is challenging the decision in the New York State courts. While it is uncertain whether or not the case will be transferred to federal court, the AAMC Executive Council authorized Association staff, in consultation with the AAMC attorneys, to join the Misericordia Hospital law suit as amicus curiae in federal court on the procedural issue of establishing federal jurisdiction where the National Labor Relations Act and state labor laws are being simultaneously applied to the same institution. At the present time, the case is being litigated before the state court. The resolution to be brought before the OSR at this time is as follows:

WHEREAS, the AAMC Executive Council has empowered staff to study the feasibility of entering the case of CIR vs. Misericordia Hospital if it should be brought before the federal courts, and

WHEREAS, the OSR has taken a position opposing a related brief in a previous case, and

WHEREAS, the Administrative Board of OSR has appointed a task force to study problems relating to housestaff, therefore

BE IT RESOLVED, that (1) this task force be instructed to accumulate data on the New York State case and (2) the task force be instructed to develop a position paper on this case prior to such time as the case is referred to the federal courts and the AAMC makes its final decision on preparation of an amicus brief, and (3) any proposed positions of the task force be circulated to OSR membership and brought before the Administrative Board of OSR for further action.

Submitted by Thomas A. Rado

MEDICAL STUDENT REPRESENTATION ON
LIAISON COMMITTEE ON MEDICAL EDUCATION

WHEREAS, The Liaison Committee on Medical Education (LCME) is the duly recognized body for the accreditation of medical schools; and

WHEREAS, The accreditation process was established to insure the highest of possible academic standards in U.S. medical schools; and

WHEREAS, Those most directly affected by the accreditation process are medical students; and

WHEREAS, Those directly affected by any type of review process should have some input into that process; and

WHEREAS, Medical students currently serve as members of numerous AAMC committees and task forces, the AAMC Executive Council, the National Intern and Resident Matching Program, and the National Board of Medical Examiners; and

WHEREAS, Medical student members of the above-mentioned bodies are very responsible and constructive members of these respective groups; and

WHEREAS, The Consortium of Medical Student Groups, composed of representatives of the AMA Student Business Session, American Medical Student Association, Student National Medical Association, Organization of Student Representatives of the Association of American Medical Colleges, and Student Osteopathic Medical Association, has listed the placement of a student representative on the LCME as a high priority and has an established mechanism for the selection of such a student representative; and

WHEREAS, A precedent has already been established by the Liaison Committee on Graduate Medical Education through its acceptance of a Resident member since 1974; therefore

BE IT RESOLVED, That the AAMC Assembly actively support the concept of a medical student member of the Liaison Committee on Medical Education; and

BE IT FURTHER RESOLVED, That this support shall be reported to the AAMC Executive Council, the six AAMC members of the LCME and the three AAMC members of the Coordinating Council on Medical Education; and

BE IT FURTHER RESOLVED, That the Executive Council shall report back to the AAMC Assembly at the 1977 Annual Convention on the progress made toward achieving the goal of medical student representation on the LCME.

Submitted to the OSR Administrative Board by
John Barrasso
Approved by the Administrative Board
in September, 1976

OSR ADMINISTRATIVE BOARD ACTIONS

September 14 & 15, 1976

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCME Accreditation Decisions but expressed strong reservations about the decision to grant accreditation to State University of New York at Stony Brook School of Medicine.

ELECTION OF INSTITUTIONAL MEMBERS

ACTION: On motion, seconded, and carried, the OSR Administrative Board concurred with the recommendation regarding the election of four medical schools to Institutional Membership in the AAMC.

ELECTION OF PROVISIONAL INSTITUTIONAL MEMBERS

ACTION: On motion, seconded, and carried, the OSR Administrative Board recommended that the Executive Council not support the election of the Uniformed Services University of the Health Sciences to Provisional Institutional Membership.

ELECTION OF CAS MEMBER

ACTION: On motion, seconded, and carried, the OSR Administrative Board supported the election of the American Society for Clinical Nutrition to AAMC membership.

ELECTION OF INDIVIDUAL MEMBERS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the election of the recommended list of individuals to Individual AAMC membership.

AMENDMENT TO THE AAMC BYLAWS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed Bylaws revisions to provide for two voting OSR seats on the Executive Council. The board also requested that the titles of OSR Chairman and OSR Chairman-Elect be changed in the Bylaws to "Chairperson" and Chairperson-Elect."

JCAH ACCREDITATION MANUAL FOR HOSPITALS: MEDICAL STAFF STANDARDS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the JCAH-proposed changes in the Accreditation Manual for Hospitals.

ISSUES FOR CONSIDERATION BY THE NATIONAL CITIZENS ADVISORY COMMITTEE FOR THE SUPPORT OF MEDICAL EDUCATION

ACTION: On motion, seconded, and carried, the OSR Administrative Board suggested that the National Citizens Advisory Committee be asked to explore, in addition to the issues already suggested, medical schools' responsiveness to societal health care needs.

MEDICAL SCHOOL ADMISSIONS -- A PROPOSED POLICY STATEMENT

ACTION: The OSR Administrative Board strongly favored the spirit of the proposed policy statement and recommended that the AAMC adopt the statement with the following wording:

"Applicants selected for medical school should be those whose personal merit and academic achievement best qualify them for admission. Giving consideration to fiscal or political influence in the selection process is inappropriate and is grounds for expulsion from membership in the AAMC."

GRADUATE MEDICAL EDUCATION

ACTION: The OSR Administrative Board approved the Preliminary Report of the Task Force on Graduate Medical Education.

ESTABLISHMENT AND OFFICIAL RECOGNITION OF NEW SPECIALTIES

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed position statement on the establishment and recognition of new specialties.

OSR RULES AND REGULATIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board approved the proposed changes in the OSR Rules and Regulations with the following changes:

- 1) Deletion of the last sentence of Item 6.A.
- 2) Addition of new Item A.F. under Section 4 to read: "Any officer of the Organization may be recalled by a two-thirds vote of those present and voting at any official meeting."

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

ACTION: The OSR Administrative Board endorsed a proposal that student affairs deans be permitted to notify unmatched students of their status twenty-four hours prior to the general release of results. The board also supported the concept of a uniform application for graduate medical education and urged that AAMC staff explore the feasibility of such a concept with other constituent groups.

OSR ADMINISTRATIVE BOARD ACTIONS

June 22 and 23, 1976

COMMITTEE NOMINATIONS

ACTION: The OSR Administrative Board nominated David Bell, OSR representative from Harvard Medical School, to the NIRMP Board of Directors and Stephen Tarnoff, OSR representative from University of Southern California School of Medicine, to the AAMC Ad Hoc Committee on Continuing Medical Education.

GRADUATE MEDICAL EDUCATION:

ACTION: The OSR Administrative Board appointed Steven Scholle, Richard Seigle, Tom Rado, and Mark Cannon to a task force on graduate medical education and charged them to develop a paper outlining the major problems in the area of graduate medical education.

OSR REPRESENTATION ON THE AAMC EXECUTIVE COUNCIL

ACTION: The OSR Administrative Board requested that the AAMC Bylaws be amended to provide for both the OSR Chairperson and the Immediate-Past-Chairperson to serve as voting members on the Executive Council. In the event that this action could not be implemented, the board approved as an alternative, a mechanism whereby the OSR Rules and Regulations and the AAMC Bylaws would be revised to create the position of Chairperson-Elect and to grant voting status on the Executive Council to both the Chairperson and the Chairperson-Elect.

OSR ADMINISTRATIVE BOARD ACTIONS

March 23 and 24, 1976

REPORT OF THE TASK FORCE ON CONTINUING MEDICAL EDUCATION

ACTION: The OSR Administrative Board endorsed the recommendations of the task force and recommended that the proposed ad hoc Committee on Continuing Medical Education develop a nationwide mechanism for the periodic relicensure of physicians.

LCME GUIDELINES FOR FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: The OSR Administrative Board endorsed the LCME Guidelines with the following amendments:

Page 29 - Addition of two sentences to second paragraph following third sentence to read: "Clinical instruction of undergraduate students at a level commensurate with their training should co-exist with and not be replaced by, programs directed primarily at housestaff. While it is essential that students perform tasks related to patient-care, the provision of service should not be permitted to take precedence over the learning process."

Page 30 - Addition of clause to end of second paragraph to read: "for delivering medical services, and might include the topics of nutrition, human sexuality and behavior, ethics, doctor-patient interactions, and jurisprudence."

Page 35 - Delete words "mature and responsible" from the last sentence and change "membership" to "participation."

Page 47 - Addition of sentence to first paragraph to read: "Child care facilities and minimal recreational facilities should be included in order to sustain students' mental and physical health."

OSR REPRESENTATION ON THE EXECUTIVE COUNCIL

ACTION: The OSR Administrative Board agreed to request that the OSR Immediate-Past-Chairperson be a voting member of the AAMC Executive Council.

ADMISSION OF WOMEN TO MEDICAL SCHOOL

ACTION: The OSR Administrative Board endorsed the recommended policy statement on the admission of women to medical school with the deletion of the entire first sentence and the phrase "working toward" in the second sentence of the introductory paragraph.

STUDY OF HISPANIC MEDICAL STUDENTS

ACTION: The OSR Administrative Board recommended that AAMC assist with the Health Resources Services and Analysis Study of Hispanic Medical Students by distributing the data collection instrument to Student Affairs Deans of U.S. medical schools.

GRADUATE MEDICAL EDUCATION

ACTION: The OSR Administrative Board approved a recommendation that the AAMC work toward strengthening the educational aspects of graduate training programs and toward improving the graduate medical education accreditation process. The Administrative Board also recommended that the AAMC develop a mechanism for ensuring housestaff representation within the Association.

OSR ADMINISTRATIVE BOARD ACTIONS

January 12 and 13, 1976

HEALTH MANPOWER LEGISLATION

ACTION: The OSR Administrative Board voted to support the actions taken to date by its Chairperson and Vice-Chairperson on the OSR's health manpower resolution.

ACTION: The OSR Administrative Board decided not to send a letter to the members of the health subcommittees expressing OSR's dissenting position regarding medical school capitation.

APPOINTMENT OF THE EXECUTIVE COMMITTEE

ACTION: The OSR Administrative Board recommended the inclusion of the OSR Chairperson to the membership of the AAMC Executive Committee.

OSR REPRESENTATION ON THE EXECUTIVE COUNCIL

ACTION: The OSR Administrative Board recommended that OSR be granted two voting seats on the AAMC Executive Council.

CCME REPORT: THE ROLE OF THE FOREIGN MEDICAL GRADUATE

ACTION: The OSR Administrative Board recommended that the Executive Council approve the alternate wording proposed for Items A-4, B-11, and C-6 of the CCME report.

AAMC POLICY REGARDING WOMEN IN MEDICINE

ACTION: The OSR Administrative Board recommended that AAMC adopt a policy to encourage women to enter the medical profession.

ORGANIZATION OF STUDENT REPRESENTATIVES
ANNUAL REPORT, 1975-76

At last year's Annual Meeting, OSR representatives ranked their major issues of concern. The Administrative Board has directed its work throughout the year in these areas as well as other priority issues that have come up within the Association.

Non-productive Stress in Medical Education - There was an enthusiastic response to the OSR and GSA co-sponsored program on this topic at last year's Annual Meeting. Bob Rosenbaum, Sheryl Grove, and Mark Cannon presented unique position papers on this issue and met with Hilliard Jason, M.D. of the AAMC staff to work out a plan for action. At the regional meetings, students were asked to rank nonessential stress factors of most concern to them. Four broad factors emerged: Lack of time; financial problems; inadequate role models; and grading and evaluation systems. This year's OSR program is being co-sponsored by the Council of Deans and will feature a Keynote address by Dr. Gordon Deckert, a panel of four medical students addressing each of the stress factors mentioned above, and comments by a medical school dean on educational stress. Discussion sessions concentrating on solutions will be held the following morning.

Women in Medicine - Through effective efforts of Judith Braslow, the Special Assistant to the AAMC President for Women in Medicine, the OSR and the Association have advanced its activities in this area. The OSR offered a revision which was accepted to the AAMC Policy Statement on admission of women to medical school and supported the appointment of a woman liaison officer at each medical school. Other concerns of women students that have arisen during the year are reduced-time residencies, success of women in NIRMP, and medical school facilities for women.

Financial Aid - The Administrative Board appointed Tom Rado to participate in the AAMC Task Force on Student Financing. The OSR will work with the Consortium of Medical Student Groups to inform and advise medical and osteopathic students on areas of potential financial aid.

Communication and Liaison - The OSR increased its interaction this year with the Council of Deans. The Executive Council has shown increased concern for OSR input and has approved adding the OSR Chairperson-Elect to the Council as a voting representative. The OSR Chairperson has been included in Executive Committee deliberations that concern student interests. The OSR continued its liaison with other medical student groups and played an active role in the Consortium of Medical Student Groups. Mark Cannon is presently writing a history of OSR.

NIRMP - Dr. Jack Graettinger spoke at each joint regional meeting of OSR and GSA. The problems that OSR is currently working with are: Notification of unmatched students prior to the announcement time; uniform applications for graduate training; possible inequitable matching of women and minorities; and violations of NIRMP Rules and continued to be under-reported by students.

Graduate Medical Education - In June, the OSR Administrative Board appointed a task force to examine issues in this area. The leaders of the two housestaff organizations spoke at the September Administrative Board meeting. The task force felt that graduate physician input and participation in the Association was essential, and recommended that AAMC form a task force with housestaff representative to work out a mechanism for this participation.

Health Policy Legislation - The Chairperson of the OSR was included in Executive Committee conference calls concerning the Association's position on health manpower legislation. The students strongly promoted the concept of remote site ambulatory care training as a requirement for capitation. At the Annual Meeting Bob Bernstein is arranging for a panel of experts to speak about health policy issues.

Discrimination Against Students with Service Commitments - Bob Cassell inquired into this area and found no known problems in any sector. Since it may be too early to detect problems of scholarship recipients, this will be an ongoing concern of the OSR.

Curriculum and Evaluation - The OSR will continue to act as an open forum for communication and comparison between different forms of curriculum and evaluation. Action for change will be most effective at the local level.

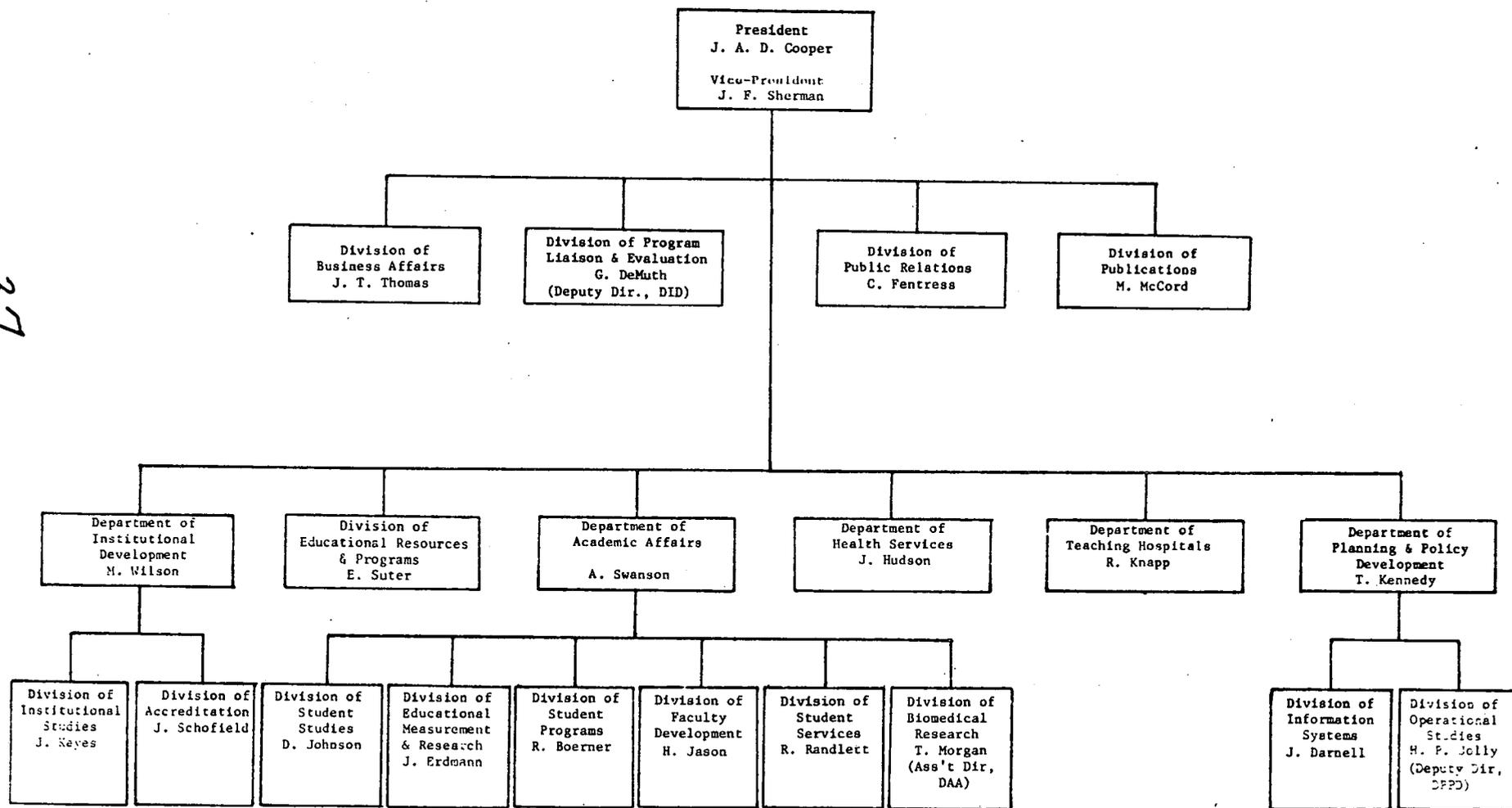
Accreditation - the OSR has published the OSR Accreditation Handbook and will distribute it this year. Students will be better informed as to how to take an active role in the accreditation process at their school. We feel in addition that the Liaison Committee on Medical Education should be expanded to include a medical student member.

Rich Seigle
Chairperson of the OSR
1975-76

CALENDAR OF 1977 OSR REGIONAL MEETINGS

<u>Date</u>	<u>Region</u>	<u>Location</u>
March 24-26	South	Gainesville, FL
April 24-27	West	Pacific Grove, CA
May 5-7	Central	French Lake, IN
May 11-14	Northeast	Annapolis, MD

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

STAFF ORGANIZATION

A REPORT OF THE SOUTHERN REGION OF OSR

The Southern Region of OSR met March 27-28 in Shreveport, Louisiana. Thirty students were present representing twenty schools. We began the meeting with an open discussion in which the major issues touched upon were health manpower legislation, housestaff and the NLRB brief, financial aid, tax exemption for students on military and PHS Scholarships and measures to provide for a second member on the AAMC Executive Council. A program on Stress in Medical Education and ways of dealing with it was presented by Sheryl Grove of the University of Arkansas and Steven Gressitt, past OSR Southern Region Chairperson and currently a resident in psychiatry at the Medical University of South Carolina.

The Region used the Delbeck technique in small group discussions to identify the most important sources of nonproductive stress concluding with a discussion of ways to reduce stress. A compilation of results from all the groups showed the most often identified sources of stress to be volume of material covered, lack of time, lack of control over one's own fate, methods of evaluation, financial problems, role definition and models and confrontation of cultural taboos. We were joined for a further discussion of financial aid and problems of stress by GSA members, George Warner of the University of the University of Arkansas and Mitch Rosenholtz of the University of Missouri-Columbia.

Following our own meeting, we held an informal discussion of our findings on stress with members of the GSA and the advisors group. Our findings and a brief discussion of them were also presented to the business meeting of GSA and the SAAHP. The GSA meeting also featured discussions by Tom Rado, OSR Chairperson, Kevin Fichenscher, AMSA President, of the two organizations' positions on health manpower legislation and government policy affecting financial aid. A disappointing occurrence at the GSA meeting was the failure of a motion which would allow for informing and counselling students who did not match in NIRMP prior to the national announcement time. On the whole, however, both the OSR and GSA meetings were satisfactory and rewarding.

Respectfully submitted,

Bob Cassell
Chairperson
OSR Southern Region

OSR WESTERN REGION REPORT, 1975-76

The OSR Western Region activities for the 1975-76 year centered primarily around the regional meeting in Asilomar in May. At that meeting we discussed such areas as NIRMP, financial aid, stress, women in medicine, counseling premedical students, and the Western Region Clerkship Survey.

From that meeting, we have generated a resolution regarding NIRMP for the Annual Meeting. We have made a list of areas of concern for premedical advisors which we will be sending to schools in our region along with a directory of medical students available at the avrious campuses for contact by premedical advisors or societies. We will also have completed a clerkship survey of externships within the Western Region that each school keeps on file. We will also have identified at each school a woman student and faculty member to act as liaison for matters concerning women in medicine.

Jessica Fewkes
Chairperson
OSR Western Region

DATA DEVELOPMENT LIASON COMMITTEE: OSR Annual Summary Report

CHARGE: Provide guidance and direction on the overall character and scope of a program of data collection covering the institutional, student, and faculty characteristics for academic medical centers and to consider and propose the resolution of questions relating to definitions and terminology, data interpretation and validity, additional data needs, source of data collection procedures, and confidentiality.

SUMMARY: During this past year the Data Development Liason Committee (DDLIC) has principally concerned itself with the classification of and release procedures for new data acquired from recent AAMC questionnaires. Data is classified as 1) Unrestricted, 2) Restricted, or 3) Confidential depending on its sensitivity. In this regard, the Committee balances the need for public access to data against the right for privacy of institutions and persons. Procedures for release of data depend on the data classification as well as the source of the request and the nature of the request. The AAMC staff, with DDLIC guidance and approval, has developed a complex matrix based on these parameters (classification, source, nature) which outlines a firm policy for data release.

BACKGROUND: Each year medical schools provide the AAMC with a wealth of information by completing questionnaires such as:
Liaison Committee on Medical Education - Annual Medical School Questionnaire - Part I and Part II
Faculty Salary Survey
Curriculum Directory
Fall Enrollment
Faculty Roster
Programs of Health Service Delivery and Primary Care Education
DHEW Facilities Survey

The answer to each question from each medical school is stored as a data variable in a computer-based information system called the Institutional Profile System (IPS). The IPS thus contains information on a wide variety of subjects (of interest to medical students) such as sources of medical school revenues and expenditures, statistics on faculty manpower, student enrollment, attrition, ethnic and sex composition, medical school curricula, facilities and so on. Additionally, the IPS retains data from preceding years, thus providing the capability for analysis and time-series studies.

Initially, all the information stored in the IPS was treated as privileged for use by the AAMC staff and was released to the public only in The Journal of Medical Education articles or other aggregate summaries. When the decision was made some two years ago to give AAMC constituents and the public direct access to the IPS databank, it was realized that procedural safeguards needed to be developed to limit the release of sensitive information. The DDLIC was assigned this task which only now is nearing completion.

DDLIC and the OSR: As can be surmised from the description above, the IPS is potentially a valuable information resource for interested students. The AAMC staff is capable of generating statistics and trend studies tailored to individual needs in projects ranging from academic research in medical education to comparative analysis of student aid expenditures. Every OSR representative should be aware of the IPS and its utility and should publicize it at their schools. Any further questions regarding the IPS or the DDLIC can be addressed to myself, David Diamond, or Mr. D. Agro, Division of Operational Studies, AAMC, P.O. G-1978, Brown University, Providence, R.I. 02912.

Report of the OSR Representative to the
AAMC Health Services Advisory Committee

The main purpose of the September 23 Health Services Advisory Committee was to discuss priorities for the committee to pursue over the next few years. The purpose grew somewhat more elevated, however, with the observation by some committee members that the committee had not been as active as it might have been over the last several years (a condition perhaps due to the general lessening of activity after the enthusiasm of the late sixties) and that it would be useful for us to have concrete proposals as to how the perceived problems of the nation's health delivery services can be responded to. The problem, as one member put it, is to "obtain social control over scarce resources without losing our freedoms." It was felt that community hospitals cannot provide health leadership and that it is necessary for Academic Medical Centers to step into the void to prevent "catastrophe".

One summerization of the problem facing Academic Medical Centers is that their staff wants to pursue research while the people want access to physicians, quality assurance, prevention, and treatment for chronic diseases, etc. The question becomes how it can be made financially feasible for Academic Medical Centers to get involved in the latter type of activity and thereby keep the flow of patients coming which they need.

A related issue is graduate medical education and cost control. The Deans are unhappy over the increasing cost of training house staff, particularly in light of the cap on federal reimbursement for education. Several options include decreasing stipends (no way), decreasing the length of graduate education, or getting away from the concept that a fixed period of time is necessary to obtain a defined set of skills.

These issues, and the others in the list of "selected topics" will be developed further by both staff and committee members. The full list of "selected topics" follows. You will note some overlap:

1. Academic Medical Centers as Comprehensive Models
2. Consideration of Health Delivery Mission of American Medical Centers
3. Self-care by Health Service Consumer
4. Facilitation of Prospective and Preventive Medicine
5. Cost containment in Academic Medical Centers
6. Academic Medical Centers and Health Services Advisory Committee cooperation
7. Cost containment of Health Services
8. Governance and Accountability
9. Holistic Medicine
10. Quality Assurance in Academic Medical Centers

The rest of the meeting was taken up by brief announcements.

1. The staff have applied for some grants to develop programs to expose students to quality of care procedures.
2. A survey of Primary care exposure is being undertaken.

3. The HMO Curriculum Development project is completed and various publications forthcoming.
4. OPD workshops were discussed and the issue of continuing them mentioned, but not decided. They probably won't be because of the expense and lack of results, despite some enthusiasm on the part of some participants.

As mentioned above, the committee will work on refining the "proactions" (as compared to "reactions").

Respectfully submitted,

Stan Helm