

ORGANIZATION OF STUDENT REPRESENTATIVES
1977 BUSINESS MEETING
November 5 and 6
Washington Hilton Hotel

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Business Meeting

November 10 and 11, 1976
San Francisco Hilton Hotel
San Francisco, California

I. Call to Order

The meeting was called to order by Richard Seigle, Chairperson, at 12:00 noon.

II. Declaration of Quorum

Richard Seigle declared the presence of a quorum of the Organization of Student Representatives membership.

III. Consideration of Minutes

The minutes of the November 1 and 2, 1975 business meeting were approved without change.

IV. Orientation

Dr. Mark Cannon, Immediate-Past-Chairperson, reviewed the history of the OSR and described operational aspects of OSR's relationship to AAMC staff and other constituent councils and groups. Following Dr. Cannon's presentation, Dr. John A.D. Cooper, President of AAMC, welcomed the OSR to the Annual Meeting. Dr. Cooper noted that the OSR's effectiveness as an integral part of the Association had increased over the past year and expressed the hope that the Organization would continue to grow as a productive entity of AAMC.

V. Report of the Chairperson

Richard Seigle reported that the past year had been an eventful one for the OSR. At the 1975 Annual Meeting, OSR approved two resolutions mandating the Administrative Board to issue public pronouncements of OSR policy regarding health manpower legislation and housestaff unionization. Mr. Seigle indicated that the ultimate decisions reached by the board were to communicate an OSR position on housestaff unionization to the NLRB due to a sense that the OSR had not had an opportunity to provide input to AAMC's policy with regard to this matter. They had agreed, on the other hand, not to publicize a separate position on health manpower since OSR had substantial opportunity to participate in the formulation of AAMC policy on this legislation. He noted that in the process of reaching a decision on these resolutions, he and other members of the board weighed the effectiveness of acting

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on each resolution against the adverse effects to the relationship between OSR and AAMC. Discussions with AAMC officers reflected an interest in developing more productive interactions with OSR.

Mr. Seigle reviewed the issues which were identified by OSR at the 1975 Annual Meeting and outlined the Administrative Board's activities in those areas. He reported that issues related to women in medicine continued to be of great interest to the OSR and that the board had worked throughout the year with Judy Braslow, Assistant to the AAMC President for Women in Medicine, on programs in this area. The Administrative Board recommended a revision to the AAMC policy statement on the admission of women to medical school which was approved by the Executive Council in September.

Mr. Seigle reported that the OSR Administrative Board explored various aspects of medical student stress at great length at each of its meetings. He indicated that at the regional meetings, OSR members engaged in group dynamics sessions to identify non-productive stress factors and that the four factors cited most often were (1) time constraints, (2) financial burdens, (3) inadequate role models, and (4) grades and evaluations. Mr. Seigle indicated that this issue would be further explored at the joint OSR/COD program session planned for later in the week. He felt that OSR should eventually concentrate on two aspects of this issue: how medical schools can help students cope with non-reducible stress and how medical schools can reduce or eliminate non-productive stress.

Mr. Seigle also reported that the OSR Administrative Board continued throughout the year to pursue issues related to graduate medical education. In June, the board approved a resolution asking the Association to take positive steps to enhance the educational aspects of graduate training programs. An OSR task force developed a preliminary report which listed issues in graduate medical education which should be addressed by the academic medical community. Mr. Seigle noted that the issues surrounding housestaff education were likely to be examined in depth by the Association during the coming year and that the OSR would continue to be deeply concerned with these issues.

At OSR spring regional meetings, Dr. Jack Graettinger, Executive Vice-President of NIRMP, made presentations to joint OSR/GSA groups on trends in graduate medical education. Mr. Seigle noted that OSR had considerable opportunity to input to NIRMP policies and procedures through its member on the NIRMP Board of Directors and on the GSA Committee on Professional Development and Advising. He reported that the OSR was particularly concerned with the development of a viable means to monitor violations of NIRMP procedures, development of a uniform application form, and with counseling unmatched students.

Other areas in which the OSR played an active role were in the development of AAMC positions on health manpower legislative proposals and in the review of the proposed LCME Guidelines for the Function and Structure of a Medical School. Mr. Seigle reported that the OSR Accreditation Handbook was published this year and would be distributed to students participating in LCME accreditation site visits of their school.

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VI. Report of the Student Member on the AAMC Task Force on Medical Student Financing

Dr. Tom Rado provided a review of the trends in medical student financial aid that led to the formation of the AAMC Task Force on Student Financing. He reported that as tuition levels rise and as funds from both the public and private sector become more difficult for students to secure, there is a growing concern that medicine will become a profession available to only upper-class students. He indicated that the reasons for the decrease in available funds and the implications of the situation for the medical school population are extremely complex and difficult to resolve. Dr. Rado reported that the meetings of the Task Force have primarily been devoted to data gathering and to discussing the nature of the problem with a wide variety of resource people from the federal government, the banking community, private foundations and other agencies involved with medical student financial aid. Dr. Rado concluded by urging OSR members to contact him with any suggestions about alternative sources of aid or new approaches to this problem.

VII. OSR Rules and Regulations

Mr. Seigle reviewed the revisions to the OSR Rules and Regulations which were proposed by the Administrative Board. He explained that during the course of the year, the Council of Deans Administrative Board discussed with them the possibility of OSR's obtaining a second voting seat on the AAMC Executive Council. The COD board indicated during these discussions that they would be supportive of an increase in OSR representation on the Executive Council if a mechanism could be worked out that would guarantee a greater degree of continuity in OSR participation on the Council. Mr. Seigle reported that the OSR Administrative Board had considered numerous ways of achieving the desired continuity and had agreed that changing the OSR officer structure to provide for the office of Chairperson-Elect was the only option that was acceptable to both the OSR and the COD. He also pointed out that the proposed provisions 4.F. and 6.A. were designed to serve as safeguards in the event that the Chairperson-Elect or any other officer was not satisfactorily performing the duties of his or her office.

ACTION: *On motion, seconded, and carried by a vote of 51-22, the OSR approved amendments to the OSR Rules and Regulations as indicated below.*

Amend Section 4.A.2 as underlined:

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

Amend the first two sentences of Section 4.B as underlined:

- B. *Officers other than the Chairperson shall be elected at each annual meeting of the Organization and shall assume office at the conclu-*

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sion of the Annual Meeting of the Association. The Chairperson shall assume office as provided in Section 6.

Amend the third and fourth sentences of Section 4.D. as underlined:

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 event this additional criterion shall be waived.

Add new Section 4.F.:

National officers may be recalled by a two-thirds vote of those present and voting at any regular or special meeting of the Organization. Regional officers may be recalled by a two-thirds vote of those present and voting at any regional meeting.

Amend Section 4.G. as underlined:

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-post-chairperson of the Organization.

Amend item 2 under Section 5 as underlined:

2. The Chairperson-Elect of the Organization of Student Representatives;

Amend Section 6 as underlined:

- 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 or is recalled by the Organization as specified in Section 4.F. 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.*

VIII. Resolutions

A. Committee of Interns and Residents vs. Misericordia Hospital Medical Center

Dr. Tom Rado introduced a resolution recommending that the OSR Administrative Board be directed to gather data and develop a position paper on the case of CIR vs. Misericordia Hospital Medical Center (see Addendum 1). Dr. Rado pointed out that the suit involves the procedural question of whether the National Labor Relations Board's decision that housestaff are primarily students preempts a state labor relations board's authority to decide that question in a particular state. He noted that since AAMC has been authorized by the Executive Council to enter as an amicus curiae if the case is appealed beyond the state court level, it will be important for the OSR board to keep abreast of the developments in the case and adopt a position when the facts and implications involved are more clearly understood.

An amendment was offered by Jannice Owens that the position eventually adopted by the OSR Administrative Board in this matter be distributed to (1) the New York State Labor Relations Board, (2) the AAMC Executive Council, (3) the National Labor Relations Board, and (4) the Consortium of Medical Student Groups. Speakers in opposition to this amendment felt that it would be inappropriate to make a decision about circulating a position that has not yet been developed.

ACTION: *On motion, duly seconded, the OSR defeated the amendment offered by Ms. Owens.*

ACTION: *On motion, seconded, and unanimously carried the OSR approved the main motion.*

B. Medical Student Representation on the Liaison Committee on Medical Education (LCME)

A resolution was offered by John Barrasso requesting the AAMC Executive Council to support the concept of including a student member on the LCME and to communicate its support to the LCME (see Addendum 2).

ACTION: *On motion, seconded, and unanimously carried, the OSR approved Mr. Barasso's resolution.*

IX. The meeting was recessed at 3:30 p.m.

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- X. The meeting was recalled to order by Richard Seigle at 1:30 p.m. on November 11.
- XI. Mr. Seigle declared the presence of a quorum of the Organization of Student Representatives membership.
- XII. Reports of OSR Annual Meeting Discussion Sessions

Mr. Seigle requested that the leaders of the sessions provide summaries of their groups' discussions.

A. Graduate Medical Education

Dr. Mark Cannon reported that Dr. August G. Swanson had attended the session to talk about the Association's programs in this area. Dr. Cannon indicated that the major items of discussion revolved around the conflict between the educational aspects and the service requirements of graduate training programs. He also reported that there was a strong consensus in the group that AAMC should include house-staff representation.

B. Curriculum and Evaluation

Bob Cassell reported that Dr. Thomas Morgan, Director of the AAMC Division of Biomedical Research, attended the session and discussed with the group ways by which students can indirectly influence the teaching and evaluation systems at their schools. Mr. Cassell stated that his group had approved a resolution regarding systems of evaluation that would be introduced later in the meeting.

Dr. Mark Cannon reviewed the major items of discussion from his session on curriculum and evaluation. He reported that Dr. Robert Beran, the AAMC staff member in charge of the Three-Year Curriculum Study, attended the session. Dr. Cannon stated that one of the main conclusions of their discussion was that the particular type of grading system utilized by a school is not as crucial to students as whether the students understand the basis upon which they are being evaluated.

C. NIRMP

David Bell reported that Dr. Jack Graettinger had attended one of the two NIRMP discussion sessions to discuss recent trends in the match. A written report of the NIRMP discussion sessions is attached to these minutes as Addendum 3.

D. Health Policy Issues

Bob Bernstein reported that the session on health policy issues had been very successful. He expressed his appreciation to the individuals who participated in the session and addressed health policy issues from their particular perspective--Dr. June Fisher, Robert Wood Johnson Clinical Scholar at Stanford; Dr. Thomas Kennedy, Director of the AAMC Department of Planning and Policy Development; Dr. Phillip Lee, Professor of Social Medicine for the Health Policy Program at UC-San Francisco;

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and Dr. Gerald Weber, Manager of the Health Services Research Group. Dr. Bernstein indicated that the two major issues which had surfaced during their session related to problems of financing medical education and the effect of health education on trends in health care delivery.

E. Women in Medicine

Jessica Fewkes reported that Judy Braslow, Special Assistant to the AAMC President for Women in Medicine, attended both women in medicine sessions to inform OSR representatives about AAMC programs in this area. Ms. Fewkes reported that the AAMC is currently asking each medical school to submit the name of a women liaison officer in an effort to establish a better communication network among women in medicine. Other topics which were discussed included reduced-schedule residency programs, ways to recruit female high school and college students interested in the medical profession, and how to organize women's groups at the local institutions.

F. OSR Communications

Paul Scoles reported that participants in the session on OSR communications discussed inter-organizational communications as well as communications between OSR and local medical student bodies. Recommendations that emerged from the session were (1) that regional chairpersons issue periodic newsletters (preferably after each Administrative Board meeting) to their region, (2) that regional chairpersons assume responsibility for having the minutes of regional meetings distributed within thirty days of the meetings, and (3) that a Representative-at-Large be specifically designated to supervise national OSR communications.

ACTION: *On motion, seconded, and unanimously carried the OSR approved the recommendations of the discussion group on OSR communication.*

G. Homosexuality in Medicine

Karen Sharda reviewed the major topics that were discussed at the homosexuality in medicine session. Dr. Paul Fink, Chairman of the Department of Psychiatry at Jefferson, was present to discuss with the group problems of homosexual students, physicians, and patients. Ms. Sharda indicated that the consensus of the group was that not enough is taught about homosexuality in medical school to prepare students to deal with future homosexual patients. She expressed the group's feeling that students' or physicians' lack of sensitivity to homosexual patients often results in reluctance on the part of homosexual patients to seek health care. She concluded by stating that while the session resulted in no specific recommendations, there was strong agreement that issues relating to homosexuality in medicine should be pursued in depth during the next year.

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H. Humanistic Medicine

Richard Seigle reported that participants in the session discussed the definition of humanistic medicine (Addendum 4) and talked about the relevance of the tenets of humanistic medicine for medical education. Participants received outlines of humanistic medicine electives that are currently being offered at George Washington (Addendum 5) and discussed ways by which students can encourage the incorporation of similar electives into the curriculum at their own schools.

XIII. Election of Officers

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

Chairperson: Thomas A. Rado, Ph.D.--University of Arkansas College of Medicine

Chairperson-Elect: Paul Scoles--CMDNJ-Rutgers Medical School

Representatives-at-Large:

Robert Bernstein, Ph.D.--University of Connecticut School of Medicine

Robert Cassell--Duke University School of Medicine

Margaret Chen--Medical College of Wisconsin

Jessica Fewkes--UC-San Francisco School of Medicine

XIV. New Business

A. Support and Funding of Participation in OSR

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

WHEREAS, a significant number of AAMC member schools effectively limit student participation in the AAMC by failing to adequately fund the attendance of student representatives to OSR meetings, while supporting the attendance of representatives to the COD, the COTH, and the CAS, and

WHEREAS, the resultant lack of continuity of representation in the OSR seriously impairs informal participation by the OSR membership in AAMC affairs, and

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WHEREAS, the Council of Deans has endorsed increased student representation on the Executive Council contingent upon adequate continuity of that representation,

BE IT RESOLVED that each AAMC member school should be urged by the Chairman of the COD to solicit, endorse, and adequately fund attendance of an OSR representative to all national and regional OSR meetings.

B. Medical School Transfer Policies

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

WHEREAS, it has been brought to our attention that there may be irregularities in the transfer process from two-year medical schools,

WHEREAS, there is no consistency in transfer between M.D.-granting schools,

BE IT RESOLVED that the OSR Administrative Board investigate this question, report to the OSR members and begin work on solutions if problems exist.

C. Curriculum and Evaluation

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

WHEREAS, one of the major concerns of the Organization of Student Representatives is medical school curriculum and the evaluation of the medical education process, and

WHEREAS, a number of medical schools have devised mechanisms for evaluation of course content and of teaching, and

WHEREAS, such evaluation mechanisms may be helpful to other schools in establishing their own evaluation mechanisms,

BE IT RESOLVED, that the OSR shall request from a Representative or Dean of each of its member schools, copies of that school's evaluation forms and/or a description of the school's evaluation process, and

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BE IT FURTHER RESOLVED, that the OSR shall compile these forms and descriptions and shall make them available upon request to its members and to other interested parties.

D. Medical Student Rights and Responsibilities

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

WHEREAS, the status of house staff as students versus employees, and the right of house staff to collective bargaining privileges remains in question, and

WHEREAS, house staff organizations are increasingly finding it necessary to consider the use of strikes or other job actions to secure improved conditions for their patients and themselves, and

WHEREAS, the rights, duties and responsibilities of students in hospitals affected by such strikes are unclarified, and

WHEREAS, examples have been brought to the attention of the OSR of threatened reprisals directed against students who support such strikes or job actions,

BE IT THEREFORE RESOLVED, that OSR form a task force to examine and explore these issues, said task force to formulate a statement of student responsibilities and rights for presentation to 1977 regional meetings.

E. Cigarette Sales at Medical Schools and Teaching Hospitals

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

WHEREAS, the medical profession is committed to the promotion of health and healthful habits, and

WHEREAS, the AAMC represents the institutions involved in medical education, and

WHEREAS, the AAMC thus has a responsibility for the promotion of healthful habits among the population at large, and

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WHEREAS, there is a considerable body of epidemiologic data implicating cigarette smoking in the etiology of serious and life-threatening human disease,

BE IT THEREFORE RESOLVED, that the AAMC should encourage the prohibition of sale of cigarettes within medical schools and teaching hospitals.

F. NIRMP Monitoring

A resolution was introduced regarding mechanisms for reporting violations of NIRMP procedures. It was pointed out that anecdotal data indicates that a significant number of program directors pressure students to commit themselves to a program prior to the submission of confidential rank order lists to NIRMP. It is clear that violations of this type threaten the viability of the matching program, and the resolution recommended the development of a system for reporting such violations anonymously to AAMC and for exercising sanctions against program directors who initiate violations. During a lengthy debate on this issue, there was general agreement that a monitoring program, similar to the one that currently exists, should be maintained and strengthened by including sanctions against program directors who pressure students to enter agreements outside NIRMP. It was pointed out that the current monitoring program has been effective in dealing with violations that have been reported but that few violations are reported presumably because students are reluctant to identify themselves and thus hinder their chances of entering a desirable program. It was also emphasized that it is infeasible for legal reasons to guarantee students' anonymity or to take steps to assess guilt or punish violators. The consensus reached was that some type of monitoring system should be established and publicized but that the question of including sanctions in the system will have to be pursued further by AAMC staff and the OSR Administrative Board in order to devise an effective system that can legally be implemented.

ACTION: On motion, seconded, and carried by a vote of 45-38, the OSR approved the following resolution:

The OSR proposes that the following mechanisms be activated for the reporting of violations of NIRMP procedures for applying for residencies.

- 1) A specific AAMC staff member should be appointed for receiving and investigating complaints.*
- 2) Complaints may be filed directly with the AAMC staff person or may be relayed to that individual by the local OSR representative from the school of the complaining individual. Complaints should be filed in writing. At the request of the*

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reporting student, his or her name shall be held anonymous.

- 3) Violations will not be considered unless there is written evidence of such a violation.*
- 4) Punishment for a first offense shall be a reprimand by the President of the AAMC. Punishment for a second offense shall be the release of the name of the guilty party to the general public.*
- 5) The OSR Administrative Board shall be directed to explore other possible mechanisms for the investigation and redress of alleged violations and the protection of reporting students.*

XV. Adjournment

The OSR Business Meeting was adjourned at 6:00 p.m.

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) the Administrative Board be instructed to accumulate data on the New York State case and (2) from these data 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 be circulated to OSR membership by the Administrative Board of OSR for further action.

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 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 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.

REPORT OF OSR DISCUSSION SESSIONS ON NIRMP
AAMC ANNUAL MEETING
Nov. 11 & 12, 1976

Two workshop sessions were devoted to the NIRMP. At the first one, Dr. Jack Graettinger, the Executive Vice-President of the NIRMP, discussed the activities and problems of this organization. At the second meeting, students discussed these problems among themselves and made recommendations.

Before the NIRMP began in 1952, the transition to graduate medical education was very chaotic, with students often asked to sign contracts as early as the beginning of junior year. The NIRMP has greatly streamlined the transition process to the advantage of both students and hospitals. Last year, of 13,500 graduates, 87% used the NIRMP. Only 8% of students who used the NIRMP did not match.

However there has been an increasing problem of violations of the matching agreement, e.g. program chairmen making deals with students to rank each other first, pressuring students to sign contracts before the match release date, students reneging on their pledge to accept their match result, department chairmen placing their students in programs along the "old boy network", thus effectively removing a spot from the open match.

I. How common are violations?

This is unknown because the student involved in a violation has the most to gain from keeping quiet and the most to lose from reporting the violation. An ongoing AAMC monitoring program receives only a few violation reports per year. An AAMC questionnaire, mailed to fourth year students 2 years ago, yielded poor results, partly because it was mailed very late. NIRMP statistics provide a clue. Last year some 800 students listed only one choice on their rank order list, (presumably either extreme self-confidence or a secret agreement in violation of NIRMP rules). Of interest is that 11% of these students went unmatched. Moreover 25% of the programs which ranked only as many students as they had room for, did not fill their programs. Moral: cheating doesn't pay! Dr. Graettinger observed that most of these problems came from small surgical subspecialty programs which had never quite trusted the NIRMP anyway.

II. How to respond to reported violation?

At present someone in the AAMC calls the program chairman to ask questions and "jawbone". In a full scale investigation the student's name would have to be revealed. The OSR Administrative Board felt informally that program directors might be jawboned by the AAMC without a full investigation and without revealing the student's name.

Dr. Graettinger reported that the NIRMP Board of Directors felt strongly that the NIRMP was to be only a computer---that any investigations or jawboning were to be done by AAMC. He further noted that the NIRMP is threatened not only by violations but also by the ambivalence of many program directors---principally small surgical subspecialties--about continuing to participate in

the NIRMP. He observed that the NIRMP has been historically the first and only central source of accurate statistics on specialty choices of American medical graduates, and he was reluctant to jeopardize the NIRMP by antagonizing program chairmen.

During the San Francisco convention, Dr. Graettinger intended to jawbone the groups of specialties most implicated in violations.

III. Future OSR/AAMC action.

The AAMC will conduct an anonymous survey this year of 4th year students to solicit reports of violations to try to determine the magnitude of the problem.

Students felt that violations should be reported to the AAMC, that program directors should first be jawboned and then their names published if violations persist. Other suggestions included requiring all programs to participate in NIRMP with disciplinary action for violations.

Students also agreed with an Administrative Board proposal that statistical data on women and minorities be collected for research purposes only.

Regarding the problem of unmatched students, the Administrative Board had suggested that such students be notified 24 hours ahead of match release time to allow them time to consult with their deans before telephoning unfilled programs. (They would not be allowed to telephone during this 24 hour grace period.)

At the workshops, suggestions included early release of the names of the unmatched hospitals by NIRMP, a rematch, and an 800 toll-free line on which all calls must be placed.

Submitted by,

David Bell, Moderator
OSR Representative from Harvard
Medical School
Student Member of the NIRMP Board
of Directors

WORKING DEFINITION OF HUMANISTIC MEDICINE

- One: The patient cannot be seen simply as his disease nor can the health professional limit his expertise to medical technology. The full healing potential of their relationship often depends on their interaction as whole human beings and far exceeds the treatment of disease.
- Two: Every person achieves a unique interdependent relationship of body, mind, emotions and spirit, inseparable from other individuals and society. Illness can best be understood as a disturbance within the dynamic balance of these relationships. Health may be defined as the harmony of the whole and the work of the health professional as aiding in the reestablishment of a more fully conscious equilibrium within the whole.
- Three: The patient and the health professional are colleagues. Their collaboration activates the latent human and biological resources within the patient for healing. The patient is encouraged to be aware of his choices and become increasingly responsible for his own health, growth and fulfillment.
- Four: Illness may provide an opportunity for personal growth. The experience of disease may be used creatively to reevaluate life goals and values, provide clarity in setting priorities and mobilize previously untapped strengths. The health professional enables the patient to evolve a positive value from the experience of disease, to maintain identity and reaffirm the dignity as a person.
- Five: Illness must be seen in the context of the life span of the individual. Indeed, it may have a unique meaning when seen in reference to the total life of the patient. Physical disease and emotional suffering have an individual message for each patient, yielding information about such personal issues as life style, self-worth and the value of time. The knowledge gained through the understanding of this individual meaning may enable the patient to enrich the quality of his or her life.

GENERAL INFORMATION

INSTITUTE FOR THE STUDY OF HUMANISTIC MEDICINE

BACKGROUND

The major task of our century is the achievement of an integration of our expanding scientific and technological skills with the full range of human needs and capacities. This larger cultural problem has been manifested in the contemporary institution of medicine by a tendency toward the dehumanization of health care. Until recently, relatively little has been done in a systematic and deliberate way to reintegrate these aspects of medicine, thus creating a scientific medicine which is humanly caring and humanly relevant.

From its inception in 1972, the guiding philosophy of the Institute has been that medicine, in order to be effective in the promotion of health, must be cognizant and responsive not only to the body of the patient, but also to his feelings, his mind, his will, his imagination, his creativity, his aspirations, his values, his capacity for making ethical choices, his spirit -- in short an effective medicine is responsive to and involves the whole human dimension of the person who is a patient.

The Institute has developed a team of interdisciplinary health workers including doctors, nurses, health educators, counselors and educators who are committed to establishing such a Humanistic Medicine. The preparation and training of this team has drawn knowledge, skills and understanding from such varied fields as philosophy, psychology, psychophysiology, sociology, religion, anthropology, systems theory, literature, education and the arts.

Through its educational programs the Institute has developed ties with a large number of educational and clinical organizations and individuals, including medical schools, nursing schools, medical student associations, nursing associations, practicing physicians, nurses, medical clergy and medical assistants to mention a few. In addition, the health team that comprises the Institute's professional staff maintains clinical practices and administrative clinical positions which provide a "laboratory" where new humanistic concepts can be explored in existing settings. This clinical work is the practical basis for the research, publications, seminars, presentations, curriculum development and other theoretical efforts of the Institute. The Institute's studies, training activities and clinical practice have led to the development of a preliminary working definition of Humanistic Medicine and to the recognition that the establishment and implementation of Humanistic Medicine will require years of careful work and generations of health professionals working together.

A working definition of Humanistic Medicine, to be refined and expanded as the work of this Institute and other parallel efforts progress, is the following:

HUMANISTIC MEDICINE ELECTIVESIntroduction

Health is highly valued in our society. Nonetheless, there is growing public concern over the quality of health care being delivered. Dissatisfaction focuses not only on excessive costs and geographical, social, and specialty maldistributions, but in addition on the absence of a fundamental element of human interaction. Family practitioners estimate that 70-80% of the people coming to their offices suffer from problems related to their inability to cope with the physical, emotional, and mental stresses of modern living. In addition to competent medical treatment of the physical problem, ideal therapy for such complaints would include sound medical guidance based on a multidimensional understanding of the patient. Many physicians, through lack of training, feel inadequate to give this type of guidance. To meet the demands of such a medical practice each physician must complement his grasp of the technological advances of medicine with a capacity to respond empathetically and realistically to the human problems of his patients. It is hoped that these courses will provide medical students with a unified understanding of the subtle factors that impact the physical aspects of illness, and add to their ability to help the patient reestablish his ability to care for himself and to respond productively to his environment.

Background Information

Over the past three years student groups at George Washington have organized a lecture series entitled the "Forum on the Healing Arts" to introduce the basic concepts of various traditional and developing medical systems. Presentations have included acupuncture, homeopathy, biofeedback, relaxation therapy, hypnosis, nutrition, and massage.

Concomitant with the development of this series from year to year, has been a growing recognition among students and faculty that these practices offer unique and valuable diagnostic and therapeutic techniques, as well as providing a holistic view of man and insights into a more humanistic practice of medicine. As a result, a group of second year students, with the guidance of the Dean for Academic Affairs, has organized two elective courses which will examine these issues in a more systematic fashion. It should be emphasized that these courses have been designed to serve as an introduction or overview; their purpose is to expose students to classical and developing concepts. Consequently these courses do not obviate the regular medical curriculum but rather they lend it perspective. By refining the students' sensitivity to and awareness of the subtleties of health and disease, such learning experiences will, it is hoped, enhance overall academic initiative and competence.

With a grant from the Lebensberger Foundation the courses have gotten under way during the Fall 1976 semester with presentations in "Acupuncture-Homeopathy" and "Psychophysiology, Health and Illness." The regular attendance at each presentation of 40-50 students from the medical and paramedical programs is an indication of their popularity. In addition, the Office of Continuing

Medical Education is considering granting physicians attending the lectures credit toward their yearly requirements for relicensing.

The objectives and format of each course are presented below:

Courses

I. Medical Systems

The course will examine the following disciplines:

- 1 - Acupuncture (Sept. 3 - Oct. 22, 1976)
- 2 - Homeopathy (Oct. 29 - Dec. 17, 1976)
- 3 - Manipulation Therapy: Osteopathy, Chiropractic, Massage (Spring 1977)
- 4 - Nutrition, Fasting, and Herbal Remedies (Spring 1977)
- 5 - Consciousness Therapy: Hypnosis, Biofeedback, Meditation (Spring 1977)

With two semesters available approximately two months has been allocated to each discipline (eight 2-hour sessions), with the possibility of additional weekend or evening workshops for in-depth demonstration and practicum experience. By the end of the course it is intended the student will have a basic understanding of:

- 1 - the theory and history of each discipline
- 2 - how the practitioner views and diagnoses the whole person
- 3 - specific techniques for treatment
- 4 - those diseases especially helped by each approach
- 5 - the limitations of each approach

II. Explorations in Humanistic Medicine

This course has been designed as a multidimensional learning experience; that is, the first hour of each session would be devoted to a lecture and the second to small group discussions and exercises. The following objectives have been established:

- 1 - to develop a deeper understanding and sensitivity to the subtle human factors such as feelings, values and will which impact the healing process
- 2 - to cultivate an awareness of the nature and principles of health
- 3 - to examine the therapeutic nature of the patient-physician relationship
- 4 - to develop an expanded view of the physician as a person with human needs, human stresses and human limitations
- 5 - to develop an understanding of the healer role and the role of a patient
- 6 - to learn constructive methods for treating the whole person
- 7 - to learn constructive methods for dealing with physical and mental suffering
- 8 - to learn constructive methods for dealing with the dying patient

The following areas have been outlined as expedient vehicles for meeting the objectives listed above:

- 1 - Psychophysiology - Health and Illness: This section entails an examination of the relationship between psychological and physiological processes. What is the relationship between conscious experience and the autonomic nervous system and its role in the etiology and/or exacerbation of disease? What is the psychophysiology of stress? (Sept. 7 - Nov. 9, 1976)
- 2 - Altered States of Consciousness: This section addresses the importance and value of an expanded view of man in medical practice. What role do vision, intuition and creativity play in the healing process? What impact do "higher" mental states have in one's life and toward one's health. What role do religious experiences, life meaning and purpose play in the healing process? (Nov. 16 - Dec. 14)
- 3 - The Nature of the Patient-Physician Relationship: This section examines the therapeutic power of the patient-physician relationship. What role does mobilization of patient's choice, responsibility, and will play in the healing process? How can one activate latent human and biological resources within the patient for healing and continuing health. What practical methods are available for treating the whole person? (Jan. 7 - March 8, 1977)
- 4 - Critical Life Events with an emphasis on Death and Dying: This section will include an examination of the impact of these events on patient, family, community, and physician, and constructive systems for dealing with them. What is the value of seeing illness in the context of an individual's life? How can illness be used as a creative opportunity for growth? (March 8 - May 9, 1977)

Impact

It is hoped that participants will gain a deeper understanding of the practice of medicine, the nature of disease and health, and themselves. These new dimensions can be reflected in their lives as physicians by an increased ability to aid in the patient's cure and to help the patient understand the nature and precipitating conditions of his illness.

In the process of setting up these courses a questionnaire was sent to each medical school in the United States and Canada. From the responses received, it is clear that there is significant prevailing interest in these areas, and that these courses will be a unique addition to medical school curricula. These courses will be a step toward the infusion of humanistic values as well as alternative techniques and viewpoints into the mainstream of medical education. The organization of this course has brought together a number of medical professionals in the Washington area. This communication has resulted in a vital dialogue that promises to have a positive effect on the entire medical community. Practicing physicians and students who increase their awareness of the various methods of treatment available can be expected to improve their delivery of health care.

PSYCHOPHYSIOLOGY, HEALTH, AND ILLNESS

Tuesdays 1:00-3:00 PM,

The course will not only deal with psychophysiological functions and disorders, but also with techniques used to assess and prevent their reoccurrence. The methods and implications of diagnosing and treating the whole patient as opposed to a disease entity will be explored.

- September 7: Concepts of Health and Illness: L. Thompson Bowles, M.D., Ph.D., Acting Dean of Academic Affairs, George Washington University School of Medicine and Health Sciences.
- September 14: The Placebo Effect and its Use in Medicine: Roland Fischer, Ph.D. Research Coordinator, Maryland Psychiatric Research Center.
- September 21: Psychosomatic Medicine and the Cardiovascular System: James Lynch, M.D., Department of Psychiatry, University of Maryland School of Medicine.
- September 28: The Influence of Psychological Stress on Endocrine Function: John W. Mason, M Scientific Advisor, Division of Neuropsychiatry, Walter Reed Army Institute of Research.
- October 5: Toward a Conceptual Formulation of the Healing Process: Lorenz K. Y. Ng, M.D. Chief, Laboratory for Intramural Research, National Institute on Drug Abuse.
- October 12: Personality, Illness, and the Triune Brain Theory: John Horton, M.D. General Practice and Preventive Medicine.
- October 22: Stress and the Relaxation Response: Herbert Benson, M.D., Associate Professor of Medicine, Harvard Medical School.
- October 26: Pain - A Psychosomatic Complaint: Thomas N. Wise, M.D., Chief of Psychiatry and Instructor in Medicine, Fairfax Hospital.
- November 2: Mind-Body Dualism: R. Curtis Bristol, M.D., P.C., Assistant Professor of Clinical Psychiatry, George Washington University School of Medicine and Health Sciences.
- November 9: Mind-Body Interactions in Illness and Healing: Jerome D. Frank, M.D. Professor Emeritus of Psychiatry, Johns Hopkins Hospital.
- November 16: The Holistic Approach to Stress, Pain, and Healing: John Horton, M.D. General Practice and Preventive Medicine.
- Optional Labs: Friday afternoons 1:00-2:30 PM. Psychiatric Liaison Conference, Seymour Perkin, M.D., Chief of Psychiatric Liaison Services, George Washington University Hospital.

Acupuncture Lecture Schedule

The course will be held Friday from 1:00-3:00 in Ross 224. Suggested readings are on reserve at the Himmelfarb Library.

- September 3: Biological Energy - A New Approach to Health and Disease
Dr. Warren Ross
Reading: reprint distributed - "Chi Energy and Bioelectric Phenomenon", Robert Giller, M.D.; Is Acupuncture for You?, J. R. Worsley, Harper & Row.
- September 10: Yin Yang and the Five Dynamic Elements
Jing Wu and Dr. George Hsu
Reading: Acupuncture the Ancient Art of Healing: How It Works Scientifically, Felix Mann, Vintage 1972, pp 58-100.
- September 17: Channels of Energy I
Jing Wu
Reading: An Outline of Chinese Acupuncture, The Academy of Traditional Chinese Medicine, Foreign Press, Peking, 1975, pp 33-69.
- September 24:
1:00-2:00PM: Neurological Basis of Electroacupuncture
Dr. Jane Hu
Reading: reprint to be distributed in class.
- 2:00-3:00PM: Channels of Energy II
Jing Wu
Reading: Acupuncture Anesthesia, DHEW Publication No. (NIH) 75-784, pp.7-39.
- October 1: Diagnosis
Jing Wu and Dr. George Hsu
Reading: Acupuncture, Mawn, pp 151-190.
- October 8: Modern Views of Ancient Oriental Forms of Medicine: Observations vs. Theory
Dr. Chalom Albert
Reading: reprints to be distributed in class
- October 15: Point Location, Use, and Practice
Jing Wu
Reading: to be announced.
- October 22: Advantages of Acupuncture
Jing Wu
Reading: Acupuncture, Mawn

ANNUAL REPORT OF THE CHAIRPERSON

Trying to review events and accomplishments of the past year, I am struck by the difficulty of the task. Perhaps the difficulty is a conceptual one. We are used to thinking of years as discrete entities in which certain set goals can be attained. The periods to which we have become accustomed are academic years. Unlike real years, those have a defined beginning and a summer vacation to punctuate the end. Advancement into any particular year has implied satisfactory attainment of the objectives set for the previous one. The reward for successful efforts was tangible and immediate. I think this training perpetuates an illusion.

Political process and the movement of history refuses to happen in yearly quantum jumps. It seems that in spite of Annual Meetings, yearly agenda, and our best efforts to the contrary, we have occasionally to admit that we are part of a continuum. Service on the OSR Administrative Board makes this fact painfully evident. As students, we see certain aspects of medical education with unique clarity, we recognize problems in areas such as stress or financial aid, and develop a sense of how these problems might be approached. At the Annual Meeting the problems are discussed, solutions are proposed, and the goals for the year are set. In this atmosphere the officers-elect, charged with their own ideals and the will of their colleagues, enter the political arena.

Two realizations characterize the education of an administrative board member. The first occurs as the complexity of the field becomes apparent. Problems that appeared as relatively isolated points in space are revealed to exist as part of a multi-layered landscape composed of court decisions, legislation, federal oversight, and delicate negotiations. The second realization comes later, and has to do with the fact that the politics of medical education like any politics involves the clash of powerful groups, each with strong vested interests, and each with an excellent command of rhetoric. The rhetoric

is clear; commitment to the public good and the delivery of quality health care. The interests are more subtle.

Each Administrative Board, with its tiny life span of one year, attacks certain problems. Each begins by hoping for victory and ends by settling at best for a bit of progress.

The issues with which we dealt this past year can be classified as relating to the level of student involvement in the power structure, or as relating to the substantive issues facing medical education. It has long been a goal of OSR to have a voting student member on the Liaison Committee on Medical Education. This group, which accredits new and existing medical schools, is composed of members appointed by the AAMC Executive Council and the AMA Council on Medical Education. Both parent bodies have in the past opposed the presence of a student member on LCME. This year, the Federal Trade Commission launched an attack on LCME, challenging its rights to act as an accrediting body. The Office of Education, which accredits accrediting parties, denied the challenge, but raised certain concerns of its own. These included the suggestion that it might not be inappropriate to include a student in LCME deliberations. In the light of this OSR reintroduced a resolution calling for a student representation on LCME and won the cautious support of the AAMC Executive Council. The ultimate decision about student representation on the LCME will be made by the Committee itself.

The resolution to place a student on LCME was passed by the entire OSR at the last Annual Meeting. The question must naturally arise, has the Administrative Board fulfilled its mandate regarding this issue. For the past three years OSR has brought this resolution to the Executive Council, and for the past three years, the resolution has been tabled or defeated. This year in mild form it passed. I think that this is neither a victory nor a

conclusion. It is a small bit of movement along an unexpectedly torturous path.

Progress in areas affecting medical education as a whole is almost of necessity even slower. The problem of minority enrollment and financial aid are still not as high on the priority list as they might be. The definition of housestaff as students or employees is now up to the Congress, and the position of the major contenders remains virtually unchanged since the NLRB decision of 1976.

Still, must we say that because we have not made all of our points in the past year, that we have lost? I think not. We function from a constituency with comparatively little political leverage within an association of distinction. Yet we continue to learn, to share our views, and occasionally to gain a few friends. Sometimes we actually effect a small change in position. Looked at that way, one may say that we started with nothing and now have attained something. Maybe it was a pretty good year after all.

Thomas A. Rado, M.D.
OSR National Chairperson
October, 1977



association of american medical colleges

Medical Student Graduation Questionnaire*

A major new data collection program which focuses on medical students will be implemented by the AAMC in early 1978. Similar in intent to the National Research Council's Annual Survey of Earned Doctorates, the program involves annual surveys of all graduating medical students regarding their experiences in medical school, their plans for graduate medical education and their ultimate plans for practice/career. The survey has been designed to complement the data collected through the AMCAS and MCAT programs at application to medical school and now contained in the AAMC's Medical Student Information System (MSIS). Existence of these data provides exciting possibilities for research in medical education and medical career development, particularly specialty and practice location decisions.

The Medical Student Graduation Questionnaire was developed in 1976 by staff of the AAMC's Division of Student Studies with the assistance of AAMC Executive Staff and the MSIS Committee of the GSA (which includes OSR representation). Input regarding the questionnaire was also received from the OSR representative to AAMC's Data Development Liaison Committee. Designed to be administered to students before they receive their placement results from the National Intern and Resident Matching Program in early March, the questionnaire was pilot-tested at nine medical schools in 1977. Because it is rather problematic to contact senior year medical students who are often in off-campus clinical programs, no restrictions were placed or are planned on the way in which the medical schools distribute and collect the questionnaires from their students.

The sealed envelopes containing each questionnaire completed in the pilot-test were mailed in a single batch by each medical school to the AAMC where the questionnaires were reviewed, coded, edited, computer processed and tabulated. As they will in future years, each school received a summary report of the results aggregated for its students and the national results aggregated for all students. The schools participating in the pilot-test were highly enthusiastic about the utility of the tabulated results and particularly about the value for organizational and curriculum reform of the final page of the questionnaire which asks for anonymous comments from students on the strengths and weaknesses of their medical school.

Consideration is also being given to making available to those medical schools which request them, selected data not only from the graduation questionnaire but from other subsystems of MSIS on those of their students who permit the release of such data. The availability of such data is of particular interest to those schools which carry on longitudinal research regarding their students.

* Prepared by AAMC Division of Student Studies on October 12, 1977.

To facilitate the coordination of the Graduation Questionnaire with such research efforts and to facilitate the annual administration of the questionnaire, each medical school dean was requested by Dr. John A. D. Cooper, President of the AAMC, to appoint a Graduation Questionnaire Coordinator. All of the deans have done so and a meeting of the appointees will be held in November in conjunction with the AAMC's Annual Meeting. All indications to date are for a successful implementation of this new program.

Since such success will be dependent on student cooperation, it is hoped that the OSR will lend its support to this new program. An oral report covering the project will be given at the OSR Business Meeting, at which time suggestions will be welcomed.

Trends in Municipal Health Care
-A Sense of the Body Resolution-

WHEREAS, the present solution to the fiscal crisis in New York City is resulting in crippling cuts of health services, with little regard for the impact on public health;

WHEREAS, these cuts most affect that portion of the population least able to afford such reductions in health services;

WHEREAS, these cuts seriously affect the status of the municipal teaching hospitals to provide a quality health education;

WHEREAS, the present situation in New York City is only a symptom of a national attitude which questions the existence of municipal teaching hospitals;

WHEREAS, all of these actions are contrary to the principle of health care as a right;

BE IS THEREFORE RESOLVED THAT, we, the Organization of Student Representatives of AAMC, as representatives of future health providers strongly protest the continuation of these attacks upon health services and education. Be it also known that we, along with other concerned health providers, oppose further attempts to erode the municipal hospital system. To this end we ask that all medical students and health professional unite in a nationwide effort to bring these issues to the public and legislators, and, furthermore, to actively work to insure peoples' right to health care.

-Submitted by Michael Sharon, OSR Rep. from
New York University

-Approved by the OSR Administrative Board
September, 1977

ORGANIZATION OF STUDENT REPRESENTATIVES
ADMINISTRATIVE BOARD ACTIONS
January 1977

MEDICAL SCHOOL ACCREDITATION

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCME Guidelines for Functions and Structure of a Medical School.

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCME Accreditation Decisions.

ENDORSEMENT OF LCGME BYLAWS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCGME Bylaws.

ENDORSEMENT OF LCCME BYLAWS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCCME Bylaws.

GSA RULES AND REGULATIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed changes in the GSA Rules and Regulations.

GUIDELINES FOR THE MINORITY AFFAIRS SECTION

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the staff recommendations regarding the GSA Minority Affairs Section with the following exceptions:
Recommendation 1: Endorsed only the deletion of the phrase:
"to serve in an advisory capacity to the AAMC Office of Minority Affairs in setting programmatic goals, objectives, and priorities, as well as"
Recommendations 4-9: Abstained from taking action until recommendation of the GSA Minority Affairs Committee is received.
Recommendations 11-15: Not endorsed
Recommendation 17: The OSR Administrative Board endorsed this recommendation but urged the Executive Council to provide some level of funding to support the Section.

REGENTS OF THE UNIVERSITY OF CALIFORNIA V. BAKKE

ACTION: On motion, seconded, and carried, the OSR endorsed the recommendation that AAMC seek permission to file an amicus curiae brief if the Supreme Court agrees to review the Bakke case.

SPECIALTY RECOGNITION OF EMERGENCY MEDICINE

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed not to adopt a position on whether emergency medicine should be recognized as a specialty. They agreed to support AAMC's previous position that prospective specialties be required to conduct an impact study assessing how its establishment would affect the nation's total health expenditures as well as the overall quality of patient care.

UNIFORM APPLICATION PROCESS FOR GRADUATE MEDICAL EDUCATION

ACTION: On motion, seconded, and carried, the OSR Administrative Board reaffirmed its support of a uniform application process for graduate medical education programs and endorsed the creation of a task force to develop a pilot application form.

STUDENT NOMINEES TO AAMC COMMITTEES

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed to forward the following nominations to Dr. Bennett, Chairman of the Association, for appointment to AAMC committees:

Health Services Advisory Committee--Daniel Miller
Data Development Liaison Committee--David Diamond
Journal of Medical Education Editorial Board--Richard Harper
Resolutions Committee--Richard Seigle
Flexner Award Committee--Donald Widder
GSA Committee on Financial Problems of Medical Students--Robert Tomchik
GSA Committee on Medical Education of Minority Group Students--Richard Gomez
GSA Committee on Professional Development and Advising--William Meade/Joan Kishel
GSA Medical Student Information Systems--Nancy Hardt/
Barbara Carpenter

APPROVAL OF RECOMMENDATIONS OF WORKING GROUP ON STRESS

ACTION: On motion, seconded, and carried, the OSR Administrative Board approved the recommendations of the working group on stress.

HOUSESTAFF COLLECTIVE BARGAINING

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

The graduate medical experience is inextricably tied to both education and service. The experience is educational in that it is a voluntary means for specialty training and attainment of licensure. It is service because housestaff provide patient care and participate significantly in the training of medical students.

The means which presently exist for the resolution of problems and inequities in graduate educational programs are less than perfect. The mechanisms available for resolving issues related to housestaff employment are generally unsatisfactory. Past experience has shown that there is no clear motivation for the voluntary development of a satisfactory mechanism. Inclusion of housestaff under the NLRA would accomplish this end.

The OSR Administrative Board resolves that:

1. The AAMC should continue its laudable efforts to improve the educational component of the housestaff experience, particularly through its participation in LCGME, and further resolves that
2. The AAMC should actively support the passage of the Thompson Amendment to ensure protection of housestaff under NLRA.

ORGANIZATION OF STUDENT REPRESENTATIVES
ADMINISTRATIVE BOARD ACTIONS
March 1977

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCME Accreditation decisions.

LIAISON COMMITTEE ON CONTINUING MEDICAL EDUCATION, 1977 BUDGET

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed interim budget of the LCME.

KOUNTZ V. STATE UNIVERSITY OF NEW YORK

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that AAMC join with the State University of New York in filing an amicus curiae in the case of Kountz v. State University of New York.

REDUCED-SCHEDULE RESIDENCIES

ACTION: On motion, seconded, and carried, the OSR Administrative Board strongly supported the recommendation that AAMC endorse the development of reduced-schedule residency programs and ask that LCGME establish policies which would facilitate their identification for listing in the NIRHP Directory.

COORDINATION OF APPLICATION CYCLES FOR GME PROGRAMS RECRUITING MEDICAL STUDENTS FOR GME-II POSITIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board approved the recommendation regarding coordination of the application cycles for PGY-2 positions.

REPORT OF THE CCME COMMITTEE ON PHYSICIAN DISTRIBUTION: THE SPECIALTY AND GEOGRAPHIC DISTRIBUTION OF PHYSICIANS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that the CCME Committee be asked to prepare a new and more concise statement on the specialty and geographic distribution of physicians.

ADMISSION OF FOREIGN MEDICAL GRADUATES AS EXCHANGE VISITORS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that the AAMC should seek sponsorship of the P-II Programs of the Exchange

Visitor Program and that the ECFMG should retain the documentation responsibilities involved in issuance of Visa Qualification Certificates.

ELIGIBILITY REQUIREMENTS FOR ENTRY INTO GRADUATE MEDICAL EDUCATION

ACTION: On motion, seconded, and carried, the OSR Administrative Board recommended that LCGME be requested to withdraw recognition of ECFMG certification based upon passing the ECFMG examination, and require that after July 1, 1978 all physicians educated in foreign medical schools not accredited by the LCME required to have ECFMG certification based either on passing Parts I and II of the NBME exam or the exam determined as equivalent by the Secretary of HEW.

UNIFORMED SERVICE UNIVERSITY OF THE HEALTH SCIENCES

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed that while it did not support the concept of a military medical school, it would support efforts by AAMC to assist students in finding places and faculty in finding positions in other U.S. medical schools in the event that Congress decides to close the Uniformed Services University of the Health Sciences.

OSR NEWSLETTER

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed to request the Executive Council to allocate funds to support an OSR newsletter for all medical students.

ORGANIZATION OF STUDENT REPRESENTATIVES
ADMINISTRATIVE BOARD ACTIONS

June 21-22, 1977

LCME ACCREDITATION DECISIONS

ACTION: The OSR board recommended that the Executive Council ratify the LCME Accreditation Decisions.

AAMC POSITIONS ON THE WITHHOLDING OF PROFESSIONAL SERVICE BY PHYSICIANS

ACTION: The OSR board supported the appointment of a working group on the withholding of professional services by physicians and recommended that a student be included as a member of the group.

DRAFT RESPONSE TO THE GAO REPORT

ACTION: The OSR board endorsed the staff recommendations with regard to the GAO Report, "Problems in Training an Appropriate Mix of Physician Specialists."

INTERIM REPORT OF THE TASK FORCE ON STUDENT FINANCING

ACTION: The OSR board supported the recommendations included in the Task Force's Interim Report with the suggestion that the maximum debt levels of the proposed loan program be increased.

TASK FORCE ON GRADUATE MEDICAL EDUCATION MEMBERSHIP

ACTION: The OSR board approved a resolution expressing dissatisfaction with the housestaff appointments to the Task Force on Graduate Medical Education. Since the OSR had recommended several individuals for the two housestaff positions, the resolution requested the Chairman of AAMC to appoint an additional housestaff member from the list of nominations offered by OSR.

CONSORTIUM OF MEDICAL STUDENT GROUPS DOCUMENT OF UNDERSTANDING

ACTION: The OSR board reviewed several proposed changes to the Consortium's Document of Understanding and concurred with all of the revisions with the exception of a new section regarding formulation of Consortium policy. The OSR recommended a substitute section specifying that the Consortium will not develop its own policy but will facilitate the input of participating groups to the development of positions and testimony of those groups within the Consortium that choose to develop policy or testify independently.

EDUCATION RELATED TO HOSPITAL COST CONTAINMENT

ACTION: The OSR board approved two resolutions regarding the teaching of cost containment techniques to medical students.

ORGANIZATION OF STUDENT REPRESENTATIVES
ADMINISTRATIVE BOARD ACTIONS

September 14, 1977

STUDENT REPRESENTATION ON THE LIAISON COMMITTEE ON MEDICAL EDUCATION

ACTION: The OSR board recommended that the Executive Council reconsider its previous position and express its support of student representation on the LCME.

NATIONAL INTERNSHIP AND RESIDENCY MATCHING PROGRAM

ACTION: The OSR board approved several recommendations for revisions and additions to the NIRMP Directory. The board also recommended that NIRMP include a statement with this year's matching results outlining what constitutes a violation during the process of counseling and securing places for unmatched medical students.

LCME ACCREDITATION DECISIONS

ACTION: The OSR board recommended that the Executive Council ratify the LCME accreditation decisions.

SUCCESSION OF THE CHAIRPERSON-ELECT

ACTION: The OSR board supported the succession of Paul Scoles to the office of OSR Chairperson for 1977-78.

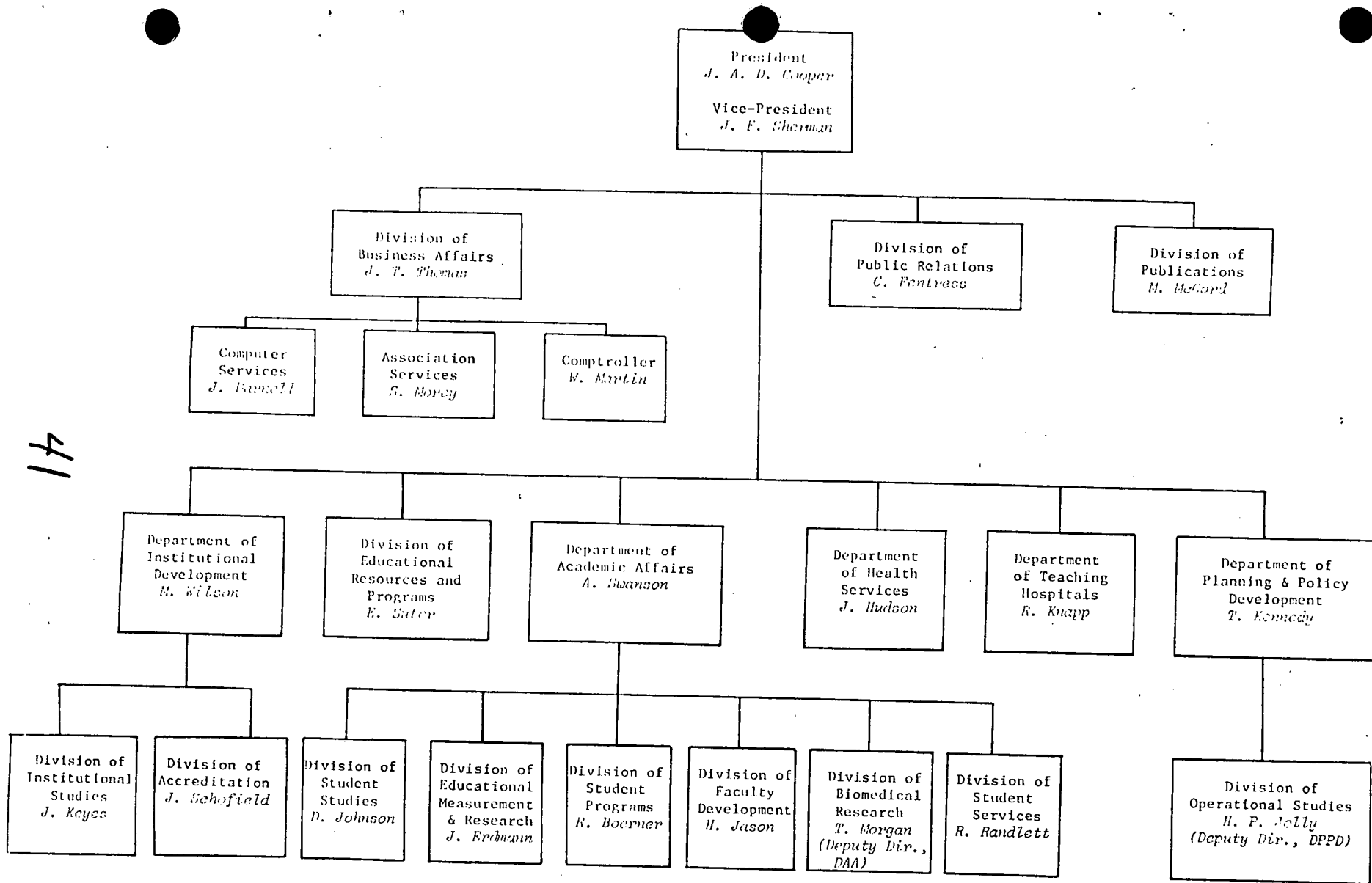
RESOLUTION ON MUNICIPAL HEALTH CARE

ACTION: The OSR board approved a resolution about trends in municipal health care and referred it to the entire OSR for review at the 1977 Annual Meeting.

CALENDAR OF 1978 OSR REGIONAL MEETINGS

<u>DATE</u>	<u>REGION</u>	<u>LOCATION</u>
March 23-25	South	Atlanta, Georgia
April 2-5	West	Pacific Grove, California
April 27-29	Central	Madison, Wisconsin
May 10-12	Northeast	Toronto, Canada

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

STAFF ORGANIZATION

ORGANIZATION OF STUDENT REPRESENTATIVES

SATURDAY, NOVEMBER 5

9:00 am	Regional Meetings:
Adams	Northeast
Edison	Central
Bancroft	Southern
Dupont	Western
11:00 am	Discussion Sessions:
Adams	Student Financial Aid
Edison	Health Legislation
Bancroft	Legal Implications of Admissions
Dupont	Medical Student Stress
2:00 pm	Business Meeting
Lincoln West	
5:30 pm	Reception
Conservatory	

SUNDAY, NOVEMBER 6

8:00 am	Discussion Sessions:
Bancroft	Health Legislation
Chevy Chase	Career Counseling
Dupont	Withholding of Physician Services
Edison	Minority Affairs
Farragut	National Intern and Resident Matching Program
10:00 am	Discussion Sessions:
Bancroft	Student Financial Aid
Chevy Chase	Medical School Accreditation
Dupont	Curriculum and Evaluation
Edison	Women in Medicine
1:30 pm	Business Meeting
Jefferson East	
4:30 pm	Regional Meetings:
Bancroft	Northeast
Chevy Chase	Southern
Dupont	Central
Edison	Western

MONDAY, NOVEMBER 7

2:00 pm
Georgetown East
Georgetown West

Discussion Sessions:
Reduced-Schedule Residencies
Gay People in Medicine

3:30 pm
Georgetown East
Georgetown West

Men in Medicine
The Impaired Physician