ORGANIZATION OF STUDENT REPRESENTATIVES

1982 Business Meeting Agenda

November 5, 6 and 7

THE GENERAL PROFESSIONAL EDUCATION OF THE PHYSICIAN AND COLLEGE PREPARATION FOR MEDICINE

OSR members attending the 1982 Annual Meeting will hear much about the GPEP Project and will return to their institutions prepared to take an active role in working for needed changes. One of the enclosures with this agenda mailing is a booklet titled Charges to Working Groups. Broadly distributed this summer, this booklet contains a project overview in addition to an indication of the major questions being addressed by the three working groups, each of which met for the first time in October. The OSR-nominated student-participants on these groups are shown below. Also shown are the dates/places of the GPEP regional hearings. At these hearings school may present to the GPEP panel statements of major institutional concerns and descriptions of modifications being considered; OSR members are urged to attend if at all possible (if nearby, plan on mobilizing a delegation). On the following page is listed those schools that have agreed to engage their faculty in discussions paralleling those being held by the working groups; the next page shows those academic societies participating.

On Friday of the Annual Meeting, you will hear updates on GPEP activities. On Saturday in the small group setting, the discussions will contain opportunities to share developments affecting the acquisition of essential knowledge, fundamental skills, and personal qualities of physicians. And on Sunday, OSR will meet with Council of Academic Societies (CAS) members to learn from each other on these subjects. The better prepared you arrive, the more you will get out of these sessions. Come prepared therefore to describe what is being done at your school that's new and exciting. If listed on the next page, find out from your dean who the GPEP coordinator is and talk with him or her about your school's plans vis-a-vis GPEP. This is a great way for OSR members to help work toward positive change!

ESSENTIAL KNOWLEDGE	Louis van de Beek Resident, Dept. of Obstetrics & Gync. SUNY School of Medicine Health Sciences Center Stony Brook, NY 11794 (516) 444-2733
FUNDAMENTAL SKILLS	Nora Zorich 190 MSB, U. of Illinois 506 S. Matthews Urbana, IL 61801 (217) 398-0905
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January 27-28: Western hearing at U. of California, San Francisco
February 24-25: Southern hearing at U. of Texas, Houston
March 24-25: Midwest hearing at Northwestern U., Chicago
May 5-6: Northeast hearing at the N.Y. Academy of Medicine, New York City

Participants in the AAMC Project on the General Professional Education of the Physician and College Preparation For Medicine as of October 13, 1982

U. S. Medical Schools

1. Albany
2. Arizona
3. Arkansas
4. Baylor
5. Boston University
6. Bowman Gray
7. Brown
8. Case Western Reserve
9. UMDNJ/New Jersey
10. Colorado
11. Columbia P&S
12. Connecticut
13. Cornell
14. Creighton
15. Dartmouth
16. Duke
17. East Carolina
18. Eastern Virginia
19. Einstein
20. Florida
21. George Washington
22. Georgetown
23. Georgia
24. Harvard
25. Howard
26. Illinois
27. Iowa
28. Jefferson
29. Johns Hopkins
30. Kentucky
31. Loma Linda
32. LSU/Shreveport
33. Louisville
34. Loyola
35. Medical College of Penna
36. Mercer
37. Miami
38. Michigan
39. Minnesota/Duluth
40. Minnesota/Minneapolis
41. Missouri/Columbia
42. Missouri/Kansas City
43. Morehouse
44. Mt. Sinai
45. Nevada
46. New Mexico
47. New York Medical College
48. North Carolina
49. North Dakota
50. Northeastern Ohio
51. Northwestern
52. Ohio State
53. Pennsylvania
54. Pennsylvania State
55. Ponce, PR
56. Puerto Rico
57. Rochester
58. Rush
59. SC/Charleston
60. SC/Columbia
61. South Dakota
62. Southern Illinois
63. St.Louis University
64. Stanford
65. Tennessee
66. Tufts
67. Tulane
68. UC/Davis
69. UC/Irvine
70. UC/Los Angeles
71. UC/San Francisco
72. UT/Galveston
73. UT/Houston
74. UT/San Antonio
75. Utah
76. Vanderbilt
77. Virginia
78. Washington (Seattle)
79. Wisconsin
80. Wright State
81. Yale

Canadian Medical Schools

1. Alberta
2. British Columbia
3. Calgary
4. McMaster
5. Ottawa
6. Sherbrooke

Basic Sciences Professorial Societies

Assn. for the Behavioral Sciences & Medical Education
Assn. of Medical School Departments of Biochemistry
Assn. of Medical School Microbiology Chairmen
Society for Neuroscience
Assn of Pathology Chairmen, Inc.
Assn. for Medical School Pharmacology
Assn. of Chm. of Depts. of Physiology

Clinical Sciences Professorial Societies

Assn. of Depts. of Family Medicine
Assn. of Professors of Gynecology & Obstetrics
Assn of Professors of Medicine
American Assn. of Neurological Surgeons
Assn. of University Professors of Neurology
Assn. of University Professors of Ophthalmology
Assn. of Academic Depts. of Otolaryngology
Assn. of Medical School Pediatric Dept. Chairmen
Assn. of Teachers of Preventive Medicine
American Assn. of Chairmen of Depts. of Psychiatry
Society of Chairmen of Academic Radiology Depts.
Society of Surgical Chairmen
Thoracic Surgery Directors

FINANCIAL ASSISTANCE FOR MEDICAL STUDENTS

The overall funding for federal student financial aid programs available to medical students remains cloudy because a final FY 1983 Federal Budget has not been approved. However, the status of some of the principal federal sources of financial support as of October 15, 1982 is described below:

- The Guaranteed Student Loan (GSL) Program has stabilized somewhat. The President's recommendation to bar graduate and professional students from the program received no congressional support. While the Department of Education reports GSL borrowing to be slightly less during FY 1982, it is likely that there will be further, if not virtually annual, attempts to reduce spending for this entitlement program which in academic year 1981-82 supplied 49 percent of all financial aid and 72 percent of all loans to medical students.

- The Health Education Assistance Loan (HEAL) Program (currently at 16.5 percent interest plus a .25 percent insurance premium) continues to grow. The $48 million borrowed through HEAL in FY 1981 could climb to $100 million in FY 1982 when data on all HEAL loans for that period are finally compiled. The Department of Health and Human Services presently has commitments for $170 million to be borrowed from HEAL and the medical schools have projected a need for $118 million in HEAL funds during FY 1983. The total FY 1983 HEAL requirement for all eligible schools could be near the $225 million authorized ceiling. The Administration's attempt to cap the program at $80 million appears to have been overridden by the House Appropriations Committee although some doubt still remains about the ultimate availability of HEAL funds for the coming year. Should this "last resort" loan be denied significant numbers of students, the result could be catastrophic. In any event, increased HEAL borrowing will mean more rapid escalation of the indebtedness of medical students which for the 83 percent of students with debt reached $21,051 in 1982.

- The Health Professions Student Loans (HPSL) Program is under attack from proposed regulations published August 31, 1982 by the Department of Health and Human Services aimed at improving HPSL collections. The Association of American Medical Colleges estimates that approximately two thirds of the medical schools could be excluded from the HPSL program if the proposed regulations are not substantially modified. While the recent appropriations for this program have been relatively small, the HPSL funds collected and reloaned at most medical schools are substantial and both are threatened by the regulations. This program and the Exceptional Financial Need (EFN) Scholarship Program are the only two federal student aid programs targeted to "exceptionally needy" students.

A P P R O P R I A T I O N S

(in Millions)

	FY 1981	FY 1982	1983 PRESIDENT's REQUEST	1983 HOUSE APPROPRIATIONS COMMITTEE ALLOCATION
ational Direct Student Loans*	186.0	178.6	0	178.6
ollege Work Study*	550.0	528.0	397.5	528.0
ealth Professions Student Loans	16.5	5.6	0	2.0
xceptional Financial Need Scholarships	10.0	4.0	0	6.5
ational Health Service Corps Scholarships**	63.4	36.4	11.0	11.0
ealth Education Assistance Loans+	520.0	200.0	80.0	225.0
uaranteed Student Loans++	2,535.5	3,073.8	2,484.6	2,484.6

* Data on amounts only to health professions schools is not available.
**No new positions will be available in the National Health Service Corps Scholarship Program for FY 1983.
+ Authorized Spending Levels.
++Actual or anticipated spending levels for this entitlement program

October 1982

COMPARISON OF FEDERAL STUDENT FINANCIAL ASSISTANCE PROGRAMS AVAILABLE TO MEDICAL STUDENTS

	GUARANTEED STUDENT LOAN (GSL PROGRAM)	PARENTAL LOANS TO ASSIST STUDENTS/ AUXILLARY LOANS TO ASSIST STUDENTS (PLUS/ALAS PROGRAM)
PURPOSE	To make low interest loans to students to enable attendance at post-secondary institutions of their choice through interest subsidy, insurance/reinsurance and encouragement of state level insurance programs	To make loans to graduate students or parents of graduate or under-graduate students to enable attendance at post-secondary institutions of their choice.
ADMINISTERED BY	Department of Education, Bureau of Student Financial Assistance	Department of Education, Bureau of Student Finanical Assistance
LENDERS	Eligible banks, schools, etc., state agencies and designated non-profit agencies using private capital.	Elibible banks, schools, etc., state agencies and designated non-profit agencies using private capital.
ELIGIBILITY	Eligibility for the maximum loan amount requires a family income of less than $30,000. Above $30,000 family income, both eligibility and the amount of the loan are determined by a financial needs test.	Program open to graduate students and parents of graduate or under-graduate students.
LIMITS	For graduate and professional students a maximum of $5,000 per year with aggregate total of $25,000 (including those received during undergraduate years). An origination fee of 5 percent is charged at the time the loan is made.	Up to $3,000 a year in addition to any amount borrowed in the same year through GSL Program with a maximum aggregate of $15,000. In no case may a PLUS/ALASloan exceed a student's estimated cost of attendance less estimated financial assistance.
REPAYMENT	Begins six months after student stops attending an eligible institution.	Required to begin 60 days after disbursement of the loan.
DEFERMENTS	Deferments of up to 3 years are allowed for service in Armed Forces, Peace Corps of VISTA or as a commissioned officer in the U.S. Public Health Service or if the borrower is temporarily totally disabled. Borrower may defer repayment up to 2 years for residency training.	Same as GSL Program deferments. This will mean that a full-time medical student is entitled to receive a deferment of principal payments on a PLUS/ALAS loan (although interest would need to be paid or forborne.
INTEREST	Nine percent. Students may qualify for federal interest subsidy whereby federal government pays interest during in-school period, during a 6-month grace period following graduation or termination of enrollment, and during any authorized deferment of the repayment period.	Fourteen percent. No federal interest subsidy exists.
FUNDING	FY 1982=$2,752,012,000; President's FY 1983 Budget Request=$2,484,631,000 President's FY 1983 Budget Request proposes that graduate and professional students'-eligibility for GSLs be terminated.	President's Budget Request for FY 1983 proposes an expansion of borrowing limits to $8,000 annually and to $40,000 aggregate.

	NATIONAL DIRECT STUDENT LOAN (NDSL PROGRAM)	HEALTH EDUCATION ASSISTANCE LOAN (HEAL PROGRAM)
PURPOSE	To enable colleges to make low interest loans to needy students from revolving funds to enable completion of education. Original purpose was primarily national defense through developing needed manpower.	To encourage lenders to make loans available to health professions students to complete graduate degree programs; to strengthen national health delivery by encouraging service in shortage areas and by insuring an adequate level of trained manpower.
ADMINISTERED BY	Department of Education, Bureau of Student Financial Assistance	Department of Health and Human Services, Bureau of Health Personnel Development and Service
LENDERS	Eligible schools, using Federal and school funds (9/1 ratio) in revolving fund.	Eligible banks, schools, agencies, etc., using private capital.
ELIGIBILITY	Undergraduate and graduate students.	Students in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, public health, pharmacy, chiropractice, or in programs in health administration or clinical psychology. Student must be citizen, national or permanent resident of U.S.A. and accepted for enrollment as a full-time student or already in full-time attendance and in good standing at an eligible HEAL school.
LIMITS	Student may borrow maximum of $12,000; however, the limit includes any loans received during the student's undergraduate years of study.	Medical, osteopathic, dental, veterinary, optometric, or podiatric students may borrow up to $20,000 per year, with a maximum aggregate of $80,000.
REPAYMENT	Begins six months after graduation or leaving school for other reasons.	Repayable over 10-25 year period starting 9-12 months after completion of training.
DEFERMENTS	No payments required for up to 3 years while the physician serves in the Armed Forces, Peace Corps, or VISTA or as a commissioned officer in the U.S. Public Health Service or if the borrower is temporarily totally disabled. Payments can be deferred for up to two years for medical residency training.	Repayment of principal and interest can be deferred, but interest continues to accrue during school and four years of internship or residency; and three years of service in Armed Forces, Peace Corps, VISTA or NHSC.
INTEREST	Five percent, chargeable on the unpaid balance of the loan principal over a 10 year repayment period.	Maximum rate of 91-day T-bill plus 3.5%.
FUNDING	FY 1982=$178,560,000. President's Budget Request FY 1983 proposes that new Federal contributions to the NDSL be eliminated.	March Continuing Resolution FY 1982= $192 million; President's Request FY 1983=$80 million
LOAN FORGIVENESS	Forgiveness of $10,000/year permitted at the discretion of the Secretary in return for a minimum of 2 years service in NHSC or in private practice in shortage areas.	Forgiveness of $10,000/year permitted at the discretion of the Secretary in return for a minimum of 2 years service in NHSC or in private practice in shortage areas.

	HEALTH PROFESSIONS STUDENT LOAN PROGRAM (HPSL)	ARMED FORCES HEALTH PROFESSIONS SCHOLARSHIP PROGRAM
PURPOSE	To enable schools to make low interest loans to health professions students (all levels), to strengthen national health delivery by encouraging service in shortage areas and by insuring an adequate level of health manpower.	To provide service contracts for scholarship support to medical students in order to secure the health care professionals needed by the Armed Services.
ADMINISTERED BY	Deparment of Health and Human Services, Bureau of Health Personnel Development and Service	Department of Defense, Air Force Army or Navy
LENDERS	Eligible health professions schools, using Federal and school funds (9/1 ratio) in revolving fund.	
ELIGIBILITY	Full-time MODVOPP and public health students and those enrolled in graduate programs in health administration. Student must be a U.S.A. citizen or permanent resident of U.S.A and must have "exceptional financial need" defined as the lesser of one half the cost of education or $5,000 per year.	The Army, Navy and Air Force offer scholarships under this program to U.S. citizens enrolled in or accepted for admission to accredited schools of medicine and osteopathy in the United States or Puerto Rico.
LIMITS	Maximum of tuition plus $2,500 for each school year. No aggregate limit.	Excluding room and board, these scholarships provide full tuition and payment of usual educational expenses plus a stipend and pay allowances of about $7,350 per year.
REPAYMENT	Repayable over 10 years beginning one year after graduation.	Recipients are obligated to serve one year of active duty for each year of program participation. In addition, participants serve 45 days active duty for training annually with full pay and allowances prior to beginning full-time active duty.
DEFERMENTS	May be deferred for up to 3 years for Armed Forces, Peace Corps, NHSC and for residency training.	
INTEREST	Nine percent interest starts accruing on the unpaid balance at the beginning of the repayment period.	
LOAN FORGIVENESS	Secretary forgives 60% of the debt in exchange for 2 years of service.	
FUNDING	March Continuing Resolution FY 1982= $5.8 million; President's Request FY 1983=$0, only funds available from revolving funds in schools.	

	SCHOLARSHIP PROGRAM FOR FIRST-YEAR STUDENTS OF EXCEPTIONAL FINANCIAL NEED (EFN)	NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM (NHSC)
PURPOSE	A federal program created by the Health Professions Educational Assistance Act of 1976 to provide non-renewable grants to first-year medical students with extremely limited financial resources.	The NHSC, a component of the U.S. Public Health Service, places health care professionals in the most seriously underserved areas of the U.S.A. The NHSC Scholarship Program, designed to secure the health care professionals needed by the NHSC, can meet most of the expenses incurred by students in return for a service commitment.
ADMINISTERED BY	Department of Health and Human Services, Bureau of Health Personnel Development and Service	Department of Health and Human Services Bureau of Health Personnel Development and Service
LENDERS	None	None
ELIGIBILITY	First-year full-time MODVOPP students who are U.S. citizens or permanent residents with "exceptional financial need," those possessing less than $5,000 per year or half the cost of attending school, whichever is less.	U.S. Public Health Service offers competitive support-for-service scholarships to applicants enrolled or accepted for enrollment as full-time students in M.D. or D.O. degree programs in nationally accredited U.S. schools of medicine or osteopathy.
LIMITS	Tuition, all other reasonable educational expenses, and a stipend that is adjusted annually to cost of living increases.	The scholarship, which may be continued through graduation (four year maximum), includes payment of tuition and other reasonable educational expenses plus a monthly stipend which may be taxable and is adjusted annually to cost of living increases.
REPAYMENT		Recipients are obligated to provide fulltime clinical patient care in assignments in federally designated health manpower shortage areas for one year foreach year of support, with a minimum service obligation of two years. Service may be fulfilled by recipients, in whole or part, as salaried federal employees of the NHSC or as non-Federal private practitioners.
DEFERMENTS		Are given for completion of family practice, general internal medicine, general pediatrics, general psychiatry, or obstetrics-gynecology residency training.
INTEREST	None	None
LOAN FORGIVENESS	None	None
FUNDING	March Continuing Resolution FY 1982=$4.8 million; President's Request FY 1983=$0.	March Continuing Resolution FY 1982=$36.3 million; President's Request FY 1983=$11 million. No new awards are projected for FY 1983.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Business Meeting

October 31 and November 1, 1981
WASHINGTON HILTON HOTEL
Washington, D.C.

I. Call to Order

Chairperson-Elect Mr. Grady Hughes called the meeting to order at 2:15 pm and welcomed everyone.

II. Remarks from Dr. John A. D. Cooper

The President of the AAMC welcomed the students to the 92nd Annual Meeting. His opening comments focused upon the integral role played by the OSR in the affairs of the AAMC and the responsibilities and opportunities that role entails. Dr. Cooper advised the students to choose carefully those concerns upon which they concentrate their energies because some ideas will find more appropriate forums than the one provided by AAMC and because the Association need student input in its efforts to improve the quality of undergraduate medical education in this country. He also stressed the delicate but essential consensus that AAMC continually strives to achieve among teaching hospitals, faculty, deans and students; agreement is increasingly more difficult and important to reach as challenges escalate and as competition intensifies between medical educators and legions of other interest groups for a shrinking resource pie. Dr. Cooper stated that students need to inform themselves not only about the dilemmas of medical students but also of hospital administrators and faculty and recommended that they read such publications as the New England Journal of Medicine and deepen their knowledge of their own institutions.

Next Dr. Cooper discussed changes in the country's political climate and their relationship to support of the academic medical centers. He noted that due to the decrease in federal supportmany programs in the medical schools will be cutback or eliminated regardless of their social desirability unless schools find new sources of funds and that retrenchment is always a more difficult process than growth. Now that capitation is gone, the loss of these flexible funds will place additional pressures on schools to increase tuition, which is already escalating at both private and state institutions.
Dr. Cooper told the students that for the first time in his experience, the Executive Council had chosen student assistance as one of its two top priorities and that AAMC is making great efforts to improve the financial aid picture. However, cuts in these programs above and beyond those incurred in the budget reconciliation process are being seriously considered by Congress. While funding of National Institutes of Health programs has thus far remained higher than for most federal agencies, the Reagan Administration wants to reduce entitlements and has already proposed severe cuts in reimbursements under Medicare and Medicaid. Traditionally, the teaching hospitals have cared for the country's medically indigent; cut backs of these programs will make it very difficult for them to continue their Robin Hood approach, which has also allowed these hospitals to pay for graduate medical education. After reviewing

some of the additional problems created by increased marketplace competition which would be heightened if price legislation is enacted, Dr. Cooper urged students to look broadly at the medical centers' challenges as they attempt to maintain the program which have contributed so much to society. He reiterated the need for students' help in working to get an appropriate share of the pie so that medical centers can continue to provide their unique services.

In closing, he asked all present to join him in recognizing the contributions of the OSR Administrative Board during the past year and presented each member an AAMC tie or scarf.

III. Remarks of Dr. W. Albert Sullivan

The Chairman of the AAMC Group on Student Affairs remarked that the coming decade would be of great importance in medicine and that deans of student affairs would be depending on students more than ever for their input and assistance. He stated that while some schools may not survive the decade, the fact must be faced that this will be a difficult time ahead for all people. Dr. Sullivan stressed that it is possible to have unity without uniformity and that the need for unity among institutions supporting medical education must be recognized and worked for. He asked the students to instruct their representative on the GSA Steering Committee regarding areas in which the GSA can help OSR progress with its goals.

IV. Remarks from Dr. John Graettinger

The Executive Vice President of the National Resident Matching Program noted that he has been busy meeting with program directors in the advanced specialties, e.g., neurology, in efforts to get them to join the Match, since provisions for matching students into advanced programs have been added; this is a continuing effort which could be assisted by students. He stated that there have been problems with program directors' using the Universial Application Form which was developed by the AAMC and circulated by NRMP but that 30 hospitals have asked NRMP for additional supplies of the Form. He described a change to be tried this spring in the method by which Match results are released; this "lead us not into temptation" action he hopes will reduce the anxiety of unmatched students and their deans and also reduce violations related to finding positions for unmatched students. Dr. Graettinger then opened the floor for questions.

V. Report of OSR Chairperson

Ms. Lisa Capaldini began by voicing her hope that all OSR members had received and shared last winter's issue of OSR Report entitled "Facing the Challenges of the Physician Manpower Scenario". The next issue of this publication will be mailed in December; it is also devoted to a topic that clearly speaks to students--physician impairment--and she urged the representatives to see that it is promptly distributed to all students at their schools. In her overview of the activities of the Administrative Board during the past year, she touched on the dreary financial aid news they had attempted to digest and on efforts to work with the Consortium of Medical Student Groups in mobilizing students to contact legislators about their financial dilemmas; that the lesser of two legislative evils was passed by Congress Ms. Capaldini said she wanted to believe was due partially to such efforts. Ms. Capaldini also noted the mailing to schools of OSR's work on due process for medical students which was spearheaded by Dr. Arlene Brown; the background information and model guidelines offer a sense of why OSR feels this is a compelling issue for students and their institutions. Among the most confusing controversies dealt with by the Board has concerned the National Boards, FLEX and the single-route-to-licensure proposal; she explained that this crazy quilt of issues has included considerations of curriculum flexibility, credibility of the M.D. degree, relevance of the basic sciences, the influence of the National Boards on medical education, and problems associated with entrepreneurial schools in the Carribean. She pointed to these subjects, in addition to those of increasing competition in the medical sphere and of commercialization (that is, development of monetary relationships between academic centers and industry), in order to indicate the breadth of issues AAMC had been called on to address in the past year.

Among other events of special interest to OSR was the Kaiser Foundation's award to AAMC to support the General Professional Education of the Physician Project (GPEP); she noted that the Administrative Board has lobbied vigorously for maximum student input into this examination of undergraduate medical education. The AAMC Residents Conference held last January was also important; residents from all over the country met to share their concerns about their role as evaluators of medical students, about the ways in which they are evaluated and about how their programs are evaluated. She commented on the congruence between their concerns and those of students relating to the lack of accurate, continuous constructive feedback on performance. Ms. Capaldini expressed the hope that her report had provided an idea of the many different activities OSR has been involved in. The OSR Board has enjoyed discussions of macro-level issues such as health policy and medical ethics and also tried to address istitutional issues as they come to the attention of the officers via the constituency. She added that the most gratifying aspect of serving on the Administrative Board has been receiving letters and phone calls from individual representatives and encouraged everyone to take advantage of the Board in this regard so that students can better share each other's missions.

VI. Report on Student Financial Assistance

Mr. Robert Boerner, Director, AAMC Division of Student Programs, told the students that it has been through their efforts and the efforts of others in the medical education community that some of the projected cuts in programs and strategies to reduce access to a medical education were staved off. He noted, however, that the fight is never over and that students will be called upon again and expressed the hope that students would be as responsive in the future as they have been in the past. Mr. Boerner noted that this year funding is lower for virtually every student aid program than in the past and provided specifics on the programs authorized by education legislation, i.e., Guaranteed Student Loan, National Direct Student Loan, College Work-Study and the new parent loan program (PLUS), and those authorized by health manpower legislation, i.e., Health Professions Student Loan, Exceptional Financial Need Scholarship, and National Health Service Corps Scholarship Program. He also described some of the operational problems with the Health Education Assistance Loan Program (HEAL) which is not federally subsidized. When this program was created there were a number of eligibility restrictions; while these have been removed, the Association has also needed to work to raise the authorized ceiling for HEAL which was set because of federal credit budget limits. The Reagan Administration has proposed a ceiling of $80 million; however, $48 million had already been lent as of this summer, which is up from $15.3 million in all of 1980-81. Shut-downs of the program have occurred during both of the past two summers, creating cashflow problems for schools when students are unable to pay their tuitions. Mr. Boerner commented upon the irony of the work entailed with keeping his onerous, last-resort program alive and available to students and then accepted questions from the floor.

VII. Report of Student Representative on the Ad Hoc External Examinations Review Committee

Mr. Louis van de Beek explained that his concerns about the role played by the National Board of Medical Examiners (NBME) in medical education stemmed from his school's reverting back to a standard curriculum because of faculty's disappointment with students' performance on the Boards. In addition to being tired of hearing from faculty that they are teaching something because it was on the Boards last year, he stated that his research into this subject has convinced him that an external examination created for licensing purposes should not be used for internal purposes and that the Board sequence, custom-fit to the traditional division between the basic and clinical sciences, militates against curricular innovation and experimentation. Mr. van de Beek reviewed the OSR resolutions which he had introduced in favor of pass/fail grading of Board examinations, with results revealed only to the student and licensing board, and in opposition to norm-referenced scoring which mandates a specified number of failures regardless of the overall level of competency of the examinees. He reported that the AAMC had formed an ad hoc External Examinations Review Committee which the OSR Board had nominated him to serve on; the Executive Council approved the report of this Committee in June. He stated that at each meeting of the Committee he had attempted to raise students' concerns but that the main result of his participation had been his own education regarding the medical politics underlying the uses of external examinations and insights into the infighting the results of which seem so unchangeable to students. He offered a succinct overview of the history of the NBME, stressing its intimate relationship to the faculty of U.S. medical schools, especially basic scientists and noted that currently 62 schools (49.2%) require students to pass Part I and 46 (36.5%) require passage of Part II to graduate.

Next, Mr. van de Beek outlined the agendas of the other players in the drama addressed by the Committee. The Federation of State Medical Boards (FSMB) was established in 1912, was one of the founders of the NBME, and from the start was very interested in gaining control over the licensing process and insuring the quality of U.S. medical graduates. All licensing jurisdictions except California currently are members of the FSMB. Up until 1966 there were 51 ways of becoming licensed because, in addition to the option of passing the NBME sequence, each state offered a licensing examination; the FSMB therefore established the Federation Licensing Examination (FLEX) in order to eliminate the inefficiency of each state maintaining its own examination. He noted that because licensing boards are primarily composed of practicing physicians, FLEX is more clinically-oriented than the NBME sequence. The next character in the play that he introduced was the Educational Commission for Foreign Medical Graduates (ECFMG) which was established to certify the preparedness of foreign medical graduates and which created its own examination, again from the NBME pool and again very clinically-oriented. In 1976 Congress decided that the ECFMG examination was inadequate, and passage of the more difficult Visa Qualifying Examination was mandated before aliens could practice in this country; meanwhile, American foreign graduates (many of whom attend off-shore, proprietary schools) could continue to take the easier ECFMG examination. The FSMB responded to this situation by recommending a single route to licensure via passage of a new FLEX I and II, which would ultimately replace all other licensing examinations. Mr. van de Beek apologized for this alphabet soup but indicated the necessity of introducing also the Comprehensive Qualifying Examination (CQE) which the NBME began developing in 1975 based on the perception that consumers were not satisfied that all housestaff were qualified and that an examination at the interface between undergraduate and graduate medical education should be required. He remarked that this increased consumerism never came to pass, that it was generally recognized that award of the M.D. from an LCME-accredited school was sufficient assurance of quality and that the American foreign graduates were the main cause of concern. Upon analysis of a prototype of the CQE, AAMC withdrew its support of the concept of the single route to licensure and supplied evidence that a written examination of this nature cannot ascertain whether graduates of non-LCME accredited schools are competent to practice medicine. In all of this Mr. van de Beek urged OSR members to keep in mind the power and fee-income that accompanies control over any licensing examination sequence and the goal held by the AAMC and others to limit the number of American graduates of proprietary schools.

He asked, then, whatever happened in the course of this analysis to students' apprehensions about being taught for the Boards? While the report of the AAMC Committee does not deal with these issues, he promised the OSR that he had articulated to the Committee the essence of students' concerns. He applauded in the report its strong support of the M.D. degree awarded by LCME-accredited schools and noted that the report is a valuable resource for students continuing the battle to decrease the influence of the Boards because it maintains that no written examination can adequately evaluate most of the skills required to practice medicine. Mr. van de Beek concluded by saying that in such a political battle it is difficult to assure that the concrete concerns of students are addressed, that he hopes these will be dealt with in the GPEP study, and that students cannot afford to let these issues die.

VIII. Reports of Other OSR Administrative Board Members

Ms. Wendy Crum, Representative-at-Large, described how educational her year on the OSR Board had been and outlined responsibilities of Board members which include review of and work on OSR resolutions. She explained that she had volunteered, in accordance with a resolution passed last year, to assemble information on foreign-language and-culture courses offered by medical schools to assist students in overcoming barriers between health providers and the local population. The result of her work is a bibliography and listing which will be distributed to all OSR members this winter. Ms. Crum next drew the attention of the membership to the quiz she had drawn up on medical and educational costs. She expressed the view that while many students understand the need for cost containment efforts and education, many do not appreciate the role that they and physicians play in generating costs and urged students to become more aware of the costs.

Mr. Steve Phillips pointed to the pilot survey on ethical behavior of medical students contained in the business meeting packets and explained that this represented a synthesis of the discussions held by the Administrative Board over the year on this topic. This effort grew out of an OSR resolution passed last year instructing the Board to develop a model set of guidelines on ethical behavior; the Board recognized that ethical behavior and cheating are such complex and emotional areas of inquiry that much background investigation must precede OSR's offering any recommendations. He urged OSR members to complete the survey so that a refining of the instrument and the project's goals can take place with their much-needed input.

IX. Report of the Chairperson-Elect

Mr. Hughes invited the representatives to consider the wide variety of opportunities available as OSR members to learn more about medical education and to influence the AAMC and national policy. He recommended undertaking activities in a spirit of ambitious pragmatism and remembering that sometimes continuous pushing is necessary for goals to be accomplished. Mr. Hughes reminded students that AAMC provides an excellent national network, facilitating accomplishments at the local level. A good example is the opporunity for student organizations to work together in support of AMSA's State Lobby Month; in January medical students will be strongly encouraged to contact state legislators and officials in order to educate them regarding their financial dilemmas and to press for new sources of aid. Mr. Hughes expressed the view that this represents an excellent opportunity for OSR and AMSA members to combine their brains and energies in pursuit of their common goals. He commented upon the enormity of the economical and political changes the country is undergoing and noted that students have an obligation to offer their views even if they cannot directly affect outcomes. The scope of the AAMC may seem at times restricted, but he reminded students to consider how much information covering many major changes they had received thus far today, for example, on financial aid and the National Boards. He singled out the General Education of the Physician Project, which will be a major AAMC activity in the coming year. Since the focus of the study is undergraduate medical education, OSR must seek to be a source of data about students. Mr. Hughes turned next to more local issues and drew the attention of the students to the survey in their packets on extramural electives which OSR representatives should seek to make available to students needing this information (a copy has been sent to student affairs deans) and to the model housing survey which OSR is recommending student affairs deans use to collect information from students vacating their apartments to take electives at other schools toward the goal of preventing students' paying double rent during such intervals. He commended the Annotated Student Affairs Bibliography which was mailed with the agenda materials as being a wealth of information on issues of concern to students and the Accreditation Handbook on the role of students in the accreditation self-study and LCME site visits which all OSR members at schools with visits pending should have received. In conclusion, Mr. Hughes stated that the major strengths of the OSR are the ideas and enthusiasm of all those who have come to participate and that the more students share with each other, the more valuable this opportunity will be.

X. Ms. Capaldini declared the presence of a quorum of the OSR.

XI. The minutes of the 1980 OSR business meeting were approved without change.

XII. Nominations for OSR Office

Dr. Dan Miller outlined the responsibilities of OSR officers and requested nominations for Chairperson-Elect and Representative-at-Large. The following OSR members were nominated:

Chairperson-Elect:	David Baum, Albany Ed Schwager, Arizona
Representative-at-Large	Beth Fisher, Cincinnati Michael Tom, Yale Kris Koontz, U. of Illinois Mark Schmalz, Minnesota-Minneapolis Duncan Carroll, Texas-Galveston

XIII. The meeting was recessed at 5:00 p.m.

XIV. Ms. Capaldini recalled the meeting to order at 1:15 p.m. on the following day. She then asked Ms. Crum to review the answers to the quiz on medical costs and Dr. Jo Linder (student member of Women in Medicine Planning Committee) to give an overview of Women in Medicine activities at the Annual Meeting to which students have been invited.

XV. Dr. Miller declared the presence of a quorum.

XVI. Elections

The following additional nominations were made:

Chairperson-Elect:	Linda McKibben, Med College of Georgia
Representative-at-Large	David Thom, California-San Diego Jim Dolan, Florida Mary Beth Graham, Northwestern David Rothfield, Wayne State

ACTION: The OSR elected the following persons to national office:

Chairperson-Elect:	Ed Schwager
Representative-at-Large:	Michael Tom Beth Fisher David Thom Linda McKibben

XVII. Report of the Immediate-past-Chairperson

Dr. Miller stated that this was the sixth AAMC Annual Meeting he had attended, described some of the changes he has witnessed in the focus of OSR and AAMC activities, and offered these as a source of hope to newcomers who may feel as if nothing can be accomplished. He expressed great hope that in the context of the GPEP Project many student concerns will at last be sincerely and directly addressed and urged OSR members to become involved at the hearings that will be held at a number of universities over the next three years. Next, Dr. Miller took issue with the view that AAMC is not a proper forum in which to address social issues, noting that patients do not live in a social void, and the need to eschew "ivory tower" medicine. As a house officer in an inner city hospital, he has witnessed the effects of Reaganomics on indigent patients; it is they and not biomedical researchers or medical students who are bearing the brunt of federal budget cuts. He asked what good it does to give a patient who can't afford to buy food a prescription for medication and reminded the students that such individuals are being asked to pay for the crime of being poor and for having no powerful lobby in Congress. He noted also a crisis in attitude among medical students and residents, expressed as a feeling of powerlessness; but he assured the group that collectively they do have a lot of potential power. In closing he stated that now more than ever it is essential for students to be activists because their patients' future depend upon their efforts.

XVIII. Resolutions

ACTION: The OSR approved the following resolutions:

A. Janet Bickel

In our frantic lives as medical students, we all too often find ourselves frustrated, but unable to express frustration; committed, but waivering in our ability to manifest commitment; hopeful, but unable to share hope.

It is a source of inspiration to us that occasionally we encounter a special person who can help us to elucidate those feelings which we have so much difficulty sorting out. With such a person we can evolve to a greater awareness of those needs we hold in common, certainly as students but more importantly as human beings. Janet Bickel is such a person. Not only does OSR owe its continued existence to her unfailing efforts, but each of us has grown as a result of her friendship. We take this opportunity to expressour tremendous respect and, indeed, love for this woman.

B. Delayed Matriculation and Leaves of Absence

Whereas delayed matriculation and leaves of absence may provide students with important opportunities to enhance their professional and personal development;

Whereas activities which help develop maturity, perspective and self-knowledge are important in the development of a good physician;

Whereas different medical schools utilize a wide variety of policies regarding delayed matriculation and leaves of absence, some of which are likely unnecessarily stringent and/or unclear;

Whereas explicit and well-publicized medical school policies regarding delayed matriculation and leaves of absence serve to inform students of their options and to reduce student uncertainty and stress;

Whereas allowing students to present directly their requests for delayed matriculation and leaves of absence to the medical school's decision-making body and having a student representative as a member of the decision-making body will help assure that the students' needs are given fair consideration;

Be it resolved that the OSR urges medical schools to develop policies allowing students to delay matriculation or take leaves of absence without recriminations and that these policies be clearly stated and available to students in written form. Be it further resolved that the OSR urges medical schools to include medical students as part of the decision-making process regarding students' requests for delayed matriculation and leaves of absence by: (1) allowing students to directly present their requests to the decision-making body and (2) having a student member in the decision-making body.

C. Universal Application Form

Whereas the purpose of the Universal Application Form (UAF) for residency programs is to facilitate the residency application process by eliminating repetition of information by applicants, and

Whereas each person using the Match pays $1.00 to help defray printing cost for the UAF, and

Whereas of 671 teaching hospitals contacted, 84% of those responding indicated a willingness on their part to utilize the UAF for their application, and
Whereas only a small percentage of programs are currently using the UAF,
Therefore be it resolved that the OSR urges the AAMC to contact those programs that are currently not utilizing the UAF and encourage them to do so.

D. Helping Students Manage High Tuitions

Whereas we wish to acknowledge and support the AAMC in making student financial aid a high priority, and
Whereas federal sources of aid are decreasing while students are having to pay increasingly higher tuitions,
Be it resolved that OSR urges individual institutions to accept this priority and to take actions to help students better manage the responsibilities of high tuitions.
Suggested ways to this end include diverting more resources to financial aid and development offices, garnering funds from alumni, private corporations and other sources, and improved and increased communications among schools regarding creative funding alternatives.

E. General Education of the Physician Project

Whereas the GPEP project has been established to study the comprehensive educational process of physicians in the U.S., and
Whereas medical students are a direct target of the medical education system, and
Whereas medical students have a unique and current perspective on the issues to be addressed by the project panel,
Be it resolved that medical students be appointed to the advisory panel for the GPEP project.

F. National Boards

The OSR has brought forth resolutions in recent years emphasizing that the National Boards examination sequence is for licensure and not for evaluation of a student's qualifications to progress to clinical education or graduation. Unfortunately, a number of medical schools continue to use the passing of Parts I and II as criteria for advancement and certain residency programs request individual scores for the evaluation of applicants.

There are factors in addition to a student's knowledge that determine the success one achieves in taking the National Boards, These factors include the student's physical and emotional state at the time of the exam, one's ability to successfuly answer questions presented in this particular format and others. Advancement ideally is the expression of achievement. OSR believes that the determination of advancement should not be founded upon such a small portion of the spectrum of characteristics to be evaluated. We believe that the National Board exams test indeed a small portion of this spectrum and that those who determine who shall advance ought consider as much of the whole as possible.

Be it therefore resolved that the OSR underlines its opposition to the use of National Board exams for promotion in medical school.

G. Teaching of Cost Awareness

Despite renewed legislative efforts to curtail expenditures in the health care field, the cost of health care continues to skyrocket. This gradually widening gap between costs and the resources with which to cover these costs may lead to both a decline in the quality of patient care and a reduction in the total number of patients who can pay for treatment. In an effort to prevent unnecessary misallocation of limited resources, the teaching of cost awareness should be made an integral part of the education of all physicians.

Therefore be it resolved that the OSR Administrative Board create a task force whose objective will be to analyze the means by which cost awareness is presently taught at U.S. medical schools. Upon completion of this review of existing policies, the task force will formulate recommendations and present these to the other administrative boards of AAMC and to all OSR members.

H. Admissions Information

Whereas it is often difficult for applicants to assess their chances of acceptance;
Whereas some medical schools do not offer regional interviews;
Whereas the sum of monies to apply and necessary for the interview process is increasing;
Be it resolved that the AAMC recommend to its member schools that they provide additional information beyond that available in the AAMC handbook for applicants concerning, for example, positions offered and acceptances turned down, numbers of out of state applicants receiving interviews, and that the option for regional interviews be made available to all students so that qualified students can better evaluate the opportunity for matriculation at the medical school of their preference and begin their medical education with a maximum of funds.

I. Emergency Medicine and NRMP

Whereas there are many students interested in entering emergency medicine residency programs;
Whereas positions for emergency medicine residency programs are offered in many ways;
Whereas this situation is detrimental to both the applicant and the residency institution;
Be it resolved that the AAMC recommend that, once emergency medicine residency programs are accredited by the ACGME, these program use the NRMP for their candidate selection.

J. Opposition to Health and Human Services Program Budget Cuts

Whereas budget cuts of HHS-funded programs affecting health care delivery and health manpower were instituted on October 1st; and
Whereas these health care services have primarily been utilized by the less affluent sector of rural and urban areas; and

Whereas it is not viable for presently already overcrowded, understaffed municipal hospitals to absorb the overflow from those clinics and facilities forced to close their doors,
Let it be resolved that we a s future physicians oppose the removal of financial support for these programs because these drastic measures will irreparably compromise the quality of medical care, general health, and psychosocial development of those economically less fortunate.

K. Specialty Choice

Whereas medical students have little guidance in choosing career specialties especially in the early nonclinical years, and
Whereas dynamic changes in manpower and practice characteristics are occurring in various specialties, and
Whereas early planning could enhance students' opportunities, education. and skills and
Whereas medical students have limited access to literature and data which might allow them to compare the different specialties,
Let it be resolved that OSR support research, data distribution, education and guidance for medical students in the areas of future planning and career choices.

L. Service Contingent Loans

The new federal posture emphasizes states' responsibilities in meeting the health care needs of the public. A service contingent loan program would provide a state with a pool of physicians who would be committed to serve in an area designated as underserved. As the program should have a provision for completion of post-graduate training (if desired) in another state, the program need not restrict unfairly training opportunities for participants. The program would be more cost effective than either subsidized loans or strict service payback grants. Such a program is also consonant with the interests of states to retain their medical graduates. Such loans are better for students because they provide money up-front rather than reimbursement after graduation as currently is the case with many of the states' loan forgiveness programs as well as proposals for a national loan forgiveness program.

Therefore be it resolved that the AAMC endorse the concept of state-level service contingent loan programs with a broad spectrum of medical career choices and assist the medical schools in having such programs introduced in the various state legislatures.

M. Housestaff Participation in AAMC

Whereas graduate medical education is a fundamental part of the educational continuum, and
Whereas residents play a vital role in the education and evaluation of medical students, and
Whereas a forum is needed to address the role of residents in medical education, and the AAMC's recent resident conference is an important step toward such a forum, and
Whereas without formalized housestaff input there is a gap in the spectrum of educational groups represented within the AAMC,
Be it resolved that the OSR reaffirm its position that housestaff be represented in the AAMC, and that AAMC form a task force to determine the most feasible means to accomplish this.

N. Comprehensive Survey

Whereas much of the strength and many of the benefits of OSR are derived from an interchange of information amonst various members, and
Whereas many issues of practical importance to students are best approached in a special way at each school through individual schools' student governments or other student advocates, and
Whereas a compilation of facts and figures about programs and services at other medical schools would greatly facilitate the process of improvements generated by students,
Therefore be it resolved, that the OSR Administrative Board be responsible for the generation of a comprehensive national survey of all OSR representatives and that this survey be distributed and collected by the Administrative Board of the OSR.
Be it further resolved that the results of this survey be summarized by the Administrative Board and distributed back to the OSR representatives and that the original survey results be maintained at the OSR headquarters and be accessible to any OSR representative who seeks more information on a particular topic of interest.

O. When Life Begins

Whereas there is no universal consensus on when life begins and people, in good faith, hold widely divergent opinions on this subject,
Therefore be it resolved that we as future physicians oppose legislative efforts to decree when life begins, believing this determination solely a matter of individual conscience and oppose governmental efforts to prevent us from or prosecute us for practicing medicine according to the dictates of our conscience.

P. Transfers Between Schools

Whereas many pre-med students form close relationships with other pre-med students during their undergraduate college experience and
Whereas subsequently these medical students are separated from their "significant others" upon matriculation into medical schools,
Be it resolved the OSR and AAMC actively support a policy to allow transfers of medical students and their "significant others" at geographically separated schools when and where such vacancies exist.

Q. Documentation of Budget Cut Effects

The Administration's proposed budget, if fully implemented, will have serious adverse effects on the constituent members of the AAMC and on the public its constituents serve. Quick and effective action is necessary to minimize these effects.

Therefore be it resolved that the OSR affirm its support of and assistance to the AAMC in documenting specific effects of the Administration's budgetary cuts and in mobilizing effective and appropriate actions among its members to minimize these cuts and their effects.

R. OSR Resolutions

Whereas the OSR considers an increasing amount of business each year, and
Whereas our time at the national meeting is limited and must be used effectively,
Therefore be it resolved that the regions be responsible for prioritizing resolutions approved within their respective bodies prior to submission to the general business meeting, and
Be it further resolved that members of the Administrative Board be responsible for the final order of consideration of all resolutions submitted from the regions prior to the general business meeting, based on the regional rankings; and
Be it further resolved that resolutions be categorized as either policy or action statements.

XIX. Ms. Capaldini turned over the chair to Mr. Hughes who thanked everyone for their participation in the meeting and those individuals who helped make the year an especially good one for him, including Ms. Capaldini, a source of inspiration and a brilliant chairperson; Dr. Miller, the heart and soul of OSR which has been fortunate for his continued participation; the entire Administrative Board and particularly Mr. van de Beek for his superb contributions to the meeting. Mr. Hughes adjourned the meeting at 4:40 p.m.

ISSUE IDENTIFICATION & STRATEGIES FOR ACTION

At this year's Annual Meeting, OSR will try a different means of setting goals and sharing concerns. The resolution process used in the past often led to protracted bouts of parliamentary procedure and to redundant statements of grievances and did not allow many of the Representatives to participate fully. In addition, most resolutions became itemizations of problems or principles which lent themselves neither to action on the part of the Administrative Board nor to addressing by individual OSR members back on campus.

This fall, therefore, the Administrative Board has planned a "group process" format for issue identification, deliberating, goal-setting and formulating possible actions. This process, which will guide our activities on Saturday of the meeting, consists of a series of large and small group meetings during which priorities are established by consensus (i.e., by the group as a whole) and the means for achieving these goals are derived in the small groups (we will divide into six rooms). Forthcoming strategies/workplans/formulations can then be shared with the whole group at the Sunday business meeting. Individuals can carry plans for action back to their institutions and the Administrative Board can serve as coordinator as appropriate.

One of the main reasons for attempting this new format this year is the current role of the General Professional Education of the Physician Project (GPEP). At this stage of their work, the GPEP panel and three working groups are intensely engaged in identification of impediments to change in the undergraduate preparation of physicians and in devising feasible improvements. All the work is predicated on the need to stimulate broad discussions among faculty about their educational approaches. During its ten year history, OSR has played a valuable role in raising the threshold of concerns about the whole panoply of issues under consideration--to relate just a few examples: 1) the need to decompress basic science education and to improve evaluation processes beyond multiple-choice regurgitation; 2) students' need for assistance in developing such skills as communicating with colleagues, coping with stress, dealing with ethical issues; 3) how many aspects of the educational process (e.g., competition among students, poor faculty role models) work against the development of such qualities as patience and compassion. In their work over the year, the GPEP working groups do not so much require assistance in identification of general problems but rather are looking for ideas and experiments that have been or are being tried which address the issues at hand. The OSR can play a useful role in bringing together reports of noteworthy experiments in curriculum, evaluation, support groups, etc. It is therefore envisioned that some of the small group brainstorming will produce suggestions. The following could be considered umbrella issues: 1) improved teaching and learning of the basic sciences (what is done best, what is done worst, what is most likely to change by itself?); 2) personal management skills for physicians (where does this learning begin, how can it best be guided?); 3) learning to communicate effectively with patients; 4) transforming competitive students to humanistic caregivers.

Note: Because the Sunday afternoon small group sessions with faculty members (CAS) will offer students an additional opportunity to exchange thoughts on the issues being dealt with by GPEP, OSR members may want to consider choosing a subject area for Sunday different from the one emersed in during the Saturday sessions. After the final session on Saturday, students should pick up a ticket for the Sunday groups in order to facilitate equal division among the three areas: Essential Knowledge; Fundamental Skills; Personal Qualities, Values & Attitudes.

OSR PROJECT ON ETHICAL BEHAVIOR OF MEDICAL STUDENTS

During the 1981 OSR Annual Meeting, a survey on ethical behavior of medical students was distributed to voting members. A summary of the results appears below. While these were discussed at the 1982 regional meetings, the Administrative Board decided to include the summary in this agenda because no OSR-generated product has yet been finalized and therefore input and discussion are still welcome. The Board initially suggested as an outcome development of guidelines on ethical behavior, including an overview of the kinds of dilemmas students face and principles to guide appropriate professional conduct. This idea was not warmly embraced when presented at the regional meetings, apparently because OSR members could not envision an ideal level of specificity for such guidelines and foresaw the possibility of their being ignored in the same way that honor codes have been. Representatives did, however, encourage OSR activity in this arena, recommending that anything would be an improvement over the present state of silence and confusion. They cited many discouraging examples from their schools of poor student conduct being brought to the attention of faculty/administration and no action being taken. The problem of lack of protection for accusers was also mentioned as compounding inherent difficulties with students' judging one another.

In subsequent discussions, the OSR Board acknowledged again the drawbacks of and need for moving ahead. Two courses of action were agreed upon. A subgroup of the Board offered to prepare a number of typical clinical scenarios to illustrate and address the questions students most frequently have about what constitutes appropriate professional behavior; this document would be distributed to OSR members with the recommendation to share it with others at the institution who might be influential in creating a forum for discussion of such issues. The second idea is for the 1983 regional meetings to include panels comprised of faculty, residents and students to discuss a variety of topics, such as faculty and student responsibilities and the acquisition of ethical decision-making skills.

Survey Results

A total of 39 questionnaires (anonymous but geographical region requested) were completed. Asked if their school had an honor code, 71% responded affirmatively. Of these 67% believe that an honor code is a useful means of instilling awareness of the ethical responsibilities of students and the same percentage believe that students can be expected to abide by the agreements of an honor code. These results indicate some skepticism about the utility of this method. Some comments were submitted regarding the insufficiency of an honor code in the absence of other kinds of reinforcement not to cheat. Students were also asked about student involvement in activities to encourage ethical behavior. Sixty-two percent reported that students are involved in policy formation in this area; 30% said they didn't know whether or not students are at their school. Fifty-six percent reported that students participate in formal hearings of a colleague accused of misconduct; 35% didn't know if this provision existed. These responses indicate a general lack of visibility of such activities on the campuses. The survey also asked about formal or informal activities on the part of the faculty aimed at fostering students' awareness of their ethical responsibilities as students and as physicians. The most frequently mentioned were an elective course in medical ethics (33%), discussions of ethical questions in other courses and on the wards (30%) and no activities (15%). Students were asked if the school uses specific measures to discourage cheating on exams; 54% responded affirmatively. The most frequently mentioned methods were proctors and seating plans.

Presented in Table I are the averaged responses to the following item: "The activities below may be considered ethical responsibilities of each medical student. Indicate the importance you attach to each and the degree to which it presents a problem at your school".

TABLE 1

	Importance low (1) high (5)	No Problem-Major Problem low (1) high (5)	No basis to judge
Refrain from cheating on course exams	4.6	2.2	7%
Refrain from cheating on NBME	4.4	1.4	23%
Refrain from cheating on lab exercises	4.0	2.0	20%
Refuse to aid another student during exams or exercises	4.4	1.9	12%
Report a peer seen behaving suspiciously	3.4	2.5	23%
Refrain from presenting false data on case presentations, case write-ups and medical records	4.8	2.6	25%
Maintain Patient confidentiality	4.6	2.2	25%

These results indicate that none of these areas is considered to be major problems by the respondents but that problems do exist, it seems, in all but refraining from cheating on the National Boards (perhaps because of the difficulty of achieving this). Refraining from presenting false data on case presentations appears to be the most troublesome area at the same time as it is given the highest importance. These students do not attach as much importance to peer review as to the other responsibilities listed probably because of a natural reluctance to "cast the first stone" and equivocation about what constitutes suspicious behavior; it is thus also not surprising that students note problems with such reporting at their schools.

The final question regarding ethics on campus asked what circumstances contribute most heavily to students' unethical behavior. Following is a frequency listing of the responses, which for the most part fell into a few major categories:

competition among students/pressures for grades	43%
fears of failure/insecurity	28%
volume of the workload	23%
lack of emphasis on ethical behavior at school	15%
questionable ethics of faculty	12%
inappropriate personal philosophy	12%
unwillingness to admit mistakes	7%
belief that a little cheating is okay	5%
desire for placement in a good residency	5%

In another vein, the survey asked students to list the circumstances which contribute most heavily to physicians' unethical behavior. A frequency listing of these follows:

excessive pressures to perform well	30%
greed	17%
fears of lawsuits	15%
confusion of priorities/warped values	12%
competition with other physicians for recognition	12%
lack of peer review	10%
pratices acquired during the educational process	10%
sense of self-importance	7%
seeing situations as win/loss	5%
laziness	5%
unwillingness to admit mistakes	5%

It is clear from the responses to this and the preceeding question that students are concerned about negative influences of pressures to "succeed"; these pressures and incentives are experienced as both internal and external. Their comments also indicate a relationship between lack of peer review and emphasis on ethical behavior and the incidence of unethical practices.

Finally, responders were asked to describe what they believe to be the two or three most critical ethical dilemmas facing individual physicians today:

euthanasia	30%
high medical costs/allocation of medical resources	28%
care of terminally ill patients	25%
being honest with patients	20%
abortion	17%
how to treat patients who can't pay	17%
peer review/whistleblowing	12%
dealing with impaired physicians	7%
humanistic treatment in a technological world	5%
patient experimentation	5%
influence of money on type of medical practice	5%

BACKGROUND READING FOR PROGRAM ON NUCLEAR WAR

In deciding to devote its main program to a theme not usually thought of as part of the medical curriculum, the OSR Administrative Board knowingly opened itself to potential criticism from students who prefer to focus on more traditional subjects, e.g., National Boards, and more immediate concerns, e.g., financial aid. The OSR Board had faith that it could put together a very educational program and that there would be adequate time during the remainder of the Annual Meeting for students to concentrate on other necessary subjects. A great deal of the motivation to offer this program came from OSR members having attended symposia sponsored by Physicians for Social Responsibility (national office located at 639 Massachusetts Ave., Cambridge, Mass 02139; 617/491-2754). Their symposia typically are very effective in stimulating physicians and medical students to accept special responsibilities in the effort to prevent nuclear war. Physicians' special capabilities are emphasized, ie., translating scientific information into practical actions, experience in converting patients' denial of illness into rational plans of therapy, stature as health experts and educators.

The OSR Board encourages you to come at least somewhat prepared to the Friday evening program. If an elective on a subject related to nuclear war is being offered at your school, it would be useful to bring an outline and to discuss with the instructor feedback he or she has received thus far. Jack Geiger, one of the speakers on Friday night, has suggested reading the following articles which are included in the agenda book:

"Medical Problems of Survivors of Nuclear War" by Abrams and Von Kaenel, New England J. of Med., Nov. 12, 1981.

"Preventing the Last Epidemic: II" by Hiatt, JAMA, Nov. 6, 1981.

"Physicians, Nuclear War and Politics" by Relman, New England J. of Med., Sept. 16, 1982.

STUDENT PARTICIPATION ON COMMITTEES

Following is a list of OSR-nominated student participants currently serving on AAMC and other committees and boards. For 1982-83 we anticipate no new or additional openings, with the exception of a position on the Flexner Award Committee (described below). At its June 1983 meeting, the OSR Administrative Board will be considering nominations for the LCME for 1983-84. Any student desiring to receive consideration should send a copy of his or her curriculum vitae to Janet Bickel, AAMC Staff.

Flexner Award Committee: Nominates to the AAMC Executive Council an individual selected for "extraordinary contributions to medical schools and to the medical education community as a whole". Committee members are mailed information on nominees and 'meets' via a conference call in early summer.

Liaison Committee on Medical Education: This joint Committee of the AMA and AAMC has responsibility for certifying the quality of American medical schools. It has established the following criteria for appointment of a student member: an upperclassman who has commenced the clinical phase of student who is in good academic standing. The term of the present student expires July 1, 1983. Appointment entails extensive reading attendance at four meetings/year.

Students Currently Serving

National Resident Matching Program Board of Directors
  Patricia Pellikka '83, Mayo Medical School, Rochester, Mn.

Liaison Committee on Medical Education (LCME)
  John Furcolow '83, U of Kentucky College of Medicine, Lexington, Ky.

Group on Student Affairs (AAMC) Student Financial Assistance Committee
  Vickie James '83, U. of Texas Medical Branch, Galveston, Tx.

AAMC Minority Affairs Section Coordinating Committee
  James A. Thompson '84, Washington U., St Louis, Mo.

Journal of Medical Education Editorial Board
  Stuart Shapira '83, U. of Chicago Pritzker School of Medicine, Chicago

Flexner Award Committee
  Joann Sanders'82, St. Louis U. School of Medicine, St. Louis, Mo.

Women in Medicine Planning Committee
  Linda McKibben '82, Medical College of Georgia

U.S. Schools with Upcoming LCME Accreditation Site Visits*

1982-83

Nov 16	U of Alabama
Nov 16	E Tennessee
Dec 7	Chicago Medical
Dec 7	U of Cinncinnati
Dec 6	Mercer
Jan 11	U Hawaii
Jan 18	U of South Florida
Jan ?	Oral Roberts
Feb 8	U of Florida
Feb 21	U of Puerto Rico
Feb 21	Ponce
Mar 1	Yale
Mar 15	U of Minn-Minneapolis
Mar 8	Meharry
Apr 11	U of Illinois
Apr 14	U of Washington
Apr 19	SUNY Upstate
May 3	Med U South Carolina
Oct	Morehouse

1983-84 (month not yet set)

U of South Alabama
U of Calif-Irvine
Stanford
Howard
U Massachusetts
Mayo
Rutgers
Albany
Albert Einstein
New York U
U of Rochester
SUNY Stony Brook
Texas Tech
U of Texas-Galveston
Med. College Virginia

*OSR members at these schools, if they have not already done so, are urged to become involved in their schools' self-study in preparation for the site visit. Necessary background information is to be found in the booklet entitled "The Role of Students in the Accreditation of U.S. Medical Education Programs", obtainable from Janet Bickel, AAMC. Self-study activities begin more than a year prior to the site visit; therefore, do not put off becoming informed about what role students can play!

SCHEDULE OF 1983 OSR REGIONAL MEETINGS

Region	Date	Place
South	April 9-12	St. Simon Island, Georgia
Northeast	April 13-15	Newport, Rhode Island
Central	April 21-23	French Lick, Indiana
West	April 24-27	Pacific Grove, California

SCHEDULE OF 1983 OSR ADMINISTRATIVE BOARD MEETINGS

January 18-19	(the AAMC Executive Council meets on the Thursday following these meetings; OSR Board members are invited to the Thursday Joint Board lunches)
April 20	
June 29	
September 21	

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM #81-49 November 20, 1981

TO: Council of Deans
Council of Academic Societies
Council of Teaching Hospitals
Organization of Student Representatives

FROM: John A. D. Cooper, M.D., President

SUBJECT: OFFICERS OF THE ASSOCIATION AND COUNCILS - 1981-82

For your information, the following is a list of the Executive Council of the Association, and Officers of the Council of Deans, the Council of Academic Societies, the Council of Teaching Hospitals, and the Organization of Student Representatives for 1981-82:

EXECUTIVE COUNCIL:

Chairman: Thomas K. Oliver, Jr., M.D.
University of Pittsburgh

Chairman-Elect: Steven C. Beering, M.D.
Indiana University

President: John A. D. Cooper, M.D.

Immediate Past Chairman, AAMC:

Julius R. Krevans, M.D.
UC - San Francisco

Representatives:

COD: Steven C. Beering, M.D.
Indiana University

John E. Chapman, M.D.
Vanderbilt University

John W. Eckstein, M.D.
University of Iowa

Richard Janeway, M.D.
Bowman Gray

William H. Luginbuhl, M.D.
University of Vermont

Richard M. Moy, M.D.
Southern Illinois

Leonard M. Napolitano, Ph.D.
University of New Mexico

M. Roy Schwarz, M.D.
University of Colorado

Edward J. Stemmler, M.D.
University of Pennsylvania

CAS: David M. Brown, M.D.
University of Minnesota

Daniel X. Freedman, M.D.
University of Chicago

Virginia V. Weldon, M.D.
Washington University

Frank C. Wilson, M.D.
University of North Carolina

COTH: Mark S. Levitan
Hospital of the University of Pennsylvania

Stuart J. Marylander
Cedars-Sinai Medical Center

Mitchell T. Rabkin, M.D.
Beth Israel Hospital

John A. Reinertsen
University of Utah Medical Center

Executive Council - continued

OSR: Grady Hughes
University of Washington

Ed Schwager
University of Arizona

Distinguished Service Member:

Manson Meads, M.D.
Bowman Gray

ADMINISTRATIVE BOARDS OF THE COUNCILS

COUNCIL OF DEANS

Chairman: William H. Luginbuhl, M.D.
University of Vermont

Chairman-Elect: Richard Janeway, M.D.
Bowman Gray

Members:

Steven C. Beering, M.D.
Indiana University

Arnold L. Brown, M.D.
University of Wisconsin

John E. Chapman, M.D.
Vanderbilt University

D. Kay Clawson, M.D.
University of Kentucky

William B. Deal, M.D.
University of Florida

John W. Eckstein, M.D.
University of Iowa

Richard M. Moy, M.D.
Southern Illinois

Leonard M. Napolitano, Ph.D.
University of New Mexico

M. Roy Schwarz, M.D.
University of Colorado

Edward J. Stemmler, M.D.
University of Pennsylvania

COUNCIL OF ACADEMIC SOCIETIES

Chairman: David M. Brown, M.D.
University of Minnesota

Chairman-Elect: Frank C. Wilson, M.D.
University of North Carolina

Members:

Bernadine H. Bulkley, M.D.
Johns Hopkins University

David H. Cohen, M.D.
SUNY at Stony Brook

Daniel X. Freedman, M.D.
University of Chicago

William F. Ganong, M.D.
UC - San Francisco

Lowell M. Greenbaum, Ph.D.
Medical College of Georgia

Robert L. Hill, Ph.D.
Duke University

T. R. Johns, M.D.
University of Virginia

Joseph E. Johnson, III, M.D.
Bowman Gray

Council of Academic Societies - continued

Douglas Kelly, M.D.
University of Southern California

Virginia V. Weldon, M.D.
Washington University

John B. Lynch, M.D.
Vanderbilt University

COUNCIL OF TEACHING HOSPITALS

Chairman: Mitchell T. Rabkin, M.D.
Beth Israel Hospital

Chairman-Elect: Mark S. Levitan
Hospital of the University of Pennsylvania

Members:

James W. Bartlett, M.D.
Strong Memorial Hospital

Fred J. Cowell
Jackson Memorial Hospital

Jeptha W. Dalston, Ph.D.
University of Michigan Hospital

Spencer Foreman, M.D.
Sinai Hospital, Baltimore

Robert E. Frank
Barnes Hospital-St. Louis

Earl J. Frederick
Children's Memorial Hospital
Chicago

Irwin Goldberg
Montefiore Hospital, Pittsburgh

Sheldon S. King
Stanford University Hospital

Stuart J. Marylander
Cedars-Sinai Medical Center

John A. Reinertsen
University of Utah Medical Center

Haynes Rice
Howard University Hospital

John V. Sheehan
VA Medical Center - Houston

ORGANIZATION OF STUDENT REPRESENTATIVES

Chairperson: Grady Hughes
University of Washington

Chairperson-Elect: Ed Schwager
University of Arizona

Members:

David Baum
Albany Medical College

Lisa Capaldini
UC - San Francisco

Pamelyn Close
University of Tennessee

Beth Fisher
University of Cincinnati

Linda McKibben
Medical College of Georgia

Paul Organ
Washington University

David Thom
UC - San Diego

Michael Tom
Yale University

Ron Voorhees
University of New Mexico