



association of american medical colleges

ORGANIZATION OF STUDENT REPRESENTATIVES

1984 Business Meeting Agenda

I. Call to Order [Oct. 27-28, 1984]

II. INFORMATION ITEMS [Chicago IL]

- A. Introductions and Overview of Meeting, Pamelyn Close, M.D.
- B. Welcome from AAMC Presidnet, John A. D. Cooper, M.D., Ph.D.
- C. Remarks from Norma Wagoner, Ph.D., Chair of AAMC Group on Student Affairs
- D. Overview of Financial Aid Issues, Robert J. Boerner, AAMC Division of Student Programs
- E. Report of OSR Chairperson, Pamelyn Close, M.D.
- F. Report of OSR Chairperson-Elect, Ricardo Sanchez

III. Determination of Quorum

IV. ACTION ITEMS

- A. Approval of Minutes of 1983 Business Meeting.1
- B. Nomination of Candidates for Chairperson-Elect and Representatives-at-Large

V. Recess

VI. Recall to Order

VII. Determination of Quorum

VIII. ACTION ITEM

- A. Election of Chairperson-Elect & Representatives-at-Large

IX. DISCUSSION ITEM

- A. Summaries of Saturday's Small Group Discussions

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X. INFORMATION ITEMS

- A. Report on NIH Research Scholars Program, Doris Merritt, M.D.
Research Training & Research Resources Officer, NIH.15
- B. Reports on Computer-Related Activities, Steve Hasley, M.D.
and Dan Cooper, OSR Administrative Board members
- C. Reports from Leaders of Other Student Groups
- D. Closing Remarks from OSR Immediate-past-Chairperson,
Ed Schwager, M.D.

XI. Old Business

XII. New Business

XIII. Adjournment

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XIV. Additional Written Information Items

- A. Student Participation on Committees.16
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

OSR ANNUAL BUSINESS MEETING MINUTES

November 4, 5 & 6, 1983

Washington Hilton Hotel

Washington, D.C.

I. Dr. Ed Schwager called the meeting to order at 4:35 p.m. on November 4 and provided a brief overview of the activities of the next few days.

II. Remarks from AAMC President

Dr. John A. D. Cooper welcomed the students to the 94th Annual Meeting. He urged them to use the educational opportunities available at the meeting wisely because medical schools are facing more challenges than ever before, requiring a student body as informed as possible, especially about issues affecting the quality and scope of the education being provided. He thanked the members of the OSR Administrative Board for the quality of its leadership over the past year. Dr. Cooper next observed that there is no reason why OSR members cannot establish continuing relationships with their elected officials and offer recommendations to them on the federal support of medical education. He said that those students who had not made appointments to see their Congressmen while in D.C. should at least write to them once back at school. He suggested also that, with the cooperation of the dean, elected officials could be invited to visit the medical school in order to experience the extent to which it is a national and community resource.

III. Remarks from Dr. Wes Clark

Dr. Clark, a professional staffer for Senator Edward Kennedy, remarked that many individuals on Capitol Hill believe doctors are becoming rip-off artists and that the system is moving to limit physicians' incomes. He said that today's students' mentors, that is their faculty, were used to receiving a blank check from the government but that now they are having to learn how to influence which numbers are inserted. It is appropriate for students to be learning this game now too in order to be prepared to articulate the arguments which need to be made. He stressed the importance of being familiar with all the opponents' arguments; advocates of support for medical education cannot expect sympathy and therefore must use their cognitive skills to the fullest. Dr. Clark recommended never dismissing the potential of medical students to help to improve the quality of care patients across the country are receiving and will receive. Members of the Authorization and Appropriation Committees need to hear from deans, faculty and students about the programs and incentives that are valuable in improving the geographic and specialty distribution of

physicians and about other especially needed programs. Dr. Clark explained that, if he sounded like a doomsayer, it was with the goal of motivating students to ask the hard questions, to keep themselves informed and to participate in the events taking place rather than riding with the tide.

IV. Financial Assistance Programs Overview

Mr. Robert Boerner, Director, Division of Student Programs, referred students to the program updates contained in their agenda book. He summarized the Health Professions Student Loan default situation and problems created by retroactive application of criteria for writing off uncollectable loans. With regard to Health Education Assistance Loans, the current credit limit of \$225 million appears more than adequate for Fiscal Year 1984; but problems may arise if such loans cease to be profitable to lenders and lenders choose to withdraw from the program. He noted that medical students borrowed less from the Guaranteed Student Loan Program last year than in the previous year, perhaps due to the new \$30,000 parental income ceiling to be eligible for these funds.

V. Update on Loan Consolidation

Mr. David Baime, AAMC Legislative Analyst, explained that the authority of the Student Loan Marketing Association to consolidate and extend repayment of Title IV loans (NDSL, GSL, PLUS) expired on November 1. He provided the background information necessary for students to contact their Congressmen in support of any form of consolidation. Almost 50% of all aid to medical students last year came in the form of Title IV loans, and students can greatly benefit from having graduated repayment schedules and an extension of the loan repayment period up to 20 years.

VI. The meeting was recessed at 6:15 p.m.

VII. Chairperson's Report

Dr. Schwager recalled the meeting to order at 8:45 a.m. the next day. He noted that he would summarize that work of the OSR Administrative Board which over the past year was specifically devoted to the suggestions which emerged from the 1982 group process efforts. In the area of housestaff concerns, he and the Chairperson-Elect had formally petitioned the Council of Deans Administrative Board with the recommendation that the AAMC recognize the need to tap on a continuing and on-going basis the information base of a major constituent, that is, residents, and that a mechanism be created to explore how this input might best be accomplished. Dr. Schwager said that, despite objections from some AAMC staff, the deans were generally supportive of the recommendation. This issue was next considered by the Executive Committee which charged the Council of Academic Societies' Administrative Board to discuss it. While this

may not appear to be a major victory, Dr. Schwager assured the membership that it is a significant step forward in this area.

Regarding financial aid concerns, he noted that they are a topic of discussion and perusal with the help of AAMC staff at every Administrative Board meeting. The push to prepare OSR members to visit Congressmen during the Annual Meeting was seen as a way of fostering governmental sources of financial assistance. He remarked also on the work of the Group on Student Affairs committee which has been developing a financial management handbook soon to be available to students. The group which reported on educational issues had much overlap with the General Professional Education of the Physician (GPEP) Project. The Board felt that the best way to address this group's suggestions was to assist as much as possible with students' participation in GPEP activities, on their campuses and at the regional hearings. He admitted that success was highly variable, with some OSR members playing major roles in organizing and shaping their schools' response but with others playing no role at all. He reminded students of their regional meetings later in the day at which they would be expected to prioritize their reactions to the GPEP Emerging Perspectives document; these reactions will be synthesized and offered to the GPEP panel prior to its December meeting.

Dr. Schwager reported that the groups on personal growth and on social responsibility had suggested ideas for ways the OSR might move ahead in these areas. Dr. David Thom's article in the most recent issue of OSR Report on physicians' responsibilities vis-a-vis the threat of nuclear war and the joint programs with the Society for Health and Human Values are responsive to these suggestions, but much remains to be done in these areas. The group on medical information systems' main recommendation was met via the OSR Report article entitled "Computers and Medical Education". Also the workshop to be offered at this Annual Meeting Dr. Schwager noted as being responsive to students' needs to become better acquainted with the potential of this new technology.

He next turned to activities which do not fit into any of the above categories, such as publishing and distributing to OSR members and student affairs deans a compendium of career counseling programs that are currently being offered at the schools. This document was mailed last February and may need to be resurrected by OSR members at schools where career counselling could use improvement. Dr. Schwager reminded the students that if they do not educate deans about their needs, many will go unmet. He also summarized some of the perceived problems with subspecialty matches occurring outside the National Resident Matching Program (NRMP); these problems are of increasing concern to the AAMC and the Board therefore spent much time discussing them with staff. With regard to the need which many students have in understanding the mechanics of the NRMP, he praised the work of Ms. Pamelyn Close and Dr. Jack Graettinger in their article in OSR Report. He concluded this section of his report by urging OSR members

to study the Annotated Student Affairs Bibliography prepared by Ms. Janet Bickel so that they acquire the knowledge of current literature that will allow them to become more effective change agents in medical education.

Dr. Schwager shared some personal perceptions about the past year and some of his frustrations in conveying to the Administrative Board the unique responsibility of the OSR within the AAMC. Students bring a broad range of concerns to each meeting--financial aid, curricular reform, lack of humaneness in medical education, National Boards, ethics, etc. And the Administrative Board members understandably feel obligated to be representative to the extent possible of those who elected them. He stated the belief that, while the Board pursues these concerns to the utmost, this goal must be balanced with the responsibility of providing the student perspective on each issue presently before the AAMC Executive Council. He reminded the audience that the AAMC constituency includes deans, faculty, directors of teaching hospitals and others and that the range of issues before the governing body is very broad and many of them are very complex, e.g., NIH funding, use of animals in research, policies regarding the Education Council on Foreign Medical Graduates, Baby Doe regulations, to name but a few. Dr. Schwager stated that the credibility of OSR within the AAMC has increased over the past several years in part because of the Administrative Board's ability to provide well thought out testimony on such concerns. Such credibility aids students in other areas of immediate relevance to them, such as due process for medical students. Therefore he admonished the membership to choose its Board well because the balance of duties is difficult to maintain. In closing, Dr. Schwager thanked the representatives for the opportunity to have served them as chairperson.

VIII. Chairperson-Elect's Report

Ms. Close opened her overview of the year ahead with general thoughts about the GPEP Project, lauding those students who were active in the "data generation" phase which is now coming to a close. She stated that it is impossible for one group of minds no matter how active to generate a panacea for all the ills of medical education and quoted H.L. Mencken: "To every problem there is a solution, which is simple, direct and wrong." She recounted a recent experience at one school's curriculum committee meeting at which the need for and progress possible through GPEP were evident. Clearly, as the recommendations emerge, students, especially OSR members, will have unique opportunities to work toward beneficial changes.

In summarizing issues regarding career decisions, Ms. Close mentioned the recent dinner meeting held between the Administrative Boards of the OSR and the Deans which allowed a very fruitful exchange, particularly on issues surrounding the NRMP Match. Other areas which students will need to continue to investigate and work on are the "closing jaws" of applicants vs. residency positions available, whether students are using the fourth year in ways that are of maximum benefit academically, increasing opportunities for

students' longer term management of patients, and the use of dean's letters and other materials to establish one's credentials with residency programs. Turning to ways that students can become more effective in communicating with legislators, Ms. Close stated the goal of devising a legislative update that would be sent periodically to OSR members which would contain analyses directly usable by students. A message that especially needs to be communicated to elected officials when discussing financial aid programs is the goal of maintaining medicine as a career open to those who are the most qualified and necessary for provision of health care to all segments of the nation's population.

Ms. Close encouraged students to consider running for OSR office because of the opportunities available to become informed about the most important issues before American medicine and to interact with erudite and inspiring people, especially other students. She recommended that OSR members spend time sharing with other student leaders at their schools and noted some of the differences between OSR and other national student organizations, e.g., OSR is smaller, attempts to be representative, is part of a consensus organization. Finally, she reminded the membership that the Administrative Board is available to them at all times so that representatives need never feel alone when pursuing OSR-generated projects and that OSR is essentially a teamwork effort.

IX. Dr. Schwager announced the presence of a quorum of the OSR and asked for and received approval of the minutes from the 1982 Business Meeting.

X. Nominations for OSR Office

The following OSR members were nominated:

Chairperson-Elect:

Carol Mangione (California-San Francisco)
Ricardo Sanchez (Brown University)

Representative-At-Large:

Rick Peters (California-San Diego)
John DeJong (Kansas)
Steve Hasley (Pittsburgh)
Mark Schmalz (Minnesota-Minneapolis)
Mary Smith (Miami)
Bill Dougherty (Southern California)
Roger Hardy (Cincinnati)
Sharon Austin (UCLA-Drew)
Andrew Iwach (UCLA)
Kent Wellish (Arizona)
Jesse Wardlow (Yale)
Don Vereen (Tufts)

XI. The meeting was recessed at 9:45 a.m.

XII. The meeting was recalled to order at 1:15 p.m. on the following day and shortly thereafter the presence of a quorum was determined.

XIII. Elections

ACTION: The OSR elected Ricardo Sanchez to the office of Chairperson-Elect.

The following additional nominations were made and accepted for Representative-At-Large:

Rodney Jackson (Mercer)

Mildred Oliver (Howard)

Pat Hennessey (South Alabama)

Tom Dunlop (California-Irvine)

ACTION: The OSR elected the following persons to the office of Representative-At-Large:

Mary Smith

Steve Hasley

Mark Schmalz

Rick Peters

XIV. Small Group Reports

Dr. Schwager asked one of the leaders of each of the preceding morning's issues assessment groups to present a summary of the conclusions and recommendations.

A. Ethical Guidelines for the Clinical Years

Ms. Mary Smith reported on the outcome of the Saturday morning discussion group held with the Society for Health & Human Values which had devoted itself to students' needs for specific behavioral guidelines which go beyond that contained in most codes of ethics. She distributed to the membership a copy of such guidelines which could be referred to when up-dating or creating a code of ethics for medical students. Their primary thrust is to assist students to develop a sense of moral commitment to present and future patients.

B. Medical Ethics

Ms. Carol Mangione stated that her group recommended that the spring 1983 issue of OSR Report be devoted to medical ethics. The following is a suggested outline of topics: (1) Development of guidelines for the clinical years, such as those noted above; (2) Working definition of medical ethics including consideration of the goals of ethics in medical education (i.e., can ethics be 'taught?'); (3) Raising ethical questions in the clinical setting: a) Use of assertiveness training as a help in raising ethical questions in a non-threatening way; b) Curriculum formats which allow discussions of ethical issues (e.g., ethics rounds on the wards, support groups involving residents); c) Evaluations vs. ethical behavior (dealing with conflicts of interests between

behaving ethically and pleasing residents, d) How to represent yourself to patients (i.e., your level of competence, calling yourself doctor, etc.)?

This group also suggested the following steps: (1) Contact AMSA and AMA-MSS regarding work they are doing and a possible cooperative effort; (2) Heighten awareness of housestaff, possibly via AAMC Council of Teaching Hospitals, of the student issues in medical ethics as delineated above; (3) Explore questions related to those characteristics of residency training which foster unethical behavior.

C. Financial Aid

Mr. Jesse Wardlow stated that, considering declining federal funding, his group recommended that OSR commend those far-sighted deans and medical colleges which have adopted a long-term perspective and taken active and creative steps to develop new resources for student financial aid and programs to assist students in debt management. The following specific programs were identified as worthy of replication: (1) the floating of bonds to generate funds (for example at Dartmouth Medical School and being considered by legislatures in Illinois and Massachusetts); (2) the U. of South Alabama Medical School Job Search Program which seeks out jobs in the medical center appropriate for students; (3) the Yale Medical School Student Finance & Repayment Software, a computer program which allows financial aid officers to project specific student repayment schedules; and (4) in addition, continued involvement in strategies, such as letter writing to Congress, by which students can assist in lowering default rates and maximizing revolving loan funds available to students.

The following areas were identified as OSR priorities for 1983-84: (1) To investigate longer deferment and longer repayment schedules for GSL loans; (2) To increase the per annum and cumulative limit on GSL loans; (3) To reauthorize the Sallie Mae Loan Consolidation Program and to consider how the HEAL program can be incorporated into it; (4) To support and promote the creation of avenues and programs for service repayment options on loans as well as for grant support on the model of NHSC and the Armed Forces scholarship program; (5) To increase the opportunity for medical students to have access to College Work-Study funds for support and encourage medical schools to review policies regarding the criteria for students' working part-time; and (6) To increase student involvement on financial aid committees.

D. Housestaff Concerns

Mr. Ricardo Sanchez reported that OSR members attending this session discussed progress in OSR's bringing before the AAMC senior staff and Councils the need for greater housestaff involvement in the Association. The concensus of the participants was that this issue continues to be of great importance and that the Executive Council should continue to explore the conceptual and practical aspects of achieving more

frequent input. The participants also suggested that the OSR Administrative Board urge the membership to take an active role at their institutions by informing deans and program directors of their concerns and interest regarding the potential establishment of a housestaff liaison group.

E. Teaching Skills

Mr. Steve Erban stated that this group had divided the topic of teaching skills into three areas, as follows: (1) Abilities: a) Basic Science faculty should enhance their skills with formal training, show enthusiasm for their subjects, and remember that first year medical students are not graduate students; b) Clinical instructors should establish rapport with students early in the clerkship, state goals for the clerkship at the beginning, and give mid-course evaluations; c) Housestaff should be made more aware of their teaching responsibilities from the time of application to the program and should be given undivided time to teach as well as support and formal training. (2) Process: a) Students should be taught how to think rather than how to react to key words; b) Basic sciences should also be taught during the last two years when this material has increased relevance to students by including basic scientists on rounds and by offering mini-courses in the sciences; c) Examinations should be structured to give students feedback on their performance and to motivate students to learn rather than just to achieve good grades. (3) Content: a) Periodic redefinition of what constitutes core basic science material, inclusion of clinical material during its presentation, and greater emphasis on teaching people how to teach themselves are all needed; b) Definition of goals for each clinical rotation and patient-oriented exams are also necessary.

Suggestions for remedies included the following: (1) Improve teaching by offering formal systems of educating teachers and by greater utilization of student evaluations; 2) Institute a two-track tenure system such that teachers receive recognition and rewards on a par with researchers; (3) Improve communication between departments and course directors regarding course content, methods of instruction and evaluation techniques; (4) Restructure residency programs to allow more time for teaching and more rewards for teaching excellence.

F. NRMP/Career Decision Issues

Dr. David Thom reported on several areas of interest and concern to the participants in this group. (1) Separate specialty matches: Some participants felt strongly that the current system is untenable because: a) it requires separate application processes, usually with separate sets of interview trips and letters of recommendation, b) it requires earlier specialty decisions, and c) it is confusing, especially in specialties such as orthopedics. On the other hand, for a specialty such as ophthalmology, a separate match before the NRMP means that a student can arrange NRMP choices accordingly. Clearly the best arrangement is to have

specialty programs matching at the PGY2 level in an NRMP-administered Match before the regular match, thus allowing students to rank their PGY1 choices based on the results of the previous specialty match. (2) Early timing of career decisions, especially in specialties such as orthopedics and ophthalmology that require a strong commitment by the junior year in order to properly arrange electives, research experiences, Dean's letters, etc. (3) Decreasing ratio of positions available per applicant: Particular concern was expressed that the resulting "buyers' market" will encourage program directors to go outside, or stay outside, the NRMP Match, if more convenient for them, since they will have little concern over not filling their slots. Also voiced were concerns that program directors will rely more heavily on dubious criteria such as MCAT and National Board scores and ignore students from less prestigious schools. (4) Pressure to do extramural rotations: As competition for desirable residency positions increases it will be increasingly difficult for students to match in a first-choice program. Many students feel that doing an extramural clerkship at a program they desire will help them in this endeavor. Clerkships are also a valuable method for a student to evaluate a program or community and provide a break from medical school and a chance to learn medicine in a novel setting. However, clerkships away can be expensive and personally disruptive and may result in a poor use of medical education time. (5) Lack of career counseling information on specialties: One suggestion to improve these deficiencies was to offer career days with representatives from various specialties. The importance of faculty involvement in providing career guidance and the availability of workshop tools and self-assessment kits were described.

G. Social Responsibilities

Mr. John Dietz provided a summary of this group's discussion: (1) Health Care Policy Issues: It was suggested that AAMC define its position on important health issues; this discussion centered largely on the role of the OSR relative to the AAMC and the accountability of the Administrative Board in reflecting the views of students. The effects of social programs on and the responsibility for care of the medically indigent population were also discussed. Studies should be undertaken of the health effects of DRG's and other such cost containment programs. It was felt that physicians and medical institutions (both private and public) share a moral obligation for the care of indigent patients and that medical education should directly address this obligation. This group requested more specific guidelines from the Administrative Board for OSR reps to use in their school activities. One suggested format was to design activities on various social issues with clear "how to" directions from which the OSR rep could choose; there was strong agreement that OSR Report should be expanded to quarterly or bimonthly publications on a regular schedule and should discuss such issues and guidelines for action.

(2) Social Awareness Among Medical Students: Social awareness and responsibility should be fostered in medical school and sought in applicants. Admissions committees should clarify and emphasize such criteria, and pre-medical advisors should encourage involvement in social issues. The Administrative Board should suggest opportunities at the national level (e.g., with legislators and on the local scene), with specific guidelines on "how to" for OSR reps. The Administrative Board should also deal with this topic in more depth at subsequent meetings. The residency selection procedure was seen as an obstacle to fostering greater social awareness in medical students, since most program directors are uninterested in students outside of transcripts and publications. Substance abuse among medical students was considered as an example of a problem which may respond to improved social awareness; an Administrative Board project on this topic is suggested. (3) Minority Groups: The moral obligation of physicians and medical students in improving educational opportunities for minorities was reaffirmed. The focus for long term effort was seen to be educational opportunities in grade school, junior and senior high school. Programs within medical school aimed at assuring minority students' competitive equality for residency programs and licensure were suggested to be an important short term approach. (4) Other: Identified as very important but not discussed were: a) Physician's responsibilities in avoiding thermonuclear war; b) The moral obligation of the physician/student in counselling the dying patient and family and the need for instruction on this topic; c) The use of animals in medical instruction.

H. Curricula Innovation

Ms. Nora Zorich reported the following goals and directives which emerged from this group: (1) Goals: a) Integration of basic and clinical science instructional activities, particularly by mixing medical students at different academic levels in interactive teaching situations; also insuring the quality of this type of learning by finding adequate support among faculty. b) Improvement of the quality of physical examination instruction by increasing peer instruction and mandating adequate supervision and evaluation by qualified people. Also increasing the amount of patient-specific preparation that first- and second-year students have before doing physical exams. c) Emphasis on learning skills, particularly literature assessment and computer literacy, by addressing in a formalized manner from the beginning of medical school. d) Emphasis on problem-solving skills development, including student-initiated advocacy of this as a primary learning modality. e) Establishment of a serious, effective, ongoing curriculum evaluation process including significant student input and mechanisms to guarantee feedback to the faculty. (2) Directives: a) To encourage AAMC to evaluate the cost-effectiveness of student involvement in teaching their peers (i.e., availability of students for teaching; advantages of student involvement; model programs elaborated upon in OSR Report and also made available for presentation to deans). b) To demonstrate interactive learning systems, teaching skills techniques and problem-solving learning modalities on an ongoing basis to OSR

members and to encourage them to create similar programs at their schools. c) To encourage the use of alternative evaluation methods such as essay, oral, and interactive computer-based exams. d) To increase networking among OSR members, e.g., by encouraging all persons attending AAMC conventions to meet at the school and evaluate actions possible at their schools chosen from among presentations at the annual meeting. e) To encourage the OSR Administrative Board to increase the credibility of OSR among faculty, students and administration by direct communications.

XV. Dr. Schwager requested a motion that these group reports be accepted for the record for the purpose of guiding the deliberations of the OSR Administrative Board during the coming year.

ACTION: The OSR agreed to so accept these reports.

XVI. Response to the General Professional Education of the Physician (GPEP) Project's Emerging Perspectives

ACTION: The OSR adopted the following response for dissemination to the GPEP Panel. The points represent a synthesis of the views of those OSR members who participated in regional meeting discussions of the Emerging Perspectives document:

- o With regard to the GPEP Project itself, the OSR urges that the Final Report state specifically what goals and expectations accompany the Panel's recommendations. Mechanisms for creating change and for evaluating whether changes result from the promulgation of the recommendations need to be built into the Report.

- o OSR maintains that the first priority of all functions and processes of a medical school should be the quality of teaching provided to medical students. Financial incentives to teach must be created even in the face of schools' difficult financial plights. The incorporation of more active learning modes is crucial, and instruction must be geared to conceptual and problem-solving levels instead of to the fact memorization level. Reducing lecture time by 10% may serve only to exacerbate existing overload problems because professors may simply compress the material. The OSR therefore recommends a de-emphasis on lecture time. Large group lectures should be replaced with small group discussions and problem-solving exercises so that students can begin to develop a sense of mastery, become more self-directed in their learning, utilize literature research skills and enhance group interaction skills. It is recognized that there is a paucity of faculty appropriately prepared to offer such exercises and sessions; OSR therefore recommends that third- and fourth-year students be given opportunities to serve as teaching assistants (TA's). The experience of leading such groups and evaluating other students' performances (e.g., grading case presentations) would also

benefit the TA's by returning clinical students to basic science material and by giving them very useful teaching experience. Course credit could be given to such TA's or College Work-Study funds awarded to assist in the payment of tuition.

o The use on the part of many schools of the NBME examinations is a major obstacle to improving teaching methods. OSR maintains that passage or failure of NBME exams should be used only for licensing purposes. If Parts I and II were altered to become more similar to Part III, e.g., testing at a more conceptual level, the negative influence would be much less potent. However, as presently constituted, scores obtained on the NBME should only be reported to schools in the aggregate and should not be used for individual evaluation purposes.

o During clinical education the major problem is lack of direct supervision of students as they are attempting to learn basic skills. Specific skill objectives and core skills should be identified. Moreover, attending physicians' time with individual students should be greatly increased.

o Students require clinical experience in ambulatory settings and opportunities to establish relationships with patients which may extend beyond twelve weeks. The latter can be facilitated by beginning students' contact with patients during the first months of school.

o An area which cuts across the years of education is the need of students to receive more assistance with ethical and social dilemmas which are so much a part of the fabric of medical education and practice. Similarly, more attention should be given to the development of students' communications skills.

o Overall there should be a greater concern on the part of faculty for students' personal development and for their emotional well-being. To become integrated individuals, most young persons need more space and time than is built into the tightly structured medical education continuum, thus heightening students' dependence on faculty members to foster their growth.

o Clearly, the final year of medical school is used by different students in a variety of different ways depending on individual needs and should remain as such. These include: a) preparation for internship; b) exposure to unfamiliar areas of medicine; c) decompression time between the intense first three years of medical school and the most demanding year of all, internship; d) definition of specialty and career interests; e) looking at and seeking acceptance to graduate programs. Under the last category, OSR recommends that, because travelling for interviews and electives is so expensive and time-consuming, studies should be

conducted to examine the extent to which personal visits give students an advantage and what can be done to minimize the handicap for those who cannot leave campus. Overall, OSR believes that schools should provide substantial guidance to students in designing a fourth year schedule that will meet individual goals and needs. Preference should be given to experiences which will broaden and deepen students' general professional education rather than the avenues which may lead to premature specialization.

o There is a need for greater and more effective communications between premedical advisors and admissions committees of medical schools. Premedical preparation should allow a broad based education in the Arts and Sciences in accordance with emerging changes in medical school admissions criteria.

XVII. Reports from Leaders of Other Student Groups

A. Mr. Peter Sayre (American Medical Association-Medical Student Section) summarized highlights of recent student activity at the AMA. Occasionally the MSS takes positions contrary to the parent organization but occasionally also the AMA adopts resolutions put forward by the MSS, e.g., on smoking on airlines, divestiture of tobacco stocks, autopsies. He noted that the MSS has two national conventions each year, one in June and one in December (being held in Los Angeles December 2-6).

B. Ms. Valerie Stone (American Medical Student Association) stated that all U.S. medical schools have AMSA chapters and that, like OSR, AMSA is very concerned about medical education issues and about having input to GPEP. She said that the AMSA convention (March 14-18 in Washington, D.C.) will be the largest gathering of medical students ever in the Capitol and invited everyone. She urged OSR members to approach her during this meeting with any questions.

C. Mr. Stan Berry (Student National Medical Association) noted that the most recent years have been lean ones for SNMA nationally but that they have continued to be effective at the local level. He gave the new address of the national office (1012 10th Street, NW, Washington, D.C. 20001) and reported that the second edition of the SNMA newsletter was recently completed.

XVIII. Report of Immediate-Past-Chairperson

Dr. Grady Hughes noted advances achieved regarding cooperation among the various national medical student organizations. Speaking specifically of his experience in OSR, he noted that he arrived in OSR very idealistic with the idea that, if only students would say what was wrong, things would change. He came to understand the time required for progress. He advised the membership not to fear its diversity but to keep a broad perspective and a social conscience. The work OSR members do can have broad importance if not

approached in a purely self-interested way; the need to form a consensus is ever-present. Dr. Hughes closed by urging the students to be diplomatic change-agents and by noting that he would return.

XIX. Dr. Schwager turned over the chair to Ms. Close who thanked the membership for their attention during the long meeting and stated that OSR would make a positive difference in medical education during the coming years. She adjourned the meeting at 4:45 p.m.

PRESENTATION ON NIH RESEARCH SCHOLARS PROGRAM

(by Dr. Doris Merritt)

HHMI-NIH RESEARCH SCHOLARS

AT THE

NATIONAL INSTITUTES OF HEALTH

INFORMATION FOR APPLICANTS

The Howard Hughes Medical Institute (HHMI) and the National Institutes of Health (NIH) are collaborating in a program that will provide research training in the biomedical sciences for eligible medical students. HHMI-NIH Research Scholars will be selected on a competitive basis from applicants judged to have potential for contributing to biomedical research. The Scholars will spend approximately one year devoted to laboratory research at NIH.

This joint HHMI-NIH program was initiated to locate students with an aptitude for a career in biomedical research. The goal of the program is to enhance the ability of the students to do biomedical research by participating in research projects.

NIH is among the most distinguished centers for biomedical research in the world. Its principal hospital and laboratory facilities are located in Bethesda, Maryland, a suburb of Washington, D.C.. The program will offer opportunities for individualized instruction and participation in the research projects of medical scientists in the forefronts of their fields. It will also include lectures and other classroom and laboratory demonstrations. Provision will be made for housing, either in an HHMI residence located on the NIH campus or in houses or apartments in the Bethesda area.

ELIGIBILITY REQUIREMENTS

Scholars must be United States citizens or permanent residents, and must be students in good standing in medical schools in the United States or Puerto Rico. Their participation in the program may begin following completion of the second year of medical school and prior to receipt of the M.D. degree. The minimum period for which appointments will be made is nine months. Students who are not in a position to make such a commitment should not apply.

COMPENSATION

Research Scholars will be paid by HHMI on a ~~monthly~~ basis while employed in the program. Such payments will be sufficient to cover travel and living expenses.

DEADLINE FOR APPLICATIONS

Applications from candidates who wish to begin their period of research training at NIH between July 1 and December 31, 1985, must be received by February 1, 1985. Candidates will be notified by April 1, 1985, as to decisions concerning applications.

APPLICATION FORMS AND INFORMATION

Information concerning the HHMI-NIH Research Scholars Programs and the application procedure may be obtained by writing to the Howard Hughes Medical Institute, Post Office Box 330837, Coconut Grove, FL 33233.

STUDENT PARTICIPATION ON COMMITTEES

An important way in which student perspectives are brought to bear on issues and opportunities facing medical educators is through participation on national committees. Please read the descriptions of the committees listed below from which the OSR Administrative Board will be making nominations during 1984-85. One does not need to be an OSR member to apply for these positions. Interested students should either complete the self-descriptive sheet or submit a curriculum vitae to Janet Bickel by December 31; a supporting letter from a dean is also useful. At its January meeting, the OSR Administrative Board will consider applications for committees #1 through #3. For the LCME opening, the Board will consider applications at its June meeting.

1. National Resident Matching Program (NRMP) Board Directors:

This Board consists of seventeen persons representing ten organizations and meets once a year in Chicago. The person selected will attend his/her first meeting as an observer in May 1985; the official terms then extend for three years. Applicants must be juniors during 1984-85 and should have demonstrated interest in career and specialty choice concerns of medical students.

2. Women In Medicine Planning Committee:

This group meets once each spring in Washington, D.C. to plan the Women in Medicine Annual Meeting activities. AAMC funds travel to this meeting.

3. Flexner Award Committee:

This 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 the Committee meets via a conference call in early summer.

4. Liaison Committee on Medical Education (for a one-year term beginning July 1985):

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 the appointment: a student a) who has commenced the clinical phase of study by July '85; b) in good academic standing; c) whose performance warrants the judgment that the responsibilities to the LCME would be capably executed; and d) whose academic standing will not be jeopardized by his or her responsibilities on the Committee. The term of the present student member expires on July 1, 1985. Applications for this position will be accepted through May 15, 1985. The appointment entails extensive reading and attendance at four meetings/year (during 1985-86 most meetings will be in Chicago).

STUDENTS CURRENTLY SERVING

National Resident Matching Program Board of Directors:

Patricia Pellikka '83, Mayo Medical School, Rochester, Minnesota

Liaison Committee on Medical Education:

Peggy Braasch '85, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania

Journal of Medical Education Editorial Board:
Jesse Wardlow '86, Yale University School of Medicine, New Haven, Connecticut

GSA-MAS Coordinating Committee:
Sharon Austin '86, Drew/UCLA, Los Angeles, California

GSA Student Financial Assistance Committee:
Leslie Smith, Jr., University of Tennessee College of Medicine, Memphis, Tennessee

COMPLETE AND RETURN TO JANET BICKEL, AAMC, 1 Dupont Circle, WDC 20036.

Name: _____ School: _____ Class of: _____

Address: _____

Phone: Day: _____ Evening: _____
(area code) (area code)

Education:

<u>Year</u>	<u>Institution</u>	<u>Degree</u>
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Academic Honors/Research or Extracurricular Activities:

Committee or Area of Special Interest:

Other Comments:

U.S. Schools With Upcoming LCME Accreditation Site Visits

Listed below are those schools scheduled to be visited by a site visit team from the Liaison Committee on Medical Education (LCME) during the rest of 1984-85 and during 1985-86. The LCME is the body which periodically assesses and has the authority to accredit U.S. medical schools. It is vital that a representative group of students be involved in an appropriate way. A handbook titled "The Role of Students in the Accreditation of U.S. Medical Education Programs" has been prepared to inform you about what can be done, and OSR members at the schools listed are urged to obtain a copy from Janet Bickel at AAMC.

<u>1984-85</u>	<u>U.S. Schools</u>	<u>1985-86 *</u>	<u>U.S. Schools</u>
Nov 13-16	Eastern Carolina		U. Calif - Davis
Nov 13-16	U. Missouri-Kansas City		Mercer U.
Nov 27-30	Brown U.		Morehouse Med. School
Nov 27-30	U. Mississippi		Southern Illinois U.
Dec 10-13	Mercer U.		U. of Illinois
Dec 10-13	Med Coll Ohio		U. of Kansas
Jan 28-31	Morehouse		U. of Louisville
Feb 4-7	Meharry		Uniformed Services U.
Feb 4-7	U. South Carolina		Tufts U.
Mar 12-15	Emory U.		Wayne State U.
Apr 1-3	U. Nevada		Creighton U.
Apr 1-4	Eastern Virginia		U. of Nebraska
Apr 23-26	U. South Dakota		Dartmouth Med School
Apr 20-May 3	Case Western Reserve		UMDNJ - New Jersey
			SUNY - Downstate
			Bowman Gray Sch Med.
			Case Western Reserve
			U. of Oklahoma
			Hahnemann U.
			Jefferson Med Coll
			Penn State U.
			Ponce Sch of Med
			U. Central Del Caribe
			Med U. So. Carolina
			East Tenn State U.
			U. of Tennessee
			Texas-Houston
			Texas A&M U.
			Marshall U.

*Dates not yet set but it is not too early to become involved. Request more information from your dean.

MEETINGS SCHEDULED FOR 1985

OSR/GSA Spring Regional Meetings

Northeast	April 18-21	New York City
South	April 24-27	St. Simons Island, Georgia
West	April 28-May 1	Pacific Grove, California
Central	March 28-30	Chicago, Illinois

AAMC Annual Meeting

October 25 - 30 Washington D.C.

OSR Administrative Board Meetings

January 23 & 24

April 3 & 4

June 19 & 20

Spetember 11 & 12