

1974-75
OSR Orientation
Handbook 7



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

Fall 1974

Dear OSR Member:

In an effort to make your involvement in the OSR as productive and valuable as possible, we have developed the enclosed orientation materials. This package is designed to supply basic background information on the function of the OSR within the structure of the AAMC; I hope you will find this material useful.

The OSR is a unique student organization since it is not independent but rather has its impact within the larger structure of the Association of American Medical Colleges. The Association speaks with a single voice representing all of its constituent members on national issues relating to all phases of medical education, and the function of the OSR is to insure that the AAMC position on such national issues as Foreign Medical Graduates, National Health Insurance, and financial aid reflects input from medical students.

The participation of the OSR in AAMC activities has grown significantly during the past year. In March, the AAMC Executive Council passed a resolution which provides for more effective OSR involvement in AAMC policy making by increasing the number of OSR Administrative Board meetings to four per year and scheduling them in conjunction with the administrative board meetings of the three governing councils--the Council of Academic Societies, the Council of Deans, and the Council of Teaching Hospitals. These additional meetings will provide an opportunity for the OSR to consider the same issues before the three governing councils and the Executive Council.

During the past year the OSR was instrumental in developing a program for monitoring the NIRMP procedures. NIRMP monitoring committees are being established on medical school campuses at the recommendation of the OSR and GSA; and these committees should become fully operative in 1974-75 as a means for reporting violations of the NIRMP code to appropriate national authorities. It is hoped that this program will help to enhance the effectiveness of the NIRMP.

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OSR Member

Another program in which the OSR has been actively involved during 1973-74 is the development of an AAMC policy on the National Board of Medical Examiners Goals and Priorities Report. Preliminary and final position papers on the GAP Report were prepared by the four OSR regions and were submitted to an AAMC Task Force on the GAP Report for their use in the formulation of an AAMC position on this issue.

In addition to contributing student input into AAMC program and policy development by participation in special projects, OSR members serve on many AAMC committees. Since much of the Association's program and policy development process is initiated in committees and task forces, student input at this level is an essential function of the OSR.

The past year has been a productive one for the OSR and next year promises to be even more productive as the OSR continues to evolve as an effective vehicle for student input to the activities of the Association. I look forward to meeting you at the Annual Meeting and to working with you during the coming year. If questions should arise as the year progresses, please do not hesitate to contact me.

Sincerely yours,

Diane Mathews

Diane Mathews
Staff Assistant
Division of Student Programs

ORGANIZATION OF STUDENT REPRESENTATIVES

1974-75

ORIENTATION HANDBOOK

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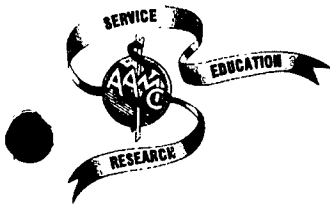
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

ORGANIZATION OF STUDENT REPRESENTATIVES

What is the Organization of Student Representatives?

The OSR was established in 1971 as the mechanism through which medical students participate in the governance of the Association of American Medical Colleges. OSR membership consists of medical students representing institutions with membership on the Council of Deans, and during the 1973-74 academic year, 107 of the 114 U.S. medical schools were represented in the OSR.

How does the OSR operate within the AAMC?

Each medical school with membership on the COD is entitled to name one voting representative to the OSR. The selection process for OSR representatives is defined by each individual medical school, but each member must be certified by the dean of the institution. During the year, the OSR meets in conjunction with the AAMC Annual Meeting to make recommendations and elect officers and administrative board members to govern its affairs.

The OSR Administrative Board is the governing committee of the OSR and consists of the chairperson, the vice-chairperson, the secretary, four regional chairpersons, and three representatives-at-large. The OSR Administrative Board meets four times a year prior to each Executive Council meeting to consider OSR business items. The chairperson of the OSR serves on the AAMC Executive Council, as do representatives from the Council of Deans, the Council of Teaching Hospitals, and the Council of Academic Societies. The OSR also has voting representation on the AAMC Assembly, AAMC's highest legislative body. Voting representation of the Assembly at this time is COD--115 votes; CAS--57 votes; COTH--57 votes; and OSR--10 votes.

What is the AAMC?

The AAMC is the only organization that speaks with a single voice for the entire community of academic medicine. It represents 114 U.S. medical schools and its medical students; 400 U.S. teaching hospitals; and 60 U.S. academic and scientific societies in the biomedical field.

What is AAMC's focus?

Among important areas of activity is maintaining federal liaison. The AAMC keeps members informed of legislative activities on

national issues such as National Health Insurance Comprehensive Health Manpower Training Act; Ethical Aspects of Biomedical Research; Research Training; National Cancer Act; and Appropriations. The AAMC also provides testimony and consultation upon request to the Congress and federal agencies such as the Health Resources Administration, and Veterans Administration.

Other ongoing programs include the following areas:

Academic Affairs--Biomedical Research and Research Training; Continuing Medical Education; Curriculum and Instruction; Educational Resource Development Program; and Graduate Medical Education.

Student Affairs--Applicant Study; Centralized Application Services (AMCAS); Coordinated Transfer Application System (COTRANS); Financial Assistance; Minority Affairs; and Student Records.

Educational Measurement and Research--Biochemistry Special Achievement Test (BSAT); Longitudinal Study; Medical College Admission Test (MCAT); and Research in Medical Education (RIME) Conference.

Teaching Hospitals--Costs of Health Care in the Teaching Setting; Executive Salary Survey; Financing of University-Owned Hospitals. House Staff Survey; and Sources of Capital Financing.

Institutional Development--Graduate and Undergraduate Accreditation; Management Advancement Program; and Women in Medicine.

Operational Studies--Cost Allocation Project; Data Collection; Faculty Roster; Financing Study; and Salary Studies.

International Medical Education--Foreign Medical Graduates; Health Care in Guatemala; and Medical Education in Latin America.

How Does AAMC communicate with OSR?

AAMC President Dr. John A. D. Cooper communicates with AAMC constituents weekly by means of his Weekly Activities Report. This goes routinely to the OSR Administrative Board, and WAR is available to all OSR members for the price of postage involved. The AAMC maintains a mailing list of OSR representatives, and mailings are issued to advise the OSR of actions taken at Administrative Board meetings and to address other items of interest to medical students. In addition, an insert in Student Affairs Reporter (STAR) which would contain items of interest to medical students and which could be posted on student bulletin boards on all medical school campuses is in the planning stage.

What do AAMC's Programs cost?

AAMC program for F/Y 1973 cost \$6,318,139. The Audited Treasurer's Report is published each year in the Proceedings of the AAMC which appear in the Journal of Medical Education each spring.

BYLAWS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

I. MEMBERSHIP

Section 1. There shall be the following classes of members, each of which that has the right to vote shall be (a) an organization described in Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any subsequent Federal tax laws), and (b) an organization described in Section 509 (a) (1) or (2) of the Internal Revenue Code of 1954 (or the corresponding provisions of any subsequent Federal tax laws), and each of which shall also meet (c) the qualifications set forth in the Articles of Incorporation and these Bylaws, and (d) other criteria established by the Executive Council for each class of membership:

- A. Institutional Members - Institutional Members shall be medical schools and colleges of the United States.
- B. Affiliate Institutional Members - Affiliate Institutional Members shall be medical schools and colleges of Canada and other countries.
- C. Graduate Affiliate Institutional Members - Graduate Affiliate Institutional Members shall be those graduate schools in the United States and Canada closely related to one or more medical schools which are institutional members.
- D. Provisional Institutional Members - Provisional Institutional Members shall be newly developing medical schools and colleges of the United States.
- E. Provisional Affiliate Institutional Members - Provisional Affiliate Institutional Members shall be newly developing medical schools and colleges in Canada and other countries.
- F. Provisional Graduate Affiliate Institutional Members - Provisional Graduate Affiliate Institutional Members shall be newly developing graduate schools in the United States and Canada that are closely related to an accredited university that has a medical school.
- G. Academic Society Members - Academic Society Members shall be organizations active in the United States in the professional fields of medicine and biomedical sciences.
- H. Teaching Hospital Members - Teaching Hospital Members shall be teaching hospitals in the United States.

Section 2. There shall also be the following classes of honorary members who shall meet the criteria therefore established by the Executive Council:

- A. Emeritus Members - Emeritus Members shall be those retired individuals who have been active in the affairs of the Association prior to retirement.
- B. Senior Members - Senior Members shall be persons who have been actively involved in the affairs of the Association and who have been appointed to university or institutional administrative positions with broad responsibilities related to academic health centers.
- C. Individual Members - Individual Members shall be persons who have demonstrated a serious interest in medical education.
- D. Sustaining and Contributing Members - Sustaining and Contributing Members shall be persons or corporation who have demonstrated over a period of years a serious interest in medical education.

Section 3. Election to membership:

- A. All classes of members shall be elected by the Assembly by a majority vote on recommendation of the Executive Council.
- B. All institutional members will be recommended by the Council of Deans to the Executive Council.
- C. Academic society members will be recommended by the Council of Academic Societies to the Executive Council.
- D. Teaching hospital members will be recommended by COTH to the Executive Council.

Section 4. Revocation of Membership - A member with any class of membership may have his membership revoked by a two-thirds affirmative vote of the Assembly on recommendation with justification by the Executive Council; provided that the Executive Council shall have given the members written notice of the proposed revocation prior to the Assembly at which such a vote is taken.

Section 5. Resignation - A member with any class of membership may resign upon notice given in writing to the Executive Council. However, any such resignation shall not be effective until the end of the fiscal year in which it is given.

II. COUNCILS

Section 1. There shall be the following Councils of the Association each of which shall be governed by an Administrative Board and each of which shall be organized and operated in a manner consistent with rules and regulations approved by the Executive Council:

- A. Council of Deans - The Council of Deans shall consist of the Dean or the equivalent academic officer of each institutional member and each provisional institutional member that has admitted its first class of students.
- B. Council of Academic Societies - The Council of Academic Societies shall consist of two representatives from each academic society member who shall be designated by each such member for a term of two years.
- C. Council of Teaching Hospitals - The Council of Teaching Hospitals shall consist of one representative from each teaching hospital member who shall be designated annually by each such member.

III. ORGANIZATION OF STUDENT REPRESENTATIVES

There shall be an Organization of Student Representatives related to the Council of Deans, operated in a manner consistent with rules and regulations approved by the Council of Deans and comprised of one representative of each institutional member that is a member of the Council of Deans chosen from the student body of each such member. The Organization of Student Representatives shall meet at least once each year at the time and place of the annual meeting of the Council of Deans in conjunction with said meeting to elect a Chairman and other officers, to recommend student members of committees of the Association, to recommend to the Council of Deans the Organization's representatives to the Assembly, and to consider other matters of particular interest to students of institutional members. All actions taken and recommendations made by the Organization of Student Representatives shall be reported to the Chairman of the Council of Deans.

IV. MEETINGS OF MEMBERS AND COUNCILS

Section 1. Meetings of members of the Association shall be known as the Assembly. An annual Assembly shall be held at such time in each October or November and at such place as the Executive Council may designate.

Section 2. Special meetings of the Assembly may be called for any purpose by the Chairman, by a majority of the voting members of the Executive Council, or by twenty voting members of the Association.

Section 3. All meetings of the Assembly shall be held at such place in Illinois, the District of Columbia or elsewhere as may be designated in the notice of the meeting. Written or printed notice stating the place, day and hour of the meeting and, in case of a special meeting, the purpose or purposes for which the meeting is called, shall be delivered not less than

five nor more than forty days before the date of the meeting, either personally or by mail, by or at the direction of the Chairman or persons calling the meeting, to each member entitled to vote at such meeting.

Section 4. The Institutional Members and Provisional Institutional Members that have admitted their first class shall be represented in the Assembly by the members of the Council of Deans and a number of members of the Organization of Student Representatives equivalent to 10 percent of the members of the Association having representatives in said Organization. Each of such representatives of Institutional Members and Provisional Institutional Members that have admitted their first class shall have the privilege of the floor in all discussions and shall be entitled to vote at all meetings. The Council of Academic Societies and the Council of Teaching Hospitals each shall designate no more than thirty-five of their respective members as members of the Assembly, each one of whom shall have one vote in the Assembly. All other members shall have the privileges of the floor in all discussions but shall not be entitled to vote at any meeting.

Section 5. A representative of each voting member shall cast its vote. The Chairman may accept the written statement of the Dean of an institutional member, or provisional institutional member, that he or some other person has been properly designated to vote on behalf of the institution, and may accept the written statement of the respective Chairmen of the Council of Academic Societies and the Council of Teaching Hospitals designating the names of individuals who will vote on behalf of each member society or hospital. The Chairman may accept the written statement of the Chairman of the Council of Deans reporting the names of the individuals who will vote as the representatives chosen by the Organization of Student Representatives.

Section 6. One-third of the voting members of the Association shall constitute a quorum at the Assembly. Except as otherwise provided herein, action at any meeting shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

Section 7. Each Council of the Association shall meet at least once each year at such time and place as shall be determined by its bylaws and designated in the notice thereof for the purpose of electing members of the Administrative Board and officers.

Section 8. Regional meetings of each Council may be held in each of the geographical regions established by the Executive Council for the purpose of identifying, defining and discussing issues relating to medical education and in order to make recommendations for further action at the national level. Such meetings of each Council shall be held at such time and place as determined in accordance with procedures approved by the Executive Council.

Section 9. No action of the Association shall be construed as committing any member to the Association's position on any issue.

Section 10. Robert's Rules of Order, latest edition, shall govern all meetings.

V. OFFICERS

The officers of the Association shall be those elected by the Assembly and those appointed by the Executive Council.

Section 1. The elected officers shall be a Chairman, who shall preside over the Assembly and shall serve as Chairman of the Executive Council, and a Chairman-Elect, who shall serve as Chairman in the absence of the Chairman. The Chairman-Elect shall be elected at the annual meeting of the Assembly, to serve in that office for one year, and shall then be installed as Chairman for a one-year term in the course of the annual meeting of the Assembly the year after he has been elected. If the Chairman dies, resigns, or for any other reason ceases to act, the Chairman-Elect shall thereby become Chairman and shall serve for the remainder of that term and the next term.

Section 2. The officers appointed by the Executive Council shall be a President, who shall be the Chief Executive Officer, a Vice President, a Secretary and a Treasurer, who shall be appointed from among the Executive Council members. The Executive Council may appoint one or more additional officers on nomination by the President.

Section 3. The elected officers shall have such duties as are implied by their title or are assigned to them by the Assembly. The appointed officers shall have such duties as are implied by their titles or are assigned to them by the Executive Council.

VI. EXECUTIVE COUNCIL

Section 1. The Executive Council is the Board of Directors of the Association and shall manage its affairs. The Executive Council shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Assembly and take necessary interim action for the Association and carry out duties and functions delegated to it by the Assembly. It shall set educational standards and criteria as prerequisites for the election of members of the Association, it shall consider applications for membership and it shall report its findings and recommendations with respect thereto to the Assembly.

Section 2. The Executive Council shall consist of thirteen members elected by the Assembly and ex officio, the Chairman, Chairman-Elect, President, the Chairman of each of the three councils created by these Bylaws, and the Chairman of the Organization of Student Representatives, all of whom shall be voting members. Of the thirteen members of the Executive Council elected by the Assembly, three shall be members of the Council of Academic Societies; two shall be members of the Council of Teaching Hospitals; eight shall be members of the Council of Deans. The elected members of the Executive Council shall be elected by the Assembly at its annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional consecutive term of

three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the members of the Assembly present and voting.

Section 3. At least one elected member of the Executive Council shall be from each of the regions of the Association.

Section 4. The annual meeting of the Executive Council shall be held within eight (8) weeks after the annual meeting of the Assembly at such time and place as the Chairman shall determine.

Section 5. Special meetings of the Council may be called by the Chairman or any two (2) Council members, and written notice of all Council meetings, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

Section 6. A quorum of the Council shall be a majority of the voting Council members.

Section 7. In the event of a vacancy on the Executive Council, the remaining members of the Council may appoint a successor to complete the unexpired term. appointed members may not serve more than two consecutive full terms on the Council following appointment to an unexpired term. The Council is authorized in its own discretion to leave a vacancy unfilled until the next annual meeting of the Assembly.

VII. COMMITTEES

Section 1. The Chairman shall appoint from the Assembly a Resolutions Committee which shall be comprised of at least one representative from each Council of the Association and from the Organization of Student Representatives. The Resolutions Committee shall present resolutions to the Assembly for action by it. No resolution shall be considered for presentation by the Resolutions Committee unless it shall have been received at the principal office of the Association at least fourteen days prior to the meeting at which it is to be considered. Additional resolutions may be considered by the Assembly upon a two-thirds vote of the members of the Assembly present and voting.

Section 2. The Executive Council shall appoint the Chairman and a Nominating Committee of not less than four nor more than six additional members, including the Chairman of the Nominating Committee of each of the Councils provided in Paragraph II. The Nominating Committee so appointed will report to the Assembly at its annual meeting one nominee for each officer and member of the Executive Council to be elected. Additional nominees for any officer or member of the Executive Council may be made by the representative of any member of the Assembly. Election shall be by a majority of the Assembly members present and voting.

Section 3. The Executive Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Executive Committee to act during intervals between meetings of the Council, consisting

of the Chairman, the Chairman-Elect, the Treasurer, the President, and three or more other Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association. At all times the Executive Committee shall include at least one member of each of the Councils provided in Paragraph II hereof. The designation of such a committee and the delegation to it of authority shall not relieve the Council, or any members of the Council, of any responsibility imposed upon them by law.

Section 4. The Executive Council may appoint and dissolve from time to time such standing or ad hoc committees as it deems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control. The Chairman will appoint members of the committees with appropriate consultation with the Executive Council.

VIII. GENERAL PROVISIONS

Section 1. Whenever any notice whatever is required to be given under the provisions of these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 2. The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 3. The fiscal year of the Association shall be from each July 1 to June 30.

Section 4. The annual dues of each class of members shall be in such amounts as shall be recommended by the Executive Council and established by the Assembly. The Executive Council shall consult with the respective administrative boards of the Council of Deans, the Council of Academic Societies and the Council of Teaching Hospitals in arriving at its recommendations.

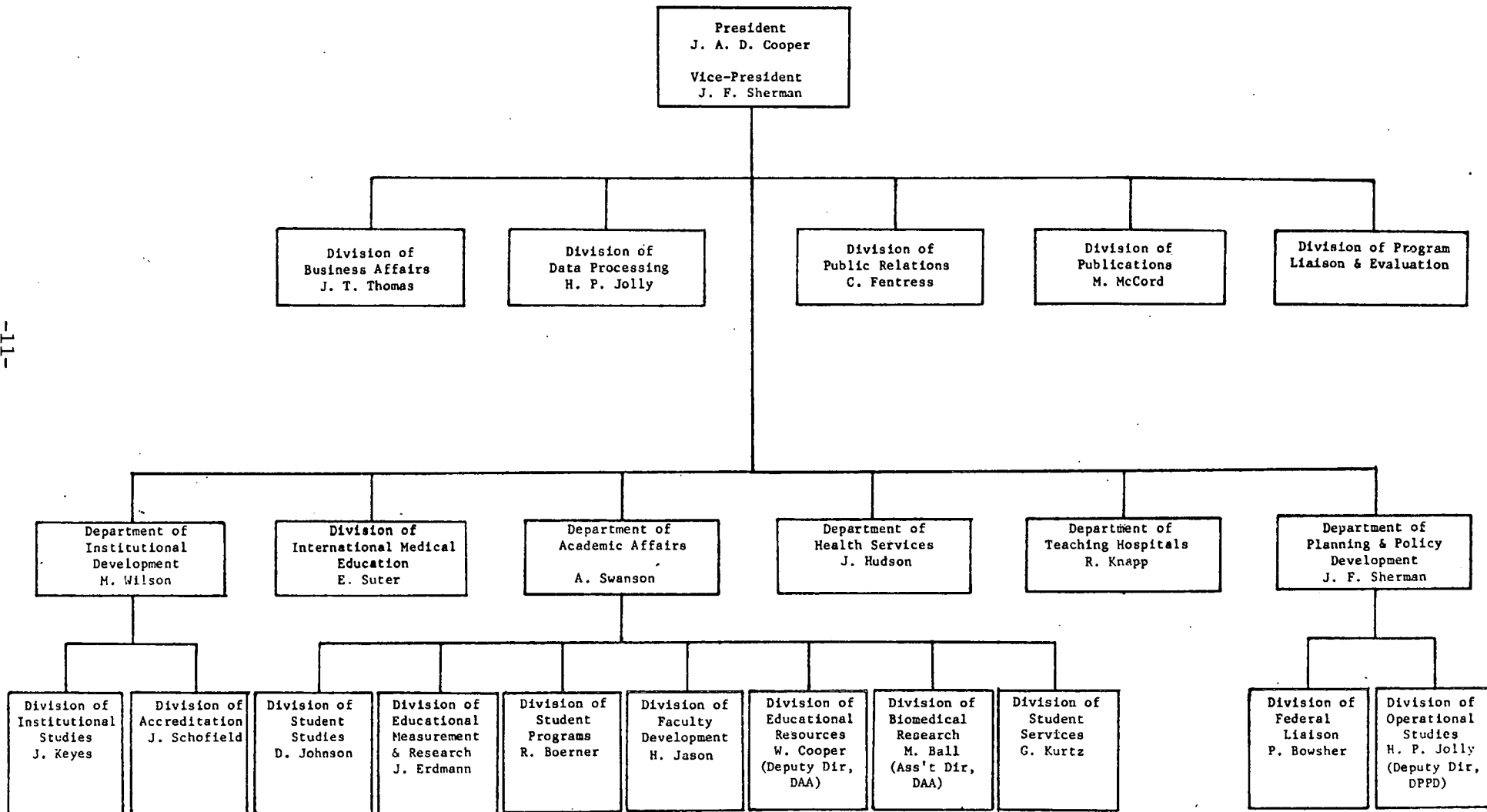
Section 5. Any action that may be taken at a meeting of members or of the Executive Council may be taken without a meeting if a consent in writing setting forth the action so taken is signed by all members of the Association entitled to vote with respect to the subject matter thereof, or by all members of the Executive Council as the case may be.

Section 6. No part of the net earnings of the Association shall inure to the benefit of or be distributable to its members or members of the Executive Council, officers, or private individuals, except that the Association may pay reasonable compensation for services rendered and make payment and distributions in furtherance of its purposes. No

substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the Association shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the Association shall not carry on any activities not permitted to be carried on (a) by an organization exempt from Federal income tax under Section 501(a) as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by an organization, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

Section 7. Upon dissolution of the corporation, the Executive Council shall, after paying or making provision for the payment of all of the liabilities of the Association (including provision of a reasonable separation pay for its employees), dispose of all of the assets of the Association among such non-profit organizations having similar aims and objects as shall qualify as exempt organizations described in Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law.)

Section 8. These Bylaws may be amended by a two-thirds vote of the voting members present and voting at any duly called meeting of the Assembly, provided that the substance of the proposed amendment is included with the notice of the meeting. Amendments to the Bylaws may be proposed by the Executive Council or by the written sponsorship of ten voting members, provided that the proposed amendment shall have been received by the Secretary at least forty-five days prior to the meeting at which it is to be considered.

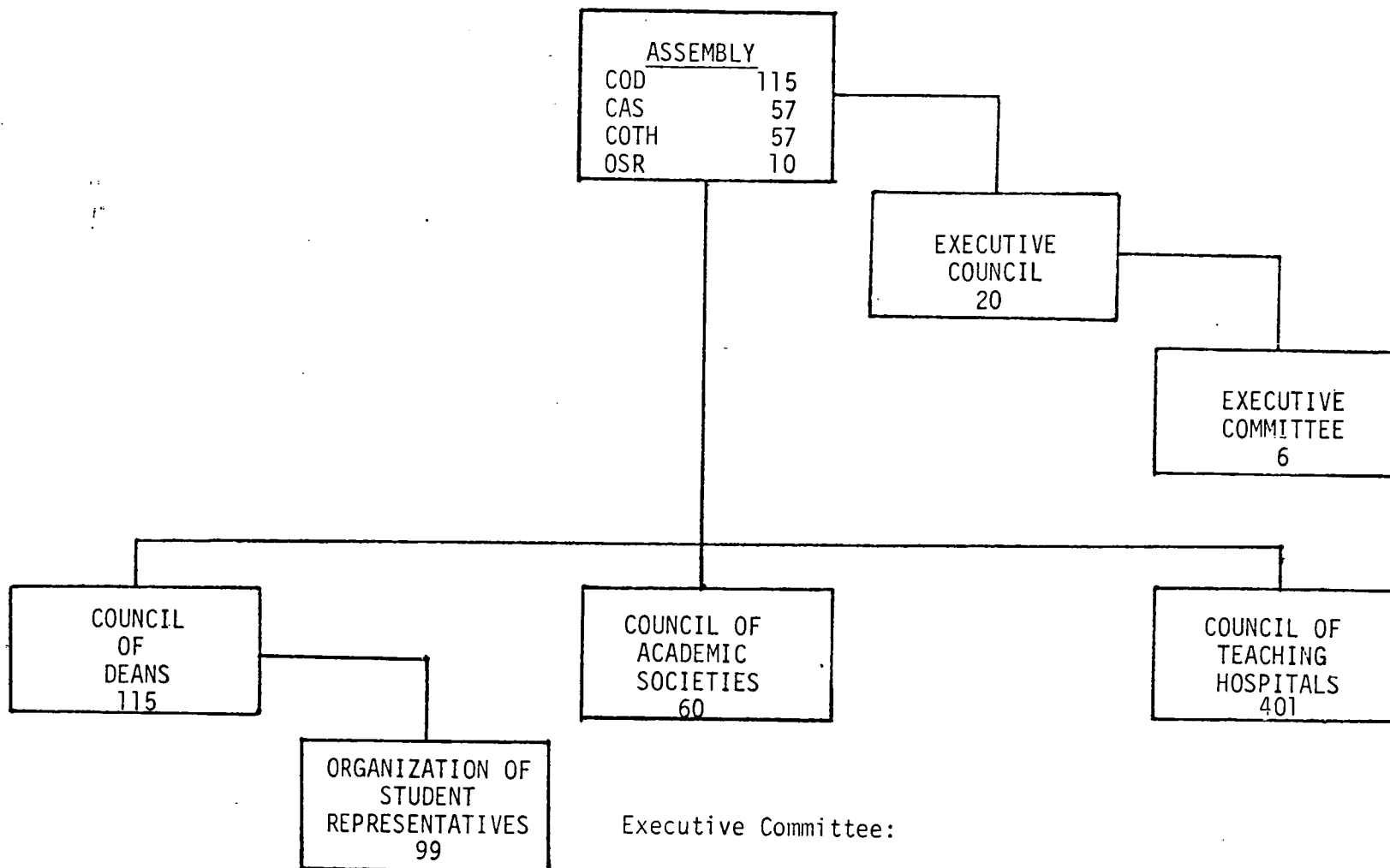


ASSOCIATION OF AMERICAN MEDICAL COLLEGES

STAFF ORGANIZATION

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

GOVERNING STRUCTURE



Executive Committee:

Chairman, Daniel C. Tosteson, M.D., *Duke University*
 Chairman-Elect, Sherman M. Mellinkoff, M.D., *UCLA*
 Chairman, COD, Emanuel M. Papper, M.D., *University of Miami*
 Chairman, CAS, Ronald W. Estabrook, Ph.D., *U of Texas, Dallas*
 Chairman, COTH, Robert A. Derzon, *University of California*
 John A. D. Cooper, M.D., *President, AAMC*

COMMON ACRONYMS

- AAHP - Association of Advisors for the Health Professions
- AAMC - Association of American Medical Colleges
- AMA - American Medical Association
- AMCAS - American Medical College Application Service
- CAS - Council of Academic Societies
- COD - Council of Deans
- COTH - Council of Teaching Hospitals
- COTRANS - Coordinated Transfer Application Service
- DEMR - Division of Educational Measurement and Research
- DIME - Division of International Medical Education
- ECFMG - Education Council for Foreign Medical Graduates
- FMG - Foreign Medical Graduates
- GME - Group on Medical Education
- GSA - Group on Student Affairs
- HPEA - Health Professions Education Act
- LCGME - Liaison Committee on Medical Education
- MCAAP - Medical College Admission Assessment Program
- MCAT - Medical College Admission Test
- Med-MAR - Medical Minority Applicant Registry
- MSAR - Medical School Admission Requirements
- MSOUSMS - Minority Student Opportunities in U.S. Medical Schools
- NBME - National Board of Medical Examiners
- NIRMP - National Intern and Residency Matching Program

NMA - National Medical Association
OEO - Office of Economic Opportunity
OSR - Organization of Student Representatives
RIME - Research in Medical Education
SAMA - Student American Medical Association
SNMA - Student National Medical Association
STAR - Student Affairs Reporter
WAR - Weekly Activities Report

GUIDELINES FOR THE
ORGANIZATION OF STUDENT REPRESENTATIVES
ADOPTED AT THE COUNCIL OF DEANS MEETING
May 20, 1971

This document indicates those matters mandated by the Association Bylaws in italics and those adopted as Guidelines in roman.

ORGANIZATION

There shall be an Organization of Student Representatives which shall be related to the Council of Deans and which shall operate in a manner consistent with the Rules and Regulations approved by the Council of Deans. (Part III.)

COMPOSITION

The OSR shall be comprised of one representative from each Institutional Member and Provisional Member of the COD, chosen from the student body of each such member. (Part III.)

SELECTION

A medical student representative from each participating Institutional Member and Provisional Member of the COD shall be selected by a process which will facilitate representative student input and be appropriate to the governance of the institution. The dean of each participating institution shall file a description of the process of selection with the Chairman of the COD and shall certify to him annually the name of the student so selected.

MEETINGS

Annual Meeting. The OSR shall meet at least once a year at the time and place of the COD Annual Meeting in conjunction with said meeting. (Part III.)

To facilitate the smooth working of the organizational interrelationships, the above shall be interpreted to require that the Annual Meeting of the OSR be held during the period of the Association's Annual Meeting, not simultaneously with the COD meeting. This meeting will be scheduled in advance of the COD meeting at a time which will permit the attendance of interested or designated deans.

ACTIVITIES

The OSR will:

- Elect a Chairman and a Chairman-Elect.
- Recommend to the COD the Organization's representatives to the Assembly. (10% of OSR membership)
- Recommend student members of appropriate committees of the Association.
- Consider other matters of particular interest to the students of Institutional Members.
- Report all actions taken and recommendations made to the Chairman of the COD. (Part III.)

RELATIONSHIP TO COD

The Chairman and Chairman-Elect of the OSR are invited to attend the COD meetings to make such reports as requested of them by the COD Chairman, to act as resource persons to express the concerns of students when invited, and to inform themselves of the concerns of the deans.

RELATIONSHIP TO THE EXECUTIVE COUNCIL

The Chairman of the OSR shall be an ex officio member of the Executive Council with voting rights. (Part IV, Sec. 2.)

RELATIONSHIP TO THE ASSEMBLY

The Institutional Members and Provisional Institutional Members that have admitted their first class shall be represented in the Assembly by the members of the COD and a number of the OSR equivalent to 10 percent of the members of the Association having representatives in the OSR.

Each such representative (to the Assembly) shall have the privilege of the floor in all discussions and shall be entitled to vote at all meetings. (Part IV, Sec. 4.)

The Chairman of the Assembly may accept the written statement of the Chairman of the COD reporting the names of individuals who will vote in the Assembly as representatives chosen by the OSR. (Part IV, Sec. 3.)

COMMITTEES

One representative of the OSR to the Assembly shall be appointed by the Chairman of the Assembly to sit on the Resolutions Committee. (Part VII. Sec.1.)

The Chairman of the COD will nominate student members to appropriate committees of the Association upon receipt of the recommendations of the OSR.

RULES AND REGULATIONS

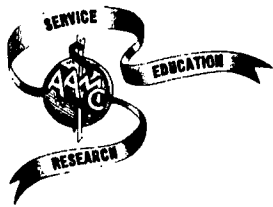
The OSR shall draw up a set of Rules and Regulations, consistent with these Guidelines and the Bylaws of the AAMC, governing its internal organization and procedures. The Rules and Regulations shall be consonant with the goals and objectives of the COD.

The initial meeting of the OSR shall be organized by the Committee chosen at the October, 1970, meeting of the Association to carry forward the formation of the OSR and shall be chaired by the Chairman of that group.

FINANCES

At its May 20 meeting, the COD voted to recommend to the Executive Council that the finances of the OSR be handled in the following manner:

- The Association will meet the cost of the travel required for authorized student participation in Association committee activities, i.e., Executive Council, Administrative Board, and designated committee meetings.
- Staffing expenses will be allocated by the President by administrative action.
- Other costs associated with student participation will be individually arranged at the institutional level.
- The participating institutions shall incur no additional institutional assessment to the Association upon the initiation of this proposal. Expenses incurred by the Association in support of this organization will be met within currently budgeted funds or from appropriate external sources.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

September 13, 1974
AAMC Headquarters
Washington, D.C.

<u>Chairperson</u>	-- Dan Clarke-Pearson
<u>Vice-Chairperson</u>	-- Mark Cannon
<u>Secretary</u>	-- Dave Stein
<u>Regional Representatives</u>	-- Cindy Johnson (Western) Stan Pearson (Southern)
<u>Representative-at-Large</u>	-- Ernest Turner
<u>AAMC Staff Participants</u>	-- Robert Boerner Diane Mathews Bart Waldman
Invited Guests	-- Phil Aaron, Chairman, AMA Student Business Session Ted Norris, President, SAMA

I. Call to Order

The meeting was called to order by Dan Clarke-Pearson at 7:00 P.M.

II. Consideration of Minutes

The minutes of the June 15 meeting were approved with the following changes:

- A. Page 2, Item II B. The last sentence was changed to read, "The OSR Administrative Board felt strongly that the AAMC should have input to this Commission and supported the recommendation for AAMC representation."
- B. Page 2, Item III. The last sentence was changed to read, "In general, the OSR Administrative Board reached no definitive agreement since they felt that they were not well informed on this issue and that they were not prepared to adopt a policy regarding all Americans."
- C. Page 7, Item D. The second sentence was changed to read, "Cindy Johnson will chair the session on Women in Medicine, and Amber Jones of the AAMC will assist in planning the session and act as a resource person during the discussion."

- D. Page 17, Addendum #4. The second page of the proposed amendment to the AAMC Statement on Moonlighting by House Officers was omitted in the original minutes. The entire amendment is included as Addendum #1 with these minutes.

III. Chairperson's Report

Dan Clarke-Pearson summarized for the board the status of his discussions with Dr. Schofield of the AAMC Division of Accreditation on student participation in the accreditation process. He reported that Dr. Schofield is in agreement with the idea that student leaders at schools visited by accreditation teams be given adequate notice of the visit but is not very receptive to the suggestion that students serve on accreditation teams due to concern that students could not spend sufficient time away from classes to fully participate. Dan also related that he has surveyed student leaders at 30 schools that were visited by accreditation teams this year. Response to this survey, based on a 40% return of questionnaires at this point, indicates that students are notified approximately 1-3 weeks in advance of the visit, that the students notified are representatives of the student body, and that students are generally not aware of the actual purpose of the visit by the accreditation team. Dan and Serena Friedman are preparing a list of items for Dr. Schofield's consideration related to students which they feel should be considered by accreditation teams.

Dan also reported on the GSA Steering Committee meeting which he attended on September 9. One item discussed by the Steering Committee which was of particular interest to students was the amendment to the Omnibus Higher Education Act entitled "Family Educational Rights and Privacy Act of 1974." Bob Boerner explained that although the regulations to the amendment have not yet been written and it is unclear whether the amendment is applicable to medical schools, the act requires institutions receiving federal funds through the Office of Education to make available to parents of students or, upon attaining the age of majority, to students themselves the contents of any official school records about them. The amendment also implies that an educational institution will be required to make available its records only to students attending that institution and thus applicants to a medical school will be allowed access to their application file only after matriculation at that medical school.

The GSA Steering Committee also discussed their input to the newly appointed AAMC Task Force on Groups. The Task Force will be meeting on September 18 with the National Chairman of the five AAMC groups--Group on Business Affairs, Group on Medical Education, Group on Public Relations, Group on Student Affairs, and Planning Coordinators Group--to discuss the role of the groups and their relationship to the governing structure of the Association.

Dan also stated that he had met with Ted Norris, SAMA President, and Phil Aaron, Chairman of the AMA Student Business Session, and plans were discussed for more effective liaison between the various student groups.

IV. Committee Nominations

Cindy Johnson, who had been nominated to serve as the student representative to the AAMC Committee on Admissions Assessment, declined the nomination due to the time constraints of her M.D.-Ph.D. program.

ACTION: On motion, seconded and carried, the Administrative Board nominated Hal Strelnick to serve on the AAMC Committee on Admissions Assessment.

V. Rules and Regulations

The Administrative Board reviewed two sets of proposed revisions to the OSR Rules and Regulations, one prepared by AAMC staff and one prepared by Mark Cannon. The board was in general agreement that certain items relating to operational policy such as recommended length of office of OSR representatives should be included in a set of guidelines rather than in the Rules and Regulations.

Two items in the proposed revisions which were discussed at length were the selection process of OSR representatives and provisions for alternate representatives. The board felt that OSR representatives should be representatives of the student body rather than appointees of the Dean and therefore agreed that only students should vote in the selection process at the local institution. It was suggested that staff contact those schools at which OSR representatives are appointed by Deans to determine the reason for the lack of student input in the selection process. The board also reached concensus on the issues of alternate representatives and adopted the provision that alternate members may attend OSR meetings but that, due to problems which arise in determining a quorum and counting ballots, alternate members may not vote.

VI. The meeting was recessed at 10:15 with dicussion of Rules and Regulations revisions to be continued the following day.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

September 14, 1974
AAMC Headquarters
Washington, D.C.

PRESENT: Chairperson -- Dan Clarke-Pearson
Vice-Chairperson -- Mark Cannon
Secretary -- Dave Stein

Regional Representatives -- Serena Friedman (Northeastern)
Cindy Johnson (Western)
Stan Pearson (Southern)

Representative-at-Large -- C. Elliott Ray
Ernest Turner

AAMC Staff Participants -- Robert Boerner
John A. D. Cooper, M.D., Ph.D.
Diane Mathews
John Sherman, M.D.
August G. Swanson, M.D.
Bart Waldman

VII. The meeting was reconvened by Dan Clarke-Pearson at 9:00 A.M. on September 14.

VIII. Executive Council Agenda

A. AAMC Policy Statement on New Research Institutes and Targeted Research Programs

The original policy statement which was first presented to the Executive Council at their June 21 meeting was reworded to be more specific according to action taken at that meeting. (Addendum #2)

ACTION: On motion, seconded and carried, the Administrative Board endorsed the revised AAMC Policy Statement on New Research Institutes and Targeted Research Programs.

B. Student Representation on the CCME, LCME (Addendum #3)

In response to concern expressed by board members about the recommendation by the Chairman of the Executive Council that the Executive Council consider rather than approve the OSR request, Dr. Swanson explained that the CCME is a relatively new organization and that the AAMC is only one of five parent bodies comprising the Council. Dr. Swanson stated that the Executive Council would possibly consider the request for student representation in light of these two factors and that a potential consideration in the Executive Council's discussion will be whether now is the time to request student representation on the LCME and CCME.

C. GME Resolution of NBME Rankings

The Administrative Board agreed with the GME Resolution (Addendum #4) and expressed the concern that medical school rankings of student performance on Parts I and II of the National Board exams may exert pressure on institutions to structure curricula according to those rankings.

ACTION: On motion, seconded and carried, the board approved the GME Resolution on NBME rankings.

D. Report of the COTH Ad Hoc Committee on COTH Membership Criteria

In a discussion of the recommended revisions of COTH membership criteria, concern was expressed by board members that such considerations as the proportion of internships and residencies which are filled by foreign medical graduates may restrict certain hospitals from establishing a teaching program. Dr. Swanson pointed out that COTH plays no role in defining which hospitals may have teaching programs other than in their role on the LCGME.

ACTION: On motion, seconded and carried, the board approved the Report of the COTH Ad Hoc Committee on COTH Membership Criteria and the recommendations contained therein.

E. Report of the COTH Ad Hoc Committee on JCAH Standards

In an effort to clarify this report and the specific problems that teaching hospitals encounter in the accreditation process, Dr. Swanson explained that the Joint Commission on Accreditation of Hospitals accredits all hospitals--both teaching and community. Teaching hospitals have encountered problems in a process which accredits all hospitals by the same standards and procedures due to the dual education and service role of the teaching hospitals. A question arose concerning house officer representation in the accreditation process, and it was pointed out that such representation would be more appropriate on the Residency Review Committees which evaluate teaching programs.

ACTION: On motion, seconded and carried, the Administrative Board approved the Report of the COTH Ad Hoc Committee on JCAH Standards.

F. CCME Report: Physician Manpower and Distribution *PRIMARY CARE*

ACTION: On motion, seconded and carried, the Administrative Board approved the CCME Report: Physician Manpower and Distribution.

IX. OSR Administrative Board Input to Retreat Agenda

Bart Waldman explained that the Retreat is essentially an opportunity for AAMC officers and certain members of AAMC Executive Staff to identify Association policy and appraise Association resources and their directions for the coming year. The Agenda for the Retreat is developed by the Chairman of the AAMC and staff, and this year the Administrative Boards are being requested to provide input to the Retreat Agenda.

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Cindy Johnson suggested that one major issue that the Retreat should consider as a priority during the coming year is the issue of identifying and addressing the Association's role in the medical education process for women. Since one of the OSR discussion groups at the Annual Meeting will be dealing with Women in Medicine, it was suggested that the potential retreat topic could be further expanded after the Annual Meeting.

Another suggestion for the Retreat Agenda was an examination of the Association's efforts to obtain house staff input into the AAMC program and policy development process.

X. Report of the AAMC GAP Task Force

Dr. Swanson explained that because of logistical problems centering primarily around Dr. Doris Howell's departure from the Association, the GAP Task Force will not be presenting their report at the September Executive Council meeting. The GAP Task Force Report is currently being developed and will appear on the agenda of the three Councils and on the agenda of the OSR at the Annual Meeting. The Executive Council will then consider the Report at their January meeting. The Administrative Board agreed that since the report of the GAP Task Force will be discussed at the Annual Meeting, one of the OSR discussion groups could address that issue.

XI. Health Manpower Legislation

Dr. Cooper and Dr. Sherman discussed with the Board the various bills being considered by Congress regarding Health Manpower Legislation. SAMA has been represented as supporting two year, mandatory, national service for all medical students, and it was agreed during the discussion that SAMA's position needs to be clarified since it is not evident whether SAMA supports mandatory national service for all Americans or for all medical students. Dr. Cooper stated that one possible outcome of emerging Health Manpower Legislation is the elimination or the reduction of capitation grants to medical schools. With this possibility it is likely that some medical schools would raise tuition, and the board expressed the concern that medical school populations might revert to representing only the students from the higher socio-economic background. One member of the board pointed out that financial assistance programs requiring service commitments would be particularly restrictive to women medical students since they generally lack the mobility of male medical students.

Dr. Cooper expressed the AAMC position that increasing the scope of the National Health Service Corp is a viable alternative since national service can establish a practice with adequate support personnel and can have access to basic facilities so that they are making a genuine contribution to underserved areas. Dr. Sherman pointed out that a possible compromise emerging in Congress is to continue the voluntary approach with an increase in funds to NHSC with the provision that if the voluntary approach does not succeed in recruiting a national percentage of students agreeing to service commitments, a quota requirement would then become mandatory for all medical schools.

XII. Resolutions

The following resolutions, referred to the Administrative Board by the OSR regions, were considered:

- A. "Objectives and expectations of the faculty for student performance should be clearly stated at the onset of a course or clerkship with ongoing feedback throughout the course or clerkship."

ACTION: On motion, seconded and carried, the board approved this resolution as amended above and referred it to the Executive Council and the Group on Student Affairs.

In addition of the above disposition, it was recommended that the resolution be included in the list of accreditation factors to be submitted to Dr. Schofield, that an article on this subject be included in the Bulletin Board, and that a letter expressing the content of the resolution be submitted to the Journal of Medical Education.

- B. "All evaluation reports should be available for inspection by the student."

ACTION: On motion, seconded and carried, the board decided not to approve the resolution since it reflects what has already been established as an OSR policy statement.

- C. "All evaluations and reports should be available for inspection by the student and should be released only with permission of the student."

ACTION: On motion, seconded and carried, the Administrative Board voted not to approve the resolution since its purpose is contained in other resolutions and in HR-69.

- D. "OSR recommends to the Council of Deans that the directors of medical education of the various clinical rotations instruct their teaching residents to provide to the incoming group of students at the beginning of each rotation written clarification of all parameters taken into consideration in the compilation of the evaluations of the students' performance during that rotation; further, that the incoming students be provided with a written description of their duties and obligations during that rotation."

ACTION: On motion, seconded and carried, the Administrative Board voted not to approve the resolution since its purpose is contained in other resolutions.

- E. "Faculty objectives and expectations for student performance should be clearly defined and stated at the outset of a course. During a course or clerkship faculty should provide ongoing feedback including at least one discussion, sufficiently in advance of the end of the clerkship, on a student's performance, especially if the performance is inadequate to date."

ACTION: On motion, seconded and carried, the Administrative Board voted not to approve the resolution since its purpose is contained in other resolutions.

- F. "No person outside the Dean's office may review the student's records without that student's permission."

ACTION: On motion, seconded and carried, the board approved the resolution as amended above and referred it to COD Administrative Board, the CAS Administrative Board, the GSA Steering Committee, and the GME.

- G. "To adequately provide funding of Medical Education for those students requiring financial assistance the following plan should be adopted: An Educational Opportunity Bank shall be created whereby: (1) Money can be allocated to needy students to provide for educational and living expenses during the 3 or 4 years of medical school; and (2) such funds will be reimbursed by a determined percentage of their annual income commencing upon graduation and continuing until such time as this said loan and appropriate interest have been reimbursed. (3) Initial funding is to be paid from federal sources and when possible can be supplemented from state sources."

ACTION: On motion, seconded and carried, the board endorsed the previous disposition on this resolution since it had already been referred to Craig Moffat of the AAMC Committee on Financing of Medical Education for informational purposes.

- H. "The Health Professions Scholarship Program should not be terminated as it is a vital encouragement to economically underprivileged medical school applicants."

ACTION: On motion, seconded and carried, the board approved this resolution in principle but took no further action since it has already been established as AAMC policy.

- I. "At the present time, the Public Health Service does not permit participation in its programs as recipients of Public Health Professional Scholarships by individuals who seek classification I-0 from the Selective Service System, whereas persons classified as I-A-0 are eligible for participation. The OSR requests the AAMC to use its influence in order to have the Public Health Service correct this policy."

ACTION: On motion, seconded and carried, the board approved the resolution as amended above and referred it to staff.

- J. "Since only an hour is usually devoted to meeting with students in on-site visits by members of the LCME Accreditation Team, the OSR requests that (1) at least one month advance notice be given to Student Council or student body representatives through the Dean's office prior to Accreditation Team visits to allow for development of student input to the Accreditation Team; (2) students be permitted to submit materials prior to on-site visits for preliminary consideration by the Accreditation Team; (3) student(s) be included on Accreditation Teams."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution as amended above and referred it to Dr. Schofield, Director of AAMC Division of Accreditation.

- K. "Athletic facilities should be made available by each medical school for male and female student use, open at times convenient for student use, adequate to accommodate the numbers of students desiring them, and should be included within future planning, adjacent to or within proposed structures."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution and referred it to the Steering Committees of the GSA and GME and the Administrative Boards of the Council of Deans, Council of Academic Societies, and Council of Teaching Hospitals as an information item. The content of the resolution will also be included in the list of accreditation factors to be submitted to Dr. Schofield.

- L. "Childcare facilities and/or services should be incorporated into future planned medical school constructions and where possible should be available in existing institutions."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution and referred it to the Steering Committees of the GSA and GME and the Administrative Boards of the Council of Deans, Council of Academic Societies, and Council of Teaching Hospitals as an information item. The content of the resolution will also be included in the list of accreditation factors to be submitted to Dr. Schofield.

- M. "The AAMC should consider developing a program for providing information about the characteristics of individual programs in graduate medical education and the criteria for selection of participants in these programs."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution and referred it to the CAS Administrative Board and to the Executive Council.

- N. "The AAMC should consider with other concerned groups the feasibility of a uniform application form for programs in graduate medical education."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution and referred it to the CAS Administrative Board and to the Executive Council.

- O. "The grading system should be a comprehensive system which is adequately descriptive of the course or clinical experience and which will insure a more equitable evaluation for selection into programs in graduate medical education."

ACTION: On motion, seconded and carried, the Administrative Board voted not to approve this resolution.

- P. "Each medical school should employ a Pass-Fail record system. Each evaluation should include a full description of the student's clinical experience and performance."

ACTION: On motion, seconded and carried, the Administrative Board voted not to approve this resolution.

- Q. Since it is the concern of medical students that health care in prisons is often inadequate, it is recommended that information be gathered regarding the quality of care in prisons and the possible role of medical schools and teaching centers in providing care."

ACTION: On motion, seconded and carried, the board approved this resolution and referred it to Health Services Advisory Committee as a request for information on the status of the work of that committee.

- R. "An annual listing of medical positions available in communities throughout the United States with some description regarding the medical needs in those communities should be provided to medical students and house staff in an attempt to alleviate the maldistribution of medical doctors."

ACTION: On motion, seconded and carried, the Administrative Board voted not to approve this resolution since the information is available through other sources.

- S. "Once the National Board Scores reach the individual medical schools: (1) Listing of these scores must be kept anonymous; (2) Scores may only be released in listings and on transcripts with the written permission of the student involved."

ACTION: On motion, seconded and carried, the Administrative Board voted not to approve this resolution.

- T. "Within the framework of the academic medical center we recognize that there are roles for primary educators. On this assumption, we urge that the university strive to hire and promote individuals on the basis of their ability and interest in teaching, in addition to more traditional criteria. Further, we urge that departmental and student evaluations be the basis for promotion of primary educators."

ACTION: On motion, seconded and carried, the Administrative Board voted not to approve this resolution.

XIII. Report on Uniform Grading System

At the November, 1973, OSR Business Meeting, the OSR approved the following resolution:

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

In response to that resolution, Joel Daven prepared a Position Paper on Uniform Grading (Addendum #5) which recommends that the AAMC survey

medical students, administrators, faculty, and post-graduate selection committees to determine a consensus on the desirable evaluation system for medical students. The Administrative Board reviewed the Position Paper and agreed to refer it to the GME for their review and comment. Further action will be considered after receiving advice on the matter from the GME.

XIV. OSR Activities at 1974 Annual Meeting

Since the CAS/COTH Joint Program will be held in the morning rather than the afternoon of Tuesday, November 12, the OSR Regional Meetings were rescheduled for Tuesday afternoon at 2-4 P.M. An informal meeting of the newly elected Administrative Board will be planned for Tuesday evening.

A. OSR Program Session

Final plans were made for the OSR Program Session entitled "Medical Education: Directions for the Next Decade." (Outline attached as Addendum #6) Bob Boerner reported that Dr. Hillard Jason, Director of the AAMC Division of Faculty Development, has agreed to discuss current innovative programs in medical education in Segment III; Dr. August G. Swanson, Director of the AAMC Department of Academic Affairs, will discuss current trends in medical education curricula in Segment II. Dr. Christopher C. Fordham III, Dean of the University of North Carolina School of Medicine, will be requested to speak on Medical Education and Societal Needs in Segment I. The basic format for the program will also include opportunity for audience reaction and discussion following each segment.

B. Discussion Sessions

Four topics for Discussion Sessions at the Annual Meeting have been specified and include the GAP Report, chaired by Mark Cannon; National Health Insurance and Health Manpower Legislation, chaired by Ernest Turner; Peer Review, chaired by Elliott Ray; and Women in Medicine, chaired by Cindy Johnson. The board members responsible for organizing each of the discussion sessions were reminded that all written material to be distributed to OSR members prior to the Annual Meeting must be submitted to staff by October 4.

XV. Rules and Regulations

After the discussion on Friday evening regarding revisions to the OSR Rules and Regulations, Dan Clarke-Pearson and Mark Cannon presented a new draft of revisions to the Administrative Board. Because of time limitations, the board reviewed the new draft and agreed to forward additional suggestions or comments to staff for preparation of a final set of revisions to be presented at the OSR Business Meeting in November and to be circulated to all OSR members 30 days in advance of the business meeting.

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XVI. OSR Bulletin Board

The Administrative Board reviewed and approved the mock-up copy of the proposed OSR Bulletin Board which was prepared by staff. The first issue of the Bulletin Board will be distributed as an insert in the October issue of STAR. One copy of STAF will be sent to the OSR representative and five copies of the insert will be bulk mailed to Student Affairs Deans for posting.

XVII. OSR Expenses

Bob Boerner reported that as a result of increased activity of the Administrative Board and rising costs, it is no longer possible for the AAMC to underwrite incidental expenses such as telephone, xeroxing, and postage for OSR business conducted by board members. AAMC staff will negotiate with Student Affairs Deans at the institutions of those OSR board members elected in November, 1974, to have the medical schools assume responsibility for these expenses. As an interim measure it was agreed that minimum, necessary expenses of this type for the current board members will be paid by the AAMC until the Annual Meeting.

XVIII. The meeting was adjourned at 5:30 pm.

Organization of Student Representatives
 Association of American Medical Colleges

AAMC STATEMENT ON MOONLIGHTING BY HOUSE OFFICERS

AMENDMENT:

1 The Association of American Medical Colleges is concerned
 2 about the quality of graduate medical education and any activity
 3 which might compromise the quality of this experience.

4 The timely debate regarding house officer "moonlighting"
 5 involves a number of considerations which include:

6 a. The rights of an individual to engage in whatever legal
 7 activities he chooses during the time when his services
 8 are not required by his primary full-time employer.

9 b. The dependence that has developed in some sections of the
 10 country upon physicians from training programs for the
 11 provision of primary and emergency care during their off-
 12 duty hours.

13 c. The financial dependence of some married house officers
 14 with children, and other house officers with large previous
 15 debts, upon incomes larger than those offered while
 16 employed in training status.

17 d. The broadening educational experience for the house officer
 18 who practices some medicine outside the graduate medical
 19 education institution.

20 e. The possible injury to the health of the house officer
 21 by working excessive numbers of hours.

22 f. The possible impairment of the caliber of training
 23 opportunities experienced by a house officer whose free
 24 time is not available for study and recreation.

25 g. The relationship of the educational institution that has
 26 primary responsibility for recruitment and training of house
 27 officers to the larger consumer community when its
 28 employees serve in a secondary capacity as a part of a
 29 health care system outside the aegis of the primary employer

30 In creating a statement regarding house officer "moonlighting"
 31 the AAMC recognizes that there is no documentation which suggests

32 that the very occasional time spent pursuing additional work
33 opportunities for income has diverted house officers from their
34 primary responsibilities to their own education and to the patients
35 charged to their care by the training institution.

36 THEREFORE, as a matter of general principle, the Association
37 of American Medical Colleges urges that institutions of graduate
38 medical education and house officers recognize the importance of the
39 graduate medical education experience both for the individuals'
40 professional development and for the development of the nation's
41 medical resources. Further, the AAMC believes that the house
42 officer, as a medical graduate qualified and accepted by an
43 accredited American graduate medical education program, is a mature
44 individual capable of being responsible for his/her own educational
45 development but urges that the house officer consider the following
46 matters before engaging in additional work opportunities:

- 47 a. The capacity of the house officer to fulfill his/her
48 educational objectives while, at the same time, pursuing
49 additional work opportunities for income;
- 50 b. The nature of the work opportunity, including its educational
51 value;
- 52 c. The needs of the community, and
- 53 d. the financial need of the individual.

AAMC POLICY STATEMENT ON NEW RESEARCH INSTITUTES
AND TARGETED RESEARCH PROGRAMS

The Association of American Medical Colleges reaffirms its strong belief that a key element in the past and future success of our national effort to conquer disease is a strong, diverse, balanced program of high quality biomedical research.

NEW RESEARCH INSTITUTES

The present organizational structure of the National Institutes of Health provides specific attention to various disease categories, organ systems, basic science and the particular needs of various age groups in our population. It is thus a rational arrangement embodying the essential characteristics of diversity and balance. While we recognize that the current structure is not without potential for improvement, we believe it imperative that any modification recognize that an effective national program of support for biomedical research requires an organizational structure with reasonable stability comprised of a limited number of component entities. The fundamental nature of scientific inquiry involves the potential for substantial overlap among projects and programs, thus, the orderly management of scientific programs requires a high degree of coordination. Such coordination would be made more difficult by the proliferation of organizational entities devoted to increasingly narrow concerns. Furthermore, the administrative support required for each new organizational entity imposes new financial burdens and creates additional management complexities for which there is little offsetting benefit. Thus, the Association opposes, as a matter of considered principle, the establishment of additional categorical disease institutes or institutes dedicated to one or more organ systems at the NIH or NIMH. However, the Association recognizes that to accomplish objectives not presently identified it may be necessary to add new responsibilities to existing programs of the various institutes of the NIH/NIMH.

TARGETED RESEARCH

Legislative proposals mandating the establishment of biomedical research programs directed toward specific disease entities should be evaluated in the context of the following considerations.

1. The relative priority of the new programmatic focus in relation to ongoing programs. During a period of constrained budgets, the legislation will increase the emphasis on the identified disease to the detriment of pre-existing programs.
2. An appropriate distinction between research and non-research components of the proposal. The almost insatiable resource demands of service-oriented activities require built-in safeguards if the research activities are to share appropriately in the allocation of resources.
3. The status of the scientific understanding of the disease and the potential for significant progress through a targeted approach. An essential prerequisite for any national program targeted toward the conquest of a specific disease is the

AAMC POLICY STATEMENT ON NEW RESEARCH INSTITUTES AND TARGETED RESEARCH PROGRAMS

existence of an understanding of the fundamental biological processes underlying the disease in question. In the absence of such knowledge, the search for specific therapeutic treatments must not be over-emphasized to the detriment of investigating the underlying biological phenomena.

4. The suitability of existing legislative authorities for the accomplishment of newly identified objectives. The array of existing authorities provides ample bases and great flexibility for more intensive effort in specifically designated areas.

Finally, the Association believes that the key to our Nation's ability to achieve long-term biomedical research goals is the maintenance of a strong program of fundamental research such as is supported under the aegis of the National Institute of General Medical Sciences. Great care should be taken that our long-term investment in the solution of health problems not be undermined through speculation on short-term and potentially illusory objectives.

For the immediate future, any new legislation dealing with the establishment of new research institutes or targeted research programs should await the comprehensive review of national biomedical research and recommendations of the Biomedical Research Commission, which has been established at the direction of Congress with the passage of the National Cancer Amendments of 1974, PL-93-352.

STUDENT REPRESENTATION ON CCME, LCME

The OSR Administrative Board has asked that the Executive Council approve the following statement:

The AAMC Executive Council supports the concept of medical student participation and representation in the CCME and in the LCME. The Executive Council requests that the AAMC representatives to these two groups transmit this recommendation to the CCME and to the LCME and propose Bylaws changes to this effect.

The LCME is currently composed of six members of the AAMC and six representatives from the AMA. The Coordinating Council on Medical Education is currently made up of three representatives of each of the five parent organizations. In addition, both groups have public and federal representatives.

RECOMMENDATION

It is recommended that the Executive Council consider the OSR request.

GME RESOLUTION ON NBME RANKINGS

The resolution which appears below was passed unanimously by the Steering Committee of the AAMC Group on Medical Education. They have asked that it be considered by the Administrative Boards and by the Executive Council.

The GME Steering Committee recommends that the Executive Council request the AAMC representatives appointed to the National Board of Medical Examiners to request the Board to cease publishing, confidentially or otherwise, information regarding medical school comparisons (rankings) of student performance on Parts I and II of the National Board examination.

This resolution was offered out of concern for what is considered to be an inappropriate application of test information. National Board examinations Parts I and II have as their objective providing certifying information for the licensure of the physician, not the evaluation of programs of instruction or curricula of the various medical schools. The relevant institutional information from the performance of students on these exams is only the proportion of students who fail to meet the certifying standards of the National Board and thus may not meet state licensing requirements.

Significant concern has been expressed within the GME regarding the influence these examinations exert on curricula. Therefore, there is not only a question about the appropriateness of the examinations for the purpose used, but also a more general question concerning the desirability of a national examination for evaluating curricula. Providing the ranking of mean performance on Parts I and II of the NBME examination is not a sufficient data base upon which to modify curricula. Schools utilizing externally generated exams should employ item analyses to determine the extent to which their educational objectives are being met.

RECOMMENDATION

It is recommended that the Executive Council approve the resolution of the GME Steering Committee which appears above.

POSITION PAPER ON UNIFORM GRADING

Prepared for OSR Administrative Board Meeting June 15, 1974

At the OSR national meeting in November, 1973, I proposed that the OSR study the feasibility of instituting a nation-wide uniform grading system among American medical colleges. This system would be based on the pass/fail-written evaluation concept. Since that time, Dan Clarke-Pearson the chairperson of OSR, has asked me to write a position paper concerning this proposal.

NEED FOR THE SYSTEM

The need for a uniform grading system has become evident recently as medical schools experiment with pass/fail variations, and post-graduate selection committees are consequently confronted with constantly changing patterns of undergraduate medical evaluation.

It's important to look at the question of student evaluation within the context of medical education as a whole and the goals of such an education. Medical education should entail both the sharing of information between faculty and students and the development of an approach towards medical workers and patients that creates the best medical care system possible. The importance of absorbing factual information, developing cooperation, internal motivation and responsibility are obviously part of the necessary development of a physician. Such qualities can either be encouraged or discouraged by the educational process and are very much affected by the type of communication that exists between the faculty and students, and among students themselves. The method of student evaluation forms an important framework within which such communication functions.

Unfortunately, within much of medical education the process of evaluation tends to rely on external grading pressures, to foster a competition that discourages cooperation and to encourage an approach towards subject matter that places testing over the relevance of the information for the practice of medicine. This is similar to the unhealthy atmosphere in pre-medical courses engendered by the highly competitive and selective medical school admissions process.

In terms of grading, giving a number or a letter to an evaluation lends it scientific credibility; yet, there is a tremendous amount of subjectivity in determining numerical or letter grades, especially in the clinical years. Not only are the grading categories hard to define, but the

same grades mean different things among different departments and among various schools. A written evaluation system which deals with all aspects of a student's performance would favor more careful assessment by faculty, increase communication, and enable students to correct deficiencies which may otherwise go unrecognized in a letter grade system.

CRITICISM OF SUCH A SYSTEM

One objection that is often raised is that students will have trouble when applying for competitive internships if the school is on a pass-fail system. This is not necessarily true. Many departments are already choosing interns and residents without regard to grades.

Recently a survey was conducted by Associate Dean William F. McNary of Boston University School of Medicine. He sent letters (appendix 1.) to approximately 65 medical and surgical intern and resident selection committees, chosen in alphabetical order from the Directory of Approved Internships and Residencies (1971-72). In these letters he asked for their candid opinions concerning pass/fail grading and its relationship to their screening of applicants for post-graduate training. With 33 programs responding, the consensus was that pass/fail grading had made the selection of prospective house officers more time consuming and subjective. However, the majority agreed that the quality of house officers that they ended up with had not changed because of pass/fail grading. Opinions varied from strongly in favor of letter grading to strongly in favor of only written evaluations. Most agreed, though, that uniform grading would make their jobs much simpler.

Another criticism that has been expressed is that any move towards a pass/fail system is a step towards mediocrity. We believe that mediocrity is determined not by the system of evaluation but by the faculty, students, and their interactions within the school. The superior medical student will stand out no matter which grading system is used.

Lastly, a foreseeable difficulty in implementing such a system would be obtaining agreement among the individual medical colleges. We feel that a system that is well planned and thought out---- taking into consideration the feelings and desires of all people concerned----will have an excellent chance of being adopted by all American medical colleges.

PROPOSAL

As a uniform pass/fail grading system is desirable for American medical colleges, we propose that the AAMC conduct

opinion surveys among medical students, administrators, faculty, and post-graduate selection committees in order to achieve a consensus on the evaluation of medical students. And, if such a consensus is achieved, to develop a plan for the implementation of a uniform pass/fail grading system on a nationwide basis.

Prepared for OBR by Joel Daven, Rebecca Backenroth, and Alice Rothchild.

OSR PROGRAM SESSION

Monday, November 11
7-10 PM

Medical Education: Directions for the Next Decade

- Segment I - *Medical Education and Societal Needs*
Christopher C. Fordham III, M.D.
Dean, University of North Carolina School of Medicine

Audience Reaction and Discussion

- Segment II - *Present Trends in Medical Education*
August G. Swanson, M.D.
Director, AAMC Department of Academic Affairs

Audience Reaction and Discussion

- Segment III - *Innovative Programs in Medical Education*
Hilliard Jason, M.D., Ed.D.
Director, AAMC Division of Faculty Development

Audience Reaction and Discussion

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