

OSR ADMINISTRATIVE BOARD AGENDA

Conference Room
One Dupont Circle
Washington, D.C.

June 21, 1978
9:00 am - 5:00 pm

- I. Call to Order
- II. Consideration of Minutes 1
- III. Report of the Chairperson
- IV. ACTION ITEM
 - A. Executive Council Agenda
- V. DISCUSSION ITEMS
 - A. Nominations for Student Position on the Liaison Committee on Medical Education (LCME)
 - B. Future of OSR Report
 - C. Model Survey Form for Evaluation of Graduate Training Programs
 - D. Annual Meeting Plans
- VI. INFORMATION ITEMS
 - A. New Developments in Medical Student Financing
 - B. Report of the Task Force on Minority Student Opportunities in Medicine
- VII. Old Business
- VIII. New Business
- IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

March 22, 1978
AAMC Headquarters
Washington, D.C.

Chairman
Chairman-Elect
Representatives-at-Large

Regional Chairmen

AAMC Staff

--Paul Scoles
--Peter Shields
--Cheryl Gutmann
--Jim Maxwell
--Molly Osborne
--Fred Emmel (Northeast)
--Clayton Griffin (Southern)
--Dennis Schultz (Central)
--Michael Mahl (Western)
--Robert Boerner
--John A.D. Cooper
--John Finklea, M.D.
--Steven Grossman
--Thomas Kennedy, M.D.
--Richard Knapp, Ph.D.
--Diane Newman
--James R. Schofield, M.D.
--Bart Waldman

I. Call to Order

The meeting was called to order by Paul Scoles at 9:00 am.

II. Consideration of Minutes

The minutes of the January meeting were approved without change.

III. Graduate Medical Education Directory

Paul Scoles reported that he and other board members had met with Jack Graettinger, Executive Vice President of NIRMP, twice since the January meeting to discuss the feasibility of expanding the NIRMP Directory to include more information about graduate training programs. He noted that Dr. Graettinger had urged OSR to explore the directories of graduate programs that already exist since increased availability of these sources might meet the needs of students for more complete information.

Richard Knapp, Director of the AAMC Department of Teaching Hospitals, provided information for the board about the Council of Teaching Hospitals (COTH) Directory. He indicated that while the COTH Directory contains extensive descriptive data on the institutional setting of graduate medical education programs for the approximately 450 COTH member hospitals, it includes no information on the several hundred other graduate training sites. The board agreed that despite the limitations of the COTH Directory as an informational source for students, its availability in Deans' offices should be more widely publicized since such a larger number of the major, university-based institutions are COTH members. Dr. Knapp noted that other potential information sources for students would be the AHA Guide to the Health Care Field and the LCGME Directory of Accredited Residencies. The board members acknowledged that several reference sources are available which taken together might provide complete information, but reiterated their feeling that one easily accessible source designed strictly to provide information for students would be more helpful. The board also agreed that an expanded NIRMP Directory would be the most logical resource since it is updated annually and since it is already geared to providing information about programs to students.

Mr. Scoles distributed a draft of a letter he had written to Dr. Graettinger which outlined what types of items the OSR would like to have added to the NIRMP Directory. He stated that all of the information was easily attainable by program directors and could be reported as part of the NIRMP Institutional Agreement which all program directors whose institutions participate in NIRMP must sign. The board reviewed the draft and with a few modifications approved it (Addendum 1). Mr. Scoles agreed to send it to Dr. Graettinger immediately in order that the NIRMP Board of Directors could consider it at their April meeting. Dr. Cooper was asked as President of NIRMP to comment on the feasibility of expanding the NIRMP Directory, and after reviewing with the board each specific item in the letter, he expressed his support of the concept.

IV. Executive Session

The OSR Administrative Board met in Executive Session from 11:00 am - 12:00 noon to discuss with Dr. Cooper the AAMC budget.

V. Student Positions on the Liaison Committee for Medical Education (LCME)

Paul Scoles reported that the Consortium of Medical Student Groups had discussed the student positions on the LCME at its recent meeting. The Consortium recommended that nominations for the two seats be kept open until May 1 so that all interested students would have an opportunity to apply. He reported that he and Peter Shields had agreed with this recommendation, and he urged board members to forward any applications they receive to him as soon as possible. Mr. Scoles indicated that he had already received several applications and that he expected the OSR board to make its final recommendations regarding the AAMC student position on the LCME to the AAMC Chairman in June.

VI. Admission Trends

Dr. James R. Schofield, Director of the AAMC Division of Accreditation, shared with the OSR board data which the AAMC has been analyzing which suggests that the ratio of medical school applicants to first-year places is declining at a more rapid rate than might have been anticipated by birth statistics and other typical indicators. Dr. Schofield indicated that a decrease in the numbers of applications coupled with more explicit federal directives about soliciting information from applicants regarding handicaps and about considering an applicants age in admissions decisions would be creating new and complex considerations for admissions committees.

VII. Executive Council AgendaA. Endorsement of LCME Accreditation Decision

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

B. CAS Resolution on the LCGME

ACTION: *On motion, seconded, and carried the OSR Administrative Board approved the CAS resolution about the role of the LCGME in accrediting graduate training programs.*

C. HEW Handicapped Regulations and Medical School Admissions

ACTION: *On motion, seconded, and carried the OSR Administrative Board approved the recommendation that a task force be appointed to develop national guidelines on technical standards that schools might use to comply with the HEW handicapped regulations. The OSR board recommended that the task force include student representation.*

D. AAMC Recommendations on FY 79 Appropriations for VA Department of Medicine and Surgery Programs

ACTION: *On motion, seconded, and carried the OSR Administrative Board approved the AAMC recommendations about FY 79 funding levels for the VA Department of Medicine and Surgery Programs.*

E. Emergency Meeting on Medical Manpower Legislation

ACTION: *On motion, seconded and carried the OSR Administrative Board endorsed the recommendation made by the Steering Committee of the Task Force on Support of Medical Education that no further amendments should be made to P.L. 94-484.*

F. Withholding of Services by Physicians

ACTION: *On motion, seconded, and carried the OSR endorsed the statement drafted by the special committee on the withholding of services by physicians.*

G. AAMC Statement on Involvement with Foreign Medical Schools

ACTION: *On motion, seconded, and carried the OSR Administrative Board approved the recommended statement about U.S. faculty participation as visiting professors in the programs of foreign medical schools.*

H. Industry-Sponsored Research and Consultation: Responsibilities of the Institution and the Individual

Dr. John Finklea reviewed with the board the paper which he and other AAMC staff members had prepared in response to the request by Representative Paul Rogers that the AAMC communicate its views on matters related to industry-sponsored research and consultation.

ACTION: *On motion, seconded, and carried the OSR Administrative Board endorsed the draft position paper as AAMC policy for transmittal to Congressman Rogers and to the medical schools.*

I. AAMC Biomedical and Behavioral Research Policy

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed policy statement on biomedical and behavioral research.*

J. Discharge in Bankruptcy of Student Loans

The OSR board considered at some length the Executive Council discussion item about students declaring bankruptcy to discharge student loans. It was noted that while recent legislation bars students from discharging in bankruptcy certain federal loan obligations, it is still possible for students to discharge non-federal loans through this mechanism. The board generally agreed that students who discharge loans by declaring bankruptcy might jeopardize the future availability of loan funds from private sources. Several board members expressed the opinion that while the bankruptcy option should be exercised only under extreme circumstances, the Association should not adopt a statement precluding it as an option for the debt-burdened student. The board agreed that in light of the soaring medical student debt level, future students in some cases may find that declaring bankruptcy is the only recourse to unmanageable financial situations.

VII. OSR Annual Meeting

The OSR board discussed plans for the OSR Annual Meeting, October 21-24 at the New Orleans Hilton. The tentative schedule attached as Addendum 2 was approved. Board members were advised to be prepared to finalize discussion session and program topics and speakers at the June meeting.

VIII. Adjournment

The meeting was adjourned at 5:00 pm.



association of american medical colleges

March 28, 1978

John S. Graettinger, M.D.
Associate Dean, Student & Faculty Affairs
Rush Medical College
St. Lukes Medical Center
Chicago, Illinois 60612

Dear Dr. Graettinger:

First, thanks for your time in Atlanta during the AMSA meeting and for your efforts to explain some of the complexities of the NIRMP to Peter, Diane and me. It's clear that attempting to simplify the problems often simply magnifies their complexity.

The OSR Administrative Board met last week and reconsidered our plans in the context of those conversations, and your later communications with Dick Knapp and Diane in Washington. We have extracted a list of 11 "descriptors" from the original proposal which I will enumerate below. We've had the opportunity to discuss them with Dr. Cooper and with Dick Knapp, and I'm pleased to say that Dr. Cooper's reaction was most favorable.

Each of the items has been carefully discussed by our Administrative Board, and while we are aware that all of the information we're asking for is available in other sources, it is not, to our knowledge, available in a single source. Actually, we feel that the fact that the information is available in other sources is a point in our favor, because it means that hospitals and program directors won't have to look far for the answers. The descriptors we have chosen are as follows:

1. Affiliation & Control:

- (a) Public, private, church-related, etc.
- (b) Medical school affiliation

Is the hospital's program free-standing or cooperative with other hospitals?

The importance of knowing the control of a hospital goes, of course, without saying. Equally important, however, is information on the medical school affiliation of a program and whether the resident is involved with instruction of medical students. Combining that information with another very significant piece of

John S. Graettinger, M.D.
March 28, 1978
Page Two

information, that is, the number of residents in the program who were undergraduates of the affiliated medical school, would provide an important assessment of the quality of the program.

2. Distribution of Residents by background:

A breakdown by:

1. number of graduates of affiliated schools
2. other graduates of American medical schools
3. others

3. Number of:

1. positions in the first year

2. first year positions committed to subspecialties
3. final year positions

This will provide the student with information on whether the program is a pyramid program.

4. Hospital census information, including total number of beds and average daily filled beds for the five major specialties.
5. Salary, average call schedule, vacations, opportunities for outside income.

It is unfortunate that the factors under #5 must be important in the initial screening of residency programs by medical students, but the reality is that the rapid increases in the cost of medical education and the massive debts that many new graduates will be sustaining make such questions not just of passing interest, but of considerable urgency.

As you have pointed out, it is difficult if not impossible, for hospitals to give this kind of information prospectively, because of changing budgetary situation. This is certainly reasonable, and I'm certain medical students would understand the problems involved. Information for the preceding year can be given, however, and would be extremely informative, especially in view of the fact that the LCGME green book no longer includes salary information.

John S. Graettinger, M.D.
 March 28, 1978
 Page Three

I'm aware that all of the foregoing makes the project again seem enormous. It is not, however, and I suggest that all of the information I've talked about could be represented in tabular fashion. As you've said, there would have to be two listings: one by hospital, one by program.

The listing by hospital could include hospital name, a letter symbol for affiliation (e.g., 'c' for church), size, medical school affiliation, daily census, and programs offered. It could be given in a single line with symbols referring to keys. Thus:

	CONTROL	AFFILIATION	BEDS	CENSUS					PROGRAMS
				M	S	Pe	Ps	O	
The Medical Center at Princeton Witherspoon Street, Princeton, NJ	P	Rutgers	350	120/130/40/0/10					1,3

The reader is referred to a chart which explains symbols & abbreviations. Then, under program listings, additional information could be found, for instance: resident breakdown; positions offered this year; salary; vacations; call schedule; restrictions on moonlighting which could be represented symbolically with symbols for no restrictions, some restrictions, prohibited. An asterisk after the hospital name could be used to indicate whether medical students serve clerkships at the hospital in that service. Thus, under surgery, a representative program might be listed as follows:

	FIRST YEAR	CATEGORICAL*	FINAL YEAR	GRAD. AFFIL. SCHOOL AMERICAN GRAD.	OTHERS	SALARY	AV. CALL	OUTSIDE INCOME	VACATIONS
Rutgers Medical School Affiliated Hospital James Greco, M.D., Director Raritan Valley Hospital* Medical Center at Princeton* Hunterdon Medical Center	5	1	3	2 2	1	12.5	3	●	3

Again, the reader will refer to a key.

Let me say again that I am aware of the complexities involved in the project. The principle difficulty will, of course, be in convincing the people who make the decision to move. This of course means convincing

John S. Graettinger, M.D.
March 28, 1978
Page Four

the NIRMP Board both of the necessity for an improved directory and of the practicality of expanding the NIRMP book. We've discussed, of course, the potential difficulty in persuading program directors to provide additional information, but I suspect that the combined persuasive abilities of the NIRMP and the AAMC, could make the difference.

The OSR Administrative Board is enthusiastic about the prospect of improving the information available to students seeking residencies, and in addition to the changes in the NIRMP directory, we are planning to devote the next issue of the OSR Report to the process of finding a residency position.

Thank you again for your assistance in this project, and if I can be of any further assistance to you, please don't hesitate to call.

Best personal regards,



Paul Scoles
OSR Chairman

cc: John A. D. Cooper, M.D.
Richard Knapp, Ph.D.
David Bell, M.D.
OSR Administrative Board
Jack Rutledge, President, AMSA
Diane Newman ✓

1978

ORGANIZATION OF STUDENT REPRESENTATIVES

Annual Meeting Schedule

FRIDAY, OCTOBER 20, 1978

(Evening) Administrative Board Meeting

SATURDAY, OCTOBER 21, 1978

8:00 - 11:00 am	Regional Meetings
11:00 am - 12:30 pm	Discussion Sessions
2:00 - 5:30 pm	Business Meeting
5:30 pm	Reception

SUNDAY, OCTOBER 22, 1978

9:00 - 11:00 am	Discussion Sessions
12:30 - 3:30 pm	Business Meeting
3:30 - 4:30 pm	Regional Meetings
7:00 - 9:00 pm	Program

MONDAY, OCTOBER 23, 1978

2:00 - 5:00 pm Mini Programs

April 26, 1978