

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board

AGENDA

Conference Room, Suite 200  
One Dupont Circle  
Washington, D. C.

September 12, 1979  
9:00 a.m. - 5:00 p.m.

- I. Call to Order
- II. Consideration of Minutes . . . . . 1
- III. Report of Chairperson
- IV. ACTION ITEMS
  - A. Executive Council Agenda
- V. DISCUSSION ITEMS
  - A. Resolutions from 1978 OSR Business Meeting and 1979 Regional Meetings
  - B. OSR Communications and Continuity Survey
  - C. Due Process Project
  - D. Preparations for 1979 Business Meeting
- VI. INFORMATION ITEMS
  - A. Outline of OSR 1979 Annual Meeting Programs . . . . . 13
  - B. Report on July Meeting of the Task Force on Graduate Medical Education
  - C. Report on Meeting of the ad hoc Committee on Clinical Research Training
  - D. Revised Procedures for Distribution of the Graduation Questionnaire
  - E. Update on Graduate Medical Education Information Project
- VII. Old Business
- VIII. New Business
- IX. Adjournment

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

June 13 and 15, 1979  
AAMC Headquarters  
Washington, D.C.

<u>Chairperson</u>	--Peter Shields, M.D.
<u>Chairperson-Elect</u>	--Dan Miller
<u>Regional Chairpersons</u>	--Arlene Brown (Western)
	--Seth Malin, M.D. (Southern)*
	--Alan Wasserman, M.D. (Central)
	--Kevin Denny (Northeast)
<u>Representatives-at-Large</u>	--Barbara Bergin
	--John Cockerham*
	--Molly Osborne, M.D.
	--Stephen Sheppard*
<u>AAMC Staff</u>	--Janet Bickel
	--Robert Boerner
	--Kat Dolan*
	--Davis Johnson, Ph.D.*
	--Joe Keyes*
	--Thomas Morgan, M.D.*
	--August Swanson, M.D.*

- I. Peter Shields called the meeting to order at 1:30 p.m. on June 13.
- II. The minutes of the March 28 meeting were approved without change.
- III. Executive Council Agenda
  - A. Endorsement of LCME Accreditation Decisions

In response to a question from a Board member about the appropriateness of raising concerns regarding one of the schools recommended for accreditation, Kat Dolan explained that the Executive Council's endorsement of LCME decisions is largely a formality. She recommended taking concerns directly to Dr. James Schofield, Secretary of the LCME.

\*Present for part of the meeting.

ACTION: The OSR Administrative Board endorsed the LCME accreditation decisions.

B. CAS Resolution on Health Manpower

ACTION: The OSR Administrative Board endorsed the recommendation that the Specialty Distribution report from the Task Force on Graduate Medical Education supercede the AAMC's interim position set forth in the working paper on specialty distribution.

C. Clinical Laboratory Improvement

In April the AAMC convened an ad hoc committee to recommend the best policy to adopt with respect to the Clinical Laboratory Improvement Act of 1979, introduced by Jacob Javits (R-NY). This committee recommended that the AAMC not support this act and offered an alternative position.

ACTION: The OSR Administrative Board endorsed the recommendations of the ad hoc Committee on Clinical Laboratory Improvement.

D. Educational Commission for Foreign Medical Graduates

The ECFMG, a non-profit organization sponsored by the AAMC and a number of other organizations, was established in 1958 to develop a screening mechanism which would permit qualifications of graduates from foreign medical schools to be matched with expected benefits to be gained from graduate medical education in the U.S. As the demand for its services had declined, the ECFMG has developed an advocacy role for recruiting foreign graduates. The AAMC position recommended for Executive Council approval is as follows:

1. Favors the use of all available resources for the training of those foreign medical graduates who need graduate medical education in the United States to prepare for academic or governmental positions in their country of origin. Physicians preparing to enter private practice should be trained in their own country.
2. Because of its primary role and function, the ECFMG should not be involved in legislation relating to the criteria for the admission of foreign medical graduates.
3. Recommends the collection and analysis of data needed to document the impact of the changes introduced through Title VI of P.L. 94-484.
4. May consider at a future time proposals for appropriate amendments to the existing law in response to documented deficiencies.

Dan Miller questioned the appropriateness of the last sentence in recommendation #1.

ACTION: The OSR Ad Board endorsed the AAMC position as recommended, with one dissenting vote.

E. Report of the Committee on Continuing Medical Education

Subsequent to Kat Dolan's providing some background on the topic of continuing medical education, Dan Miller expressed the view that in the report the connection between the attainment of continuing medical education credits and relicensure should be stronger and more clearly defined.

ACTION: The OSR Administrative Board endorsed the report with the recommendation proposed above.

F. Nonrefundable Deposits

In recognition of the fact that negotiations between medical schools and applicants during the admission process were becoming increasingly complex, a number of years ago the AAMC adopted a series of acceptance procedures. These recommended procedures include the provision that deposits required of an applicant to secure a place in the class be "refundable without question...if the applicant is later accepted by a school which he or she prefers." However, data from the most recent issue of Medical School Admissions Requirements show that, despite the recommendations, there are now 78 schools with required deposits of varying amounts which are either strictly nonrefundable or nonrefundable after a certain date.

The Board discussed the problems of students' holding multiple acceptances late into the cycle, forcing schools to offer late acceptances to students for whom changing plans, and in some cases matriculating after classes, become extremely problematic. Questions arose about the degree to which requiring a nonrefundable deposit after a certain date could serve as a deterrent to this type of behavior versus whether it is wise to place any additional burdens on applicants in their decision-making. No final recommendations about the reconciliation between the procedures and the practice of some schools emerged from the discussion.

#### IV. Task Force on Graduate Medical Education

Gus Swanson gave the Board a status report on the activities of the Task Force, which is now completing its second year of work. He noted that one of the recommendations of the Transition Working Group, namely development of a uniform application form is underway; Bob Boerner said that the second draft of this document will be circulated to program directors this summer. Dan Miller raised the question of whether the Task Force would be discussing at its next meeting the status of housestaff as students or employees. Dr. Swanson replied that the whole thrust of the deliberations of the Task Force has been that graduate training is an educational experience. In his concluding remarks, he noted that if all goes well, the final reports of the last two working groups, Financing and Quality, will be discussed at the September meeting of the Task Force, then the reports of all five working groups will be amalgamated and be ready for discussion at the House Staff Conference in October.

Dan Miller drew the attention of the Board to his summary of the Task Force activities (Appendix A).

#### V. Reappointment of LCME Student Participant

Last summer the OSR Administrative Board nominated Lee Kaplan for the position of student participant on the LCME; this position is for a one-year term, renewable for one year. Peter Shields reported that he understood that Lee had been doing an able job and recommended that the Board endorse his reappointment.

In discussing this appointment and OSR nominees to other committees, the Board decided that each of their student nominees should agree to submit periodic reports to the Administrative Board regarding the activities of the committee on which they serve. Ideally, these reports would be received in time for inclusion as information items in the Administrative Board agenda book; in this regard the Board praised Mark Avery's report on the March NRMP Board of Directors meeting.

**ACTION:** The OSR Administrative Board endorsed the reappointment of Lee Kaplan to the LCME.

#### VI. Student Nominee to Resolutions Committee

The AAMC Resolutions Committee is appointed each year to facilitate the orderly consideration of resolutions by the Assembly at the Annual Meeting; in recent years it has not been necessary to convene this committee. Because it would be helpful for any person serving on this committee to be well-versed in the workings of the Association, the Board decided that it would be appropriate for the OSR chairperson-elect each year to be the student nominee to this committee.

ACTION: The OSR Administrative Board nominated Dan Miller to serve on the AAMC Resolutions Committee.

#### VII. OSR Continuity and Communications Survey

Dan Miller gave a summary of the information collected at the last three regional meetings via this survey. Seventy-eight individuals responded from 52 schools. Among the results are that 65% of the schools designate an alternate representative, 46% select their representative during the spring just before the regional meeting, and only 33% select their representative for a term of office longer than one year. He also reported that he was currently trying to ascertain the reasons why some of the representatives did not attend regional meetings.

In discussing how OSR communications with and continuity in the membership could be improved, the Administrative Board agreed that the OSR Orientation Handbook could be expanded to include recommendations on the election and succession of OSR representatives, that it would be very helpful if schools would mention OSR in their student handbooks in the same section in which information on AMSA, SNMA, etc. is given, and that OSR Report should carry a half-column of background information on OSR.

#### VIII. Reports from Regional Chairpersons

- A. Arlene Brown noted that she had written a report on the Western region meeting which was held at Asilomar, April 12-23 and briefly summarized it for the Board's information. Highlights included sessions on self-relaxation and due process. Six resolutions were passed, including two on curriculum and two on stress.
- B. Kevin Denny reported on the Northeast meeting, held in Cambridge, Mass., May 10-12. The OSR attended most of the GSA programs, which included discussions on obtaining post-graduate positions, stress in medical education, and the impact of reduction of financial support on minorities. In separate sessions, the OSR reviewed some of these topics in greater detail and heard a presentation by one OSR member on early clinical exposure in the curriculum.
- C. Alan Wasserman gave a summary of the Central region meeting, held in Rochester, Minnesota, May 3-5, which included an orientation breakfast and a tour of the Mayo Clinic. In addition to attending sessions on the use of the National Boards and factors affecting career choices of women medical students, the OSR discussed their own business and concerns. One recommendation which emerged from these discussions was that resolutions at the Annual Meeting should be limited and prioritized before they are discussed.

One of the OSR's separate sessions was devoted to considerations of impaired students and how other students can help in their identification and counselling.

IX. The meeting was recessed at 4:30 p.m.

X. Peter Shields reconvened the meeting at 9:15 a.m. on June 15.

XI. Consortium Meeting

Dan Miller summarized the most recent Consortium meeting, which was held in Los Angeles in conjunction with the SNMA meeting in April. He noted that the convention was very well attended but that non-SNMA members were not allowed to attend the business meetings. Discussion sessions were offered on recruitment and retention of minority students and on black professionals working together toward common goals. A newly-formed Mexican-American medical student group, LaRaMA, was represented at the Consortium meeting as was AMSA, AMA-SBS and SNMA. The next Consortium meeting will be held in conjunction with the AMA-SBS meeting in July.

XII. Annual Meeting Plans

The Administrative Board spent considerable time discussing and selecting topics for their Annual Meeting discussion sessions. The topics which were decided upon and the Board member who accepted responsibility for the development of the sessions are as follows:

ANNUAL MEETING SCHEDULE

Saturday, November 3, 1979

11:00 - 12:30 p.m.

Working with the Political Process  
in Health (B. Bergin)

Occupational Health (K. Denny)

Interacting with Nurses: A  
Special Challenge for Women Medical  
Students (M. Osborne)

Sunday, November 4, 1979

8:30 - 9:30 a.m.

Impaired Students and the Role of  
Peer Counselling (A. Wasserman)

LCME and Accreditation Process  
(S. Malin)

## ANNUAL MEETING SCHEDULE (Cont.)

Sunday, November 4, 1979

9:30 - 10:30 a.m.

Self-Relaxation Techniques: A  
Practical Approach to Stress  
(A. Brown and M. Osborne)Research Opportunities for Medical  
Students (J. Cockerham)

9:00 - 10:30 a.m.

NRMP (D. Miller)

Arlene Brown agreed to work with Janet Bickel in setting up the Sunday evening program, the proposed theme of which is incentives for redistribution of health resources.

Molly Osborne is coordinating the joint Women Liaison Officers/OSR program scheduled for Monday afternoon. The Board was reminded that the names of speakers from whom a commitment has been obtained and the chosen title for each discussion session should be communicated to Janet Bickel by August 1. This year descriptions of discussion sessions, which would include informational handouts on the topic, will be mailed to representatives with agenda materials so that students will be better able to choose among and prepare for the sessions.

XIII. Graduation Questionnaire

Davis Johnson, Director, Division of Student Programs, met with the Board to garner their ideas on increasing the Graduation Questionnaire response rate, which despite extensive efforts has stayed at 55% for the Class of 1979. Members of the Board concurred with the suggestion that distribution of the questionnaire with NRMP materials in December may be helpful but emphasized the need to avoid using NRMP as a threat. Other ideas from the Board included revision of the cover letter, shifting the name and social security number items to the end of the questionnaire, assuring students that no feedback would be sent to schools until after graduation, providing a summary of the previous year's results along with the questionnaire, and more effective use of the backing of the dean and the OSR.

XIV. Research Opportunities for Medical Students

Thomas Morgan, Director, Division of Biomedical Research, reported to the Board on the results of the survey which had been conducted at the regional meetings on research opportunities for medical students; this effort was a direct outgrowth of the OSR resolution which was adopted by the AAMC Assembly last October. While funds to support research opportunities for students were found to be available

at most schools, the situation is very uneven, with some schools reporting unused funds and others, not nearly enough to meet students' needs. This information suggests that flexibility should be a key consideration in attempts to expand opportunities. He reported that NIH is working on reinstating a student-grant program which would involve application for funds rather than be an entitlement program and that NIH is aware of and encouraged by the OSR's interest in this area. The results of the survey also show that counselling about research opportunities is inadequate at most schools; he noted that OSR could play an active role in addressing this problem.

Dr. Morgan next reported on the previous day's discussions of the other Administrative Boards on the serious deficit situation this country faces in the supply of clinical researchers, on some of the reasons for this problem, and on activities which are beginning to address it. In recognition of the need for the AAMC to develop a position on this many-faceted problem, an ad hoc committee is being formed. He suggested that the OSR's nominee to this committee be a member of the Administrative Board, due to the complexity of the topic and the backlog of information, and reside near Washington, D.C. because several meetings may be scheduled in a short period of time.

#### XV. Due Process

Joe Keyes met with the Board at their request to discuss the issue of due process. He began by noting that it is important not to confuse the concept of due process with the existence of a specific set of procedures. Due process simply means fair treatment. Mr. Keyes explained that with respect to legal requirements for due process, the courts have distinguished between academic and disciplinary situations; for the latter, more elaborate procedures have been required, however the courts have shown much greater deference toward the judgment of academic faculties unless there is a clear showing that a student has been treated unfairly. He noted that what some students appear to want in the way of fair treatment and an appeals procedure is something above and beyond what the courts will require. These students have two options: 1) to work toward further regulation of schools by somebody other than the courts, for instance, having the LCME stipulate what the requirements should be; or 2) to work with medical school faculty and deans to improve counselling, evaluation and promotion mechanisms. Mr. Keyes advised that the first effort will likely be resisted because schools prefer less rather than more regulation. Furthermore, it would be an inappropriate activity of the AAMC, because

the AAMC strives to uphold the right of institutions to be different rather than to force schools to meet a "nationally defined ideal." The second approach is not only more feasible but would be to the advantage of all. It would focus efforts on making everyone happier with their institution and would in the long run probably reduce institutions' vulnerability to suit. The Board concurred with these thoughts and agreed that they should be shared with Lee Kaplan in case the issue of due process guidelines comes before the LCME.

Janet Bickel reported that thus far, 60 schools have responded to the April memorandum to deans of student affairs requesting a copy of their due process guidelines. Staff will be examining these and developing a document describing the kinds of procedures and stipulations that schools are currently relying upon. Mr. Keyes stated that he would like to work with OSR on this project and suggested that OSR share their progress with the Group on Student Affairs and the Group on Medical Education.

#### XVI. House Staff Conference

For the House Staff Conference to be held in Washington, D.C., October 5 and 6, the Administrative Board received 24 applications from which they were asked to nominate one candidate for each specialty. Because a number of applicants were from the same specialty, the Board found it necessary to discuss in depth some applications. The list which was finally agreed upon is as follows:

<u>NOMINEE</u>	<u>YEAR OF M.D.</u>	<u>SPECIALTY</u>
Lisa Davisson	1978	Family Practice
James De Torre	1976	Orthopedic Surgery
Robert N. Dunn	1975	General Surgery
Jessica Fewkes	1978	Dermatology
Lewis Frazee	1977	Ophthalmology
Cheryl M. Gutmann	1978	Psychiatry
Thomas Jones	1971	Radiology
Jeffrey Kunz	1977	Rehabilitation Med.
Paul Neese	1978	Ob/Gyn
Leslie Price	1978	Pediatrics
Nancy Sokol	1977	Internal Medicine

After some discussion, because of their high qualifications, the Board decided to recommend a supplemental list of nominees:

Molly Osborne	1979	Medicine
Cindy Johnson	1976	Family Practice
Richard Cimma	1977	Pediatrics
David Carpenter	1976	Obstetrics

### XVII. Letter Writing Campaign

The Board reviewed the funding levels recommended for capitation and student financial assistance by the House Appropriations Committee and the Senate Appropriations Subcommittee, which seemed higher than they had anticipated. A feeling of frustration was expressed at not knowing the degree to which the OSR membership had been successful in motivating students to write and whether students' expressions of concern had had any effect on the committees' deliberations. It was noted that the campaign was launched at a particularly difficult time, given final examinations, the National Boards and graduation activities. Barbara Bergin expressed the hope that the initial purposes of involving students in the political process and of encouraging students to work with their deans toward common goals would not be lost sight of and that this effort could be continued in the coming years.

### XVIII. Extramural Electives

Kevin Denny requested a progress report on the project to collect information on electives for visiting medical students. Janet Bickel reported that a survey, designed with the assistance of members of the GSA Steering Committee, had just been approved through the AAMC data clearance procedure and would shortly be sent to deans of student affairs. The survey requests deans to supply AAMC with the following information: name, address and phone number of the individual to be contacted regarding extramural electives; application timetable; and amount of tuition charged, if any. She noted that while some schools may not respond because they are swamped with applications and may be afraid of encouraging more, this effort should result in a fairly complete directory which will be useful to deans and to students. It is planned that the compendium of information received will be distributed in the early fall to OSR members and to the student affairs deans who respond to the survey.

IX. The meeting was adjourned at 4:45 p.m.

## APPENDIX A

### REPORT ON THE TASK FORCE ON GRADUATE MEDICAL EDUCATION

June 1, 1979

A tentative calendar for completion of working group deliberations and report draftings was circulated and discussed. All working group reports will be presented to the full task force for final review in mid-September 1979. The task force document--including the amended working groups reports--will serve as the focus of discussion for the AAMC Housestaff Conference, October 5-6. The final task force report will be released at the annual meeting in November 1979 for response from the AAMC as a whole.

Working Group on Transition. The report of this working group was presented to the Executive Council of the AAMC in January and was endorsed as a whole with the recommended uniform date for sending out Dean's letters changed from November 1 to October 1--the Council of Academic Societies being opposed to the later date. Dr. Kay Clausen reported that the implementation of the recommendations of the working group was discussed in some detail by the Council of Deans at its spring meeting and that there was widespread support for those recommendations. Dr. Gus Swanson reported that the first steps in implementing the working group recommendations have occurred in the form of the OSR's Model Questionnaire for Graduate Training Evaluation to increase the availability of information regarding residency programs for medical students. AAMC staff is also preparing the first draft of a universal application form for residency programs.

Working Group on Quality. At the request of the full task force, the report of this working group is being redrafted to emphasize principles of internal program review rather than resident evaluation. In addition, a request was submitted by the OSR Administrative Board to include wording in the working group document which: recognizes the increased responsibilities and requirements for sustained intellectual and physical effort placed on residents by graduate medical education; which under scores the need for timely provision of counseling and psychological support when these demands cause physical and emotional stress; and which acknowledges that institutional awareness, empathy, and responsiveness toward these problems are an essential element of a quality education experience.

Working Group on Specialty Distribution. General discussion included: the spectre of rigid governmental controls of access to specialty practice; the problem of general care performed by specialists not being accounted for in the schema for meeting the nation's primary care needs; the need for maintaining flexibility to meet the nation's changing health needs; consideration of alternate methods of altering specialty distribution, e.g., reimbursement schedules, role models. The Task Force considered ten general specialty distribution goals developed by the working group including: responsibility for assessment of one response to physician manpower needs and projections on a regional basis by each medical school; tracking of the location and practice characteristics of the graduates of their graduate medical education

programs by each medical school for use in deciding the mix and size of graduate programs; comprehensive continuing education; a cooperative partnership between government and medical education systems in developing health care policy.

Working Group on Financing. During its initial meeting, this working group identified five major issues related to financing of graduate medical education: options for financing graduate medical education in the near and long term; moderating the cost of graduate medical education; possible or predictable federal or state public policy initiatives affecting the financing of graduate medical education; options in reimbursement to leverage graduate medical education; policy research in financing graduate medical education. In the following meetings the working group will develop specific recommendations which address these issues. In addition, at its July meeting, the task force will consider the topic of "housestaff--employees or students."

Working Group on National Standards and Accreditation. Discussion focused on twelve principles formulated by the working group for sweeping reform of the present system of accreditation of graduate medical education programs including more emphasis on assessment and evaluation of the overall educational setting in accreditation decision; progressive enhancement of the level of graduate medical education via accreditation; increased public membership and more balanced representation on the LCGME: withdrawal of AMA representative from Residency Review Committees; improvement of data gathering during site visits by knowledgeable physician specialists; autonomous, capable, efficient, professional staffing for the LCGME. This working group's report is submitted to the AAMC Executive Council for approval at its June meeting.

Submitted by Dan Miller  
Student Member  
Task Force on Graduate Medical  
Education  
June 1979

OSR PROGRAM

SUNDAY, NOVEMBER 4

Georgetown E & W.

7:00 p.m.    OPTIONS FOR ACTION: CAREER DECISIONS VIS-A-VIS SOCIETAL NEEDS

Choosing to practice in an Underserved Area  
Fitzhugh Mullan, M.D.

Choosing to be an Academic Physician  
David R. Challoner, M.D.

Choosing to be a Generalist  
Daniel D. Federman, M.D.

A Career Decision-making Framework  
Amber Jones

Moderator: Peter Shields, M.D.

ORGANIZATION OF STUDENT REPRESENTATIVES

SATURDAY, NOVEMBER 3

8:30 a.m.	Regional Meetings:
Map	Northeast
Caucus	Southern
Hamilton	Central
Independence	Western
11:00 a.m.	Discussion Sessions:
Conservatory	Interacting with Nurses: A Special Challenge for Women in Medicine Robert Frohlich, M.D. Shiela McCarthy Susan Keating
Map	Working with the Political Process in Health Barbara Bergin Stuart Bonderant, M.D. Lawrence Horowitz, M.D. Paul Scoles, M.D. John Sherman, Ph.D.
Caucus	Occupational Health
2:00 p.m.	Business Meeting
Lincoln West	
5:30 p.m.	Regional Meetings
(same as 8:30 a.m.	room assignments)
7:00 p.m.	OSR Reception
Thoroughbred	

ORGANIZATION OF STUDENT REPRESENTATIVES

SUNDAY, NOVEMBER 4

Discussion Sessions:

8:30 - 9:30 am  
Map

The Medical School Accreditation Process  
Lee M. Kaplan  
James R. Schofield, M.D.

9:00 - 10:30 am  
Military

Coping with the Residency Selection Process  
John S. Graettinger, M.D.  
Daniel Miller  
Norma E. Wagoner, Ph.D.

Caucus

The Excitement of Biomedical Research  
Bernadine Bulkley, M.D.  
Robert Goldberger, M.D.  
Doris Merritt, M.D.  
Jesse Roth, M.D.

9:30 - 10:30 am  
Map

Self-Relaxation Techniques: A Practical Approach to Stress  
Lester M. Libo, Ph.D.

10:30  
Ballroom W

Candidate for OSR Office Session

1:00 pm  
Ballroom W

Business Meeting

4:00 pm  
Adams  
Bancroft  
Edison  
Farragut

Regional Meetings:  
Northeast  
Southern  
Central  
Western

MONDAY, NOVEMBER 5

9:00 am

AAMC Plenary

12:00 - 2:00 pm

Joint OSR Administrative Boards lunch

3:00 - 5:00 pm

OSR/Women in Medicine Panel Discussion:

Protection of Physician Resources: The Role of Support  
Systems in Medical School  
Jane G. Jones, Ph.D.  
Sheryl Ruzek, Ph.D.  
Marjorie Sirridge, M.D.  
Janet Bickel