

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board

AGENDA

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

June 25, 1980
9:00 am - 5:00 pm

- I. Call to Order
- II. Consideration of Minutes of the March Meeting1
- III. Report of the Chairperson
- IV. ACTION ITEMS
 - A. Nomination of Student to LCME.....8
 - B. Nomination of Students to AAMC Committees.....9
 - 1. MSKP Program Ad Hoc Evaluation Committee
 - 2. Ad Hoc Liaison Committee with National Board of Medical Examiners
 - C. Executive Council Agenda
- V. DISCUSSION ITEMS
 - A. Determination of Annual Meeting Discussion Session Topics.....10
 - B. Questions about Honesty of Medical Students.....11
 - C. Selection of Fall OSR Report Topic
- VI. INFORMATION ITEMS
 - A. Update on Health Manpower Legislation
 - B. Reports on OSR REgional Meetings
 - C. Report on National Fund for Medical Education Meeting
- VII. Old Business
- VIII. New Business
- IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

March 19, 1980
 AAMC Headquarters
 Washington, D.C.

Chairperson

--Dan Miller

Chairperson-Elect

--Lisa Capaldini

Regional Chairpersons

--Susan Haack (Southern)

--Doug Hieronimus (Western)

--Louis van de Beek (Northeast)

--Mary Barton (Central)

Representatives-at-Large

--Arlene Brown

--Claudia Morrissey

--Stephen Sheppard

--Greg Melcher

AAMC Staff

--James Bentley, Ph.D.

--Janet Bickel

--Robert Boerner

--Joseph Keyes

--Dario Prieto

--August Swanson, M.D.

- I. Mr. Miller called the meeting to order at 9:00 a.m. on March 19.
- II. The minutes of the January OSR Administrative Board meeting were approved without change.
- III. Report of the Chairperson

Mr. Miller announced that the next meeting of the Consortium of Medical Student Groups would be held in conjunction with the AMSA convention on March 21 and that any Administrative Board members who were attending the convention were invited to attend this meeting. He commented upon his attendance at recent meetings of the GSA Steering Committee and the GSA Committee on Student Financial Assistance and a portion of the GSA-Minority Affairs Section Coordinating Committee. Thirdly, he mentioned that the Spring issue of OSR Report, entitled "The Residency Selection Process: Some Organizational Strategies" had been mailed to OSR representatives on March 14 for distribution

to their student bodies; a copy of this issue was also mailed to deans and to student affairs officers. With regard to activities of the two student participants on the LCME, Mr. Miller explained that they have been working on a draft of a document entitled "The Role of Students in the Accreditation of U. S. Medical Education Programs" which could provide the basis for the next printing of the OSR Accreditation Handbook.

IV. Meeting with Representatives from NHSC and Armed Forces Scholarship Programs

On March 18, Col. George Hansen and Col. Richard Wright from the Army branch of the Armed Forces Health Professions Scholarship Program and Mr. Gary Wold from the National Health Service Corps Scholarship Program met with Administrative Board Members Mr. Melcher and Mr. van de Beek and Mr. John Prescott (OSR Representative from Georgetown); Ms. Bickel and Mr. Boerner also attended this meeting. The purpose of this meeting was to discuss the 1979 OSR resolution to explore the possibility of developing a one-for-one exchange option between the two federally funded service commitment scholarship programs. Those present at this meeting described to the Administrative Board the results of the discussion. The representatives of the scholarship programs reported that in cases of a marriage between a student in the NHSC and a student in the Armed Forces, efforts are made to minimize the geographical distance between the student service sites. They agreed that for cases of marriage it would be desirable to have an exchange option, especially given that the number of such marriages is likely to increase with the high concentration of such students at a few of the medical schools. The students were advised of the difficulties presented by the historical lack of communication between the Secretary of the Department of Defense and the Secretary of the Department of Health, Education and Welfare and by the technicalities involved with switching obligations. Col. Hansen also described the different educational approaches employed by the Army, Air Force and Navy beginning in some cases prior to matriculation into medical school; this investment in training further works against the willingness of officials to allow switching among programs. The representatives agreed to begin exploring with the appropriate officials the idea of including language in the authorizing legislation to to permit exchanges between the programs in cases of marriage. The students agreed that given the political realities, this 'foot in the door' approach to development of an exchange option was appropriate. The Administrative Board supported this approach and agreed that a letter should be drafted which would go from Dr. Cooper to the Surgeons General and the appropriate secretary at HEW suggesting the inclusion of this exchange provision; this letter would first be presented to the Council of Deans Administrative Board in June for its approval.

Mr. van de Beek reported on an informal discussion which he had with Mr. Wold about some of his concerns relating to the NHSC Program. Mr. Wold informed him that if it comes about that there are more M.D.s than medical assignment sites in the Corps, these individuals would be relieved of their service commitment. If cuts in Corps appropriations occur, funded students already enrolled in medical school would receive priority for continued funding. Mr. Wold also expressed a willingness to hear from students

regarding needs for deferment of the service commitment resulting from duration of individual graduate medical education programs. A related point which was raised in the course of the discussion was the desire of officials in the Armed Forces program to learn from students about negative training experiences so that remedies can be sought.

V. Housestaff Meeting

The Board reviewed the proposal for the AAMC's sponsoring a second invitational meeting of housestaff. The proposed theme is "Evaluation of Residents and Residency Programs". In May, nominations of residents (third-year and above) will be solicited from deans and OSR members. At its June meeting, the Board will review the resumes received from the membership and make its nominations. Mr. Miller asked the regional chairpersons to discuss this conference with the OSR members at the spring meetings and encourage them to begin thinking about residents to nominate.

VI. Hospital Costs: Increased Competition vs. Mandated Controls

Dr. Bentley introduced this paper included as a discussion item in the Executive Council agenda and described for the Board the present debate on how to limit the federal dollars spent on health care. In response to concerns about increasing health care costs and their affect on the federal budget, the Carter administration and others have sought new regulatory programs to limit hospital revenues/payments. These efforts to enact cost containment legislation have led some policy makers and others to question the assumption that traditional market forces are inappropriate for the health services industry. Increasingly, these individuals are calling for actions to stimulate "marketplace economics" and competition as an alternative to increased regulatory control of hospitals and physicians. Dr. Bentley described a number of the concerns which the AAMC has about this approach. Underlying the competitive models being proposed is the assumption that hospitals provided a relatively standardized product which is identifiable in terms of costs and quality. This assumption raises several issues for teaching hospitals which have multiple products: medical education; research, new technology testing and tertiary care; quality referral care; and large scale charity care. Because these activities result in higher costs, presently financed through patient care revenues, competitive pricing of health services could jeopardize the ability of these hospitals to meet these multiple responsibilities. Tax law proposals have been introduced in Congress which would increase consumers' cost awareness at the time they obtain health services and at the time they obtain health insurance or enroll in prepayment health plan. The effects of such proposals on pricing practices, physician relationships and affiliation relationships are unknown but appear likely to place teaching hospitals at a disadvantage, thereby weakening all of the components in the academic medical center.

Members of the Board suggested that it is the way the nation's health care delivery system is structured that is at the root of the problem and that questions about cost of services should include questions about the present structure. Dr. Bentley urged the students to continue to think about these issues and noted that they would be entering practice during a time when competition for patients may be keen in some parts of the country. In this regard, he brought to their attention an article from the March 13 edition of Wall Street Journal reporting on a surplus of doctors in San Francisco.

He reiterated the need for students to begin recognizing the implications of this on-going debate about competitive pricing not only in terms of future practice patterns but also in terms of the funding of clinical education.

VII. Proposed Plan for Implementation of the Goals and Recommendations of the Report of the AAMC Task Force on Minority Student Opportunities in Medicine

Mr. Prieto discussed with the Board the plan proposed by the GSA-Minority Affairs Section to implement the goals articulated in the Task Force Report which was adopted by the Executive Council in 1978. The plan is divided into four categories as follows:

Prematriculation:

Increase the pool of qualified racial minority applicants to levels equivalent to their proportion in the U.S. population with progress toward that goal reviewed on a biennial basis. Enlarge the number of qualified racial minority group students admitted to medical school through improvement of the selection process.

Matriculation:

Emphasize the importance of financial assistance for racial minority group students pursuing careers in medicine. Strengthen programs which support the normal progress and successful graduation of racial minority students enrolled in medical education.

Graduate Medical Education:

Ensure that graduate medical education needs and opportunities for racial minority students are met.

Faculty Development:

Increase the representation of racial minority persons among basic science and clinical faculty.

The Board agreed that the implementation plan was a sound and worthy one and consonant with the perceptions of medical students.

ACTION: The OSR Administrative Board recommended adoption of the proposed implementation plan.

VIII. AAMC Resolution on Equal Opportunity

The Board discussed the recommendation as set forth in the Executive Council agenda to amend the introductory sentence of the Association's resolution on equal opportunity as follows: "The Association strongly reaffirms the principle of equal opportunity for education and training in, and the practice of, the health professions, without regard to sex, race, creed, color national origin, age or handicap, if the individual is otherwise qualified to participate in the program. In pursuit of this principle and policy the AAMC:....."

ACTION: The OSR Administrative Board recommended approval of this new resolution with the amendment that the following phrase be deleted: "if the individual is otherwise qualified to participate in the program."

IX. Update on Legislation Affecting Medical Student Financial Aid

Mr. Boerner reported that there are two sets of legislation about which medical students need to be concerned: renewal of the Higher Education Act

of 1965 and of the Health Professions Education Assistance Act of 1976. He drew the Board's attention to the March 12 memorandum from Dr. Cooper on the renewal legislation for the latter; attached to this memorandum are AAMC summaries of the following four bills: §2144 (Schewiker bill), §2375 (Kennedy bill), §2378 (Javits bill), and the Administration bill. He briefly summarized the components of these bills which pertain to financial aid and reminded the Board that given the present fiscal mood of Congress, the funding of any financial aid program will remain problematic. He also summarized some of the conclusions reached by the Ad Hoc Student Assistance Working Group, which includes individuals from the GSA Committee on Student Financial Assistance and the Task Force on Support of Medical Education. This Working Group recognized that while designed to alleviate the manpower distribution problem, the NHSC Scholarship Program consumes most of the financial aid dollars appropriated and remains a keystone of each of the bills under consideration except for §2144. Mr. Boerner noted that the present task is mainly one of monitoring developments and offering testimony on the strong and weak points of the bills under consideration.

Mr. Miller reported that Ms. Barton had developed a summary of some of these bills with the idea of sending it to the membership in preparation for a letter-writing campaign. In view of subsequent developments and of the March 12 memorandum, it was felt unnecessary to mail her summary. He asked the regional chairpersons to spend time at the spring meetings alerting students to the Congressional activities affecting student assistance and to the possibility of a letter-writing campaign later in the spring.

X. Nomination of Student Participant on the LCME

Mr. Miller reported that Dr. James Schofield, Director, AAMC Division of Accreditation, is recommending that the process of soliciting nominations for the position of student participant on the LCME be broadened to include those received from deans. In view of this, consideration of applications for this position will be postponed until the June Administrative Board meeting. He urged the regional chairperson to discuss this committee opening at the spring meetings, stressing the amount of time and commitment entailed.

XI. 1980 Annual Meeting Plans

Ms. Bickel informed the Board that she attended the Women Liaison Officers Planning Committee meeting at which this group decided to move the Women in Medicine program to Sunday evening, October 26, in the hope of increased student participation; OSR members will also receive an invitation to the reception following this program. The Board decided to follow the basic format of the 1979 meeting, with the addition of discussion sessions on Friday evening, October 24. Mr. Miller reminded the Board of the importance of soliciting ideas from the membership about discussion session topics.

XII. A Strategy for a Study of the General Education of a Physician

With the assistance of Dr. Swanson, the Board reviewed the proposal, as set forth in the Executive Council agenda, for the AAMC to undertake a study of

the "general education" of the physician; this term is chosen to emphasize that the undergraduate phase of medical education leading to the M.D. degree is principally general preparation for the specialized education of the graduate phase. The purpose of this study is to ascertain how candidates for the M.D. degree are being educated during their baccalaureate and medical school programs and to explore how the general education of physicians can be improved. As proposed, a twelve member panel will work over a period of 24-30 months and meet a minimum of twelve times. Meetings will be held at selected medical schools as well as in Washington, D.C.. The views of deans, students, faculty and representatives from "feeder" undergraduate colleges will be solicited. In addition, OSR will be asked to solicit ideas from its member and a group of students will be invited to appear before the panel. The AAMC is presently seeking funding in support of this activity.

The Board noted that the panel, as proposed, includes a resident but not a medical student and felt that this was a serious omission. It also proposed that an educational theorist be included and that the views of nurses, other health professionals, private practitioners and individuals who live in health manpower shortage areas also be sought. Mr. Miller urged the inclusion of a student on the panel in order to serve as liaison with the OSR Administrative Board. Dr. Swanson, however, expressed the view that there would be ample opportunity for student input on this project and that the nature of the commitment would be burdensome for any one medical student.

XIII. The Liaison Committee on Graduate Medical Education: Its Development and Current Status

Dr. Swanson discussed with the Board some of the current problems facing the LCGME as outlined in the Executive Council agenda. He noted that this body is presently unable to accomplish its functions as originally stated and that its future is unknown. He said that at the last meeting of the Coordinating Council on Medical Education, the AMA rejected changes proposed by the AAMC to strengthen the LCGME and offered a different proposal found unacceptable by the AAMC. The core of the AAMC's proposal is to require institutions to accept greater responsibility for their graduate training programs. Negotiations for resolution of the conflicts are ongoing.

XIV. Due Process

After Mr. Miller summarized the history of OSR's interest in and work on this subject, Ms. Brown and Mr. Sheppard presented the results of their examination of the due process guidelines received from the 60 medical schools that responded to a memorandum mailed last spring. They concluded that provisions for due process are inadequate at many schools and recommended that the non-responding schools be sent a second notice in order to make sure that the results of their state-of-the-art study are not skewed. Mr. Keyes informed the Board that Dr. Roy Schwartz, Dean of the University of Colorado Medical School, has prepared in cooperation with lawyers and faculty, an article on this subject, describing for the benefit of others in the academic community the lessons he has learned in successfully dealing with a number of suits. Mr. Keyes offered the view that the Board's 'statistical' approach to this non-statistical issue, i.e., fair treatment of students, was not the most productive, especially in view of the Horowitz decision which confirmed faculties' authority in cases of academic dismissal. He also noted that judgements about the adequacy of due process

guidelines are not necessarily judgements about the fairness with which a student with a grievance will be treated. The Board maintained, however, that it was important to complete it's state-of-the-art overview and requested staff to send a second notice to student affairs deans.

XV. New Business

Mr. van de Beek reported on an article which recently appeared in the Journal of Private Practice which purports to offer the results of a survey of medical school deans regarding the ten "best" and ten "worst" medical schools in the country. He shared with the Board his opposition to the assumptions contained in the article, and they concurred with his assessment. Mr. Miller agreed to communicate the Board's concerns about the article at the Executive Council meeting.

XVI. The meeting was adjourned at 5:10 p.m.

Applicants for Student-Participant LCME Position*

- | | |
|--------------------------|-------------------------|
| 1. David Annand '82 | Bowman Gray |
| 2. Haywood Blum '81 | Hahnemann |
| 3. Serena-Lynn Brown '82 | Wisconsin, Madison |
| 4. Winston Clark '82 | Tennessee |
| 5. Margaret Durbin '82 | California, Davis |
| 6. Thomas Eaton '82 | Rush |
| 7. Lisa Esserman '81 | Miami |
| 8. Tim Floyd '82 | Florida, Gainesville |
| 9. Neal Friedlander '81 | Maryland |
| 10. Geoffrey Gates '81 | Mayo |
| 11. Hugh Johnson '82 | Wisconsin, Madison |
| 12. Denise Leonardi '82 | Michigan State |
| 13. James Morris '81 | Duke |
| 14. James Sceats '82 | Colorado |
| 15. Susan Streed '82 | Cincinnati |
| 16. David Van hooser '82 | Oklahoma, Oklahoma City |

*curriculum vitae for each applicant will be enclosed
as an attachment to the agenda

Applicants for Student Openings on AAMC Committees

In addition to certain of the applicants for the LCME post, the following two OSR members have applications* outstanding appropriate for consideration for the MSKP Committee and the NBME Liaison Committee:

John W. Smith '81	Jefferson
James E. Deming '82	Miami

*attachment to agenda

1980 ANNUAL MEETING

OSR Meeting Schedule

Friday, October 24, 1980

6:30 p.m. - 7:00 p.m.

Administrative Board Meeting

7:30 p.m. - 9:00 p.m.

Discussion Sessions

Saturday, October 25, 1980

8:30 a.m. - 11:00 a.m.

Regional Meetings

11:00 a.m. - 1:00 p.m.

Program on Curriculum

2:00 p.m. - 5:00 p.m.

Business Meeting

5:00 p.m. - 6:30 p.m.

Regional Meetings

7:00 p.m. - 9:00 p.m.

Reception

Sunday, October 26, 1980

8:30 a.m. - 10:30 a.m.

Discussion Sessions

10:30 a.m. - 11:30 a.m.

Candidate for OSR Office Session

1:00 p.m. - 5:00 p.m.

Business Meeting

5:00 p.m. - 7:00 p.m.

Regional Meetings



**association of american
medical colleges**

March 18, 1980

To: OSR Administrative Board

From: J.R. Schofield, Director, Division of Accreditation

Subject: Questions about honesty of medical students

Attached you will find two reprints - one, a review of a book entitled, "Campus Shock, A Firsthand Report of College Life Today" and, the second, from the Journal of Medical Education, Vol. 55, No.2, p. 124; February, 1980, "Cheating in Medical School."

What I read here causes me considerable concern. From your personal experience in and knowledge of a number of medical schools, can you verify the accuracy of these two reports?

If we can establish, factually, that there is significant cheating in an identified medical school(s), what can be done about it? Is the OSR concerned as I am?

How can the LCME approach this matter:

- a) in a single school
- b) in the general process of accreditation of all schools

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