OSR ADMINISTRATIVE BOARD MEETING AGENDA
June 28, 1983, noon to 5:00 pm
June 29, 1983, 9:00 am to 5:00 pm
Room 827, One Dupont Circle
June 30, 1983 1:00 pm to 2:30 pm
Joint Lunch in Monroe West, Hilton Hotel

I. Call to Order

II. Consideration of Minutes. ........................................1

III. ACTION ITEMS
A. Nomination of Student to LCME
   (attachment to agenda)
B. Executive Council Agenda Items
   (Loan Forgiveness Program)
   (NRMP Policy Questions)
   (Report of Committee for Payment for Physicians in Teaching Hospitals)

IV. DISCUSSION ITEMS
A. Finalization of Annual Meeting Plans. .................6
B. Drafts of Entries for OSR Report Fall Issue
C. Workplans from 1982 Annual Meeting Sessions

V. INFORMATION ITEMS
A. Report on Developments Affecting Financial Aid
B. Report on MCAT Experiments

VI. Old Business

VII. New Business

VIII. Adjournment
I. Mr. Schwager called the meeting to order at 9:15 a.m. and asked for and received approval of the minutes of the January OSR meeting.

II. 1983 Annual Meeting Plans

The Board decided to begin the OSR programs at 3 p.m. on Friday, November 4 and to encourage OSR members to stay through Monday evening. Joint programs were planned with the Society for Health and Human Values on ethical dilemmas of medical students, with the hope expressed that residents present for the AAMC-sponsored residents conference (scheduled for November 2 and 3) can be encouraged to stay on to participate in these sessions. Programs will also be held on becoming a more effective OSR representative and change-agent at the institutional level and on communicating with Congressmen. Board members deliberated on ways to provide discussion opportunities of the recommendations from the General Professional Education of the Physician (GPEP) Project. A subgroup of the Board agreed to finalize recommendations for the OSR schedule so that Mr. Schwager and Ms. Bickel could proceed with space arrangements.

III. GPEP Status Report

Dr. Swanson, Director, Department of Academic Affairs, AAMC, gave the Board an update on the GPEP Project. After the New York City hearing, a total of 62 medical schools, 23 academic societies and 11 undergraduate colleges will have testified before the Advisory Panel. The three Working Groups
are finalizing their recommendations; these in addition to the institutional submissions will form the bases of the panel’s deliberations at its July retreat. Input on the Panel’s forthcoming recommendations will be solicited at the Annual Meeting. Board members expressed concern over reports from many OSR members about barriers to achieving a broad-based institutional response, especially lack of interest on the part of numerous deans. Dr. Swanson noted a general disappointment over low faculty attendance at the hearings since the chief goal of the project is faculty recognition of the need for improvements in the educational process.

IV. Problems Involving the NRMP Match

Mr. Keyes, Director, Department of Institutional Development, summarized extant problems with a number of specialty programs which follow a timetable other than that employed by the National Resident Matching Program (NRMP), thus placing an undue burden on students to make earlier decisions. Board members asked questions about how the NRMP is better for students than a freer system such as exists for application to medical school. Dr. Swanson noted that the lack of discipline which existed before the institution of NRMP was not in students' best interest and that early pressures to decide coupled with late acceptances to programs were common then also. The Board noted the difficulty of NRMP in handling special concerns and agreed that AAMC should pursue ways of influencing the matching process so that early pressures on students could be minimized.

V. Criteria for Entry into U.S. Graduate Medical Education

Dr. Swanson noted that this Executive Council Agenda item was a refinement of a policy statement adopted by the Accreditation Council on Graduate Medical Education (ACGME). It reaffirms the view that students from schools accredited by the Liaison Committee on Medical Education need no further credentials for eligibility to enter graduate medical education but that graduates of other programs require more vigorous examination sequences than have up until now been in place.

ACTION: The OSR Administrative Board approved the policy statements as printed in the agenda.

VI. Elaboration of Transitional Year Special Requirements

Dr. Swanson described the need for more explicit requirements regarding transitional year residencies sponsored by teaching hospitals for students who desire first post-graduate year education in several specialties. The special requirements as recommended in the Executive Council agenda include more careful management of this year by a program director who takes major responsibility for its coherent planning and development. OSR Board members agreed that the requirements would be improved by deleting reference to specific "disciplines considered to provide a broad scope of patient exposure" in order to maximize students' flexibility.

ACTION: The OSR Ad Board endorsed the elaboration of special requirements for transitional year programs with the above-mentioned caveat.

VII. Visits of OSR Members with Congressmen

At the request of Mr. Schwager, Dr. Kennedy, Director, AAMC Department of Planning and Policy Development, discussed with the Board what students should keep in
mind when approaching legislators with their concerns. He noted the difficulty of conveying to individuals not intimately familiar with Capitol Hill workings the complications of the legislative process, especially in the increasing number of cases in which issues get lost in debates over regulations. In addition to lack of expertise, another difficulty is that relationships with Congressmen and staff require time and nurturance to develop. Dr. Kennedy advised students to stick to the issues of greatest concern to them and to advocate the principles behind them, leaving the maneuvering to AAMC staff. While students' need for financial assistance will probably continue to be the leading issue, also to be considered are general issues of the government's relation to medical education and which efforts will be supported, e.g., Area Health Education Centers, family practice residencies, which kinds of research?

Dr. Kennedy advised that although November is late in the legislative season, OSR members visiting the Hill during the Annual Meeting is a good idea. They should phrase student needs and perspectives in terms of the public interest and larger national concerns in order to gain the ear of their legislators; specifics should be used to illustrate general concerns. He also recommended that students make appointments to see their lawmakers during district work periods at home and to invite elected officials and their staff to their institutions and show them first-hand about needs and problems. Additional points brought up during the Board's discussion of this effort will be included in an OSR Annual Meeting session which will help prepare OSR members to communicate effectively with Congressmen.

VIII. President's Commission for the Study of Ethics in Medicine and Biomedical and Behavioral Research

Dr. Kennedy summarized for the Board the work of this Commission (the authority for which expired on March 31) which has included publication of reports* on defining death, protecting human subjects, whistle blowing, genetic screening and counseling, among others. The recommendation in the Executive Council agenda is to oppose reauthorization because of concerns over the caliber of new appointments to the Commission and over its potential to go too far with its recommendations. Board members raised concerns in the other direction, e.g., that increasing technologies give rise to additional ethical questions, that statements from a Commission such as this will have continuing utility, that there is a need for further refinement and discussion in all of the areas which the Commission has already addressed.

ACTION: The OSR Administrative Board opposed the recommendation to oppose the reauthorization of the Commission.

IX. MCAT Related Projects

Dr. Beran, Associate Director, AAMC Division of Educational Measurement and Research, provided an overview of plans, on a pilot basis, to provide time during the MCAT test day during which examinees will be required to write an essay in response to a carefully structured stimulus. The objective of the essay would be to provide information to medical faculty about the candidate's

*Copies can be ordered from the Commission at Suite 555, 2000 K Street, N.W., Washington, D.C. 20006.
ability to express himself in a written form about a topic of general interest; there are no plans to score such an essay. Mr. Wardlow objected on the basis of this inclusion being a complete departure from the other aspects of the test, but other Board members felt this might encourage both applicants and admissions committees in positive ways. Dr. Beran also summarized the Diagnostic Services Program (DSP) which has been developed to provide a detailed assessment of strengths and weaknesses to students in those areas of academic preparation tested in the MCAT.

ACTION: The OSR Ad Board approved the recommendation that the Executive Council encourage continued developmental effort by staff in these two areas.

X. Regulation on "Nondiscrimination on the Basis of Handicap"

Ms. Seline, Staff Associate, Department of Teaching Hospitals, reviewed for the Board the brief history of the so-called "Baby Doe" regulation which mandates that hospitals post notices that "no otherwise qualified handicapped individual... shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." On April 14, a Washington Federal District Court judge struck down the regulation and attacked the Department of Health and Human Services' format of enforcing it, calling the regulation an "ill-conceived intrusion." Board members commented that this unfortunate regulation had heightened the anxieties of already fearful parents and is evidence of the need for an established body charged with studying the overall issues involved.

ACTION: The OSR Board advised that the AAMC actively join the American Academy of Pediatrics and other groups in protest over the consequences of this regulation.

XI. Report on Student Aid Programs

Mr. Boerner, Director, Division of Student Programs, reported that there appears to be little support in Congress for the Administration's proposal to increase the Guaranteed Student Loan origination fee from 5% to 10% or to eliminate the interest subsidy. Concerns about the Health Education Assistance Loan Program are currently over the possibility that Congress will pay more attention to the Federal Credit Budget which establishes limits for guaranteed Federal loan levels. He noted that final regulations affecting the Health Professions Student Loan Program still have not been published. With regard to the National Health Service Corps stipend cut, AAMC is attempting to have these funds reinstated, but it is evident that the decision to cut the stipend was very conscious on the part of the Appropriations Committees. Mr. Boerner noted that the Armed Forces scholarship program directors have been unable to say how many students are applying to and enrolling in their programs but that they are predicting a modest decline in the numbers they can accept. Finally, he reported that the House Education and Labor Committee approved a measure to delay until next February the effective date of a law denying federal student aid to young men who have not registered for the draft; the Senate has not yet acted on such a delay. However, schools presently still do not have to comply because questions about the law's constitutionality also remain to be resolved.
XII. OSR Report

Some Board members expressed dismay that no issue of OSR Report would appear between Fall of 1982 and Fall of 1983; time involved in the production of a first quality issue was cited as the main difficulty. The Board agreed that well-developed outlines of entries for the composite issue to be mailed in late September should be shared at the June Administrative Board meeting so that individual authors can have the benefit of others' perspectives and so that decisions about which entries will be included can be made by the Board as a whole.

XIII. Housestaff Involvement in the AAMC

Dr. Hughes presented a proposal which he developed which could form the basis for a possible Council of Deans' Administrative Board meeting agenda item; the proposal outlines how the Association could benefit from additional housestaff input and recommends that mechanisms to gain this input be explored. The Board agreed that after some refinements this proposal should be forwarded to the Council of Deans Chairman.

XIV. Mr. Schwager adjourned the meeting at 6:15 p.m.
1983 OSR Annual Meeting

Friday
3:00 - 4:30 Regional Meetings
4:30 - 6:00 Business Meeting
7:00 - 8:30 Joint Program with Society for Health & Human Values
"Ethical Dilemmas of Medical Students: Questions No One Asks"
Edmund Pellegrino, MD
Kathryn Hunter, Ph.D.
Joanne Lynn, MD
Mark Siegler, MD

Saturday
8:30 - 10:00 Business Meeting
10:00 - 11:30 Small Group Discussions with Society for Health & Human Values
1:00 - 2:00 OSR Program
"Becoming an Effective Teacher--for Yourself, Your Patients & Others"
Hilliard Jason, M.D., Ed.D.
Jane Westberg, Ph.D.
2:00 - 3:30 Teaching Skills Workshops
4:00 - 6:00 Regional Meetings

Sunday
8:00 - 9:30 Candidate for OSR Office Session
9:30 - 11:30 Issues Assessment Group Discussions
1:00 - 4:00 Business Meeting
4:00 - 5:00 Regional Meetings

Monday
1:30 - 4:30 "Computers & Medical Students: A Hands-on Workshop"
Lisa Leidan, Ph.D.
2:00 - 4:00 "Seminar for Third & Fourth Year Medical Students: Retaining Your Humanism in the Face of Technologic Explosion"
Robert Lang, M.D.
Alan Kliger, M.D.