

OSR Ad Board 1986/1987

"Goings On"

1. Expanding leadership and student representation within the policy making groups in medical education. OSR representatives, Ad Board members and medical students "at-large" are providing the "student voice" on the following committees:

- a) Group on Medical Education
  - Steering committee
  - Committee to examine use/misuse of National Board scores
- b) Group on Student Affairs
  - Steering committee
  - Minority Affairs Section Coordinating Committee
  - Financial Aid Committee
  - Admissions Committee
  - Student Affairs Committee
- c) AAMC Task Force on AIDS
- d) Task Force on Physician Supply
- e) Problem-based Learning Committee
- f) AMA Conference on Impairment
- g) Ad Board representatives now attend the Ad Board meetings of the:
  - Council of Deans
  - Council of Academic Societies
  - Council of Teaching Hospitals
- h) LCME  
(group that accredits medical schools)
- i) NRMP Board of Directors
- j) Women in Medicine Coordinating Committee
- k) Journal of Medical Education Editorial Board

2. Networking with other groups:

- a) Consortium of Medical Student Leaders -  
This group meets 4 times a year to discuss issues common to all medical students. The "consortium" has been working on securing a seat for a medical student on the Federal Government's Council on Graduate Medical Education (COGME)
- b) OSR has a position on the Association of Teachers of Preventive Medicine (ATPM) Board of Directors
- c) The OSR Ad Board had a luncheon with U.S. Senate and U.S. House of Representatives staff

3. National Board scores

OSR continues to work toward Pass/Fail Score reporting of National Boards. The OSR strongly opposed the AAMC-Executive Council action to rescind its previously voted position favoring Pass/Fail Score reporting. See attached sheet for the OSR position read at the Executive Council meeting.

4. **Housestaff Participation and Representation in the AAMC**  
OSR had two representatives on the committee that was formed to make recommendations concerning the role that housestaff should play in the AAMC.

The committee has proposed an ORR (Organization of Resident Representatives) be formed - most closely associated with the Council of Teaching Hospitals (COTH) and the Council of Academic Societies (CAS). The intent is to provide an avenue for the resident physician voice - a vital segment in the medical education community - into the policy making group for medical education and academic health centers.

5. **Progress Notes aka OSR Report**

The OSR Report has been revitalized and is now named "Progress Notes." The new goals are that the document become a resource for students interested in improving medical education and a forum for students to share innovative ideas and projects in medical education.

6. **Computers**

Ad Board member, Andy Spooner, has worked on developing the use of a computer system as a means of enhancing communication between OSR Ad Board members. In the future we hope to have an electronic file system open to all students on topics in medical education.

7. **COD/OSR Ad Boards**

We had a joint Ad Board meeting to discuss how to incorporate teaching of preventive medicine into medical education and on "Who's teaching clinical medicine to medical students?"

8. **Preventive Medicine**

The survey of excellence in teaching preventive medicine has been completed.

9. **OSR Network**

The 2nd annual OSR exchange of ideas in medical education - labeled the OSR Network was completed. The 3rd annual OSR Network will take place at the 1987 Annual Meeting.

10. **Discrimination in the Residency Application Process**

The Ad Board and the Consortium of Medical Student Leaders have received anecdotal information regarding the use of discriminating questions in the interview process. The AAMC agreed to generate data on this by adding a question to the 1988 Graduation Questionnaire (which is administered to all senior medical students, with a 71.4% response rate in 1987).

11. **Universal Application Form**

In response to student requests, the AAMC is redesigning the Universal Application Form for application to residency programs. Your input at the annual meeting will be appreciated.

12. **Indigent Care**

The Ad Board is working on a project with AAMC staff to encourage academic health centers to continue to be leaders in advocating quality health care for people from disadvantaged backgrounds.

## Minutes from January 1987 AAMC Executive Council Meeting

### X. Position on NBME Score Reporting

In June 1986 the Executive Council had adopted a motion that the AAMC should use its influence to encourage the National Board of Medical Examiners to report its examination scores solely on a pass/fail basis. The position was considered further in September 1986, when the Council decided to withhold implementation of the motion until further discussion of the issue could take place among the AAMC constituency.

Ms. Darrow read the following position statement from the OSR:

OSR has had a long-standing and consistent view that National Boards should be reported on a pass/fail basis. Since our view was not expressed in the Executive Council agenda, we would like to take this opportunity to state our position for the record. The reasons given in the Executive Council agenda which supported reporting of National Board scores are the very reasons that students oppose reporting of National Board scores. One of the main reasons that we feel that National Board scores are detrimental is their impact on the curriculum which often results in a barrier to the development of integrated curricula. Another reason for our position is that use of scores from Part I in residency selection is inappropriate because they have little value in assessing clinical competence. In addition, faculty justify the use of Part I scores because it is a national standard of student achievement. A study of the manner in which Board examinations are administered and used at other medical schools reveals widely varying practices. Students at some schools are allowed one week or less from the end of classes to prepare for Part I whereas other schools offer up to 12 weeks of preparation and formal review courses. When the scores are reported the meaning of those scores varies widely. Again, this lack of standardization lends even less validity to the use of these scores in comparing students as they apply for residency. Another justification in the use of National Board scores is that faculty criticize the current evaluation systems within our medical school curricula. The fact that these examinations are available then seems to relieve the pressure on faculty to develop better evaluation systems of their own. We feel that pass/fail National Boards would push faculty to improve their evaluation and reporting of student abilities. In summary, we hope that we have not damaged our good working relationships with any of the Councils; certainly we have learned much from these discussions. OSR and other medical student groups continue to strongly support that National Boards should be reported on a pass/fail basis. And even though we have heard several say that this issue is dead and buried, we view it as buried alive and look forward to continuing the discussion at its next resurrection.

**ACTION:** On motion, seconded, and carried, the Executive Council with two dissenting votes (Darrow and Dunn) rescinded its June 1986 action to urge the National Board of Medical Examiners to move to a pass/fail reporting system.