

ORGANIZATION OF STUDENT REPRESENTATIVES

1979 Business Meeting

Agenda

November 3 and 4

Washington Hilton Hotel
Washington, D.C.

- I. CALL TO ORDER
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- III. CONSIDERATION OF MINUTES.1
- IV. ACTION ITEM
 - A. Nomination of Officers
- V. INFORMATION ITEMS
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 - B. Remarks from Group on Student Affairs Chairman
 - C. Report of OSR Chairperson
 - D. Report of OSR Chairperson-elect
 - E. Reports on OSR Projects
 - F. Report on Status of Financial Aid Legislation
 - G. Reports of Leaders of Other Student Groups
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XI. OLD BUSINESS

XII. NEW BUSINESS

XIII. ADJOURNMENT.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Business Meeting

October 21 and 22, 1978
New Orleans Hilton Hotel
New Orleans, Louisiana

I. Call to Order

The meeting was called to order by Paul Scoles, Chairperson, at 2:30 p.m.

II. Declaration of Quorum

Paul Scoles declared the presence of a quorum of the Organization of Student Representatives.

III. Consideration of Minutes

The minutes of the November 5 and 6, 1977 business meeting were approved without change.

IV. Nominations for Office

The following OSR members were nominated for national office:

Chairperson-Elect: Dan Miller, University of California, San Diego
John Cockerham, University of Virginia

Representatives-at-Large: Arlene Brown, University of New Mexico
Stephen Sheppard, University of Southern Alabama
Molly Osborne, University of Colorado
Lawrence Galea, University of Cincinnati
Tim Kreth, University of Arkansas
Douglas Hieronimus, University of Oregon
Ernie Hodge, University of Texas, San Antonio
Bob Levine, Loyola-Stritch
Fred Emmel, George Washington
Lola Sutherland, University of Minnesota, Minneapolis
Andrew Leuchter, Baylor

V. Remarks from GSA Chairman

Dr. Marilyn Heins reported that the Group on Student Affairs shares many OSR concerns. She pointed out that one of the ways the OSR can communicate their priorities is through membership on GSA committees, especially in the area of financial aid. She also reported that the GSA Ad Hoc Committee on

on Professional Development and Advising recently completed its work; the resulting, forthcoming monograph on professional and career counseling will be of interest to the OSR. One of the activities of the GSA Steering Committee has been working with the ophthalmologists with regard to the Ophthalmology Matching Program. Dr. Heins also noted that the GSA would meet following the Annual Meeting to discuss the GSA in the 1980's. She pointed to two problems which have not been adequately addressed: the gap in counselling during residency and the need for change in post-graduate advising as laws change. In her closing thoughts, she stressed the need for working together to achieve improvements.

VI. Welcome from Dr. Cooper

Dr. John A. D. Cooper, President of AAMC, welcomed the OSR to the Annual Meeting with the hope that they would take advantage of this opportunity to participate in the affairs of the Association. He told the OSR that they have been ably represented by their Administrative Board, who have worked diligently in helping to shape and develop the Association's policies and programs. He affirmed the importance and the influence of the OSR in providing input which is melded with the inputs of all the other councils and constituencies that make up the AAMC. He also expressed the hope that OSR members would get a chance to attend other than OSR meetings in order to get a flavor for the overall Association.

Dr. Cooper mentioned four recent projects which he thought would be of particular interest to the OSR. The first of these was the report of the Task Force on Student Financing, the publication of which was followed by a meeting about financing for medical students with Joseph Onek, Deputy Director of the White House Domestic Council. Dr. Cooper said that they would continue to seek new and different ways to support medical students and to maintain socio-economic diversity within medical student bodies. The second project he noted was the report of the Task Force on Minority Student Opportunities in Medicine, which suggests why the goals set forth in 1971 were not met as well as offering a set of new recommendations which will help schools develop better ways to redress imbalances. Thirdly, he reported that at the end of September, the V.A. announced a substantial cutback in the number of residencies available in V.A. hospitals, which are usually a part of the integrated residency program at academic medical centers. This action, which would have been a serious blow because of the increase in the number of graduating medical students and because of the effect of cost containment and new controls on the development of new residency programs, was forestalled by reinstatement of three-quarters of these 400 positions after negotiations with AAMC. He concluded with the comment that the OSR Report has been found very satisfactory and that this publication will continue to be funded.

VII. Report of the Chairperson

Paul Scoles began by expressing the view that this year the Administrative Board of the OSR had set out to consolidate and to improve the position of the OSR within the Association. This is the year, he said, the OSR became integral rather than incidental to the AAMC--a role which should be continued. He noted that students served on all active task forces and groups, including

the Task Force on Graduate Medical Education, the Task Force on Student Financing, the Task Force on Minority Student Opportunities in Medicine, the Task Force on the Support of Medical Education, the Advisory Panel on Technical Standards for Medical School Admissions, the Working Group on Withholding of Physicians Services, Steering Committee of the Group on Student Affairs, and the Editorial Board of the Journal of Medical Education. He also noted the significant step forward in the appointment of two student members to the LCME.

Mr. Scoles lauded the OSR Report, the only publication which is distributed without charge to all medical students in the country, as a successful enterprise in improving communications between the OSR and its constituency, and said he was delighted to hear that Dr. Cooper will continue to support it.

He next addressed the financial aid dilemma which faces medical students. He reported that the OSR had been actively involved with the GSA Committee on Financial Problems of Medical Students and with the Task Force on Student Financing in investigating alternatives and formulating recommendations on this exceedingly complex problem. The era of easy money is over; only aid with either a service commitment or a high interest level will be available in the future. He expressed the fear that this situation will create a two-class society of medical students: the wealthy and the increasingly large number who cannot afford the cost. He expressed the additional fear that the service-required scholarship programs will soon be oversubscribed, forcing individuals to seek lucrative practices in order to repay debts. The new Health Education Assistance Loan (HEAL) program requires those who borrow \$8,000 per year for four years (at an interest rate of 12 percent with the deferred interest payment option) to return a total repayment of \$148,709. The prospect of such a debt level, combined with the debt acquired in setting up practice, buying a house and starting a family will frighten prospective candidates away from the profession. The task ahead is to convince the persons responsible for the implementation of the HEAL program that it is a punitive and damaging program. However, the prospects for doing so are not promising because the answer is always the question of why medical students should be subsidized by society.

He addressed HR 2222, the bill which would define house staff in non-public hospitals as employees for coverage under the National Labor Relations Act and which was not acted upon by the 95th Congress. He noted that he understood that Representative Thompson, the sponsor of the bill, proposes to reintroduce it and that the OSR would be kept informed of its progress. He reported that the OSR continues to take an active interest in house staff affairs and that a new AAMC working group has been appointed to consider in what ways the AAMC's responsibilities to its constituents could be benefited by housestaff input and to propose mechanisms for achieving such input; Jim Maxwell, OSR Representative-at-Large and first-year resident in Radiology at Vanderbilt, has been appointed to this group.

Next addressed was the related topic of the involvement of the OSR in graduate medical education. Cheryl Gutmann is the housestaff representative on the Task Force on Graduate Medical Education, and Dan Miller, the student member. He reported on the progress achieved in the area of

increasing the amount of information available about graduate medical education, since the passage of a resolution at the 1977 OSR business meeting recommending investigation of the publication of a directory which would contain more information than is currently available in the NRMP Directory or in the AMA "Greenbook." He reported that such an undertaking was discovered to be impractical because of the resources required and that instead the Administrative Board had adopted a three-pronged approach to the expansion of information on graduate training programs: 1) the Spring 1978 edition of the OSR Report on the residency selection process; 2) initiation of on-going discussions with Jack Graettinger, Executive Vice President of NRMP, which have resulted in the inclusion of a grid in the October edition of the Directory and the discovery that working with the new staff at the AMA on the "Greenbook" might prove a more profitable route; and 3) development of a model questionnaire for evaluation of graduate training programs, which will be distributed to student deans and OSR members before the first of the year.

Other issues, he reported, which the Administrative Board has discussed are the large numbers of students and physicians-in-training, threatening a serious danger of creating an oversupply of physicians. He pointed to the recent report of the Association of Professors of Internal Medicine which showed a shift among internists toward subspecialization and noted that this shift away from primary care is seen as detrimental and that the AAMC is recommending that the number of fellowships in internal medicine and pediatrics be decreased. On this topic, he concluded that this will be a hotly debated issue, both inside and outside the AAMC, and urged the membership to keep informed about it, referring them to Dr. Robert Petersdorf's article in the September 21 issue of the New England Journal of Medicine. Another issue he noted is the development of offshore medical schools, whose function is to attract disappointed applicants to American medical schools. He described these proliferating schools as "rip-offs" which the AAMC is trying to keep its constituents informed about.

Mr. Scoles thanked the leaders of other medical student groups, namely, American Medical Student Association, AMA-Student Business Section, Student National Medical Association, Student Osteopathic Medical Association, and American Academy of Family Physicians-Student Affiliate, who with the OSR have succeeded in forging a strong working relationship. He expressed the expectation that this relationship would continue and the feeling that working with these groups had been for him a profitable and worthwhile experience. He thanked Diane Newman and Janet Bickel for their contributions to the OSR and praised Bob Boerner as a continuing source of assistance. Mr. Scoles also commended the Administrative Board for their exceptional cooperation, singling out Jim Maxwell and Cheryl Gutmann who have served for more than a year.

In conclusion, he remarked that if as chairman he had fallen short in his duties, it was in not sufficiently challenging the Association. He maintained that the OSR has the responsibility to keep the Association alert and aware of what is going on in the minds of students. He stressed

that there are some points which it may be necessary for students to make over and over again, that students have a certain responsibility to do the undoable. Finally, he thanked the membership for the opportunity to have served them as chairman.

VIII. Report of the Chairperson-Elect

Peter Shields reported that the past year of serving the OSR had been an interesting and educational one for him and that on behalf of the OSR he had attended the AMSA national convention, two consortium meetings, and meetings of the Task Force on Support of Medical Education and the Liaison Committee on Medical Education (LCME). As background on the Task Force, he gave a brief history of federal support of medical education. He explained that the Task Force is charged with recommending appropriate legislative proposals for Association support on the extension of existing legislative authorities. He next outlined the nine recommendations set forth in the preliminary report of the Task Force. The LCME is recognized by the Office of Education in the Department of Health, Education and Welfare as the official accrediting body for all medical schools in the U.S. and its purpose is to assure that the nation's medical schools are providing quality medical education. Last year the Federal Trade Commission brought suit against the LCME, charging it with restraint of trade by one of its parent bodies, the AMA. Although the Office of Education did renew the LCME's accrediting power, it offered suggestions, which might help in the future to preclude such challenges of its impartiality. One of these suggestions, he reported, was the appointment of two non-voting student members, one each to be recommended by the AMA and the AAMC. He explained that the Administrative board of the OSR had conducted an extensive search for his successor to this Committee and that in June the Chairman of the AAMC approved the OSR's nominees, Lee Kaplan from Albert Einstein.

Mr. Shields offered his views on where the OSR might best concentrate its efforts in the future. His first recommendation was that the OSR should push for Congressional adoption of the recommendations of the Task Force on Student Financing, in light of the worsening financial plight of many medical students. Secondly, recognizing the Association's interest in graduate medical education and the fact that currently house officers have no voice in academic medicine, he stated that the OSR should encourage representation of house staff in the AAMC. Next, in order to help reduce the great investment of time, money and energy required in seeking a residency position, Mr. Shields recommended that the search for a uniform application process for graduate medical education be reopened. Lastly, he supported the continuing publication of the OSR Report. In conclusion, he thanked Diane Newman, Janet Bickel and Bob Boerner for their help, guidance and friendship and the members of the Administrative Board for their dedication.

IX. Report of the Student Member on the AAMC Task Force on Graduate Medical Education

Cheryl Gutmann first reported that a significant step had been taken in the appointment of a small working group to study ways in which house staff input to AAMC programs and policies can be achieved. She next

listed the five Working Groups of the Task Force on Graduate Medical Education: Transition from Undergraduate to Graduate Education, Quality, Specialty Distribution, Accreditation, and Financing. She pointed out that the Transition Working Group is the only one to have thus far completed its work and that its report includes the following recommendations: to improve the quality and availability of information about residency programs; to modify the time table for the application process to allow more time for decision-making for both programs and students and to develop a uniform application process. Dr. Gutmann noted that these and the other recommendations addressed concerns both of the OSR and the GSA. She explained that the Working Group on Quality was dealing with the issues of institutional responsibility for providing quality programs and of methods of evaluating residents and programs, all in the context of providing optimal patient care. She concluded by saying that she and Dan Miller would continue to report to the OSR on the progress of the Task Force and to try to reflect OSR concerns to the Task Force and its Working Groups.

X. Report of the Central Region Chairperson

Dennis Schultz described the format of the 1978 spring meeting, at which one day was spent in small group discussions of three separate topics: student stress, admissions and transition from undergraduate to graduate education; he offered to help other regions to plan similar workshops for their spring meetings. He expressed the view that the local level is an effective place to deal with issues and that the GSA is the greatest ally of the OSR.

XI. Report of the Student Member on the Special Advisory Panel on Technical Standards for Medical School Admissions

Molly Osborne explained that this panel was established by the AAMC Executive Council in March, 1978, in response to HEW regulations dealing with the admission of handicapped individuals to programs receiving federal assistance. She noted that a survey of medical schools revealed that although academic standards for admission are generally clearly defined, few schools have developed technical standards. She reported that the panel has agreed that the primary responsibility for student selection and curriculum content rests with each medical school faculty and that the M.D. degree should remain a broad, undifferentiated degree attesting to general knowledge in all fields of medical practice. The panel, she said, is expected to complete its work by the end of this calendar year. She summarized the complexity of the issue of HEW involvement in these matters and how the panel is working to develop a series of technical standards which will hold up in the courts.

XII. Report on the Western Region Electives Project

Dan Miller described this project which was created at the spring meeting in recognition of the difficulty students have in procuring information about taking electives at other medical schools. He explained that the Western schools worked together to develop a uniform format for collecting information on availability of electives, application procedures, housing and all related matters. This information was then collected and shared. He reported that the Western region would be glad to share the format they developed with the other regional chairpersons.

XIII. Report of the Student Delegate to the Board of Trustees of the American Academy of Family Physicians (AAFP)

Marla Tobin reported on the fifth annual meeting of the AAFP which was held in September at their headquarters, Kansas City. She described a number of the projects and concerns of students who are interested in family practice and who attended this meeting. One of these is the Directory of Family Practice Residencies which is coming out in May and which is compiled by students, residents and program directors across the nation. She noted that this will be a very comprehensive directory, which will help students to decide where to interview and what kinds of programs are available, and that it will be free upon request. Another project has been the development of a packet of information on how to start a local family practice club; she noted that the packet also includes information on activities of established clubs, program ideas, and funding suggestions. She reported that another project is working to establish quality family practice clinical experiences at schools which do not offer them. She also told the OSR that the Academy provides a hotline (800-821-2512) during the Match for unmatched students who are looking for family practice residencies and that this line is open all year to answer questions about family practice. Ms. Tobin concluded by indicating that students are an integral part of the Academy and that their programs are available not only to those who have paid dues but to anyone who is interested in learning more about family practice.

XIV. The meeting was recessed at 5:30 p.m.

XV. The meeting was recalled to order by Paul Scoles at 12:30 p.m. on October 22.

XVI. Mr. Scoles declared the presence of a quorum of the OSR membership.

XVII. Elections

In addition to the nominations offered the previous day, Barbara Bergin (Texas Tech) was nominated for the office of Representative-at-Large.

ACTION: On motion, seconded, and carried, the OSR elected the following representatives to national office:

Chairperson-Elect:	Dan Miller
Representatives-at-Large:	Barbara Bergin
	Stephen Sheppard
	Molly Osborne
	John Cockerham

XVIII. Report of Chairperson of AMA Student Business Section

Bartholomew Tortella reported that the group which he represents is looking forward to continued cooperation with the OSR. He remarked that one goal which the two organizations could strive for together is the inclusion of students on LCME site visit teams. He said that an important point to

underscore is that the OSR should have two roles--input and impact, impact by resolutions and by Administrative Board decisions, which should be firm and unfettered by outside influences. He closed by expressing the hope that the OSR would be an effective and vigorous influence to force changes which would benefit the organization and American medical education in general.

XIX. Resolutions

A. Medical Student Stress

ACTION: On motion, seconded, and carried, the OSR approved the following resolution:

WHEREAS, the OSR has been concerned with the issue of undue stress in medical school for many years, and

WHEREAS, the housestaff shares similar concerns about undue stress in residency programs, and

WHEREAS, undue stress in both medical school and residency programs may contribute to increased alcoholism, drug addiction, emotional and mental disorders and suicide,

BE IT THEREFORE RESOLVED, that the OSR Administrative Board review the large body of data it has collected on the stress in medical education and, in conjunction with housestaff, seek specific methods to reduce stress (such as more realistic workload, less sleep deprivation, support groups, trained therapist on the staff of residency programs).

B. American Medical Students Studying Abroad

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, there are more qualified applicants than first-year spaces in American medical schools;

WHEREAS, many of these qualified students are studying medicine in foreign countries;

WHEREAS, there are spaces available in American medical schools in the second and third years due to attrition;

BE IT THEREFORE RESOLVED, that the OSR strongly encourage all American medical schools to give the same consideration to American students from foreign schools as they give to any other applicants for openings mentioned above.

C. Federally-supported Loans

ACTION: On motion, seconded, carried, the OSR approved the following resolution.

WHEREAS, in many cases the income in residency years is not adequate to accomodate the debt burden established during the medical school years;

WHEREAS, students shouldering large debt burdens may choose specialty areas on the basis of income in order to facilitate repayment of their debts;

WHEREAS, medical school affiliated residencies in only some cases aid in deferment of the loan throughout residency years;

WHEREAS, residents in non-medical school affiliated hospitals do not have this option;

WHEREAS, past resolutions of this kind have not succeeded in generating a change in repayment policy;

BE IT THEREFORE RESOLVED, that the OSR strongly urge the Administrative Board of the OSR to maximize all efforts to obtain a deferment throughout residency years for repayment of all federally supported loans.

D. Equal Rights Amendment

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, the ERA has not been ratified in accordance with Constitutional law by two-thirds of the states, and

WHEREAS, the OSR supports the passage of the ERA;

BE IT RESOLVED, that the OSR strongly urges that no AAMC sponsored regional or national conventions be scheduled in states that have not ratified the passage of ERA.

E. Course and Curriculum Objectives

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, medical science curricula presents to the students a large amount of facts and concepts;

WHEREAS, a student needs guidelines both for the specific course and for the curriculum in general in order to alleviate academic stress,

THEREFORE, LET IT BE RESOLVED, that the OSR urges the AAMC to encourage medical schools to institute and make available to students specific course objectives and overall curriculum objectives.

F. Planning Families

ACTION: On motion, seconded, and carried, the OSR approved the following two resolutions:

1. WHEREAS, some medical students plan families during medical school and many schools are willing to change schedules to allow their students to continue their educations in a manner acceptable to these students,

BE IT RESOLVED, that the OSR urges the AAMC to support the actions of these medical schools and urges continuing support and flexibility by schools in dealing with these students.

2. WHEREAS, some residents plan families during the course of their residency years and scheduling of these pregnancies has been potentially problematic,

BE IT RESOLVED, that the OSR strongly recommends that the AAMC urge residency programs to extend maximal flexibility and support to these residents.

G. Smoking

ACTION: On motion, seconded, carried, the OSR approved the following resolution.

WHEREAS, smoking has been proven to be detrimental to individual and public health;

WHEREAS, studies support that non-smokers also are affected by smoke in enclosed public areas;

WHEREAS, we as health professionals should provide leadership to improve our own health as well as that of others;

BE IT RESOLVED, that the OSR restrict smoking to designated areas at all meetings and strongly urge the other member organizations of the AAMC to do the same.

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H. Government Funding for Abortion Services

ACTION: On motion, seconded, carried, the OSR approved the following resolution :

WHEREAS, federal funding under the Medicaid program for abortion services should be reinstated as a matter of social equity and rights to privacy of low-income women, and

WHEREAS, lack of funding availability for abortion services potentially will result in substantially increased health risks to women who will seek out low cost, low quality services or attempt self-induced abortion, and

WHEREAS, the numbers of states opting to provide funding in the absence of federal funding has been decreasing; and

WHEREAS, the Supreme Court of the U.S. has declared that it is a fundamental right of a woman to choose to terminate a pregnancy, and

WHEREAS, teaching hospitals have traditionally provided for the primary care needs of low-income people, including abortion services and therefore have a responsibility to demonstrate support on behalf of the needs of teaching hospital patients;

BE IT THEREFORE RESOLVED, that the OSR urge the AAMC to support all legislative and administrative efforts to reinstate governmental funding for abortions to insure that all women, regardless of their income level, are afforded equitable access and privacy rights with respect to abortion services.

I. Proper Use of the National Board Examinations

ACTION: On motion, seconded, carried, the OSR approved the following resolution :

WHEREAS, as medical professionals, we recognize the necessity for the profession to be held accountable for the capabilities of its members and the need for medical schools to evaluate and if necessary modify their educational process; and

WHEREAS, it is our understanding that the National Boards were created solely for the purposes of national licensure, thereby insuring a standard of competence and it has come to our attention that medical schools, perhaps

improperly, have been utilizing the National Boards as a means to evaluate students for promotion and to modify curricula and in addition that teaching hospitals have used the scores as one criterion for selecting residents; and

WHEREAS, we are concerned that their increasing importance may jeopardize the development of diversified curricula,

BE IT THEREFORE RESOLVED, that an OSR study group be established to study the National Board Examinations and literature related to the Boards and propose guidelines for insuring their appropriate use.

J. National Health Service Corps and Armed Forces Scholarships

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, there is a significant and increasing number of medical students participating in the National Health Corps and military scholarships programs,

WHEREAS, information concerning these programs, their obligations, benefits and pitfalls is often vague and misinterpreted and medical students commit themselves to these programs without an adequate understanding of the scope of their obligation,

BE IT RESOLVED, that the OSR and AAMC maximize their efforts in obtaining accurate and much-needed information about these programs and that in all future task forces and publications of the OSR and the AAMC concerning medical student financing that adequate time and effort be spent in diffusing this information to OSR members and financial aid officers.

K. Tuition Contracts

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, in recent years, the cost of medical education has increased substantially, and

WHEREAS, in response to these monetary demands, a medical student must plan well in advance where his fiscal support will originate, and

WHEREAS, tuition changes are rarely predictable from year to year and may constitute significant increases, thus disrupting a student's advance planning, and

WHEREAS, these tuition increases are further complicated by the rapidly diminishing financial aid resources and alternatives,

BE IT THEREFORE RESOLVED, that the OSR strongly urges the Executive Council of the AAMC to encourage in its member schools the development of "tuition contracts" or other agreements by which a medical student, upon admission, may be able to reasonably predict the total cost of his medical education.

L. Due Process

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, for family obligations, financial problems or other reasons, it has occasionally been necessary for medical students to take reduced schedules or extended leaves of absence;

WHEREAS, some schools have inconsistently applied existing guidelines or have failed to establish guidelines for accomodating such individual needs;

WHEREAS, despite the LCME and AAMC policy statements resulting from the Lukacs decision of 1974, recent events have made it apparent that adherence by medical schools to guidelines for due process for students may be highly variable.

BE IT THEREFORE RESOLVED, that the OSR in conjunction with the GSA address the problems arising from individualized programs of medical education and variable application of established guidelines for due process.

M. Grading Systems

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, some schools are now changing from present pass-fail grading systems to ranked grading systems, and

WHEREAS, the OSR Report is a forum for dealing with issues of national student concern,

THEREFORE BE IT RESOLVED, that the OSR requests that a literature search on pass-fail versus ranked grading systems be made and that an OSR Report address itself to the topic of pass-fail versus ranked grading systems and that a bibliography be included.

N. HEAL and FISGL

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, the new federal regulations concerning the HEAL program set the yearly maximum at \$10,000, with interest rate of up to 12% plus 2% insurance,

WHEREAS, the yearly maximum for the FISGL has been set at \$5,000 with interest rate of 7%,

WHEREAS, the new federal regulations concerning the HEAL program prohibit a borrower from receiving both a HEAL loan and a FISGL loan in the same academic year, and many students have a yearly financial need of greater than \$5000,

THEREFORE BE IT RESOLVED, that the OSR urges the AAMC to strongly support new legislation to change the above stated policy which prohibits holding both HEAL and FISGL in the same academic year.

O. Student Representation on AAMC Committees

The OSR considered a resolution on maximizing the number of students active on AAMC/OSR committees and groups; this resolution grew out of a concern expressed by some OSR members that Administrative Board members are often selected to serve on committees. This resolution also included the request that the Administrative Board publish a list of persons holding committee positions so that OSR members would know who to contact with input to these committees. This resolution was accepted as an instruction to the Chair.

P. Internal Medicine Fellowships

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, it is becoming evident that numbers of fellowship positions in internal medicine subspecialties greatly exceeds the number of specialists required, and

WHEREAS, these fellowships currently provide useful manpower for procedure-oriented subspecialties, and

WHEREAS, little factual information is currently available concerning medical student career plans upon entering general internal medicine programs, and

WHEREAS, such information on medical students' interests in fellowship programs and motives for entering such programs would be useful to the OSR in formulating a stand with which to represent medical student opinions to the AAMC,

BE IT THEREFORE RESOLVED, that the OSR attempt to survey a selected population of medical students on this issue and that the OSR, on completion of such a study, make the results known to the appropriate AAMC body.

Q. Research Opportunities for Medical Students

ACTION: On motion, seconded, carried, the OSR approved the following resolution:

WHEREAS, firsthand research experience contributes greatly to the development of scientific thought processes which are of value in all areas of medicine and continuing education;

WHEREAS, medical undergraduates have the opportunity to devote smaller blocks of time to research endeavors than is required for post-graduate commitments;

WHEREAS, many medical students have been unaware of opportunities or have been unable to fully utilize such opportunities because of problems with scheduling, funding, etc.

BE IT THEREFORE RESOLVED, that COD-OSR-CAS form a joint committee to investigate possibilities for improving and encouraging research opportunities, basic as well as clinical, for medical students, with an interest towards funding, scheduling, and student research presentations.

XX. Installation of the Chairperson

Paul Scoles turned over the chair to Peter Shields, the new OSR Chairperson. Mr. Shields said that he looked forward to serving the membership during the coming year.

XXI. The OSR Business Meeting adjourned at 4:45 p.m.

RESOLUTION: "STRESS IN MEDICAL EDUCATION"*

"Stress is pervasive in this society. Medical students are concerned that undue stress in both medical school and residency programs may contribute to the alcoholism, drug addiction, emotional and mental disorders and suicide seen in a percentage of practicing physicians. Medical students are eager to learn methods for stress-reduction which might be utilized in the future for both medical students and housestaff orientation programs.

"Therefore be it resolved that 1) programs be established to determine the existence and magnitude of stress in medical education and 2) multifocal programs be developed to aid in the reduction of stress, such as: a) less sleep deprivation; b) support groups; c) trained counselors to provide a system of ongoing counseling to all students, commencing with an orientation to the medical school experience; to provide special career counseling, directed by individuals who will not act as recruiters for their field and to make a separate advisor available for residency application counseling for those individuals having great difficulties coping with the stresses of medical education; d) instructing students in the techniques of self-relaxation; and e) assuring time for extracurricular activities."

*this resolution is a combination of those passed at the 1979 Southern and Western regional meetings; it was approved by the OSR Administrative Board at their September meeting

SCHEDULE OF 1980 OSR REGIONAL MEETINGS*

<u>Date</u>	<u>Region</u>	<u>Location</u>
March 20-22	Southern	Memphis, Tennessee
April 13-16	Western	Asilomar, Pacific Grove, Calif.
April 24-26	Central	Milwaukee, Wisconsin
May 14-16	Northeast	Hanover, New Hampshire

*held in conjunction with
the Group on Student Affairs

DATES OF OSR ADMINISTRATIVE BOARD MEETINGS

<u>OSR Board</u>	<u>Executive Council</u>
January 23	January 24, 1980
March 19	March 20, 1980
June 25	June 26, 1980
September 24	September 25, 1980

1980 AAMC ANNUAL MEETING

October 25 - 30, 1980
Washington Hilton Hotel
Washington, D.C.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
EXECUTIVE COUNCIL AND ADMINISTRATIVE BOARD MEMBERS

EXECUTIVE COUNCIL

Chairman: John A. Gronvall, M.D.
Univ. of Michigan

Chairman-Elect: Charles B. Womer
University Hospitals of Cleveland

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Iowa Hospitals and Clinics

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UNIVERSAL APPLICATION FORM FOR GRADUATE MEDICAL EDUCATION

In its Final Report of November 16, 1978, the Working Group on the Transition Between Undergraduate and Graduate Medical Education of the AAMC Task Force on Graduate Medical Education recommended that AAMC develop an application form for first-year graduate medical education programs that would request information universally accepted as essential for making selection decisions. Pursuant to this charge, AAMC developed a prototype universal application form, which was refined according to the recommendations of the Working Group on Transition, the GSA Steering Committee, the OSR Administrative Board, and AAMC Staff. The resulting "AAMC Application for First Year of Graduate Medical Education" is designed to meet the criteria established by the Working Group on Transition and thereby facilitate the process of applying for a first-year residency position.

The existence of this Universal Application is not intended to preclude institutions or programs from requiring additional information of the students in whom they are interested. The Application materials will include a return card so that their receipt by program directors can be easily verified to students.

The Association is exploring the desirability of providing these application materials to the medical schools for distribution to students planning to enter residencies in 1981.

Association of American Medical Colleges

APPLICATION FOR FIRST YEAR OF GRADUATE MEDICAL EDUCATION

FROM: Students who are or will be graduates of U.S. medical schools

TO: Graduate Medical Education Programs accredited by the Liaison
Committee on Graduate Medical Education

INSTRUCTIONS – PLEASE READ CAREFULLY

The application materials include an Application Form and a Program Designation/Acknowledgement Card, which are to be used solely for applications for first-year graduate medical education programs.

1. **Application Form.** The Application Form is a 4-page document.
Pages 1 and 2 may be completed once and copied for distribution to all programs where an application is filed.
Pages 3 and 4 may be completed once and copied for distribution to more than one program, or they may be completed individually for each application.

For each application the pages should be assembled in sequence and stapled together in the upper left corner. **THE APPLICATION FORM IS COMPLETE ONLY IF IT INCLUDES ALL FOUR PAGES AND THE APPLICANT'S SIGNATURE (NOT COPIED) ON PAGES 2 AND 4.**

2. **Program Designation/Acknowledgement Cards.** It is essential that original Program Designation and Acknowledgement Cards be completed for each application. **DO NOT SEPARATE THESE TWO CARDS.** The cards indicate the starting year of the program for which the application is filed (the color of the cards also changes from year to year). Be sure to use cards intended for the appropriate year.

A. Acknowledgement Card. Enter your name and current mailing address on the lines provided. Place a stamp on the card. This card will be returned to you by each program to which you apply to acknowledge receipt of your application materials.

B. Program Designation Card. Enter the basic applicant identification information at the top of the card exactly as it appears on page 1 of your application form. Designate the appropriate institution (hospital) and program (including NRMP code) to which the application is sent.

ATTACH THE COMPLETED PROGRAM DESIGNATION AND ACKNOWLEDGEMENT CARDS (JOINED BY PERFORATION TO EACH OTHER) TO THE UPPER LEFT FRONT OF THE COMPLETED APPLICATION FORM (space is provided for this purpose on the Program Designation Card).

A complete application for a first-year graduate medical education program includes:

1. A 4-page Application Form, including original signatures on pages 2 and 4;
2. Program Designation and Acknowledgement Cards, attached to each other and to the front of the Application Form.

Application materials should be mailed in an envelope measuring at least 9 inches by 12 inches so that the Program Designation and Acknowledgement Cards do not have to be folded. (Envelopes are available with application materials.)

* * * * *

Please **TYPE** or **PRINT LEGIBLY** throughout.

PERMANENT ADDRESS AND PHONE NUMBER (items 8 and 9, page 1): Enter the name, address, and telephone number of an individual through whom you can always be contacted (parent, spouse, etc.)

INTERVIEW SCHEDULING (item 14, page 2): Indicate the general time period or specific date(s) that you are able to appear for an interview.

PERSONAL STATEMENT (item 15, page 3): Most program directors want to know about your professional interests, achievements, and plans, including your ultimate goal for a specialty and your anticipated geographic location. If you have any singular professional accomplishments such as published papers, bibliographic reference should be included. In addition, it is desirable to describe your family and household and your personal interests and activities.

REFERENCES (item 17, page 4): Most programs require a minimum of three; space is provided for a maximum of five. Do not include individuals listed in item 16.

IT IS THE APPLICANT'S RESPONSIBILITY TO ARRANGE TO SUBMIT ANY SUPPLEMENTARY MATERIALS (TRANSCRIPTS, DEAN'S LETTERS, ETC.) REQUIRED BY A PARTICULAR PROGRAM.

Association of American Medical Colleges

APPLICATION FOR FIRST YEAR OF GRADUATE MEDICAL EDUCATION
(Type or Print)

1. NAME (LAST)		(FIRST)	(MIDDLE)
2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (MO./DAY/YEAR)		4. NRMP NO. (IF KNOWN)
5. PRESENT ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
6. PRESENT PHONE NOS. DAY () EVENING ()			7. NO. OF DEPENDENTS
8. PERMANENT ADDRESS C/O (NAME OF PERSON THROUGH WHOM I CAN ALWAYS BE CONTACTED)			(STREET)
(CITY)	(STATE)	(ZIP)	9. PERMANENT PHONE NO.

10. MEDICAL EDUCATION

MEDICAL SCHOOL(S)

MONTH OF ANTICIPATED GRADUATION FROM MEDICAL SCHOOL

ELECTIVES COMPLETED/PLANNED

HONORS/AWARDS

11. UNDERGRADUATE EDUCATION

UNDERGRADUATE COLLEGE(S)	DATES ATTENDED		MAJOR	DEGREE (IF ANY)
	FROM (MO./YR.)	TO (MO./YR.)		
NAME A. CITY STATE ZIP				
NAME B. CITY STATE ZIP				
NAME C. CITY STATE ZIP				

Association of American Medical Colleges
 Application for First Year of Graduate Medical Education

12. GRADUATE EDUCATION					
12.	GRADUATE SCHOOL	DATES ATTENDED		AREA OF STUDY	GRADUATE DEGREE (IF ANY)
		FROM (MO./YR.)	TO (MO./YR.)		
A.	NAME				
	CITY STATE				
B.	NAME				
	CITY STATE				

13. AT THE TIME I BEGIN THE GRADUATE MEDICAL EDUCATION PROGRAM FOR WHICH I AM NOW APPLYING, I WILL/WILL NOT HAVE TAKEN THE FOLLOWING EXAMINATIONS:

A. NBME, PART I <input type="checkbox"/> WILL HAVE TAKEN <input type="checkbox"/> WILL NOT HAVE TAKEN	B. NBME, PART II <input type="checkbox"/> WILL HAVE TAKEN <input type="checkbox"/> WILL NOT HAVE TAKEN
C. FEDERATION LICENSING EXAMINATION (FLEX) <input type="checkbox"/> WILL HAVE TAKEN <input type="checkbox"/> WILL NOT HAVE TAKEN	

14. INTERVIEW SCHEDULING:

THE FOLLOWING GENERAL TIME PERIOD(S) IS MOST CONVENIENT FOR ME:
 FROM _____ TO _____

I AM ABLE TO SCHEDULE AN INTERVIEW ON THE FOLLOWING SPECIFIC DATE(S):

I AM NOT ABLE TO COME FOR AN INTERVIEW

I CERTIFY THAT THE INFORMATION SUBMITTED ON THESE APPLICATION MATERIALS IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT	DATE
------------------------	------

NOTE: THE SIGNATURE AND DATE ON EACH APPLICATION MUST BE ORIGINAL.

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Association of American Medical Colleges
Application for First Year of Graduate Medical Education

NAME	(LAST)	(FIRST)	(MIDDLE)	NRMP NO. (IF KNOWN)
------	--------	---------	----------	---------------------

SOCIAL SECURITY NO.	DATE OF BIRTH (MO./DAY/YEAR)
---------------------	------------------------------

13. PERSONAL STATEMENT (SEE INSTRUCTIONS. USE ADDITIONAL SHEET IF NECESSARY)

[Empty space for personal statement]

14. NAMES OF INDIVIDUALS AT THIS HOSPITAL WHO KNOW ME AND HAVE OBSERVED MY PERFORMANCE:

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Association of American Medical Colleges
Application for First Year of Graduate Medical Education

17. THE FOLLOWING INDIVIDUALS HAVE BEEN ASKED TO WRITE REFERENCES FOR ME:

A. NAME & TITLE

INSTITUTION

ADDRESS

B. NAME & TITLE

INSTITUTION

ADDRESS

C. NAME & TITLE

INSTITUTION

ADDRESS

D. NAME & TITLE

INSTITUTION

ADDRESS

E. NAME & TITLE

INSTITUTION

ADDRESS

SIGNATURE OF APPLICANT

DATE

NOTE: THE SIGNATURE AND DATE ON EACH APPLICATION MUST BE ORIGINAL.

PLACE
STAMP
HERE

Association of American Medical Colleges
APPLICATION FOR FIRST GRADUATE YEAR - BEGINNING IN 1981
PROGRAM DESIGNATION CARD

ATTACH
HERE

Name _____

Address _____

Name _____ NRMP No. _____
Last First Middle (if known)

Social Security No. _____ Date of Birth _____

Medical School _____

Date of Graduation from Medical School _____

Enclosed are first graduate year application materials to:

INSTITUTION & LOCATION: _____

PROGRAM: _____

NRMP Code

Signature of Applicant _____

Date _____

(DO NOT SEPARATE)

Association of American Medical Colleges
APPLICATION FOR FIRST GRADUATE YEAR

(name)

This will acknowledge receipt of your application for a first-year position,
beginning in 1981, in this graduate medical education training program.

PROGRAM _____ NRMP Code _____

INSTITUTION _____

DATE _____

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1979

RESOLUTIONS PASSED by OSR
at the 1979 BUSINESS MEETING

The OSR Administrative Board felt it important to address in writing each of the resolutions passed at the 1979 OSR Business Meeting. Each is discussed in the following pages. As you will see, while specific action did not prove feasible in some cases, the Administrative Board did delve into each of the issues. Rather than quoting each resolution in full, we refer you to pages 10 through 15 of the 1980 OSR Agenda book.

A. NATIONAL BOARD EXAMINATIONS

The use and abuse of National Board Exams and scores are complex and potentially polarizing issues. Early on, OSR's concerns were communicated to the AAMC's liaison with the National Board of Medical Examiners, Dr. August Swanson. In meeting with the Administrative Board, Dr. Swanson gave a brief history of the NBME and reviewed with the Board the Association's present concerns about changes which are occurring.

In 1973 the Goals and Priorities (GAP) Committee of the NBME recommended that the Board develop an examination to evaluate whether medical students had acquired the knowledge and skills needed to enter the graduate phase of their medical education. There was protracted debate within the AAMC constituency, but finally the concept of a Comprehensive Qualifying Exam (CQE) was endorsed with the reservation that the three-part examination system of the National Board should be continued until a suitable examination had been developed to take its place and has been assessed for its usefulness in examining medical students and graduates in both the basic and clinical science aspects of medical education. It was assumed that the constituency of the AAMC would be broadly involved in the assessment of any proposed comprehensive qualifying exam prior to its implementation. Dr. Swanson reported that at their annual meeting this March, a prototype of the proposed exam was exhibited to the Board; the vast majority of items are from existing Parts I, II, and III questions. He noted that this opportunity to review the exam was inadequate and expressed concerns that unless the academic faculties are fully apprised of the characteristics of the CQE, the cooperative relationship between the Board and medical school faculties would be jeopardized. He and the other AAMC representative on the Board urged the development of a plan for greater involvement of faculties in an assessment of the prototype exam. Another issue of concern to the AAMC is a recent change in the governing structure of the Board; a centralization of policy making in a small Executive Committee, removal of ex-officio membership of test committee chairman and a more than doubling of the number of members in the at-large category may estrange faculties and make it difficult to recruit qualified test committee members.

In a related development, the Federation of State Medical Boards has proposed that states require a two-phased licensing procedure. Passing the first phase would qualify a newly graduated physician to care for patients in a supervised education setting. This limited license would require passing an examination called the Federation Licensing Exam I (FLEX I). Full licensure for independent practice would be granted only after two or more years of graduate medical education and would require passing a second examination (FLEX II). The Federation has indicated that FLEX I could be the CQE and the National Board has indicated a willingness to provide the CQE to be used by the Federation as FLEX I. Unresolved is whether the Federation would control policies regarding the content, weighting and scoring of the exam or whether these policies would be retained by the National Board. Were the Federation to assume policy control for FLEX I, as it currently does for the FLEX exam, the control of the content and characteristics of the CQE would be removed from the academic community. Since the NBME has, from its inception, had a unique collaborative relationship with the nation's medical school faculties, there is the possibility of an adverse impact on the role and function of the Board in the future.

The above should give you an idea of the complexities of the issues related to these examinations and of limitations on the AAMC's role in this arena. In June 1980, the AAMC Executive Council approved the establishment of an ad hoc committee to review issues related to external evaluation examinations. The specific concerns outlined in the OSR resolution will be addressed. The OSR Administrative Board nominated Louis van de Beek to represent medical students' views on that committee, which will meet for the first time during the Annual Meeting.

B. MEDICAL SCHOOL CURRICULA & G. PHYSICAL DIAGNOSIS COURSES

In designing this year's Annual Meeting, the Administrative Board paid special attention to these resolutions and, thus, curricular reform is the focus of two of the OSR's sessions. We hope that many of the points raised by these resolutions will be fruitfully discussed in those forums. In addition, the AAMC Executive Council has approved a strategy for a proposed study of the general education of the physician. The term "general education" was 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 the 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. Work is underway to organize this comprehensive study while funding sources are being explored.

D. REPRESENTATION OF HOUSESTAFF IN THE AAMC

Housestaff representation in the AAMC continues to be a very politically sensitive and difficult issue. At the 1979 AAMC Officers' Retreat, several methods of increasing housestaff involvement were considered. Identifying "representative" residents and an appropriate locus within the AAMC for resident input were highlighted as troublesome problems. There was a renewed commitment to include residents on AAMC committees and task forces. Some of the residents who participated in last fall's AAMC-sponsored conference on the Graduate Medical Education Task Force Report were invited to attend the invitational conference on Graduate Medical Education held September 29-30, 1980. In addition, the AAMC will sponsor a Resident's Conference on Evaluation in January, 1981. Thirty-six senior residents from Psychiatry, Internal Medicine, Surgery, Pediatrics, Family Practice, and Obstetrics/Gynecology were selected from over 200 nominations from deans and OSR representatives. The purpose of the conference is to identify problems related to resident's evaluation of medical students and junior residents and to program evaluation and to garner the insights of residents about what needs improvement.

The OSR Administrative Board has reiterated the importance of housestaff input in the AAMC but recognizes that formal representation may be slow in coming for a variety of reasons.

E. "TRUTH IN TESTING" LEGISLATION

Dr. James Erdmann, Director, AAMC Division of Educational Measurement and Research, met with the OSR Administrative Board to give a brief overview of the criticisms which have been made against standardized testing agencies and also noted

that little concern has been given to the negative effects which disclosure of test content can have. With regard to the New MCAT, were AAMC to disclose test content, it would be impossible to produce test materials at the present rate with the same high level of quality controls presently employed; additional concerns regarding disclosure are depletion of available test materials and loss of comparability between test administrations. He stated that disclosure is not the only way to deal with extant criticisms of standardized tests; for instance, it is possible to offer students who take the New MCAT eleven additional indicators of their performance so they can better assess areas of strength and weakness. Dr. Erdmann noted that the AAMC views this test more as a diagnostic tool than as a success predictor and that plans are underway to provide more information of a diagnostic nature to schools. He stated that most of the blanket allegations which have been made against standardized tests did not apply to the New MCAT.

F. STRESS IN MEDICAL EDUCATION

Stress has long been an issue of concern to medical students. Over the past few years the large number of resolutions dealing with the issue has amply demonstrated that concern. In 1978 two such resolutions were passed, and a workshop "A Practical Approach to Stress" was presented. At that workshop, a questionnaire was distributed, with simultaneous distribution to a control group composed of people attending the session on residency selection. By means of this questionnaire we hoped to document the worth of sessions on self-relaxation and to identify stress reduction facilities currently available to medical students (see below). Our hope is that by means of the documentation thus provided and with the skills in effective bargaining with the administration, which will be the focus of this year's discussion session with Dr. Deckert, the OSR will be able to successfully lobby for the other stress-reduction facilities described in the stress resolution of 1979.

Summary of the survey on stress & self-relaxation:

1. 89 people completed the questionnaire; 40 attended "A Practical Approach to Stress", and 49 attended "Residency Selection." The level of relaxation was different, averaging 1.45 (on a scale of 0-5) for those attending "Stress" compared to 0.20 for the control.
2. Proportionately more people attending "Residency Selection" perceived a need for stress reduction facilities (78% compared to 62%).
3. A much higher number of people attending "Residency Selection" were able to identify a stress reduction facility (notably professional counseling) readily available to them (52%) while almost half of those attending "Stress" responded that no stress reduction facilities were available (45%).

H. NHSC/ARMED FORCES SCHOLARSHIP PROGRAM

In the spring of 1980, Administrative Board members Louis van de Beek and Greg Melcher and AAMC staff met with Col. Richard Wright and Col. George Hansen from the Army Branch of the Armed Forces Health Professions Scholarship Program and Mr. Gary Wold from the National Health Service Corps Scholarship Program. They

explored the possibility of developing a one-for-one exchange option between the two federally funded service commitment scholarship programs. 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 site. 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 Secretaries of the Departments of Defense, & Health & Human Services and by 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 permit exchanges between the programs in cases of marriage.

During this meeting there was also time for informal discussion of specific policies of the NHSC and Armed Forces. The program representatives expressed willingness to hear from students about difficulties and problems they are experiencing and about negative training experiences so that remedies can be sought.

At the request of the OSR Administrative Board, Dr. John Cooper, President of the AAMC, sent a letter to Dr. John Moxley, III, Assistant Secretary for Defense (Health Affairs) and Dr. Henry Foley, Administrator of the Dept. of Health and Human Services bringing their attention to the issues raised in the OSR resolution and suggesting the inclusion of language in the authorizing legislation to permit exchanges between the programs in cases of marriage. While Dr. Moxley has not yet replied, Dr. Foley assures us that this issue will be given careful consideration in the Health Resources Administration.

I. SCARPELLI vs. REMPSON, et. al.

Dario Prieto, Director, AAMC Office of Minority Affairs, met with the OSR Administrative Board and reported that the Minority Affairs Section (MAS) of the Group on Student Affairs (GSA) had passed a resolution on the Scarpelli vs. Rempson, et. al. case expressing concerns similar to those contained in the OSR resolution. Although the MAS resolution was not approved by the GSA Steering Committee, the MAS will continue to follow the case.

Joe Keyes, AAMC Staff Counsel, reported to the Board that subsequent to the formulation of the resolution, Scarpelli, a professor at the University of Kansas School of Medicine, sued the four students for defamation of character and the jury decided in his favor (Rempson, explained that the students, presumably with the advice and assistance of Mr. Rempson, had written a document alleging that Scarpelli had violated their civil rights. At the university hearing of the case, Scarpelli arrived with legal counsel and the students, represented only by Rempson, asked that the hearing be rescheduled. The university committee decided not to defer the hearing; the students subsequently failed to pursue the charges they

had placed against Scarpelli, and he sued them.

The OSR Administrative Board concurred that it would be difficult to take the position that the court should not have heard the case or to assess the correctness or incorrectness of the jury's decision without benefit of the trial testimony. From the discussions emerged the consensus that the students may have been misinformed of their rights to legal counsel for the original school hearing. The Board felt that to a large extent the case emphasized the importance and need for adequate, well publicized due process guidelines for medical students in pursuing their grievances. (See Due Process Project on page 16 of the Agenda book).