

# the ADVISOR

Published

By

The

Association of American Medical Colleges, 1 Dupont Circle, N.W., Washington, D.C. 20036

## Selected Topics Concerning the Regulations

The Health Care Financing Administration (HCFA) has issued a proposed regulation to amend the definition of an "eligible person" in the context of the Medicare program. A person is considered an "eligible person" when he or she is a beneficiary of Medicare and is receiving a benefit under the Medicare program. The proposed regulation would amend the definition of an "eligible person" to include a person who is a beneficiary of Medicare and is receiving a benefit under the Medicare program, but who is not a beneficiary of Medicare under the Social Security Act. The proposed regulation would also amend the definition of an "eligible person" to include a person who is a beneficiary of Medicare and is receiving a benefit under the Medicare program, but who is not a beneficiary of Medicare under the Social Security Act.

The purpose of the proposed regulation is to clarify the definition of an "eligible person" in the context of the Medicare program. The proposed regulation would amend the definition of an "eligible person" to include a person who is a beneficiary of Medicare and is receiving a benefit under the Medicare program, but who is not a beneficiary of Medicare under the Social Security Act. The proposed regulation would also amend the definition of an "eligible person" to include a person who is a beneficiary of Medicare and is receiving a benefit under the Medicare program, but who is not a beneficiary of Medicare under the Social Security Act.

### REGULATIONS EFFECTIVE 1/1/92

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For more information, contact the HCFA Office of Regulations and Compliance, Room 1000, 455 North Capitol Street, N.W., Washington, D.C. 20001.

### THE PROPOSED REGULATIONS

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# THE SYMPOSIUM

Southwest Association of Dentists for the Mouth Professions

## THE SYMPOSIUM MEMBERSHIP SURVEY ANALYZES THE DENTIST'S PROFESSIONAL STATUS

IN THE YEAR 1975, AN ANALYSIS OF MEMBERSHIP SURVEY INFORMATION FROM 10,000 MEMBERS OF THE SOUTHWEST ASSOCIATION OF DENTISTS FOR THE MOUTH PROFESSIONS REVEALS THAT THE DENTIST'S PROFESSIONAL STATUS IS BEING RE-EVALUATED IN THE MINDS OF THE GENERAL PUBLIC. A SURVEY OF THE PROFESSIONAL STATUS OF DENTISTS REVEALS THAT THE DENTIST'S PROFESSIONAL STATUS IS BEING RE-EVALUATED IN THE MINDS OF THE GENERAL PUBLIC. A SURVEY OF THE PROFESSIONAL STATUS OF DENTISTS REVEALS THAT THE DENTIST'S PROFESSIONAL STATUS IS BEING RE-EVALUATED IN THE MINDS OF THE GENERAL PUBLIC.

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to improve the existing network and to design new equipment upon the use of novel materials in cable systems.

Further work should include wide-scale testing and field trials to improve cable properties and resistance to degradation by water. Use of a low-loss dielectric material, such as polyethylene, in the construction of cables would also be desirable. Work in the design of cable systems, such as the use of optical fibers, should be continued. In addition, the development of optical fiber cables.

The Institute's studies of optical fiber communication systems indicate the need continued work in both the optical and electrical aspects of the technology. Some of the major problems in the design of optical fiber cables are the need for improved coupling with other systems, the need for improved optical amplifiers, and the need for improved optical fiber cables. The Institute's work in this area should continue to be supported by the Federal Government.

It is noted that the Institute's work in this area is being supported by the Federal Government. The Institute's work in this area should continue to be supported by the Federal Government.

Optical fibers are the subject of much research and development work. The Institute's work in this area should continue to be supported by the Federal Government. The Institute's work in this area should continue to be supported by the Federal Government.

In the future, further research and development work should be supported by the Federal Government. The Institute's work in this area should continue to be supported by the Federal Government.

an increasing number of projects will be supported and completed. This work will be completed and tested upon the use of novel materials in cable systems.

In the past few years, the work done in the construction of cable systems has been considerable. The use of low-loss dielectric materials, such as polyethylene, in the construction of cables would also be desirable. Work in the design of cable systems, such as the use of optical fibers, should be continued. In addition, the development of optical fiber cables.

A major objective of the work done in the construction of cable systems has been to improve the properties of the cables. The use of low-loss dielectric materials, such as polyethylene, in the construction of cables would also be desirable. Work in the design of cable systems, such as the use of optical fibers, should be continued. In addition, the development of optical fiber cables.

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Continued from Page 6

the 20 years of development of a program, the responsibility for project design, construction, management, maintenance and repair.

Attention to the program design involved several considerations. First, capital equipment requirements. The purchase of the program plant or other specialized equipment is often with a 10-year useful life. This requires careful attention to the program design to ensure that the equipment will be used to its maximum capacity and will be replaced or repaired at the lowest possible maintenance cost.

Second, the needs of the program manager operating the program. He or she must consider the program goals and take a long-term view of program expansion or change. The program must be able to accommodate future program expansion or change.

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## ADVANTAGE OF CAPITAL BUDGETING PROCESS FOR THE MANAGERIAL DECISION

The capital budgeting is a process of selecting those investment opportunities which are profitable and have a positive net present value. The capital budgeting process is a systematic and logical procedure for evaluating and selecting those investment opportunities which are profitable and have a positive net present value. The capital budgeting process is a systematic and logical procedure for evaluating and selecting those investment opportunities which are profitable and have a positive net present value.

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the management process involves the use of financial information to evaluate the investment, a long-term perspective view, and a systematic approach to the investment decision. The capital budgeting process is a systematic and logical procedure for evaluating and selecting those investment opportunities which are profitable and have a positive net present value.

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practice, a physician's office and one in an elected specialty.

The type of individuals which we are trying to produce are ones who are capable of carrying out a multitude of functions and not just limited technical tasks. Because of their innate qualities and the character of their education, they should be able to perform personal medical services at levels of competence acceptable to the medical profession and to relieve the physician of many time-consuming duties. This in turn should give the doctor more time to devote to the minute and subtle details of the important problem at hand, free him for investigation into the unsolved aspects of the condition or for other research or service. The production of an assistant having an understanding of the principles of the basic medical sciences, and the clinical aspects of medicine, surgery, and pediatrics thus becomes the first and most important objective.

The second objective is to offer an education in medicine which has sufficient breadth and depth to prepare students for graduate work in various allied health fields such as hospital or clinic administration and public health positions. The additional supply of potential candidates for positions in these areas which is thus made available should help to retain more physicians in primary patient care.

A third objective is to provide additional assistants, knowledgeable in clinical medicine, to augment the medical staff in hospital emergency rooms when and where interns and residents are not available.

A fourth and probably the most important objective is to improve health care delivery. It is believed that this will be accomplished by the augmentation of medically educated manpower at a level which will effectively provide for a more detailed study of patients and also make possible the extension of care to additional patients.

It is imperative that those institutions which plan to develop and operate programs for the education of physician's assistants maintain objectives such as these, else the program will be unlikely to succeed as it should.

As life becomes more complex, it is inevitable that the extremes of individualism decrease and that we learn more and more to depend on one another. Leaders must look to qualified assistants for help in their endeavors if they are to be effective. Tiers or echelons of people with a variety of qualifications become essential in the process of doing more complex tasks as has been amply demonstrated in medicine and other sciences. Especially has this been true in such complicated developments as open

heart surgery, the achievement in various aspects of atomic fission, of genetic manipulation and other outstanding advances of the past few decades.

The main lessons which have been taught by these scientific accomplishments is that they came through cooperative effort and not entirely through the efforts of any one man in any single instance. It is true that one man had the initial concept, but other people joined him in contributing many ideas toward the completion of the finished product. The next most obvious lesson is that the ideas came through educated men and women, most of whom were not in positions of leadership, but still ones who were given and who accepted the full responsibility for the parts of the tasks to which they were assigned.

The physician's assistant program has given doctors a new tool to use in the development of an efficient and effective system for the delivery of health care. Whether we seize the opportunity and make it work, or leave the destiny of this new professional to people with non-service motives, will certainly help decide the availability and the quality of medicine in the years that lie ahead.

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## NEW B.A. PHYSICS PROGRAM FOR THE PRE-MEDICAL STUDENT

The choice of physics as an academic major by the premedical student traditionally has not been as popular as the other sciences; namely, chemistry and zoology. This has been the case even though the premedical student is required by the medical school to complete one year of general physics; and in some cases, mathematics through the first semester of calculus. Perhaps part of the reason for the apparent lack of interest in physics by the premedical student is the substantial number of hours of advanced chemistry courses that he is required to take to satisfy the admission requirements of the medical school. However, the major reason probably is that the advanced physics courses required by the various physics programs of most departments are considered by the premedical student as being irrelevant to his chosen career. This is unfortunate, because the premedical student who has a definite in-

terest in a career in medical research or academic medicine could profit considerably from the study of physics. Recent advances in medical science such as laser surgery, remote sensing of body processes, radiology, and nuclear magnetic and electron spin resonance techniques make physics a subject of great importance to the study of medicine.

The Department of Physics of the University of Arkansas has recently developed a new program in physics leading to a Bachelor of Arts degree. The program offers the research oriented premedical student the opportunity to obtain a foundation in physics, electronic devices, laser optics, and computer technology while still providing ample opportunity to fulfill the medical school admission requirements as well as pursuing his interests in the biological sciences. Let us look at this new program and see what makes it so appealing.

The University of Arkansas requires that each Bachelor of Arts graduate successfully complete 124 credit hours of study. Of these 124 hours, approximately 38 hours are non-science general education requirements of the University and the College of Arts and Sciences. The remaining courses constitute science requirements and electives which may be chosen to satisfy departmental major or professional school entrance requirements. The B.A. physics program has been designed to give the student the widest possible choice of these elective courses while still developing the basic skills of physics and mathematics. To obtain a B.A. degree with a major in physics, the student is required to satisfactorily complete 24 credit hours of physics, 16 credit hours of mathematics, and 9 credit hours of advanced level courses in what is termed a "special emphasis study area."

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This total of 49 credit hours still allows the prospective B.A. candidate a *minimum* of 37 credit hours to pursue studies in still other fields of interest and to satisfy the medical school entrance requirements.

#### Required Courses

The 16 credit hours of required mathematics courses include:

Plane Trigonometry	3 credit hours
Calculus I	5 credit hours
Calculus II	5 credit hours
and either	
Calculus III	3 credit hours
or	
Statistics	3 credit hours

The level of mathematical proficiency achieved by the student successfully completing these courses will be high enough that he should be able to apply mathematics to the solution of problems common to many disciplines.

Included in the 24 credit hours of physics are courses in

General College	
Physics	6 credit hours
General Physics	
Laboratory	2 credit hours
Electromagnetic Fields,	
Circuits and Devices	3 credit hours
Physical Mechanics	3 credit hours
Atomic and Nuclear	
Physics Laboratory	1 credit hour

Electronics	4 credit hours
Computer Logic	2 credit hours
Modern Optics	3 credit hours

These courses are designed to give the B.A. candidate a background in physics which will be useful to him irrespective of his eventual career.

The final requirement of 9 credit hours of Junior and Senior level course work in a "special emphasis study area" is the unique and most appealing aspect of the physics B.A. program. At present there are 20 different approved special emphasis areas. These are:

Agriculture	Entomology
Anthropology	Environmental Sciences
Astronomy	Geography
Audiology	Geology
Biological Sciences	Management Science
Business	Mathematics
Chemistry	Physics
Communications	Psychology
Computer Mathematics	Sociology
Electronics	Teacher Preparation

The premedical student could apply selected courses in chemistry or the biological sciences to fulfill both his special emphasis study area and medical school entrance requirements, thereby giving him a still wider choice of study to complete the 124 credit hour university degree requirement.

The B.A. physics program is to be formally initiated beginning with the fall semester of 1971. At present, a small number of premedical students have in-

dicated an interest in participating in this program. Each of the students is characterized by above average scholastic ability and a desire to obtain an advanced degree and to enter medical research upon the completion of his medical school training. It is hoped that this new physics curriculum will provide each of these students as well as future premedical students with the ability to apply the methods and tools of physics to the advancement of medical knowledge.

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#### THE ADVISOR

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## AMCAS Supplement to February 1972 ADVISOR

The American Medical College Application Service (AMCAS) has modified and improved its processing procedures for the selection of the 1973-74 entering classes of the 70 U.S. medical schools that will be using this service during the coming year. This special supplement to *The Advisor* includes important information which should prove useful to you in counseling with your advisees.

As you know, AMCAS is a non-profit, centralized, application processing service for applicants to U.S. medical schools. It was developed by admissions officers of member institutions of the AAMC to facilitate the process of applying to U.S. medical schools. AMCAS does *not* render any admissions decisions; rather, each participating school is completely autonomous in reaching its own decisions. AMCAS does *not* advise an applicant where to submit an application or provide other admissions advice. It provides only the application processing service.

First of all, advisors should be aware of the following key dates relating to the selection of applicants for 1973-74 by the participating schools:

- March 31** – AMCAS begins distribution of "Application Request Cards" to admissions officers and premedical advisors.
- April 15** – AMCAS mails sample "AMCAS Application Booklets" to admissions officers and advisors.
- May 1** – AMCAS begins distribution of "Application Booklets" to applicants submitting "Application Request Cards."
- July 7** – AMCAS begins processing and mailing application materials to participating schools.

### Transcripts and Letters of Reference:

Before the applicant has completed and submitted his or her application materials to AMCAS, it is essential that official transcripts of record be forwarded to AMCAS by the registrar of each college the applicant has attended. Advisors can be of considerable help by encouraging their respective registrars to forward these transcripts as promptly as possible. If the transcripts are on hand when the AMCAS application arrives, the Standardized Academic Record (SAR), which the applicant completes as a part of his application, can immediately be checked for accuracy against the official transcript. If the transcript is not on hand, the SAR must be sent to the various medical schools as "unverified." Since verification and renotification of the medical schools will have to take place when the transcripts do arrive, the net effect of late transcripts is to hold up processing by the medical schools and to delay final admissions decisions. To hold such delays to a minimum, priority transmission of transcripts for all applicants applying through AMCAS would be very helpful.

Incidentally, to protect the confidentiality of letters of evaluation from undergraduate colleges, AAMC-AMCAS advisory committees have recommended that AMCAS no longer duplicate and distribute such letters of reference to the participating medical schools. Henceforth these letters should be sent by advisors (or premedical advisory committees) *directly* to the medical schools as requested.

### Key Meetings and Workshops:

Detailed explanations of the AMCAS program for 1972-73 will be presented at the following joint meetings of the AAMC Group on Student Affairs and of the Association of Advisors for the Health Professions (AAHP):

<u>DATES</u>	<u>REGION</u>	<u>LOCATION</u>	<u>LOCAL HOST</u>	<u>AAHP REGIONAL CHAIRMAN</u>
April 11-13	South	San Antonio, Texas	Fred Taylor Texas, San Antonio	Paul Elliott Florida State University
April 16-18	West	Asilomar Pacific Grove, California	John Wellington University of California, San Francisco	Peter Van Houten University of California, Berkeley
May 4-6	Central	East Lansing, Michigan	James Conklin Michigan State University	Julian M. Frankenberg University of Illinois
June 20-22	Northeast	Burlington, Vermont	David Tormey University of Vermont	Lester Kieft Bucknell University

AMCAS will also be discussed at 9:00 a.m. at each of the following Alpha Epsilon Delta regional meetings:

Friday, April 7 - University of Arizona, Tucson

Friday, April 14 - University of Virginia, Charlottesville

Friday, April 21 - Indiana University Medical Center, Indianapolis

### And Finally:

Bob Thompson (Director of the new AAMC Division of Academic Information), Dave Johnson (Director of the AAMC Division of Student Affairs), and/or Roy Jarecky (Associate Director of DOSA) expect to attend most of the meetings listed above, and they look forward to meeting many of you at those times. In the meanwhile, our sincere thanks for your devotion to your advisees and to medical education.