

Association of American Medical Colleges

ORGANIZATION OF STUDENT REPRESENTATIVES
ADMINISTRATIVE BOARD MEETING

Saturday, March 16, 1974
1 Dupont Circle, N.W.
Washington, D.C.

OSR Participants:

Chairperson:

Daniel L. Clarke-Pearson
Case Western Reserve School of Medicine

Vice-Chairperson:

Marc Cannon
Medical College of Wisconsin

Secretary:

David Stein
Wayne State University School of Medicine

Regional Representatives:

Lisa Bailey
Northwestern University

Serena Friedman
CMDNJ - New Jersey Medical School

Cynthia B. Johnson
University of Washington

Stanley E. Pearson
Meharry Medical College

Representatives-at-Large:

Stephen R. Keasler
LSU-Shreveport School of Medicine

C. Elliott Ray
University of Kentucky School of Medicine

Ernest Turner
University of Kansas Medical Center

AAMC Staff Participants:

Mr. Robert J. Boerner
Mr. Joe Keyes
Ms. Diane Mathews
Ms. Mary Prokop
Dr. August G. Swanson
Mr. Bart Waldman

Caterer:

B & B Caterers
(will deliver lunch at
approximately 11:00 a.m.)

OSR Administrative Board Agenda
March 16, 1974
AAMC Headquarters, Washington, D.C.

9am I. Call to Order page
OSR Administrative Board in Executive Session

10am II. Discussion with AAMC Staff
Dr. Swanson, Mr. Boerner, Mr. Keyes
A. Open-ended discussion of staff and board regarding OSR function
B. OSR Budget
C. Proposed OSR Bulletin.....13
D. Proposed Task Forces on GAP Report
1. AAMC
2. OSR.....21

11:30am III. Minutes of previous administrative board meeting.....2

IV. REPORTS
A. Chairperson's report.....26
B. Regional Reports--Cindy, Lisa, Serena, Stan
C. NIRMP--Elliott
D. Student Administrative Listing--Elliott
E. Liaison--Mark, Elliott, Dan
F. AAMC and GSA Committee Reports
G. MCAAP Progress Report

12:30-1pm LUNCH

1pm V. ACTION ITEMS
A. Appointment of Committee Members
 JME Editorial Board
 Study Committee on Continuing Medical Education

VI. DISCUSSION ITEMS
A. Executive Council Agenda Items--Dr. Swanson, Messrs. Boerner, Waldman, Keyes
B. Plans for OSR Annual Meeting.....29
C. Release of Information.....31
D. OSR Rules and Regulations--Russ Keasler, Dan.....32
E. Students' Rights--Ernie
F. Women in Medicine--Cindy
G. Plans for OSR Regional Meetings.....36
H. Long Range OSR Goals and Priorities
I. CCME Proposal--Mark

VII. NEW BUSINESS

4:30pm ADJOURNMENT

ORGANIZATION OF STUDENT REPRESENTATIVES

Of The

Association of American Medical Colleges

MINUTES:
ADMINISTRATIVE BOARD MEETING

January 11-12, 1974

One Dupont Circle, N.W., Washington, D.C.

1. Call to Order

Daniel Clarke-Pearson, Chairperson of the O.S.R., called the meeting to order at 9:00 AM.

2. Roll Call

PRESENT:	<u>Chairperson</u>	Dan Clarke-Pearson
	<u>Vice chairperson</u>	Mark Cannon
	<u>Secretary</u>	David Stein
	<u>Regional Representatives</u>	Serena Friedman (Northeastern)
		Stan Pearson (Southern)
		Lisa Bailey (Central)
		Cindy Johnson (Western)
	<u>Representatives-at-Large</u>	Russ Keasler
		Ernest Turner
		Elliott Ray
	<u>AAMC Staff Participants</u>	Bob Boerner
		Diane Matthews
	<u>Guest</u>	Russ Kridel (S.A.M.A.)

3. AAMC Orientation

The morning and early afternoon of the first business day were spent in orientation to the AAMC. Dr. John A. D. Cooper, president of the Association, presented an overview of A.A.M.C. goals and activities and spoke briefly of the organization's new vice-president and Director of Planning, Dr. John Sherman.

Dr. Cooper was followed sequentially by twelve speakers representing twelve divisions or departments within the AAMC. Each speaker discussed the structure and function of the division in which he or she serves and answered questions from the floor. A short outline of each presentation is included in Addendum #1. The orientation program concluded at 3:30 PM., January 11.

4. Minutes of Previous Meetings

The minutes of the National Meeting (11/3 - 4/73) were discussed. It was explained that these minutes have not been distributed to the OSR membership because they were not received by Mr. Boerner until late December.

Acting Secretary, H. Jay Hassel, did not submit these minutes until that time. The Administrative Board was assured by Mr. Boerner that the minutes were at the printers and would be distributed shortly.

It was generally felt that the National minutes lacked sufficient detail. Attempts to avoid this situation in the future were urged.

Minutes of the 11/5/73 Administrative Board meeting were reviewed without comment.

5. Regional Reports

A. Lisa Bailey, Chairperson of the Central Region, informed the Administrative Board that a subregional meeting within the Central Region had been held in Chicago and that 5 schools had attended to discuss the proposed changes in the National Board Examinations. (see: "Evaluation of the Continuum of Medical Education", AAMC). Members of the Central Region felt a House Officer should sit as a voting member on the Administrative Board of the N.B.M.E. and that passage of Part I of the National Boards should not be required by any medical school for promotion to the clinical years. The proposed O S R Bulletin was considered favorably while 3 -year medical curricula met with disfavor. The Central Region Subregion will meet again in February.

B. Stan Pearson, Chairperson of the Southern Region, stated that financial conditions and dispersed membership prohibit multiple regional meetings in the South. A questionnaire on OSR functions and representative selection processes for each southern medical school campus will be distributed to gather information on OSR structure. Elliott Ray mentioned that his questionnaire on Student Administrative Listings in each medical school has been returned by only 30 OSR members. It was suggested that each Regional chairperson promote the return of this questionnaire from his/her membership.

C. The Northeast Region, Chaired by Serena Friedman, also held a subregional meeting since the National Convention and has formulated several resolutions for consideration by the Administrative Board (see Resolutions Section). The Eastern Region has tentatively chosen not to meet with the G S A for its Regional meeting due to geographic inconvenience but rather to send delegates to the G S A convention.

D. Cindy Johnson, Chairperson of the Western Region, stated that "women in medicine", and "continuity in the OSR" were issues discussed at the Western Regional meeting during the National Convention. A "mini" Senior Electives Catalogue for the Western Region has been constructed

and attempts are underway to contact schools not sending OSR representatives to the AAMC.

By general concensus the Administrative Board agreed that each region should consider the topic of women in medical education. Russ Kridel, President of SAMA, spoke briefly of that organization's committee on women in medicine.

6. Task Force Reports

A. MCAAP and Admissions Crisis: This was an information Task Force that formulated the resolution on random admissions.

B. Legislation and Medicine: Also an information Task Force that is no longer active. Elliott Ray suggested distribution of the SAMA "Legislative Round-up" to each OSR Administrative Board member in an effort to keep abreast of changes in medical legislation.

C. Financial Aid Task Force: Submitted a list of recommendations to the AAMC. (see National Minutes Addendum #4).

D. Student Information Task Force: Presented the resolution on the safeguarding of data systems. As suggested by Kevin Soden, Chairperson of this group, the resolution will be submitted to SAMA for consideration. If adopted, SAMA will submit it to the AMA House of Delegates for approval and implementation in June. The OSR will present it to the AAMC Executive Council for consideration in March.

E. Evaluation of OSR Structure and Function: As an offshoot from this group, Dan Plautz is working to establish better communications within the OSR. Representatives are again urged to create and maintain a file of AAMC and OSR communications to be passed on to the succeeding OSR representative at each school.

7. OSR Committee Reports

A. NIRMP Violations Monitoring Committee: The activities of this group were outlined by Elliott Ray who presented an information packet for distribution to the OSR membership regarding the information and function of an NIRMP Monitoring Committee at each school. Administrative Board members were instructed to read this in preparation for Saturday (1/12) Business Meeting.

Elliott has communicated with the chairman of the American Psychiatric Association Task Force studying the value of participation in the NIRMP in an attempt to retain the APA in the matching program.

B. Student Administrative Listings: Elliott Ray reiterated that the questionnaire on Administrative Listings distributed at the National Convention to each OSR member has been returned by only 30 schools. Members are again urged to complete this form and send it to Mr. Boerner.

C. Senior Electives Catalogue Committee: This committee is concentrating on adopting the AAMC Curriculum Directory to satisfy the need for a senior electives listing. The present Curriculum Directory lacks information on tuition and fees, housing, and who to contact for more information. It is the committee's plan to incorporate this information into the Directory.

Members of the Administrative Board suggested that this committee continue to investigate the feasibility of publishing its own senior electives catalogue. It was also suggested that the committee contact those in charge of the Curriculum Directory at the AAMC for more information and direction and create a computer listing of senior electives which would be available upon request for a fee.

The Eastern and Western OSR Regions have already created "mini-directories" for their regions. The efficacy of these pilot projects has yet to be ascertained.

D. Liason with External Organizations: An attempt will be made again this year to establish better communication with student facets of the Federation of Associations of Schools of the Health Professions, e.g., osteopaths, podiatrists, dentists, veterinarians, optometrists, as well as as SAMA, SNMA, and the Canadian Medical Schools. Mark Cannon was asked to contact these groups and inform them of our interest in a liason and in the exchange of meeting minutes and publications. Invitations should be extended to these organizations to attend our Regional and National Conventions at their own expense.

Russ Kridel mentioned the strong liason between SAMA and the OSR. Each organization sends delegates to the other's major meetings and to the Administrative Boards. An intensified effort will be launched to introduce OSR resolutions and proposals to SAMA for consideration, and vice-versa. This will minimize duplication of effort and double the exposure of any topic on a national level, thus increasing the likelihood of constructive action.

The February 1-2 AMA Congress on Medical Education was discussed. Russ Kridel will attempt to have information on this convention distributed to each OSR member. Further information is available at each Dean's office.

8. Chairperson's Report

Dan Clarke-Pearson briefly reviewed the topics of discussion

at the AAMC officer's retreat, the COD Administrative Board meeting, and the AAMC Executive Council. Outlines covering this material are included as Addendum #2.

A. National Health Insurance Policy: Ernest Turner was nominated to the committee evaluating plans for National Health Insurance. It was suggested that the OSR membership receive copies of a table summarizing all the present health insurance proposals. (see Addendum #3).

B. Graduate Medical Education Committee: Dan Clarke-Pearson requested of of AAMC Executive Council a student delegate to be placed on this committee. Since the Graduate Medical Education Committee is an on-going group that must maintain continuity, the Executive Council felt that a transient student member might not be effective. A house officer, Christian Ramsey, who sits on this committee, and ~~who was formerly the student representative~~, was agreed upon by the Executive Council to continue to represent student interests. Dan Clarke-Pearson will contact him.

9. Discussion Items

A. Moonlighting of House Officers: The COD voted to recommend that the AAMC Executive Council authorize the appointment of a task force, with representatives from the 3 councils, charged with the task of developing an appropriate AAMC policy statement on this subject. In regard to this matter, the Executive Board created such a committee with members from the COD, CAS, and COTH. The OSR Administrative Board felt that student or House Staff representation on this committee was highly desirable. The Physician's National Housestaff Association will be contacted on this subject to ascertain their interest in sending a representative.

Marc Cannon suggested that the AAMC form a committee to evaluate the quality of medical care rendered by moonlighting housestaff. The feeling arose that the burden of proof of incompetence should be placed on those individuals attempting to stop moonlighting rather than forcing moonlighters to prove their competency.

B. Evaluation, Certification, and Licensure in Medicine: Consideration of this topic was motivated by the proposed changes in the National Board Examinations.

Marc Cannon suggested that the OSR undertake its own study of the NBME Report and, in this regard, foundations for such a task force will be established. It was also proposed that the OSR seek voting positions on the Board of the NBME with SAMA and SNMA and that provisions be made for student representation on the Executive Board of the NBME. (see Addendum #4).

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10. The meeting was concluded until the following day at 9:00 AM.
11. The meeting was recalled to order at 9:00 AM, January 12, by Chairperson, Dan Clarke-Pearson.
12. NIRMP Monitoring Committee

Elliott Ray presented a letter and an information packet to the Administrative Board for discussion before distribution to the membership. The packet is a "how-to-do-it" pamphlet which outlines the creation of a monitoring committee and answers common questions asked about the NIRMP. The letter is a more formal communication to be sent to the Deans of U.S. medical schools and to the Student Affairs Deans.

Russ Keasler proposed that each hospital be allowed to divulge its student rank order after the date of list submission to the NIRMP. This would give students greater time to solidify their plans such as moving and apartment hunting. It was suggested that a formal proposal be submitted on this topic.

Student Administrative Listing was again discussed. Members are again urged to return the completed form from Elliott Ray. Marc Cannon suggested re-sending this information to each OSR member; Russ Kridel suggested disseminating the form to SAMA in an effort to include all U.S. medical schools in this study. Both proposals were received favorably.

13. MCAAP Progress Report

A. Jim Angel, Program Director of MCAAP, has informed the OSR of new MCAAP committee positions which will be available to OSR members in the next few months. A newsletter regarding this subject will be forthcoming. Mr. Angel's present design is to have one OSR member and one minority student representative on each committee. This request will be discussed with SNMA.

14. OSR Bulletin

A. Bob Boerner offered the following comments:

1. A pilot issue might be established with a tear-off "R.S.V.P." on student interest.
2. The "AAMC Bulletin" is now being sent to Deans. It contains a great deal of information on AAMC functions and is obtainable from your Dean's office.
3. OSR items might be included in a separate two page section of the Student Affairs Reporter which is

sent primarily to Student Affairs Deans at Medical schools.

4. OSR topics might be included in the Student Affairs Reporter and the Advisor. The latter publication is directed primarily to health professions advisors.
5. The Education News might be distributed to OSR members.
6. Administrative Board was told that money may be a problem. It would probably cost \$1200.00 for one pilot issue of 4 pages with 100 copies sent to each school. The present AAMC staff situation is such that they cannot take on full editorial responsibility for the OSR newsletter.
7. The OSR should consider utilizing existing publications as much as possible.

B. The following individuals volunteered to form a committee on this issue: Lisa Bailey, Dan Clarke-Pearson, Marc Cannon, David Stein, and Dan Plautz.

C. Money can be requested in next year's budget to finance such a bulletin.

15. "How to Run a Regional Meeting":

A pamphlet on "How to Run a Regional Meeting," created by Dan Clarke-Pearson, was distributed to each Administrative Board member.

16. Appointment of Committee Members:

The following OSR members were ^{NOMINATED} ~~appointed~~ to serve on AAMC Committees:

- A. Health Services Advisory Committee
 1. Joanne Scherr
- B. Committee on Relations with Colleges and Applicants (GSA)
 1. Susan Stein
- C. International Relations
 1. Jeff Horovitz
- D. Borden Award
 1. David Stein
- E. Flexner Award
 1. Jerry Zeldis
- F. Biomedical Research
 1. James Wright

- G. Medical Student Information Systems (GSA)
 - 1. Fred SanFillipo
- H. Financial Problems of Medical Students (GSA)
 - 1. Russ Keasler
 - 2. David VanWyck
- I. Resolutions Committee
 - 1. Serena Friedman
- J. Financing of Medical Education
 - 1. Paul Romain
 - 2. Craig Moffat
- K. Medical Education of Minority Group Students (GSA)
 - 1. Stan Pearson
- L. J.M.E. Editorial Board
 - 1. undecided
- M. Data Systems Development
 - 1. H. Jay Hassel

17. Action Items:

A. The Administrative Board approved Dr. Paul Jolly's recommendation to allow the limited release of information on 75 medical students to Dr. Herman A. Wilkin to promote a longitudinal study on cognitive factors in pre-medical education.

18. Status of OSR Resolutions: (see National minutes)

A. Proposed Policy on Release of AAMC Information:

This resolution was sent to Dr. Paul Jolly, Director of the Division of Operational Studies. No further action needs to be taken on this item.

B. Primary Care Training:

This resolution has already been implemented by the AAMC Task Force on this topic.

C. Safeguarding Data Systems:

This will be presented to SAMA for their consideration and approval. If accepted, it will be submitted to the AMA House of Delegates for approval and implementation. The OSR will present this resolution to the AAMC Executive Council in March. This double approach allows a greater chance of acceptance.

D. Resolution on the NIRMP:

It was felt that the objectives of this resolution have already been met and no further action needs to be taken at this time. Elliott Ray was asked to write Jacqueline Wertsch informing her of this decision.

E. Change in Rules and Regulations of the OSR:

This item was not submitted 30 days ahead of the National Convention and, therefore, is not in effect. It will be resubmitted 30 days prior to the upcoming National Convention for approval and implementation.

F. Resolution on Medical School Curriculum:

It was agreed that this item be directed to the LCME for inclusion as a desirable course of instruction. The idea of creating a task force to study this issue and gather information was considered favorably.

Russ Kridel pointed out that the LCME alluded to each school's responsibility of providing an education to meet the selected community or regional health needs (see "Functions and Structure of a Medical School", p. 4).

G. Resolution for OSR Committee Placement:

It was agreed that the OSR would benefit by voting membership on the CCME, LCME and LCGME. The LCGME already has a House Officer representative and is very reluctant to add a student member. Fred SanFillipo will be asked to compose a position paper on this topic.

H. Resolution on Random Admission Selection:

~~The objectives of this proposal are already integrated in a pilot study underway in California and Michigan.~~ It was further felt that more background research is necessary on this topic, and Jerry Zeldis has been asked to write such a paper.

I. Resolution on Pass-Fail System:

Joel Daven has been asked to establish a committee to study the feasibility of creating a pass-fail grading system.

J. Resolution on Minority Applicant Pool:

It was suggested that a copy of this resolution be sent to Susan Stein, OSR delegate to the Committee on Relations with Colleges and Applicants and that a committee be formed to study the problem. Stan Pearson was selected to organize this committee.

K. Resolutions submitted by the Eastern sub-regions will be distributed to each region for consideration at the Regional Meetings.

19. Rules and Regulations of the OSR

A. It was suggested that the immediate past OSR chairperson sit on the new Administrative Board to provide continuity. This will be considered in detail later.

B. A Nominations Committee was suggested to request and evaluate nominations for OSR positions.

20. OSR Calendar

The following dates were mentioned in order to facilitate greater representation by allowing more time to plan for OSR events.

A. March 16 - Administrative Board Meeting (tentative)

B. June 15 - Administrative Board Meeting

C. Sept. 14 - Administrative Board Meeting

21. Funding of the OSR

Mr. Boerner informed us of the following points of AAMC policy on funding of OSR Administrative Board members to Administrative Board meetings.

A. An Administrative Board member who is no longer the official OSR member from his or her school should seek funding first from his school. If funds from the school are not forthcoming, the AAMC will provide them.

B. An official member on the Administrative Board will be funded by the AAMC to attend Board meetings.

22. The Draft - 2M Classification:

With the expiration of the military medical specialist draft in July 1973, the U.S. government cannot resume medical inductions without approval of Congress. In an attempt to keep track of medical personnel, a new classification system has surfaced. Medical students have been reclassified from 1-H to 2-M which extends eligibility to age 35 years. Reclassification requires contacting the hometown draft board.

23. The 1974 Annual Meeting:

The theme for the 1974 Annual Meeting will be "The University Medical Center Role in the Education of the Public." Comments were entertained on whether the OSR should sponsor a special program geared to the student's viewpoint and whether the OSR should request student speakers before the General Assembly on this issue.

24. OSR Mailings:

Any member not receiving AAMC/OSR mail should send his/her address to the OSR secretary - David Stein
18935 Wildemere
Detroit, Michigan 48221

25. FMG Task Force Recommendations

This group has not formalized its final position.

26. The meeting adjourned at 6:00 PM.

Respectfully Submitted,

David Stein
OSR Secretary

MEMORANDUM

TO: Drs. Swanson and Thompson, Mr. Boerner
OSR Administrative Board

FROM: Dan Clarke-Pearson
OSR Chairperson

SUBJECT: Budget Request for OSR Bulletin

Over the past two years the OSR has grown in its range of activities, interests, and participation in the affairs of the AAMC. At the same time, however, several major weaknesses have been identified which, when corrected, would make the Organization more effective. The weakness which this memo addresses is communications between the AAMC/OSR and medical students.

At the moment most medical students have no idea of what the AAMC is or stands for. Other students associate the Association primarily with the MCAT or AMCAS.

The OSR was created in order "to provide a means by which medical student views on matters of concern to the AAMC may find expression" and "to provide a mechanism for medical student participation in the governance of the affairs of the Association." (OSR Rules and Regulations) As with any representative group, however, it is important that the constituency be well informed on issues of importance.

At the present time, communications of this sort are dependent upon the initiative, time, and creativity of each school's sole OSR member. Although many OSR members have tried to fulfill this role, there remains a sense of frustration in attempting to fully depict the AAMC and OSR to the students whom we represent. OSR members also feel that better feedback from their campuses could be obtained through educating their student bodies as to the role of the AAMC and OSR.

Rather than continue with these widely variable efforts of OSR members single-handedly attempting to communicate the activities, interests, and policies of the Association and OSR to their campuses, it is felt that a high quality publication should be created to fulfill the following purposes.

I. Purpose

The major purpose of such a publication would be to communicate to medical students the activities and policies of the AAMC and OSR. At the present time there is no such publication designed with the medical student audience in mind. As has been reinforced by the active enthusiasm of medical student participation in the OSR, medical students are interested in the affairs of the Association and have demonstrated that they

are responsible and thoughtful spokesmen on many AAMC Committees and task forces.

In general it is felt that a Bulletin would raise the profile of the AAMC and OSR in the medical student's mind and would make the student more aware of the wide variety of activities in which the AAMC and OSR are involved. It must be emphasized that many of today's medical students will be tomorrow's Deans, biomedical researchers, hospital administrators, and faculty members. Thus, an understanding of the Association as a student will surely strengthen the AAMC's membership and support in the future.

This Bulletin will also facilitate the job of each OSR member in depicting the AAMC and OSR to his/her student body. Presently, this is inadequately done via medical student newspapers, bulletin board items, and special memos.

Furthermore, this Bulletin would greatly enhance the continuity within the OSR in that not only would there be a visible record of policies and activities, but also projects initiated prior to the election of a new OSR member would be better understood. We have found that our relatively short time as medical students hampers our year-to-year continuity and function as an effective organization. This is an inherent and uncorrectable weakness which is not present in other AAMC Councils.

The Bulletin would obviously aid the OSR member in creating points of discussion on his/her campus and would facilitate feedback, thus making the OSR more truly representative of student views.

Finally, it is felt that such a Bulletin would make each OSR member more accountable to his/her campus for activities and policy of the AAMC/OSR. With an information source external to the OSR member, each representative would have to keep up with AAMC and OSR activities in order to discuss them intelligently with his/her constituency.

II. Content

The Bulletin will incorporate the following items into a 4 to 8 page format which will be published 5 times during the academic year at approximately 2 month intervals.

A. Feature Articles: Each issue of the Bulletin would be "Built" around one or two feature articles. These articles will be long enough to explore in depth a specific issue of interest to medical students. Topics might include:

- Financial Aid and Financing of Medical Education
- The NIRMP
- The NBME and the GAP Report

- Confidentiality of Student Records, Information Release, etc.
- MCAAP and Admissions
- Minority Affairs
- Student involvement in medical school administration:
Report on the OSR Study of Student Administration
- Medical Student Rights
- Redistribution of health care personnel within geographical
and speciality areas
- The Foreign Medical Graduate

B. OSR Activities Column: This would be either a column or short articles about current OSR activities.

C. AAMC Activities Articles: These would be short articles about activities of the AAMC which would catch the interest of medical students. Items would be culled from existing AAMC publications.

D. Journal of Medical Education Abstracts: These would be one or two short articles about an interesting discussion appearing in a recent issue of JME. Hopefully, it would arouse the student's interest enough to go to the JME and read the article itself.

E. Committee Reports: These would be short articles by the student members of the various AAMC and GSA committees regarding significant action of the committee. We might include 2-3 such articles or have a column of committee activities in each issue.

F. Regional News: If significant these would warrant a separate article. Usually, however, it would be incorporated into the OSR Activities Column (B).

G. Editorials: Included in the Bulletin would be one or two well written editorials relating to either the feature article(s), OSR and AAMC activities, or other issues of particular concern to medical students.

H. Student Opinion Poll: Since one of the goals of the Bulletin is to elicit student response to issues raised in it, a well thought out and constructed questionnaire might be included. The questionnaire could be returned to the local OSR member for tabulation.

III. Organization and Function of the Editorial Board

The Bulletin will be handled by a student editorial board of small enough size that it can communicate with each other, and yet large enough so that no single person is overwhelmed with responsibility or work. Of course, it will be necessary for

the Editor to coordinate the effort of the board, and to insure that all deadlines are met.

Basically, the editorial board will be composed of individuals responsible for each of the various departments of content already listed. These individuals would be responsible for obtaining and/or writing the articles, and editing outside articles. The final copy of the article would then be sent to the Editor. Upon receiving the final articles from the various departments, the Editor would lay out the issue of the bulletin and handle all arrangements for printing and distribution. This, then, is a simple outline, or flow-diagram of how the various articles would be written, edited, laid out, and finally published and distributed.

In terms of specific department's functions and responsibilities, let me return to the eight major areas of content.

A. Feature Articles: These articles would be written by various OSR members or other medical students. They would be solicited by the Bulletin's editorial board from people with particular interest or expertise in the areas we want featured. Therefore, it would be up to the editorial board to decide which topics we want to feature and who to ask to write them. Once the article is written and has been received, it should be reviewed by the editors responsible for Features. These would be three people whose responsibility it would be to get the article into form for publication. They might wish to circulate the article to others for comments or suggestions. After working over the article, they would submit it to the Editor for final lay out.

B. OSR Activities Column: The information for this column would come from the various people in charge of activities in the OSR. The editor of the Column, most probably the OSR Chairperson, would write and edit the column and then submit it to the editor.

C. AAMC Activities Articles: This department would be handled by two people. These people would receive all of the AAMC publications and would review them for pertinent articles of student interest. They might "lift" the article directly from the AAMC publication, or they might re-write it into a more coherent, concise or catchy form. They would then submit these articles to the Editor.

D. Journal of Medical Education Abstracts: This department would be handled by one person, most likely the OSR member on the JME Editorial Board. He/she would identify an article in a recent issue of JME as of interest to medical students and then would write a short summary of it. The article would not be in such dry form as an abstract, but would be fairly concise. The final article would then be submitted to the Editor.

E. Committee Reports: The OSR member on the specific AAMC or GSA committee would submit these reports to a single editor who would edit and compose a final article. The final articles would be submitted to the Editor. If the Report editor so choose, he might compose a committee column, rather than submit separate articles.

F. Regional News: These reports would be submitted by the correspondent from each region. This person most likely would be the regional chairperson or secretary. The report would be submitted to the OSR chairperson who would then decide whether or not they warrant a separate article or whether it would be best incorporated into the OSR Activities Column. In either event, the final article would be submitted to the Editor.

G. Editorials: The writing of editorials would be under the supervision of the Feature Department, along with the Editor. Most likely the editorials will speak to the point of the feature article. On other occasions, they would be written about other areas of concern. In any event, the Feature editors would seek out a person to write an editorial and supply that person with sufficient background materials. The editorial would be sent to the Feature staff and then forwarded to the Editor.

H. Student Opinion Poll: In order to be effective, a questionnaire must be very carefully written. This effort would be coordinated by a single editor with the cooperation of the rest of the editorial board. It is important that the questionnaire be circulated to the editorial board for approval and recommendation, prior to submitting the final form to the Editor.

When the above mentioned articles are completed they are sent to the Editor by a specified deadline. The Editor will do the final editing and proof reading of all articles and then give the copy to the printer for the setting up of the galley proofs. The galley proof is then laid out by the Editor and a professional editorial assistant, who has experience in this area of publication work. The final paste-up copy is sent back to the printer for printing and final distribution.

It should be noted that only in these final stages of lay out will it be necessary to have a part-time professional lay out assistant. It has been suggested that this professional assistant might be either the medical school's PR person or a graduate student in journalism or graphic arts.

The final copy would be sent in bulk to each school c/o the OSR member who would then distribute the Bulletin. At nearly all schools, there are student mail boxes available for such distribution purposes.

Ultimately, the Editor of the Bulletin, the professional lay out person, and the Printer must be in very close geographical

contact. Therefore, we propose that in its first year, the Bulletin will be edited by Mr. Dan Plautz, a second year medical student at the University of Missouri at Columbia. Dan Plautz has been an active OSR member for the past two years and is presently the vice-chairperson for the OSR Central Region. Of additional importance, is that the University of Missouri has an excellent school of journalism on the same campus, which Mr. Plautz feels will be a very significant resource in the development of the Bulletin. The school of journalism will also be the source of some very fine support in graphic design and lay-out.

Finally, we have been given a quote by American Press of Columbia, Missouri, which is significantly cheaper than the estimates we received from AAMC Staff. Thus, for at least the first year, it seems logical to base the editing and publishing of the Bulletin in Columbia, Missouri.

This, as with all points made in this memo, is open for revision and compromise with the AAMC. I would emphasize again, that such a Bulletin for medical students is needed and that the OSR is seeking the most efficient and economical way to achieve the goals listed in Item I.

IV. Costs

The cost estimates of publishing a Bulletin have varied widely.

A. In January 1974, Mr. Charles Fentress estimated that the cost of the Bulletin, based on the cost of the AAMC Education News, would be approximately \$6,000 for 5 issues, each 4-8 pages in length, with distribution of only 100 copies to each of the medical school campuses. That is, 10,000 copies published per issue. This cost does not include any professional staff or operational expenses, such as phone calls and postage. It does include photos in the publication, as well as an additional color ink.

B. Quote #172: American Press, Division of Standex
5601 Paris Rd.
Columbia, Mo. 65201

Materials: 8 3/8" x 11 3/8" finished 60 lb. offset Dearskin
Opaque grade #4

Costs include unlimited photographs and one colored ink in addition to black.

Printing Costs:

	#copies: 10,000	20,000	40,000
4 page issue	\$314.00	\$436.50	\$681.50
8 page issue	\$642.00	\$883.00	\$1365.00

Estimated Total Cost Per Issue:

4 Pages/Issue

	# copies:	10,000	20,000	40,000
Set-up & Printing.....		\$314.00	\$436.50	\$681.50
Packaging.....		\$ 50.	50.	50.
Shipping (Est.).....		\$ 50.	100.	200.
Staff-lay out.....		\$100.	100.	100.
Phone and operating expenses.....		\$100.	100.	100.
	TOTALS	\$614.00	\$786.50	\$1131.50

8 Pages/Issue

	# copies:	10,000	20,000	40,000
Set-up & Printing.....		\$642.00	\$883.00	\$1365.00
Packaging.....		\$ 50.00	50.00	50.00
Shipping (Est.).....		\$100.00	200.00	400.00
Staff-lay out.....		\$150.00	150.00	150.00
Phone and operating expenses.....		\$150.00	150.00	150.00
	TOTALS	\$1092.00	\$1433.00	\$2115.00

It is felt that we should attempt to distribute this Bulletin to all medical students and therefore 40,000 copies ought to be printed per issue. The Editorial Board also feels that two 4 page issues and three 8 page issues per year are ideal. Consequently, the estimated costs for the Bulletin, published 5 times between July 1, 1974 and July 1, 1975, with circulation of 40,000 copies per issue, 2 issues 4 pages in length and 3 issues 8 pages in length would be:

4 page issues (2) @\$1131.50/issue.....	\$2263.00
8 page issues (3) @\$2115.00/issue.....	\$6345.00
TOTAL	\$8,607.50

Although split in opinion, the Editorial Board feels that in an effort to economize, while still assuring fair distribution, the total number of copies per issue might be cut to 20,000. This still places 200 copies on each medical campus and we may reach most interested students. The cost of this compromise plan would be:

4 page issues (2) @\$786.50/issue.....	\$1573.00
8 page issues (3) @\$1433.00/issue.....	\$4299.00
TOTAL	\$5872.00

The OSR sincerely requests that we receive budgeting of \$8607.50 for the publication of a Bulletin to be published 5 times between July 1974 and July 1975.

Although there will be many details which will need to be developed with AAMC staff, the Bulletin Editorial Board, and the printer prior to the first issue, I hope that this request is sufficiently complete so that the OSR may be budgeted for this important project.

Dan Clarke-Pearson
OSR Chairperson
February 17, 1974

GUIDELINES FOR OSR TASK FORCE ON EVALUATION,
CERTIFICATION, AND LICENSURE IN MEDICINE

Approved by OSR Administrative Board
January 11, 1974

I. Name and purpose of task force

An OSR Task Force on Evaluation, Certification, and Licensure in Medicine shall be organized to study the report of the Committee on Goals and Priorities of the National Board of Medical Examiners, entitled "Evaluation in the Continuum of Medical Education."

II. Composition of task force

A. The task force shall consist of four members, one from each of the four regions of the OSR. Each member may be either an official OSR representative or an alternate, and need not have previously participated in the OSR.

B. It shall be the responsibility of each regional chairperson to select the regional member of the task force, in his or her own manner. The regional chairperson may serve as the regional member of the task force. The name and address of the official regional member shall be reported by the regional chairperson to the OSR chairperson, no later than February 1, 1974.

C. If for any reason a region does not wish to select one of its own representatives as a member of the task force, the regional chairperson shall designate a representative from another region to serve as the first region's member of the task force.

D. The OSR chairperson shall designate one of the task force members as the chairperson of the task force, by February 15, 1974.

E. The OSR chairperson shall make certain that all official OSR members are sent the names and addresses of the task force members, by February 15, 1974.

III. Preliminary regional position papers

A. Each task force member shall write a preliminary regional position paper regarding "Evaluation in the Continuum of Medical Education," to be submitted to the OSR chairperson by March 18, 1974. The task force members shall be encouraged to consult one another and other members of the respective regions that they represent, and shall be requested particularly to take the regional input into account in formulating the preliminary regional position papers.

B. The four preliminary regional position papers shall be collected into one packet, by the OSR chairperson, and sent to all official OSR members on March 22, 1974, via air mail to the Western Region members and via first class mail to the others.

IV. Discussion at OSR regional meetings

A. The report of the Committee on Goals and Priorities of the National Board of Medical Examiners, "Evaluation in the Continuum of Medical Education," shall be a major discussion item at the OSR regional meetings to be held in spring 1974. The regional chairpersons shall make this known, in advance, to the OSR members in their respective regions, and are advised to encourage them to give particular attention to the preliminary regional position papers in their preparation for the regional meetings.

B. It shall be up to each regional chairperson to determine the amount of time that shall be devoted to this item at the regional meeting, but no time allotment need be determined in advance of the regional meeting.

C. At each regional meeting, the regional member of the task force shall discuss his or her own preliminary regional position paper, as well as the other three preliminary regional position papers, and shall solicit additional input from the region.

D. Wherever there arise major points of disagreement at the regional meeting, the task force member is advised to poll the region to reach a consensus.

V. Regional position papers

Each task force member shall take into account the input received at the regional meeting in formulating a regional position paper. Each member shall also compile a list enumerating those ideas that received significant (but not necessarily majority) support at the regional meeting, but that were not incorporated into the regional paper. Both of these items shall be sent, within ten days of the end of the regional meeting, to the AAMC office, from where they shall be sent to all OSR members.

VI. Task force conference, final OSR position paper

A. A conference of the task force shall be held during the two days immediately preceding the June 1974 meeting of the OSR Administrative Board, at the same location as the Administrative Board meeting. The task force shall work out a final OSR position paper at this conference.

B. The structure and guidelines of the conference shall be proposed by the task force chairperson; these shall be subject to the approval of the other three members of the task force and the OSR chairperson. The task force chairperson shall send copies of the proposed structure and guidelines to these persons, by May 20, 1974.

C. The final OSR position paper shall be submitted, by the task force chairperson, to the OSR Administrative Board, as the major action item for its June 1974 meeting. The members of the task force shall be invited to this meeting, and shall participate in the discussions regarding the final OSR position paper.

D. If approved at the June meeting of the OSR Administrative Board, the final OSR position paper shall be submitted as a discussion item at the June 21, 1974 meeting of the Executive Council of the AAMC. It shall also be mailed, by the AAMC office, to all official OSR members. The OSR chairperson shall subsequently determine, through consultation with the task force members, what further steps, if any, shall be taken in regard to this project.

VII. Modification of guidelines

The chairperson of the task force may use his or her discretion in modifying the schedules and conditions provided herein, subject, in each instance, to the approval of the other members of the task force and the OSR chairperson.

VIII. Financing of project

A. The AAMC shall finance the June meeting of the task force. The AAMC shall also reimburse the task force members for all reasonable expenses that they incur through their participation in this project.

B. The OSR chairperson shall immediately begin to pursue possible means of ascertaining that the AAMC will finance this project in the manner specified in item VIII A. If, by March 1, 1974, a satisfactory result on this matter has not been achieved, the OSR chairperson shall make the necessary preparations for presenting these guidelines to the Executive Council of the AAMC at its March 22, 1974 meeting. If necessary, he shall recommend that the Executive Council endorse item VIII A and authorize the AAMC to finance the task force through June 1974.

IX. Publicization of project to general OSR membership

If these guidelines are approved by the OSR Administrative Board at its meeting on January 11-12, 1974, the AAMC shall send to each OSR member, on January 14, 1974, the following items:

- (a) a brief discussion of the report of the Committee on Goals and Priorities of the National Board of Medical Examiners, "Evaluation in the Continuum of Medical Education";
- (b) a copy of the article, "Evaluation, Certification, and Licensure in Medicine: New Directions," by John P. Hubbard, M.D., which appeared in JAMA, 7/23/73;
- (c) a brief outline of the nature of this project;
- (d) a request that OSR members or alternates interested in serving on the task force should so notify the regional chairperson as soon as possible, recognizing that the official task force member must be designated by February 1, 1974;
- (e) a listing of the names, addresses, and phone numbers of the four regional chairpersons.

Items (a), (c), (d), and (e) are to be provided by the vice chairperson of the OSR.

SUMMARY OF PROPOSED TIMETABLE

Jan. 11-12	approval of proposed guidelines for OSR Task Force on Evaluation, Certification, and Licensure in Medicine by OSR Administrative Board
Feb. 1	designation of members of task force
Feb. 15	selection of chairperson of task force
Mar. 22	four preliminary regional position papers sent to all OSR members
spring	discussion at OSR regional meetings; formulation of regional position papers
June	Task Force Conference, development of final OSR position paper; consideration by OSR Administrative Board; submission to AAMC Executive Council

PROPOSAL FOR STUDENT PARTICIPATION IN
THE NATIONAL BOARD OF MEDICAL EXAMINERS

WHEREAS, the Organization of Student Representatives (OSR) of the AAMC, the Student American Medical Association (SAMA), and the Student National Medical Association (SNMA) recognize that the report of the Committee on Goals and Priorities of the National Board of Medical Examiners, "Evaluation in the Continuum of Medical Education," addresses many issues of concern to medical students, and that the NBME will be dealing intensively with these issues in the near future;

WHEREAS, in medical areas of concern to them, medical students, through the OSR, SAMA, and SNMA, have clearly demonstrated the value and effectiveness of their formal representation on committees of other organizations;

BE IT RESOLVED that in order to facilitate student input regarding the many issues that are to be dealt with by the National Board of Medical Examiners,

(1) the OSR, SAMA, and SNMA be extended the opportunity to have voting representatives on the Board of the NBME as it is presently organized;

(2) provision be made for formal student representation on the Executive Committee of the NBME;

(3) the OSR, SAMA, and SNMA shall have voting representatives on the proposed Council for Undergraduate Medical Evaluation if such a council is eventually set up within the NBME.

UNIVERSITY OF CALIFORNIA, LOS ANGELES

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

OFFICE OF THE DEAN
SCHOOL OF MEDICINE
THE CENTER FOR THE HEALTH SCIENCES
LOS ANGELES, CALIFORNIA 90024

February 11, 1974

Mr. Daniel L. Clarke-Pearson
Chairperson, O.S.R.
2649 East 126 Street
Cleveland, Ohio 44120

Dear Mr. Clarke-Pearson:

I am responding to your letter of January 14 asking that a house officer be added to the AAMC Committee on Moonlighting, which I chair. Please forgive my delay in responding, but since the appointment of all committee members is by the AAMC Chairman, I requested direction from Dan Tosteson and John Cooper.

First, let me say that each of the members of the committee has consulted with house officers in his own institution on the issues involved. We are in the final stages of preparing a position which will ultimately be considered by the Executive Council. The OSR Administrative Board will have the opportunity to review this position and provide input to the Executive Council deliberation.

Thus, while we recognize the value of gaining input from house officers, we feel that appointment of a resident to the committee at this time is unnecessary. In particular, it would be inappropriate for the AAMC to ask any other organization to designate committee members.

I hope that the conclusions of the Moonlighting Committee will reflect the views of the broad AAMC constituency on this controversial issue. I look forward to receiving the views of the OSR at the appropriate time.

With appreciation for your interest,

Sincerely,

Sherman M. Mellinkoff
SHERMAN M. MELLINKOFF, M.D.

SMM/rma

1 South Street
New Haven, Conn. 06510
203-777-5388 ext. 921 (if not in,
leave message
with operator)

February 21, 1974

Mr. Dan Clarke-Pearson
OSR Chairperson
2649 E. 126 St.
Cleveland, Ohio 44120

Dear Dan:

Thank you very much for your letter of January 17th. I am sorry I have been so long in answering it. I have been out of New Haven on a medical clerkship and I am just now getting my correspondence put in good order.

I would be more than happy to prepare a detailed "well-reasoned" position paper concerning the feasibility of a limited random admissions policy. Paul Pitef who is the Brown Univ. OSR representative wrote a 200 page feasibility report for such a policy for Brown University's undergraduate admissions program. The resolution which I submitted to the OSR in Washington was based upon the ideas conveyed in this paper. I am certain that Paul and I will be able to write a statement concerning our proposal for the OSR Administrative Board Meeting of mid-June. I am currently taking my pediatrics clerkship, followed by OB-GYN. The entire month of May I have off and during this break I would be more than willing to spend the time to write such a feasibility report. Unfortunately, until then (as you can well imagine) I am too busy. Tomorrow evening I intend to call Paul and try to arrange a collaboration on this proposal. I will let you know in a week ^{of} our plans.

About a week ago, I received a letter from Dr. Cooper asking me to serve on the Flexner Award Committee. I thank you and the Administrative Board for nominating me for this position and I will send the Board any progress notes of OSR concern.

In about a week I will send you my curriculum vitae. I think my interest in medical education will become apparent if you scan it. Of significance to the OSR is that I was the only student member of a corporation committee that established Brown University's Medical School and I served as president of the Pre-Med Committee. As an undergraduate I was very concerned about medical education and the admission process. In May, I begin my Ph.D. and I will have more time to work with you and the OSR.

Sincerely yours,

Jerome
Jerome B. Zeldis

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BOSTON UNIVERSITY MEDICAL CENTER



BOSTON UNIVERSITY SCHOOL OF MEDICINE

80 EAST CONCORD STREET, BOSTON, MASSACHUSETTS 02118

Box 135

2/22/74

ADMISSIONS OFFICE

Dan Clarke-Pearson
OSR Chairperson
2649 E. 126 St.
Cleveland, Ohio 44120

Dear Dan:

Please excuse the delay in answering your letter of January 17, 1974. I've been out of the country for two months and have just returned this week.

With regard to the establishment of a committee to investigate the feasibility of a nation-wide pass-fail system, I was hoping that this would be an OSR recommendation to the AAMC. If it were an AAMC committee it would, by its very nature, carry more clout and have the respect of a wider audience. On the other hand, I realize that it would not be an easy task to convince the AAMC leadership that such a study would be worthwhile. Therefore, I'm willing to prepare a preliminary report compiling as much information as possible on the current status of pass-fail among American Medical Colleges. I know of two studies being conducted on the impact of medical school grading relative to post-graduate medical training. I will report on the progress of these studies to the Board at its June meeting.

Its possible that I may find it necessary to conduct some surveys of my own. Would it be possible to be budgeted for some funds for this project? I'm not prepared to present a budget at this time; however, once the project begins to take shape I'll have a better idea of the kind of help I'll be needing. Also, what is the feeling of the Administrative Board concerning this project? Does anyone feel that it might have a real fighting chance?

At any rate, I'll get started ASAP, and will keep you informed of my progress.

Sincerely,

Joel R. Daven
Tel. 617- 522-5273

OSR ANNUAL MEETING

The theme of the AAMC's annual meeting is "Health Professionals and Public Education for Health: The Roles of Academic Medical Centers in Public Education for Health." A summary of suggested topics of discussion follows on the next page.

Bart Waldman will clarify for us the exact dates and possible meeting times for the OSR's Annual Meeting.

What we need to decide at this administrative board meeting is the length of time we should meet, and what we should do within the time slots. The following is a list of activities suggested at the past annual meeting which we should consider.

1. Should we have an orientation session for new members?
This might include a discussion of what the AAMC is, how the AAMC functions and how the OSR fits into the general scheme of things.
2. Regional Meetings: It was suggested by many that there be time allocated for two (2) regional meetings during the annual meeting. The first meeting could be introductory in nature, and might allow the regional members to get to know each other. The important topics of the general OSR Business meeting might also be discussed in these smaller groups. A second meeting later in the OSR annual meeting might be used to address specific regional business and make plans for the coming year.
3. OSR Business Meetings: Is there a better way for us to handle business such as resolutions, changes in rules and regulations and election of officers?
4. Task Forces: The idea and implementation of task forces at the last annual meeting met with good success. Should we plan to have new task forces this year? If so, what should the topics be? Who should be asked to run each session?
5. Program: Should the OSR hold a program session as a part of our annual meeting? If so, what topic(s) should we have? Should we carry over the AAMC's theme into our meeting? Women in Medicine has also been suggested as a program topic.
6. Administrative Board: Some have suggested that there be a joint meeting between the outgoing and newly elected administrative boards. This might lend to continuity and might get the new board off to a faster start. Should we plan a half day or whole day for a joint board meeting?

DRAFT PROPOSAL

Program for 1974 Annual Meeting

Health Professionals and Public Education for Health

The Roles of Academic Medical Centers in Public Education for Health

Some Suggested Topics:

Human Biology - Normal and Abnormal

Heart
Cancer

Sex and Reproduction

Venereal Disease
Abortion
Population Regulation

Drugs

Addiction
Proprietary
Prescription - Multiple

Nutrition

Mental Health

Access to Health Care System

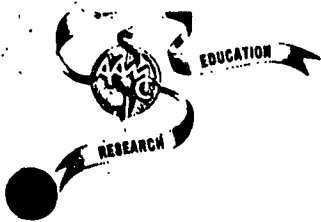
Economics of Health Care

Communications Media in Public Education for Health

Newspapers
Television

Foundations in Public Education for Health

Public Schools in Public Education for Health



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

February 22, 1974

Mr. Deane R. Doolen
Assistant Dean for Student Affairs
Southern Illinois University
School of Medicine
P.O. Box 3926
Springfield, Illinois 62708

Dear Deane,

Your request for information to conduct a study concerning all Illinois residents enrolled in an American medical school for the first time in 1973 arrived today, and it has been forwarded to Dr. H. Paul Jolly, Director of the Division of Data Processing.

By copy of this letter, I am asking Dr. Jolly to communicate with you directly regarding the availability of these data and the question of whether the AAMC release policy would permit us to provide these data to you.

A copy of your letter is also being circulated to the members of the OSR Administrative Board to ask their approval for release of these data assuming that individual students will not be identified by name. I am requesting each Administrative Board Member to notify me of objections to the release of this information by March 15. If the majority of the Administrative Board members do not respond negatively, I will assume that they approve release of these data.

I certainly hope that we can assist you with this project.

Sincerely,

Robert J. Boerner
Associate Director
Division of Student Programs
and Services

RJB/kae

cc: OSR Administrative Board ✓
Dr. Jolly

RULES AND REGULATIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADOPTED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES
October 28, 1971

APPROVED BY THE COUNCIL OF DEANS
October 29, 1971

The Organization of Student Representatives was established with the adoption of the Association of American Medical Colleges Bylaw Revisions of February 13, 1971.

REVISIONS 7 NOV. —, 1973
Section 1. Name

The name of the organization shall be the Organization of Student Representatives of the Association of American Medical Colleges.

Section 2. Purpose

The purpose of this Organization shall be 1.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education, 2.) to provide a means by which medical student views on matters of concern to the AAMC may find expression, 3.) to provide a mechanism for medical student participation in the governance of the affairs of the Association, 4.) to provide a vehicle for the student members' action on issues and ideas that affect the delivery of health care.

Section 3. Membership

A. Members of the Organization of Student Representatives shall be medical students representing institutions with membership on the Council of Deans, selected by a process appropriate to the governance of the institution. The selection should facilitate representative student input. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

B. Each member of the Organization of Student Representatives shall be entitled to cast one vote at meetings of the Organization.

C. Each school shall choose the term of office of its representative in its own manner.

Section 4. Officers and Administrative Board

A. The officers of the Organization of Student Representatives shall be as follows:

1. The Chairperson, whose duties it shall be to (a.) preside at all meetings of the Organization, (b.) serve as ex officio member of all committees of the Organization, (c.) communicate all actions and recommendations adopted by the Organization to the Chairman of the Council of Deans, and (d.) represent the Organization on the Executive Council of the Association. The Chairperson must be an official member of the Organization of Student Representatives at the time of his or her election and must have attended the previous Organization of Student Representatives annual meeting and the most recent meeting of his or her Organization of Student Representatives region. In the event that no Organization of Student Representatives member satisfying these criteria seeks the office of Chairperson, these criteria shall be waived.

2. The Vice-Chairperson, whose duties are to preside or otherwise serve in the absence of the Chairperson. If the Vice-Chairperson succeeds the Chairperson before the expiration of this term of office, such service shall not disqualify the Vice-Chairperson from serving the full term as Chairperson.

3. The Secretary, whose duties it shall be to (a.) keep the minutes of each regular meeting, (b.) maintain an accurate record of all actions and recommendations of the Organization, and (c.) insure the dissemination of minutes of each regular meeting and a record of all actions and recommendations of the Organization and of the Organization's representatives on the committees of the AAMC within one month of each meeting.

B. The term of office of all officers shall be for one year. All officers shall serve until their successors are elected.

C. Officers will be elected annually at the time of the Annual Meeting of the Association of American Medical Colleges.

D. There shall be an Administrative Board composed of the Chairperson, the Vice-Chairperson, the Representatives-at-Large, the Secretary, and one member chosen from each of four regions, which shall be congruent with the regions of the Council of Deans. Regional Members of the Administrative Board shall be elected at the Annual Meeting by regional caucus.

E. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees, with the Vice-Chairperson serving as the Chairperson when it so functions.

Section 5. Representation on the AAMC Assembly

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 percent of the Organization of Student Representatives membership, the number of seats to be determined annually. Representatives of the Organization of Student Representatives to the Assembly shall be determined according to the following priority:

- 1.) The Chairperson of the Organization of Student Representatives.
- 2.) The Vice-Chairperson of the Organization of Student Representatives.
- 3.) The Secretary of the Organization of Student Representatives.
- 4.) Other members of the Administrative Board of the Organization of Student Representatives, in order of ranking designated by the Chairperson, if necessary.
- 5.) Members of the Organization of Student Representatives elected by the membership in a number sufficient to fill any additional positions on the Assembly which may be vacant.

Section 6. Meetings, Quorums and Parliamentary Procedure

A. Regular meetings of the Organization of Student Representatives shall be held in conjunction with the AAMC Annual Meeting.

B. Special meetings may be called by the Chairperson upon majority vote of the Administrative Board provided there be given at least 30 days notice to each member of the Organization of Student Representatives.

C. A simple majority of the voting members shall constitute a quorum.

D. Formal actions may result by two mechanisms: (1.) by a

majority of those present and voting at meetings at which a quorum is present and (2.) when three of four regional meetings have passed an identical motion by a majority of those present and voting.

E. Where parliamentary procedure is at issue, Roberts Rules of Order (latest edition) shall prevail, except where in conflict with Association Bylaws.

F. All Organization of Student Representatives meetings shall be open unless an executive session is announced by the Chairman.

Section 7. Operation and Relationships

A. The Organization of Student Representatives shall report to the Council of Deans of the AAMC and shall be represented on the Executive Council of the AAMC by the Chairperson of the Organization of Student Representatives.

B. Creation of standing committees and any major actions shall be subject to review and approval by the Chairman of the Council of Deans of the AAMC.

Section 8. Adoption and Amendments

These Rules and Regulations shall be adopted and may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given, provided that the total number of the votes cast for the changes constitute a majority of the Organization's membership.

OSR REGIONAL MEETINGS

The regional spring meetings offer a unique chance for OSR members to meet in a casual atmosphere in small groups. The general setting usually lends to good discussion and planning.

Out of necessity, the discussion topics are usually a mix of national OSR items, regional OSR items, and GSA topics. At the administrative board meeting we need to identify which national OSR items must be discussed at each regional meeting. There is always the temptation to overload the regions with national topics, so we must be careful to select those most important and vital topics.

Suggested topics for regional meetings:

1. National Board of Medical Examiners, Goals and Priorities Committee Report: There will be four position papers circulated to the OSR membership prior to the regional meetings. At the regional meetings, discussion of the GAP Report should be comprehensive enough so that the region's task force member can draw up the regional position paper.
2. Resolutions: There have been several resolutions submitted since the annual meeting. Do the regions want to consider all of them?
3. NIRMP: A big topic at last year's regional meetings. What further discussion must we undertake now that the local NIRMP Monitoring Committees have been created?
4. OSR Rules and Regulations--Proposed Changes: There are many areas of weakness in the present Rules and Regulations. Russ Keasler is working on some materials which may facilitate strengthening them. Discussion at the regional meetings is important so that we will have a clear idea of how the changes ought to be made; thus avoiding major discussions at the annual meeting.
5. Student Administrative Listing: Is there any report or material which should be discussed at the regional meetings?
6. Women in Medicine: Cindy Johnson will fill us in on this topic at the administrative board meeting.

RESOLUTIONS

From the New York-New Jersey Sub-Region of the
Northeastern Region, OSR

November 4, 1973

1. Resolution on Athletic Facilities:

RESOLVED: "Athletic facilities should be made available by each Medical School for student use, open at times convenient for student use, adequate to accommodate the numbers of students desiring them, and should be included into future planning (adjacent to or within proposed structures.)"

2. Resolution on Child-Care Facilities:

RESOLVED: "Child-care facilities should be incorporated into future planned Medical School constructions and where possible should be available in existing institutions."

3. Evaluation of the Clinical Rotations:

RESOLVED: "There is a need for continuous ongoing evaluation from teaching staff during the clinical rotations."

4. Hospital Internship-Residency Programs:

RESOLVED: "The AAMC should annually request its member programs to submit information on what factors are used as criteria for acceptance into their programs, how these factors are weighed, and of those accepted what qualifications made them acceptable." (ie. grades, recommendations, minority, sex, interviews, etc.)

Issues from the Dec. 8, 1973 New York-New Jersey Sub-Regional Meeting

Resolutions:

1. ANONYMITY OF BOARD SCORES:

- RESOLVED: Once National Board Scores reach the individual medical schools :
- a. Listings of these scores must be kept anonymous
 - b. Scores may only be released in listings and on transcripts with the written permission of the student involved.
 - c. A provision for the enforcement of these provisions is to be created.

2. REINSTATEMENT OF THE HEALTH PROFESSIONS SCHOLARSHIP:

- RESOLVED: The Health Professions Scholarship Program should not be terminated as it is a vital encouragement to economically underprivileged medical school applicants.

3. National REGISTRY OF COMMUNITIES REQUIRING HEALTH PERSONNEL:

- RESOLVED: The OSR provide an annual listing of medical positions available in communities throughout the United States with some description regarding the medical needs in those communities to attempt to alleviate the maldistribution of medical doctors.

Resolution

Be it resolved that the OSR of the AAMC recommends to the Council of Deans:

- 1) That medical students be provided with knowledge of and free access to all written materials incorporated into any evaluation of a student's clinical performance sent by a department or by the Office of the Dean to any other party;
- 2) That the directors of medical education of the various clinical rotations instruct their teaching residents to provide to the incoming group of students at the beginning of each rotation written clarification of all parameters taken into consideration in the compilation of the evaluations of the student's performance during that rotation: further, that the incoming students be provided with a written description of their duties and obligations during that rotation;
- 3) That the directors of medical education of the various clinical rotations instruct their teaching residents to schedule a personal conference at the midpoint of the rotation with each student directly in their charge to advise these students as to the evaluative status of their current performance: further, that the conference focus primarily on those parameters pertinent to the final evaluation of the student's performance in that rotation.

Introduced and

Passed by the Southern Subregion of the Northeast Region, December 9, 1973.

Resolutions from New England Sub-Region

- 1) Resolved, that in order to facilitate ongoing course development students be required to anonymously evaluate all course and clerkship experiences and submit these evaluations to an appropriate faculty body.
- 2) Resolved, that the AAMC establish a committee to examine grading options and the feasibility of establishing a uniform pass-fail/written evaluation grading system for U.S. medical schools.
- 3) Resolved, that the AAMC establish a committee to develop a program for annually evaluating all internship and residency programs in the U.S. on a program-by-program basis.

The above were approved by representatives from Yale, Brown, U. Mass., U. Vm., Tufts, and Boston University on December 9.

Sincerely,

Paul A. Pitel

Director, New England
Sub-Region

P.O. 8246

Brown University

Providence, R.I. 02912

RESOLUTION

Whereas the process of applying for internships and residency programs is presently inefficient and time consuming, and

Whereas it should be the objective of both applicants and internship and residency programs to utilize an efficient application procedure, and

Whereas, the information requested on applications for programs of a given department at different hospitals is generally uniform in content, therefore

Be it resolved that all internship and residency programs devise a standard application form to be used by all hospitals offering a particular departmental program.

Submitted by: Daniel L. Clarke-Pearson '75
Case-Western Reserve University
School of Medicine



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

March 18, 1974

M E M O R A N D U M

TO: Charles Fentress

FROM: Diane Mathews

SUBJECT: OSR Administrative Board Meeting Summary - March 16, 1974

The Administrative Board of the AAMC Organization of Student Representatives met in Washington on Saturday, March 16. In an extensive discussion with AAMC staff members, Dr. August G. Swanson, Mr. Bart Waldman, Mr. Joe Keyes, and Mr. Robert Boerner, the role and function of the OSR within the organizational structure of the AAMC was clarified. The four regional chairpersons reported on plans for the OSR Spring regional meetings. The Western region OSR will meet March 31-April 2 in Asilomar, California; the Southern region OSR will meet on April 11-13 in Birmingham, Alabama; and the Central region OSR will meet in Minneapolis May 2-4. These three groups will meet in conjunction with the regional GSA and AAHP, and planned topics for discussion include the NIRMP monitoring program, women in medicine, and geographic and specialty maldistribution of physicians. The Northeast region OSR is tentatively planning to meet in New York, but specific dates for the meeting have not been set.

The Board also developed an outline of the OSR program at the 1974 Annual Meeting in Chicago. OSR activities are planned for Monday, November 11 and Tuesday, November 12 and will include two business meetings, regional meetings, and task force groups. The

Administrative Board nominated the following OSR representatives to AAMC committees and task forces: MCAAP Task Force--Ernie Turner and Tessa Fisher; NBME Task Force--Marc Cannon; JME Editorial Board--Bob Rosenbaum; and Committee on Continuing Medical Education--Janet Schlechte.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

March 20, 1974

M E M O R A N D U M

TO: Bart Waldman
FROM: Bob Boerner
SUBJECT: OSR Administrative Board meeting - March 16, 1974

Listed below are the actions of the OSR Administrative Board in their meeting on March 16, 1974.

1. The OSR will conduct its business meetings, regional meetings, and task force discussions on Monday, November 11 and Tuesday, November 12 during the 1974 Annual Meeting.
2. The following OSR representatives were nominated to AAMC committees and task forces:

MCAAP Task Force -- Ernie Turner and Tessa Fisher
NBME Task Force -- Marc Cannon
JME Editorial Board -- Bob Rosenbaum
Committee on Continuing Medical Education -- Janet Schlechte
3. It was agreed that Craig Moffat, not Paul Romain, would stand as the official representative to the AAMC Committee on Financing of Medical Education.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

March 26, 1974

OSR Administrative Board Actions
(3/16/74)OSR Bulletin

The consensus of the Administrative Board was that a separate OSR Bulletin would be more desirable than other alternatives such as a section in the STAR for OSR news. Therefore, the Board decided to endorse the concept of an OSR Bulletin and refer the question to the Executive Council for a decision.

Student Representation on NBME

The Board discussed the issue of student representation on the NBME and agreed to request that two student representatives serve on the NBME. The Board supported the idea of an OSR representative serving as one of the three AAMC representatives to the NBME, and they agreed to forward that ~~request~~ to the Executive Council.

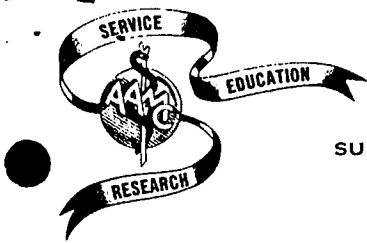
OSR Representation on the AAMC GAP Committee

In view of the fact that an AAMC Committee will be formed to study the GAP Report, the Administrative Board concurred that a separate OSR Task Force on Evaluation, Certification, and Licensure in Medicine would be unnecessary. The Board expressed the view that OSR representation on the AAMC GAP Committee should be equal to that of the other councils. In an effort to ensure that student input to this Committee is as effective and representative as possible, the Board agreed to have each OSR region submit a position paper on the GAP Report to the staff to be forwarded to the Committee following the regional meetings.

OSR Representatives to AAMC Committees and Task Forces

The following OSR representatives were nominated to AAMC committees and task forces:

MCAAP Task Force ---- Ernie Turner and Tessa Fisher
 NBME Task Force ----- Mark Cannon
 JME Editorial Board - Bob Rosenbaum



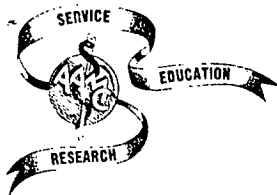
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

March 26, 1974

Committee on Continuing Medical Education -- Janet Schlechte

It was agreed that Craig Moffat, not Paul Romain, would stand as the official representative to the AAMC Committee on Financing of Medical Education.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

INTER-OFFICE MEMO

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5 yrs.	<input type="checkbox"/>
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DATE March 25, 1974

TO: Marjorie P. Wilson, M.D.

FROM: August G. Swanson, M.D.

SUBJECT: OSR Administrative Board

Regarding your memorandum of March 20, I concur and believe that we should insist that the OSR Administrative Board meeting in January each year be held on the day before the COD Administrative Board meeting, so that an evening session of the type you described can be held. The January meeting will be the first meeting for the new Board members and this type of close interaction will be particularly useful.

AGS/jms

RECEIVED

MAR 25 1974

DIVISION OF STUDENT
PROGRAMS AND SERVICES
ASSN. OF AMERICAN
MEDICAL COLLEGES

COPIES TO: John A. D. Cooper, M.D.
Robert Boerner ✓
Joe Keyes



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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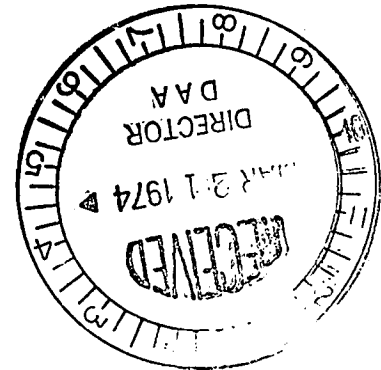
DATE March 20, 1974

TO: Gus Swanson
FROM: *Marjorie P. Wilson*
SUBJECT: OSR Administrative Board

Another thought occurred to me following the staff meeting today relative to the OSR Administrative Board. In the early days of the development of the OSR Board, there were joint evening or dinner meetings of the Administrative Boards of COD and OSR. These were relatively informal meetings and free-ranging discussions, but a number of issues were constructively discussed and it seemed to keep things on track. I suggest this as a possibility. If OSR were to meet the Wednesday prior to the COD Administrative Board, it might be possible for me to get a sufficient number of Administrative Board members here in time for a conjoint evening meeting, now and then.

I understand why the OSR Administrative Board would wish to meet on the weekend prior to the Executive Council and I certainly sympathize with the students not wanting to be away from their studies during the week. However, we might have them do this for one of their four meetings.

MPW/sl



COPIES TO: John A. D. Cooper
Joe Keyes

To: OSR REGIONAL CHAIR PERSONS

From: THE NORTHEAST REGION

PURPOSE: RESOLUTIONS

Please distribute the following resolutions for consideration to all OSR members. Please discuss them at your regional meetings.

Resolution #1:

RESOLVED: That to adequately provide funding of Medical Education for those students requiring financial assistance the following plan should be adopted:

AN "EDUCATIONAL OPPORTUNITY BANK" shall be created whereby:

- (1) MONEY CAN BE ALLOCATED TO NEEDY STUDENTS TO PROVIDE FOR EDUCATIONAL AND LIVING EXPENSES DURING THE 3 OR 4 YEARS OF MEDICAL SCHOOL; and
- (2) SUCH FUNDS WILL BE REIMBURSED BY A DETERMINED PERCENTAGE OF THEIR ANNUAL INCOME COMMENCING UPON GRADUATION AND CONTINUING UNTIL SUCH TIME AS THIS SAID LOAN AND APPROPRIATE INTEREST HAVE BEEN REIMBURSED.
- (3) INITIAL FUNDING IS TO BE FROM FEDERAL SOURCES AND WHEN POSSIBLE CAN BE SUPPLEMENTED FROM STATE SOURCES.

Submitted by Harold Milstein, New Jersey College of Medicine

#2

Resolved: Since a mere lunch hour is devoted to meeting with students in "ON SITE VISITS" by members of the AAMC Division of Accreditation, ^{resolved} that:

- (1) Three months advance notice be given to student Council or Student Representatives prior to Accreditation "on-site" visits to allow for prior consideration of ~~pre~~ complaints, issues of concern, accumulation of data;
- (2) Students be permitted to submit these materials prior to on site visits for preliminary consideration by the Division of Accreditation;
- (3) Students be inserted into the "on site" teams

submitted by Serena Frietman, New Jersey College of medicine

Northeast Resolutions (continued):

~~Page 2~~

#3

Resolved: Since it is the concern of medical students that health care in prisons is often inadequate, ~~we~~ resolved that the AAMC and the OSR institute a study regarding quality of care in prisons and the possible role of medical schools and teaching centers in providing care.

submitted by Santo DeFino N.J. College of medicine

Undergraduate Experience

- Psychometrics 5 hrs
- EXPERIMENTAL design 6 hrs
- Social Science Research 21 hrs

Medical School Experience

- Member of Comm. on Research in Medical Education
- Member of " " Curriculum

Dear, the above list describes in a nutshell what my qualifications for the JME are. If there are any questions, please let me know, ..

As ever

Bob Rosenbloom



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

INTER-OFFICE MEMO

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1 yr.	<input type="checkbox"/>
5 yrs.	<input type="checkbox"/>
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Permanently	<input type="checkbox"/>
Follow-up Date	<input type="checkbox"/>

DATE March 1, 1974

MEMORANDUM

TO: Mr. Robert Boerner

FROM: Robert Thompson *RLT*

SUBJECT: Communications with the OSR

Dr. Swanson met with me today to discuss some of the problems relating to our communication with the OSR and of the OSR with AAMC staff and the Council of Deans. Briefly, we must insure that the procedures below are followed carefully with the OSR.

1. It is essential that a draft of the agenda of the OSR Administrative Board meetings be submitted to your office in time for the draft to be reviewed by Drs. Swanson, Wilson, Cooper, Knapp, Mr. Waldman, and myself. After the draft agenda has been approved it may then be sent to the OSR Administrative Board members. From past experience we know that it has been difficult to get their draft agenda in time for it to be reviewed in our offices and then prepared for mailing without considering the need for it to have review by those mentioned above. Unless their draft agenda can be submitted early enough it will mean that the review process will prevent the agenda from being mailed in advance to the OSR Board members and we may only be able to have it for them at the time of the meeting.
2. We are to make certain that a report is made by the OSR Chairperson to the Administrative Board of the Council of Deans at their regular meetings.
3. Copies of the Minutes of the meeting of the OSR Administrative Board, and papers or reports which are related to their activities, e.g., the proposed OSR newsletter should be circulated to the Chairman of the COD and also to Drs. Swanson, Wilson, Mr. Keyes, Mr. Waldman and myself.

RLT/vlb

Copy to: August G. Swanson, M.D.

3/7/74

Dear Bob,

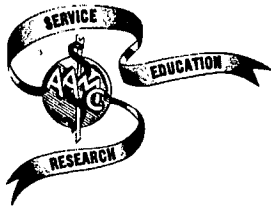
At the last minute, I decided that some background + reference materials might be helpful in conducting a smooth meeting. In order to facilitate things I've had copies sent directly to the Board and to Drs. Swanson, Thompson and Joe Keyes + Bart Waldman.

As you see, most of the materials have been circulated before, but I think we'll need to use them in reference for our discussions. There will probably be other handouts from other Board members ~~while~~ at the meeting.

See you 3/16

Dan

P.S. Will we have a tape recorder available for the meeting? Dave Stein found it helpful following the last meeting. D.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

March 6, 1974

WASHINGTON: 202: 466-5175

Daniel L. Clarke-Pearson
2649 East 126th Street
Cleveland, Ohio 44120

Dear Dan:

Please forgive my delay in responding to your letters. I felt it would be best if I waited to reply until I could answer all your questions and advise you of the status of the items which you submitted for the Executive Council agenda. My schedule lately has also been dictated by the rampant flu virus.

I am attaching several pages from the Executive Council agenda, pertaining to the items which you sent me. As you know, every item presented for Executive Council action carries a recommendation which reflects the consensus opinion of the AAMC Chairman, President and staff.

Your request for additional Administrative Board meetings carries a recommendation of approval. The Resolution on Safeguarding Data Systems also is recommended for approval, but in a slightly modified form. This is to transform the resolution into a "statement," since the "whereas-resolved" format is a particularly unpopular vehicle for expressing a position. It has also been modified to remove the mandatory language, since it is not appropriate for the AAMC to tell its members that they "must" do something.

The resolution on Student Participation in the NBME has not been recommended for approval. Instead, it is proposed that the AAMC, through its representatives to the NBME, support the concept of adding student representation to the NBME. It was felt that the highly specific language of the resolution would put the AAMC in the position of dictating the internal affairs of another organization. (This would be similar to SAMA telling the OSR what its membership should be.) The more general language was designed to promote the same objective in a more acceptable form.

Your proposal to create an OSR Task Force to review the GAP report was carefully considered in view of the fact that an AAMC Task Force on the same subject has been proposed. It was felt that it would not be

Daniel L. Clarke-Pearson
March 6, 1974

Page Two

appropriate to support two bodies charged with the same functions. The OSR will have representation on this new task force (I would like your suggestions of an OSR member prior to the Executive Council meeting), and through this representative can provide any input which might come from your regional meetings. The new task force will probably be asked to present its report by the June Executive Council meeting.

Each of these items will be taken up by the COD Administrative Board prior to the meeting of the Executive Council. It is my feeling that the recommendations presented will probably be accepted, although I have come to realize that the actions of governing bodies are far from predictable.

Concerning your board meeting on March 16, I will provide copies of the Executive Council agenda to each of your board members. Hopefully, they will all receive them in advance (we plan to mail them on Friday, March 8). I agree that it is important for the OSR Administrative Board to have a chance to review and comment on those issues which confront the Executive Council.

One last matter concerns the OSR's Annual Meeting plans. I understand the considerations which make a weekend meeting preferable, but hope you will view the Annual Meeting as a whole. The first Plenary Session is on Wednesday, with the Assembly meeting on Thursday afternoon. The COD will have a short business meeting on Wednesday afternoon, followed by a large program jointly sponsored by the three councils. It seems important that OSR members be present at these and other sessions which form the core of the meeting. If the OSR sessions were held the previous weekend, it seems logical to expect most students to leave on Monday, since no meetings of interest would take place until Wednesday. It would be unfortunate for student representatives to attend only the OSR functions and not gain any broader insight into the workings of the AAMC. In addition, staff facilities (offices, typewriters, registration, etc.) will not be available until late in the day on Monday.

I hope I have answered most of your questions. If you have any further questions on these or other issues or would just like to rap about things in general, please feel free to call me collect at (202) 466-5173.

I expect to see you on the 16th.

Sincerely,



Bart Waldman
Assistant to the President

Enclosure

cc: R. Boerner

OSR REQUEST FOR ADDITIONAL
ADMINISTRATIVE BOARD MEETINGS

The OSR is currently budget for two Administrative Board meetings per year. In order to consider the major issues which come before the Executive Council, the students have requested that they be permitted to meet four times annually in conjunction with the meetings of the other Administrative Boards and Executive Council.

No increase in the overall AAMC FY 1974 budget would be required to cover the additional expenses.

RECOMMENDATION

That the Executive Council approve increasing the number of OSR Administrative Board meetings from two to four (not including meetings held at the time of the Annual Meeting).

RESOLUTION ON SAFEGUARDING DATA SYSTEMS

The following resolution was approved by the OSR Administrative Board and forwarded for Executive Council action:

WHEREAS, there are both potential and realized harmful consequences that may and have resulted from the use of automated and nonautomated personal data systems.

RESOLVED that the AAMC urge its member institutions to establish a mechanism with representation of all constituent groups within the academic health center and/or the medical college to develop a set of "safeguard requirements" for automated and nonautomated personal data systems that includes the following points:

- a. There must be no personal data record-keeping systems whose existence is secret.
- b. There must be a way for an individual to find out what information about him is in a record and how it is used.
- c. There must be a way for an individual to be informed when information about him that was obtained for one purpose is being used or made available for other purposes without his consent.
- d. There must be a way for an individual to correct or amend a record of identifiable information about him.
- e. Any organization creating, maintaining, using or disseminating records of identifiable personal data must assure the reliability of the data for their intended use and must take precautions to prevent misuse of the data.

RECOMMENDATION

That the Executive Council Approve the following statement:

The AAMC urges its member institutions to establish a mechanism for monitoring automated and nonautomated personal data systems which includes the following points:

- a. There should be no personal data record-keeping systems whose existence is secret.

- b. There should be a way for an individual to find out what information about him is in a record and how it is used.
- c. There should be a way for an individual to be informed when information about him that was obtained for one purpose is being used or made available for other purposes without his consent.
- d. There should be a way for an individual to correct or amend a record of identifiable information about him.
- e. Any organization creating, maintaining, using or disseminating records of identifiable personal data should assure the reliability of the data for their intended use and should take precautions to prevent misuse of the data.

STUDENT PARTICIPATION IN THE
NATIONAL BOARD OF MEDICAL EXAMINERS

The following resolution was approved by the OSR Administrative Board and forwarded for Executive Council action:

WHEREAS, the Organization of Student Representatives (OSR) of the AAMC, the Student American Medical Association (SAMA), and the Student National Medical Association (SNMA) recognize that the report of the Committee on Goals and Priorities of the National Board of Medical Examiners, "Evaluation in the Continuum of Medical Education," addresses many issues of concern to medical students, and that the NBME will be dealing intensively with these issues in the near future;

WHEREAS, in medical areas of concern to them, medical students, through the OSR, SAMA, and SNMA, have clearly demonstrated the value and effectiveness of their formal representation on committees of other organizations;

BE IT RESOLVED that in order to facilitate student input regarding the many issues that are to be dealt with by the National Board of Medical Examiners,

1. the OSR, SAMA, and SNMA be extended the opportunity to have voting representatives on the Board of the NBME as it is presently organized;
2. provision be made for formal student representation on the Executive Committee of the NBME;
3. the OSR, SAMA, and SNMA shall have voting representatives on the proposed Council for Undergraduate Medical Evaluation if such a council is eventually set up within the NBME.

RECOMMENDATION

That the Executive Council not approve the OSR resolution, but support in principle the concept of adding student representation to the NBME and ask the AAMC representatives to the NBME to report this action.

APPOINTMENT OF
A TASK FORCE TO DEVELOP AN AAMC POSITION ON
THE GOALS & PRIORITIES COMMITTEE REPORT
OF THE NATIONAL BOARD OF MEDICAL EXAMINERS

The effect upon the medical schools and their educational programs, both in undergraduate and graduate medical education, of the GAP report of the NBME is a cause for considerable discussion among the Association's constituents. A small committee, established by the Group on Medical Education under the chairmanship of Dr. Mitchel Schorow in December, has met with representatives from the institutions to obtain their reactions to the GAP report. This committee will have completed its work by mid-March.

RECOMMENDATION

It is recommended that a task force be appointed and charged with the responsibility of studying the GAP report and developing a position for review and approval by the Executive Council at its June meeting. In carrying forward this task, the committee should utilize the information already obtained by the GME committee and should seek other input from the constituency of the Association.

OSR Request

The OSR Administrative Board has requested that funds be provided for an OSR task force to review and prepare an OSR position on the GAP report. In view of the proposal to create an Association committee charged with this task and including representation from the OSR, it is recommended that the OSR request be denied.

OSR

Mr. Boerner

March 19, 1974

RECEIVED

MAR 2 1974

The Executive Staff

August G. Swanson, M.D.

DIVISION OF STUDENT
PROGRAMS AND SERVICES
ASSN. OF AMERICAN
MEDICAL COLLEGES

The Organization of Student Representatives

The Organization of Student Representatives is maturing rapidly. The Administrative Board, under the leadership of an energetic chairman, has developed an increasingly longer list of program plans. This increase in activity and in desire to engage in resolving issues and problems at the national level is encouraging; however, it also presents administrative problems which must be dealt with prospectively so that the OSR is maintained as a body within the Association and does not develop into a freestanding, tangential organization.

From the outside, the OSR is largely viewed as another medical student organization similar to and equivalent to SAMA. Within the OSR there is confusion on this point. For example, the Chairman of the OSR, at the request of the Administrative Board, independently wrote to the National Board of Medical Examiners forwarding a resolution by the OSR regarding student membership in the National Board. The proper routing for this resolution should have been from the OSR to the three Councils to the Executive Council with the forwarding of any resulting recommendation by the President of the Association on behalf of the entire Association and not just the OSR.

Programmatic ideas developed by the OSR may have significant budgetary implications for the Association. For example, the current proposal to develop a student bulletin to be distributed to all medical students will require significant funding. Members of the OSR Administrative Board must be brought to the understanding that programs with significant budgetary implications must be approved by the President and Chairman with the advice of the Executive Council before they can be implemented. The OSR Board was under the impression that they develop their own budget, and had control of a sum of money for their own activities; the OSR Administrative Board must not be encouraged or permitted to develop a budget. Once program plans are approved, budget development is solely a staff responsibility.

March 19, 1974

Because students are relative "short timers", communications with the OSR Administrative Board are of even greater importance than communication with the other Councils. Staffing the OSR Administrative Board is going to require more time and greater sophistication than staffing the Councils. The move toward having the OSR Administrative Board meet in conjunction with the Executive Council is sound. The preparation of the agenda for the OSR Administrative Board should be done precisely as the preparation of the agenda for the Councils, and the staff person in charge of the Administrative Board of the OSR should be included in all interstaff consultations regarding the agendas. The minutes of the OSR Administrative Board should be prepared by the staff and should be circulated to all Councils, particularly the Council of Deans. Items for the Executive Council agenda originating from the OSR must be forwarded to the President's office through the staff person responsible for the OSR.

The OSR will always tend to operate with a populist philosophy; therefore, it is very important that the regional meetings of the OSR representatives be attended by a responsible and well briefed staff person who can interpret for the OSR the integral character of the Organization of Student Representatives within the Association.

These considerations must not be interpreted as attempting to muzzle or thwart student activities; but, it is extremely important that the OSR not become a freestanding tangential student group, indistinguishable from SAMA or the House Officer Association.

AGS/jms

Dr. Cooper
Mr. Fentress
Dr. Howell
Dr. Hudson
Dr. Jolly
Dr. Knapp
Dr. Sherman
Dr. Suter
Mr. Thomas
Mr. Waldman
Dr. Wilson

Discussion Topics - Women in Medicine

- 1) Financial aid -- is it as available to women? Does Robert Wood Johnson scholarship money actually divert funds from the university to provide greater support money for men?
- 2) Specialty Choice -- Are women offered only a limited opportunity to select a specialty in specific fields? (ex. surgery) How can the selection process be alerted in order to insure that choice is made freely and in the area of greatest interest.
- 3) Residency training -- There has been much interest recently in designing flexible scheduling for residency training programs. Further research is needed to determine whether or not such scheduling is feasible. This is a consideration for both men and women students.
- 4) Health Care Services -- Are women medical students offered complete health services including regular gynecological examinations? If not, what are the reasons for this failure? How can appropriate arrangements be made to insure regular thorough examinations?
- 5) There has been an assumption that women medical students suffer a loss due to the paucity of appropriate role models during the medical education period. Research questions might include:
 - a) how does the absence of a role model effect the professional and personal model effect development of a women medical student?
 - b) are women physicians presently found on medical school faculties providing useful role models - should there be some special training?
 - c) how do male medical students perceive women faculty members? Is the sex of the teacher an important variable? How does the attitude of male students effect women faculty members?
- 6) Are athletic facilities as readily available to women students as to the men in their class? Is this a real problem?
- 7) Are some medical schools more supportive in general of their women students and faculty members? Is so, can these institutions be identified?
 - a) Would this kind of information lead to research so that schools which are not so supportive might become more so?
 - b) Should prospective women students be informed about the discrepancies?

- 8) AAMC statistics indicate that a greater percentage of the female applicant pool is accepted than is true for the male applicant pool. In order to significantly further increase the number of women applying to medical schools will have to increase.

Question Are there ways of helping high school students consider medicine as a career? Can medical students provide role models for this purpose?

- 9) Are there adequate housing arrangements for medical students? If so, do women have particular and unique problems? Is this an issue for all students or just for women?
- 10) In the past, there have been several efforts to develop programs involving women medical students and women physicians. On the whole these attempts have failed.
- a) Can support groups involving women professionals exist without some identified end-products which can be achieved within a short period of time?
 - b) Are medical students in general too busy to contribute any significant amount of time to developing programs for women in medicine?
 - c) What other individuals could be useful as support group members?



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

March 6, 1974

M E M O R A N D U M

TO: Drs. Swanson, Wilson, Cooper, Knapp, Thompson,
Mr. Waldman, and Mr. Keyes

FROM: Mr. Robert J. Boerner

SUBJECT: Proposed Agenda for OSR Administrative Board
Meeting on March 16

Enclosed is the proposed agenda for the OSR Administrative Board meeting on March 16 which was prepared by Dan Clarke-Pearson and distributed to the members of the OSR Administrative Board on March 1. Please review this draft agenda and contact my office with any comments or suggestions you might have.

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OSR Administrative Board Agenda
March 16, 1974
AAMC Headquarters, Washington, D.C.

9-10am I. Call to Order
OSR Admin. Board in Executive Session

10-11:30 am

II. Discussion with AAMC Staff
Dr. Swanson, Mr. Boerner

- A. Open-Ended discussion of staff and board regarding OSR function
- B. OSR Budget
- C. Proposed OSR National Bulletin
- D. Proposed Task Forces on GAP Report
 - 1. AAMC
 - 2. OSR

11:30-12:30

III. Minutes of Previous OSR Administrative Board Meeting

IV. REPORTS

- A. Regional--Cindy, Lisa, Serena, Stan
- B. NIRMP--Elliott
- C. Student Administrative Listing--Elliott
- D. Liaison:
 - 1. SAMA--Elliott
 - 2. SNMA--Mark
 - 3. Others--Mark, Dan
- E. Senior Electives Catalogue Committee--Dan
- F. AAMC and GSA Committee Reports
- G. MCAAP Progress Report--?Mr. Jim Angel

12:30-1pm LUNCH

1-4:30

V. ACTION ITEMS

- A. Appointment of Committee Members
 - JME Editorial Board
 - Study Committee on Continuing Medical Education

VI. DISCUSSION ITEMS

- A. Executive Council Agenda Items--Dr. Swanson, Mr. Boerner, Mr. Waldman
- B. Plans for OSR Annual Meeting--Mr. Waldman
- C. OSR Rules and Regulations--Russ Keasler, Dan
- D. Students' Rights--Ernie
- E. Women in Medicine--Cindy
- F. Plans for OSR Regional Meetings
- G. Long Range OSR Goals and Priorities

VII. NEW BUSINESS

4:30pm VIII. ADJOURNMENT