

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board

AGENDA

Conference Room
Suite 200
One Dupont Circle
Washington, D.C.

March 19, 1980
8:30 am - 5:00 pm

- I. Call to Order
- II. Consideration of Minutes 1
- III. Report of the Chairperson
- IV. ACTION ITEMS
 - A. Nomination of Student to LCME
 - B. Executive Council Agenda
- V. DISCUSSION ITEMS
 - A. Annual Meeting Planning. 13
 - B. Due Process Project
 - C. Proposal for Graduate Training Program Information Pilot Project
- VI. INFORMATION ITEMS
 - A. Report on Meeting with NHSC and AFSP Program Representatives
 - B. Report on Financial Aid Legislation
 - C. Report on Regional Meeting Plans
 - D. Report on Women in Medicine Activities
- VII. Old Business
- VIII. New Business
- IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

January 22 & 23, 1980
 AAMC Headquarters
 Washington, D.C.

<u>Chairperson</u>	--Dan Miller
<u>Chairperson-Elect</u>	--Lisa Capaldini
<u>Regional Chairpersons</u>	--Susan Haack (Southern)
	--Doug Hieronimus (Western)
	--Louis Van de Beek (Northeast)
	--Mary Barton (Central)
<u>Representatives-at-Large</u>	--Arlene Brown
	--Claudia Morrissey
	--Stephen Sheppard
	--Greg Melcher
<u>Immediate-Past-Chairperson</u>	--Peter Shields, M.D.
<u>AAMC Staff</u>	--Janet Bickel
	--Robert Boerner
	--James Campbell
	--John A. D. Cooper, M.D.
	--Kat Dolan
	--James Erdmann, Ph.D.
	--Joseph Keyes
	--Thomas Morgan, M.D.
	--Dario Prieto
	--James Schofield, M.D.
	--August Swanson, M.D.

- I. Dan Miller called the meeting to order at 1:15 p.m. on January 22.
- II. Welcome from Dr. Cooper

In his welcoming remarks, Dr. John A.C. Cooper, President of the AAMC, explained that the Association is a consensus organization, bringing together the views of deans, faculty, hospital administrators and students to produce its policies and programs. He said that if students are to contribute effectively to this process, they need to recognize that OSR is not a "pure culture" organization in the sense that organizations such as AMSA are. He noted that the Board would have the opportunity to learn more about the AAMC at an orientation to which new Administrative Board members from each Council had been invited.

- III. The minutes of the September 12, 1979, OSR Administrative Board Meeting were approved without change.
- IV. The Administrative Board approved a correction to the 1979 Annual Meeting Minutes (pp. 14 and 15) regarding the Scarpelli vs. Rempson, et al resolution (see memorandum attached to these minutes).
- V. Report of the Chairperson

Mr. Miller described some of the subjects taken up at the AAMC Officers Retreat held in December; one of these was the 1980 Annual Meeting theme, which will be new biological knowledge and its impact on medical education and the prevention and treatment of disease. He urged the Board to begin thinking about this theme, especially in terms of joint programs with other AAMC groups.

He next reported on the last meeting of the Consortium of Medical Student Groups which was held in conjunction with the OSR Annual Meeting. Mr. Miller observed that recently the meetings of this group have been mainly reporting sessions without much attempt to coordinate projects; he expressed the view that the potential to coordinate has not been sufficiently recognized or utilized. One of the recommendations which emerged from the November meeting is that the Consortium meet only twice per year, in conjunction with OSR's and AMSA's national conventions and that a more topical, rather than organization-reporting, approach be employed. Another item of discussion at the November meeting was the AMA report entitled "Future Directions for Medical Education," which includes recommendations to institute a structured fourth year sequence of clerkships and a two-year rotating internship for all medical graduates. Susan Haack noted that at its December Interim Meeting, the AMA House of Delegates had "received" this report; she recommended that other Board members read it. Mr. Miller also summarized ongoing activities of AMSA and the report he gave on OSR/AAMC activities.

He noted that the results of the survey of student affairs deans on the availability of clinical electives for visiting students had been distributed to OSR members and student affairs deans and that responses to its usability have been enthusiastic. He mentioned the series of financial aid workshops coordinated by Frankie French (Director of Academic Services, University of Michigan Medical School) and said that he hoped many OSR members would be able to attend those being offered this year: February 27-29 at Hilton Head, South Carolina; June 18-20, Detroit; October 8-10, San Antonio. Finally, he mentioned that the next issue of OSR Report, to be mailed to OSR members for distribution in mid-March, will be devoted to the residency selection process.

VI. Status of Pending Financial Aid Proposals

Robert Boerner, Director, Division of Student Programs, offered a brief update on legislative activities pertaining to renewal of the Health Education Assistance Act of 1976 (P.L. 94-484) and of the Higher Education Act of 1965. With regard to the former, Senator Schweiker (R.-Pa.) has introduced the Health Professions Education Assistance Act of 1980, S. 2144. Although

the Majority Side has not yet introduced legislation, Dr. Robert Knouss of Senator Edward Kennedy's staff has circulated to the AAMC some ideas which are under consideration. For more detailed information, Mr. Boerner referred the students to the student assistance section of the report on the 1978 OSR Resolutions and to the "Comparative Analysis" contained in the January Executive Council Agenda book. Students should also be aware that the Higher Education Act programs such as the National Direct Student Loan are also up for renewal this year. The House has approved an entirely new loan program, but no action has taken place in the Senate yet. He also stressed that for a number of reasons, including uncertainty about the costs of the various programs under consideration, the legislative picture regarding financial aid programs is presently very cloudy. Dr. Cooper instructed the Board to remember the problems faced by the medical schools in convincing a fiscally conservative Congress that the education of potentially high income earners should be even partially federally subsidized.

VII. Consideration of 1979 OSR Resolutions*

A. Scarpelli vs. Rempson, et al

Dario Prieto, Director, Office of Minority Affairs, told the Board that the Minority Affairs Section (MAS) of the Group on Student Affairs (GSA) had passed a resolution on the Scarpelli vs. Rempson, et al case expressing concerns similar to those contained in the OSR resolution, namely, that the decision on this case represents a potential threat to the ability of students to express their grievances. Although the MAS resolution was not approved by the GSA Steering Committee, the MAS will continue to follow this case. Joe Keyes, AAMC Staff Counsel, reported to the Board that subsequent to the formulation of the resolutions, Scarpelli, a professor at the University of Kansas School of Medicine, sued the four students for defamation of character and the jury decided in his favor (Rempson, the affirmative action officer, was unable to attend the trial). Mr. Keyes explained that the students, presumably with the advice and assistance of Mr. Rempson, had written a document alleging that Scarpelli had violated their civil rights. At the university hearing of the case, Scarpelli arrived with legal counsel and the students, represented only by Rempson, asked that the hearing be rescheduled. The university committee decided not to defer the hearing; the students subsequently failed to pursue the charges they had placed against Scarpelli, and he sued them. Mr. Keyes offered the view that it would be unwise for the AAMC to take the position that the court should not have heard this case or that the jury decided incorrectly. If there are concerns that a misreading of this case would have a chilling effect on students' pursuing their grievances, then the appropriate stand would be to re-endorse the utilization of due process guidelines. The Board members asked Mr. Keyes a number of questions about the case and one of the observations which emerged from the discussion was that it was unfortunate that Rempson and the students had not obtained legal counsel for the original hearing.

*See pp. 10-15 of the Annual Meeting Minutes

B. Due Process

Mr. Miller noted that the preceding discussion was an appropriate introduction to consideration of due process, which was the subject of a 1978 OSR resolution. Last spring students affairs deans were asked to forward to the AAMC copies of their due process guidelines, an indication of the number of times that they had recently been invoked, and their degree of satisfaction with their system. Over 60 schools responded, and staff developed a summary of the materials received which illustrates the enormous diversity in schools' procedures. Subsequently, Arlene Brown and Dan Miller put together proposed steps for continuation of this project, including surveying the non-responding schools and tabulating the guidelines on a number of parameters in order to better understand the state of the art of what is available to students in the way of published grievance procedures. The Board and staff engaged in a lengthy discussion of these issues, including the authority of each faculty to set academic standards, the due process stipulations in the Liaison Committee on Medical Education (LCME) guidelines for accrediting schools, and what the role of the AAMC should be in helping schools develop procedures for students to follow when they challenge a decision affecting their academic status. Two of the recommendations offered by Board members were that the materials sent to OSR members in advance of LCME site visits should stress examination of due process guidelines and that OSR can serve as an information resource on this topic. The plan for continuation of this project which was agreed upon is that Arlene Brown and Stephen Sheppard will examine the documents already received from schools with an eye toward identification of about seven sets of guidelines which appear reasonable and which embody diverse approaches. They will present their findings to the Board in March. The Board may then select a few sets of guidelines from among those presented to be shared with schools with the recommendation that they compare these to their present procedures to see if revisions are needed.

C. National Board Examinations

Members of the Board expressed a wide variety of concerns related to inappropriate utilization of National Board Examinations; some of them were: 1) that the amount of preparation time for Part I scheduled by schools varies enormously thus rendering school-by-school comparisons unfair; 2) that the tests encourage memorization and multiple-choice type learning at the expense of more creative approaches to material; and 3) that the tests serve to discourage curricular innovations and diversity and decrease incentives for faculty to design their own evaluation methods. In discussing these concerns, Dr. August Swanson, Director, Department of Academic Affairs and AAMC representative to NBME, explained that the Boards were developed as a sequence of certifying examinations for licensing purposes and that NBME deplors their use for other purposes such as promotion, resident selection, etc; NBME does, however, provide to schools at the dean's request subject examinations for departmental evaluation purposes.

He noted that the situation with regard to certifying examinations is presently a transitional one with the final outcome unclear. At present, the Federation of State Licensing Boards (FSLB) is developing a proposal to require passage of a test to earn a preliminary license prior to entrance into graduate medical education and of a subsequent test to be taken at the end of the second graduate year in order for a physician to become eligible for licensure. Simultaneously, NBME is developing the Comprehensive Qualifying Examination Program (CQEP) which would replace its present three-part examination. Dr. Swanson said that it is important to realize that some form of national examination for licensure is inevitable but that the future role of NBME in this regard is unclear. Dr. James Erdmann, Director, Division of Educational Measurement and Research, added that if the FSLB proposal holds sway, the Board may lose its authority as standard setter and become primarily a developer of test materials. He also indicated the uses of the National Board Examinations cannot be examined in isolation from how faculties use these examinations in carrying out their responsibilities to evaluate their effectiveness.

Dr. Swanson briefed the Board on the proposed AAMC Review of Medical Education; this new effort would be a look at the general education of physicians and encompass premedical and medical education, medical school curricula, and evaluation and teaching methods. He suggested that this Review will provide a forum for the airing of concerns regarding the National Boards. The Administrative Board agreed that this subject is an extremely complex one and that it should become a priority focus of the Medical Education Review with appropriate student input.

D. Medical School Curricula

Mr. Miller noted that the Review of Medical Education (discussed above) will include examination of all aspects of medical school courses and clerkships and that the Board should begin considering appropriate formats for carrying out the recommendations embodied in the curricula resolution to this review.

E. "Truth-in-Testing" Legislation

Mr. Keyes noted that the AAMC won the first battle against the largely Nader-initiated effort to wipe out standardized testing agencies. On January 21, the U.S. District Court for the Northern District of New York granted the AAMC motion that the Court enjoin enforcement of the disclosure provisions of the New York Standardized Testing Law, upon which the AAMC decided to offer the New MCAT this spring in New York State. Dr. Erdmann gave a brief overview of the criticisms which have been made against standardized testing agencies and also noted that little concern has been given to the negative effects which disclosure of test content can have. With regard to the New MCAT, were AAMC to disclose test content, it would be impossible to produce test materials at the present rate with the same high level of quality controls presently employed; additional concerns regarding disclosure are depletion of available test materials and loss of comparability between test administrations. He stated that disclosure is not the only way to deal with extant criticisms of standardized tests; for instance,

it is possible to offer students who take the New MCAT eleven additional indicators of their performance so they can better assess areas of strength and weakness. Dr. Erdmann also noted that the AAMC views this test more as a diagnostic tool than as a success predictor and that plans are underway to provide more information of a diagnostic nature to schools. In closing, he said that most of the blanket allegations which have been made against standardized tests do not apply to the New MCAT but that the political interests in this issue on the part of many groups are so great that they are not likely to accept evidence of compliance from testing agencies and will continue to push for regulation. Mr. Keyes outlined some of the additional legal negotiations which are underway.

Mr. Miller expressed the hope that the information provided by staff on this complicated subject would clarify for students the concerns which prompted the passage of the resolution.

VIII. The meeting was recessed at 6:00 p.m.

IX. Mr. Miller reconvened the meeting at 8:45 a.m. on January 23.

X. OSR Resolutions (Continued)

F. Representation of House Staff in the AAMC

Kat Dolan summarized for the Board the discussion held at the Officers Retreat regarding resident participation in the AAMC. While several methods of increased resident involvement were considered, identifying "Representative" residents and an appropriate locus within the AAMC for resident input remain troublesome problems. There was consensus regarding a renewed commitment to include residents on AAMC Committees and task forces; a resident has already been appointed to the one new AAMC committee formed this year on the classification of hospitals. Furthermore, some of the residents who participated in last fall's AAMC-sponsored house staff conference on the Graduate Medical Education Task Force Report will be invited to attend the upcoming invitational conference on Graduate Medical Education. Later in the year, AAMC will sponsor a conference of residents to discuss a particular issue on which their input will be valuable; the topic presently being considered is "The Resident As Teacher" but Ms. Dolan asked the Board for additional ideas for an appropriate theme.

The Board discussed some of the organizational difficulties of obtaining representative resident input. Ms. Dolan requested the students to keep in mind as they discuss this issue that house staff organizations have not to date expressed an interest in becoming part of the AAMC.

G. NHSC/Armed Forces Scholarship Program

Mr. Boerner reported that Gary Wold of the National Health Service Corp Scholarship Program and Col. George Hensen of the Armed Forces Health Professions Scholarship Program are willing to meet to discuss this resolution on establishing a mechanism whereby students can switch programs on a one-for-one basis. Greg Melcher and Louis van de Beek expressed particular interests in this area. Mr. Boerner agreed to schedule a meeting with these individuals for the afternoon preceding

the next OSR Board meeting and advised the students to prepare questions on additional areas of concern related to these two programs.

H. Stress in Medical Education

Mr. Miller gave a brief overview of OSR's past discussions of stress in medical education. Ms. Brown distributed the results from the questionnaire completed by students who attended Dr. Libo's Annual Meeting session on self-relaxation techniques. She also distributed copies of the questionnaire which formed the basis of a 1976 OSR/GSA study on counselling and proposed re-surveying schools to see if any changes have occurred in the counselling resources available to medical students. Janet Bickel offered the view that one way to address the needs of medical students in managing their stress would be to provide schools with ideas about improving their counselling systems. She suggested that the 1976 questionnaire would not be very helpful in this regard and that a better approach might be to study model counselling systems presently in place at the medical schools. Board members were asked to continue thinking about additional options in pursuing this subject.

I. Information on Graduate Training Programs

Mr. Miller reported that he had spoken with Phil Gilly, the author of this resolution, who has been discussing with other OSR members in his region plans to survey residents in the Northeast to collect information about their programs. He also noted that a project of the magnitude proposed in the resolution would require an enormous amount of time to coordinate and expressed concern that the project would fail for lack of an identified coordinator. Mary Barton and Susan Haack offered to join Mr. Miller in providing whatever support possible in helping the Northeast OSR members on this project.

J. Contact Persons for OSR Projects

Mr. Miller asked the Administrative Board to designate areas of particular interest so that the membership would know who to contact when advice or information is needed. Following is the list which was developed:

1) Graduate Medical Education Information:

Dan Miller
Mary Barton
Greg Melcher
Sue Haack
Doug Hieronimus
(Louis van de Beek)

2) Alternate Health Care Delivery:

Claudia Morrissey
Greg Melcher

- 3) Housestaff in the AAMC:
Dan Miller
Steve Sheppard
Greg Melcher
Arlene Brown
- 4) NHSC/Armed Forces:
Greg Melcher
Louis van de Beek
- 5) Due Process:
Steve Sheppard
Arlene Brown
- 6) Review of Medical Education/Curriculum/Evaluation:
Lisa Capaldini
Mary Barton
Greg Melcher
Louis van de Beek
- 7) Financial Aid:
Mary Barton
Sue Haack
Claudia Morrissey
- 8) Accreditation:
Greg Melcher
- 9) Stress in Medical Education:
Arlene Brown
- 10) Women in Medicine:
Lisa Capaldini
Arlene Brown
- 11) Social Biology:
Claudia Morrissey
Lisa Capaldini
Doug Hieronimus
Louis van de Beek

XI. Presentation on Medical School Accreditation

Dr. James Schofield, Director, Division of Accreditation, began his presentation by saying that the accreditation process of U.S. and Canadian medical schools is almost unique in the world, lodged as it is in the private sector rather than a governmental agency; he noted, however, that the Liaison Committee on Medical Education (LCME) increasingly finds itself in a confrontation situation with the U.S. Office of Education, the agency which recognizes the LCME as the accrediting body. He next described salient points in the history of the LCME and the make-up of the Committee. The accreditation process itself is a lengthy and demanding one designed to: 1) assist schools in assessing their educational programs, 2) provide assurance to society and the medical community that graduates are achieving reasonable and appropriate national standards, and 3) assure students that they will receive a useful and valid educational experience. Dr. Schofield noted that an important component of each LCME site visit is a meeting with a group of students who have the opportunity to present to the survey team their views on the education they are receiving. He urged that students make the most of this opportunity by preparing a written document representing to the best of their ability concerns of the entire student body. He next described the final steps of the process, including distribution of the survey team's report to the AAMC Executive Council, and the route of appeal should a school wish to challenge a decision of the LCME. Lastly, Dr. Schofield described the unfortunate situation regarding new medical schools cropping up in the Caribbean. These schools offer very little in the way of an educational experience and are primarily money-making ventures.

In discussing the information provided by Dr. Schofield, members of the Board agreed that it should be a function of OSR to encourage students at schools preparing for site visits to plan ahead and to develop a thoughtful, candid document to give the team. It was suggested that a questionnaire be formulated to assist students in pulling together their thoughts; it would be mailed to OSR members along with the OSR Accreditation Handbook.

XII. Nominations of Students to AAMC Committees

Mr. Miller reported that because the Task Force on Support of Medical Education scheduled a meeting for January 23, he had circulated the applications submitted for this Task Force to the Administrative Board and that Beth Fisher (Cincinnati) and Michael Tom (Yale) had received the most votes; both were nominated and able to attend the meeting.

The Board considered all of the applications received for the other committees with openings for students.

ACTION: The OSR Administrative Board nominated the following students:
GSA Committee on Student Financial Assistance: Robert Varipapa (Maryland); GSA-Minority Affairs Section Coordinating Committee: Sandra Robinson (North Carolina) and Jaime Lopez (Tufts); Flexner Award Committee: Marc Spurlock (LSU-Shreveport); Resolutions Committee: Lisa Capalini (in accordance with its policy

that this opening be filled by the OSR Chairperson-Elect); Women in Medicine Planning Committee: Gundy Knos (Emory).

It was noted that the vacancy for the student position on the Liaison Committee on Medical Education (LCME) would not occur until June 1980. The Board, therefore, decided to defer consideration of applications for that position until the June Administrative Board Meeting. This will allow further publicizing and soliciting of applications at the OSR Regional Meetings. Mr. Miller suggested that in soliciting applications emphasis be placed on the complexity and the enormous time commitment the LCME position entails. In addition, appointment of a parliamentarian/timekeeper for the OSR 1980 Annual Meeting was deferred until the June meeting.

XIII. Executive Council Agenda

A. Endorsement of LCME Accreditation Decisions

In view of the information provided by Dr. Schofield about the complexity of the accreditation process, because the AAMC endorsement of the decisions is pro forma (necessitated by the wording of some states' medical practice acts) and because the Board is not privy to the details behind individual accreditation decisions, the students decided that it was inappropriate for the OSR Administrative Board to make recommendations to the Executive Council regarding endorsement of LCME decisions.

B. National Health Insurance

The Board discussed at length the AAMC Position Paper entitled "The Expansion and Improvement of Health Insurance in the U.S." A broad spectrum of views were presented, and Ms. Dolan noted that the three AAMC Councils evidenced similar splits of opinion, from extremely conservative to liberal approaches to the role of the government in this arena. Some Board members felt that the paper offers a reasonable approach to helping that segment of the population which is presently uninsured; others felt the report inappropriately embodies a defense of the status quo and contains naive expectations of the social responsiveness of insurance companies. Peter Shields commented that this draft represents a realistic first-step toward the formulation of an AAMC policy and advised the Board that pragmatically the AAMC cannot address all the related issues at once. Ms. Dolan said that each Council will discuss the draft at their spring meetings and that the OSR Administrative Board will have additional opportunities to comment.

C. Invitational Meeting on Graduate Medical Education Task Force Report

Ms. Dolan explained that because it is important that the Task Force Report be viewed as the basis for beginning discussions rather than a firm set of recommendations handed down by AAMC and in order to facilitate active involvement in the consideration of the report by other important organizations, an invitational conference has been proposed. Mr. Miller expressed the view that this conference was an excellent idea. With reference to the proposed invitation list, he recommended that rather than inviting two representatives only from AMSA, consideration also be given to the other

medical student organizations, e.g. SNMA, AMA-SBS, etc.

D. Proposed Modifications of the Immigration and Nationality Act

The Board considered the proposed extension of duration of stay under the J-Visa program and recommended its approval based on the following information contained in the Executive Council Agenda: Currently, foreign medical graduates (FMG's) who have passed the Visa Qualifying Exam (VQE) may come to the U.S. for graduate medical education for a period of two years, with extension for a third contingent upon approval from the home country. This arrangement does not give resident physicians adequate time to meet the eligibility requirements of many of the medical specialty certifying boards.

The second proposal, extension of the VQE waiver period, was discussed at length by the Board. As explained in the Executive Council Agenda, a number of program directors in the N.Y. metropolitan area are concerned about the pending expiration of the substantial disruption waiver period. They claim that beginning in 1981 several programs, most notably in New York City, will still be unable to fill their residency training positions with either U.S. graduates or FMG's who can pass the VQE and the English examination and many patients will thus not receive much needed medical care. The Board supported the extension with the suggestion that the reasons why these N.Y. programs are unable to attract U.S. graduates be investigated and that measures be taken either to improve the programs or eliminate them. The Board also felt that the foreign physicians who are presently serving these indigent populations be recognized for their contributions.

The Board also discussed a proposal to allow fulfillment of NHSC service obligations through participation in designated residency programs. The Board felt this proposal is unwise because residents who choose programs which are unable to attract U.S. graduates would be exploited without receiving educational benefits; instead, efforts should be made to improve these residency programs. If they cannot be improved, then the programs should be disbanded and NHSC physicians recruited to fill the service needs.

E. Report of the Task Force on Graduate Medical Education

ACTION: The OSR Administrative Board approved the recommendation that the Executive Council accept the report, endorse its wide dissemination and request responses from individuals and organizations.

F. Report of the ad hoc Committee on Clinical Research Training

Dr. Thomas Morgan, Director, Division of Biomedical Research, summarized salient points from this report. He pointed to the decline in numbers of physicians training for careers in research and the decline in interest

among medical students in such careers during a time when budgeted, unfilled vacancies in clinical departments of medical schools are increasing. He expressed the hope that the Fall issue of OSR Report, which dealt with the need for and opportunities open to clinical investigators, had helped to educate students on these issues.

ACTION: The OSR Administrative Board recommended adoption of this report.

G. Medical School Acceptance Procedures

Mr. Boerner explained the concerns which the GSA has brought to the Executive Council regarding some schools requiring deposits which are either strictly nonrefundable or nonrefundable after a specified date; these requirements are at variance with the published "Recommendations of the AAMC Concerning Medical School Acceptance Procedures". The recommendation to the Executive Council is that these procedures be changed to say that deposits not exceed \$100 and that they be refundable until June 15.

ACTION: The OSR Administrative Board endorsed the recommended change.

XIV. The meeting was adjourned at 3:15 p.m.

1980 ANNUAL MEETING

October 25 - 30

Washington, DC

Theme: The New Biology and the Future of Medical Education

SAT	SUN	MON	TUES	WED	THURS
OSR Groups Societies	OSR Groups Societies	Plenary Ses.	Assembly/ Plenary		A.M.

OSR Groups Societies	OSR Groups Societies Programs*	Council Bus. Meetings Symposia**	Special Gen- eral Session		P.M.

*Women in Medicine Program on Career Development, followed by reception

**Women in Medicine Research Symposia

1979

ORGANIZATION OF STUDENT REPRESENTATIVES

Annual Meeting Schedule

FRIDAY, November 2

(evening)

Administrative Board Meeting

SATURDAY, November 3

8:30 am - 11:00 am	Regional Meetings
11:00 am - 12:30 pm	Discussion Sessions
2:00 pm - 5:00 pm	Business Meeting
5:00 pm - 6:30 pm	Regional Meetings
7:00 pm - 9:00 pm	Reception

SUNDAY, November 4

8:30 am - 10:30 am	Discussion Sessions
10:30 - 11:30 am	Candidate for OSR Office Session
1:00 pm - 4:00 pm	Business Meeting
4:00 pm - 5:00 pm	Regional Meetings
7:00 - 9:00 pm	OSR Program

MONDAY, November 5

12:30 - 1:30 pm	Joint Administrative Board Lunch
3:00 - 5:00 pm	OSR/Women in Medicine Panel Discussion