



# association of american medical colleges

## AGENDA

### OSR ADMINISTRATIVE BOARD MEETING

April 3, 1985

8:30 am - 5:30 pm

Conference Room, AAMC Headquarters

- I. Call to Order
- II. ACTION ITEMS
  - A. Approval of January Meeting Minutes. . . . .1
  - B. Nomination of Student to NRMP Board
  - C. MCAT Fee Increase. . . . .Exec. C., p. 15
  - D. LCME Functions & Structure. . . Exec. C., p. 16
  - E. General Requirements for GME. . Exec. C., p. 63
- III. DISCUSSION ITEMS
  - A. OSR Plans for 1985 Annual Meeting. . . . .8
  - B. Recommendations on Increasing OSR Representation at Meetings & on a Listing of Member Responsibilities. . .10
  - C. OSR "Future Challenges" Paper. . . . .12
  - D. Financing Graduate Medical Education. . .  
Exec. C., p. 72
  - E. Certification and GME. . . . .Exec. C., p. 89
  - F. Experiences with OSR Letter-writing Campaign
- IV. INFORMATION ITEMS
  - A. Reports from OSR Regional Chairpersons on Spring Meetings
  - B. Report from Dr. Swanson on NBME Annual Meeting
  - C. Legislative Update
- V. Old Business
- VI. New Business
- VII. Adjournment

DRAFT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ORGANIZATION OF STUDENT REPRESENTATIVES  
MINUTES

January 22-23, 1985  
Washington, D.C.

Ricardo L. Sanchez, Chairperson  
Rick Peters, Chairperson-Elect

Regional Chairpersons:

Vicki Darrow  
Kim Dunn  
Kirk Murphy  
John DeJong

AAMC Staff  
David Baime\*  
Janet Bickel  
John A. D. Cooper, M.D.\*  
Paul Elliott, Ph.D.\*  
Dario Prieto\*  
August Swanson, M.D.\*  
Xenia Tonesk, Ph.D.\*

Representatives-at-Large:

Roger Hardy  
Miriam Shuchman  
Kent Wellish

\*present for part of the meeting

I. Mr. Sanchez called the meeting to order at 12:30 p.m. and asked for and received approval of the September meeting minutes. Board members noted with sadness the resignation of Sharon Austin from the Board and agreed on the need for provisions in the OSR Rules and Regulations to fill vacancies. Mr. Sanchez will draft language to be considered at the April meeting.

II. Small Group Reports from the 1984 Annual Meeting

Mr. Sanchez asked for comments on the now complete small group reports as summarized in the 1984 Business Meeting minutes (appended to these minutes). In relation to the group on evaluation methods, Mr. Hardy described a paper he and Dr. Norma Wagoner are working on pertaining to inappropriate uses of the National Boards, Part I. He also mentioned that other students might find useful a description of Cincinnati students' efforts to block the reinstitution of letter grades. The Board discussed the importance of proposing other methods of evaluation rather than simply resisting widely-used problematic ones because of realistic needs of program directors and medical school faculty; but it pointed to the frequency with which "that which is measurable drives out that which is important" and to the GPEP recommendation calling for faculty members' judgments of students' analytical skills. The Board also discussed how fundamental changes as embodied in GPEP are needed, including a reassessment of evaluation systems. Also needed are more data on the extent to which program directors are relying on grades and Board scores. Mr. Hardy recommended that schools can help by encouraging their students to broaden themselves through research projects or teaching

opportunities, for example, and then by highlighting such activities in the dean's letter. To obtain more background, the Board decided to request Dr. Swanson and Dr. Tonesk to make presentations on the following day. Members had no additional specific followup to the group reports at this time.

### **III. OSR "Challenges" Paper**

Mr. Sanchez explained that the other three AAMC Councils have developed papers outlining the issues most important for their constituents and raising questions to be addressed by the AAMC as a whole. As such, the OSR paper should also be considered both an internal agenda and a potential contributor to the next phase of AAMC's development. The Board discussed and suggested revisions for the drafts prepared by Ms. Bickel and Mr. Sanchez and will be sent a second, expanded draft as soon as one is prepared.

In the course of this discussion, Board members came up with various ideas on improving communications within OSR. The description of committee openings for students should include a statement about close liaison with the OSR Board; and, upon appointment, student members should be counselled about this responsibility. A description of OSR members' duties and responsibilities needs to be developed and appended to the OSR certification form and passed on to newly elected representatives (this will also serve to educate student affairs deans). Included among these duties should be submission to the Administrative Board, at the end of the student's term as representative, a summary of achievements and activities; this report could be similar to the one required in many cases by the student council at the end of the year. Such summaries could be excellent information resources to the Board and could be compiled for use by new OSR members. Mr. DeJong agreed to draft a list of OSR member responsibilities for the Board's consideration in April. A problem area considered is the number of schools that do not send OSR members to meetings. Ms. Dunn reported that in the Southern region, each "non-active" person has been assigned to an active member to learn about reasons for non-attendance; a letter has also gone to the student affairs deans at these schools to stress the importance of OSR participation. She, along with Mr. Murphy, remarked on the value of regional chairpersons' phoning the members of their regions from time-to-time to improve communications. The Board recommended that a memo from the OSR Chairperson be sent to student affairs deans in March requesting their cooperation in sending an OSR member to the regional meetings. Mr. DeJong volunteered to draw up recommendations on increasing OSR member participation for consideration at the April meeting. The Board requested that a letter go to deans prior to the Annual Meeting, inviting them to appropriate OSR sessions, and asked staff to investigate the possibility of sponsoring a joint breakfast.

### **VI. Spring OSR Report**

The Board gave Ms. Bickel numerous suggestions for improving the draft of the OSR Report on GPEP. Mr. Sanchez said the goal of this issue is to move students to fuel and contribute to the process of needed

changes in medical education. Ms. Dunn shared her experience of the cascade effect of engaging the dean's support in stimulating discussions about GPEP; the most important activity appears to be getting students together at each institution to talk about the GPEP recommendations vis-a-vis specific problems at the school. Mr. Murphy noted that the Hahnemann students' response to GPEP was appended to the school's LCME self-study; this link helped to sustain student interest in working on their response. Ms. Darrow reported that student leaders at University of Washington also met with their deans to discuss how to motivate students and faculty to seriously consider the GPEP report; 25 students were recruited to interview (with a standard form) all the department chairpersons and medical directors of affiliated hospitals about how the school is doing relative to the GPEP conclusions. This effort has been considered very successful.

Ms. Bickel reported that the Association of Professors of Medicine has obtained funding to underwrite distribution of its pamphlet "Must Animals Be Used In Biomedical Research" to all U.S. medical students. These will be mailed with OSR Report copies in mid-March; Mr. Hardy is writing a page of the Report to personalize this subject for medical students.

Board members discussed the possibility of creating a "Letters to the Editor" section of the Report to encourage national networking on topics in medical education and the idea of a paper contest to stimulate OSR members to write about subjects of concern to them (the winner would be published in OSR Report). Mr. Sanchez agreed to draft such an invitation.

#### **V. Possible Regional Meeting Presentations**

Ms. Bickel distributed for the Board's information copies of a model questionnaire on residency programs, which schools could use to obtain feedback from alumni for use by senior medical students. This questionnaire was developed and distributed by OSR to student affairs deans several years ago. The Board agreed that it would be useful to ascertain how many schools presently collect feedback from recent graduates, whether this model form is useful or a better questionnaire has been devised, and whether there is support for standardization of the form so that schools which want to computerize the input can share their information. The regional chairpersons, in conjunction with Ms. Bickel, can attempt to obtain the perspectives of OSR members and student affairs deans at the spring meetings. Dr. Elliott mentioned that in the future, by paying residents to evaluate their programs, someone may create a profit-making scheme to generate for students a list of those residency programs with the most desired characteristics.

Ms. Bickel informed the Board about a tape available for their viewing the next day called "Competing Commitments" which speaks to medical students' questions about becoming a physician and raising a family at the same time. The producer/writer is Dr. Adele E. Brodtkin (Department of Psychiatry, New Jersey

Medical School, 201-376-7178) who is available to lead discussions around this subject at any future OSR meeting.

VI. The meeting adjourned at 5:30 p.m. and reconvened at 9:15 a.m. the next morning.

#### VII. Lobbying by OSR Members

Mr. DeJong introduced a proposal to form an OSR committee to plan and coordinate OSR lobbying efforts. It is not known how well OSR members have responded to past AAMC requests to generate student letters to Congress, but in general the Board agreed that OSR members would benefit from a more comprehensive education on lobbying techniques than has previously been provided to them. Board members offered a few alternatives to the proposal but accepted a basic goal of formalizing past OSR efforts in this area. Mr. Wellish volunteered to work with Mr. DeJong in preparing initial materials to present at the OSR regional meetings and to establish contact with Mr. David Baime, AAMC legislative analyst. It is hoped that a briefing sheet can be prepared and mailed to OSR Administrative Board members prior to Board meetings to prepare and encourage them to make arrangements to visit their Congressional representatives while they are in D.C. Board members noted the importance of encouraging OSR members to work with AMSA and AMA-MSS members at their schools in any lobbying efforts and to remember the educational value of these activities. Ms. Shuchman recounted her experience that Congressional staff remember visits from medical students and that a single visit is very effective in paving the way for future communications. Mr. Sanchez asked the representatives-at-large to assist the regional chairpersons in leading discussions on this subject at the regional meetings.

#### VIII. Discussion with Dr. Swanson

Dr. Swanson, Director, Department of Academic Affairs, reviewed with the Board some of the AAMC's targeted programmatic efforts following from publication of the GPEP Report and noted the importance of capturing faculty members' imaginations and intentions with new approaches to learning since they appear to have little ability to depart from the ways in which they themselves were taught. One of these efforts is an Invitational Conference on Clinical Education to be held in September to identify the most salient problems found in clinical education and approaches for their solution that can be implemented through either local, institutional efforts or national initiatives. He singled out the increasing problems of admission to graduate medical education and told the Board that his editorial on the "Pre-residency Syndrome" will appear in the March Journal of Medical Education. He mentioned that, although many anecdotes are circulating about such developments as students taking all their electives in their chosen specialty, much more solid evidence is needed, and he has proposed surveying seniors about their experiences in conjunction with the distribution of the AAMC Graduation Questionnaire.

Dr. Swanson said that he is impressed that the Council of Deans Administrative Board believes that the GPEP Report provides a crucial opportunity which must be capitalized on and that medical students must also continue to keep attention focused on needed improvements in teaching and evaluation. He reported a congruence between GPEP's recommendations and the 12th draft of the revised LCME "Structures and Functions" document.

Turning to the National Board of Medical Examiners (NBME), Dr. Swanson described the ambivalent position of the Board in decrying the excessive use of its examination by faculty but simultaneously furnishing to faculty all the information they need to continue this emphasis. Queried by the OSR Board about how best to convey to the NBME the OSR recommendations to change the examination scoring to pass/fail as befits a licensing examination, he mentioned that the NBME Board's Annual Meeting in March will provide opportunities to reassess and perhaps influence where the NBME is going on this issue. The OSR Board decided to contact the student member of the NBME's Study Committee on the Use of Parts I and II to see also if channeling views through this person could be valuable. Mr. Hardy expressed the hope that the Cincinnati paper on the use of Part I would be ready in time and stated the belief that, if pass/fail reporting were achieved, this one change could have an enormous positive impact on numerous goals set forth by GPEP. Ms. Darrow provided the example of a department's claiming it does not need to improve a course widely recognized by students as poor because all the students score high on its Part I section. The Board concurred about the damaging effect of "Board score envy" games among departments. Finally, the Board recommended that the Group on Medical Education Steering Committee be queried regularly about new faculty activities, e.g., retreats, in the spirit of GPEP and that AAMC publicize these, for instance, in the Weekly Activities Report because sharing innovations can stimulate schools to initiate their own. Mr. Sanchez agreed to contact student/resident members of NBME to obtain a sense of the alternatives being considered.

#### **IX. Report on Financial Aid Programs**

Mr. Baime reported that last October both the House and Senate approved S. 2574, legislation to renew the "manpower" programs in Title VII of the Public Health Service, i.e., Health Professions Student Loans (HPSL), Health Education Assistance Loans (HEAL), National Health Service Corps (NHSC) Scholarships, and Exceptional Financial Need (EFN) Scholarships. The President vetoed this legislation. Mr. Baime noted that for medical students the present environment is grim, because of a perceived physician manpower surplus and the government's unwillingness to subsidize members of such a high-paying profession. However, the legislation proposed is targeted at necessary improvements and represents no great bargains for medical students, despite some untruths contained in Mr. Reagan's Memorandum of Disapproval. Mr. Baime forecast the early reintroduction of health manpower legislation very similar to that passed by Congress last year but kept alive via Continuing Resolution. He told the Board that the Higher Education Act, which includes

Guaranteed Student Loans (GSL), may not be reauthorized this year. Hearings will probably be held in the late summer or fall; he distributed a copy of AAMC's March 1984 testimony on the renewal legislation.

Mr. Sanchez described to Mr. Baime the OSR Board's proposed effort to better prepare OSR members to lobby. Mr. Baime supported this idea and stated that students do not need to be wizards on the details of legislation; they need to know the bill numbers and strongly express their interest in the outcome. Dr. Cooper added that letters to elect officials are better than phone calls and reiterated that, with the size of the federal deficit, retaining adequate funding for health programs will be very tough. He explained that planned recalibrations of DRG categories will affect teaching hospitals more than others and that reductions in funding through Medicare affects faculty income which means decreased funds for general departmental support. Also some states will not jump in to fill the breach left by withdrawal of federal Medicaid funds. Dr. Cooper closed by saying that the federal budget is scheduled for release on February 4.

#### **X. AAMC Clinical Evaluation Program**

Dr. Xenia Tonesk, Program Director, Clinical Evaluation, provided an overview of this Program which is designed to assist clinical faculties in evaluating students during their clinical education. The completion of Phase I in 1983 was marked by distribution of the booklet, "The Evaluation of Clerks: Perceptions of Clinical Faculty" and the accompanying editorial, "Clinical Judgment of Faculties in Evaluating Clerks" (March 1983, Journal of Medical Education). Phase II will make available to interested medical schools a set of self-assessment materials to enable schools to: 1) assess the strengths and weaknesses of their current system in terms of whether it aids or hinders clinical faculty in the evaluation of all categories of students (e.g., superior, adequate, marginal); 2) determine the degree to which faculty accept the current system and are satisfied with its effectiveness; 3) make decisions about needed changes; and 4) develop a strategy for implementing the desired improvements. She said that currently nine schools are pilot-testing the self-assessment materials. Preliminary findings indicate the following common obstacles: lack of sufficient information about the clerks' strengths and weaknesses before they enter particular rotations; insufficient opportunity to observe clerks directly; inadequate guidelines for handling problem students; delays in feedback to students' and unwillingness to record or act upon negative assessments. She expressed the hope that a manual for use by all schools will be available by the 1985 Annual Meeting.

#### **XI. Group on Student Affairs-Minority Affairs Section**

Mr. Dario Prieto, Director, Office of Minority Affairs, gave an overview of the GSA-MAS activities, including on-going Simulated Minority Admission Exercises Workshops, useful in introducing admissions personnel to ways of assessing non-traditional applicants. He referred to data from "Minority Student In Medical Education: Facts and Figures" which show no increase in the minority applicant pool and described

MAS concerns in this area. He also mentioned joint efforts with NRMP to examine whether minority students face discrimination in the residency selection process and expressed the view that program directors lack skills in assessing the non-traditional applicant in the same ways that medical admissions officers did fifteen years ago. Mr. Prieto closed with the statement that MAS is always looking for student support of their activities.

## **XII. Nomination of Students to Committees**

Mr. Sanchez noted that the OSR Board will consider the National Resident Matching Program Board of Directors' position at its April meeting. Because of the high quality of all the applicants and a desire to nurture their interest in participation in such activities, Ms. Shuchman volunteered to revise the letter written to applicants not given the opportunity to serve.

**ACTION:** The OSR Administrative Board nominated the following students to AAMC committees (the AAMC Chairman appoints one to each committee):

Flexner Award Committee:

- (1) Charles Weaver (U. of Washington)
- (2) Peter Lu (U. of Washington)

Women in Medicine Planning Committee:

- (1) Sharon Hull (Southern Illinois U.)
- (2) Joanne Elmore (Stanford U.)
- (3) Kim McKay-Ringer (U. of Kansas)

GSA-Minority Affairs Section Coordinating Committee:

- (1) Vietta Johnson (Harvard U.)

**XIII.** The meeting was adjourned at 12:00 p.m. in order for OSR Board members to subsequently join the Councils' Boards for an Orientation Session and a meeting on the Financing of Graduate Medical Education.



1984 ANNUAL MEETING PROGRAM

ORGANIZATION OF  
STUDENT REPRESENTATIVES

Friday, October 26

3:30- Regional Meetings  
4:30 pm ERIE -- Western  
PRIVATE ROOM 3 -- Southern  
PRIVATE ROOM 4 -- Northeast  
MICHIGAN -- Central

4:30- BELAIR  
5:30 pm Program: "Becoming an Effective Change  
Agent and OSR Member at Your School"  
Mary E. Smith, M.D.

7:30- BELAIR  
9:00 pm Program: "The Physician as Health Advocate:  
Responsibilities and Barriers"  
Moderator: Steve Hasley, M.D.  
Speakers: Quentin Young, M.D.  
Robert G. Petersdorf, M.D.

Saturday, October 27

8:30- PRIVATE ROOM 2  
10:00 am Business Meeting

10:15- PRIVATE ROOM 2  
11:30 am Issue Identification Session

1:30- Small Group Discussions of Issues  
3:15 pm PRIVATE ROOMS 3, 4, 10, MICHIGAN  
SUPERIOR A, BEVERLY, ASTORIA

3:30- BEVERLY  
5:00 pm Program: "Working with Nurses and Other  
Health Professionals: Issues and Assumptions"  
Ruth Purtilo, P.T., Ph.D.  
Ann Lee Zercher, R.N.  
Ann C. Jobe

ASTORIA  
Program: "Skills for Success in Medicine"  
John-Henry Pfifferling, Ph.D.

Sunday, October 28

8:30- PRIVATE ROOM 2  
9:30 am Candidate for OSR Office Session

10:00-  
11:30 am

Discussion Groups: "Leadership and Change:  
Putting GPEP to Work at Your School"

PRIVATE ROOM 3  
Baccalaureate Education/Acquiring Learning  
Skills  
James Erdmann, Ph.D.  
Richard Peters

ROOM 418  
Clinical Education  
Xenia Tonesk, Ph.D.  
Ed Schwager, M.D.

ROOM 419  
Faculty Involvement  
August Swanson, M.D.  
Ricardo Sanchez

1:00-  
4:00 pm

CONTINENTAL  
Business Meeting

4:00-  
5:30 pm

Regional Meetings  
PRIVATE ROOM 5 -- Western  
SUPERIOR A -- Southern  
419 -- Northeast  
MICHIGAN -- Central

Monday, October 29

1:30-  
3:00 pm

ROOM 414  
Workshop: "National Resident Matching  
Programs; The Nuts and Bolts"  
Martin A. Popps, M.D.  
Pamelyn Close, M.D.

2:30-  
4:30 pm

ROOM 415  
Workshop: "Medicine as a Human Experience"  
David H. Rosen, M.D.

## RECOMMENDATIONS

on Increasing OSR Representation at Meetings  
and on a Listing of OSR Members' Responsibilities

At its January meeting, the OSR Administrative Board discussed the need for guidelines on increasing the number of schools which routinely send OSR members to the Annual and Spring meetings and for a listing of OSR members' responsibilities. Addressing the first of these, Mr. DeJong drafted the "Recommendation" which follows and which will be discussed by the Board. Distributed at the meeting will be a draft recommendation regarding the responsibilities.



# association of american medical colleges

## RECOMMENDATION

### National and Regional Meetings:

#### Increasing Representation from Member Schools

January 23, 1985

Inherent to the structure of the OSR is the importance of every representative's meeting attendance. It is recognized that lack of representation of a AAMC member school at an OSR meeting may stem from two areas: the school's administration or the student. Administration may discourage participation through inadequate support or insufficient funding, while students may be apathetic or have conflicting commitments. As it is in the interest of the OSR to encourage schools' representation and individuals' attendance at meetings, it is recommended:

1. That a letter be sent at the start of each fall semester to the Deans of all schools which did not participate in the preceeding annual meeting. This letter should be directed at enlisting active support for the local representative.
2. That the Regional Chairpersons contact each representative at the start of the spring semester soliciting early registration for the spring regional meetings. The representatives from schools which did not attend the preceeding regional meeting should be contacted by telephone well in advance of the meeting.
3. That each OSR representative be directed to chaperone their local selection process to assure continuity of representation of their school.

//

## CHALLENGES IDENTIFIED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES

At its January meeting, the OSR Board reviewed two "first drafts" of an OSR "Future Challenges" paper. The following draft was prepared by staff based on the Board's discussion. It has been included in "Future Directions for the AAMC: Background Materials for the Council of Deans" which was distributed in advance of the COD Spring Meeting (March 20-22) for one of its discussion sessions.

OSR Board member Rick Peters is working on Section (D) "OSR Perspectives on Issues Raised by the Councils". Other OSR Board members should bring a list of items for possible inclusion in Section (E) "Ideas for AAMC Future Directions".

DRAFT REVISED BY OSR BOARD (BUT NOT SUBSEQUENTLY REVIEWED BY IT)

## CHALLENGES IDENTIFIED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES

### Background

Along the lines of the self-examinations recently conducted by the three AAMC Councils, the OSR also has been conducting an inventory and looking ahead to the coming transition in AAMC leadership. The OSR Administrative Board has developed the following summary of its deliberations and submits it with the hope that the AAMC officers will find it useful as part of the on-going examination of AAMC's mission. The project is conceptualized as including the following five sections, but only the first three have been completed by the Board:

- A) Role of OSR in AAMC
- B) Role of OSR Members at the Schools
- C) Recurring Issues Raised by OSR
- D) OSR Perspectives on Issues Raised by the Councils
- E) Ideas for AAMC Future Directions

#### A) ROLE OF OSR IN AAMC

At the 1971 AAMC Annual Meeting, the student representatives adopted and the COD approved "OSR Rules and Regulations". In brief, OSR was created with the following purposes in mind: 1) to facilitate the expression of students' ideas and views; 2) to incorporate students into the governance of AAMC; 3) to foster the exchange of ideas among students and other concerned groups; and 4) to facilitate students'

action on health care issues. Evidence of these four goals is woven throughout this paper.

The built-in mechanisms for OSR participation in AAMC programs and policy development are the OSR chairperson's attending and reporting OSR actions at COD Administrative Board meetings and provision of two voting seats on the Executive Council and 12 on the Assembly. The OSR also has input into the affairs of the AAMC through membership on some AAMC committees. More informal opportunities for information exchange with AAMC officers occur during the quarterly meetings when the OSR Administrative Board joins the other Boards for luncheons, receptions and programs. In addition to these mechanisms, at regional spring meetings important ties are established between OSR and GSA and sometimes GME members. Also the OSR chairperson is a member of the GSA Steering Committee.

Limitations to OSR's effectiveness are inherent in the differences between students and those with line responsibilities for the functioning of an educational institution. Lacking practical administrative experience and the historical perspective which naturally accrues, students cannot bring to the deliberation of many issues in academic medicine as high a level of expertise as officers of the other Councils. Also the environment in which AAMC and its associated institutions operate is very complex. But the students elected to the OSR Board have sought exposure to and recognize their stake in the issues under consideration; and these students, with the guidance of materials and reports from AAMC staff, do achieve a broad level of understanding of them. At times, because they are not

protective of any particular domain or argument, students can contribute in particularly creative and socially responsible ways.

A related hindrance in the OSR Board's participation is that each year usually seven of its eleven members are new to the Board, in contrast to the three-year terms of members of the other Boards. Only the person elected to the office of chairperson-elect serves a three-year term. Occasionally a student will run for one of the other positions and be elected two years in a row. While achieving greater continuity of service on the Board would be desirable, no feasible method is available if the flexibility of the current election procedures are to be retained. One positive byproduct of the present arrangement is that more students benefit from the opportunity to be active at a high level within the AAMC, thus extending AAMC's role as nurturer of future leaders in academic medicine.

Two other kinds of OSR contributions can be mentioned. The programs it sponsors at the annual meeting and GSA regional meetings frequently add breadth to the meetings and are attended by other constituents. Good examples are recent annual meeting sessions on "interacting with nurses" and on "physicians' social responsibilities vis-a-vis preventing nuclear war". The OSR Administrative Board continually monitors the design of its annual meeting program to make maximum use of students' limited time together. OSR Report also contributes in important ways to the Association's on-going activities by directly assisting medical students across the country to give serious consideration to areas not usually covered in their curricula, e.g., the physician manpower scenario, ethical responsibilities of medical students, cost containment, influencing the health legislation



process, computers and medical education. In addition, issues of this publication have been incorporated into student handbooks and into course materials at some schools. The OSR Administrative Board is committed to assuring the continued quality of OSR Report, at the same time as it would like to see it produced three or four rather than the present two times per year and expanded to include more student-written material.

#### B. ROLE OF OSR MEMBERS AT THEIR SCHOOLS

The "OSR Rules and Regulations" state that "members of the OSR shall be . . . selected from the student body . . . by a process appropriate to the governance of that institution." The OSR Certification Form which deans are annually requested to sign and return to AAMC asks for a brief description of the selection process. The activity levels and structure of student governments vary a lot from school to school, thus so does the selection process for the OSR member. Quite a combination of methods are used, from screening of candidates by the student council with appointment by the dean, to selection by a student executive committee, to election by one class or by total student body. In order to establish continuity of OSR representation from year to year and to stabilize the role of OSR at the schools, very desirable goals in terms of OSR effectiveness at all levels, schools are periodically encouraged to examine what can be done to achieve these goals. Particularly helpful are procedures allowing: 1) recruitment of freshmen for the position; 2) extended terms, i.e., more than one-year; and 3) selection of an alternate or "junior" as well as official OSR member who attends meetings for a year before becoming the school's official representative. Because these ideas can

only be suggested to schools and because OSR is only one of a number of student organizations, many schools still limit the tenure of an OSR member to one year and do not assure prior OSR-exposure. Sharing of materials and advice between the departing and arriving representative does facilitate continuity and appears to be occurring more frequently than in the past.

The OSR Administrative Board is concerned about some schools' poor records of OSR representation at annual and regional meetings. Twenty schools with certified OSR members did not send a student to the 1984 annual meeting; fifteen is a more usual number. When students do not attend, it is not known whether a problem in locating travel funds was primarily the reason or if examination schedules or inability to procure time-off from a rotation were larger factors. The OSR Administrative Board is initiating activities designed to increase meeting participation, including a memo to student affairs deans requesting their support and more phone communication within regions.

The role of the OSR member at the medical school begins as an information channel. OSR members are urged to share with their student council or government, if not with the whole student body, reports of AAMC/OSR activities which they receive via OSR Board meeting minutes, Weekly Activities Report, etc. The most frequently used methods of transmitting information are placing items in the student newspaper and giving reports at student government or class meetings. Other methods include in-person announcements to classes; bulletin board postings in the student lounge area; and establishment of an OSR file in the student affairs office or library. Some OSR members also staff an OSR table at Freshmen Orientation, informing incoming students about a

number of issues, including OSR activities. There are two other important roles to be mentioned. The OSR representative is urged to take the lead in generating student input to the LCME accreditation and school self-study process. Shortly after student representation was achieved on the LCME, a student guide to the accreditation process was prepared; an updated version of this handbook is distributed to OSR members at schools with upcoming site visits. OSR members also are responsible for the distribution to each student of OSR Report.

In order to assist potential and new OSR members to better appreciate these responsibilities, the OSR Administrative Board is preparing a description of OSR member duties and functions. This will serve as a supplement to the OSR Orientation Handbook and will be distributed to student affairs deans in the fall along with the OSR Certification Form. OSR can also serve as a vehicle for action, and are periodically asked by the AAMC to generate letters, usually in support of financial assistance programs. In the recent past, many have worked hard and in laudable cooperation with deans, financial aid officers, and other medical student groups to produce mail to Congress. For the 1983 annual meeting students were also prepared with background materials and guidelines to visit their elected officials while in Washington. The OSR Administrative Board believes that OSR can improve its effectiveness as an action vehicle by providing members with a more comprehensive education on lobbying techniques than they have previously received. Presentations on this subject are planned for the spring meetings, and a Board member has been appointed as a liaison with AAMC legislative analysts. The other Board members also will

become more active in visiting their Congressmen while in Washington for meetings.

### C. RECURRING ISSUES RAISED BY OSR

During its first 10 years of existence, the primary method employed by OSR to generate, discuss and present issues was via resolution. Individual members or regions would prepare these before or during the Annual Meeting and distribute copies at the business meeting. Frustrations with this process included OSR members' inflated expectations about actions that would follow from resolutions and repeated focus on language rather than issues. In 1982 OSR began using the "group process" method to select the issues on which to focus and then divided into small groups for discussion. The output from this process is in the form of reports, prioritizing students' concerns and usually including assessment of positive and negative forces relative to progress in that particular area. While this method too is sometimes limited by vagueness regarding who is expected to act and how to address disincentives and barriers to action, it appears preferable to the "resolution" method because it allows greater information exchange among students and encourages refinement rather than repetition of issues; moreover, the Administrative Board finds the group reports more useful than "resolved" clauses as a guide to its activities over the year.

An examination of the minutes of the Annual Business Meeting allows a listing of those issues of continuing concern to the OSR. While there is overlap among categories, it is possible to divide the issues into those addressed: A) to medical schools, B) to AAMC, and C) in general.

A. Medical Schools

1. Establish, with student input, policies on delayed matriculation and leaves of absence
2. Foster social awareness in medical students and seek evidence of this in applicants
3. Eliminate the use of National Boards for promotion
4. Greater use of student evaluations of courses
5. Greater emphasis on primary care and preventive medicine
6. Greater emphasis in the curriculum on communication skills and human values
7. More teaching about cost awareness and professional ethics
8. Improve Introduction to Clinical Medicine/Physical Diagnosis courses
9. Improve the integration of basic and clinical sciences
10. Improve medical student access to computers and information sciences
11. More emphasis on learning skills and use of alternative evaluation methods
12. Create environment to promote excellence in teaching
13. Encourage faculty research in improving teaching and evaluation methods
14. Build-in mechanisms to help medical students improve their teaching abilities
15. Create stress management programs
16. Better financial aid and financial management counselling
17. Better counselling on selecting residencies, using NRMP, and selecting extramural electives

B. Association of American Medical Colleges

1. Increased regular housestaff participation in the AAMC with greater attention paid to: 1) the role of housestaff as educators and evaluators of medical students, 2) frequently poor quality of resident supervision and education, 3) problem of increasing competition for graduate positions, and 4) resident stress and their need for support and counselling mechanisms.
2. Greater detail in school information published in Medical School Admission Requirements so that applicants can better differentiate among schools, e.g., percent of out-of-state applicants interviewed.
3. Create workshops for faculty to improve teaching skills
4. Continued fostering of government sources of financial aid and assisting schools in sharing information about innovative financing methods
5. Endorsement of service-contingent loans

C. General

1. Medical students' need for ethical guidelines in the clinical years
2. Encourage greater use of the University Application Form for residencies
3. Opposition to Federal budget cuts affecting health care delivery to the indigent and request institutions to document the effects of budget cuts on the indigent

4. Support for data collection and improved guidance available to medical schools in the areas of specialty choice and career planning
5. Better sharing of information on medical student-sponsored community projects
6. Better sharing of information on successful medical school programs which encourage personal development, e.g., health awareness workshops, and support groups
7. More research opportunities for medical students

The values of OSR members' raising and considering these issues are many. Other AAMC bodies and AAMC staff learn about the present priorities of the most immediate consumers of medical education. Medical students take home information about programs, courses, trends on-going at other schools; many OSR members effectively share such information via the student newspaper, class announcements, student council meetings, etc. In addition to gaining facts and ideas, students also incorporate enthusiasm about the ability to make a difference at their schools and become better able to motivate other students along these lines. In this way, new programs at schools are begun, e.g., a student-planned and run day-long introduction to clinical responsibilities, including a manual; and a student-initiated alumni telethon for loan funds.

The most tangible results of OSR's raising of issues are the products given national distribution. Good examples are OSR Reports devoted to: 1) taking part in the health legislation process, 2) a guide to financial planning, 3) strategies for dealing with the residency selection process, 4) facing the challenges of the physician

manpower scenario, 5) understanding stresses of medical education and practice, 6) responsibilities of medical students vis-a-vis the rising costs of health care, 7) uses of computers in medical education, 8) the role of National Boards in medical education, 9) ethical responsibilities of medical students, and 10) economic changes affecting medical practice. Other products which have emerged in recent years which have been and are of continuing value at the medical schools are: 1) model due process guidelines, 2) model residency evaluation form (to create a file of alumni overviews to assist senior students in selecting residencies), 3) descriptions of innovative counselling program on specialty selection, 4) listing of medical Spanish resources, and 5) listing of contact persons and basic information on extramural electives.

At present, OSR priorities include keeping GPEP alive at the medical schools (the spring OSR Report recommends to students how to work toward this goal) and distributing a compendium of courses at U.S. medical schools utilizing computers for educational purposes.