ORGANIZATION OF STUDENT REPRESENTATIVES
1981 Business Meeting Agenda
October 31 & November 1
Washington Hilton Hotel
Washington, D.C.

DRAFT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Business Meeting

November 3 and 4, 1980
Washington Hilton Hotel
Washington, D.C.

I. Call to Order

Chairperson-Elect Lisa Capaldini welcomed everyone and called the meeting to order at 2:15 p.m.

II. Remarks from Dr. Cooper

John A.D. Cooper, AAMC President, noted that over 3500 persons were expected to attend the 91st AAMC Annual Meeting. He described some of the most important characteristics of the Association, namely, that its programs and policies are developed by consensus and that, because of the diversity of the membership, achieving a unified voice presents a great challenge. Students' input is welcome and important; however, with the increasing complexity and scope of the issues facing medical educators and because of their understandable lack of familiarity with many of these, the task of the OSR Administrative Board members is a difficult one. He reminded the students that in dealing with the complex issues of our times the Association also has its limitations; it is often the federal government which deals the cards and sets the rules. Moreover, just as the Association cannot dictate policy to schools, it cannot direct other organizations, such as the National Board of Medical Examiners, in the setting of their policies. He urged that in terms of effecting positive changes, the action is at the local not the national level, that students' ideas about what needs improving will find their most appropriate audience at home, and that information obtained by virtue of participating in OSR is a resource not available to most other medical students and should be utilized to its fullest. He also stressed the importance of keeping abreast of current events in health care and medical education; this activity should be considered not only integral to the study of medicine but also part of the responsibility of being an OSR Member. Other responsibilities which Dr. Cooper noted were participation in preparations preceding LCME accreditation site visits and helping to assure a high return of the AAMC Graduation Questionnaire.

In discussing some recent AAMC activities, he noted the search for funding for a study of the general education of the physician; by examining the premedical, preclinical and clinical phases from the standpoint of how effective they are in preparing students for graduate education and for life-long learning, this project would be responsive to a number of OSR's concerns about medical school curricula. He also reported on the AAMC-sponsored invitational conference this fall at which the report of the Task Force on Graduate Medical Education was discussed by program directors and others with direct responsibilities in and concern about residency training.

Dr. Cooper expressed the hope that many students would stay beyond the weekend to attend non-OSR-sponsored programs at which many topics of importance to students would be addressed. He closed by praising the contributions of the OSR officers during the year to the Association's endeavors to improve medical education in this country.

III. Declaration of Quorum

Chairperson Dan Miller declared the presence of a quorum of the Organization of Student Representatives.

IV. Consideration of Minutes

The minutes of the November 3 and 4, 1979 business meeting were approved without change.

V. Chairperson's Report

Dr. Miller listed a number of the activities and accomplishments of the OSR over the past year; 1) publication of basic information about extramural electives; 2) schools' adopting the model survey form to collect information from alumni on residency programs and progress in the Northeast region toward schools' sharing these forms; 3) meeting with staff of the National Health Service Corps and Armed Forces Scholarship Program to discuss exchanges between programs; 4) publication of an improved accreditation handbook for use by students at schools preparing for LCME site visits and of an issue of OSR Report on the residency application process; 5) assisting the development of a Universal Application Form for residency programs; 6) completion of the due process project; and 7) improved and increased flow of information among the membership about financial aid programs and legislation affecting them. He noted that the OSR Administrative Board had spent a lot of time and effort learning more about and discussing the "brickwall" issues of schools' use of National Board examinations, curriculum reform and sources of unnecessary stress in medical education. With these issues, especially, it is difficult and necessary to find an appropriate balance between pragmatism and idealism and to be realistic about OSR's role within the AAMC. Dr. Miller maintained that a crucial goal for OSR is to improve continuity in the membership to prevent having to "reinvent the wheel" every year. He emphasized the responsibilities of OSR representatives which are to: 1) share information obtained through their participation in the AAMC with their student bodies in a timely and usable fashion; 2) funnel concerns and ideas back to their officers of OSR so that they can better represent them; 3) identify and work to solve problems at the institutional level; and 4) help organize students' activities in preparation for LCME site visits. In closing, he thanked the membership for the opportunity to serve them and the Administrative Board and AAMC staff for their friendship and enthusiastic support.

VI. Report from American Academy of Family Physicians-Student Affiliate

Herb Young, Chairperson, National Conference of Student Affiliate Members-AAFP, announced that their membership now totaled over 9,000; this is the second straight year they have gained 2,000 new members. He explained that

members are interested in a whole spectrum of issues related to primary care, including preventive medicine and innovations in health care delivery. Mr Young described a number of their programs, including the "Adopt a Future Family Physician Project" under which family practitioners provide information and academic and moral support to school and college students. He noted the availability of their "Guide to Family Practice Residency Programs" and a survey of medical schools regarding their family practice preceptorship offerings (may be obtained from the AAFP headquarters in Kansas City, Mo.) He also announced the Academy's new Committee on Minority Health Affairs and in closing thanked OSR members for the opportunity to address them.

VII. Report on Health Manpower Legislation

Mary McGrane, AAMC Legislative Analyst, gave an overview of the current status of the renewal of health manpower legislation. The Association's hope is that, during the lame duck session, S.2375 (Kennedy/Schweiker bill) and H.R. 7203 (Waxman bill) will be successfully conferenced; however, because of an on-going battle with Mr. Waxman over another of his bills(pertaining to the funding of biomedical research), prospects for a conference are very uncertain. After outlining the financial aid provisions of each bill, Ms. McGrane urged the students to communicate with their Congressman about the importance of passing new legislation; the Health Education Assistance Loan (HEAL) program in particular urgently needs to be altered by law in order for it to remain viable. She said that how students pay their tuitions this year and in the coming years will be very much affected by the outcome of this process and that it is their responsibility to see that passage of new health manpower legislation is not confused with political horsetrading or other issues.

VIII. Due Process Project

Arlene Brown gave an overview of the evolution of the model due process guidelines which were included in the OSR agenda book along with an analysis of the procedures currently in use by medical schools. In her presentation of the OSR's work in this area and of the plan to distribute the model guidelines to deans of student affairs, she expressed the views that disputes over dismissals of or disciplinary action against medical students arise often because of lack of understanding on the part of students and schools as to what constitutes due process and that recent legal challenges may have increased faculty's reluctance to uphold the high academic standards of the profession. Although the courts have not required them, the lack of clearly defined due process guidelines does not appear to be in the best interest of students, schools or the profession. She said that the proposed model guidelines would guarantee students' right to fair play and protect institutions' rights and would also underscore faculty's responsibility to maintain the high standards appropriate to the practice of medicine.

IX. Reports from Students on AAMC Committees

A. Beth Fisher and Michael Tom, who serve on the Task Force on Support of Medical Education, explained that this group's charge is to formulate recommendations on the role of the federal government in medical education and its funding. They reported that the questions before this Task

Force, especially those regarding institutional support and financial aid programs, were very difficult and important ones and that political developments since its last meeting in January had been rapid and unpredictable in terms of their implications for passage of new health manpower legislation. Ms. Fisher and Mr. Tom reminded the students of public and Congressional sentiments that, as potentially high income earners, medical students should not receive federal subsidies. They also urged students to keep informed of current developments by carefully reading Dr. Cooper's Weekly Activities Report and to share information about these developments with their peers.

B. Robert Varipapa, student member of the GSA Committee on Student Financial Assistance, explained that this Committee has been dealing with a plethora of complex issues, including analysis of the financial aid provisions of the Kennedy and Waxman health manpower bills. He asked the students at the meeting to share with him special cases and problems relating to financial aid so that he can better represent their concerns to the other Committee members. He also stressed the importance of attending the GSA Financial Aid Forum to be held on October 27.

C. Saundra Robinson, who serves on the GSA-Minority Affairs Section Coordinating Committee, underlined some of the problems which continue to stand in the way of increasing minority students enrollment and improving their lot during medical school; these problems are the focus of this Committee's activities. She cited the need for a larger minority applicant pool, financial aid programs without service requirements, support systems at both the undergraduate and graduate medical education levels, and more minority faculty role models.

X. Nominations for OSR Office

The following OSR Members were nominated for national office:

Chairperson-Elect:	Grady Hughes (U. of Washington) Susan Haack (U. of Texas, Galveston) Louis van de Beek (Hahnemann)
Representatives-at-Large:	Michael Tom (Yale) Beth Fisher (U. of Cincinnati) Nancy Persicketti (Rutgers) James Deming (U of Miami) Wendy Crum (U of Southern California) Jo Ann Sanders (St. Louis U.) Steve Phillips (Einstein) Manuel Marquez (U of California, Los Angeles) Nancy Griffith (U. of California, Davis)

XI. The meeting was recessed at 5:00 p.m.

XII. The meeting was recalled to order at 1:20 pm on October 26.

XIII. Dan Miller declared the presence of a quorum.

XV. Elections

The following additional nominations were made:

Chairperson-Elect:	James Deming (U. of Miami) Al Johnson (U. of Minn-Minneapolis)
Representatives-at-Large:	Dave Thom (U. of Calif., San Diego) Denise Leonardi (Michigan State) Ron Voorhees (U. of New Mexico) Jim Anderson (Oral Roberts)

ACTION: The OSR elected the following persons to national office:

Chairperson-Elect:	Grady Hughes
Representatives-at-Large	Wendy Crum Manuel Marquez Louis van de Beek Michael Tom

XIV. Dan Miller referred the membership to the report on the OSR Due Process project as contained in their agenda and as described the day before by Arlene Brown.

ACTION: The OSR approved the model due process guidelines for dissemination to deans of student affairs.

XV. Resolutions

Action: The OSR approved the following resolutions:

A. Teaching of Foreign Languages and Cultural Issues

In view of the significant and increasing proportion of the national population that is primarily Spanish speaking, and
whereas language and cultural barriers result in the delivery of inadequate or inappropriate care, and
whereas the ability to overcome such barriers will enrich students' educational experience and/or future options, and
whereas the ability to care effectively for this portion of the population broadens the choice of settings for graduate education and practice,
Be it resolved that the OSR assemble information on current Spanish (and other) language/cultural programs made available to medical students, provide member schools with this information through their curriculum or student affairs committees, and encourage the establishment of such programs in response to the students' needs.

B. Improving Medical Care for the Aged

whereas our patient population is increasingly an aging one; and
whereas there are deficiencies in medical education dealing with the unique physical, social and psychiatric needs of the elderly,
Be it resolved that the OSR recommends the Ad Board undertake a study to examine basic science curricula, physical diagnosis courses and clinical clerkships toward the end of improving health care for the elderly.

C. Cost Containment Education

With rising health care costs, cost effectiveness of medical procedures becomes more important. While the OSR recognizes that some schools have made progress in educating students to consider the balance between data and dollars, others have yet to address this issue. We seek to reaffirm the value of teaching cost effectiveness to medical students, to housestaff, and to practicing physicians and urge the AAMC to encourage the teaching of cost effectiveness as a necessary part of the training of all physicians.

D. Medical School Curriculum Reform

whereas the art and science of medicine is an active process involving problem-solving, creative reasoning, and careful application of basic science information to patient related problems, and
whereas the medical student is often placed in a situation where learning is a passive process and requires the rote memorization of facts in a manner inconsistent with the development of thought processes involved in the future application of such data, and

whereas the medical school is shouldered with the responsibility not only for the dissemination of knowledge but also for the development of thought processes in students consistent with excellence in patient care,
Be it resolved that the OSR support the exploration and implementation of creative alternatives that encourage active student participation in learning (e.g. small group sessions, student presentations, preceptorships, problem-solving exercises) and that they gather information on existing programs consistent with this resolution and disseminate it to the medical schools.

E. Senior Electives

whereas students have widely varied senior-year elective needs, and
whereas participation in electives at programs outside a student's medical school can be invaluable for the student in evaluating residency programs as well as for allowing these programs a close look at potential applicants,
Be it resolved that the OSR urges that medical schools encourage and support students to take senior year electives at other institutions as well as at their own.

F. Improving Teaching in Medical School

whereas excellence in teaching is a long standing goal of the AAMC and
whereas teaching is a skill which can be improved with instruction and feedback, and
whereas many instructors in medical school have had limited prior teaching experience, and
whereas research is also an important and indispensable activity of all medical schools,
Be it resolved that the OSR urges medical school departments to monitor the teaching experiences of their faculty and provide constructive feedback for them, and that medical schools provide opportunities in the form of workshops, seminars, etc., for their instructors to learn and develop their teaching skills, and that they encourage their faculty to avail themselves of these opportunities, and
Be it further resolved that the OSR urges the medical schools to give equal weight to both teaching and research in evaluation and advancement of faculty members, and
Be it further resolved that the OSR urges the AAMC to study methods for measuring and improving teaching performance.

G. Medical Ethics

whereas ethical behavior is an integral aspect of the practice of medicine and such behavior should be manifested by all medical professionals from the beginning of their training,
Be it resolved that: 1) OSR formulate a model code of academic and professional ethical behavior for medical students which addresses both the preclinical and clinical experiences, to be distributed to the medical schools, and that the schools be urged to formulate their own codes and publicize them to their students, faculties and administrative bodies; 2) that OSR draft a model academic and professional honor code which could serve as a contract between each student and the medical school regarding the individual's

commitment to uphold the ethical standards of the community; 3) that the OSR request the AAMC to urge medical schools to renew their commitment to ethical behavior, especially on the part of undergraduate medical students, and to include in their curricula formal teaching of ethics as it pertains to the practice of medicine.

H. National Board Examinations

whereas the current format of the National Board examination sequence parallels the traditional division of medical education into basic and clinical sciences, and
whereas many medical schools now attempt to integrate the four years by including clinical materials in the first two years and basic science material into the later, and other schools have implemented innovative schedules eliminating this traditional segregation, and
whereas curricular innovation should not be hampered by national examination structures,
Be it resolved that the OSR supports the concept of a one-part comprehensive exam covering the undergraduate years of medical training, replacing Parts I and II, to be used for the purposes of medical licensure.

I. Capital Punishment

whereas several states use physicians in the administration of capital punishment, and
whereas this utilization of physician manpower runs so contrary to the spirit and letter of modern medicine,
Be it resolved that OSR condemns the use of physicians in the administration of capital punishment.

J. Uniform Enrollment Reductions

Recent studies, including GMENAC, have projected surpluses of physicians and have predicted that these surpluses will contribute to escalating medical care costs. While this correlation between physician supply and accelerating expenditures may be accurate, the problem of spiraling costs cannot be effectively or ethically addressed by indiscriminate, across-the-board cuts in medical school enrollment. Because the enrollment reductions recommended by GMENAC would disproportionately affect newer medical schools, some of which have significant minority group enrollment and innovative curricula, the OSR opposes any such uniform enrollment reduction measures.

K. Recommendations of the Graduate Medical Education National Advisory Committee

GMENAC has projected a surplus of 70,000 physicians by 1990 and 120,000 by the year 2000 and on the basis of these figures recommends that: medical schools reduce the size of their classes by 10% below the 1978 level; the entry of foreign medical graduates to the U.S. be severly limited; and elimination of federally guaranteed loans to students studying medicine abroad. As future providers of health care, we express the reservations about the concept of "physician surplus" as well as about the accuracy of the predictions and urge that the implications of the GMENAC report be carefully studied by AAMC.

L. Service Contingent Loans

whereas cost should not be a barrier to medical education, and
whereas tuitions have increased at an alarming rate, making it increasingly difficult for students to finance their education, and
whereas sources of financial aid have become increasingly scarce,
Be it resolved that the OSR support a service contingent subsidized loan program designed to address health manpower needs within the United States as part of a comprehensive health education assistance program, and
Be it further resolved that such a program allow completion of graduate medical education before service begins and that the choice of service requirements be broad enough to permit the graduating physician to pursue the program of graduate medical education of his/her choice.

M. Financing Medical Education

whereas the rising cost of medical education makes the need for financial support a reality for most medical students and may adversely affect:
diversity among those entering medical school,
specialty choices of graduating students,
geographic distribution of physicians,
motivations of medical students
and, finally, the delivery of medical care,
Be it resolved that the Ad Board and the GSA study various options for a unified system for financing medical education, and that at least the following options be investigated:

A. complete government financing of medical education for all students regardless of need with concomitant mandatory service obligations.
B. universally available private or federal loans with repayment plans consistent with the spirit of equality and freedom of choice for any student entering medicine.

N. Improved Counseling of High School and Premedical Students

The socialization of the physician begins during the individual physician's high school years. Discussions by college pre-professional advisors and by medical students who meet with pre-med college students indicate that by the time students enter college they have strong impressions of a highly-competitive, grade oriented process for selection of medical students.

While the achievements of these students in their science courses may be high, it is suggested that the premature narrowing of their interests prevents them from openly considering their own potentials and other career pathways.

Since the primary goal of these pre-medical students is to fulfill what they perceive to be the demands of the medical schools, it is apparent that whatever medical schools may say or do will affect the outlook of high school and college students considering medical careers.

Therefore, we urge that the AAMC explore feasible means of providing more and better information to high school counselors and pre-medical advisors. Such an informational program should assist career counselors in their attempts to encourage students to broaden their outlook and might include information regarding pre-medical curricular issues, financial considerations, the diversity of approaches to preparing for a medical career, and the importance of considering other careers.

O. Instruction in Clinical Procedures

At the start of the clinical years, medical students have completed two years of intensive basic sciences laced with a few clinical experiences. Usually, instruction has included how to take a medical history and perform the physical exam. Rarely, though, do medical students receive adequate introduction to the clinical procedures that they must master during the final two years of school. Such procedures include venipuncture and culture, IV lines, "shots", CPR, arterial blood sampling, suturing, intubation, EKG, and local anesthetics. Fortunate students have had some prior experience or have an experienced person available to instruct them the first time these procedures are performed. Many juniors, however, receive no instruction and are expected to learn by trial and error. Such encounters between needle wielding students and reluctant patients can be traumatic to both parties. A solution would be to provide a few days of instruction and practice prior to the beginning of the experience as part of an existing introduction to clinical medicine program or as an addition. By receiving introductory instruction on these skills in a low pressure environment, the medical student will be more competent, feel more confident and less stressed embarking on the clinical years. It is proposed that the OSR work with the Group on Medical Education (GME) of the AAMC to encourage medical schools to assure that students are prepared to perform effectively these procedures before starting the clinical experience.

P. In Support of Public General Hospitals

The constitution of the World Health Organization recognizes health as a fundamental human right. It is at this time not a right enjoyed by all individuals. Recognizing this inequality, the World Health Assembly resolved in 1977 that the principle social goal of governments in the coming decades should be "the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life".[1] In order to attain this goal, the United States must address the problems of the 49 million Americans designated as medically underserved, the 20 to 25 million Americans without health insurance, and the 19 million Americans with inadequate health insurance coverage. The current structure of the health care system in the United States distributes this right to the medically indigent through public general hosptials which provide a vital health care resource in areas of health service shortages.[2]

Be it therefore resolved that the OSR recognizes and supports the following roles of public general hospitals:
- -providers of health care to the medically underserved;
- -providers of a significant amount of ambulatory service, emergency service, intensive care serivce and, medicosocial services in our nation's cities.
- -providers of education for a significant number of health care professionals.

Be it further resolved that these sentiments be represented in any pertinent business of the OSR.

References: 1) "People", an article on health care in the world in Scientific American , September, 1980/
2) The Future of the Public General Hospital, Report of the Commission of the Hospital Research and Educational Trust, 1977/

Q. Medical Education -- A Question of Reference

whereas we believe that a physician's competence should be defined in terms of fulfillment or non-fulfillment of absolute criteria and not in terms of fulfillment or non-fulfillment of relative criteria, and

whereas today's practice of medicine is by its nature based on absolute criteria and not on norms and community peer review systems are, by their nature, based on absolute criteria, and

whereas a goal of medical education should be to engender and reinforce self-accountability and not to foster non-productive competition through comparing students among themselves,

therefore the current system of relative evaluations, as exemplified by the NBME and employed by a majority of medical schools (where students are judged not on their mastery of course materials but in relation to relative mastery of objectives) is found wanting,

Be it resolved that the OSR supports the basic philosophic approach to medical school education of absolute criteria based evaluation and encourages its adoption.

XVI. The OSR Business Meeting adjourned at 5:00 pm.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM #80-52 November 10, 1980

TO: AAMC Assembly

FROM: John A. D. Cooper, M.D., President

SUBJECT: OFFICERS OF THE ASSOCIATION AND COUNCIL - 1980-81

For your information, the following is a list of the Executive Council of the Association, and Officers of the Council of Deans, the Council of Academic Societies, the Council of Teaching Hospitals, and the Organization of Student Representatives for 1980-81:

EXECUTIVE COUNCIL:

Chairman: Julius R. Krevans, M.D.
University of California, San Francisco

Chairman-Elect: Thomas K. Oliver, Jr., M.D.
University of Pittsburgh

President: John A. D. Cooper, M.D.

Representatives:

COD: Steven C. Beering, M.D.
Indiana University

William H. Luginbuhl, M.D.
University of Vermont

Allen W. Mathies, Jr., M.D.
University of Southern California

John E. Chapman, M.D.
Vanderbilt University

John W. Eckstein, M.D.
University of Iowa

Leonard M. Napolitano, Ph.D.
University of New Mexico

Richard Janeway, M.D.
Bowman Gray

Richard H. Moy, M.D.
Southern Illinois

Edward J. Stemmler, M.D.
University of Pennsylvania

CAS: Daniel X. Freedman, M.D.
University of Chicago

David M. Brown, M.D.
University of Minnesota

Carmine D. Clemente, Ph.D.
UCLA-Brain Research Institute

Virginia V. Weldon, M.D.
Washington University

COTH: Stuart J. Marylander
Cedars-Sinai Medical Center

Mitchell T. Rabkin, M.D.
Beth Israel Hospital

John W. Colloton
University of Iowa

John Reinertsen
University of Utah

Executive Council - continued

OSR: Lisa Capaldini
UC - San Francisco

Grady Hughes
University of Washington

Distinguished Service Member:

Manson Meads, M.D.
Bowman Gray

ADMINISTRATIVE BOARDS OF THE COUNCILS

COUNCIL OF DEANS

Chairman: Steven C. Beering, M.D.
Indiana University

Chairman-Elect: William H. Luginbuhl, M.D.
University of Vermont

Members:
Allen W. Mathies, Jr., M.D.
University of Southern California

John E. Chapman, M.D.
Vanderbilt University

John W. Eckstein, M.D.
University of Iowa

Leonard M. Napolitano, Ph.D.
University of New Mexico

Richard Janeway, M.D.
Bowman Gray

Richard H. Moy, M.D.
Southern Illinois University

Edward J. Stemmler, M.D.
University of Pennsylvania

David R. Challoner, M.D.
Saint Louis University

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University of Chicago

Chairman-Elect: David M. Brown, M.D.
University of Minnesota

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UCLA-Brain Research Institute

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Medical College of Georgia

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Duke University

William F. Ganong, M.D.
UC - San Francisco

T. R. Johns III, M.D.
University of Virginia

Joseph E. Johnson III, M.D.
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Washington University

Frank C. Wilson, M.D.
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Chairman: Stuart J. Marylander
Cedars-Sinai Medical Center

Chairman-Elect: Mitchell T. Rabkin, M.D.
Beth Israel Hospital

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University of Iowa

James W. Bartlett, M.D.
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Moses H. Cone Memorial Hospital - Greensboro

Mark S. Levitan
Hospital of the University of Pennsylvania

Robert K. Match, M.D.
Long Island-Jewish Hillside Medical Center

Fred J. Cowell
Jackson Memorial Hospital

Robert E. Frank
Barnes Hospital - St. Louis

Earl J. Frederick
Children's Memorial Hospital - Chicago

Spencer Foreman, M.D.
Sinai Hospital of Baltimore, Inc.

Haynes Rice
Howard University Hospital

John V. Sheehan
VA Medical Center - Houston

John A. Reinertsen
University of Utah Medical Center

ORGANIZATION OF STUDENT REPRESENTATIVES:

Chairperson: Lisa Capaldini
UC - San Francisco

Chairperson-Elect: Grady Hughes
University of Washington

Members:
Wendy Crum
University of Southern California

M. Louis van de Beek
Hahnemann Medical College

Michael Tom
Yale University

Manuel Marquez
UCLA

Steven G. Phillips
Albert Einstein

Susan M. Haack
University of Texas

Jo Ellen Linder
University of Iowa

Ed Schwager
University of Arizona

Dan Miller
UC - San Diego

SCHEDULE OF 1982 OSR REGIONAL MEETINGS

Region	Dates	Place	Program Chair (GSA)
West	March 28-31	Pacific Grove, CA	Diane Klepper, New Mexico
Central	April 14-15	Toledo, OH	John Anderson, Wisconsin
Northeast	April 22-24	Montreal	Vivian Pinn, Tufts
South	May 6-9	St. Simons Isl., GA	Ture Schoultz, Arkansas

SCHEDULE OF 1982 OSR ADMINISTRATIVE BOARD MEETINGS

January 19 & 20

April 7

June 23

September 2

(the AAMC Executive Council meets on the Thursday following these Wednesday meetings; OSR Ad Board members are invited to the Thursday Joint Board luncheons)

1982 AAMC ANNUAL Meeting

Washington, D.C.
November 5 - 9

Jan 82

Accreditation Site Visits for January through December, 1982

January 11-14, 1982 ---------- University of Texas-San Antonio

January 11-14, 1982 ---------- Mercer University- Macon, Georgia

January 18-21, 1982 ---------- Louisiana State University-New Orleans

January 25-28, 1982 ---------- University of New Mexico

February 16-19, 1982 ---------- University of Virginia

February 19-20, 1982 ---------- Ponce School of Medicine-Ponce, PR

February 22-25, 1982 ---------- Universidad Central del Caribe-San Juan, PR

February 22-25, 1982 ---------- San Juan Bautista Medical School-San Juan, PR

February 22-25, 1982 ---------- Queen's Univ. Faculty of Medicine-Ontario

February 22-25, 1982 ---------- Vanderbilt University

March 1-4, 1982 ---------- University of Oklahoma

March 1-4, 1982 ---------- West Virginia Univ. School of Medicine

March 8-11, 1982 ---------- Meharry Medical College

March 8-11, 1982 ---------- Johns Hopkins Univ. School of Medicine

March 15-18, 1982 ---------- Washington University-St. Louis

---------- Laval Univ. Faculty of Medicine-Quebec

March 22-24, 1982 ---------- University of Connecticut School of Medicine

March 23-25, 1982 ---------- The Morehouse School of Medicine

April 19-22, 1982 ---------- University of Michigan

---------- University of Nevada

April 27-29, 1982 ---------- University of Minnesota-Duluth

---------- University of Toronto Faculty of Medicine

May 4-7, 1982 ---------- Dartmouth Medical School

October 19-22, 1982 ---------- Louisiana State University-Shreveport

October 19-22, 1982 ---------- Medical College of Wisconsin

October 26-28, 1982 ---------- Wayne State University School of Medicine

December 7-10, 1982 ---------- Chicago Medical School

December 7-10, 1982 ---------- University of Cincinnati