



**Organization of Student Representatives
1989 Annual Meeting Program
October 27-29, 1989**

Medical Education: Keep the Fire Burning

**Washington Hilton and Towers Hotel
Washington, DC**

Friday, October 27

8:00 a.m. OSR Legislative Symposium

By prior arrangement
See Wendy Pechacek for location

3:30 - 5:00 p.m. OSR Regional Meetings

Northeast	State
Southern	Conservatory
Western	Caucus
Central	Map

5:00 - 5:30 p.m. OSR Orientation for New Members Conservatory

Cindy Knudsen, OSR Representative-at-Large
David Kostick, M.D., OSR Representative-at-Large
Lee Rosen, OSR Representative-at-Large

7:00 - 9:00 p.m. OSR Opening Session Jefferson West

Moderator: Clay Ballantine
OSR Chair

Speaker: Roz Lasker, M.D.
Senior Analyst
Physician Payment Review Commission
Washington, DC

Despite many strengths, our health care delivery system recently has become the focus of national attention because many health needs of our population are going unmet. To address

Friday, October 27

this problem, Congress created the Physician Payment Review Commission (PPRC) in 1986 to generate advice on the reform of Medicare rationale and policy.

The PPRC spent two years identifying the associated problems and is now developing an entire package of reform recommendations. One component of the package, unveiled earlier this year, involved shifting to a resource based relative value scale for determining physician payments. But the full scope of the PPRC's recommendations goes beyond fees, covering balance billing, research into effectiveness, and other issues.

Dr. Roz Lasker serves as the senior analyst to the PPRC. She will address the OSR about where the process of reform stands now, what the current concerns are, and some of the far-reaching implications for the world in which we will practice medicine. A brief period of open discussion will follow Dr. Lasker's presentations, before we move on to other items of the meeting agenda.

**Nominations for Chair-Elect and At-Large Members, and
Overview of the Program**

Voting OSR members are asked to sit toward the front of the room and take a folder containing quorum forms and ballots. The one official OSR representative from each school should complete quorum form #1 (white). At the conclusion of the program, the floor will be opened for nominations for OSR Chair-Elect and OSR Representatives-at-Large (five).

9:00 p.m. -

**OSR Reception
Sponsored by the Indian Health Service**

Georgetown East and West

8:30 - 9:00 a.m. Coffee available prior to plenary

9:00 - 11:30 a.m. OSR Plenary Session Jefferson West

Forces Shaping the Future of Medical Education

Moderator: Clayton Ballantine, M.D.
OSR Chair

Speakers: Marcia Angell, M.D.
Executive Editor
The New England Journal of Medicine

Peter Bouxsein, J.D.
Counsel, House Energy and Commerce
Subcommittee on Health and the Environment

Robert L. Volle, Ph.D.
President
National Board of Medical Examiners

Many broad societal trends and forces outside the traditional realm of medicine recently have had an increased impact on the medical profession. The large costs and far-reaching effects of health policy decisions have made the health care system a central focus of national attention. Voices from many different parts of government and society are calling for change.

The frontiers of reform and medical advance are in the territory of academic medicine. Since the training we receive helps determine the kind of physicians we become, and ultimately the character of the health care system, medical education plays a pivotal role in attempts to improve the system.

The OSR Plenary Session will examine, from the different perspectives of the speakers, some of the trends and forces which are shaping the future of our medical world. Dr. Angell will speak about the implications of the changing demography of medical students. Dr. Volle will discuss the ways we evaluate competency of those we train and what society expects from the next wave of physicians, while Mr. Bouxsein will cover the various concerns of the public which are manifesting themselves in the Congressional environment.

A discussion period of questions and answers will follow the series of presentations.

Saturday, October 28

11:30 - 1:30 p.m. **LCME Site Visit Orientation**

SSEP Suite

As part of the ongoing effort to increase student participation in the crucial evaluation of their medical education, this session has been planned for those OSR reps whose schools are about to undergo accreditation reviews by the Liaison Committee on Medical Education (LCME). Students can play a large role in the LCME process to help identify the strengths and shortcomings of their educational programs. However, participation in the review process can require a great deal of effort if the students are starting from scratch or they do not understand the basic mechanics.

In order to make it easier to get involved, this session has been designed to give those OSR reps concerned a general orientation to the LCME process, an overview of the materials and resources needed, and a listing of what is available through the OSR. The co-secretaries of the LCME, Dr. Donald Kassebaum of the AAMC and Dr. Harry Jonas of the AMA, as well as several students who have been involved with the LCME either nationally or at their home schools will make presentations. There will be plenty of time for open discussion.

The goal is to equip the OSR reps with the information and materials to help organize and inform students at their home schools about this key opportunity to help improve their education.

NOTE: The presentations and discussion portion of this session are open to all (within the constraints of the size of the room). **HOWEVER**, due to cost and planning limitations, the **LUNCHEON** portion of the program from 11:30 until approximately 12:15 is reserved for only those OSR reps who were invited in advance and have responded appropriately.

See OSR Business Meeting Agenda for listing of schools with site visits scheduled in the coming year. If your school is included, please plan to attend this important session. If you have any questions, please contact members of the OSR Administrative Board.

1:00 p.m. **Curriculum Vitae due to Wendy Pechacek or LaVerne Tibbs for all those intending to run for national office.**

1:30 - 2:45 p.m. **Discussion Groups - (choose one)**

1:30 - 2:45 p.m. **Current Legislative and Regulatory Issues** **Monroe West**

Moderator: **Lawrence Tsen**
 OSR Representative-at-Large
 University of Kansas

Discussant: Sarah B. Carr
Legislative Analyst
AAMC

This session will focus on how current legislation is affecting medical education at the institutional and personal levels. Topics for discussion will include: current budget issues and how they will affect the schools; the increasing levels of student indebtedness and its effects on specialty choice and geographic maldistribution of physicians; the issue of GSL/SLS deferments during residency; and the 1990 reauthorization of the Higher Education Act.

1:30 - 2:45 p.m. **The Physician's Role as an Educator** Jefferson West

Moderator: David Kostick, M.D.
OSR Representative-at-Large
Ophthalmology Resident
Cleveland Clinic

Discussant: Irwin Cohen, M.D., M.P.H.
Associate Professor of Community
Medicine and Pediatrics
Tulane University
School of Medicine

One of the most important functions of a physician is that of a teacher. The physician's "student body" includes colleagues, other health professionals, medical students, legislators, and most importantly, patients. Training for this important facet has received little formal attention. Dr. Irwin Cohen has been extremely active and successful in implementing education programs at Tulane University School of Medicine with the ultimate goal of better preparing medical students for their future role as educators. Dr. Cohen will present the specifics of his successful projects as well as discuss the "Physician's Role as an Educator" throughout history.

1:30 - 2:45 p.m. **Careers in Academic Medicine** Military

Moderator: Caroline Reich
OSR Chair-Elect
Emory University
School of Medicine

Speakers: Barbara Levey, M.D.
Director of Admissions
University of Pittsburgh
School of Medicine

Saturday, October 28

Gail Povar, M.D.
Associate Professor of Medicine
George Washington University
School of Medicine

Beryl Rosenstein, M.D.
Pediatrician
Johns Hopkins Hospital

This session is designed for students contemplating a career in academic medicine. The panelists will discuss the typical path in the academic arena, contrast this with private practice, and explore the option of an administrative career. In addition, they will address lifestyle issues and reveal their secrets for juggling the demands of research, teaching, and patient care.

1:30 - 2:45 p.m. **How Priorities are Set in
the Medical School Curriculum** Hemisphere

Moderator: Clayton Ballantine, M.D.
OSR Chair

Discussants: Daniel Blumenthal, M.D.
Professor and Chairman
Department of Community Health
and Preventive Medicine
Morehouse School of Medicine

Frank Davidoff, M.D.
Associate Executive Vice President
for Education
American College of Physicians

Anthony Voytovich, M.D.
Professor and Chief
Division of General Medicine
University of Connecticut

The current medical school curriculum has served well for many years in training high quality physicians. But the information revolution, the burgeoning medical data base, the radically different practice environment of the near future, and other factors require that we reexamine how we educate the next group of doctors. The health needs of the population and the functions which medical practitioners will be asked to perform point toward a different emphasis in the educational goals and processes.

This panel of speakers will discuss ways in which priorities have and ought to be set for medical education. The series of presentations will be followed by an open discussion period.

*See pages 18-23 for supplemental information.

3:00 - 4:30 p.m. Discussion Groups (choose one)

3:00 - 4:30 p.m. **Cognitive Styles** Military

Moderator: Cindy Knudsen
OSR Representative-at-Large
University of Colorado
School of Medicine

Discussant: Jane Lipman
Founder and Director
Taos Institute
Tesuque, NM

Ms. Lipman will review several personality and learning styles which can impact your experience while in medical school. Ms. Knudsen will provide information on how to analyze your own learning style, and how to use that information to your advantage.

3:00 - 4:30 p.m. **History of Medicine** Monroe West

Moderator: Lawrence Tsen
OSR Representative-at-Large

Speakers: W. Bruce Fye, M.D., M.A.
Chairman, Department of
Cardiology
Marshfield Clinic
Marshfield, WI

Robert P. Hudson, M.D., M.A.
Chairman, Department of the
History and Philosophy of
Medicine
The University of Kansas
Medical Center

George P. Berry, former Dean of Harvard Medical School, once remarked that, "One cannot really understand what medicine is facing today in this country and throughout the world without having some knowledge of the past... The study of history helps us move forward

Saturday, October 28

intelligently." Too often we limit our understanding of diseases to their symptoms, physical findings, laboratory results and treatments. Although seemingly complete, our work-ups are inadequate. What we tend to overlook completely is the historical lesson or perspective. After all, our patient care is but the empirical use of protocols against diseases, tested over the course of time. The savvy physician and student of medicine is wise to include a historical look in his or her bag of diagnostic tools.

In this session we will touch upon the medical entities and personalities that have shaped the face of medicine. Dr. Hudson will outline some of the more traumatic reminders which hold medicine as a champion for man's struggle for a healthier and longer life: Leprosy, Cholera, Polio, Bubonic Plague, TB, AIDS. Included in his slide presentation will be a look at the personal and biological factors surrounding disease.

Dr. Fye's discussion will touch upon the career of William Osler, America's leading physician at the close of the 19th century. In addition to being a pioneer of bedside teaching, Osler was the author of the most popular textbook of medicine for a whole generation of medical students. What made Osler so great? Perhaps the fact that he was an avid disciple and author in the arena of history of medicine. Certainly there is utility in the wisdom of history.

Dr. Fye will be available immediately following this session to discuss opportunities available in the general surgery, pediatrics, internal medicine, and transitional year programs at the Marshfield Clinic. *See page 24 for supplemental information.

3:00 - 4:30 p.m.

Teaching Residents to Teach

Jefferson West

Moderator:

Joan Lingen, M.D.
OSR Central Region Chair
Obstetrics/Gynecology Resident
U.S. Naval Hospital
San Diego, CA

Discussant:

Larrie Greenberg, M.D.
Director of Medical Education
Children's Hospital
Washington, DC

This session will be based on the premise that medical students should be given the opportunity to learn to teach. Dr. Greenberg will discuss the curriculum elements that are in place at George Washington University School of Medicine to help prepare students for the role of teacher as a resident and physician. Participants will discuss the skills they feel are necessary to be an effective teacher, how those skills might be developed, and how a program to learn to teach might be implemented at their institution.

*See page 25-31 for supplemental information.

3:00 - 4:30 p.m. **International Medical Education:
Mirroring Changes and Challenges
in American Medical Colleges** Hemisphere

Moderator: David Sklar, M.D.
University of New Mexico
Division of Emergency Medicine

Discussants: Dorothy Culjat
Project Director
AMSA International Health Fellowship Program

Anita Jackson
OSR Representative-at-Large
Medical Student
University of Chicago at Illinois

Ashraf Riad
Medical Student
Jefferson Medical College of Thomas
Jefferson University

Obtaining a medical education is not an easy task. Each year, American medical students identify perceived deficits in their medical education through the AAMC's Graduation Questionnaire. This workshop will present the international perspective of challenges in medical education facing our future physicians abroad.

Experts will share their knowledge of alternative curriculums and innovations used among foreign medical schools to meet the needs of tomorrow's physicians serving tomorrow's society. Open discussion with educators and international medical students about common concerns in medical education will follow. Information on international medical exchange programs will be available during the workshop.

5:00 - 6:00 p.m. **OSR Chair-Elect Campaign Speeches** Jefferson West

Additional nominations will be accepted for the chair-elect position. Each candidate will then have five minutes to speak. Following their presentations, candidates will respond to questions from the floor.

7:30 - 9:00 p.m. **OSR Evening Program** Jefferson West

**Future Directions in Clinical Education:
How Much Can We Change the System?**

Saturday, October 28

Moderator: Caroline Reich
OSR Chair-Elect

Speaker: Melvin Konner, Ph.D., M.D.
Chairman, Department of Anthropology
Emory University
Author, On Becoming a Doctor

Dr. Melvin Konner, author of On Becoming a Doctor, paused in the midst of a successful career in anthropology to enter medical school and, thus, fulfill his lifelong ambition to become a physician. Using insight gained as a "participant observer," he has evaluated the impact of clinical training on the future values of the physician. His analysis has extended to the social and cultural forces which drive the present system of clinical education. The current process is fraught with imperfections, but are we willing to accept the consequences and trade-offs that major changes would entail? And even if we are, how much can the system be changed?

*See pages 32-35 for supplemental information.

8:00 - 10:00 a.m. **OSR Regional Meetings**

Northeast	Edison
Southern	Farragut
Western	Dupont
Central	Chevy Chase

10:30 - Noon **OSR Workshops (choose one)**

10:30 - Noon **Coping in Medical School** Chevy Chase

Moderator: Sheila Rege, M.D.
OSR Representative-at-Large
Surgery Resident
U.C.L.A.

Speakers: Mary Jo Miller
Assistant Dean for Student Affairs
Director, Peer Counseling Program
University of Tennessee, Memphis
College of Medicine

John Schneider, Ph.D.
Professor, Department of Psychiatry
Michigan State University
College of Human Medicine

Approximately 25% of medical students meet DSM-III criteria for major depression towards the end of their second year in medical school, according to a 4-year comprehensive study at a midwestern medical school (JAMA, Nov. 4, 1988). This is an astounding figure, considering that these are physicians-in-training -- the future healers of the sick. This session will explore ways to reduce the medical school depression phenomenon.

Dr. Schneider will outline the unique stresses of each year in medical school, and examine healthy versus unhealthy coping mechanisms. Following this, Ms. Miller will describe a successful Peer Counseling Program in place at her school. Some of you may wish to start such a program at your home school. This session is designed to be a true workshop, so come prepared to discuss your experiences.

*See pages 36-40 for supplemental information.

Sunday, October 29

10:30 - Noon

**Medicine and the Media:
Effects of Health Education for
the Public and Private Practitioner**

Dupont

Moderator:

Anita L. Jackson
OSR Representative-at-Large

Speakers:

David Barnhizer
Senior Vice President of Productions
and Programming
The Network for Continuing Medical
Education
Secaucus, NJ

Peter Feeney
President
Hospital Satellite Network
Los Angeles, CA

Winslow A. Jeffries, M.A.
Producer
Jeffries Communications
Chicago, IL

The impact which the media has on how medicine is practiced and viewed by its recipients is important and deserves attention from the medical community. As physicians of tomorrow, we have experienced the media explosion as part of our education and entertainment. This workshop will allow future physicians the unique opportunity to interact with medical news reporters and media specialists and producers to address examples of Media as a Medical Education Tool, the Use of Media in Reporting Medical News, Media's Portrayal of Medicine's Image, and Media Medicine as Entertainment.

Each presenter will discuss one of the topics from the media perspective and an open question and discussion period will follow for presentation of both medicine and media views.

*See pages 41-47 for supplemental information.

10:30 - Noon **Clinical Skills Assessment
Using Standardized Patients** Edison

Moderator: Beth Malko, M.D.
OSR Northeast Region Chair
Obstetrics/Gynecology Resident
Bridgeport Hospital

Discussants: Carol A. Pfeiffer, Ph.D.
Assistant Professor
Director, Clinical Skills
Assessment Program
University of Connecticut
Health Center

Janice L. Willms, M.D.
Assistant Professor
Medical Director, Clinical Skills
Assessment Program
University of Connecticut
Health Center

Objectives for this session are: to survey the history and utilization of standardized patients, including rationale and psychometric issues; to describe the development of a clinical skills assessment including curriculum objectives, blueprints, and cases; to create a case for the blueprint; and to model the training of standardized patients in the use of the Arizona Clinical Interview Rating scale and to simulate a history and physical exam.

The workshop will include brief introductory remarks on the history of clinical skills assessment. Participants will then be led through the development of an assessment and asked to write cases. Finally, the cases will be demonstrated by standardized patients.

10:30 - Noon **Indigent Care** Farragut

Moderators: Kimberly Dunn
OSR Immediate-Past Chair
University of Texas, Houston

Lee Rosen
OSR Representative-at-Large
Baylor College of Medicine

Sunday, October 29

Continuing the OSR's efforts to improve access to and quality of health care for the nation's indigent, this workshop will highlight several students' initiatives. Participants will discuss specific programs to enhance student awareness of and involvement in indigent care. These include curriculum innovations for pre-clinical and clinical students, community outreach programs, efforts to bridge the gap between medicine and public health, student-run clinics, and a policy conference to design community-wide care networks. It is hoped that students and faculty alike will be able to take back useful information to their schools to begin new programs or improve existing ones. This program is the latest step in OSR's attempt to heighten awareness of this crucial issue.

1:30 - 4:00 p.m.

OSR Business Meeting

Jefferson East

A packet of curriculum vitae for those OSR members who are running for office, and ballots, will be distributed at 12:45 p.m. Official OSR representatives who did not complete a white quorum form on Friday must submit quorum form #2 (yellow) prior to receiving their school's packet. See the OSR Business Meeting Agenda for further information.

**See pages 48-49 for a map of the hotel

Other programs of special interest to
OSR members

(See AAMC Program for location of these sessions)

Sunday, October 29

2:00 - 3:30 p.m.

Women in Medicine Plenary

Time Off and Time on in Residency Programs: Managing Maternity Leave

2:00 - 4:00 p.m.

CAS Plenary

In Defense of Animal Research: Models for Effective Action

2:00 - 4:30 p.m.

Innovations in Medical Education Exhibits

4:00 - 6:00 p.m.

AAMC Plenary

The Education of the Physician

D. Kay Clawson, M.D.
Executive Vice Chancellor
University of Kansas Medical Center
School of Medicine
AAMC Chairman

AAMC President's Address

Robert G. Petersorf, M.D.

Alan Gregg Lecture

Honorable Louis W. Sullivan, M.D.
Secretary of Health and Human Services

Monday, October 30

9:00 - 11:30 a.m.

AAMC Plenary

John A.D. Cooper Lecture

Honorable Lauro F. Cavazos, Ph.D.
Secretary of Education

Medical Student Education: Sounds, Alarums, & Excursions

Daniel D. Federman, M.D.
Dean for Students and Alumni
Harvard Medical School

**Graduate Medical Education:
New Initiatives in the Changing Environment**

Spencer Foreman, M.D.
President
Montefiore Medical Center

12:30 - 2:00 p.m.

Group on Student Affairs Plenary

Ethics in Medical Education

12:30 - 2:00 p.m.

Group on Medical Education Plenary

Focus on NBME Examinations

2:00 - 4:30 p.m.

Innovations in Medical Education Exhibits

3:00 - 5:00 p.m.

Women in Medicine Plenary

Work and Love: Career Dynamics of Women in Academic Medicine

5:00 - 6:30 p.m.

Minority Affairs Section Program

Images and Changes in Medicine: The Minority Student Dilemma

Tuesday, October 31

8:30 - 10:30 a.m.

Innovations in Medical Education Exhibits

10:30 - 12:00 p.m.

GSA Plenary

Unexpected Academic Failure: A Diagnostic and Therapeutic Approach

12:00 - 1:30 p.m.

Women in Medicine Luncheon

Women Physicians & the Supply of Research Brainpower

1:30 - 3:00 p.m.

GSA Session

Health Care Services for Medical Students: What Do We Owe and Who Shall Pay?

3:30 - 5:00 p.m.

Minority Affairs Program

Diversity in Medical Education and Health Care Access: After the 80s, What?

6:30 - 8:00 p.m.

Innovations in Medical Education Exhibits

Wednesday, November 1

9:00 - 10:30 a.m.

GSA Session

Substance Abuse Among Medical Students and the Role of the Faculty

9:00 - 10:30 a.m.

Minority Affairs Program

Student Research Forum

3:00 - 4:30 p.m.

GSA Session

Repayment in the Residency Years: Who Shares the Responsibility

PEER COUNSELING PROGRAM
UT, MEMPHIS, COLLEGE OF MEDICINE

Mary Jo Miller
Assistant Dean for Student Affairs
Director Peer Counseling Program

Philosophy

The philosophy is one of prevention, and is based on the assumption that most student needs and problems arise as a result of normal development.

Purpose

1. To provide a confidential personal support system.
2. To offer a sharing, caring, cooperative approach to education.
3. To teach physicians while still in medical school that they are not infallible and that it is acceptable for them to need help and to seek counseling.
4. To foster positive development and personal growth and to prevent negative consequences of the stress of medical education.

Training

The initial training is required and is fifteen hours in length and is conducted by the Program Director. This training occurs on three evenings in May, five hours each evening including dinner. Subsequent training, two hours each month second, third and fourth years, utilizes additional expertise from throughout the campus in discussing, among others, the following topics: relationship problems, family problems, death and dying, how and when to refer, personality conflicts, feelings of inadequacy, difficulties in self disclosure, grief, impairment, crisis intervention, cultural and sexual differences, and the importance of knowing, setting, and communicating limits. All sessions emphasize listening skills, and counseling related skills with the Peer Counselors actively involved in each session.

Campus Involvement

With first year students: Peer Counselors are integrally involved throughout orientation. Also M-2 Peer Counselors and a Faculty Advisor are paired with a group of five M-1's. This Faculty Advisor group meets twice during orientation and then once a week for the first four weeks of school. M-2 Peer Counselors sponsor "practice" anatomy and histology practicals, before the first round of exams.

With M-2's: Third year Peer Counselors meet at least twice with the second year class to discuss "An Insider's Look at the Third Year" and NBME Part I preparation. They also sponsor, two weeks before boards, the Medical Motivators Anonymous, a confidential "hotline" for support and advice.

Campus Wide: All Peer Counseling activities communicate the program philosophy and purpose thus influencing significantly the overall campus milieu and attitude. All students, all Faculty Advisors, administrators and course directors are informed in writing of the program and receive name and phone numbers of all the counselors. (M-1's also receive pictures of M-2 counselors)

Acknowledgements

To Dr. Joanne Spiro and for information regarding the program at the University of Wisconsin, and to Dr. Nancy Stilwell for providing information about the training program at the University of Connecticut.

Dear Medical Student:

I write to introduce you to an important new program of potential personal and professional value to you. I refer to the Peer Counseling Program.

The Peer Counseling Program provides a confidential personal support system, allowing students to seek assistance from peers in coping with the myriad of experiences life offers generally, and specifically as a medical student. The philosophy and purposes of the program are succinctly outlined:

Philosophy

The philosophy is one of prevention, and is based on the assumption that most student needs and problems arise as a result of normal development.

Purposes

- 1) To provide a confidential personal support system.
- 2) To offer a sharing, caring, cooperative approach to education.
- 3) To teach physicians while still in medical school that they are not infallible and that it is acceptable for them to need help and to seek counseling.
- 4) To foster positive development and personal growth and to prevent negative consequences of the stress of medical education.

Peer Counselors are available to you for any problem you wish to discuss. Dr. Joanne Spiro directs the fine program at Wisconsin, upon which ours is modeled. In her survey of types of problems with which the Wisconsin Peer Counselors deal most frequently, she found among the top five: problems with relationships; loneliness and isolation; workload; self-concept; and exam anxiety and course grades.

Complete confidentiality between you and the Peer Counselor is assured in all instances with only two exceptions: AIMS related matters will be referred confidentially to an AIMS representative; and should one be viewed as potentially harmful to oneself, a professional from Student Mental Health will be informed.

Thirty-six second, twenty-four third year students and nineteen fourth year students have completed many hours of training as Peer Counselors. Their names, addresses and phone numbers are attached. Peer Counselors are available to you 24 hours a day, seven days a week. You may contact any peer counselor you choose, either informally or by phone. You may even be anonymous if you wish.

As far as we know, we are among only a handful of medical colleges offering this positive, confidential support system, and it is with genuine pleasure that I make its availability known to you.

Sincerely,

Mary Jo Miller
Assistant Dean for Student Affairs

Purpose of Initial Training.

Introduce to program purpose and philosophy. Emphasize principles of confidentiality, difficulties of self-disclosure and thus vulnerability and teach how to listen well and how to discuss feelings, respecting and encouraging individual differences. Diads, triads and small groups are employed throughout. The Manual for Peer Counselors is heavily utilized throughout the initial and subsequent training. For receipt of a Peer Counseling Manual please write Mary Jo Miller, Assistant Dean for Student Affairs, UT College of Medicine, 800 Madison Avenue, Memphis, TN 38163.

Example Initial Training Program

PEER COUNSELING TRAINING

3:00 P.M. - 3:15 P.M.	Welcome
3:15 P.M. - 4:15 P.M.	Introductions in Diads (Choose someone you do <u>not</u> know well.) How did you "really" get to be here? (The "here" in this case is medicine and medical school.) What would you like to get from the Peer Counseling program? Discover a surprising fact, or interest of the individual whom you will introduce.
4:15 P.M. - 5:00 P.M.	Evaluation Instrument
5:00 P.M. - 6:00 P.M.	Dinner
6:00 P.M. - 6:15 P.M.	Introduction to Program Philosophy and Goals
6:15 P.M. - 6:45 P.M.	Distinctions: Advisor, Counselor, Therapist
6:45 P.M. - 7:00 P.M.	"Do's and Don'ts" of Peer Counseling
7:00 P.M. - 8:00 P.M.	"Tortoise, Hare and Thoroughbred"

PEER COUNSELING TRAINING
THURSDAY 4 MAY
12:30 P.M. - 5:30 P.M.

12:30 P.M. - 1:15 P.M.	Lunch
1:15 P.M. - 1:45 P.M.	Listening Skills and Open Ended Questions
1:45 P.M. - 2:15 P.M.	Listening Exercise, Small Groups of six
2:15 P.M. - 2:30 P.M.	Discussion
2:30 P.M. - 3:15 P.M.	Listening Triad Task is to listen without giving advice. Speaker, listener, observer. Observer provides feedback and then triad discusses what was helpful, what could be done differently next time. Group then rotates roles with five minutes for each speaker.
3:15 P.M. - 3:30 P.M.	Break
3:30 P.M. - 4:15 P.M.	Reflective Listening Triad Same format as earlier. Speakers may use either one of the following, "one thing about myself that I would like to change is" or "A difficult aspect of my first year of medical school was or is." Again, five minutes per speaker with observer providing feedback and then triad discussing what was helpful.
4:15 P.M. - 4:30 P.M.	Discussion
4:30 P.M. - 5:15 P.M.	A small group listening "experience"
5:15 P.M. - 5:30 P.M.	Discussion

M-1 PEER COUNSELING TRAINING
MONDAY 8 MAY
12:30 P.M. - 5:30 P.M.

12:30 P.M. - 1:15 P.M.	Lunch
1:15 P.M. - 1:45 P.M.	Medical School and Stress. Describe most common areas of stress medical students experience and positive and negative copers you've utilized and observed being utilized. Note any "copers" which give you concern for anotehr or for others.
1:45 P.M. - 2:15 P.M.	Introduce via copers. Discuss small group conclusions, and "negative and positive copers."
2:15 P.M. - 3:00 P.M.	How may Peer Counselors help students deal with the stresses.
3:00 P.M. - 3:15 P.M.	"Hooked on Helping"
3:15 P.M. - 3:45 P.M.	Referrals and Resources
3:45 P.M. - 4:45 P.M.	Orientation
4:45 P.M. - 5:00 P.M.	Peer Counseling Council
5:00 P.M. - 5:30 P.M.	Review the "Biggies"

On Being Misquoted in the New York Times

My wife and I have recently been in the habit of having Sunday morning breakfast at the Bagel Shoppe in our neighborhood. We buy the New York Times at the drugstore next door, order our bagel - for me with lox, no cream cheese - commandeer our table and spread out. I love the lox - a lifetime affair - but, a few weeks ago, I lost the taste for it in mid-bite. On that terrible Sunday morning I found myself misquoted in the New York Times. Of the several sustaining infatuations in my life - among them, Edmund Dante, the 1933 New York Yankees, Big Daddy Lipscomb, William Carlos Williams, Lox, and the Times - two of them were suddenly gone.

It was a grievous misquote, infuriating, a comment taken out of context and put in inappropriate context. Sitting there in the Bagel Shoppe, I was confronted by the terrible realization that people believe the New York Times. I got angry. Actually, I climbed the wall. A phone call from a friend a bit later on didn't help. She had read the article. All she saw was that I had been quoted twice in the New York Times. She didn't even know what it was about. I was a celebrity because I had been quoted. Notoriety! Maybe what was in the piece didn't matter. Maybe it is enough to live with the possibility that Russell Baker or Art Buchwald might have read my name. Maybe it was enough to console myself with the thought that my parents, were they alive, would have known and would have provided redemption - "These are not our son's words." - in Yiddish, it would have sounded better.

There was, then, a moment of calm in the eye of the hurricane. Look! They've got to make a living. They need controversy. Let them have it. At least you helped them take their minds off Iran. You did the whole country a real favor.

Next, the lingering thought, a long ago lesson from an old friend, Voltaire Cousteau, the warning to avoid getting in the water with sharks. But, if you do get in the water with sharks, don't get hurt. But, if you do get hurt, don't bleed! Okay, it's a moment of truth. Don't bleed!

Finally, the realization that the New York Times is the newspaper of record in our society. When some historian reads it, it will be misinterpreted, maybe even back to what was originally meant. A chance worth taking? Probably not. Write them a letter. Maybe they'll publish it. On the other hand, if they publish it, they'll probably edit it "in order to conserve space". The editing could kill you. Still, take the chance. Thus, a decision is made.

Respond? Yes. But what do you say? Anything will sound defensive. Too bad. Give them facts and then, not to let them off the hook, some emotion - righteous indignation to be sure, but well modulated, controlled, conveying just the suspicion that I am, really, if the truth be known, well above all that.

Will I get the point across? It's tough to know - so I consult with others. There is a good deal of conversation with those who "know" the media. It is a time when there is

a certain wonderment at all this bustle over - what? It all makes you think of arcane shenanigans and discussions about how it will "play in Peoria".

All this takes time. Along the way, there is some reassurance in much of the feedback - "I knew it didn't sound like you" - "It was an awkward article, stilted, so they could get the controversy they wanted." And, there was comment that was not so reassuring - "Boy, the Times really did a job on you!" - said in a dozen different ways. There were also two letters from colleagues saying that they "understood" - that our intent had probably been buried by the placement of the quotes, but that someone had to speak for what had clearly been the original context of those quotes. Those letters were helpful. At least two people could see beyond the awkward article to the origins (insightful men!).

The bottom line for me was that a lot of people read that article and that it was read not only by acquaintances, but also by others across the Country. The obvious is confirmed. Newspapers have an impact. But, they are also available for rebuttal. And the failure would be much more ours if there were no response, if the lie were not put to rest.

I conclude again - : It is a risky business, getting involved with the media, but it is far riskier not to be involved. If, because you become involved, you end up feeling injured, is it appropriate to back away? Not at all. Truth is liberating. The only way to heal the injury is to go after the truth and,

4.

happily, the newspaper is there to help you do it. Then, too, there's that human wish to be redeemed in the eyes of the world. Risk upon risk; the possibility of being mired. Finally, with the Ode to Glory sounding in the background, the unyielding sense of the obligation to serve - after all, if all of us keep quiet, shriveled in our timidity, there will be no freedom, no liberation, no truth.

The letter was published four weeks after the original article and the response was enormously gratifying - although the final printed version was one-third the submitted length. Still, the thrust had not been changed; it was edited with a fair hand. And, in the aftermath, it seemed that at least as many people as had read the original article read that letter. There was also private correspondence from friends expressing relief, friends who had said nothing in the first instance from a sense of genuine consideration and tactfulness. Not surprisingly, within myself, many weeks later, there was much less heat, much less turmoil. The human need had been served. Catharsis! And so, too, the societal need. Who knows whether a real blow was struck for "truth". At least, in a tiny way, the effort had been made.

Do I make too much of this? I don't think so. Jules Pfeiffer once wrote about "little murders", those mean and nasty things that people are capable of doing to each other, day in and day out, that almost constantly, very often imperceptibly, kvetch the juice from life. It's possible in the same imperceptible

5.

way - by inaction, by silence - to let freedom and its basic essential truth become dry, withered.

And, there was something in me quite human that demanded that I not allow "them" to wrest authority from me. They had me feeling powerless, sitting there that morning in the Bagel Shoppe, and if I yielded to it I would always to some extent be parietic, deprived by my own conscious decision to yield to an intimidation that might have been much more the product of my perception than of reality. No way.

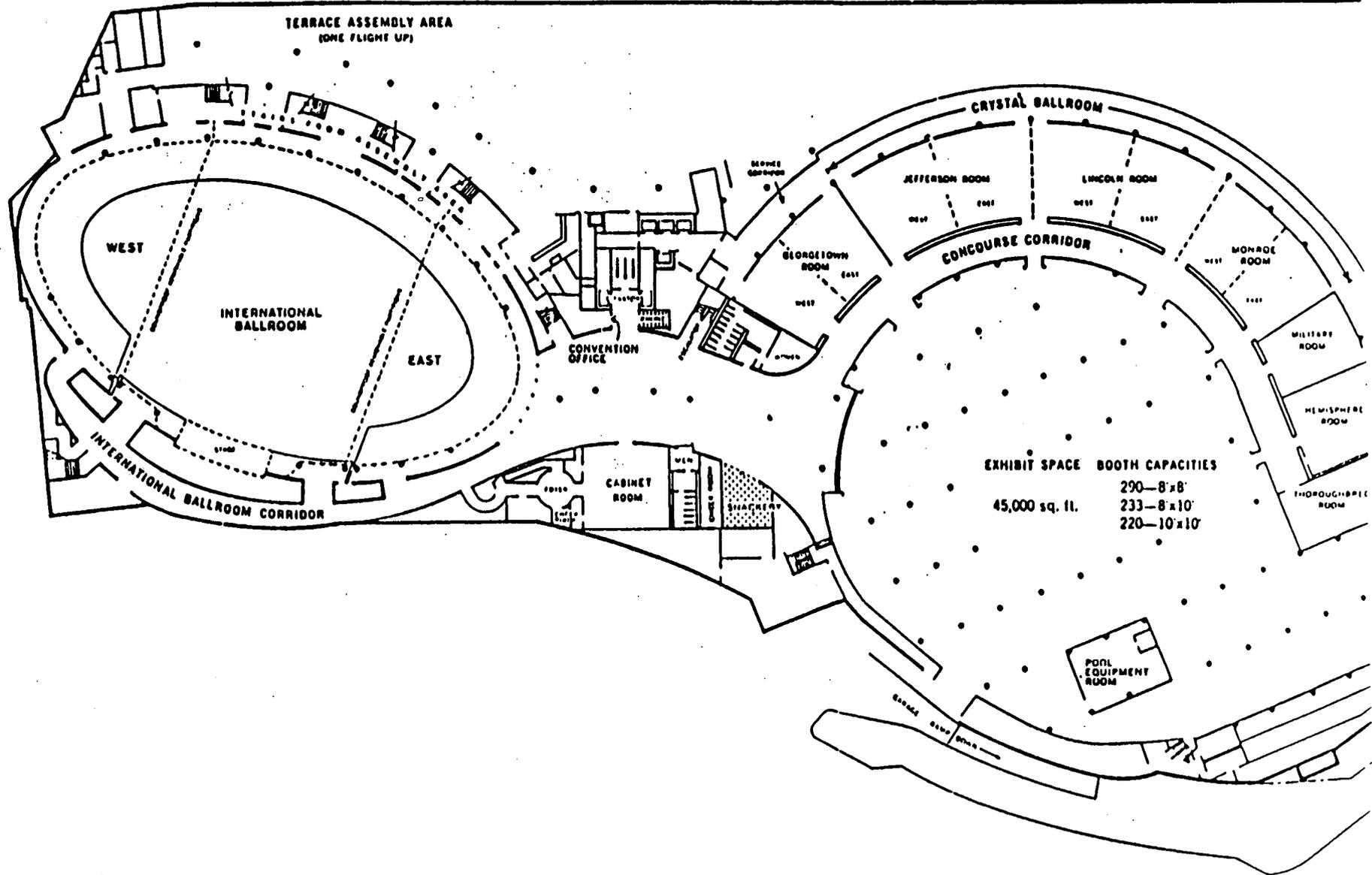
In the end, it probably wasn't such a big deal, really, but I was glad it had happened. I reflected on this warmly - cozily - as I was doing the Times' Sunday crossword puzzle - in the Bagel Shoppe - between bites of my bagel and lox.

Henry M. Seidel, M.D.

Associate Dean, Student Affairs

CONCOURSE LEVEL - 19TH STREET

THE WASHINGTON HILTON PLANNING SHEET



Organization of Student Representatives
Business Meeting Agenda
and
Written Information Items

Friday, October 27, 7:00 p.m.

- I. Call to Order
- II. Reports
 - A. Clayton Ballantine, M.D., OSR Chair
 - B. Robert L. Beran, Ph.D., Assistant Vice President
for Student and Educational Programs, AAMC
 - C. Kimberly Dunn, OSR Immediate Past Chair
- III. Determination of Quorum
- IV. Action Items
 - A. Approval of minutes of 1988 Business Meeting 1
 - B. Nomination of candidates for Chair-Elect and Representatives-at-Large
- V. Recess
- VI. Recall to Order - Sunday, October 29 - 1:30 p.m.
- VII. Determination of Quorum
- VIII. Action Items
 - A. Election of Chair-Elect
 - B. Election of Representatives-at-Large
- IX. Reports from student representatives to AAMC committees
- X. Old Business
- XI. New Business
- XII. Adjournment

WRITTEN INFORMATION ITEMS

- A. OSR Member Responsibilities 5

B.	Openings for Students on Committees	7
C.	Schools with Upcoming LCME Site Visits	9
D.	Common Acronyms and AAMC Governance Chart	10
E.	OSR Voting Procedures	14
F.	Rules and Regulations of the OSR	15
G.	Guidelines for the OSR	20
H.	Bylaws of the Association of American Medical Colleges	23
I.	Schedule of 1989-90 OSR Regional and Administrative Board Meetings	31

Annual Business Meeting Minutes
Association of American Medical Colleges
Organization of Student Representatives

November 11, 1988
Chicago Marriott Hotel
Chicago, IL

I. Remarks from OSR Chair

Kim Dunn called the meeting to order at 7:00 p.m. and welcomed everyone to the meeting. She reviewed the OSR Program for the next two days and received nominations for Chair-Elect and Representatives-at-Large.

II. Remarks from Assistant Vice President for Student and Educational Programs

Dr. Robert Beran also greeted the group and noted that his section of the AAMC staffs the OSR. He updated the group on the progress of the GSA Admissions Committee's work to improve the admissions process; the Student Affairs Committee's Survey on Health Policies and Services; and the new guide for writing dean's letters. He encouraged students to ask questions of staff on any issues of concern to them.

III. Nominations for OSR Offices

The following OSR members were nominated:

Chair-Elect: Mathias Bruefach
Ashleigh Head
Yeva Marie Johnson
Cindy Knudsen
Caroline Reich
Lawrence Tsen

Representative-at-Large:

Scott Bateman
Kyndall Beavers
Michael Caldwell
Peggy Duggan
Andrew Edelstein
Andrea Hayes
Jeffrey Honeycutt
Anita Jackson
Mark Johnston
Laleh Koochek
David Kostick

Eric Kraut
Tom Ptak
Ann Reynolds
Lee Rosen
Drew Sobel
Michael Stuntz
Richard Thompson
Kurt Waters

- IV. The meeting recessed at 7:00 p.m.
- V. Kim Dunn recalled the meeting to order at 1:00 p.m. on Sunday, November 13.
- VI. Elections

The OSR elected Caroline Reich, Emory, to the office of Chair-Elect.

The following additional nominations were made for Representative-at-Large:

Cindy Knudsen
Lawrence Tsen

The OSR elected the following persons to the office of Representative-at-Large:

Anita Jackson, University of Illinois at Chicago
Cindy Knudsen, University of Colorado
David Kostick, Tulane University
Lee Rosen, Baylor College of Medicine
Lawrence Tsen, University of Kansas

VII. Reports from Student Representatives to Committees

A. Liaison Committee on Medical Education (LCME) - Tom Ptak, Albany
Tom explained the activities of the committee and their focus on site visits and surveys in the on going process of accreditation. Issues discussed by the LCME in the past year include: design of an appeals process for schools placed on provisional accreditation, foreign medical graduates, the uniform pathway to licensure, and constant reevaluation of the LCME policies and procedures.

He encouraged OSR reps at schools with upcoming site visits to get involved in the process, and to contact the LCME student representative for information.

B. National Resident Matching Program (NRMP) - Jeff Honeycutt, Eastern Virginia
Jeff explained that the NRMP will be staffed by the AAMC from now on. They will still have an independent board of directors which meets once a year. That board has representatives from the AAMC, AMA, American Hospital Association (AHA), American

Board of Medical Specialties (ABMS), and Council of Medical Specialty Societies (CMSS). In the future there will be four student representatives to the board, two of which will have voting privileges. They will come from AAMC, AMSA, AMA-MSS, and the Consortium of Medical Student Organizations.

The NRMP Board would like to see the role of the NRMP evolve to include more career decision making tools and more information made available on how the match works. The ROLIC system has helped minimize the disruption of the 4th year by residency interviews by cutting the processing time to less than a month. The Universal Application Form will be revamped this year to increase its use. The NRMP is also continuing to work to bring in all of the medical specialties.

C. Flexner Award Committee - Andrew Edelstein, U. of Miami

Andy explained that the Abraham Flexner Distinguished Service Award is given every year since 1958 to an individual recognized as extraordinary in medical education and the medical community as a whole. This year the award will be given to Dr. Thomas Hunter, U. of Virginia.

D. GSA Committee on Student Affairs - Sheila Rege, U. of California, Los Angeles

Sheila reviewed topics for the annual meeting sessions planned by the committee. The committee's main efforts in the past year were a Health Policies and Services Survey and a Student Honor Code Survey.

E. GSA Committee on Admissions - Deb Capko, UMDNJ - New Jersey Medical

The Committee spent considerable discussion on the declining applicant pool this past year, including a conference from which proceedings will be published. The Acceptance Policies which the Admissions Offices follow are also a big issue of concern. They are working to move decision making earlier in the year to avoid the frenzy of activity in the summer time. Finally, the committee is exploring the idea of a national match for applicants to medical schools.

G. GSA Committee on Student Financial Assistance - Mike Stuntz, U. of Arizona

Mike explained that much of the committee's work involves tracking and trying to influence changes on the Hill for federal student aid programs. The committee is planning to have a subcommittee on student loan default prevention do some major work next year, including a survey of financial aid officers and third year residents.

H. Women in Medicine Coordinating Committee - Ann Reynolds, Medical College of Georgia

The committee's concerns currently focus on promotion, salary equity, sexual harassment, mentoring, role conflicts, stress, parenting, and day care issues.

In summary, Kim Dunn explained that there are several openings for these committee positions each year. The process for applying is to submit a letter of interest, a curriculum vitae, and a letter of recommendation from your dean. The Ad Board considers applications and makes the appointments. Most positions are open to all medical students at AAMC-member institutions, not just OSR representatives.

VI. Remarks from the new OSR Chairman

Clay Ballantine welcomed the students from the Canadian medical schools. He thanked Kim Dunn and Vicki Darrow for their contributions to OSR. He described the resources available to OSR, including the CONFER computer network, and asked students to contact the AAMC for additional information.

Clay asked OSR members to gather information about resources at their school and to bring them to the next OSR regional meeting to share. He reminded them to stay in touch with their deans, especially about the benefits they got from attending the annual and regional meetings.

He described the Housing Exchange Network and reminded members to send their school's list in as soon as possible.

Clay explained that his energy this year will focus on evaluation, improving the student role in the accreditation process, and pushing for change in the curriculum--including more focus on health policy, social issues, and computer training for information retrieval.

VII. Old Business

VIII. New Business

IX. Adjournment

Clay Ballantine adjourned the meeting at 3:30 p.m.

OSR MEMBER RESPONSIBILITIES*

Each OSR representative is the link between his or her school and the OSR and AAMC, and, as such, is responsible for disseminating to other students the information received. While the Administrative Board of the OSR does much of the work, each Representative must also assume an active role in improving OSR's quality, both locally and nationally. In addition to administrative responsibilities, Representatives have the opportunity to build their leadership capabilities and to expand their participation in their own institution, in national issues and in the AAMC.

Each Representative's role will be individually and institutionally shaped, but certain duties come with the position, as outlined below:

A. General Administrative

1. Distributing Progress Notes to all students (help from the student affairs office may be sought).
2. Sharing information and publications which the official representative receives (e.g., President's Weekly Report), with junior OSR members, other student leaders, and faculty and deans, as appropriate. Common avenues for sharing information with the whole student body include a central bulletin board or an OSR file in the library.
3. Working to achieve continuity of representation and revisions in the OSR member selection process, as needed. Following are examples from three schools.

B. Meetings

1. The Representative will maintain the necessary contact with the student council or dean's office so that both spring regional and fall national meetings can be attended. Representatives are encouraged to also seek funding for junior members and successors.
2. Following meetings, representatives should submit a report to the student affairs dean and student council president summarizing highlights of special relevance to the school.

C. Legislative Affairs

1. The Representative should contact Congressmen as requested via memos from the AAMC President and should respond in a timely manner when asked by the AAMC to conduct a student letter-writing campaign.

*Developed and approved by OSR Administrative Board

EXAMPLES OF OSR MEMBER SELECTION METHODS RECOMMENDED BY STUDENTS

University of Southern California

The OSR representative is elected from the first-year class at the end of the year to serve the next two years. As a sophomore and OSR alternate, the OSR representative's responsibility is to chair five meetings/year of a coordinating committee composed of all students serving on any curriculum committee and of other interested students. (Students involved in political, ethical and service-oriented clubs are strongly urged to attend.) The role of the OSR alternate is to facilitate program development by coordinating medical student efforts. AS a junior, the student serves as the official OSR representative, whose responsibilities are: a) maintain contact with other OSR members on a regional and national level; b) assist the OSR alternate with the coordination committee and act as the student voice to faculty and deans regarding issues of student concern. This arrangement helps make the OSR a productive organization at the school, helps keep students informed regarding national issues, and maintains continuity from year to year.

University of Colorado

The goal at Colorado is to have one person representing the clinical years and another representing the basic science years. When he or she becomes a junior, the current OSR representative contacts the first-year students about OSR and the issues that OSR deals with on a national level. The students who express interest are then given more details and asked to write a speech and present it to the medical student council. A discussion then follows, and the council decides who the representatives will be. OSR members are expected to remain active until graduation.

University of Texas-Houston

Each medical school class selects one person to represent that class until graduation. The freshman is selected in time to attend the OSR Spring regional meeting. The process is as follows: 1) First-year students mailboxes are stuffed with description of the OSR position; 2) Interested freshmen meet with current OSR representatives and class officers; 3) Class officers interview students and select one. Therefore, there are three OSR representatives who attend both regional and national meetings: in the Spring - MSI, II, III; National - MSII, III, IV. Who votes is left for the individual OSR representatives to decide among themselves.

Committee Appointments

The OSR has input to the affairs of the AAMC through membership on various AAMC committees and task forces. At each annual meeting, a list of currently functioning committees on which student participation is needed is distributed, and OSR members submit applications to serve on those in which they have a special interest. Based on these applications, the OSR Administrative Board submits its list of recommended nominees to the AAMC chair who formally appoints committee members. **The following committees will have openings in the 1989-90 academic year. Submit applications for the Flexner Award committee no later than Sunday, October 29. Applications for other openings will be accepted up until March 30, 1990.**

GSA Committee on Student Financial Assistance (COSFA): This committee is composed of student financial aid administrators who monitor legislation affecting provision of financial assistance to medical students. They also develop publications and programs to assist other financial aid officers in their work. COSFA meets in Washington, DC, usually in spring, summer, and in conjunction with the annual meeting in the fall. The AAMC covers expenses to the spring and summer meetings. Term ends with student's graduation from medical school. Current rep: Michael Stuntz, U of Arizona, term ends 5/90.

GSA Committee on Student Affairs: Makes recommendations to the GSA Steering Committee regarding issues such as: transition from medical school to residency, student advising, student health, and the problem student. See COSFA above for description of terms. Current rep: Melissa Conte, Emory, term ends 5/90.

Liaison Committee on Medical Education: This joint committee of the AMA and AAMC has responsibility for certifying the quality of American medical schools. It has established the following criteria for the appointment: a) student who has commenced the clinical phase of study by July of the year of appointment, b) in good academic standing, c) whose performance warrants the judgment that the responsibilities of the LCME would be capably executed, and d) whose academic standing will not be jeopardized by his or her responsibilities on the Committee. The term of the student member expires on July 1 of each year. The student is expected to attend each of four LCME meetings. At these meetings there will be an opportunity to observe and take part in discussions involving the accreditation of member medical schools.

The representative represents the student point of view to the committee. It is therefore necessary to read the reports sent to the representative and give thought to student concerns so that they may be adequately conveyed. Although there is ample opportunity to participate in many facets of the accreditation process, the student is not a voting member in any of the accreditations. Current rep: Ross Schwartzberg, U of Arizona, term ends 5/90.

Flexner Award Committee: This committee nominates to the AAMC Executive Council an individual selected for "extraordinary contributions to medical schools and to the medical education community as a whole." Committee members are mailed information on nominees and the Committee meets via a conference call in early summer. This is a one year term. Current rep: Michael P. Keating, Columbia U, term ends 11/89.

Association of Teachers of Preventive Medicine (ATPM): This liaison representative for this group serves as the primary link between ATPM and the organization he or she is named to represent (OSR in this case), and will serve as advisor to the Board of Directors in its development of policies. The spring meeting is held in Atlanta and the fall meeting is in conjunction with the American Public Health Association annual meeting. ATPM will fund travel to one meeting. Term extends to student's graduation. Current rep: Dan O'Connell, U of Massachusetts, term ends 5/90.

For further information or to submit an application, contact Wendy Pechacek, OSR Staff Director at 202/828-0682, AAMC, One Dupont Circle, N.W., Washington, DC 20036.

**SCHOOLS WITH LCME SITE VISITS
SCHEDULED FOR 1989-90 ACADEMIC YEAR**

University of South Florida, Tampa
U. of Massachusetts, Worcester
University of Michigan, Ann Arbor
U. of Minnesota, Minneapolis
U. of Mississippi, Jackson
Creighton University, Omaha
East Carolina University, Greenville
U. of North Carolina, Chapel Hill
U. of Cincinnati, Cincinnati
Medical College of Ohio, Toledo
Oregon Health Sciences U., Portland
Ponce School of Medicine, Ponce
Medical U. of South Carolina, Charleston
Meharry Medical College, Nashville
U. of Texas, Houston
U. of Vermont, Burlington

**SCHOOLS WITH LCME SITE VISITS
SCHEDULED FOR 1990-91 ACADEMIC YEAR**

U. of Alabama, Birmingham	U. of Louisville, Louisville
U. of Arizona, Tucson	Tufts U., Boston
Stanford U., Palo Alto	U. of Minnesota, Duluth
U. of California, Davis	Dartmouth Medical School, Hanover
U. of California, Los Angeles	New York Medical College, New York
U. of Southern California, Los Angeles	Ohio State U., Columbus
Mercer U., Macon	Medical College of PA, Philadelphia
Morehouse School of Medicine, Atlanta	Brown U., Providence
Rush Medical College, Chicago	Baylor, Houston
U. of Chicago/Pritzker, Chicago	Texas A & M, College Station
U. of Health Sciences/Chicago Medical	Eastern Virginia, Norfolk
U. of Kansas, Kansas City	

A copy of "The Role of Students in the Accreditation of U.S. Medical Education Programs" will be distributed at the annual OSR business meeting; if your school is listed here, be sure to obtain this booklet. The earlier that planning can occur for student participation in the accreditation process, the better. Please call the AAMC Section for Accreditation at 202/828-0670 with questions.

Taking a leadership role in this process is an OSR member responsibility.

ACRONYMS USED FREQUENTLY IN AND AROUND THE AAMC

Internal AAMC

CAS - Council of Academic Societies
COD - Council of Deans
COTH - Council of Teaching Hospitals
OSR - Organization of Student Representatives

GBA - Group on Business Affairs
GFP - Group on Faculty Practice
GIP - Group on Institutional Planning
GME - Group on Medical Education
GPA - Group on Public Affairs
GSA - Group on Student Affairs

AMCAS - American Medical College Application Service
MCAT - Medical College Admission Test

CFMA and the "Liaison Committees"

- CFMA - Council for Medical Affairs: AAMC is one of five members along with the American Medical Association (AMA), American Hospital Association (AHA), American Board of Medical Specialties (ABMS), and Council of Medical Specialty Societies (CESS). CFMA serves as a forum for discussion on all aspects of medical education.
- LCME - Liaison Committee on Medical Education: There are two parent organizations-- AAMC and AMA; Secretariat and Chairmanship rotate annually. Responsible for accreditation of undergraduate medical schools.
- ACGME - Accreditation Council for Graduate Medical Education: Same five parents as CFMA. Chairmanship rotates annually. Staffing services provided by AMA. Responsible for accreditation of graduate medical education.

Educational organizations with whom the AAMC interacts

Representatives are asked to AAMC Executive Council meetings; various reciprocal arrangements exist.

- AAHC - Association of Academic Health Centers: Organization members are Vice Presidents for Health Affairs at academic medical centers.
- ACE - American Council on Education: Members are some 1,200+ institutions of higher education and 165 national and regional associations and organizations.

AAU - Association of American Universities: Approximately 50 of the preeminent public and private institutions of higher education.

NASULGC - National Association of State Universities and Land-grant Colleges: Membership is approximately 150 major public universities and colleges.

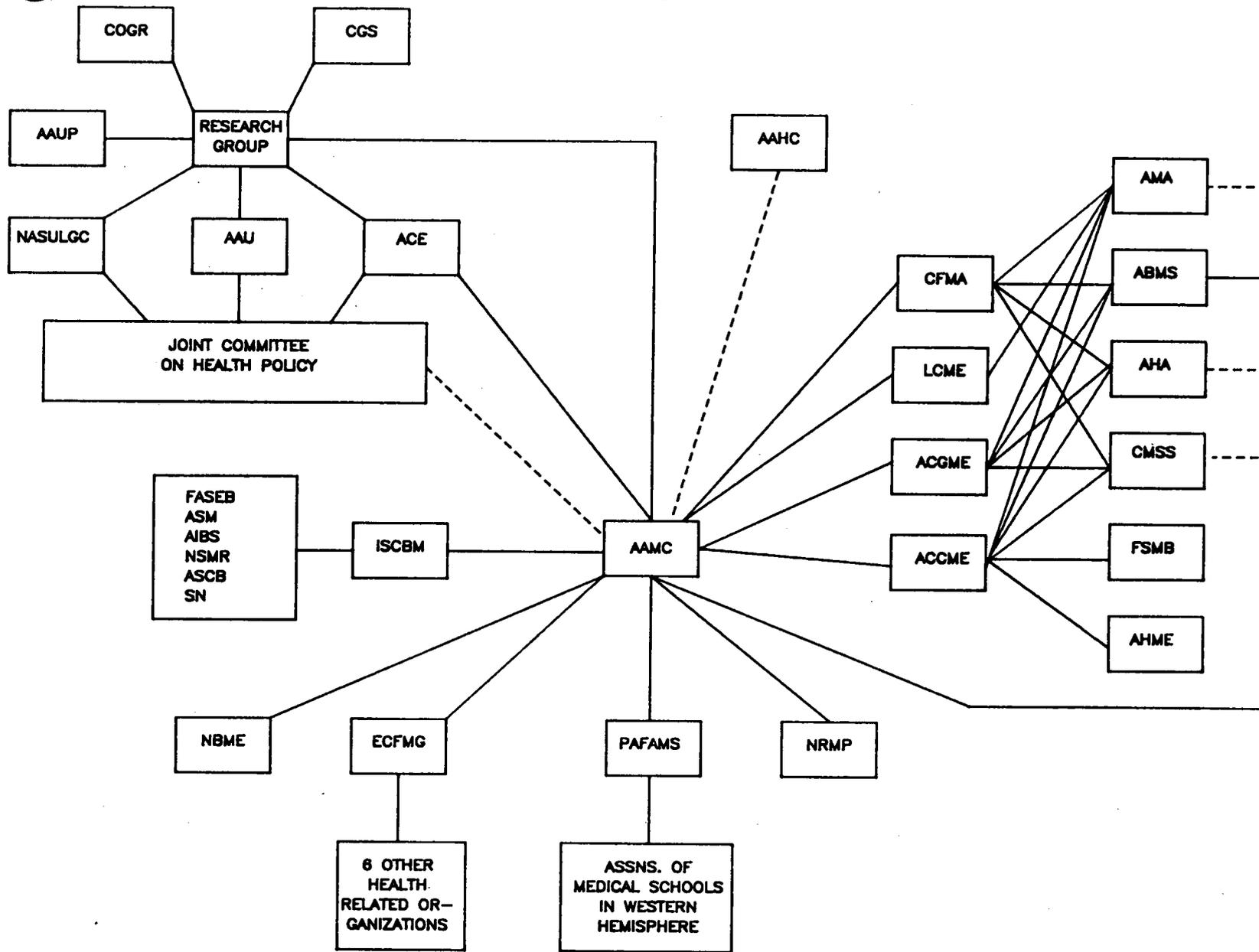
Health organizations with whom the AAMC interacts

NBME - National Board of Medical Examiners: AAMC is a member organization and appoints two members to the Board. NBME is responsible for the three part examination that leads to licensure of physicians.

ECFMG - Educational Commission for Foreign Medical Graduates: AAMC is a member organization and appoints two members to the Commission. ECFMG is responsible for evaluating the qualifications of foreign medical graduates seeking admission to the U.S. for graduate medical education.

PAFAMS - Panamerican Federation of Associations of Medical Schools: AAMC was a founding organization. All organizations similar to AAMC throughout the Western Hemisphere belong to PAFAMS.

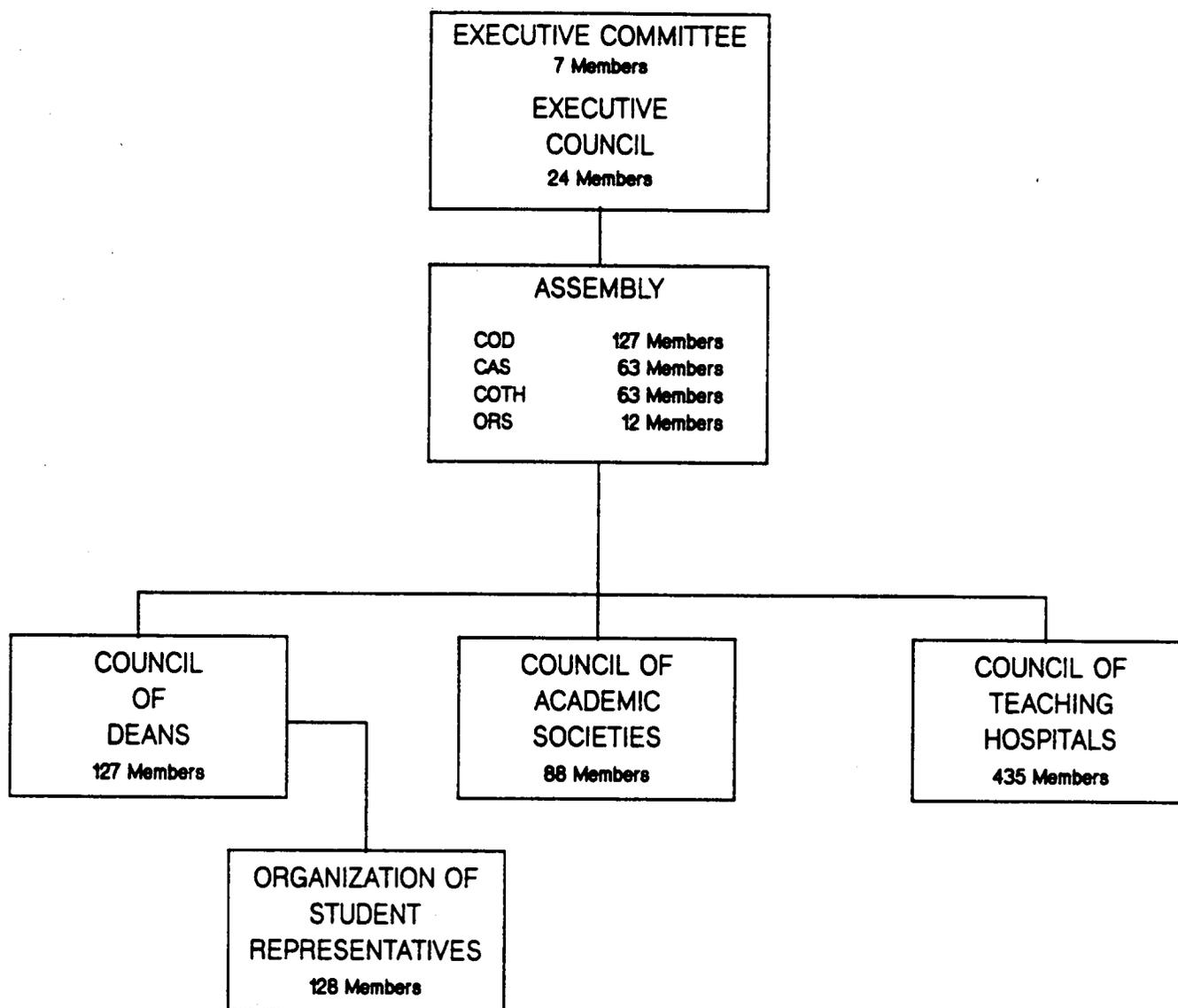
ISCBM - Intersociety Council for Biology and Medicine: Composed of AAMC, American Society for Microbiology, American Institute for Biological Science, National Society for Medical Research, and Federation of American Societies for Experimental Biology.



———— MEMBERSHIP
----- STRUCTURED BUT "INFORMAL" RELATIONSHIP

Association of American Medical Colleges

Governing Structure



Executive Committee:

Chairman:	D. Kay Clawson, M.D., University of Kansas School of Medicine
Chairman-Elect:	David H. Cohen, Ph.D., Northwestern University Graduate School
Immediate Past Chairman:	John W. Colloton, University of Iowa Hospitals & Clinics
Chairman, COD:	L. Thompson Bowles, M.D., George Washington University School of Medicine & Health Services
Chairman, CAS:	Ernst R. Jaffe, M.D., Albert Einstein College of Medicine
Chairman, COTH:	Gary Gambuti, St. Luke's-Roosevelt Hospital Center
President:	Robert G. Petersdorf, M.D.

VOTING PROCEDURES

1. Students add last minute nominees to bottom of pre-printed ballots
2. Students (one official representative per school) circle their top five choices for at-large representatives and their top one choice for chair-elect
3. Students fold their ballot in half and write their school name on the back of the ballot
4. Ballots are collected by designated Ad Board members and brought to outside table for counting by AAMC staff
5. Immediate past chair of OSR assists AAMC staff in determining runoff candidates
6. Any runner with over 50% of vote is automatically elected. Of remainder, top third (e.g. 5 of 15) are forwarded for second round. If only one vote separates someone from being in top third their name is forwarded as well.

2nd runoff:

7. Using a second ballot sheet of a different color in the packet (announced by chair) students write the number of nominees equal to the number of at-large positions remaining
8. Students fold their ballots in half and write the name of their school on the back of their ballot
9. Go to number 4 and repeat until all five at-large positions are filled.

RULES AND REGULATIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ADOPTED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES
October 28, 1971

APPROVED BY THE COUNCIL OF DEANS
October 29, 1971

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

Section 1. Name

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

Section 2. Purpose

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

Section 3. Membership

A. Members of the Organization of Student Representatives shall be representatives designated in accordance with the AAMC Bylaws by each institutional member that is a member of the Council of Deans, selected from the student body of each such member by a process appropriate to the governance of that institution. The selection should facilitate representative student input. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

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

C. Each school shall choose the terms of office of its Organization of Student Representatives member in its own manner.

D. Each institution having a member of the Organization of Student Representatives may select one or more alternate members, who may attend meetings of the Organization of Student Representatives but may not vote. The selection of an alternate member should facilitate representative student input.

Section 4. Officers and Administrative Board

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

1. The Chairperson, whose duties it shall be to (a) preside at all meetings of the Organization; (b) coordinate the affairs of the Organization, in cooperation with staff of the Association; (c) serve as ex officio member of all committees of the Organization; (d) communicate all actions and recommendations adopted by the Organization of Student Representatives to the Chairman of the Council of Deans; and (e) represent the Organization on the Executive Council of the Association.

2. The Chairperson-Elect, whose duties it shall be to preside or otherwise serve in the absence of the Chairperson.

3. Four regional chairpersons, one from each of the four regions, which shall be congruent with the regions of the Council of Deans.

4. Representatives at large elected by the membership in a number sufficient to bring the number of members on the Administrative Board to ten or to a total equal to ten percent of the Organization of Student Representatives memberships, whichever is greater.

B. Officers other than the Chairperson shall be elected at each annual meeting of the Organization and shall assume office at the conclusion of the annual meeting of the Association. The Chairperson shall assume office as provided in Section 6. Regional chairpersons shall be elected by regional caucus. The term of office of all officers shall be one year. Each officer must be a member of the Organization of Student Representatives throughout his/her entire term of office, and no two officers may be representatives of the same institutional member. Any officer who ceases to be a member of the Organization must resign from the Administrative Board at that time. Vacant positions on the Administrative Board shall remain unfilled until the annual meeting, except as provided for in Section 6.

C. Officers shall be elected by majority vote, and the voting shall be by ballot.

D. Presence at the Annual Meeting shall be a requisite for eligibility for election to office. At the time of election, each candidate must be a member of the Organization of Student Representatives or must have been designated to become a member of the OSR at the conclusion of the annual meeting. In addition, each candidate for office must be an undergraduate medical student at the time of assuming office. If it becomes necessary to elect a Chairperson, candidates for the office of Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived.

E. Nomination for office may take place by two procedures: (1) submitting the name and curriculum vitae of the nominee to the Association thirty days in advance of the annual meeting or (2) from the floor at the annual meeting, a seconding motion being required for each nomination so made.

F. National officers may be recalled by a two-thirds vote of those present and voting at any regular or special meeting of the Organization. Regional officers may be recalled by a two-third vote of those present and voting at any regional meeting.

G. There shall be an Administrative Board composed of the Chairperson, the Chairperson-Elect, the Regional Chairpersons, the Representatives-at-Large, and as a non-voting member, the immediate-past-chairperson of the Organization.

H. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees and Committee on Resolutions.

Section 5. Representation on the AAMC Assembly

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 percent of the Organization of Student Representatives membership, the number of seats to be determined annually. Representatives of the Organization of Student Representatives to the Assembly shall include only current, official OSR members and shall be determined by the following priority:

- 1) The Chairperson of the Organization of Student Representatives;
- 2) The Chairperson-elect of the Organization of Student Representatives;
- 3) Other members of the Administrative Board of the Organization;
- 4) Other members of the Organization designated by the Chairperson as necessary.

Section 6. Succession

A. The Chairperson-Elect shall automatically assume the office of Chairperson at the conclusion of the annual meeting of the Association unless the Chairperson-Elect receives a vote of no confidence from the Administrative Board at the last regularly-scheduled meeting prior to the annual business meeting of the OSR or is recalled by the Organization as specified in Section 4.F. If the Chairperson-Elect receives a vote of no confidence or otherwise resigns from office, the next Chairperson shall be elected in accordance with the procedures established in Section 4.

B. If the Chairperson of the Organization is for any reason unable to complete the term of officer, the Chairperson-Elect shall assume the position of Chairperson for the remainder of the term. Further succession to the office

of Chairperson, if necessary, shall be determined by a vote of the remaining members of the Administrative Board.

Section 7. Meetings, Quorums, and Parliamentary Procedure

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

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

C. Regional meetings, with the approval of the Association, may be held between annual meetings.

D. A simple majority of the voting members shall constitute a quorum at regular meetings, special meetings, regional meetings and Administrative Board meetings.

E. Formal actions may result by two mechanisms: (1) by a majority of those present and voting at meetings at which a quorum is present and (2) when four of four regional meetings have passed an identical motion by a majority of those present and voting.

F. All official members have the privilege of the floor at regular meetings, special meetings, and Administrative Board meetings. The Chairperson at each meeting may at his or her discretion extend this privilege to others in attendance.

G. Resolutions for consideration at any meeting of the Organization, including regional meetings, must be submitted to the Association thirty days in advance of the meeting. This rule may be waived for a particular resolution by a two-thirds vote of those present and voting at the meeting.

H. The minutes of regular meetings and Administrative Board meetings shall be taken and within thirty days distributed to members of the Organization.

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

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

Section 8. Students Serving on AAMC Committees

Students serving on AAMC Committees should keep the Chairperson informed of their activities.

Section 9. Operation and Relationships

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

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

Section 10. Amendment of Rules and Regulations

These rules and regulations may be altered, repealed or amended by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given to each member of the Organization of Student Representatives.

GUIDELINES FOR THE
ORGANIZATION OF STUDENT REPRESENTATIVES
ADOPTED AT THE COUNCIL OF DEANS MEETING
May 20, 1971

This document indicates those matters mandated by the Association Bylaws in bold and those adopted as Guidelines in roman.

ORGANIZATION

There shall be an **Organization of Student Representatives** which shall be related to the Council of Deans and which shall operate in a manner consistent with the Rules and Regulations approved by the Council of Deans. (Part III.)

COMPOSITION

The OSR shall be comprised of one representative from each Institutional Member and Provisional Member of the COD, chosen from the student body of each such member. (Part III.)

SELECTION

A medical student representative from each participating Institutional Member and Provisional Member of the COD shall be selected by a process which will facilitate representative student input and be appropriate to the governance of the institution. The dean of each participating institution shall file a description of the process of selection with the Chairman of the COD and shall certify to him annually the name of the student so selected.

MEETINGS

Annual Meeting The OSR shall meet at least once a year at the time and place of the COD Annual Meeting in conjunction with said meeting. (Part III.)

To facilitate the smooth working of the organizational interrelationships, the above shall be interpreted to require that the Annual Meeting of the OSR be held during the period of the Association's Annual Meeting, not simultaneously with the COD meeting. This meeting will be scheduled in advance of the COD meeting at a time which will permit the attendance of interested or designated deans.

ACTIVITIES

The OSR will:

- * Elect a Chairman and Chairman-Elect.
- * Recommend to the COD the Organization's representatives to the Assembly. (10% of OSR Membership)
- * Consider other matters of particular interest to the students of Institutional Members.

* Report all actions taken and recommendations made to the Chairman of the COD. (Part III.)

RELATIONSHIP TO COD

The Chairman and Chairman-Elect of the OSR are invited to attend the COD meetings to make such reports as requested of them by the COD Chairman, to act as resource persons to express the concerns of students when invited, and to inform themselves of the concerns of the deans.

RELATIONSHIP TO THE EXECUTIVE COUNCIL

The Chairman of the OSR shall be an ex officio member of the Executive Council with voting rights. (Part IV, Sec. 2)

RELATIONSHIP TO THE ASSEMBLY

The Institutional Members and Provisional Institutional Members that have admitted their first class shall be represented in the Assembly by the members of the COD and a number of the OSR equivalent to 10 percent of the members of the Association having representatives in the OSR.

Each such representative (to the Assembly) shall have the privilege of the floor in all discussions and shall be entitled to vote at all meetings. (Part IV. Sec. 4)

The Chairman of the Assembly may accept the written statement of the Chairman of the COD reporting the names of the individuals who will vote in the Assembly as representatives chosen by the OSR (Part IV. Sec. 3)

COMMITTEES

One representative of the OSR to the Assembly shall be appointed by the Chairman of the Assembly to sit on the Resolutions Committee. (Part VII. Sec. 1)

The Chairman of the COD will nominate student members to appropriate committees of the Association upon receipt of the recommendations of the OSR.

RULES AND REGULATIONS

The OSR shall draw up a set of Rules and Regulations, consistent with these guidelines and the Bylaws of the AAMC, governing its internal organization and procedures. The Rules and Regulations shall be consonant with the goals and objectives of the COD.

The initial meeting of the OSR shall be organized by the Committee chosen at the October, 1970, meeting of the Association to carry forward the formation of the OSR and shall be chaired by the Chairman of that group.

FINANCES

At its May 20 meeting, the COD voted to recommend to the Executive Council that the finances of the OSR be handled in the following manner:

*The Association will meet the cost of the travel required for authorized student participation in Association committee activities, i.e., Executive Council, Administrative Board, and designated committee meetings.

*Staffing expenses will be allocated by the President by administrative action.

*Other costs associated with student participation will be individually arranged at the institutional level.

*The participating institutions shall incur no additional institutional assessment to the Association upon initiation of this proposal. Expenses incurred by the Association in support of this organization will be met within currently budgeted funds or from appropriate external sources.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

BYLAWS

I. MEMBERSHIP

Section 1. There shall be the following classes of members, each of which that has the right to vote shall be (a) an organization described in Section 501(c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any subsequent Federal tax laws), and (b) an organization described in Section 509(a)(1) or (2) of the Internal Revenue Code of 1954 (or the corresponding provisions of any subsequent Federal tax laws), and each of which shall also meet (c) the qualifications set forth in the Articles of Incorporation and these Bylaws, and (d) other criteria established by the Executive Council for each class of membership:

- A. Institutional Members - Institutional Members shall be medical schools and colleges of the United States.
- B. Affiliate Institutional Members - Affiliate Institutional Members shall be medical schools and colleges of Canada and other countries.
- C. Graduate Affiliate Institutional Members - Graduate Affiliate Institutional Members shall be those graduate schools in the United States and Canada closely related to one or more medical schools which are institutional members.
- D. Provisional Institutional Members - Provisional Institutional Members shall be newly developing medical schools and colleges of the United States.
- E. Provisional Affiliate Institutional Members - Provisional Affiliate Institutional Members shall be newly developing medical schools and colleges in Canada and other countries.
- F. Provisional Graduate Affiliate Institutional Members - Provisional Graduate Affiliate Institutional Members shall be newly developing graduate schools in the United States and Canada that are closely related to an accredited university that has a medical school.
- G. Academic Society Members - Academic Society Members shall be organizations active in the United States in the professional field of medicine and biomedical sciences.
- H. Teaching Hospital Members - Teaching Hospital Members shall be teaching hospitals in the United States.

- I. Corresponding Members - Corresponding Members shall be hospitals involved in medical education in the United States or Canada which do not meet the criteria established by the Executive Council for any other class of membership listed in this section.

Section 2. There shall also be the following classes of honorary members who shall meet the criteria therefore established by the Executive Council:

- A. Emeritus members - Emeritus Members shall be those retired individuals who have been active in the affairs of the Association prior to retirement.
- B. Distinguished Service Members - Distinguished Service Members shall be persons who have been actively involved in the affairs of the Association and who no longer serve as AAMC representatives of any members described under Section 1.
- C. Individual Members - Individual Members shall be persons who have demonstrated a serious interest in medical education.
- D. Sustaining and Contributing Members - Sustaining and Contributing Members shall be persons or corporations who have demonstrated over a period of years a serious interest in medical education.

Section 3. Election to membership:

- A. All classes of members shall be elected by the Assembly by a majority vote on recommendation of the Executive Council.
- B. All institutional members shall be recommended by the Council of Deans to the Executive Council.
- C. Academic society members will be recommended by the Council of Academic Societies to the Executive Council.
- D. Teaching hospital members will be recommended by the Council of Teaching Hospitals to the Executive Council.
- E. Distinguished service members will be recommended to the Executive Council by either the Council of Deans, Council of Academic Societies or Council of Teaching Hospitals.
- F. Corresponding Members will be recommended to the Executive Council by the Council of Teaching Hospitals.

Section 4. Revocation of Membership - A member with any class of membership may have his membership revoked by a two-thirds affirmative vote of the Assembly on recommendation with justification by the Executive Council; provided that the Executive Council shall have given the members written notice of the proposed revocation prior to the Assembly by which such a vote is taken.

Section 5. Resignation - A member with any class of membership may resign upon notice given in writing to the Executive Council. However, any such resignation shall not be effective until the end of the fiscal year in which it is given.

II. COUNCILS

Section 1. There shall be the following Councils of the Association each of which shall be governed by an Administrative Board and each of which shall be organized and operated in a manner consistent with rules and regulations approved by the Executive Council:

- A. Council of Deans - The Council of Deans shall consist of the Deans or the equivalent academic officer of each institutional member and each provisional institutional member that has admitted its first class of students.
- B. Council of Academic Societies - The Council of Academic Societies shall consist of two representatives from each academic society member who shall be designated by each such member for a term of two years.
- C. Council of Teaching Hospitals - The Council of Teaching Hospitals shall consist of one representative from each teaching hospital member who shall be designated annually by each such member.

III. ORGANIZATION OF STUDENT REPRESENTATIVES

There shall be an Organization of Student Representatives related to the Council of Deans, operated in a manner consistent with rules and regulations approved by the Council of Deans and comprised of the one representative of each institutional member that is a member of the Council of Deans chosen from the student body of each such member. Institutional members whose representatives serve on the Organization of Student Representatives Administrative Board may designate two representatives on the Organization of Student Representatives, provided that only one representative of any institutional member may vote in any meeting. The Organization of Student Representatives shall meet at least once each year at the time and place of the annual meeting of the Council of Deans in conjunction with said meeting to elect a Chairperson, a Chairperson-elect, and other officers, to recommend student members of committees of the Association, to recommend to the Council of Deans the Organization's representatives to the Assembly, and to consider other matters of particular

interest to students of institutional members. All actions taken and recommendations made by the Organization of Student Representatives shall be reported to the Chairman of the Council of Deans.

IV. MEETINGS OF MEMBERS AND COUNCILS

Section 1. Meetings of members of the Association shall be known as the Assembly. An annual Assembly shall be held at such time in each October or November and at such place as the Executive Council may designate.

Section 2. Special meetings of the Assembly may be called for any purpose by the Chairman, by a majority of the voting members of the Executive Council, or by twenty voting members of the Association.

Section 3. All meetings of the Assembly shall be held at such place in Illinois, the District of Columbia or elsewhere as may be designated in the notice of the meeting. Written or printed notice stating the place, day and hour of the meeting and, in case of a special meeting, the purpose or purposes for which the meeting is called, shall be delivered not less than five nor more than forty days before the date of the meeting, either personally or by mail, by or at the direction of the Chairman or persons calling the meeting, to each member entitled to vote at such meeting.

Section 4. The Institutional Members and Provisional Institutional Members that have admitted their first class shall be represented in the Assembly by the members of the Council of Deans and a number of members of the Organization of Student Representatives equivalent to 10 percent of the members of the Association having representatives of Institutional Members and Provisional Institutional Members that have admitted their first class shall have the privileges of the floor in all discussions and shall be entitled to vote at all meetings. The Council of Academic Societies and the Council of Teaching Hospitals each shall designate a number from each Council not to exceed one-half the number of members of the Council of Deans entitled to vote. All other members shall have the privileges of the floor in all discussions but not be entitled to vote at any meeting.

Section 5. A representative of each voting member shall cast its vote. A Chairman may accept the written statement of the Dean of an institutional member, or provisional institutional member, that he or some other person has been properly designated to vote on behalf of the institution, and may accept the written statement of the respective Chairmen of the Council of Academic Societies and the Council of Teaching Hospitals designating the names of individuals who will vote on behalf of each member society or hospital. The Chairman may accept the written statement of the Chairman of the Council of Deans reporting the names of the individuals who will vote as the representatives chosen by the Organization of Student Representatives.

Section 6. One-third of the voting members of the Association shall constitute a quorum at the Assembly. Except as otherwise provided herein, action at any meeting shall be by majority vote at a meeting at which a quorum is present, provided that if less than quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

Section 7. Each Council of the Association shall meet at least once each year at such time and place as shall be determined by its bylaws and designated in the notice thereof for the purpose of electing members of the Administrative Board and officers.

Section 8. Regional meetings of each Council may be held in each of the geographical regions established by the Executive Council for the purpose of identifying, defining and discussing issues relating to medical education and in order to make recommendations for further action at the national level. Such meetings of each Council shall be held at such time and place as determined in accordance with procedures approved by the Executive Council.

Section 9. No action of the Association shall be construed as committing any member to the Association's position on any issue.

Section 10. Robert's Rules of Order, latest edition, shall govern all meetings.

V. OFFICERS

The officers of the Association shall be those elected by the Assembly and those appointed by the Executive Council.

Section 1. The elected officers shall be a Chairman, who shall preside over the Assembly and shall serve as Chairman of the Executive Council, and a Chairman-Elect, who shall serve as Chairman in the absence of the Chairman. The Chairman-Elect shall be elected at the annual meeting of the Assembly, to serve in that office for one year, and shall then be installed as Chairman for a one-year term in the course of the annual meeting of the Assembly the year after he has been elected. If the Chairman-Elect shall thereby become Chairman and shall serve for the remainder of that term and the next term.

Section 2. The officers appointed by the Executive Council shall be a President, who shall be the Chief Executive Officer, a Vice President, a Secretary and a Treasurer, who shall be appointed from among the Executive Council members. The Executive Council may appoint one or more additional officers on nomination by the President.

Section 3. The elected officers shall have such duties as are implied by their title or are assigned to them by the Assembly. The appointed officers shall have such duties as are implied by their titles or are assigned to them by the Executive Council.

VI. EXECUTIVE COUNCIL

Section 1. The Executive Council is the Board of Directors of the Association and shall manage its affairs. The Executive Council shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Assembly and take necessary interim action for the Association and carry out duties and functions delegated to it by the Assembly. It shall set educational standards and criteria as prerequisites for the elections of members of the Association, it shall consider applications for membership and it shall report its findings and recommendations with respect thereto to the Assembly.

Section 2. The Executive Council shall consist of fifteen members elected by the Assembly and ex officio, the Chairman, Chairman-Elect, President, the Chairman of each of the three councils created by these Bylaws, and the Chairman and Chairman-Elect of the Organization of Student Representatives, all of whom shall be voting members. Of the fifteen members of the Executive Council elected by the Assembly, three shall be members of the Council of Academic Societies, three shall be members of the Council of Teaching Hospitals; eight shall be members of the Council of Deans, and one shall be a Distinguished Service Member. The elected members of the Executive Council shall be elected by the Assembly at its annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional consecutive term of three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the members of the Assembly present and voting.

Section 3. At least one elected member of the Executive Council should be from each of the regions of the Association.

Section 4. The annual meeting of the Executive Council shall be held within one hundred twenty (120) days after the annual meeting of the Assembly at such time and place as the Chairman shall determine.

Section 5. Special meetings of the Council may be called by the Chairman or any two (2) Council members, and written notice of all Council meetings, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

Section 6. A quorum of the Council shall be a majority of the voting Council members.

Section 7. In the event of a vacancy on the Executive Council, the remaining members of the Council may appoint a successor to complete the unexpired term. Appointed members may not serve more than two consecutive full terms on the Council following appointment to any unexpired term. The Council is authorized at its own discretion to leave a vacancy unfilled until the next annual meeting of the Assembly.

VII. COMMITTEES

SECTION 1. The Chairman shall appoint from the Assembly a Resolutions Committee which shall be comprised of at least one representative from each Council of the Association and from the Organization of Student Representatives. The Resolutions Committee shall present resolutions to the Assembly for action by it. No resolution shall be considered for presentation by the Resolutions Committee unless it shall have been received at the principal office of the Association at least fourteen days prior to the meeting at which it is to be considered. Additional resolutions may be considered by the Assembly upon a two-thirds vote of the members of the Assembly present and voting.

Section 2. The Executive Council shall appoint the Chairman and a Nominating Committee of not less than four nor more than six additional members, including the Chairman of the Nominating Committee of each of the Councils provided in Paragraph II. The Nominating Committee so appointed will report to the Assembly at its annual meeting one nominee for each officer and member of the Executive Council to be elected. Additional nominees for any representative of any member of the Assembly. Election shall be by a majority of the Assembly members present and voting.

Section 3. The Executive Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Executive Committee to act during intervals between meetings of the Council, consisting of the Chairman, the Chairman-Elect, the treasurer, the President, and three or more other Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association. At all times the Executive Councils provided in Paragraph II hereof. The designation of such a committee and the delegation to it of authority shall not relieve the Council, or any members of the Council, of any responsibility imposed upon them by law.

Section 4. The Executive Council may appoint and dissolve from time to time such standing or ad hoc committees as it deems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control. The Chairman will appoint members of the committees with appropriate consultation with the Executive Council.

VII. GENERAL PROVISIONS

Section 1. Whenever any notice whatever is required to be given under the provisions of these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether equivalent to the giving of such notice.

Section 2. The Council may adopt a seal for the Association but no seal shall be necessary to take or to evidence any Association action.

Section 3. The fiscal year of the Association shall be from each July 1 to June 30.

Section 4. The annual dues of each class of members shall be in such amounts as shall be recommended by the Executive Council and established by the Assembly. The Executive Council shall consult with the respective administrative boards of the Council of Deans, the Council of Academic Societies and the Council of Teaching Hospitals in arriving at its recommendations.

Section 5. Any action that may be taken at a meeting of members or of the Executive Council may be taken without a meeting if a consent in writing setting forth the action so taken is signed to the subject matter thereof, or by all members of the Executive Council as the case may be.

Section 6. No part of the net earnings of the Association shall inure to the benefit of or be distributable to its members or members of the Executive Council, officers, or private individuals, except that the Association may pay reasonable compensation for services rendered and make payment and distributions in furtherance of its purposes. No substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the Association shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the Association shall not carry on any activities not permitted to be carried on (a) by an organization exempt from Federal income tax under Section 501(a) as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by an organization, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

Section 7. Upon dissolution of the corporation, the Executive Council shall, after paying of all of the liabilities of the Association (including provision of a reasonable separation pay for its employees), dispose of all of the assets of the Association among such non-profit organizations having similar aims and objectives as shall qualify as exempt organizations described in Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law).

Section 8. These Bylaws may be amended by a two-thirds vote of the voting members present and voting any duly called meeting of the Assembly, provided that the substance of the proposed amendment is included with the notice of the meeting. Amendments to the Bylaws may be proposed by the Executive Council or by the written sponsorship of ten voting members, provided that the proposed amendment shall have been received by the Secretary at least forty-five days prior to the meeting at which it is to be considered.

1989-90 OSR Meeting Dates

OSR Administrative Board:

December 15-16

February 21-22

June 27-28

September 26-27

OSR/GSA Regional Meetings:

Northeast

April 19-21

Toronto, Canada

Western

April 22-25

Pacific Grove, California

Southern

April 25-29

Louisville, Kentucky

Central

April 28-May 1

Itasca, Illinois

AAMC Annual Meeting:

San Francisco, California

October 19-25