

Unrated, ca. 1988 I

INTRODUCING OSR

If you have an interest in problems and trends in medical education, and a desire to learn more about them and how to influence them the Organization of Student Representatives is for you. This booklet will be useful to those of you who are newcomers to the OSR, but will also be a good "refresher" to those who have already attended a meeting or two. Although there is no mystery to the structure and function of the OSR, it does require some study to get a total picture of the OSR. Exposure through regional and annual meetings is, to be sure, the most colorful way to learn about it. However, the information provided here should help to make your experiences at the meetings and your future participation more meaningful.

I. Association of American Medical Colleges

An introduction to OSR must begin with an understanding of the Association of American Medical Colleges. This section is designed to give you some idea of the Association's focus and organization.

Focus: The AAMC was founded in 1876 with the goal of improving the quality of American medical education. It now includes in its membership all of the U.S. and Canadian medical schools, 85 academic societies (such as American Physiological Society and American College of Physicians), and 435 of the major teaching hospitals. The Association carries out a broad range of programs and studies aimed at advancing medical education and, thereby, the nation's health. In collaboration with the AMA, the AAMC is responsible for accreditation of educational programs in undergraduate medical education via the Liaison Committee on Medical Education (LCME). Participation with other professional organizations in the accreditation of graduate and continuing education programs is achieved through the ACGME and the ACCME.

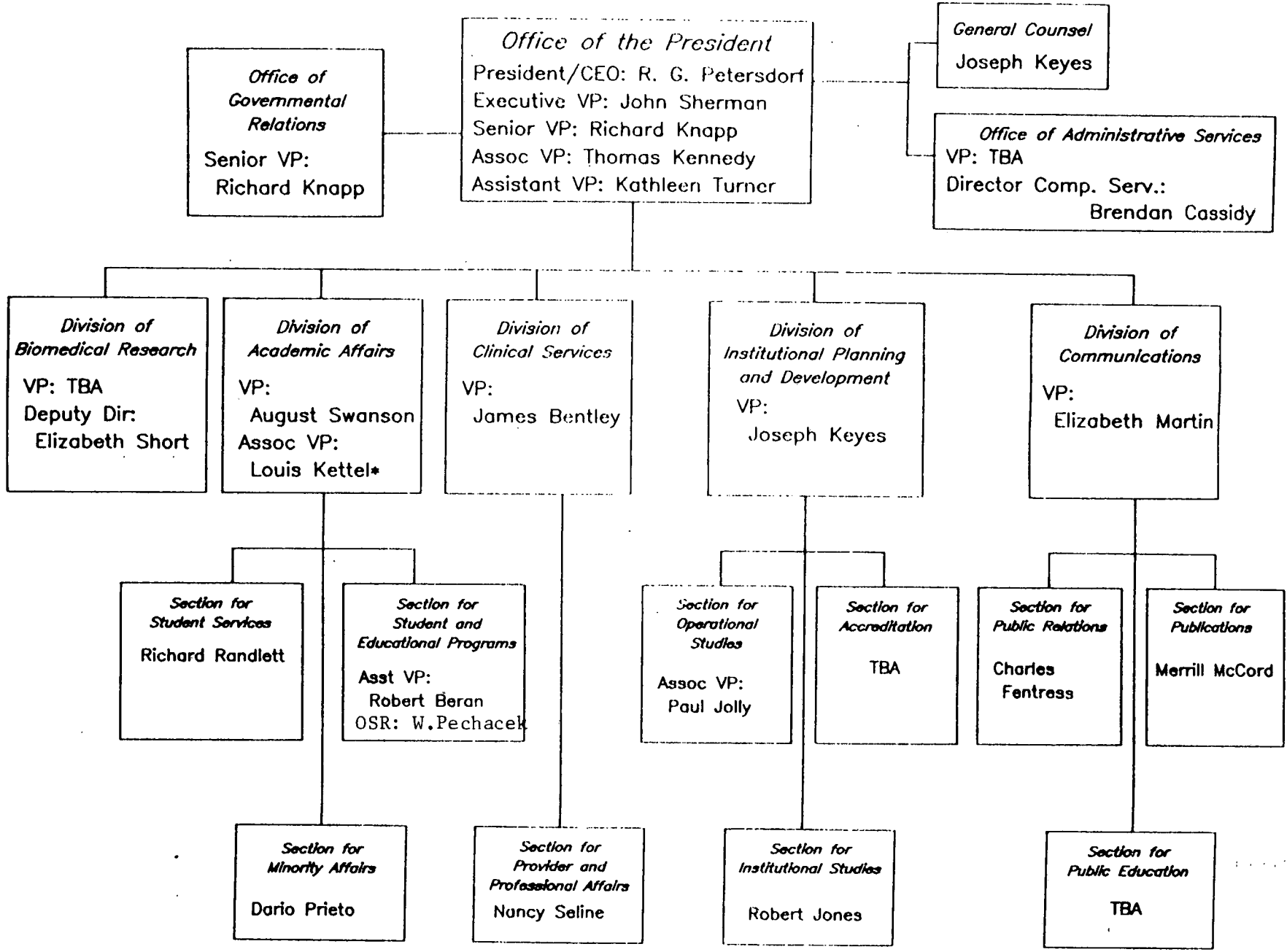
The AAMC provides many services to its members, including publication of directories of medical school admission requirements and curricula descriptions. It also maintains numerous data bases, including a faculty roster, institutional profiles and financial aid information. A crucial area of activity is federal liaison. The AAMC keeps its members informed on legislative issues and provides testimony and consultation upon request to Congress, the President's staff, the Department of Health and Human Services, and the National Institutes of Health. Because the AAMC is looked to for leadership on all issues dealing with medical education, AAMC needs to arrive at clear, unified positions. Due to the enormous diversity of its members--not only among medical schools but also in terms of the interests of deans, faculty, hospital administrators, and students--achieving agreement often requires compromises. The issues faced by medical educators today are so multi-faceted that the combined wisdom of all parties involved is needed. The AAMC provides a forum for the exchange of ideas and an opportunity to combine perspectives toward the end of common action.

The AAMC holds the diversity among institutions to be one of the chief strengths of U.S. medical education. Therefore, it seldom recommends uniform approaches or solutions to problems. When a consensus is reached on a complex issue by a majority of the constituency, the AAMC can then recommend such policy to its member institutions. However, such recommendations do not affect the autonomous judgement of each institution in any area of policy, such as admissions procedures or curriculum design.

Organization: Voting representation on the AAMC's governing body, the Assembly, is shown with approximate numbers below. The Assembly is convened once a year at the Annual Meeting. Executive Council meets three times a year to conduct the business of the Association. At intervals between these meetings, the Executive Committee acts in a decision-making capacity.

The organization of the AAMC also includes several groups which, although they do not have voting members on the governing bodies, play an important role in program and policy development. The two of greatest interest to OSR are the Group on Student Affairs (GSA) and the Group on Medical Education (GME). The GSA is composed of medical school admissions, financial aid and student affairs deans. Virtually all issues of concern to OSR are also of central concern to GSA--with student financial assistance, minority affairs, residency selection and all aspects of counseling leading the list. The Section for Student and Educational Programs (see chart on next page) provides staff support for the OSR, GSA, and GME. The GME is composed of individuals designated by the medical schools, teaching hospitals and member societies with responsibilities in research and evaluation and institutional resource development.

AAMC Organization Chart



* effective 1/1/88

This section also conducts analyses of the MCAT and the Clinical Evaluation Project which provides useful information on the ways in which medical students rotating through required clerkships are evaluated.

The activities of the Association are administered by a full time President who is assisted by a professional and support staff of over 200 individuals. The staff is organized into divisions and sections as shown in the chart.

II. History and Role of the OSR in the AAMC

In 1968, the AAMC Assembly passed a resolution calling for the development of mechanisms for student participation in the affairs of the AAMC. Two years later the Assembly adopted an addition to the Bylaws creating the OSR. At the 1971 AAMC Annual Meeting the OSR was created with the following intentions: to facilitate the expression of students' ideas and views; to incorporate students into the governance of the AAMC; to foster the exchange of ideas among students and other concerned groups; and to facilitate students' action on health care issues. During 1986-87, 125 schools designated a student member.

OSR holds two voting seats on the Executive Council and twelve on the Assembly. In addition, the OSR chair and chair-elect attend and report on OSR activities at COD Administrative Board meetings. OSR also has input into the affairs of the AAMC through membership on various AAMC committees. Informal opportunities for information exchange with AAMC officers and staff occur during the regular Council meetings, when the OSR Administrative Board joins the Administrative Boards of the three Councils for luncheons, receptions and programs. At regional spring meetings there is the opportunity to establish ties between the OSR, GSA and GME. The OSR chair is a member of the GSA Steering Committee, and attends the quarterly meetings of the Consortium of Medical Student Organizations.

The OSR also has input to the affairs of the AAMC through membership on various AAMC committees and task forces. At each Annual Meeting, a list of the 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 situation with regard to openings on committees varies from year to year depending on whether new committees or task forces are being created and on the length of the terms of OSR members who may already have been appointed. Those typically available include:

- GSA Committee on Student Financial Assistance
- GSA-Minority Affairs Section Coordinating Committee
- GSA Committee on Admissions
- GSA Committee on Student Affairs
- Editorial Board of the Journal of Medical Education
- Women in Medicine Coordinating Committee
- Flexner Award Committee
- Association of Teachers of Preventive Medicine (ATPM) Board of Directors
- National Residency Matching Program (NRMP) Board of Directors
- Liaison Committee on Medical Education (LCME)

III. OSR Activities and Organization

A. Membership

OSR does not compete with other medical student organizations for members because only one official representative can represent each school. This does mean, however, that the selection process needs to be an informed one. It is important that the person selected be willing to and capable of undertaking the accompanying responsibilities, which do not begin and end with attendance at OSR meetings. The OSR member selection processes employed by schools cannot be dictated by AAMC any more than any other aspect of institutional policy or procedures can be. However, the following recommendations are offered as a guide:

- 1) The selection process should facilitate representative input from the student body as a whole or the student government, and the individuals involved with the selection process should have an understanding of the structure and function of the OSR.

2) An alternate or junior OSR member can be selected, preferably from the class following that of the official representative. This person assists the official representative for one year before becoming the official representative.

Another arrangement which works well is to designate a freshman for a three-to-four year term. At the end of that term, he or she orients the new freshman representative. This also provides continuity.

3) When possible, both representative should attend regional and national meetings. If this is not possible due to insufficient travel funds, the alternate member will benefit more from attendance at the regional spring meeting than the Annual Meeting.

The principles underlying these recommendations are that the OSR representative have the support of his or her schoolmates and that provisions be made for the orderly succession of OSR members to assure continuity and the exchange of information.

B. Meetings

1. Annual Meeting

The AAMC Annual Meeting is held in mid-fall. Representatives from U.S. medical schools gather to share concerns and ideas, and to attend discussion sessions and programs. At the business meeting, official OSR members vote to elect officers for the coming year (see below) and to conduct OSR business. Expressions of OSR goals and perspectives are commonly agreed upon and serve to guide the work of the Administrative Board during the year. OSR members are encouraged to attend the plenary sessions featuring speakers of national medical and political renown, the AAMC Assembly meeting, and programs sponsored by the GSA, GME and Women in Medicine. Every other year the meeting is held in Washington, D.C. At these meetings members are also encouraged to visit their Senators and Congressmen to inform them as appropriate on student views of legislative issues under consideration.

2. Regional Meetings

The regional meetings are held each spring, traditionally in conjunction with GSA and sometimes also GME and the regional Association of Health Professions Advisors. The OSR regional chairs work with the GSA meeting program chairs to plan the meeting and to coordinate OSR sessions. At the regional meetings, the atmosphere is more informal and the meetings less structured than at the Annual Meeting. In addition to joint meetings with faculty and deans, there are ample opportunities for OSR members to become better acquainted with each other and to deal with issues of high local priority. Regional chair-elects are elected at this meeting.

C. OSR Administrative Board

The Administrative Board consists of: chair, chair-elect, five representatives-at-large, four regional chairs, and the immediate past-chair. During the Annual business meeting, nominations for the slots of chair-elect and representatives-at-large are accepted and each official OSR representative votes to determine who will be elected.

The Administrative Board meets three times per year in Washington, D.C. and performs the following functions: 1) coordinates OSR projects; 2) recommends student nominees for committees; 3) examines the action and discussion items on the Executive Council agendas and passes on its recommendations through the OSR chair; and 4) plans the OSR Annual Meeting program.

D. Relations with Other Medical Student Groups

The OSR chair and chair-elect attempt to stay in touch with the leaders of the other student organizations through the Consortium of Medical Student Organizations. Information on projects is shared and activities are coordinated, especially lobbying Congress on financial aid issues. It is felt that, despite organizational and functional differences among the groups, medical students have many common causes which are best served through cooperation. When OSR members take the time to consult with AMSA chapter heads, AMA-MSS representatives and other student leaders on issues likely to be of mutual interest, everyone's best interest is ultimately served.

E. Responsibilities and Privileges of OSR Members

1. Publications

Upon designation as the institutional representative, the OSR member's name is added to the AAMC mailing list. The student will then regularly receive the President's Weekly Report, from which one can acquire education about the activities of Congress in the health and medical education arenas and all AAMC activities of importance. Published eleven times per year is COTH Report which contains highly informative summaries of issues of special concern to members of the AAMC Council of Teaching Hospitals. Published three times a year is the STudent Affair Reporter devoted to areas under the jurisdiction of student affairs, admissions and financial aid deans. A handbook titled The Role of Students in the Accreditation of U.S. Medical Education Programs is available to OSR members at schools with upcoming LCME site visits.

On the "responsibility" side, OSR representatives receive periodic notifications from the AAMC President of the need to organize letter-writing campaigns to influence Congress and officials of the Department of Health and Human Services. Quick action is usually required.

A different type of publication which depends on the initiative of individual representatives for distribution and contributions the OSR newsletter Progress Notes (on the average published twice per year). Each issue is sent in sufficient quantities to distribute one copy to each student at each school.

In another category are the minutes of the Administrative Board meetings and annual Business Meeting. These summaries are the primary mechanisms by which OSR members keep informed of the progress of OSR projects and activities. When projects are completed, products are usually shared with student affairs deans as well as with OSR members. The most notable examples in recent years are: due process guidelines, compendium of extramural electives, model residency program evaluation form, and a survey of excellence in teaching preventive medicine.

It is important to keep the AAMC Section for Student and Educational Programs informed of all address changes. Many representatives choose to have their OSR mail delivered to their school address or to the Office of Student Affairs in order to alleviate missed mailings. This also eliminates a trip to the post office to pick up a heavy box of OSR newsletters.

2. Communications at the local level

In addition to reading AAMC/OSR publications and taking appropriate steps regarding them, OSR members should also share with their student council or government and, if possible, the whole student body, reports of OSR activities. How representatives go about this depends to a great extent on local interest and on the level of organization of the student government. The most frequently used methods of transmitting information are newsletters to the student body and direct reports at student government or class meetings. Articles in school newspapers, in-person announcements to the classes, bulletin board postings in the student lounge area, and establishment of an OSR file in the student affairs office are also utilized. Several OSR members have reported that setting up an OSR-staffed table at Orientation proves an effective way of informing incoming students on a multitude of issues.

The relationship between the AAMC and students currently enrolled in medical school is dependent on the willingness of OSR representatives to become involved. You are the link. AAMC provides you with information about what's going on in medical education and what Congress needs to be informed about. You in turn encourage your peers to respond or act. Occasionally, you may become discouraged by their apparent apathy and acquiescence to the status-quo. But, if you become involved in OSR, you can rely on support for your activities from other OSR members. Together you have the potential to form a powerful network. Not only do you as an individual benefit by extending your knowledge and contacts, but so does medical education to the extent that informed students accept their responsibilities to speak out and work for positive change.