

The Organization of Student Representatives:
Medical Student Participation in the Governance of the Affairs
of the Association of American Medical Colleges.

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Abstract--The Organization of Student Representatives has presented student perspective to the leadership of the Association of American Medical Colleges for twenty years. Created in an era of institutional reorganization precipitated by the Coggeshall Report of 1965, the Organization of Student Representatives (OSR) has matured as an accepted participant in the governance of the Association of American Medical Colleges (AAMC). Today, the OSR has an Administrative Board of twelve OSR Representatives, six standing committees, representation on over a dozen related committees, a variety of publications and projects, and OSR Representatives active at each Liaison Committee on Medical Education-accredited medical school. This paper examines the four founding objectives of the OSR and reports on how the organization has evolved to more effectively address these principles.

Dr. William T. Butler's Chairman's Address at the 102nd Annual Meeting of the Association of American Medical Colleges (AAMC), held in Washington, D.C., November 8-11, 1991, reflected on the changing "seasons" of academic medicine since 1900.¹ The season beginning in the 1960's, that of the development of academic medical centers, brought significant changes in the organization of the AAMC. With the goal of studying and making recommendations on the future objectives, structure, and function of the AAMC, the Coggeshall Report of 1965 recognized that the mission of the AAMC should transcend that of a "Dean's club" and endorsed the concept of incorporating teaching hospitals, faculty, and students in its governance.² This led to the formation of the Council of Teaching Hospitals (COTH) in 1965, the Council of Academic Societies (CAS) in 1966,³ the Organization of Student Representatives (OSR) in 1971, and subsequently the Organization of Resident Representatives (ORR) in 1991. This paper will examine the four founding principles of the OSR, and how the organization has evolved to more effectively address these principles.

OSR's Four Founding Principles

The OSR Rules and Regulations put forth in October of 1971 identified the four major objectives of the OSR as: 1. to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education, 2. to provide a vehicle for the student members' action on issues and ideas that affect the multi-faceted aspects of health care, 3. to provide a mechanism for medical student participation in the governance of the affairs of the Association, and 4. to provide a means by which medical student views on matters of concern to the Association may find

expression.⁴ These four points provide the basis of the OSR's current structure and define the OSR's niche as a student organization.

An Interchange of Ideas Among Medical Students

The OSR addresses its first major objective, a mechanism for the interchange of ideas among medical students, in three arenas--with OSR Representatives, with all medical students, and in cooperation with other student groups. Each medical school has one Official OSR Representative selected by a committee of faculty and/or students, a class-wide election, or directly by the Dean. The majority of institutions select Alternate OSR Representatives as well who may ascend to the Official OSR Representative position in a subsequent year. On the national level, a twelve member OSR Administrative Board--consisting of the Chair, Chair-Elect, Immediate Past-Chair, four Regional Chairs, and five Representatives At-Large--meets four times a year to identify priority issues and develop student projects. Standing committees include Communication, Minority Affairs, Counseling, Medical Education, Societal Responsibility, and Legislation.⁵ Each standing committee is chaired by an OSR Administrative Board member and includes representation from all four regions. The OSR Annual Meeting in the Fall (held in conjunction with the AAMC Annual Meeting) and the OSR Regional Meetings in the Spring (held in conjunction with the Regional Group Meetings) are the two major opportunities for OSR Representatives to interact. These important meetings enhance OSR Representatives' understanding of issues in academic medicine and enable them to communicate newsworthy items to colleagues at their medical school in the form of announcements, columns in student newspapers, and/or postings on bulletin boards. The monthly OSR Newsletter,

mailed directly to Official and Alternate OSR Representatives, provides regular updates on the progress of OSR initiatives and relevant information from other sources.

Since 1977, the work of the OSR and relevant information has been communicated to every medical student in the United States via the OSR Progress Notes (formerly the OSR Report). The OSR Progress Notes is a four page newsletter published three times a year that generally includes project forums, calendars of events, important notices, legislative updates, and AAMC updates. OSR Administrative Board members write most of the articles; editing is done by OSR Staff Director, Donna Quinn Yudkin. Additionally, the OSR Resource Manual, a regularly updated document introduced in 1989, is available to all medical students through their Student Affairs Office. The 1991-1992 OSR Resource Manual includes descriptions of over 85 student projects in areas such as community service, student activities and support, minority affairs, specialty choice, and international medical education programs. An abstract of each school project provides information on how to contact individuals involved with the various programs.

The OSR also communicates with the leadership of 13 other medical student organizations via the Consortium of Medical Student Organizations. The Consortium meets 4 times a year at national meetings of member groups and serves primarily as an informational exchange for all involved. In yet another forum, the OSR/AAMC works in coordination with the Federation of Associations of Schools in the Health Professions (FASHP), an interdisciplinary group with the primary mission of lobbying on education-related national legislation.

A Vehicle for Medical Student Action

The OSR serves its second major objective, a vehicle for medical student action, at institutional, regional, and national levels. By virtue of being affiliated with the OSR, most OSR Representatives possess leadership positions with their medical student government, participate on their school's curriculum committee or Dean's advisory group, contribute to Liaison Committee on Medical Education (LCME) accreditation surveys, and meet regularly with the medical school administration.⁶ Activity at the institutional level is the crucial first step for the flow of information to other schools' OSR Representatives, OSR Regional Chairs, OSR Administrative Board, COD members, the AAMC Executive Council, and the AAMC Assembly.

Regional Meetings with the Group on Student Affairs (GSA), and more recently the Group on Educational Affairs (GEA) and the Association of Advisors in the Health Professions (AAHP), have fostered the regional development of OSR activity.⁷ These joint Spring Regional Meetings serve as a forum and testing ground for OSR initiatives, project exchanges, and small group discussions. The priorities of the four regions are determined by the respective OSR Regional Chair and OSR Representatives. Recently, there have been regional efforts to achieve 100% participation on Electronic Mail, coordinate legislative lobbying and letter writing campaigns, and investigate model programs in multicultural training.

Nationally, over this past year, the OSR has actively lobbied on the 1991

Reauthorization of the Higher Education Act; produced useful documents in the areas of Students' Rights and Responsibilities, and OSR Guidelines for Student Evaluation of Teaching Effectiveness; and prepared a pamphlet on "Questions to Ask" for medical school applicants. The OSR Annual Meeting, representing the culmination of the year's efforts, featured three plenary speakers, seven workshops, reports by liaison committee representatives, regional meetings, and an election for national officers. Meetings in Washington also include legislative briefings and visits by students to Capitol Hill to educate legislators on issues of student concern.

Participation in the Governance of the AAMC

Organizationally, the OSR achieves its third major objective, participation in the governance of the AAMC, in the following ways. Since 1974, the OSR Chair and Chair-Elect have been invited guests to all COD Administrative Board meetings and have presented a report to the full COD at the AAMC Annual Meeting. In addition, the OSR Chair and Chair-Elect are voting members of the AAMC Executive Council, and twelve students have positions on the AAMC Assembly. The OSR is able to independently formulate and introduce resolutions, but more frequently utilizes the informal exchanges that regularly occur.

Student Expression on Issues of AAMC Concern

Finally, the OSR's fourth major objective, student expression on issues of AAMC concern, finds a voice on various AAMC committees. Student liaisons, selected by the OSR Nominating Committee, actively participate in regular

meetings of the Association of Teachers of Preventive Medicine (ATPM), the LCME, the Minority Affairs Section (MAS), the National Board of Medical Examiners (NBME), the National Residency Match Program (NRMP), the GSA Steering Committee, the GSA Committee on Student Affairs, the GSA Committee on Admissions, the GSA Committee on Financial Aid, the GEA Steering Committee, the Flexner Award Committee, Women in Medicine (WIM), and ad hoc committees of the AAMC. This input is grounded to student opinion by the on-going written and oral communication with the OSR Administrative Board and the collective body of student representatives. Through the participation on these committees, the OSR addresses issues related to health care reform, curriculum innovations, improving student services and evaluation, financing undergraduate medical education, providing health care for underserved populations, and supporting AAMC initiatives such as Project 3000 by 2000.

The extensive base of student participation, excellent opportunities for student interaction, and direct lines of communication to institutional decision makers provide optimal avenues for OSR Representatives' input on key issues facing academic medicine today. By including students in the decision making process, the AAMC has incorporated the wisdom of the Coggeshall Report and enlisted a cadre of students to actively work for the improvement of medical education. The AAMC's visionary investment in students will continue to pay off and enable medical students to take an active role in this "season of accountability and societal responsibility" in academic medicine.

References

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