



# association of american medical colleges

OSR ADMINISTRATIVE BOARD MEETING

*LAAMC Headquarters*

September 10, 1986 8:30--5:00

## AGENDA

- I. Call to Order
- II. ACTION ITEMS
  - A. Consideration of June Meeting Minutes. . . . .1
  - B. Executive Council Agenda
    - 1. Ambulatory Care Training Act
    - 2. Association Position on NBME Score Reporting
- III. DISCUSSION ITEMS
  - A. Informal Discussion with Dr. Robert Petersdorf
  - B. OSR Annual Meeting Program. . . . .10
  - C. Improving OSR Orientation and Selection Processes. . . . . 15
  - D. OSR/AAMC Proposal on Problem-Based Learning (handout)
  - E. Topic Suggestions for Winter Issue of OSR Report
- IV. INFORMATION ITEMS
  - A. Legislative Update from Mr. David Baime
  - B. Summary of Meetings of GSA Committees on Admissions and on Student Affairs--from Dr. Bob Beran, Ms. Vicki Darrow and Mr. Bob Welch
  - C. Dates of 1987 OSR Meetings. . . . .18
  - D. Sharing Articles of Interest
    - 1. "Classroom Ethics on the Job" by Perri Klass. . . . . 19
    - 2. Articles by John Rizzo (p. 596), Nancy Gary (p. 615) and Jack Graettinger (p.617) in July 1986 JME (enclosure)
  - E. Executive Council Agenda
- V. Old Business
- VI. New Business
- VII. Adjournment

evening open/ Sept. 11 Joint Boards Lunch--noon to 1:00

**One Dupont Circle, N.W./Washington, D.C. 20036 / (202) 828-0400**

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ORGANIZATION OF STUDENT REPRESENTATIVES  
ADMINISTRATIVE BOARD MEETING MINUTES

June 18, 1986  
AAMC Headquarters  
Washington, D.C.

Rick Peters, M.D., Chairperson  
Vicki Darrow, Chairperson-Elect

Regional Chairperson:

Joann Elmore  
Joanne Fruth  
Jim Stout, M.D.

AAMC Staff:

Brownie Anderson\*  
David Baime\*  
Janet Bickel  
Joseph Keyes\*  
August Swanson, M.D.\*

Representatives-at-Large

Kim Dunn  
Vietta Johnson  
Kirk Murphy  
Robert Welch

Guest:

Kay Clawson, M.D.\*

\*Present for part of the meeting.

- I. Dr. Rick Peters called the meeting to order at 9:00 a.m. and noted that he had just returned from the AMA-MSS gathering where the Consortium of Medical Student Groups met with greater unity of purpose than in recent memory. Dr. Peters also gave a brief summary of the recent GSA Steering Committee meeting. He thanked Dr. Jim Stout for the transcription of Dr. Andrew Weil's presentation to the Southern OSR and brought the Board's attention to a number of recent articles, including "Doctors and the Medical Cost Crisis" in the Spring 1985 Pharos and "Origins of the Underclass" in the June 1986 Atlantic Monthly.

- II. Report of the Ad Hoc MCAT Review Committee

Dr. Peters stated that the AAMC Executive Council had asked this Committee to consider a number of issues pertaining to the MCAT and that the Committee was supportive of the overall concept of the examination. With regard to Conclusion #1, Board members objected to the sentence "It is doubtful that elimination of the MCAT would significantly ameliorate or prevent the (premedical) syndrome"; the Board recommended that the AAMC acknowledge that the MCAT may be an important factor in the syndrome. Board members also expressed questions and concerns about the following sentence in Conclusion #2: "There is a concern that the science preparation of many candidates

is inadequate because the specifications are explicitly confined to introductory level courses in biology, chemistry, and physics as requirements for both medical school admission and for the MCAT." Dr. Peters said that evidence is lacking that premedical students' scientific preparation is "inadequate" and that any move to encourage premedical students to take more science courses runs counter to the GPEP recommendation on broad preparation for the study of medicine. Dr. August Swanson (Director, Department of Academic Affairs) responded that he, too, disagreed with this conclusion and that Conclusion #2 was the most controversial of the five; it was driven by observations made by medical school basic science faculty that not all matriculants from the over 800 feeder colleges receive an adequate introductory education in biology. Dr. Swanson reported that AAMC had recently surveyed admissions officers on their use of the MCAT; the results will help guide strategies on how to improve the test and schools' uses of it. One possibility is development of a half hour videotape directed at new admissions committee members. Dr. Swanson also summarized the status of the addition of an essay question to the MCAT. Ms. Vicki Darrow added that while the minority/non-minority performance curves are still separate on essay performance, the gap is narrower on the essay than on the other subtests. Board members also discussed the effect of taking the Stanley Kaplan course on MCAT performance; many mentioned they had personally found such a coaching course advantageous, if only for the syllabus and test-taking practice. They find disturbing, however, that not everyone can afford the \$400 needed to take the the Kaplan course. Also, given the likelihood of high correlations between scores on the SAT, GRE and MCAT, some Board members questioned the need for the MCAT.

### III. Trends in Medical School Applicants

Dr. Swanson stated that predictions regarding admissions and the use of the MCAT are difficult, given continuing declines in the applicant pool; in 1985 first-time medical school applicants dropped 10%. In response to Mr. Bob Welch's observation that premedical students haven't adopted a more relaxed approach to the admissions process, Dr. Swanson said that it seems characteristic of pre-professional students to feel pressured. The hope is that, with fewer premedical students to counsel, college faculty will do a better job of counseling. Asking whether the decrease in disappointed applicants to U.S. schools would resolve the foreign medical school problem, the Board welcomed news of the amendment to the Higher Education Act Reauthorization which would prohibit the use of Guaranteed Student Loans (GSLs) at foreign medical schools enrolling less than 75% of their own nationals. Dr. Swanson noted, however that 55% of the students attending these foreign schools never applied to a U.S. school.

### IV. Problem-Based Learning (PBL) Project

The Board thanked Ms. Kim Dunn and Ms. Brownie Anderson for their work on this project which proposed to bring together students, residents, faculty, and administrators from selected PBL and non-PBL

schools to examine advantages and disadvantages of this learning method and to empower representatives of non-PBL schools to incorporate more of a PBL approach into their curricula. Dr. Swanson said he is convinced that many faculty members are already eager for PBL tools and that, at this point, a demonstration of the advantages of PBL may not be necessary. Also, rather than simply producing a summary of a symposium, why not aim higher and develop a faculty of PBL experts who could give workshops to interested teams of faculty who would create modules to take home? Referring to schools' willingness to send teams to the AAMC's Management Education Programs on Clinical Evaluation, Dr. Swanson proposed designing a similar program for PBL. Ms. Anderson responded that Dr. Howard Barrows at Southern Illinois University (SIU) was offering faculty this kind of assistance five years ago and that he would embrace an expansion of the OSR project in this direction. Also discussed was the need for a mechanism for faculty to exchange problems and materials.

Dr. Peters mentioned the potential of computers to widen problem availability. He also stressed that students should participate on the teams sent by schools, and Dr. Swanson concurred that, if effective spokespersons, students are more likely to keep the momentum going than faculty, many of whom are content with the current faculty-centered mode of medical education.

The Board asked Mes. Dunn and Anderson to revise the proposal along the lines of the discussion: (1) add a project advisory committee, including a medical school dean; (2) design a symposium as the organizing or opening event of a continuing project. Two of the symposium's goals would be to identify competent PBL teachers to serve as workshop faculty and to characterize PBL beyond the approach developed by Dr. Barrows. Despite its being hard to reach, SIU remained the first choice of site for the symposium; also better balance of PBL schools to non-PBL schools invited to the symposium might be 3:9 rather than 6:6. Ms. Anderson suggested that her information from academic deans on their areas of interest would help identify likely schools, however, Dr. Swanson said that all schools should be offered the chance to respond to an invitation.

V. Preliminary Report of the Ad Hoc Committee on Graduate Medical Education and the Transition from Medical School to Residency

Dr. Swanson explained that this Committee was asked to examine the effect of the selection process for residency positions on medical students' education and to recommend to the Executive Council what steps should be taken to lessen disruptive effects and that, at the Committee meeting, Dr. Carol Mangione had ably represented students and residents. With regard to the recommendation "that medical schools, teaching hospitals, and programs work together to ensure that senior medical students are selected for residency positions only through the NRMP," Dr. Peters reported that all the major medical student organizations support this goal. Dr. Swanson replied that the NRMP's Advisory Committee, on which sits a representative of every specialty, has only met twice and that there

has not been sufficient national discussion of this issue for a consensus to have developed. Medical school deans and students are concerned, but program directors are happy to have large applicant pools; thus the equation remains unbalanced. He continued that the AAMC's analysis of the 1986 Graduation Questionnaire (GQ) item on the residency selection process is adding teeth to AAMC's allegations; for instance, 16% of respondents reported that one or more programs asked for a commitment before the Match, and 10% reported taking multiple electives in the same specialty. OSR Board members requested the chance to review the GQ item, and Dr. Swanson welcomed learning any suggested modifications.

Mr. Kirk Murphy asked about the role of students in precipitating the recommendation "that medical school deans convene meetings of the executives and program directors to discuss their resident selection policies". Board members agreed that students can play an important role here, and Ms. Dunn noted that at Houston students were instrumental in this regard. Ms. Vietta Johnson recommended adding the word "students" to the group to be convened. Ms. Darrow expressed concerns about the recommendation "that each institution establish a central administrative system for the receipt of applications and the announcement of selection decisions (and) ensure that all programs adhere to institutional policies", if this recommendation would detract from a push to improve procedures nationally. Citing the Boston psychiatrists, Mr. Welch said that, while some of the Report's recommendations may alienate some program directors, it is necessary to be aggressive in addressing bottlenecks. Dr. Swanson noted that AAMC has been fighting these battles for ten years and gotten nowhere. Instead of specialists continuing to talk only to each other, the purpose of this Report is to get everyone to recognize the whole picture of transition-related disruption. He said that at the second meeting of the NRMP Advisory Group, there was more cross-talk than at the first.

Finally, the students discussed the recommendations concerning electives and asked that two words be added to the second one on page nine: "that the satisfactory competition of an institution's required clerkship sequence precede the privilege of taking clinical electives elsewhere."

#### IV. Discussion with Chairman of the Council of Deans

Dr. Kay Clawson thanked the Board for the opportunity to join its discussions and stressed the need to focus on issues of strategy rather than on whether to move forward. He mentioned that, though the tone of OSR's "Critical Issues" paper turned some usually supportive individuals away, students can do more to influence the curriculum than deans because authority figures are not welcome in academia. Members of the Board raised points about clinical education from the Issues paper which they see as particularly important:

- (1) Students experience extremely variable quality of teaching and supervision, with many faculty and residents lacking any

preparation to teach or evaluate medical students. Students who do whatever work the residents tell them to and who get along well with people receive the highest evaluations. Work relief needs to be provided for residents so that they won't rationalize the way they treat medical students as giving them "experience." More importantly, faculty members who abdicate their teaching role should be relieved of their responsibilities, and faculty who do a good job, rewarded.

- (2) Students at many schools receive no assistance in the transition to and among clerkships; help is especially needed in maximizing learning in the clinical setting, working as a team with other health professionals, and dealing with ethical dilemmas.
- (3) The preridency syndrome is rampant, encouraging premature specialization and fixations about NBME scores.
- (4) As Dr. Carola Eisenberg stated in her New England Journal of Medicine editorial, students are very concerned about the future of medicine and cite many deficiencies in their education especially in ambulatory care medicine.
- (5) During clerkships students need protected opportunities to read and should receive feedback before the final evaluation.
- (6) In some clerkship settings, students don't get enough clinical experience.
- (7) In the first two years of medical school, students receive little help in developing important patient communications skills; then clinical education is skewed toward inpatient services such that patients become seen as burdens and sometimes adversaries.

Dr. Clawson stated that most deans would agree that these are all important problems; however, the philosophy of teaching down one-level is well-accepted. Mr. Joseph Keyes suggested that whether this hierarchical philosophy of teaching is a good one could be engaged as an issue and further, that whether schools count up and reward teaching responsibilities is a matter of institutional responsibility. Ms. Dunn said that at Houston, student- and peer-review of teachers means that faculty know their interactions are being examined and thereby teaching has become more highly regarded. Dr. Clawson raised the problems of lack of money with which to reward teaching, even if a school identifies a small teaching faculty, and of high malpractice premiums, inflating the salaries deans must offer faculty to recruit them and complicating the introduction of students into HMOs and ambulatory settings. Dr. Swanson commented that Dr. Mangione's article covers all the points made by OSR Board members; this article will appear in the Proceedings from last year's Residents Conference in the forthcoming September issue of the Journal of Medical Education. Also, AAMC recently responded to Request for Proposals on the transition from inpatient to outpatient clinical medical education.

In terms of developing strategies, Dr. Clawson said that faculty fear of change sometimes borders on the pathologic and recommended looking at institutions successful in accomplishing change, e.g., SIU, U. of Washington-Seattle. Students need to find ways to help mobilize faculty who want to work together and to ferment change; because of the years it takes for changes to occur, students find this work very frustrating. Nonetheless, in every department are one or two faculty members who want to improve education; students can help bring them together so that they can support each other. Deans will protect such faculty once they are identified. Also discussed was the goal of faculty generating comprehensive examinations instead of relying on departmental ones or on the NBME's. Mr. Welch offered the example of the urology head satisfied that students were learning what they most needed in that field, but this head would hear another story entirely if faculty in other departments were asked to comment on the urology curriculum. Dr. Swanson stated that at the least appreciated GPEP recommendation pertains to the need for a cross-disciplinary body to oversee the curriculum. Dr. Clawson explained how the departmental power structure of medical schools means that deans who want to keep their jobs attempt to satisfy those clinicians and researchers who will help hold the rest of the faculty in place, rather than giving power to a cross-disciplinary group. Dr. Swanson mentioned that at Seattle, interdisciplinary teaching teams resulted in creative joint research projects, but that only 30 U.S. medical schools have anything resembling a systems approach to the curriculum. In closing, Dr. Clawson summarized the increasing difficulties deans face in financing medical education and described a particular hope of his: replacing time-sequenced graduate medical education with module-designed, self-paced units. The Board thanked him and the staff present for their participation in the discussion.

#### VII. Legislative Update on Financial Assistance Programs

Mr. David Baime opened with a summary of tax reform legislation and medical schools' interests in provisions affecting pension plans and tax-exempt bonds. He next summarized the Higher Education Act Reauthorization bills passed by the House and Senate, adding that AAMC is very pleased with the Senate's amendment to limit the use of GSLs at foreign medical schools (see III above); this amendment addresses a financing issue in the government's eyes, but for AAMC the issue is one of educational quality (on June 27 OSR members were mailed a request to contact legislators regarding the Reauthorization Conference of the House and Senate bills which is likely to occur about July 15). Mr. Baime also described the May Notice of Proposed Rule making (NPR) for the Health Education Assistance Loan (HEAL) program which aims to tighten the program administratively and to make it needs-based. In order to be responsive to the government's desire to limit HEAL use, the Group on Student Affairs Committee on Student Financial Assistance reviewed the NPRM and decided to support making the loan needs-based. However, prominent problems with the HEAL NPRM remain, and these include: (1) requiring schools to certify that each borrower will be able to meet all HEAL requirements, including repayment; (2) holding schools responsible for HEAL default claims if they have not complied with the relevant

statute, regulation and policies, regardless of the relationship between the school's actions and the default; (3) allowing HEAL borrowing for only 6 months, therefore requiring many schools and students to go through the laborious HEAL application process twice each academic year; and (4) requiring all HEAL applicants to undergo a credit check by a national consumer credit agency. Comments on the NPRM are due by July 21.

Mr. Baime commented that, if AAMC's MEDLOAN program weren't scheduled to begin operation for 1986-87, the lending picture might be bleak. Dr. Peters noted the Consortium is in favor of these loan programs being needs-based and of institutions' taking more responsibility for assuring that their students repay educational loans.

VIII. Proposal on Gesundheit Presentations at Medical Schools

Ms. Janet Bickel explained her decision, arrived at with Meses. Darrow and Elmore, not to include the Gesundheit Institute proposal on the OSR agenda. While sound arguments support the value of Dr. Patch Adams' presentations to medical students, AAMC has never sought funding to underwrite an individual's presentations, and it is untypical for foundations to fund individuals along these lines. Ms. Darrow reported on the success of Dr. Adams' program in Seattle and on the ground-breaking for the hospital in West Virginia and suggested that OSR has already helped his work along. The Board agreed to include in the Annual Meeting agenda materials on the Gesundheit Institute, contacts at schools that have hosted Dr. Adams and at an appropriate time to award him a plaque for the hospital thanking him for his contributions to medical education.

IX. The Board approved the April meeting minutes.

X. Survey of Teaching Activities in Health Promotion/Disease Prevention (HP/DP)

Ms. Joanne Fruth asked if Board members had any suggestions for improving the proposed survey included in the agenda book; the purpose of this joint project with Association of Teachers of Preventive Medicine is to identify teaching approaches in HP/DP that medical students recommend to other students and teachers as "good" or "outstanding." She will be writing a cover letter, stressing the importance of all OSR members responding to the survey, with the goal of an early August mailing. Results of the survey will be shared at the Annual Meeting.

XI. Revision of the General Requirements Section of the Essentials of Accredited Residencies

At the April Executive Council meeting, an action to ratify the proposed revision mandating financial support of residents was tabled. The COD Board supported the principle that residents need financial support and expressed concerns that unpaid residents may be exploited by some programs, but the Council of Teaching Hospitals (COTH) Board objected to having an accreditation document stipulate



that financial support for stipends is essential. Dr. Peters reported that the AMA-RPS strongly believes that there should be no unpaid residents. He recommended that the OSR Board support this position; if the COTH objection is to the stipulation that residents must be paid from hospital funds, perhaps the source of support could be addressed. The Board asked him to speak with Dr. Dick Knapp about this question.

## XII. Criteria for Flexner Award

The OSR supported the recommendation that a limit be placed on the number of times an individual can be renominated for this award.

## XIII. Annual Meeting Planning

The Board reviewed the schedule of events thus far planned and assigned additional tasks. Because of logistics and the desire not to cut-off Dr. Andrew Weil's Saturday night presentation, it was decided not to try to organize a Mississippi boat party. Instead, Ms. Dunn will coordinate plans for a reception in the hotel Friday night, following Drs. Carola and Leon Eisenberg's presentation; Ms. Johnson volunteered to speak with them about the theme of their remarks and the need to stimulate a candid discussion of what the future of medicine holds and what medical students can do to make medicine a better profession. The Board asked Ms. Bickel to give the Friday New Member Orientation and to include background on GPEP in her remarks. The agenda materials should also include relevant background and updates on GPEP; and GPEP Panel recommendations can be cited in the Saturday human values program and the Sunday problem-based learning program. The Board decided to discuss at its September meeting whether to develop a form on which to collect from the membership GPEP-related activities and how to meld results into a program on responsibility for educational change. Such an effort could benefit from Dr. Swanson's ideas and might best be accomplished in regional meetings. If this effort is not carried out, whether to offer the OSR Network again will be discussed. Ms. Fruth described good results from the "Idea Sheet" she asked the Central region members to complete in Detroit; it asked about projects taken on this year, ideas in the hopper, problems in being an effective OSR delegate, and efforts to establish more institutional support for OSR.

Also discussed was the goal of tuning up the business meeting and of providing better annotations in the agenda for programs; Ms. Darrow asked to help with the agenda. Board members should consider what topics could be developed into concise business meeting presentations, in addition to the HP/DP results. It was suggested that the Ms. Jill Hankin report on the Southern region's experiences with the housing network for students on interviews or electives, together with an OSR member from the Northeast region. Dr. Peters said he would discuss the housing network at the August Consortium meeting.

#### XIV. Summaries of OSR Regional Spring Meetings

Ms. Elmore reported that the take-a-dean-to-lunch worked well; the premedical advisors and minority affairs personnel asked to be included next year. She described the panel on premedical education, an interactive workshop on living a healthy life while being a physician, and a session on optimizing clinical teaching. Ms. Mary Vistica from Oregon was elected to be the next chairperson.

Dr. Stout reported that a few GSA members had expressed the desire for greater interaction with OSR at future meetings but that this was the only complaint he received about the Southern meeting. Dr. Patch Adams' Elixers of Life was very good but made some students uncomfortable; his program with Dr. Weil about the types of medicine they practice was excellent, as was Dr. Weil's seminar on health and healing. Dr. Stout remarked that the Simulated Minority Admissions Exercise was also very well-received and that there doesn't seem to be a more effective way for students to share what is working and not working at their schools than to sit in a circle and spend a few hours individually reporting. Ms. Jill Hankins from Arkansas is the new chairperson.

Ms. Fruth also mentioned the Central OSR's goal of improving interaction with GSA. She described sessions on: teaching medical ethics (which the leader Ms. Rebecca Haefner summarized into a useful document); clinical clerk evaluation; emerging health care delivery modes; and balancing and managing personal and professional responsibilities. Mr. Michael Gonzalez-Campoy from Mayo is the new regional chairperson.

#### XV. OSR Member Selection Process

The Board briefly discussed the need to give OSR members and student affairs deans more and better examples of OSR member selection methods. Board members agreed to give Ms. Bickel written descriptions of those that should be included in a small compendium so that schools can be advised of various options. Because this should be mailed with the OSR certification form mailed to deans in late August, Ms. Bickel requested Board members to work on this soon.

#### XVI. Fall OSR Report

The Board commended Dr. Stout and Mr. Welch for their work in producing articles on malpractice and access to medical education, respectively. Dr. Peters requested that they and two additional Board members review the staff-edited versions of these articles before publication; Meses. Fruth and Darrow volunteered.

XVII. The meeting adjourned at 4:30 p.m.

## OSR ANNUAL MEETING PROGRAM

The following three pages outline the OSR schedule. Additional OSR Board preparations include:

- 1) Response to request from Mr. Damon Moglen of Physicians for Social Responsibility for opportunity for Dr. Chris Cassel to address OSR.
- 2) Division of responsibilities among the OSR Board for staffing an OSR booth and facilitating discussion groups, etc.
- 3) Suggestions for agenda information items and for session content.

OSR Annual Meeting 1986

FRIDAY, OCTOBER 24

1:30-  
3:00 pm

Melrose

OSR Administrative Board Meeting

3:30-  
4:30 pm

Regional Meetings

<u>Melrose</u>	West
<u>Rosedown</u>	Central
<u>Magnolia</u>	Northeast
<u>Jasperwood</u>	South

4:30-  
5:30 pm

Oak Alley

Business Meeting

5:30-  
6:00 pm

New Member Orientation: Getting the Most Out of OSR  
Janet Bickel

7:30-  
9:00 pm

Oak Alley

GENERAL SESSION

The Light at the End of the Medical School  
Tunnel: Watch Out for Trains  
Carola Eisenberg, M.D.  
Leon Eisenberg, M.D.

9:30 pm

Elmwood

Reception

SATURDAY, OCTOBER 25

8:30-  
11:30 am

Salons 12/13/14

PLENARY SESSION

Physicians' Responsibilities for Keeping  
the Doors Open in Health Care

Moderator: Richard Peters, M.D.

Panel: H. Jack Geiger, M.D.  
Robert M. Heyssel, M.D.  
Vivian Pinn-Wiggins, M.D.  
James B. Spear, Jr., Ph.D.

12:30-  
1:30 pm

Salon 9

FILM: Learning Medicine: The New Mexico Experiment

Moderator: Arthur Kaufman, M.D.

1:30-  
4:30 pm

Four "social responsibility" tracks (the first three are comprised of two discussion groups with a short break in between at 3:00 p.m.)

Salon 3

ETHICS IN ACTION

The Heart and Soul of Medicine: Everyday Ethics

Irwin Cohen, M.D.

Betsy Garrett, M.D.

Giving Human Values Courses a Clinical Focus

Joy D. Skeel, R.N., M.Div.

David Thomasma, Ph.D.

Salon 6

STAYING HEALTHY

Incorporating Preventive Medicine  
Into Your Practice

Daniel S. Blumenthal, M.D.

Mark Blumenthal, M.P.H.

James Carter, M.D.

Philip W. Lowry, M.D.

Kevin Patrick, M.D., M.P.H.

Alternatives to High Tech Health Care

Andrew Weil, M.D.

Salon 9

PRACTICE TRENDS

Community Oriented Primary Care

H. Jack Geiger, M.D.

Arthur Kaufman, M.D.

Emerging Health Care Delivery Systems

Robert M. Heyssel, M.D.

Nancy Seline

Chequers

KEEPING THE DOORS OPEN TO MEDICAL SCHOOL

Simulated Minority Admissions Exercise

Dario Prieto

Elsie Quinones

5:00-  
6:00 pm

Salons 12/13/14

Chairperson-Elect Campaign Speeches

7:30-  
9:00 pm

Salons 12/13/14

GENERAL SESSION

REVOLUTION IN MEDICINE: HEALTH AND HEALING  
IN THE YEAR 2000  
Andrew Weil, M.D.

SUNDAY, OCTOBER 26

6:30 am

Mississippi River Run

8:30-  
10:00 am

Ballroom C

Students Leading the Way in International  
Health and Community Service

Moderator: Joann Elmore

10:30-  
Noon

Ballroom C

Problem-Based Learning

Moderators: Vicki Darrow  
Kim Dunn

Panel: Howard S. Barrows, M.D.  
Myra Bergman Ramos

1:30-  
4:00 pm

Ballroom C

Business Meeting

4:00-  
5:00 pm

Ballroom C

Regional Meetings

5:00-  
8:00 pm

Room #429

Consortium of Medical Student Groups Meeting

Judith Crowell

Panel: David Kreger  
Peggy Spencer  
Charles Weaver

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H. Jack Geiger, M.D., President  
Victor W. Sidel, M.D., President-Elect  
Jane Wales, Executive Director

Ms. Janet Bickel  
Staff Associate,  
Division of Student Programs,  
American Association of Medical Colleges  
1 Dupont Circle  
Washington, D.C. 20009

August 11, 1986

Dear Ms. Bickel,

I wanted to drop you a note regarding the conversation we had on Friday concerning PSR's relationship with OSR. Thank you ever so much for taking the time to chat, I found our conversation quite informative and do appreciate your taking the time to speak with me.

As I explained to you over the phone, PSR will be making medical outreach a programmatic priority for 1986-1987. An area of particular concern is that of outreach to the medical student community. It is our feeling that OSR is an important organization in the constellation of medical student groups. Accordingly, I was very excited to hear that OSR will be having H. Jack Geiger, PSR's present President, as a speaker at its New Orleans meeting in October. I realize of course that Dr. Geiger's speech will not be on nuclear issues but I imagine that there will be various opportunities for Dr. Geiger to discuss PSR's activities and programs with interested individuals. There will also be a number of other PSR leaders who will be at the AAMC meeting who have expressed an interest in meeting with OSR. In particular, Dr. Christine Cassel offered to make herself available for any forum that OSR might be interested in providing--she was most excited to hear that there might be a slot of time for a short presentation during the OSR business meeting on Sunday. I will also be in New Orleans to attend the AAMC meeting and would be happy to meet with anyone who would be interested in learning about PSR.

Please let me know if I can provide you or your board with any further information. I look forward to speaking with you again. Thank you for your help and time.

Sincerely,

*Damon Moglen*

Damon Moglen,  
Medical Outreach Coordinator

IMPROVING OSR ORIENTATION & SELECTION PROCESSES

Following is the memorandum recently mailed to student affairs deans requesting the certification of the OSR member. For the first time we have appended student-written descriptions of selection processes in hopes of stimulating deans to assist in making needed improvements. Do Board members have suggestions about revisions for this memo for next year or about other ways to improve selection and orientation methods?

A copy of the "OSR Orientation Handbook" is also enclosed. Are there suggestions for improving this publication? (Please bring this with you to the meeting.)



August 29, 1986

M E M O R A N D U M

TO: Deans of Student Affairs

FROM: Janet Bickel  
Staff Associate, Division of Student Programs

SUBJECT: Certification of OSR Member/Making OSR More Effective

Enclosed is a blue form that we ask you to complete as soon as possible regarding the student who will be representing your institution at AAMC functions for 1986-87. This certification is required not only by AAMC Bylaws but also by our need for accurate addresses. As soon as you return this form, we will mail the student (if new to OSR) an Annual Meeting Preliminary Program. In mid-September, we will be mailing a box of OSR Reports to your OSR representative, c/o Office of Student Affairs. Because of students' difficulty in getting to the post office during working hours and because boxes are then returned to AAMC, we appreciate your cooperation in notifying the OSR member that the Reports have arrived and in assisting with their distribution if at all possible. In October, we will be sending Annual Meeting agenda materials directly to the student, if we have an address.

A topic of continuing discussion at all levels of OSR is how to improve the OSR member selection and orientation process. Frequently, we hear that delegates are chosen too late in the academic year to attend the Annual Meeting, or to arrive prepared to participate, and delegates tell us that a one-year term is severely limiting. While we recognize that methods of addressing such difficulties for the most part fall outside the purview of student affairs deans, we would at least like to draw your attention to the importance of examining your school's OSR member selection process. As illustrations of methods that appear to be working well, three OSR members have written descriptions that appear on the back of this page. An idea to increase the flow of useful information between your office and OSR members and to add weight and accountability to OSR members' AAMC meeting attendance is to require OSR students to submit a report summarizing the meeting attended. Some such reports have become the basis of more formal communications to other deans and school committees.

Thanks for your cooperation. Please feel free to phone me with any ideas, questions or concerns about this process (202/828-0575).



## 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 school 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 1st 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.

1987 OSR MEETING DATES

OSR ADMINISTRATIVE BOARD

January 20-22

April 15-16

June 17-18

September 9-10

OSR/GSA REGIONAL MEETINGS

Northeast	April 8-10	Boston, MA
South	April 15-18	St. Simons, GA
West	April 26-29	Asilomar, CA
Central	May 3-6	Minneapolis, MN

AAMC ANNUAL MEETING

Washington D.C. November 6 - 12