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Records

CONTINUATION OF OSR "CHALLENGES" PAPER

C. RECURRING ISSUES RAISED BY OSR

During its first 10 years of existence, the primary method employed by OSR to generate, discuss and present issues was via resolution. Individual members or regions would prepare these before or during the Annual Meeting and distribute copies at the business meeting. Frustrations with this process included OSR members' inflated expectations about actions that would follow from resolutions and repeated focus on language rather than issues. In 1982 OSR began using the "group process" method to select the issues on which to focus and then divided into small groups for discussion. The output from this process is in the form of reports, prioritizing students' concerns and usually including assessment of positive and negative forces relative to progress in that particular area. While this method too is sometimes limited by vagueness regarding who is expected to act and how to address disincentives and barriers to action, it appears preferable to the "resolution" method because it allows greater information exchange among students and encourages refinement rather than repetition of issues; moreover, the Administrative Board finds the group reports more useful than "resolved" clauses as a guide to its activities over the year.

An examination of the minutes of the Annual Business Meeting allows a listing of those issues of continuing concern to the OSR.

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While there is overlap among categories, it is possible to divide the issues into those addressed: A) to medical schools, B) to AAMC, and C) in general.

A. Medical Schools

1. Establish, with student input, policies on delayed matriculation and leaves of absence
2. Foster social awareness in medical students and seek evidence of this in applicants
3. Eliminate the use of National Boards for promotion
4. Greater use of student evaluations of courses
5. Greater emphasis on primary care and preventive medicine
6. Greater emphasis in the curriculum on communication skills and human values
7. More teaching about cost awareness and professional ethics
8. Improve Introduction to Clinical Medicine/Physical Diagnosis courses
9. Improve the integration of basic and clinical sciences
10. Improve medical student access to computers and information sciences
11. More emphasis on learning skills and use of alternative evaluation methods
12. Create environment to promote excellence in teaching
13. Encourage faculty research in improving teaching and evaluation methods
14. Build-in mechanisms to help medical students improve their teaching abilities

15. Create stress management programs
16. Better financial aid and financial management counselling
17. Better counselling on selecting residencies, using NRMP, and selecting extramural electives

B. Association of American Medical Colleges

1. Increased regular housestaff participation in the AAMC with greater attention paid to: 1) the role of housestaff as educators and evaluators of medical students, 2) frequently poor quality of resident supervision and education, 3) problem of increasing competition for graduate positions, and 4) resident stress and their need for support and counselling mechanisms.
2. Greater detail in school information published in Medical School Admission Requirements so that applicants can better differentiate among schools, e.g., percent of out-of-state applicants interviewed.
3. Create workshops for faculty to improve teaching skills.
4. Continued fostering of government sources of financial aid and assisting schools in sharing information about innovative financing methods.
5. Endorsement of service-contingent loans.

C. General

1. Medical students' need for ethical guidelines in the clinical years
2. Encourage greater use of the University Application Form for residencies

3. Opposition to Federal budget cuts affecting health care delivery to the indigent and request institutions to document the effects of budget cuts on the indigent
4. Support for data collection and improved guidance available to medical schools in the areas of specialty choice and career planning
5. Better sharing of information on medical student-sponsored community projects
6. Better sharing of information on successful medical school programs which encourage personal development, e.g., health awareness workshops, and support groups
7. More research opportunities for medical students

The values of OSR members' raising and considering these issues are many. Other AAMC bodies and AAMC staff learn about the present priorities of the most immediate consumers of medical education. Medical students take home information about programs, courses, trends on-going at other schools; many OSR members effectively share such information via the student newspaper, class announcements, student council meetings, etc. In addition to gaining facts and ideas, students also incorporate enthusiasm about the ability to make a difference at their schools and become better able to motivate other students along these lines. In this way, new programs at schools are begun, e.g., a student-planned and run day-long introduction to clinical responsibilities, including a manual; and a student-initiated alumni telethon for loan funds.

The most tangible results of OSR's raising of issues are the products given national distribution. Good examples are OSR Reports

devoted to: 1) taking part in the health legislation process, 2) a guide to financial planning, 3) strategies for dealing with the residency selection process, 4) facing the challenges of the physician manpower scenario, 5) understanding stresses of medical education and practice, 6) responsibilities of medical students vis-a-vis the rising costs of health care, 7) uses of computers in medical education, 8) the role of National Boards in medical education, 9) ethical responsibilities of medical students, and 10) economic changes affecting medical practice. Other products which have emerged in recent years which have been and are of continuing value at the medical schools are: 1) model due process guidelines, 2) model residency evaluation form (to create a file of alumni overviews to assist senior students in selecting residencies), 3) descriptions of innovative counselling program on specialty selection, 4) listing of medical Spanish resources, and 5) listing of contact persons and basic information on extramural electives.

At present, OSR priorities include keeping GPEP alive at the medical schools (the spring OSR Report recommends to students how to work toward this goal) and distributing a compendium of courses at U.S. medical schools utilizing computers for educational purposes.