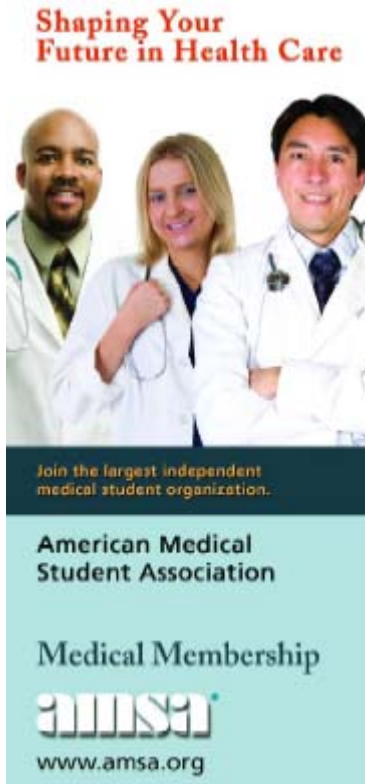


THE ASSOCIATION: THE ABCs OF AMSA



Somewhere along the way, you plunked down your money and joined AMSA. So what does that mean? It means a dozen different things. It means you now belong to the largest independent medical student association in the nation. It means you've joined more than 68,000 other students, interns, residents, premedical members, educators and other supporters of the well-being and empowerment of physicians-in-training. It represents an opportunity to become involved in AMSA's action committees and their educational programs, publications and support networks. It gives you the opportunity to attend excellent regional and national AMSA conventions and most importantly, it gives you a direct leadership voice in guiding our association by means of proposing and voting on resolutions to its House of Delegates.

Membership also means support—from your elected regional and national officers, from a top-notch national office staff in Reston, Virginia, and from a wide variety of membership services designed to ease the daily stresses of medical school.

As you can tell from all of this information, membership in AMSA provides you with opportunities, support and a voice in your medical education, in ways far more extensive than the simple list below. This is the AMSA that you've joined, and we hope your classmates will join as well. If you ever have any questions about these services, call our toll-free number at 1-800-767-2266, e-mail members@amsa.org

or check out our Web site at www.amsa.org.

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FACT SHEET 2007-08

1. A NATIONAL MEDICAL ASSOCIATION

- Largest independent organization of physicians-in-training, developed and governed by students.

2. HISTORICAL:

- 57 years old
- Over 350,000 students have belonged to the organization in its lifetime
- Provides over one million hours of community service every year
- Founded under auspices of AMA, became independent in 1968, changed name in 1975 from SAMA (Student American Medical Association) to AMSA
- Leadership provided by alumni in:
 - Medical academia
 - Research
 - Clinical practice
 - Health policy
 - Administration
 - Community and public health
 - Clinical research
 - Public service
- Medical education and health care reform
- Physician recruitment and health service development for underserved areas

3. 71,297 TOTAL MEMBERS (as of June 6, 2007)

- Premedical 6,952
- Medical 23,249
- Conferring Residents 05/06* 6,854
- Conferring Residents 06/07* 7,316
- Conferring Residents 07/08* 8,893
- Residents 10,138
- Physicians 4,813
- International 2,948
- Supporting 133
- Corporation 1

* Once resident members have completed three years of residency, they will have the opportunity to re-join as physicians/alumni members.

4. CHAPTERS:

- Premedical 491 schools represented (206 chartered)
- Medical 156 schools represented (153 chartered)
- International 53 schools represented (44 chartered)

5. MEMBERSHIP CATEGORIES:

- Medical student (full)
- Resident (intern/resident—full)
- Premedical (affiliate)
- International (full/affiliate)
- Physician (practicing physicians who have contacted the national office per alumni category)
- Alumni (leadership)
- Allied health professionals/Supporting affiliate (RNs, physical therapists, PAs, etc.)
- Corporate sustaining

6. DUES STRUCTURE

- Medical Student (including IMED/ECFMG programs with a U.S. address)—
 - 1st Years: \$75 for up to 5 years of medical school/\$20 for each additional year after 5th year
 - 2nd Years: \$75 for up to 4 years of medical school training
 - 3rd Years: \$55 for up to 3 years of medical school training
 - 4th Years: \$55 for up to 2 years of medical school training

- Resident—
Free to previous medical members, TNP Subscription: \$28 US Address/\$45 international address
\$10 one-time fee for new members, TNP Subscription: \$28 US Address/\$45 international address
- Premedical—
\$35 for one year \$65 for three years
\$55 for two years \$75 for four years
- International (non-IMED/ECFMG programs)—
U.S. Address:
 - 1st Years: \$75 for up to 5 years of medical school/\$20 each year after 5th year
 - 2nd Years: \$75 for up to 4 years of medical school training
 - 3rd Years: \$55 for up to 3 years of medical school training
 - 4th Years: \$55 for up to 2 years of medical school training
 International Address: \$50 annually
- Physician/Alumni—
FREE Membership
TNP Subscription: \$28 U.S. Address/\$45 international address
- Supporting Affiliate—\$35 annually
- Corporate Sustaining—\$500+ annually

7. ORGANIZATIONAL STRUCTURE:

- Individual membership
- Chapters (allopathic, osteopathic, premedical, international)
- House of Delegates
- Board of Trustees
- Chapter Officers
- Eight Action Committees and Twelve Interest Groups
- Affiliate Organization (AMSA Foundation)
- Staff (28—shared with AMSA Foundation)

8. SCOPE OF ACTIVITIES:

- Strategic priorities (Fighting for Universal Health Care, Eliminating Health Disparities, including Global HIV/AIDS, Advocating for Diversity in Medicine, Transforming the Culture of Medical Education)
- Broad program development through action committees and chapters
- Community service
- Lobbying, public and health policy development
- Educational programming (local, national and international)
- Liaisons to other organizations
- Student advocacy (rights, well-being and prevention)
- Leadership development
- Membership service programs
- Local project grants

9. ORGANIZATIONAL FINANCES:

- Membership dues
- *The New Physician* operation and other publications
- Royalty income from business portfolio of membership service programs
- Contracts and grants
- Restricted grants and contracts for educational programming

10. CURRENT MAJOR FOUNDATION PROGRAMS:

- Educational Development for Complementary and Alternative Medicine (EDCAM)
- End of Life Education Fellowship Program
- Achieving Diversity in Dentistry and Medicine
- Child Passenger Safety Module
- Healing the Healer: Developing Your Own Health Plan
- Pharmaceutical Policy Leaders in Medicine Program

HISTORY OF AMSA

To understand what the American Medical Student Association (AMSA) is today, you must understand our past as well as the past of other health activists. As some of you may know, AMSA has been the leading force in improving medical education to meet higher standards for the past five decades. Our history stems from our fight for independence in the radical '60s and '70s and continued advocacy accomplishments in the '80s and '90s, all of which has led us to become the respected organization in the health-care arena today. Through COC and opportunities this year, we will share our wild and crazy story with you – our highs and lows, the humorous and emotional, the people and the movement so that you can feel what it really means to be a part of AMSA.

We live in a world teeming in extreme poverty, haunted by natural disasters like the Tsunami in South Asia and Hurricanes Katrina and Rita that ravaged part of the country, the unrelenting HIV/AIDS epidemic around the world, and the growing obesity epidemic right here at home. Not to mention our BROKEN health-care system. Of course, it doesn't help that the medical profession seems more like a business than a steward of health. The public has lost its trust and faith in physicians, so that's why we're here: the American Medical Student Association. As medicine has responded to the influences of society, so has AMSA.

The practice of medicine was changed forever with the release of the Flexner report in 1915. This widely publicized report, supported by the Carnegie Foundation, claimed that quackery was rampant in a profession totally lacking educational standards. The outcry following this controversial report resulted in the closing of more than half of the medical schools in the United States, and one by one, the state legislatures adopted minimum standards for licensure. Medical education was formalized, standardized and moved exclusively into the university and academic setting.

Traditional medical institutions were again shaken in the mid-1930s as interns began an effort to improve their working conditions. At that time, internships were two years long, paid no salaries, prohibited marriage and required residence in the hospital. The Interns Council of America was formed, and the group won the first successful collective bargaining agreement, calling for \$12 a month wages for interns. To expand their influence, the Interns Council of America formed a coalition with a medical student group, the Association of Medical Students, to create AIMS, the Association of Interns and Medical Students.

Over the next 15 years, AIMS was at the forefront of the movement for change in the working conditions of interns. They advocated for national health insurance and racial equality in medical education during the Great Depression, long before the advent of Medicaid or even private health insurance.

Largely because it was identified with the organized labor movement, which was gaining strength in America, AIMS came under attack. Its endorsement of what were being considered radical causes in the days of McCarthyism led to its being labeled a "subversive" organization, and though the young organization fought hard to defend itself, all efforts were futile. Seventeen years after founding, AIMS was disbanded.

The Student American Medical Association (SAMA) was founded in 1950 under the auspices of the American Medical Association (AMA) to counter AIMS, the then-activist medical student group. Like AIMS, it was vocal in its support of national health insurance and other progressive public health issues.

Although established as an independent organization, SAMA's positions on most medical, social and political issues mirrored those of its parent organization. Joseph Garland, then editor of *The New England Journal of Medicine*, noted that the goal of the new organization was "to indoctrinate students early in the internal and external relations of their profession and to interest them in the organizational means through which these relations are intended to achieve uniformity."

The late 1960s saw dramatic changes in the organization's objectives and philosophy. At the 1967 annual convention, the Stanford University chapter presented a formal proposal to withdraw from SAMA. Other chapters voiced the same sense of frustration with the organization's direction. For the first time, vigorous debate in the House of Delegates produced resolutions concerning health care for the poor and medically underserved.

During the next two decades, SAMA grew to include chapters at almost all of the nation's medical schools. The organization's publication, the *Journal of the Student American Medical Association* was renamed *The New Physician* in 1957 to reflect the addition of intern and resident affiliate members. Other highlights during this period include the introduction of life, disability and health insurance plans, the establishment of the SAMA Foundation to provide low-interest educational loans, the launching of several art and scientific competitions and the founding of a women's auxiliary for wives of SAMA members. SAMA members were definitely not the mainstream of the AMA. Particularly divisive for the students was the AMA's silence on the Vietnam War, the Civil Rights Movement, and its active OPPOSITION to Medicare, arguably the single most effective expansion in health care for vulnerable populations.

Medical students, however, felt the need to make noise, and when it became clear that this discrepancy in policy was irreconcilable, SAMA made the bold move to jump ship. The SAMA president announced this decision to the AMA delegates at the 1968 AMA convention – the delegates were not very happy about this. But from then on, this medical student organization would be fully independent and committed to true patient advocacy.

Soon after the convention, the first community health committee was created, and SAMA successfully proposed the first project to involve medical students, to be funded by the AMA. That same year, SAMA leaders surveyed the organization's members for support for a more activist SAMA.

From 1968 on, SAMA increasingly provided medical students with opportunities to gain primary care experiences. Beginning with the 1969 Appalachian Student Health Project, the organization has placed students in community clinics, migrant health centers, Native American communities, rural and other medically underserved areas to expose them to career opportunities in community health.

Another major area of interest for SAMA was medical education reform. In 1968, the SAMA Joint Commission on Medical Education, made up of students and medical educators, proposed numerous reforms and model curricula to make medical education more responsive to community needs. A short time later, SAMA co-sponsored the first national student conference on medical education. Continuing even today, the organization has remained committed to the reform of medical education.

In 1969, two medical students spearheaded a national letter-writing campaign in support of health professional student loans. SAMA also helped introduce the original Family Practice Act of 1970 and testified in support of legislation establishing and later expanding the National Health Service Corps (NHSC).

In 1974 SAMA elected its first woman president and by the 1975 SAMA annual convention, its place as the nation's leading medical student organization was certain. For this reason, and to make clear that SAMA was not associated with the AMA, the organization changed its name to the American Medical Student Association (AMSA).

Throughout the years, AMSA has been critically involved in the health policy field. To become more active in health policy and to be closer to sources of funding for community health programs, AMSA relocated in 1978 from Illinois to the Washington, DC, area. Soon afterward, its leaders wrote and successfully supported passage of a bill that extended the tax-exempt status of NHSC and military scholarships.

Since moving to the Washington, DC, area, the organization has continued its efforts to increase its impact on medical education. In 1977, both AMSA and the AMSA Foundation were reorganized under the leadership of its longstanding executive director, Paul R. Wright. That same year, the office of national president became a full-time position, served by a medical student or recent graduate, allowing each elected president to serve a one-year term in the national office.

In a move to strengthen AMSA's role as a player in the health policy arena, the organization appointed its first full-time legislative affairs director (LAD) in 1985, a medical student who represents the interests of medical students on Capitol Hill and alerts association members to important health policy issues. The LAD now leads political leadership institutes and trains students around the country on effective lobbying and strategizing in addition to lobbying full time on behalf of AMSA.

AMSA has also revolutionized the personal benefits it provides its members. The AMSA HEAL Deal, introduced by the AMSA Foundation in 1986, was the first discounted Health Education Assistance Loan (HEAL) program available to medical students on a national basis. AMSA currently offers a competitive, full-service loan and loan consolidation service. This is the only program to ever have students negotiating the loan terms by the bank. In 2004, AMSA announced its in-school consolidation program that allowed students to lock in interest rates at its lowest in 38 years by consolidating their loans while in school. Many other benefit programs have expanded over the years as well, including book discounts, medical equipment sales, personal digital assistants and student health insurance.

The AMSA Foundation has, throughout AMSA's history, provided medical students with opportunities to gain primary care experience in medically underserved areas. Starting in 1985, the NHSC Health Promotion/Disease Prevention Project has placed more than 2,700 medical and other health professional students in community-based systems of care to complete prevention-related service projects and to become exposed to community-oriented primary care in underserved areas. The program is now coordinated by the Corps under the SEARCH project. A longitudinal evaluation and tracking system has been in place since 1988 to monitor the continued education and career choice of project participants.

AMSA commitment to training primary care physicians has been unyielding. Our Generalist Physicians In Training (GPIT) began in 1992 and focused on developing a community-responsive physician work force and increasing the number of medical school graduates entering primary care fields. At its peak, GPIT had more than 9,000 students participating in the program. AMSA has piloted a Primary Care Apprenticeship to offer college and premedical students community health experiences. Currently, AMSA is a sponsor for National Primary Care Week—in 2004, we had more than 269 student leaders participate in more than 160 schools nationwide. Numerous programs through the AMSA Foundation address primary care leadership, including the Primary Care Leadership Training program that brings 40 students together every year for a week-long seminar to focus on leadership primary care fields and dentistry.

By tradition, AMSA has had strong international health interests and ties. In the 1970s, AMSA led study tours to Cuba and China. In 1986, with the help of the Pew Memorial Trust and the "We Are the World" Save Africa Rock Group effort, AMSA developed the first international consortium of medical schools for exchanging and training physicians in Nigeria, Ghana, Colombia and Mexico. AMSA's global health education initiative includes a full-time Global AIDS Fellow, the Global Health Scholars, Microbicides Institute and countless other chapter projects, internships and resources.

AMSA has made tremendous strides in becoming the leading voice of health professionals in calling for medical education reform. Following on our "Handbook for Change" in the 1970s, AMSA has pioneered numerous innovative programs. The AMSA Foundation currently has a five-year grant funded by the National Institutes of Health to develop, promote and disseminate complementary and alternative medicine education curricula and programs at medical institutions. The innovative Washington Health Policy Fellowship Program, initiated in 1989, and the State Health Policy Fellowship Program, launched in 1993, continues AMSA's commitment to provide medical students with unique health policy learning opportunities. Numerous institutes exist on the national and regional levels to further teach students about global health, community and public health, and to develop students into physician-leaders.

Some other major contributions in the late '90s and 2000s: in 1995, with the help of Public Citizen, AMSA convinced the National Resident Matching Program (NRMP) to change the Match algorithm in favor of students. In addition, AMSA succeeded in calling for full contract disclosure from residency programs before signing students on to the Match, and in calling for additional student representation on the NRMP Board of Directors. In 2002, 2003 and 2005, AMSA was instrumental in introducing federal legislation to limit resident work hours to improve work conditions and reduce medical errors. As a result of AMSA's work, the Accreditation Council for Graduate Medical Education changed their accreditation requirements to include tougher standards on resident work hours. In 2002, AMSA launched its now brand-named PharmFree initiative to encourage students to use unbiased sources of information on pharmaceuticals and to think critically about the drug industry's marketing practices to physicians. This initiative has since been quoted by multiple lay and medical news sources, and has encouraged thousands of

students to use integrity and professionalism throughout their education and careers. The following sections contain more detailed information on AMSA's contributions.

Over the past decade, AMSA has experienced considerable growth and has invested this in our members. While we have taken the lead on our external priorities, we also have been proactive about establishing our internal infrastructure. The organization kicked off a three-year building fund program in 1990 to facilitate the purchase of a permanent home for AMSA's headquarters. In 1993, the building at 1890 Preston White Drive in Reston, Virginia, was purchased. The following year, an opportunity became available to purchase a building in an association park in Reston that would considerably reduce AMSA's operating expenses. This building, located at 1902 Association Drive, was purchased, securing a permanent home for AMSA and ensuring that the needs of the future generations of physicians-in-training would be met. Another major expansion occurred in 2005: The Paul R. Wright Retreat Center, named after AMSA's longstanding executive director, was established in Washington, VA to be the home for AMSA's many leadership institutes and retreats. It is a space unique to our work in transforming the *culture* of medical education.

In terms of our internal structural: In 1997, some major changes were made to the existing student groups within AMSA. In an effort to unify and coordinate AMSA's activist efforts, four standing committees were formed to consolidate the 28 task forces that were in existence. These committees—Medical Education, Health Policy, Community and Public Health, and Advocacy were intended to represent the various ways in which change can come about within the American medical establishment. Along with standing committees, a third full-time student staff position was created at this time. This position, the director of student programming, was designed to serve as a resource at the national office for all members of AMSA.

As the role of the standing committees and of activism within AMSA evolved, other changes were inevitable. Two new committees were added—Global Health and Humanistic Medicine. As the standing committees became more issue- and activism-focused, it was felt that the term *action* committees would be more appropriate, and this was formally changed in 2001. In 2007, the advocacy committee was dismantled and three new committees were created to highlight the work and needs of the populations they represent. AMSA now has eight action committees: Community and Public Health, Global Health, Health Policy, Humanistic Medicine, Medical Education, Women's Health, LGBT Health and Minority Health. Numerous interest groups (12 as of 2007) also exist to provide a home for students who may have additional specialty or other specific interests that are not addressed by an action committee.

At the turn of the millennium, through consecutive strategic planning sessions, AMSA identified three priority areas for advocacy: Universal Health Care, Diversity in Medicine, and Medical Student and Resident Well-Being. In this spirit, AMSA began the hard fight to reform resident physician working conditions and created a new student/physician staff position entirely dedicated to developing a long-term strategy for the universal health-care initiative called the Jack Rutledge Fellow, in honor of an inspiring past AMSA leader, Dr. Jack Rutledge. The strategic priorities were evaluated again in 2001 and in 2003, and currently our four areas of focus are: Fighting for Universal Health Care, Eliminating Health Disparities, Advocating for Diversity in Medicine and Transforming the Culture of Medical Education. This year we will re-address the needs of students and the medical profession and define the new strategic priorities for 2007 onward.

As always, AMSA members continue to search for new and innovative ways to improve health care, health-care delivery and medical education. So from our roots back in SAMA, to our present vision of AMSA, we are empowering the next generation of physician-leaders to take it to the next level and find a home in health-care advocacy.

This history is drawn from the following sources: Donald L. Madison, MD, "American Medical Student Activism: 1964-1968," *North Carolina Medical Journal*, September 1988; P. Preston Reynolds, MD, PhD, "American Medical Student Association: A Success Story," *North Carolina Medical Journal*, February 1989; Russell F. Staudacher, "The History of SAMA," *The New Physician*, October 1964; and "Some of AMSA's Larger Contributions," last updated June 2007 by Mike Ehlert, MD.

SOME OF AMSA'S LARGER CONTRIBUTIONS

- 1. COMMUNITY HEALTH:** In the late '60s, there was a small interest in community health among a few well-known academic types. SAMA students, through their large, national community health programs in Appalachia, on American Indian reservations and with migrant workers, became the impetus for pushing the community health movement to new levels of interest in medical education as well as among federal and private funding sources. From these activities came numerous student-run community clinics, an elevated interest in community health among educators and students, and eventually, the idea of community-based medical education. Approximately 30,000 medical students participated in SAMA's/AMSA's community health programs from 1967 through 1984. These were all community service programs organized and conducted by AMSA student leadership.
- 2. JOINT COMMISSION ON MEDICAL EDUCATION:** In the late '60s, SAMA students, through funding by the Carnegie Foundation, took the initiative to evaluate the nation's medical curricula and publish a set of recommendations for changing the nation's medical education agenda. Called the "Handbook for Change," this document had far-reaching effects on reforming medical education, such as students participating on curriculum and admission committees, engaging in community-based experiences and promoting the advent of a family medicine specialty, etc.
- 3. THE COMMUNITY PRECEPTORSHIP:** Although widely used today, the preceptorship was not always recognized or accepted as a legitimate medical educational modality. AMSA students, working through their community health programs, redefined the preceptorship as a way to expand their educational experience beyond the confines of medical school. In the '70s, AMSA conducted research and published formal guides to using the preceptorship model as a way to influence medical schools and to expose students to health-care problems outside their tertiary care settings. Slowly, schools have adopted this model for expanding their students' experiences to a community-based setting. All schools now recognize the value of the preceptorship model.
- 4. USE OF THE MYERS-BRIGGS TYPE INDICATOR (MBTI) IN MEDICINE:** AMSA has had a long-standing affiliation with the MBTI. From 1971 until her death in 1984, AMSA worked closely with Isabel Briggs Myers, who was the author and developer of the MBTI, to conduct research on various issues concerning psychological type and physician development and utilization. As part of this effort, the AMSA Foundation founded the Center of Psychological Type, which still exists in Gainesville, Florida. The MBTI has now become the most widely used and respected psychological instrument of its kind in the world.
- 5. STUDENT RIGHTS AND DUE PROCESS:** Since its inception, SAMA/AMSA has looked out for student interests. In 1960, SAMA confronted its then-supporter, the AMA on issues of federal student loans. The AMA disagreed with SAMA's work with the federal government to establish a federal loan program for medical students. Ignoring the AMA's resistance, SAMA worked to establish the first federal loan program available to medical students in the early '60s. Today it continues to provide students' financial needs. AMSA's student advocacy program dates back to 1971, promoting due process for rights of students. The program continues to exist. In addition, during the '70s and '80s, the organization worked to establish programs to foster medical student well-being within their medical school learning environments. The first national conference on medical student well-being was organized and administered by AMSA in 1992. The association continues to work to secure universal standards for medical student well-being throughout medical education.
- 6. FINANCING MEDICAL EDUCATION:** AMSA has been concerned with the increasingly high cost of medical education since 1961. SAMA students were the first to advocate and lobby successfully for federal student loans to medical students. From 1982 to 1986, AMSA worked with Knight Tuition Payment Programs, Sallie Mae and Key Bank to establish the AMSA Health Education Assistance Loan (HEAL) Deal, the first nationally discounted educational loan program available to medical students. This program had more than 20,000 participants by the time it closed in 1991 and saved its student borrowers an average of \$60,000 in interest if they paid their HEAL loans off over the maximum term of 25 years. Equally important,

the program forced many banks to discount their loan programs to stay competitive. Since the introduction of the AMSA HEAL Deal, students have had access to discounted loan programs. There is no way to calculate the amount of money medical students saved with AMSA's initiative. Also, with the help of the Robert Wood Johnson Foundation in 1997, the AMSA Foundation conducted the first national conference on financing medical education. This conference successfully brought together for the first time all the players (educators, feds, bankers, loan servicers and students) to explore ways to curb the cost of financing medical education. In 2004, AMSA announced its in-school consolidation program that allowed students to lock in interest rates at their lowest rates in 38 years by consolidating their loans while in school. AMSA hosted its 2nd national conference on financing medical education in 2006 and continues to work on reducing medical students' burden of debt.

- 7. AMICUS BRIEF ON REVERSE DISCRIMINATION:** In 1978-79, the hottest topic in medical education was the pending reverse discrimination case before the U.S. Supreme Court (University of California Regents v. Bakke). AMSA was the first medical organization to publicly support the affirmative action position of the University of California and wrote and filed an amicus brief with the Supreme Court. The court eventually ruled in favor of the University of California, and it now stands as a landmark case on discrimination.
- 8. SAMA PROTESTS THE VIETNAM WAR:** AMSA was the first national medical organization to formally involve itself in the protest of the Vietnam War. In 1970, the organization organized a large demonstration in Washington, DC, of concerned health organizations in opposition to the US government's involvement in Southeast Asia. The organization also organized and supported opposition to the doctor draft and helped successfully propose alternatives for physicians, such as duty with the National Health Service Corps.
- 9. U.S. MILITARY AGAINST GAYS:** In 1989, AMSA's House of Delegates adopted the policy position of not accepting advertising from the U.S. Military Services because of its known discrimination policies against gay people. Under this policy, the military cannot advertise in AMSA publications or exhibit at AMSA's annual meetings until such time that it reverses its discriminatory practices. This was not an easy decision in that it costs the organization at least \$80,000 annually in lost advertising revenues; however, the organization decided it was morally right.
- 10. INTERDISCIPLINARY TRAINING FOR MEDICAL STUDENTS:** During the '70s, AMSA received several grants from the federal government and the Robert Wood Johnson (RWJ) Foundation to develop and demonstrate viable interdisciplinary training models for health professional students. The Health Team Training Program trained and placed teams of health science students into rural public health systems to work on community health service issues. The Health Team Curriculum Program piloted an interdisciplinary training model for health science students at five selected university health science centers around the country. These programs, along with one funded by RWJ at Montefiore Hospital, were the first interdisciplinary (health team) training efforts in the country. Those groups pursuing similar interest in medical education today still often reference them.
- 11. INTERNATIONAL PARTNERSHIP IN MEDICAL EDUCATION:** By tradition, AMSA has had strong international health interests and ties. In 1986, with the help of the Pew Memorial Trust and the "We Are the World" Save Africa Rock Group effort, AMSA developed the first international consortium of medical schools for exchanging and training physicians. This program ended in 1993 and exchanged/placed students in Nigeria, Ghana, Colombia and Mexico. Many of the past participants have gone on to careers in international health. AMSA has since sponsored language training institutes, another groundbreaking experience in medical education.
- 12. NRMP ALGORITHM CHANGE:** In 1995, with the help and encouragement of Public Citizen and other interested parties, AMSA confronted the National Resident Matching Program (NRMP) with questions concerning the fairness of the hospital-biased algorithm being used by the Match. During the course of that year, AMSA, working with professionals familiar with the research on the issue, surveyed the schools and students to obtain their opinions on the controversy. The results of this work were then presented to the NRMP with a request to formally investigate the fairness of the current Match and to change it to a student-biased algorithm. From the beginning, AMSA requested the support and participation from other medical

student organizations. Groups such as the AMA—Medical Student Section declined. The NRMP eventually agreed to investigate the issue. The following year, AMSA conducted its own survey research on the results of the 1996 Match and presented those findings to the NRMP. In part, taking into account the results of its own investigation and the results of the AMSA survey, the NRMP made the decision to change the Match algorithm in favor of students. In addition, AMSA made the recommendation to the NRMP to have a second Match for those graduates who did not match in the first round to avoid the chaos and high-pressure atmosphere of the scramble. AMSA also succeeded in calling for full contract disclosures from residency programs before signing on to the Match, and the NRMP now has more student input than ever before.

- 13. HEALTH CARE AS A BASIC RIGHT:** AMSA was the first mainstream national medical organization to adopt a policy supporting health care as a basic right for all Americans. Adopted by AMSA's House of Delegates, this policy has always distinguished the organization from the AMA and the other component organizations of organized medicine. As a basic premise of its organizational philosophy, the association pursues this policy in its activities and testimony before Congress. In 1991, the organization, through the office of its legislative affairs director, conducted a set of national debate conferences on health care as a basic right. In opposition to the AMA in the late '60s, SAMA was one of the first medical organizations to support and work for the new Medicare and Medicaid legislation. AMSA has worked politically to get "health care as a basic right" proposed as a constitutional amendment, and local chapters all over the country continue to work toward achieving universal access to health care through grass-roots education and activism efforts.
- 14. CHALLENGE TO THE PHARMACEUTICAL INDUSTRY:** Since the '60s, SAMA/AMSA has taken exception to some of the marketing practices of the pharmaceutical industry. Early on, SAMA established a working dialogue/relationship with the industry to work through some of the differences and negative perceptions of students about the industry. At one time, the industry employed several questionable marketing practices to influence students about their companies and products. In 1979, AMSA adopted a formal policy on its conduct with the industry. In the 2000s, AMSA became the only major medical organization to ban pharmaceutical advertising from all of its publications, and now stands alone in eschewing funds from any pharmaceutical company for our publications or other revenue streams. Policies have also been adopted by AMSA's House of Delegates to limit pharmaceutical interactions with medical students and physicians. Finally, AMSA's PharmFree initiative was started in 2002 to encourage students to use unbiased sources of information on pharmaceuticals and to think critically about the drug industry marketing practices to physicians. This initiative has since been quoted by multiple lay and medical news sources, and has encouraged thousands of students to use integrity and professionalism throughout their education and careers.
- 15. AMSA AND FAMILY MEDICINE/PRIMARY CARE:** Starting with its community health projects in the '60s, AMSA has always been a strong supporter of primary care and equal distribution of primary care physicians. SAMA, working with the American Academy of General Practice (predecessor to the American Academy of Family Physicians), vigorously supported the establishment of family practice as a medical specialty. Early on, the organization did extensive survey work to prove and support the position that medical students were interested in such a specialty as a career choice. On Capitol Hill, SAMA, now AMSA, has continued to work to support the funding of family medicine and primary care training programs for physicians. AMSA has since had numerous training programs to develop leaders in primary care, and is currently producing a new career development program for its members to help them make more informed career decisions.
- 16. AMSA ON HOUSESTAFF:** AMSA has always been a strong supporter of the physician housestaff movement. The organization has worked on issues to improve house staff working conditions and the quality of their graduate medical training. In the late '60s, SAMA helped organize the first national housestaff conference and the first national housestaff organization, Physicians for a National Health Program. Two other national housestaff conferences followed. The latest, held approximately eight years ago, gave birth to the Consortium of House Staff Organizations. AMSA also works closely with the Committee on Interns and Residents (CIR/SEIU), the largest housestaff union in the country, on many vital legislative issues.

- 17. REFORMING RESIDENCY WORK HOURS AND IMPROVING PATIENT SAFETY:** Following the 2000 Institute of Medicine report, “To Err Is Human,” that showed 98,000 deaths occurred as a result of medical error per year, AMSA has fought for reductions in resident physician work hours to improve resident and patient safety. AMSA petitioned the Occupational Safety and Health Administration in 2001 and introduced federal legislation in 2002, 2003 and 2005 to improve resident physician working conditions and reduce medical errors. As a result of AMSA’s work, the Accreditation Council on Graduate Medical Education changed its accreditation requirements to include tougher standards on resident work hours (“the 80-hour work week”). Though AMSA’s work has unquestionably improved the lives of resident physicians, AMSA continues to fight for stricter standards and better oversight through federal legislation.
- 18. ADVOCATING FOR DIVERSITY AND REDUCING HEALTH-CARE DISPARITIES:** AMSA strives to improve the recruitment and retention of underrepresented minorities into medicine while increasing the diversity of our own leadership, in order to create a tolerant, accepting and culturally diverse physician workforce. AMSA has worked with the Sullivan Commission and our partner organizations to increase diversity in medicine, and continues to increase our widen-the-pipeline and mentorship programs. On the disparities front, AMSA works to empower students with knowledge about domestic and global health disparities and provide opportunities for students to take action to eliminate health disparities on the local, state, national and international levels. Our Jack Rutledge Fellow will be working with the Health Equity Task Force on projects aimed to decrease health-care disparities.
- 19. AMSA AND INNOVATIVE CURRICULA:** AMSA has made tremendous strides in becoming the leading voice of health professionals in calling for medical education reform. Following on our “Handbook for Change” in the ’70s, AMSA has pioneered numerous innovative programs. The AMSA Foundation currently has a five-year grant funded by the National Institutes of Health to develop, promote and disseminate complementary and alternative medicine education curricula and programs at medical institutions. It also has numerous other programs to teach cultural competency, geriatrics, primary care, health policy and other subjects not addressed in most medical schools around the country.
- 20. DEVELOPING PHYSICIAN-LEADERS:** For 56 years, AMSA has provided the world with responsible, humanistic and ethical physician-leaders of the future who serve as a united force for change and advocate for our patients and communities. As an entirely student-run organization, AMSA provides leadership opportunities on every level, including more than 125+ national positions with five full-time student staff officers. AMSA members develop into physician-leaders who are now shaping the world of health care as clinicians, educators, researchers, administrators, public health officials, FDA commissioners and surgeons general.

"AMSA-ese"

The American Medical Student Association has its own language, much of it communicated in acronyms. The following is a collection of some of the more commonly used phrases or terms.

50+ Chapter	A program whereby AMSA recognizes and awards reimbursements to medical chapters that recruit more than 50 percent of their entering class into AMSA. The reimbursement is \$5 per new member recruited.
70+ Chapter	Similar to above, where reimbursement is \$6 per new member recruited once the medical chapter reaches 70 percent of its entering class.
AAFP	American Academy of Family Physicians. Official liaison of AMSA.
AAMC	Association of American Medical Colleges. Its membership comprises deans of medical schools. The affiliated student group is the Organization of Student Representatives (OSR). Official liaison of AMSA.
AAN	AIDS Advocacy Network. Health professional students, including medical, nursing and public health students, dedicated to creating a national network focused on advocating for the fight against the global AIDS pandemic.
AAP	American Academy of Pediatrics. Official liaison of AMSA.
ACAM	American College for Advancement in Medicine. Official liaison of AMSA.
ACGME	Accreditation Council for Graduate Medical Education. The ACGME is responsible for the accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. Official liaison of AMSA.
ACOG	American College of Obstetricians and Gynecologists. Official liaison of AMSA.
ACP	American College of Physicians. Official liaison of AMSA.
ACPM	American College of Preventive Medicine. Official liaison of AMSA.
ACS	American College of Surgery. Official liaison of AMSA.
ADDM	Achieving Diversity in Dentistry and Medicine. ADDM, a four-year, HRSA-funded program, has developed and is pilot-testing cultural competency and ethnogeriatrics curricula in several medical and dental schools. In addition, ADDM offers the Primary Care Leadership Training Program, a week-long seminar for 40 medical and dental students. Widening the Pipeline and Community Health Center are also a part of ADDM.
Advocacy Board	Process by which AMSA serves as an advocate for students having difficulties with their medical school faculty or administration.
AHMA	American Holistic Medical Association. Official liaison of AMSA.
AMA	American Medical Association. The affiliated student group is the Medical Student Section (MSS). Official liaison of AMSA.
AMSA	American Medical Student Association.

AMSA Foundation	Also known as "the Foundation." The AMSA Foundation is a nonprofit 501(c)3 corporation affiliated with AMSA. The Foundation administers contracts and grants for various projects in medical education and can receive tax-deductible donations.
AMWA	American Medical Women's Association. Official liaison of AMSA.
ANAMS	Association of Native American Medical Students.
AOA	American Osteopathic Association. Official liaison of AMSA.
APA	American Psychiatric Association. Official liaison of AMSA.
APGO	Association of Professors of Gynecology and Obstetrics. Official liaison of AMSA.
APHA	American Public Health Association. Official liaison of AMSA.
ARAC	AIDS Regional Advocacy Coordinators.
APTR	Association for Prevention Teaching and Research. Official liaison of AMSA.
BOD	Board of Directors of the AMSA Foundation. The BOD consists of nine members—four who are beyond the first year of postgraduate training, and five who are AMSA members (the AMSA president, action committee trustee and three board members).
BOT	Board of Trustees of AMSA. The BOT consists of the president, vice president, treasurer, junior and senior trustees-at-large, regional trustees, premedical trustee, resident trustees, action committee trustee, international trustee and the immediate past president.
CFMS	Canadian Federation of Medical Students. Official liaison of AMSA.
CMSO	Consortium of Medical Student Organizations. A loosely knit organization of medical student groups that includes AMSA, SNMA, AMWA, ANAMS, BHO, SOMA, TAMAMS, the MSS, the NCSM and the OSR. Its purpose is to encourage cooperation among these groups.
CPH	Community and Public Health Action Committee.
DSP	AMSA's director of student programming. The DSP is a medical student who takes a year off from school to work full time at the AMSA national office, facilitates AMSA's interest group (IG) growth and development, serves as a medical student advocate as a member of the Advocacy Board, connects members with IG and action committee (AC) projects and representing the interests of the IGs and ACs at AMSA events and other medical organization conventions.
ECFMG	Education Commission of Foreign Medical Graduates. Official liaison of AMSA. ECFMG's program of certification has assessed the readiness of international medical graduates to enter U.S. graduate medical education programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). ECFMG Certification assures that international medical graduates have met standards of eligibility required to enter such programs.
EDCAM	Educational Development for Complementary and Alternative Medicine. A five-year, NIH-funded AMSA Foundation program, has developed and testing CAM curricular modules at six medical schools. The grant also provided for an annual summer Leadership Training

EOL	<p>Program for select medical students and a wealth of CAM-related, Web-based resources available to students, educators and health professionals.</p> <p>End-of-Life Fellowship Program. A six-week, AMSA Foundation summer program in Chicago and Miami, offers medical students academic and clinical exposure to palliative care and hospice work and an understanding of the communication skills, pain management, ethics and spiritual aspects of caring for dying patients.</p>
GAF	Global HIV/AIDS Fellow. New to AMSA in 2005, the GAF is the fifth full-time student office staff who takes a year off from medical school to work for AMSA National on global HIV/AIDS issues.
GHAC	Global Health Action Committee.
GLMA	Gay and Lesbian Medical Student Associations. Official liaison of AMSA.
HEART	Humanistic Elective in alternative medicine, Activism and Reflective Transformation. A student-directed, accredited, one-month, fourth-year rotation generally offered for the month of April.
HPAC	Health Policy Action Committee.
HuMed	Humanistic Medicine Action Committee.
IFMSA	International Federation of Medical Students' Association. Official liaison of AMSA.
IG	Interest Groups.
IMED	The International Medical Education Directory. IMED provides an accurate and up-to-date resource of information about international medical schools that are recognized by appropriate government agencies in countries where medical schools are located. The information available through IMED is based on ECFMG's data on medical schools. At the time IMED was introduced, listing of an applicant's medical school in IMED became a requirement for ECFMG Certification.
HOD	House of Delegates. In AMSA, the HOD is the major policy-making body; therefore, all issues critical to the organization are voted on by the HOD. These issues include the election of national officers, resolutions of structure or function, resolutions of internal policy, resolutions of principle and so on. The HOD meets during AMSA's Annual Convention in the spring of each year (usually in March).
JRF	AMSA's Jack Rutledge Fellow (est. in 2001.) The JRF is a medical student who takes a year off from school to work full time at the AMSA national office. The JRF focuses on the organization's strategic priorities and progressive mission, focusing on universal health care and health disparities. This position is named after Jack Rutledge, MD, JD, AMSA Past-president 1978-1979, who died in 1987.
LAD	AMSA's legislative affairs director. The LAD is a medical student who takes a year off from training to lobby on Capitol Hill, develops testimony based on principles passed by the HOD and organizes grass-roots legislative contacts at the community, state and national levels.
LCME	Liaison Committee on Medical Education. The accrediting body for medical schools, jointly sponsored by the AMA and the AAMC. Official liaison of AMSA.
LGBTHAC	Lesbian, Gay, Bisexual and Transgender Health Action Committee.

MedEd	Medical Education Action Committee.
MHAC	Minority Health Action Committee.
MSS	Medical Student Section. This student affiliate of the AMA, originally set up with AMSA's help, provides student input to the AMA. The MSS cannot take independent stands on issues; it must accept the AMA's positions. It can submit resolutions to the AMA House of Delegates in an effort to change the AMA's policies.
NBME	National Board of Medical Examiners. The NBME designs and administers the national board examinations.
NHSC	National Health Service Corps. The AMSA Foundation has a long history of working with the NHSC to provide primary health care to underserved and vulnerable communities.
NMA	National Medical Association. Official liaison of AMSA.
NPCW	National Primary Care Week. An annual event to highlight the importance of primary care and to bring health-care professionals together to discuss and learn about generalist and interdisciplinary health care, particularly its impact on and importance to underserved populations.
NRMP	National Resident Matching Program. The NRMP is a private, nonprofit corporation that provides a uniform date of appointment to positions in graduate medical education in the United States. Official liaison of AMSA.
PCOC	Primary Care Organizations Consortium. Official liaison of AMSA.
PHR	Physicians for Human Rights. Official liaison of AMSA.
PNHP	Physicians for a National Health Plan. Official liaison of AMSA.
PPP	<i>Preamble, Purposes and Principles</i> , also known as the "red book." This publication contains policy relating to AMSA's Constitution & Bylaws, Internal Affairs and Principles on external affairs, and is also available online at www.amsa.org/about/ppp .
PSR	Physicians for Social Responsibility. Official liaison of AMSA.
SAMA	Student American Medical Association, the original name of AMSA. The 1975 House of Delegates endorsed the change to the present name to avoid confusion over our association with the AMA.
SHA	Student Health Alliance. Official liaison of AMSA.
SNMA	Student National Medical Association, a national group of minority medical students similar in organization to AMSA. Official liaison of AMSA.
SOMA	Student Osteopathic Medical Association. Official liaison of AMSA.
TNP	<i>The New Physician</i> , AMSA's award-winning magazine.
USMLE	United States Medical Licensing Examination.
WHAC	Women's Health Action Committee.

EXCITING AMSA OPPORTUNITIES

For applications and more information, check out www.amsa.org/news/cal/

INTERNSHIPS (*Open dates, four- to six-week blocks, at AMSA office near Washington, D.C.*)

Jack Rutledge Universal Health Care (UHC) Internship

AMSA's Jack Rutledge Fellow works full time on UHC and health disparities. Assist with an online curriculum project, related research and various grass-roots activities. Contact jrf@amsa.org for more information.

AMSA Programming Internship

The director of student programming oversees AMSA's eight action committees and 12 interest groups, helps to plan regional conferences and annual convention, oversees AMSA's Medical Student Well-Being Initiative and more. Help develop projects, resources and conferences. Contact Paige Hatcher at dsp@amsa.org for more information.

Global AIDS Project Fellowship (GAF)

The GAF hosts students throughout the year to work on action-items and projects for upcoming and developing issues around global health, AIDS awareness, access to medicines and health-care workers funding. Contact Vishal Patel at gaf@amsa.org for more information.

AMSA Health Policy Internship

For students interested in health care, public affairs, policy and politics, AMSA offers an internship at AMSA's national office near Washington, D.C. Interns work with AMSA's legislative affairs director, lobbying on Capitol Hill, attending coalition strategy meetings, researching current topics, drafting policy statements and organizing briefings. No previous policy or political experience necessary. Contact Dan Murphy at lad@amsa.org for more information.

AMSA President's Internship

The national president leads all of the strategic initiatives of AMSA and ensures that AMSA develops information and action based on the policy set forth in its House of Delegates. Interns may work on such issues as: medical student debt, pharmaceutical advertising to physicians, domestic disparities, and diversity in the health professions. Contact pres@amsa.org for more information.

LEADERSHIP TRAINING

Universal Health Care (UHC) Task Force—Date TBA

The UHC Task Force provides organizing tools and leadership skills to 12 medical student activists who organize UHC events in their communities and work with the Jack Rutledge Fellow on AMSA's strategy for UHC education and action.

Paul Ambrose Political Leadership Institute—Date TBA

This weekend-long institute aims to impart an understanding of the relationship between the political process and the health of the country and to empower medical students to act within that sphere.

Circle of Healers Humanistic Medicine Retreats

Join us for a weekend of supreme relaxation, community building, creative time, reflection and more. Participants work with physicians who center their work in humanistic and integrative principles. Application deadlines for the 6th Annual National Retreat and for regional retreats can be found at www.amsa.org/humed/localretreats.cfm.

Premedical Leadership Institute—Date TBA

Weekend institute for premedical students focused on developing skills in chapter management and understanding advocacy issues. It includes sessions with physicians, politicians and public health professionals.

Women's Empowerment Institute—Date TBA

This training gives female premedical and medical students, especially those coming from marginalized communities, the means to advocate for themselves and for their communities via skills training in public speaking, conflict resolution, negotiation, written communication, community organizing, mentoring and lobbying.

Global Health Political Leadership Institute—Date TBA

Approximately 12-15 dedicated physicians-in-training learn to demonstrate the relevance of international issues to a less-educated public, educate themselves on fast-changing issues in a global context and connect with a community of activists from across the country.

Humanistic Elective in Alternative Medicine, Activism and Reflective Transformation (HEART)

HEART is a fourth-year elective in humanism, intentional community building, social responsibility and traditional healing, sponsored by the American Medical Student Association/Foundation. The four-week residential rotation in April 2007 for fourth-year medical students focused on community living, holistic healing, leadership and communication development, and individual growth. Applications are due early-July for 2008.

Microbicides Leadership Institute

Join the Microbicides Task Force to learn about empowering women to prevent the spread of HIV in vulnerable populations. The most significant risk factor for contracting AIDS in Africa is to be married, and microbicides need funding and health-care workers to educate women on their uses. This weekend will focus on political action, direct action for funding and education on the issues.

Community and Public Health Institute

AMSA's passion and action around public health is galvanized around training students how to create and implement a project aimed at community intervention and prevention. This weekend will give students the tools and teaching needed to understand how to contact local resources and make meaningful changes in the health and environment of a community.

Disparities Institute

The newly formed Minority Health Action Committee will be focusing a weekend-long training on the research and causes of disparities in medicine. Both at home and abroad, marginalized populations have poorer health-care outcomes, no access to services and are treated differently when seen by providers. This institute will create a group focused on changing physician education and action toward health-care disparities.

Complementary and Alternative Medicine (CAM) Leadership Training Program

This week-long program takes place mid-June at the world renowned Omega Institute for Holistic Studies in Rhinebeck, New York. Twenty medical students will sharpen their leadership skills and knowledge of CAM while working with leaders in the field.

OTHER SUMMER OPPORTUNITIES

AMSA's International Opportunities Database

AMSA provides you with a thorough resource for international health electives, language immersion programs and links to numerous international employment, volunteer, fellowship opportunities and more.

End-of-Life (EOL) Care Fellowship

Approximately 15 medical students will experience a seven-week program of experiential and theoretical training caring for dying patients and their families in participating hospices, and participating in interactive workshops and lectures on EOL care.

Paul Ambrose Health Promotion Student Leadership Symposium

This symposium is a collaborative initiative between the Association of Prevention Teaching and Research and the Office of Disease Prevention and Health Promotion to provide leadership training and prevention education to health professional students.

Physicians for a National Health Program (PNHP) Internships in Chicago—Open dates

Past interns have studied international health systems, planned rallies and vigils, and worked on the PNHP Web site. PNHP also seeks research associates for a one-year position advocating for national health insurance through media relations, conference and project management.

Primary Care Leadership Training Program

Forty medical and dental students spend one week learning about primary care careers and basic leadership skills (such as public speaking, health policy, interdisciplinary team-building, cultural competency and community-oriented primary care, among other topics).