

REPORT OF THE MEDICAL STUDENT SECTION
COMMITTEE ON LONG RANGE PLANNING

Report A
A-07

Subject: AMA Medical Student Section 2007-2010 Operational Plan
Presented by: Olga Telgarska Mengin, Chair
Referred to: MSS Reference Committee
Samantha Brenner, Chair

1 Introduction
2

3 Since its establishment in 1991, the American Medical Association Medical Student Section (AMA-
4 MSS) Operational Plan (formally known as the Strategic Plan) has been a significant source of
5 guidance for the MSS. The AMA-MSS Governing Council (GC) has asked the Committee on Long
6 Range Planning (COLRP) to develop an Operational Plan that will serve as a guide to the MSS from
7 2007-2010. The members of COLRP have worked diligently throughout the year to determine the
8 needs of our section of the AMA, bringing into our discussion input from current and past MSS
9 leaders, participants at an I-06 forum, and the general membership in the form of a MemberConnect
10 survey. The report that follows is the culmination of this work and is respectfully submitted for the
11 consideration of the MSS Assembly.
12

13 Background and Update on 2004-2007 MSS Operational Plan
14

15 The AMA-MSS is mandated to develop an operational plan every three years. The 2004-2007
16 Operational Plan was adopted by the MSS Assembly at A-04 and has since guided the goals and
17 initiatives of the AMA-MSS. The 2004-2007 AMA-MSS Operational Plan called for the MSS to
18 focus on the areas of Advocacy, Membership, and Leadership. Before presenting our
19 recommendations for the 2007-2010 MSS Operational Plan, we will briefly discuss how the 2004-
20 2007 Plan has shaped recent MSS actions.
21

22 *Advocacy*

23 The 2004-2007 Operational Plan recommended that we:

- 24 a) Continue to view the Regional Delegates as independent entities, the assistance of which
25 should be actively solicited in order to accomplish AMA-HOD victories, and
26 b) Continue to pursue collaborative national advocacy goal setting and execution, as is done
27 through the AMA-MSS Committee on Legislation and Advocacy (COLA), and
28 c) Actively solicit the input of the AMA Government Relations Advocacy Fellow (GRAF) in
29 the generation of national advocacy directions, as it would with any of the student
30 members of AMA Councils, while recognizing that the Fellow is primarily responsible to
31 the AMA Advocacy Staff, and
32 d) Continue to develop learning modules, action items, and development materials that are
33 accessible and easy to use for the implementation of MSS actions at the state and chapter
34 levels.
35

36 In 2004, the determination of whether the Regional Delegates (RDs) would be independent officers,
37 would be able to vote as individuals, or would receive direction from MSS leadership was not fully
38 established. Since 2004, the Regional Delegates (RDs) have acted independently and have been a
39 valuable asset to the MSS. They were well-received by the AMA House of Delegates (HOD), as
40 evidenced by the creation of a similar mechanism in the Resident & Fellow Section (RFS). By

1 encouraging the RDs to network with physician delegates in their state caucuses and through
2 individual conversations and testimony work with physician delegations, we have succeeded in
3 forwarding our agenda in the HOD and influencing our AMA's policy and advocacy agenda. Our RDs
4 have not been deeply involved with every major MSS resolution, as different resolutions required a
5 variety of tactics. Nevertheless, their assistance has been critical in the adoption of such key policy as
6 Resolution 613-A-06, "Comprehensive Health System Reform," and RDs have proven to be valuable
7 assets in educating and convincing physician delegates of the merits of proposed MSS policy.
8

9 National advocacy goal-setting has become more collaborative than ever with the advent of the
10 AMA's MemberConnect survey system. Each GC now sets its goals for the year with input from a
11 survey of the MSS membership. The process is not purely bottom-up; the MSS' advocacy goals must
12 be aligned with those of the entire AMA, as set by the AMA Board of Trustees (BOT) based on
13 feedback from the entire membership. The GC continues to provide means for membership to provide
14 input through GC action items and works with committees like the MSS Committee on Legislation
15 and Advocacy (COLA) to ensure that our advocacy goals are easily understood and accessible to our
16 membership.
17

18 The Government Relations Advocacy Fellow (GRAF), a student working full-time in the AMA's
19 Washington office, was a new position when the previous Operational Plan was written. Since then,
20 the GRAF has become an indispensable resource for the GC, other MSS leadership, and MSS staff,
21 acting as a conduit to members of the Advocacy staff who previously had little contact with the MSS.
22 The GRAF has been a key link between the MSS advocacy agenda and the AMA Washington staff
23 who can work on ensuring that our agenda can be mobilized into action, such as letter-writing
24 campaigns and AMA lobbying.
25

26 More learning modules and materials have been developed than could be enumerated here, with topics
27 ranging from global health to health policy to membership recruiting. These were developed largely
28 by our committees, although some were created by AMA staff and then edited by MSS leadership to
29 target the student audience. We have showcased our committees' work through the creation of various
30 issue briefs, which have been placed on our Web site for use by our members and chapters.
31

32 *Membership*

33 The 2004-2007 Operational Plan recommended that we:

- 34 a) Make membership recruitment and retention the number one goal for the next three years,
35 and
- 36 b) Emphasize retention of involvement of members as they transition into their clinical years
37 of medical school, and
- 38 c) Develop better mechanisms to retain membership of students as they transition out of
39 medical school and into residencies, and
- 40 d) Utilize advocacy as a means to increase membership recruitment and retention, while
41 recognizing that breadth of policy is a key to attracting a breadth of potential members,
42 and
- 43 e) Improve public awareness of MSS advocacy victories as a means to increase membership
44 recruitment and retention by any means necessary, including but not limited to seeking an
45 AMA staff position dedicated to MSS external communications.
46

47 Increased membership recruitment and retention has been a main focus of the MSS over the last three
48 years. Over this period the MSS is the only AMA section/segment that has succeeded in increased
49 membership from one year to the next. Following an influx of membership initiative funding in 2005,
50 the AMA and AMA-MSS have tried a variety of new membership recruitment tactics including
51 sending AMA staff to recruitment events at schools with low membership in order to support local
52 chapter officers and altering our mix of communications with the general membership.
53 Currently, more than 50% of medical students, but less than 20% of residents and fellows, are
54 members of the AMA. Much effort has been spent searching for effective retention measures,

1 including pilot testing of RFS recruitment at Match Day events, targeted mailings to graduating
2 students, and development of new AMA-branded student/resident interaction opportunities. Despite
3 these efforts, there has been only a modest increase in the number of graduating students who continue
4 their membership into residency. Currently, the MSS is working with the RFS to establish local
5 “chapters” and provide adequate member benefits to increase retention from the MSS to RFS.

6
7 The prior Operational Plan recommended that we involve members in advocacy to strengthen their
8 connection to our AMA. MSS advocacy efforts have been integrated into our overall marketing
9 strategy. We have worked with AMA Marketing Staff to include information about AMA victories of
10 specific interest to our members (such as medical education, student debt, and health care reform) in
11 our membership recruitment materials. We also use electronic “CapWiz” action alerts to engage our
12 members in AMA advocacy priorities, and our annual Lobby Day draws hundreds of students who
13 might otherwise never come to an AMA event.

14
15 MSS exposure to the media and the public has increased since the last plan. In 2007, for the first time,
16 most of the GC received AMA media training in anticipation of their possible use as AMA
17 spokespersons. Our Chairs have served as national spokespersons for Cover the Uninsured Week,
18 reaching millions of Americans by radio in 2006. Our Delegates have been quoted in national press
19 regarding HOD business, and our At-Large Officers have been featured regularly on local news
20 stations during the National Service Project. This year the MSS has prepared AMA-branded press
21 release templates for chapters to publicize Cover the Uninsured Week events to the media and has
22 begun to plan large scale rallies on the uninsured issue. Additionally the MSS will play a key role in
23 the AMA Covering the Uninsured media campaign that will be unveiled in summer 2007. However,
24 the MSS still lacks a means to rapidly respond to media and news items, as any MSS response to a
25 news item must pass through multiple layers of AMA staff approval in order to ensure consistency
26 with our organization’s overall message.

27 28 *Leadership*

29 The 2004-2007 Operational Plan recommended that we:

- 30 a) Continue to pursue collaborative policy making in the form of ad-hoc task forces and
31 standing committees, and
- 32 b) Encourage the MSS Chair to delegate responsibility for advocacy to the Vice-Chair so that
33 the Chair can emphasize collaborating with other organizations (e.g. AMSA, AAMC,
34 SNMA, etc.) and serving as the public face of the MSS, and
- 35 c) Encourage the MSS Member at-Large to take full responsibility for pursuing the
36 membership goals, and
- 37 d) Take steps to strengthen Regional allegiance and leadership.

38
39 Ad-hoc task forces and new Standing Committees have been used liberally, in accordance with the
40 prior Plan’s directives. Recent task forces have included Health Care Access and Regional
41 Infrastructure. Standing Committees have also been involved heavily in MSS planning and
42 governance. A notable reform implemented was to allow Standing Committee Chairs (rather than the
43 GC) to select the members of their own Committees. This has been reported to substantially increase
44 the bond between Committee Chairs and their members, and to create a greater overall sense of
45 “ownership.” Additionally, relevant student Councilors and other high-level appointees are included
46 on the electronic mailing lists of Standing Committees and task forces.

47
48 The Vice Chair has not taken on the primary responsibility for advocacy. With the increased activity
49 and scope of the MSS committees, the Vice Chair’s duties have instead focused on coordinating the
50 work and goals of the committees. Moreover, the tasks of collaborating with other organizations and
51 serving as the public face of the MSS are deeply and fundamentally related to advocacy. Most of our
52 desired public communication is on our advocacy priorities, and most of our collaboration with other
53 organizations is on advocacy efforts. As a result the Chair has been increasingly more involved in
54 communicating and coordinating our advocacy goals with the work of other organizations. In

1 particular the Chair has worked closely with AMSA and AAMC to further our initiatives to reform
2 medical education, decrease medical student debt, and improve the USMLE testing system. While the
3 overall GC, including the Vice Chair, is heavily involved in setting the advocacy goals of the MSS, the
4 Chair still retains the most responsibility for focusing our advocacy agenda and coordinating our work
5 with outside groups.

6
7 The At-Large Officer has taken responsibility for membership recruitment/retention as a key part of
8 his or her job function, and has been actively engaged in overseeing our recruiting efforts. Because
9 “sole” responsibility is not compatible with the demands of medical school, At-Large Officers have
10 worked closely with AMA Membership staff, members of the GC, and other MSS leaders to
11 participate in recruiting activities and develop new programs. Moreover, the Chair, At-Large Officer,
12 and Vice Speaker, together with their counterparts from the RFS and YPS, have formed a “special
13 opportunities” group that meets regularly with AMA Membership staff to review recruiting/retention
14 programs and develop improvements.

15
16 COLRP’s call to strengthen our Regions in the last Operational Plan has led to the creation of a
17 Regional Infrastructure Task Force (RITF), which is now in its third year of operation. Of the
18 numerous reforms RITF proposed, some, such as more Region-focused time during meetings, were
19 easily achieved. Others, such as travel budgets for Region officers, have not been realized despite the
20 GC’s efforts. The RITF continues to work on optimizing the allocation of states to Regions. To date,
21 the RITF has not yet addressed the larger question of what roles the Regions can and should play
22 within the overall MSS; this will be an important next step in strengthening the interaction of the
23 Regions with both the national MSS leadership and our local chapters.

24 25 2007-2010 MSS Operational Plan

26
27 In developing the 2007-2010 MSS Operational Plan, COLRP considered input from a wide range of
28 sources, including medical student members of the AMA through an online survey and a forum at the
29 2006 Interim Meeting, as well as through interviews with current and past MSS leaders. Survey,
30 forum, and leadership interview results are presented below and discussed with respect to a number of
31 COLRP recommendations for the 2007-2010 MSS Operational Plan.

32 33 MSS Survey

34
35 For the first time, COLRP surveyed the MSS population to help guide our recommendations for the
36 2007-2010 Operational Plan. Survey topics included advocacy, community service, communication,
37 policy, and membership, in order to assess such questions as overall perception of the AMA and AMA-
38 MSS, desire to continue membership into residency, areas of interest and for improvement, etc. The
39 survey was conducted via MemberConnect and sent to all students for whom the AMA had active e-
40 mail addresses, with four subsequent reminder e-mails to those who had not completed the survey. Of
41 the 12,806 surveys sent 1,019 surveys were completed, yielding an 8% response rate.

42
43 The survey concluded that the majority of medical students have a positive overall perception of the
44 AMA and AMA-MSS. Most medical students want the AMA-MSS to focus on medical education and
45 public health issues, and prefer to receive communications electronically, particularly via eVoice.
46 Awareness of the AMA-MSS National Service Project is low, but those who are aware of it are
47 satisfied with the program. Finally, some students may not continue their AMA membership as they
48 progress into residency due to lack of perceived value.

49
50 Key findings from the report are summarized in the following sections. More detailed survey results
51 are available on the MSS Web site at www.ama-assn.org/ama/pub/category/11878.html.

1 Key Survey Findings:

2
3 *Advocacy*

4 Respondents were asked to select two main areas in which the AMA-MSS should be involved during
5 the next three years. Medical education issues (55%) and public health issues (51%) were
6 predominately selected over other areas (such as training opportunities, legislative efforts, community
7 service, and minority issues). Of those respondents that selected training opportunities (28%), the
8 majority wanted practice management training.
9

10 *Membership*

11 Information and resources, such as JAMA and reports, are the predominant reasons (65%) for students
12 to join the AMA. Students also joined because of interest in health policy (59%), products and
13 services such as Stedman's (52%), and to be part of an all-encompassing, non specialty-specific
14 professional society throughout their career (50%). Upon joining, the great majority of students felt
15 the AMA (84%) and AMA-MSS (83%) met or exceeded their expectations. Students dissatisfied with
16 the AMA primarily cited that the AMA did not care about student members. Primary reasons given for
17 dissatisfaction with the AMA-MSS were deficiencies in communication, insufficient opportunities for
18 involvement, and the types of issues addressed by the AMA-MSS.
19

20 Respondents selected a variety of improvements for their local chapters, favoring increased
21 participation in (52%) and greater publicizing of (48%) local chapter events and activities over
22 increasing participation in (43%) and greater publicizing of (42%) general AMA events and activities.
23 However, because these margins were small, there was no single clear solution to how local chapters
24 could be improved.
25

26 Nearly 40% of respondents stated they would not or were not sure about continuation of their AMA
27 membership beyond medical school into residency. This number is significant, and many reasons
28 were given including cost/benefit ratio and AMA's stance on various issues.
29

30 *Interaction with Leadership*

31 Respondents who have contacted one or more AMA-MSS leaders (22%) were generally satisfied with
32 the response: almost all of these respondents found the leader response very/somewhat prompt, and
33 94% found the leader response very/somewhat helpful. However, there was little agreement in the
34 preferred type of communication from national leaders: 34% prefer a newsletter, 32% prefer regular e-
35 mails, and the remainder chose blogs, news via state or chapter leaders, or other methods.
36

37 *Communication*

38 Respondents indicated that medical students most prefer to receive information from the AMA-MSS
39 via eVoice (33%). Other preferred means of communication selected were the AMA Web site, e-
40 mails from chapter/state leaders, e-mails from region leaders, the AMA listserv, and AMA mailers.
41

42 Only 41% of respondents indicated that they have used the AMA-MSS Web site. Among those
43 respondents who have used the Web site, only 23% indicated that the Web site is "very easy" to
44 navigate, and only 25% characterized the information on the Web site as "very valuable."
45

46 *Community Service*

47 Only 45% of respondents were aware and/or involved with the National Service Project (NSP). Of
48 these students, the great majority was satisfied with the NSP in regards to applicability to their state,
49 projecting unity towards a common goal, adequacy of the two-year NSP term, effectiveness of
50 national meeting NSP-related projects, and availability of resources to facilitate planning of local
51 projects.

1 *Policy*

2 Most respondents indicated that the AMA-MSS is effective at making them aware of policy issues.
3 84% felt aware of health care policy issues currently important to the AMA-MSS. Awareness of
4 current positions on policy issues, progress on top policy priorities, lobbying efforts of AMPAC, and
5 past successes in creating policy all fell within the range of 60-70% of respondents.

6
7 Discussion

8
9 **Advocacy**

10 The 2004-2007 Operational Plan celebrated the creation of the Government Relations Advocacy
11 Fellowship (GRAF) and the MSS Regional Delegate positions and the restructuring of COLA as
12 recent advances in advocacy within the MSS. The plan called upon the MSS to utilize Regional
13 Delegates to facilitate the accomplishment of AMA-HOD victories, to pursue national advocacy goal
14 setting and execution through COLA, to solicit the input of the GRAF for direction in national
15 advocacy, and to continue to develop easily-accessible, user-friendly educational materials and action
16 items for use at the state and chapter level.

17
18 Since 2004, the MSS has made considerable progress toward these advocacy goals, but based upon
19 interviews with past and current MSS leaders, a MemberConnect survey, and breakout sessions at the
20 2006 Interim Meeting, COLRP has identified key areas in the realm of advocacy on which the MSS
21 should focus in the coming years, and has furthermore proposed several related goals.

22
23 *Priority Issues for Advocacy:*

24 Regarding the advocacy issues on which the MSS should focus its attention, most current and past
25 leaders report general satisfaction with the balance of recent MSS advocacy work. Most agreed that
26 the MSS should direct its attention toward topics traditionally considered “student-centered” or
27 “patient-centered,” such as increasing access to care for the uninsured, as opposed to “physician-
28 centered.” Members have reported frustration with the lack of sufficient student-tailored information
29 on the AMA Web site and other resources, which implies that students prefer to hear about and be
30 involved in student-related issues. Some leaders appropriately pointed out, though, that “physician-
31 centered” issues, such as Medicare SGR reform, still merit our attention as they will soon pertain to us
32 and our support of such issues will help us to gain political capital in the AMA. As a compromise,
33 COLRP suggests that the MSS address these issues, but frame them specifically from the student
34 perspective so as to engage as many members as possible.

35
36 MSS members and leaders concur that it is imperative that we take the lead in advocating for student
37 issues, such as the growing medical student debt burden and possible restructuring of the USMLE
38 exams, as these are unlikely to become priority issues for the AMA without our persistent
39 involvement. In regards to patient-centered issues such as the uninsured/underinsured, members
40 believe that the MSS is often seen as the “conscience of the AMA” that, because it is comprised of
41 young, idealistic future physicians, is looked upon to advocate for optimistic patient-centered policy.”
42 As one leader stated, “If patients are behind us, everything else will follow.” In accordance, COLRP
43 supports a continued focus on student- and patient-centered issues.

44
45 Some members report that many students are not currently aware of the legislative priorities and goals
46 of the AMA. They feel that while the MSS has been successful so far in advocating for issues related
47 to the “covering the uninsured” national service project, we should play a larger role in the AMA’s top
48 priority of comprehensive health care reform. While in reality the MSS has played a strong role in
49 shaping the AMA’s focus on “covering the uninsured” policies, it is clear that our membership is not
50 aware of the level to which MSS leadership is involved in this top priority agenda item. The
51 suggestion that we work to collaborate with other organizations such as American Medical Student
52 Association (AMSA) and Student National Medical Association (SNMA) in our advocacy efforts was
53 also proposed.

1 *Lobby Day and Other Tactics:*

2 COLRP recognizes that members and leaders alike are widely enthusiastic about the success of recent
3 national Lobby Days. Lobby Day has been a valuable tool for the MSS to recruit and engage new
4 members and to introduce students to the legislative advocacy process. Though several hundred
5 students typically attend Lobby Day each year, members at the I-06 breakout sessions expressed some
6 concern over national-to-state/chapter communication regarding Lobby Day. Many students who
7 would be interested in Lobby Day may not be aware of its existence or are not given adequate
8 information about it. Thus, COLRP recognizes the need for improved communication and advertising
9 for Lobby Day. Other reasons cited to explain why a student may not participate in Lobby Day
10 include scheduling conflicts and affiliation with a chapter that is not actively involved. The idea of
11 encouraging chapters to establish a legislative affairs officer to help coordinate Lobby Day attendance
12 was proposed, but there was concern that many chapters are not large enough or active enough to be
13 able to make this a priority. Lastly, it is important that the role of the GRAF and MSS and Advocacy
14 staff in planning lobby day be clearly delineated, so that the GRAF is not left with the responsibility of
15 coordinating lobby day without significant staff support.

16
17 Leaders feel that it is important to increase our interaction with legislators outside of the context of
18 Lobby Day, and they suggest tactics such as grassroots letter writing campaigns, phone calls, and e-
19 mailing. Additionally, they recommend that the MSS encourage state societies and local chapters to
20 involve members in local Lobby Days.

21
22 Many leaders encourage the continuance of small group meetings with key medical education leaders
23 and point out that face-to-face time with these individuals, while often difficult to coordinate
24 logistically, can produce highly effective results. Some leaders additionally call for an increase in
25 similar meetings with leaders of other student groups, as well as with other AMA leadership. Of
26 concern, however, is that when MSS leaders enter these meetings without enough prior knowledge of
27 the topics being discussed, the meetings have the potential to become counterproductive or simply turn
28 into “lectures.” Thus, COLRP suggests that every effort be made to maximize effectiveness by
29 educating MSS leaders about relevant issues before these meetings whenever possible.

30
31 *Communicating With and Involving Members in Advocacy:*

32 Leaders and members have called for greater transparency and communication efforts in the realm of
33 advocacy, believing that our membership is not always well-enough informed of MSS advocacy
34 efforts. Communication, though, must be organized, brief, and efficient in order to avoid the
35 possibility of overwhelming and disengaging members. Furthermore, difficulty arises, namely in
36 small group meetings with medical education leaders, in situations where topics of discussion must be
37 kept confidential. With that in mind, COLRP recognizes the need to communicate MSS advocacy
38 efforts to members, but to balance this with “volume control” and the occasional exception owing to
39 confidentiality requirements.

40
41 Legislative action alerts continue to be utilized as a way to disseminate information about timely
42 issues and mobilize members for advocacy involvement. Recently, the GRAF has tailored action
43 alerts specifically for MSS student members, which have been well-received. COLRP and the current
44 GRAF do acknowledge the possibility of disengaging students by producing too many action alerts,
45 and thus support the recommendation that these student alerts be limited to the most relevant and high-
46 priority issues. Furthermore, although these documents are available online, COLRP believes that the
47 MSS could benefit from making relevant alerts available at national meetings and other events.

48
49 Issue briefs have been another critical means of educating our membership about high-priority
50 advocacy issues for the MSS and the overall AMA, and COLA in particular has been active in
51 generating issue briefs. Though sending student-generated issue briefs through the AMA staff
52 approval process has been problematic and tedious in the past, the GRAF and COLA report that
53 during the past year, this process has generally been smooth and efficient. It may, however, be
54 beneficial to the MSS to establish a clear, written method delineating this approval process. As with

1 action alerts, volume control is of primary concern. Because of the dynamic nature of the information
2 contained in the issue briefs, they must be updated and/or rewritten frequently, and the MSS thus
3 needs to establish a mechanism to ensure that this can occur. Therefore, limiting these briefs to the
4 most high-priority issues would keep the task of updating and rewriting manageable and prevent the
5 GC from becoming overwhelmed with maintaining such an important resource. As was suggested in
6 reference to action alerts, COLRP believes that the MSS would similarly benefit from making issue
7 briefs readily accessible at national meetings, in addition to on the Web site. A “chapter resources”
8 session and/or information table at national meetings, where chapters could learn about and receive all
9 of the advocacy resources available to them, including issue briefs, action alerts, and other educational
10 items and modules, could also increase our members’ exposure to information on our high priority
11 items. Furthermore, establishing a central index of educational materials could benefit the MSS.
12

13 **Communications**

14 The 2004-2007 Operational Plan addressed communications as a peripheral issue, citing concerns over
15 the AMA Web site, difficulty with public/media exposure, and inadequate communication with
16 membership. These remain central problems for the MSS and will be addressed individually.
17

18 *AMA Web site:*

19 The Medical Student Section pages of the AMA Web site are greatly improved in the past three years,
20 due primarily to increased content and better updating. In particular, advocacy information from the
21 Government Relations Advocacy Fellow (GRAF), contact information for leaders at all levels, and
22 more complete meeting summaries are seen as highly valuable. Student concerns about the AMA Web
23 site include (1) difficult navigation/limited search capability, (2) inconsistent updating/outdated
24 material, and (3) poor organization.
25

26 Students made a number of suggestions, but should recognize that the MSS is limited in the scope of
27 changes that can be made. The AMA-MSS Web site exists as a small portion of the larger AMA Web
28 site and is governed by AMA policies, as developed by the AMA’s Web Site Governance Committee,
29 which ultimately reports to the BOT. AMA staff has recently begun a reorganization of the AMA-
30 MSS pages that should ameliorate some of the difficulty with finding content. Additionally, the AMA
31 is in the beginning stages of a more complete overhaul of the entire AMA Web site, and the MSS
32 leadership has approached the AMA Web site team to provide input into Web site improvements. The
33 2007-2008 GC will have the opportunity to provide significant input into future changes of the AMA
34 and MSS Web sites as part of the overall AMA Web site overhaul. Beyond this reorganization effort,
35 further improvements in navigation or search capability will probably require software changes that
36 are beyond MSS control. In addition to improving Web site navigation, students suggested a number
37 of new content areas.
38

39 MSS Web site content remains student driven, being developed mostly by section leaders (AMA
40 Council members and the GC), the GRAF, and MSS committees. COLRP recognizes that the volume,
41 scope, and regularity with which information is updated are highly individual. There is no formal
42 mechanism by which information is regularly updated. In order to improve consistency, it is
43 suggested that all section leaders be required to make regular updates to their Web site content.
44

45 Additional suggestions include the development of a “most read/most-e-mailed” feature on the AMA-
46 MSS homepage, along with a “what’s new/most recently updated” feature. Such a feature would
47 make the most valuable content more highly visible and could increase regular visits to the MSS home
48 page. Students would also like to see more meeting-related information. In particular, students have
49 difficulty identifying the outcome of Assembly voting, the status of various resolutions, and the
50 outcome of the National Service Project. A “meeting blog” that covered key events was suggested, as
51 was a “policy-tracking grid” that highlights the top concerns of the MSS and describes their current
52 status. MSS leadership has created both a policy grid and GC goals grid maintained and updated by
53 the Chair, but this information is not currently shared with our overall membership.

1 *Communicating with Membership:*

2 In general, students believe that AMA communications are (1) too numerous, (2) disorganized, (3) not
3 focused on students, and (4) occasionally commercial in nature. Additionally, section leaders point
4 out an inability to effectively reach the general membership.

5
6 Communication effectiveness, much like Web site content, varies considerably by committee or
7 region. Some students report lively and active listserv discussions, while others report having hardly
8 used e-mail while serving on their committee. Overall, members highly value face to face and phone
9 conversations with their leaders and indicated that “brainstorming sessions,” “GC office hours,” and
10 other breakout sessions at national meetings would be appreciated. COLRP believes that
11 communication effectiveness is a function of leadership and that, given limited resources, e-mail
12 remains the preferred method for the conduct of MSS business.

13
14 MSS leadership has expressed concerns about an inability to reach the general membership in a timely
15 or effective manner. To date, messages intended for all student members have been disseminated by
16 mass e-mail for forwarding at the local level by chapter and state chairs. COLRP recognizes that only
17 rarely do these messages reach individual members. Chapter chairs expressed “message forwarding
18 fatigue” and feel that editing and consolidating a large number of communications for their members
19 is too time consuming. Although a general membership listserv exists, COLRP feels that listservs are
20 most effective for small groups conducting defined business and are inappropriate for distributing
21 information to the general membership. Lastly, COLRP considered the creation of an MSS e-mail
22 newsletter specifically targeted to general members. We caution that the general membership already
23 receives regular print and e-mail newsletters (eVoice, MemberConnect surveys, AMA “Morning
24 Rounds”, chapter communications, et al.) and that further additions to this crowded space would likely
25 be ignored. It is important to note that less than half of our members even receive eVoice and
26 MemberConnect surveys, and thus we do not have any means to communicate with all of our
27 members through one e-mail message. When asked directly, students want fewer overall messages
28 with a more student-centered focus.

29
30 The AMA Web site represents a potential solution to current communication difficulties. We envision
31 an MSS Web site-based leadership newsletter that contains the latest updates from AMA Councils,
32 MSS committees, the GRAF, and the GC. Readers would be self-selecting and the site would offer
33 one-stop access to the most recent information from all areas of MSS involvement. It remains to be
34 determined whether the implementation of such a page is feasible.

35
36 Incidentally, our research discovered that students are frustrated by AMA-affiliated credit card,
37 insurance, and other commercial solicitations. COLRP did not investigate this matter but feels that the
38 AMA should restrict or eliminate direct marketing of commercial offers to students, perhaps by
39 including an “opt-out” feature on membership sign-up and renewal materials.

40
41 *Communication with the Governing Council:*

42 In general, AMA Councilors and state and chapter leaders feel cut off from other MSS leadership. Our
43 research notes that the GC receives a high volume of communication and that, while they take each
44 message seriously, they cannot respond individually to each correspondence. This gives a false
45 impression that important information is being ignored. Potential remedies include allowing key
46 Councilors and Committee Chairs five minutes to directly address the MSS Assembly as well as
47 increased focus on prompt dissemination of meeting summaries, particularly to region, state, and
48 chapter leadership.

49
50 COLRP also believes that increased familiarity with AMA staff would benefit section leaders at all
51 levels. We recommend that the GC work with AMA staff to compile a simple staff directory with
52 brief bios of AMA staff involved in MSS support for dissemination to section leaders.

1 *Media Exposure:*

2 The 2004-2007 Operational Plan endorsed the idea that “the [GC] Chair is the public face of the MSS,
3 and should continue to serve as such.” In an effort to increase media exposure, the current GC
4 adopted a more democratic plan that empowers any GC member, with approval of the Chair, to speak
5 for the MSS on issues relating to their field of expertise (e.g. Delegate on matters of policy, Chair on
6 matters of advocacy, and At-Large Officer on matters of community service).
7

8 The current Governing Council has obtained formal media training and believes that this highly
9 valuable training should be continued for future GCs. The current GC has also pushed to develop
10 “issue-briefs,” ready-made summaries of AMA-MSS policy on vital topics concerning policy and
11 advocacy that can be deployed in a timely manner into the news cycle. Any AMA-MSS
12 communications intended for public consumption must first be vetted by AMA staff, however, a
13 process which can take days to weeks. Despite these bureaucratic difficulties, the GC and MSS
14 committees have developed, vetted, and posted eight such briefs as of this writing, with many more in
15 progress. We believe that issue briefs have potential, but that a process must be developed for rapidly
16 identifying relevant media episodes. (N.B. There are multiple services that provide daily digests of
17 medical news, including the AMA Member Communications “Morning Rounds,” and that might serve
18 as a model for a student-gear news digest.)
19

20 COLRP suggests that the AMA-MSS use individual chapters or states to increase media exposure.
21 Chapter events, particularly service projects, provide opportunities to discuss policy and publicize the
22 section. AMA-MSS media templates have already been developed and could be deployed to facilitate
23 this process. Furthermore, we believe that developing a method to track the number and content of
24 media impressions will provide valuable data that will allow us to analyze and improve our media
25 exposure.
26

27 Additionally, COLRP suggests developing “biosketches” of AMA medical student members for use in
28 membership recruitment documents, AMA publications directed at students, and on the MSS Web
29 site. These profiles would highlight the diversity of AMA medical student members by outlining a
30 particular student’s work in research, policy, international health, or service. Profiles could cover
31 MD/PhD or other combined degree students (traditionally under-represented among AMA members)
32 and students across all years of training (to draw 3rd and 4th year members). Lastly, COLRP
33 recommends that the GC continue to work with AMA Media Relations staff to identify further
34 opportunities for media exposure, as well as devise mechanisms to include medical students in future
35 AMA media campaigns related to MSS high priority items.
36

37 **Community Service**

38 The AMA-MSS is well known for its focus on public health awareness. As medical students, it is
39 imperative that we recognize and understand the needs of the community and continue this focus as a
40 section of the AMA. Nowhere is this seen more than in the dedication to community service that lays
41 much of the foundation for our section. Not only does this commitment benefit the patients who we
42 will one day treat, but community service is also an immense benefit to the AMA-MSS as well. For
43 example, opportunities for service work have a large pull for new members. Students who may not
44 fully realize the entire scope of the MSS often become introduced to the organization through
45 community service. The National Service Project (NSP) allows coordination between states and
46 regions to work towards common goals, and projects developed for national meetings are fantastic
47 opportunities for first-time attendees to increase involvement. At-Large Officers have been a great
48 resource for these projects and the recent addition of the Community Service Liaison (CSL) is a
49 promising aide to current efforts.
50

51 Our focus on community service also works to increase the MSS image in media relations. Projects at
52 the local, state, and national levels have the potential to be opportunities for recognition of our efforts
53 by the media. While this in no way is the primary reason for our dedication to community service and
54 should never become such, advertisement of our efforts can increase public knowledge of the AMA’s

1 dedication to the patient and to the community, while also increasing membership recruitment by
2 appealing to students with similar priorities.

3
4 Through COLRP's information gathering, we have discovered that most current and past leaders feel
5 that AMA-MSS has a commitment to service that is appropriate and adequate. Many are happy with
6 the assistance the national organization provides to local chapters for implementation of projects, both
7 in monetary and informational forms. In doing so, the MSS reaches out to most chapters and works to
8 tie chapters together for common goals. Others feel that the availability of help in implementing
9 projects is lacking. Many student members and leaders have mentioned that chapter-based community
10 service events would be aided by having a list of previously successful community service ventures
11 readily available to review. It was proposed during this committee's discussion that a database
12 maintained by the Community Service Committee (CSC) with contributions from state and regional
13 leadership could prove very helpful in the coordination of future chapter events.

14
15 It was also suggested that CSC should provide more guidance and resources to chapters to increase the
16 success of chapter-level community service projects that are both within and outside the realm of the
17 National Service Project. Many feel that certain states and chapters have projects that may not
18 coincide with the AMA-MSS current community service and advocacy efforts, but are important to
19 these areas nonetheless. By providing assistance to these projects, CSC may improve the quality and
20 advertisement of these projects. Furthermore, many state that there is a lack of communication both
21 from the leadership to local chapters and vice versa. Often this is the primary hindrance to
22 information and resource flow between these two levels of our section. The addition of the CSL, a
23 regional leader position that acts to coordinate service projects within the states of his or her respective
24 region, may prove beneficial in solving this problem. This position could provide a useful link
25 between the local and national leadership and should be utilized to do so. In speaking with one
26 particular regional CSL, it was found that most communication from the national level was by the At-
27 Large Officer, with a lack of communication from CSC. Requiring the Community Service
28 Committee to maintain communication with the Community Service Liaison could serve to optimize
29 both of these groups.

30
31 In discussion of the National Service Project (NSP), the majority of fact-finding determined that the
32 membership is content with the implementation of projects and the 2-year timeline for each respective
33 community service and advocacy theme. The MSS should continue these endeavors and strive to
34 choose future projects that are in line with current AMA advocacy agendas, as highlighted by the
35 choice of the current NSP, Covering the Uninsured and Protecting Access to Care (2006-2008), which
36 coincides with current AMA efforts towards access to health care.

37
38 One issue that has arisen in the area of the NSP is the scheduling of events during national meetings.
39 Currently, service events tend to overlap heavily with important policy-making events that also occur
40 in the morning during national meetings, such as Reference Committee and Assembly meetings. This
41 often forces students to choose between two very essential elements of our meetings. Because of this,
42 COLRP feels that the Community Service Committee, the Convention Community Service
43 Committee, and the Speaker/Vice Speaker should work together to schedule community service events
44 to occur at hours that are more conducive to students who wish to be a part of both policy-making
45 events and NSP events. By holding service activities on Friday or Saturday afternoons, for example, it
46 is postulated that an increase in student involvement can be fostered. In addition, the Standing and
47 Convention Community Service Committees should work to increase media awareness of such events
48 in order to display the benefit that the AMA-MSS provides to the community.

49
50 The Committee on Long Range Planning feels that the recommendations laid out through this plan
51 could serve to strengthen and improve the continued AMA-MSS commitment to community service.

1 Leadership

2 The AMA-MSS has a very diverse leadership that continues to work for the benefit and improvement
3 of the MSS. Our Governing Council, Councilors and Liaisons, and Committee Chairs historically
4 have interacted well to make appropriate decisions and create initiatives within our section. Feedback
5 was obtained on the leadership aspect of the MSS, especially on the expectations of individual roles
6 and interactions between various leaders. One respondent was particularly impressed with the
7 cooperation of all the MSS leaders that continually leads to the setting of MSS agenda and our ability
8 to execute it. This report attempts to discuss the three categories of leadership– the Governing
9 Council; Councilors, Liaisons, and Student Representatives; and Committees.

10
11 A substantial amount of overlap was found among various Governing Council roles, but was
12 determined to be a strength rather than weakness. More contact between the MSS Chair and student
13 member on the Board of Trustees was suggested as well as the opportunity for the Chair to play a
14 more prominent role as a spokesperson for the MSS. In addition, each GC should take the opportunity
15 early in their GC term to define more specifically the roles for Speaker/Vice Speaker and
16 Delegate/Alternate Delegate based on interests and potential contributions. COLRP believes that it
17 will be most beneficial to allow each Governing Council the ability to better delineate Speaker/Vice
18 Speaker and Delegate/Alternate Delegate roles, while still allowing flexibility in these roles. There
19 was some sentiment among past leadership that a revision was necessitated of the duties laid out for
20 these positions to include additional responsibilities between national meetings. However, after
21 discussing this further within COLRP, it was decided that additional duties should instead be defined
22 on an annual basis. This provides flexibility to each GC to pursue its goals for the year in the most
23 efficient manner.

24
25 In addition, the continuity of institutional memory was determined to be problematic with the
26 transition of new leadership. Many newly elected GC members lack knowledge on how to effectively
27 carry out the responsibilities of their position. COLRP feels that the development of a document by
28 the GC should serve as a guide to a successful tenure as a Governing Council member. This guide
29 should contain essential information, tips, and strategies for each member of the GC; it should be
30 maintained by AMA staff and revised yearly by GC members to maintain usefulness.

31
32 Insight into the various councilor positions was also obtained. Many Councilors described the
33 transition into their roles as being difficult. Suggestions to effectively carry out Councilor, Liaison,
34 and Student Representative positions that COLRP considered included the following: (1) Allowing a
35 representative-elect to attend his or her council meeting prior to installation; (2) Extending the
36 Councilor position to a two-year term; and (3) Encouraging interaction between former Councilors
37 and successors for mentorship during Annual Meetings. The latter has been done in the past and could
38 become a more regular aspect of Councilor training. COLRP ultimately decided that extension of
39 Councilor positions to a two-year term would limit the number of qualified applicants and exposure to
40 these tremendous educational experiences. Instead, in order to facilitate the transition into these new
41 roles and transmission of council decisions to the MSS, COLRP supports additional training for
42 incoming Councilors and meeting time at national meetings.

43
44 Another area that was identified as problematic was the small amount of interaction between
45 Councilors and the MSS. At times, AMA Council meetings overlap with MSS meetings and further
46 compounds this lack of communication. Some of the suggestions to address this issue include (1) a
47 session for all Councilors, Liaisons, and Student Representatives to AMA committees at Annual
48 Meetings to meet with MSS membership and discuss their roles; (2) a Councilor Forum at every
49 Annual Meeting; (3) a brochure with their picture, contact information, and description of duties and
50 responsibilities at every national meeting; and (4) more interaction with corresponding MSS standing
51 committees, if one exists. For example, the student Councilor for the AMA Council on Constitution
52 and Bylaws could advise the Speaker and Parliamentary Procedure Convention Committee during the
53 MSS Assembly. Inclusion of appropriate Student Representatives in MSS national meeting events
54 could also increase interactions between the GC, Student Representatives, and members. Finally, it is

1 recommended that the GC also consider mentorship abilities and leadership qualities as criteria in
2 appointing future Councilors. While some student representatives do not have much interaction as
3 mentors during their tenure in these positions, the ability to serve as a mentor would aid in conveying
4 their roles and fostering student interest in these appointed positions.

5
6 Several aspects concerning MSS Committees were also discussed during the writing process of this
7 report. With respect to MSS committees, COLRP considers it important for the AMA-MSS staff to
8 keep a short report of committee accomplishments and ongoing projects. This would prove extremely
9 helpful in transitioning from current committee members to newly appointed committee chairs and
10 members. The Vice Chair of the MSS, who serves as the primary coordinator of the standing
11 committees, often elicits the help of other GC members for the management of committee activity.
12 For example, the Chair is extremely helpful in COLRP activities and the At-Large Officer is a large
13 help to the Community Service Committee. COLRP feels that this system should continue, and it
14 should become an official duty of the Vice Chair to distribute responsibility of the standing committee
15 to the rest of the GC. It is also proposed that committees should undergo a review every 3 years to
16 examine their efficacy. COLRP feels that the needs for standing committees wax and wane.
17 Furthermore, despite the attempts of the Governing Council to appoint Chairs and members who are
18 diligent in their work and able leaders, committees at times do not prove as active as the GC may
19 require. A systematic review, preferably on a staggered basis so as to reduce strain on the GC, could
20 help delineate which committees continue to prove worthwhile, and which need to be remodeled,
21 removed, or established.

22 23 **Membership**

24 The 2004-2007 MSS strategic plan established membership recruitment and retention as the top goal
25 for the duration of the plan and, thanks to this concentrated effort, has coordinated several successes in
26 the MSS. Furthermore, membership has pervaded all goals of the MSS. Through results from
27 breakout sessions conducted at I-06, interviews of past and present leadership, and a survey of general
28 membership, COLRP has identified new areas to strengthen the membership initiatives developed
29 over the past three years while targeting new areas of membership development pertinent to the overall
30 goal of recruitment and retention.

31
32 Noting the successes in increasing student membership recruitment to be successful, COLRP directed
33 its attention to leadership opinions on why membership initiatives had been effective and, more
34 importantly, how they could be optimized for further successes. In general, current and previous MSS
35 leadership seems pleased with the initiatives that have been presented by national leadership over the
36 past two years and believes them to be effective. One initiative that has proven fruitful is "Succeeding
37 in Medical School," a series of programs that has increased AMA visibility at medical schools. Forty-
38 five programs have been offered at schools across the country, attracting 2,100 students. Because an
39 AMA-MSS leader and an AMA leader host each of these talks together, they have been able to make
40 personal connections with students. Respondents to COLRP's discussions with former leadership
41 especially note the attention applied to retention between the basic sciences (M1, M2) versus clinical
42 (M3, M4) years and its success in retaining member activity.

43
44 Respondents consistently note, however, that more energy needs to be invested in membership
45 retention during the transition from medical school to residency. The MSS and RFS membership
46 leaders have been working more closely with one another this year than ever before. Aside from a
47 joint RFS/MSS membership working group, the MSS and RFS Membership Recruitment and
48 Retention (MRR) chairs, our Vice Speaker, our At-Large Officer, and the RFS At-Large Officer are in
49 regular contact and are planning membership strategies in congruence with one another. At this point,
50 it would be appropriate to have the joint MSS-RFS committee delineate its timeline for the next 2-4
51 years and determine its benchmarks for success. It is important to develop the purpose and goal of this
52 relationship so that we can be effective in expanding resident retention.

1 As far as interplay with other professional societies, such as AMSA, is concerned, only one respondent
2 addressed the matter. This respondent noted that negative statements by AMSA leadership undermine
3 recruiting efforts by AMA chapters. Another respondent noted that anti-AMA sentiments from
4 academia is an obstacle to membership recruitment. This relationship between academia and
5 organized medicine is also noted by the Section on Medical Schools and is an underlying topic that
6 needs to be addressed insofar as it affects membership within the MSS. It would also be appropriate
7 to initiate other exploratory research into other groups that undermine our recruitment efforts.

8
9 One respondent noted that, while we are good at helping chapters that ask for help, we are not good at
10 identifying weak chapters and aiding them. This is an important point, considering that medical
11 school applications and admissions are increasing and new medical schools and multiple campuses of
12 existing medical schools are being developed throughout the country. Weak chapters fall into multiple
13 categories, from chapters at young schools, to chapters that have not had active student leadership to
14 maintain efforts, to chapters that have active student leadership engaged in other activities. The AMA-
15 MSS has not found difficulty in identifying weak chapters but in identifying leadership within these
16 chapters through which to strengthen these chapters. Exploratory efforts are called for.

17
18 An interesting point of discussion that arose was the idea of offering free memberships, with debate as
19 to whether offering free memberships to medical students would be appropriate or advantageous. The
20 impetus behind offering discounted fees to medical students is to engage them to participate in
21 organized medicine within the early stages of their careers; the membership fee waivers could be
22 considered an investment in the future of organized medicine. On one hand, such an offering would
23 increase membership and our ability to communicate with medical students. On the other hand, such
24 an offering would devalue the medical student membership and may not increase leadership or
25 activity. There are successful models of states offering free state membership, AMA membership, or
26 both. Successful models of partially or fully funded memberships to be studied are present in New
27 Mexico, Massachusetts, and Minnesota, among others. From observation of these models it appears
28 that, while membership numbers do increase, member activity does not. Nevertheless, it also appears
29 that this information is not sufficient alone to clarify whether eliminating the member fee for students
30 would be to the advantage of the AMA or the AMA-MSS.

31
32 Lastly, the AMA-MSS leadership has established strong working relationships with the AMA
33 Membership and Marketing staff over the last three years. While we are working to coordinate our
34 recruitment and retention efforts with Membership and Marketing staff, it would be expedient to
35 ensure that appropriate communication and coordination is occurring between Membership and
36 Marketing and MSS staff and leadership. In particular it is vital that the student viewpoint be included
37 in the overall strategic planning of our print and electronic communications to current and future
38 members. Additionally student leadership should work closely with Membership and Marketing staff
39 to plan our recruitment initiatives at both the national and local level prior to the Annual Meeting.

40 41 **Policy**

42 The MSS policymaking process currently allows medical student members to shape internal policy
43 and still partake in greater AMA issues. Unlike the Young Physicians Section, the MSS can create
44 policy that may be entirely independent of the House of Delegates. This separate policy provides the
45 MSS with flexibility to address issues that the HOD might not prioritize. For instance, our section set
46 the tone on Resolution 613-A-06 to establish comprehensive health care reform as the AMA's top
47 priority. Furthermore, the MSS has a voice on medical student debt as well as the ability to implement
48 a National Service Project. It is strongly recommended that the MSS continue having separate policy
49 that provides our section with autonomy.

50
51 Although a consensus supports the autonomous, yet democratic, nature of our policymaking process,
52 many have argued that the MSS should take greater strides to educate and involve both MSS members
53 and leaders in section policy priorities. The MSS 2001-2004 Operational Plan emphasized the need to

1 create better informed members who are intimately involved in a coordinated policy-making process.
2 To serve this end, our section may consider the following recommendations:

3
4 First, the policy-making process is often an overwhelming experience for first-time national meeting
5 attendees. Without any previous background, it might be challenging for members to grasp even the
6 basics of parliamentary procedure as well as the resolution process from Assembly to the House of
7 Delegates. At I-06, the Vice Speaker presented a workshop entitled "Introduction to Parliamentary
8 Procedure" that served to clarify this process. This session was well received and many individuals
9 thought that even more could be done. Thus, it is proposed that this presentation, as well as printed
10 brochures that outline key points from this presentation, be made available to chapters and participants
11 prior to each national meeting. Before each meeting, the Governing Council might work together to
12 ensure that the presentation material is current. This recommendation will serve to better integrate
13 new members into the national organization.

14
15 Second, it is felt that the MSS covers too broad a range of topics, and consequently our efforts are
16 watered down. Certain resolutions, and existing policy, may not encompass the larger MSS vision of
17 "improving medical education, advancing health care, and advocating for the future of medicine." To
18 better focus and coordinate MSS policymaking efforts, it is suggested that the Governing Council
19 establish top priorities for the MSS and strongly encourage resolutions to fulfill those priorities. By
20 doing so, the GC will help to decrease the amount of redundancy among resolutions and assure that
21 resolutions submitted are better aligned with the current advocacy efforts of the MSS. A prioritization
22 of advocacy issues should be dynamic and revisited annually or biannually to ensure that students are
23 kept informed of the ever-changing needs of our section.

24
25 Third, resolution-writing workshops and the resolution listserv have effectively improved the quality
26 and originality of resolutions over the past few meetings. However, some submitted resolutions
27 continue to be poorly-written, redundant, or would be better addressed by the GC or Committees. To
28 encourage higher quality resolutions, it is proposed that the writing workshops be better publicized to
29 regions and chapters, resolution checklists be updated annually, and a two-week deadline be
30 established for listserv feedback.

31
32 Fourth, there is often confusion regarding the role of Reference Committees during the Assembly
33 Meeting. For example, the Speaker either begins the extraction process with the original resolution
34 language or language from the Reference Committee report. In addition, Reference Committee reports
35 sometimes appear to neglect supporting evidence stated in the 'whereas clauses.' Although testimony
36 from the open hearing or staff notes might seem to overshadow the original intent of the resolution, the
37 Reference Committee Chair guide currently does emphasize that equal weight be place on all evidence
38 (i.e. whereas clauses, testimony, staff notes). Therefore, it is recommended that the Reference
39 Committee Chairs formally meet with the Speaker and Vice Speaker before the meeting to better
40 define the role of the Reference Committees. More specifically, the Speaker might only read language
41 from the Reference Committee report during the extraction process, and the Reference Committees
42 Chairs should be required to understand the Chair guide.

43
44 Lastly, Governing Council Report C -A-06 asked that the Government Relations Advocacy Fellow
45 (GRAF) role be defined in terms of "setting the MSS' advocacy direction and the appropriate
46 interaction between the GRAF, the GC, and the MSS Committees." The GRAF is a full-time member
47 of the AMA's federal advocacy team who serves to advance the AMA legislative agenda and health
48 policy. In particular, the GRAF works to educate the MSS, and other sections, on these issues and
49 encourage members to become advocates in their local communities. For instance, the GRAF
50 coordinated State Liaisons and workshops at AMA Lobby Day this past year. Rather than the MSS
51 specifically regulating GRAF responsibilities, the GRAF serves directly under the AMA's Director of
52 the Division of Legislative Counsel. At this time, it is recommended that the MSS collaborate with
53 current and former GRAFs to further utilize and clarify the role of this position within the MSS.

1 **Regions**

2 The 2004-2007 AMA-MSS Operational Plan resulted in the inception of the Region Infrastructure
3 Task Force (RITF). The RITF has since focused on strengthening the role of the regions, including
4 optimizing the allocation of states within regions, and most recently, establishing fair representation of
5 satellite campuses in the MSS. The RITF has gathered a significant amount of information, which has
6 been documented in annual reports. However, as noted in the Background, the larger question of the
7 overall role of the Regions within the MSS has not yet been adequately addressed, and the issue of
8 how each Region may serve to link National and State/Chapter leadership remains open.

9
10 Throughout discussion amongst members of COLRP and with MSS leadership, several suggestions
11 have been made for the role of regions, and in particular, region Leadership. For instance, the GC
12 could work directly with region Chairs to identify and empower struggling chapters. In addition, work
13 is needed to rebuild region listservs and create a basic standardized set of regional bylaws that is
14 adequate and sufficient. COLRP members also discussed restructuring the Chapter of the Year Award
15 so that each chapter applies through their respective region. A region would then nominate one
16 chapter at the regional meeting to submit to the GC for consideration. The GC will announce the
17 winner during the Annual Meeting. By involving the regional infrastructure, the Chapter of the Year
18 Award will help increase awareness within a region of the various activities of each chapter, and also
19 validate the role of the regions by creating some healthy competition between them. However, while
20 some of these ideas may be implemented immediately, the overall question of the role of the Regions
21 remains, and requires deeper examination that would best be realized through a GC report. It should
22 be noted this report is not intended to duplicate RITF reports, but rather is intended to build upon them
23 and answer any remaining questions (close up any loopholes).

24 Conclusion

25
26
27 The MSS Committee on Long Range Planning feels that the state of the AMA-MSS is becoming
28 increasingly strengthened through the dynamic members who have dedicated their medical school
29 careers to improving organized medicine. This committee hopes to further benefit the state of the
30 MSS and our influence within the AMA as a whole through the recommendations suggested in this
31 report. COLRP appreciates the AMA-MSS for the ability to discuss the plan for strategic operation
32 within this section, and hopes that the Assembly feels that we have determined an appropriate course
33 of action for the MSS that serves the needs of medical students and aligns future MSS efforts with the
34 larger goals of the AMA.

35 Recommendations

36
37
38 The MSS Committee on Long Range Planning recommends that the following be adopted and the
39 remainder of the report be filed.

- 40
41 1. That, in the realm of Advocacy, our MSS should:
- 42 a. Continue to focus on student- and patient-centered issues. Advocacy efforts should
43 aim to frame issues from a student point of view in order to engage as many members
44 possible, and
 - 45 b. Continue the effort toward creating student-specific action alerts, which should be
46 made available at national meetings, and
 - 47 c. Continue to coordinate MSS National Lobby Day and utilize the GRAF as a key link
48 in coordinating lobbying efforts and lobby day planning, and
 - 49 d. Implement an efficient mechanism to regularly update issue briefs that focus on the
50 most relevant issues in order to control volume, and
 - 51 e. Encourage chapters to involve students in lobbying at the local/state level and to
52 communicate with legislators more frequently, and
 - 53 f. Continue meetings with medical education leaders as a means for gathering
54 information, strategizing, and building relationships. MSS leaders involved in these

- 1 meetings should be encouraged to educate themselves about relevant issues as much
2 as possible prior to the meetings in order to ensure their effectiveness, and
3 g. Strive to make advocacy efforts transparent via outlets such as Web site publications,
4 and communicate these efforts to members whenever this is possible or allowed.
5
- 6 2. That, in the realm of Communications via the MSS Web site, our MSS should:
- 7 a. Encourage submission of updates from MSS leaders including, but not limited to, the
8 Governing Council, AMA Council student members, Region Chairs, and Committee
9 Chairs to MSS staff regarding their relevant Web site content at least twice per year,
10 and
11 b. Explore the development of a “most read/e-mailed” feature for the MSS home page, a
12 “what’s new/most recently updated” feature, a meeting blog, a policy tracking grid, as
13 well as a column directed at the general membership, with report back from the
14 Governing Council at A-08.
15
- 16 3. That, in the realm of Communications, our MSS Governing Council should:
- 17 a. Continue working with AMA staff to modify membership sign-up and renewal
18 documents for students to include an “opt-out of receiving commercial offers” box
19 and ensure that those who select this option do not receive commercial solicitations
20 associated with membership, and
21 b. Consider, as part of Assembly business, the addition of 5 minute addresses from key
22 section leaders to update the membership, and
23 c. Work with MSS staff to compile an MSS staff directory for dissemination to section
24 leaders.
25
- 26 4. That, in the realm of Media Exposure, our MSS Governing Council should:
- 27 a. Require annual formal media training for each newly elected GC, and
28 b. Encourage chapters and states to publicize events at the local level and make available
29 the use of AMA-MSS media templates, among other resources, for that purpose, and
30 c. Track the number and content of MSS media exposure at the local, state, and national
31 level, and
32 d. Explore the creation of student biosketches for use on student membership recruitment
33 documents, AMA publications directed at students, and the MSS Web site, and
34 e. Consider developing a mechanism to both monitor and rapidly respond to media
35 opportunities relevant to the MSS, and
36 f. Work with AMA Media Relations staff to further identify opportunities for media
37 exposure relevant to the MSS.
38
- 39 5. That, in the realm of Community Service, our MSS should:
- 40 a. Increase the ease of access for local and state chapters to project
41 ideas, resources, and contacts through the AMA-MSS Web site, as well as publicizing
42 successful projects via the Web site, and
43 b. Require the Community Service Committee to provide more detailed information on
44 resources and contacts for chapter-level community service projects, and
45 c. Continue to provide incentive for chapters to focus on community service projects
46 within the realm of the National Service Project, and
47 d. Require that the MSS Speaker/Vice Speaker work with the Standing and Convention
48 Community Service Committees to schedule the National Service Project event to
49 prevent conflict with the policy-making agenda of the meeting, and
50 e. Require the GC and Community Service Committee to work with AMA Media
51 Relations staff to increase media coverage of our NSP and service projects, and

- 1 f. Continue to foster coordination of the Community Service Liaison (CSL) with
2 national GC and region leadership, and
- 3 g. Align the MSS Community Service agenda, including the National Service Project
4 with the AMA and MSS advocacy agenda whenever possible, and
- 5 h. Consider the creation of a national community service event to be executed separately
6 from the Annual and Interim Meetings, similar in concept to Lobby Day.
7

8 6. That, in the realm of Membership, our MSS should:

- 9 a. Work with the RFS to develop a membership recruitment and retention strategy to
10 improve member retention into residency, expanding on successes seen within the
11 MSS. The MSS-RFS joint committee should prepare a plan of action for presentation
12 at A-08, including its metrics and benchmarks for success and a proposed timeline for
13 efforts, and
- 14 b. Study the feasibility and advantage of further reduction in membership dues to all
15 medical students eligible to join the AMA-MSS within the context of other efforts for
16 increasing AMA-MSS membership, and prepare a report with a plan of action
17 incorporating timelines and benchmarks for success for presentation at I-08, and
- 18 c. Work in a targeted fashion with three to six states, including region and state chairs,
19 chapter Chairs within the state, and advisors or staff members from the state society,
20 to identify what problems the state may be having and how national operations can
21 best serve that state. From this targeted work, the MSS should develop initiatives for
22 nationwide activity in membership recruitment and retention, and
- 23 d. Before each Annual Meeting, identify chapters that have not been as successful in
24 membership recruitment and identify leadership within each chapter whom we can
25 help to strengthen recruiting efforts and activity, and integrate the “Succeeding in
26 Medical School” initiative into this campaign, and
- 27 e. Work with the Section on Medical Schools to develop mechanisms such as academic-
28 specific recruiting materials or a recognition program to honor leaders in academic
29 medicine who are also involved with organized medicine. Work with the Section on
30 Medical Schools should be focused on identifying initiatives that will address the
31 disjunction between academia and organized medicine, and
- 32 f. Work with the Section on Medical Schools to identify initiatives that will address the
33 disjunction between academia and organized medicine, and
- 34 g. Continue to work with the Section on Medical Schools to develop Chapter Mentoring
35 Programs in which chapters will work with distinct local physician leaders to link up
36 students to State and County Medical Society and AMA resources.
37

38 7. That, in the realm of Governing Council Leadership, the MSS Governing Council should:

- 39 a. Annually define more specifically the roles between the Speaker/Vice Speaker and
40 Delegate/Alternate Delegate during their first plenary session, and
- 41 b. Increase institutional memory for future MSS leaders through creation of
42 documentation, including personal experience and advice from each GC member to be
43 kept by the AMA-MSS staff for transfer to future GCs, and
- 44 c. Encourage the MSS Vice Chair to continue enlistment of aid of other GC members to
45 serve as liaisons with MSS committees to enhance consulting in a timely manner, and
- 46 d. Set the goals of the AMA MSS by the end of the first GC meeting, including setting
47 broad goals and expectations for each AMA MSS Standing Committee.
48

49 8. That, in the realm of Councilors, Liaisons, and other Student Representatives, the MSS Governing
50 Council should:

- 51 a. Establish a formal mechanism for current student representatives to assist incoming
52 student representatives with the transition into their new position, such as a training
53 session at Annual Meetings, and

- 1 b. Encourage each Student Representatives to communicate regularly with his or her
- 2 associated MSS committee(s), if one exists, and
- 3 c. Encourage the GC to consider the creation of a Councilor Forum at national meetings
- 4 to give MSS members the opportunity to communicate more with Student
- 5 Representatives, and
- 6 d. Consider the addition of application criteria for selection of Student Representatives
- 7 on their ability to serve as mentors for future MSS leaders.
- 8
- 9 9. That, in the realm of MSS Committees, the MSS Governing Council should:
 - 10 a. Require an annual end of year 1-2 page report by each MSS committee to be kept by
 - 11 the AMA-MSS staff to enhance institutional memory, and
 - 12 b. Establish a process by which MSS committees are reviewed every three years to
 - 13 assess their need and efficacy, to delineate their responsibilities, and to consider the
 - 14 creation of needed committees.
 - 15
- 16 10. That, in the realm of Policy, the MSS should:
 - 17 a. Continue having policy separate from that of the AMA to allow support of both MSS
 - 18 and larger AMA issues, and
 - 19 b. Encourage the GC to establish top priorities for the MSS and strongly encourage that
 - 20 resolutions fulfill those priorities, and
 - 21 c. Through the GC, provide regular updates of the status of our AMA MSS goals,
 - 22 priorities, and policy implementation via GC goals and policy grids at both the Interim
 - 23 and Annual meetings, and
 - 24 d. Make available a presentation and printed brochure on national meeting procedures
 - 25 (as has been presented at previous national meetings), for access by chapters and
 - 26 meeting participants, in order to better integrate first-time attendees, and
 - 27 e. Better publicize writing workshops to chapters, and
 - 28 f. Propose a listserv feedback deadline to ensure that (1) authors receive enough help
 - 29 from more experienced members, (2) submitted resolutions are not redundant and are
 - 30 of higher quality, and (3) policy is discussed through proper channels (i.e. GC,
 - 31 Councils, and Committees), and
 - 32 g. Study the Assembly extraction process for improvement and update for report back to
 - 33 the Assembly, and
 - 34 h. Require formal meetings between Reference Committee Chairs and the Speaker/Vice
 - 35 Speaker before national meetings to define each individual's role in the policy making
 - 36 process. The Reference Committee Chair guide should be updated to emphasize
 - 37 citations and equal weight of whereas clauses, testimony, and staff notes in final
 - 38 Reference Committee recommendations, and
 - 39 i. Collaborate with current and former Government Relations Advocacy Fellows to
 - 40 further utilize and clarify the role of this position within the MSS.
 - 41
- 42 11. That, in the realm of Regions, the MSS Governing Council should:
 - 43 a. Study the overall role of regions and regional leadership within the MSS, focusing on
 - 44 how these roles can be optimized to best serve the MSS and their member
 - 45 states/chapters. In particular, the roles of the regional leadership should be addressed
 - 46 and documented in the same manner that the GC positions are delineated.
 - 47
- 48 12. That our MSS Leadership regularly evaluate their progress toward the accomplishment of these
- 49 goals, with annual reports to the AMA-MSS Assembly on subjects for which formal deadlines
- 50 have not been stated.
- 51
- 52 13. That our AMA-MSS make this Operational Plan available on the MSS Web site.

1 14. That our AMA-MSS seek a new three year Operational Plan for the 2010-2013 period, with
2 report to the MSS Assembly at A-10.

3
4 Acknowledgements

5
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10
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18
19 Reference Materials

20
21 Please visit the COLRP Web site (www.ama-assn.org/ama/pub/category/11878.html) for more
22 detailed information about the 2007-2010 MSS Operational Plan survey and to review previous MSS
23 Operational Plans.