

## Student Support by the Southeastern Delegation

As most of you know, the leadership of the Southeastern Delegation has had significant concerns about consistent support for our medical students as well as concerns about redundant resolutions that sometimes are not evidence based and/or are not consistent with either their state's or AMA policies. We have met with the students several times and have listened to their issues and delved into the structure and functions of the Medical Student Section. We have also canvased most of the SE states and gotten some ideas about how the students are supported in those states. All of this activity was in hopes of achieving several objectives, including how to write pertinent and successful resolutions, forge closer relationships with the whole of the SE Delegation and with their individual states, how best to support their attendance at AMA meetings and how to support individual students interested in leadership positions. We have learned the following:

### **Regional Structure of MSS**

Students are divided amongst seven regions. SE states are spread through 4 of those 7 regions with non-SE states in most of those regions. The regions are:

Region 3—Arkansas, Kansas, Louisiana, Mississippi, Oklahoma and Texas

Region 4—Alabama, Florida, Georgia, North Carolina, Puerto Rico, South Carolina and Tennessee (the only purely SE Region)

Region 5—Indiana, Kentucky, Michigan, Ohio, and West Virginia

Region 6—Delaware, DC, New Jersey, Maryland, Pennsylvania and Virginia

FYI—the other regions are:

Region 1—Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming

Region 2—Illinois, Iowa, Minnesota, Nebraska and Wisconsin

Region 7—Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont

It appears that each region has different structures and policies for accepting, debating and approving resolutions. And differing processes for electing their leadership. In addition, the regions meet periodically outside of AMA meeting times and the meetings are often not scheduled until the last minute and are held in different places. SE students have generally been successful in achieving leadership positions within their region but there seems to be no consistent and on-going communication between regions or between SE state student representatives. In addition, there is no apparent pathway for the SE Delegation to work with the students together as a single SE Caucus. Each region elects a Delegate and an alternate to the AMA HOD and there are varying executive positions and committees. In addition, there is an overall MSS Governing Council with its own committees. There are many layers but while these provide many opportunities for involvement, it also makes it nearly impossible to get good and consistent feedback.

Also, the Governing Council can change committee structure and often make significant by-laws, policy and process changes so that it is difficult to keep current with their structure.

### **AMA Meeting Structure and Student Schedule**

Students currently meet as regions and as a student HOD on the Thursday, Friday and part of Saturday before the Annual and Interim meetings. The schedules are often not available until a month or less prior to the meetings. This means finding a time to bring all the SE students together for serious discussion is difficult to arrange given the packed schedule of SE leadership from Friday morning on.

Students who have been elected as delegates and alternates mostly stay for the AMA HOD but despite serving as a delegate or alternate, many find they must return home for clerkships and there is an elaborate but obscure method of finding and credentialing replacements. (There are also students elected to serve as state delegates and alternates.)

### **Current Student Demographics and Support**

At this time, most of the students who participate are 1<sup>st</sup> and 2<sup>nd</sup> year students. Some older students do participate especially if they have been elected to a leadership position. However, the bulk of the students attend only one or two years at most. This means there is a constant turnover of uninitiated students who are new to the system.

In addition, while most of the students must have permission to attend from their medical school, many also either pay their own way or get support from their schools. More and more SE states are supporting students from their states but there are very few consistent formulae for financial support from the majority of SE states.

Some states have more medical schools than others. (e.g. Florida has 9, Virginia has 6, Delaware has none.) Some state medical societies have closer ties with the medical schools in their state, than do other states. Some include osteopathic and allopathic students; others just allopathic students.

### **Resolution Writing**

Students are a democratic and eclectic group. They tend to focus on social issues within medicine and are passionate about their topics. In many cases, a student only gets medical school support to attend and perhaps some financial support if they are the authors of an accepted resolution. Also, in many cases, these resolutions are not presented to their state society for feedback or editing but are brought to their regional caucus and from there to the MSS HOD. This means that many student resolutions are often reaffirmations, redundant or confusing and not available to the AMA HOD until very late in the meeting. Another key factor in the resolution arena is the almost constant turnover in AMA staff to the MSS. There is little or no institutional memory or assistance from AMA staff in writing good resolutions. There are some bright lights however. Florida, through Corey Howard, has developed a workshop on how to develop and present successful resolutions. This is presented to each of the Florida medical schools on a periodic basis. Maryland and Virginia both have designated staff to help the students with their resolutions and guidelines for writing good ones. These staffs also serve as institutional memory for policy for both their state and the AMA. Other states may have similar programs but not all are organized to support their students.

### **Conclusions and Recommendations**

The success of the students is vital to the future of the SE Delegation and the AMA. Plus, their behavior—both good and bad—reflects on the SE in many ways. The multi-layered structure of the MSS precludes any obvious way to form a SE Student Caucus that would bring all students together for support. And, in all honesty, this does not appear to be the best idea anyway given the needs and budgets of individual states. There is no one way to best support the students. But there are some key elements that we would suggest you might want to consider going forward.

1. Each state in the Southeastern Delegation is encouraged to form a state-based Medical Student Section that meets alongside your state HOD or Board of Directors. A student section would expose the students to mentors and allow them to present their resolutions and concerns to their state delegation for feedback and improvement. This plan would require the state society to interact with school administrations (both osteopathic and allopathic) and would probably require a designated staff member (part-time) to facilitate communication and keep everyone on the same track. There are several models for this within our SE family.

2. At the least, each state should develop a mechanism to keep track of their state's students and their roles in the MSS. You should at least know the names of all students from your state who are attending and active in the MSS. And, don't forget to scan the lists for students interacting as specialty delegates. (This is rare, but not unheard of.) It would be very helpful for the SED leadership to have a list of your students and their roles prior to each meeting.
3. We are aware that budgets for all states are tight and getting tighter. Not every state can support their full delegation, much less a posse of students. But we encourage you—at a minimum—to support any in leadership positions—perhaps by a scholarship fund, by any associated Foundation or by partnerships with the medical schools.
4. Let SED leadership know if a workshop for the SED BOD, executive directors or others from your state would be helpful. The workshop could cover models for student support and provide a forum for idea exchanges and how to mentor.
5. SED leadership will touch base with the current AMA staff for the MSS and depending on what we learn, may reach out to AMA BOT leadership for help in improving the staff involvement.

Please reach out to Claudette or any of the leadership team with concerns or suggestions. Our students are our future.