

# OSR News

Organization of Student Representatives

## Supreme Court Ruling Poses Future Challenges for Medical Students

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While diversity is a part of the uniqueness we cherish as Americans, recently the efforts to improve racial diversity in the classroom were up for debate. Two separately filed lawsuits (Grutter vs. Bollinger and Gratz Vs. Bollinger) challenged the University of Michigan's use of race in its admission process for the undergraduate college (Gratz) and law school (Grutter).

The two Michigan cases generated national attention. They brought the lingering topic of affirmative action back to the forefront of people's minds. They provided an impetus for many to think seriously and talk openly about their opinions on affirmative action and made public the practices of admissions offices.

On June 23, 2003, the Supreme Court ruling deemed the undergraduate admission point system a violation of the Equal Protection Clause of the Constitution. The law school admissions process was upheld because of its narrowly tailored use of race during the admissions process. Initially, supporters of affirmative action perceived the results of the cases, especially the law school case, as positive. However, recent news indicates that the topic is still a controversial issue as opponents of affirmative action band together in their attempts to ban affirmative action in higher education.

Undoubtedly the nation's demographics are evolving; each census clearly shows that trend. The current patient population in the clinics will be transformed again by the time we become practicing physicians. As the original tenets of affirmative action are being chiseled away, the question remains, how will we prepare for that change?

Members of the medical community, admission officers and students play an important role in providing for a diverse physician workforce. Unfortunately, as medical school thrusts upon us the constant emphasis to memorize metabolic pathways, learn physical diagnoses and perform clinical research, students may feel somewhat removed from the historic case discussions and ultimate rulings. But, just as admission officers are struggling with challenges to revise their admission processes as a result of the rulings, students also have newly defined challenges regarding maintaining a physician workforce that will be prepared to serve the needs of a diverse population.

First, we must continue to support the need for a racially and ethnically diverse classroom. Diversity in the classroom requires an open mind beyond basic sciences or clinical skills and enables us to reevaluate our own biases and establish opinions on more than just hearsay. Ask yourself what would your medical school education be like without the colorful backgrounds of your classmates. What type of medical education will students have in the future?

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Our second challenge is to each take responsibility and actively consider how all-graduating medical students might be encouraged to serve populations that are underserved. In times past, the expectation was that minority groups would serve the communities they represent. The numbers of minority medical students and physicians are rising, but not in parallel with the populations they represent. Therefore, we can no longer look to minority clinicians to serve patients from their own racial and ethnic groups.

Lastly, we must compile and verbalize the larger issues that prohibit students from freely making the decision to serve in areas of need (such as the enormous student debt and the comparatively lower compensation that comes with serving in those communities most in need). It is evident that we must recognize the long-term impact of a growing under-served population and begin to assess all the impediments to a medical student's specialty choice or location to practice so that a solution can be created.

These are but a few of the challenges that medical students will face in the coming years as a result of the Supreme Court decision. The OSR Ad Board is examining community and diversity and student debt issues and how debt factors into career planning for medical students. As OSR reps, we are in a unique position to assuage the impact these court decisions may have on medical education and eventual medical care. So take a few moments and reflect on these topics and how you might be instrumental in addressing these types of concerns. Our future depends on it.

## GSA Summer Meetings

FOR COMPLETE REPORTS, PLEASE GO TO: [HTTP://WWW.AAMC.ORG/MEMBERS/OSR/REPORTS/START.HTM](http://www.aamc.org/members/osr/reports/start.htm)

### GSA-Minority Affairs Section Coordinating Committee

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- ◆ **Relationship between MAS and GSA:** A task force was developed to examine the existing relationship. It was decided that the MAS should remain a section within the GSA rather than become a new group and will maintain its current status under the Division of Community and Minority Programs (DCMP). This will allow the section to continue to be a part of the GSA and enjoy the benefits offered. As part of the DCMP, MAS has opportunity to be involved in many activities that interest members of the section.
- ◆ **Health Career Web site:** The Internet is starting to play a larger role in providing information to healthcare students. Marc Nivet, Associate Medical Schools of New York, presented a plan for a health career Web site funded by the Josiah Macy, Jr. Foundation. This will be a site to allow students to increase their knowledge of specific careers in the market, provide information concerning education needed to get a job in the field, and to help students navigate academic and financial hurdles in order to pursue a health career. The site will be opened to test markets in January 2004 and is set to launch nationally in Spring 2004.
- ◆ **Robert Wood Johnson Health Policy Fellowship Program:** MAS is concerned with the development of minority health professionals in addition to getting students in the programs. Dr. Marie Michnich, Director, Office of Health Policy Programs and Fellowships, spoke about the Robert Wood Johnson Health Policy Fellowship Program. The program provides an opportunity for outstanding mid-career health professionals to gain an understanding of the health policy process, to contribute to the formulation of new policies and programs, and

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to develop in their careers as leaders in academic health centers and in health policy. Information on the program is on the Institute of Medicine Web site: [www.iom.edu](http://www.iom.edu).

### **GSA Steering Committee**

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- ◆ **GSA insurance survey:** In order to better assess the adequacy of medical student’s options for health care, the GSA – Committee on Student affairs (GSA-COSA) has developed a survey on student health, disability, and liability insurance to be completed by the Student Affairs officers at each medical school. Once that survey is completed, OSR hopes to compare the data with the results of the OSR-sponsored Student Medical Insurance and Medical Care Survey.
- ◆ **Traffic Rules:** The GSA Committee on Admissions is working to revise the current AAMC “Traffic Rules.” These Rules are guidelines provided for medical school applicants and medical school admission officers during the medical school application/admission process. The revised recommendations approved at the July 2003 Committee on Admissions and GSA Steering Committee meetings will be presented to the AAMC governance for consideration and approval in September 2003.

### **GSA Committee on Student Affairs (COSA)**

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#### **Student Advocacy: What does it mean?**

The GSA will present a plenary at AAMC Annual Meeting and would like to have students present to give their perspective concerning multiple issues. However, the meeting is during the OSR second business meeting. Would alternate representatives be interested in participating?

#### **Other business:**

- ◆ Visiting students: forms for credit and malpractice
- ◆ Criminal background checks of incoming students. Required by some VA hospitals and schools. Different kinds of checks exist (federal/state/local). Most checks take 3-4 weeks and what do you do with the information when you have it.
- ◆ Student Affairs Handbook: Design stemming from Handbook for Student Records Administrators
- ◆ School preparation for new LCME requirements
- ◆ Evaluating faculty as well as students on professionalism

#### **Questions to OSR from GSA-COSA**

- ◆ Opinion concerning costs of travel for Step 3cs.
- ◆ Opinion on a 2nd MATCH vs the scramble.
- ◆ Opinion on the consequences of breaking the MATCH for students vs those for the program.
- ◆ Would OSR support a survey of graduating seniors in order to assess student opinion concerning second visits to residency programs?

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### **GSA Committee on Admissions (COA)**

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- ❖ The AAMC Section for Student Affairs and Programs is examining factors related to the drop in number of medical school applicants in the last several years.
- ❖ Traffic Rules: The traffic rules are AAMC recommendations guiding the procedures and timing of medical school applications. These recommendations are not binding and it is unclear if the majority of admissions departments adhere to them.
- ❖ AMCAS report: The number of submitted applications is up by 15% compared to last year, with similar increases in the number of applications, indicating a preference for early decision at a particular school. Version 2.0 of the electronic AMCAS application is now in beta testing
- ❖ Medical School Admission Requirements (MSAR) guide for applicants: Should the MSAR include graphical distributions of GPA and MCAT scores for all applicants, accepted applicants, and non-accepted applicants from each school? Currently, this information is only presented in composite form for all schools, along with average MCAT scores and GPA for accepted applicants usually listed by individual schools. This issue raised a great deal of debate, with some admissions officers opposing the change because it presents too much data out of context (i.e. without additional information about how a particular committee considers these data on each applicant). Others thought that this information would be very useful to students wanting to limit the number of schools to which they apply, and for the general purpose of making the admissions process more transparent

## **Washington Highlights**

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### **Reauthorization of the Higher Education Act (HEA)**

- ❖ The AAMC sent a letter to both the Senate and House committees regarding reauthorization encouraging them to keep the HEA current by increasing Federal Stafford Loan limits and extending the economic hardship deferment.  
[http://www.aamc.org/advocacy/library/washhigh/2003/053003/\\_4.htm](http://www.aamc.org/advocacy/library/washhigh/2003/053003/_4.htm)
- ❖ Just recently, a House subcommittee addressed part of the Title IV HEA reauthorization (the part that deals with student loans, grants and work-study). They were debating whether or not to allow students who currently have several loans through the same lender to consolidate their loans with another lender. From a student perspective, this would be beneficial by giving us more flexibility and leverage to get more incentive from lenders.  
[http://www.aamc.org/advocacy/library/washhigh/2003/072503/\\_4.htm](http://www.aamc.org/advocacy/library/washhigh/2003/072503/_4.htm)
- ❖ Related to HEA is the announcement of federal loan rates for the next year. The rate offered will be a low 2.82% while you are in school. For calculations of this rate, visit:  
[http://www.aamc.org/advocacy/library/washhigh/2003/060603/\\_3](http://www.aamc.org/advocacy/library/washhigh/2003/060603/_3)
- ❖ The OSR Administrative Board will be visiting the Hill in September in support of the HEA. Resident Work Hours

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- ◆ Sen. Corzine (D-NJ) introduced a bill that would make it impossible for hospitals to receive Medicare funds if they do not adopt work hour restrictions for residents; this bill is to protect both patients and physicians from fatigue-related medical errors. The bill is still in committee. The ACGME has also been drafting similar duty requirements that went into effect on July 1. National Health Service Corps
- ◆ Some medical students participate in the NHSC scholarship program and several other stipend programs base or take their lead from what Corp scholars receive. The NHSC did not increase (or decrease) in the Health and Human Services Spending Bill as debated in the House. The AAMC is supporting an increase for this and other Public Health Service Agencies. Another bill was taken off the Senate floor that would have in part allocated additional funding to the NHSC specifically to assign Corp scholars to trauma centers that were in danger of closing because of high malpractice rates for the physicians practicing there. The removal of this bill could be a positive or negative for students depending on your viewpoint.

## Money for Iraqi Medical Schools

SHARON ROSE, UCHSC, SHARON.ROSE@UCHSC.EDU

At the University of Colorado Health Sciences Center Seth Peacock, we are spearheading a program to raise money to rebuild aspects of the Iraq medical schools by selling caduceus lapel pins to the public. I have the support of a local lapel pin manufacture and will be able to get the pins at 'cost'. We are currently in contact with Americares and Abt Associates and are trying to find a contact in the Iraq medical school system. If you wish to become involved, please contact me.

## AAMC-OSR Annual Meeting

The AAMC-OSR 2003 Annual Meeting will be held Thursday, November 6 - Sunday, November 9 at the Omni Shoreham Hotel in Washington, DC. The student registration fee will be \$225. Plenary sessions include: a joint session with the ORR featuring Dr. Kenneth Ludmerer discussing the role of students in facilitating professionalism in medical education and their future roles in social leadership as physicians; a joint plenary with the GSA on student debt that will offer participants the opportunity to learn how medical school funding is structured and how student tuition and fees fit into this structure.

OSR Preliminary Program:

<http://www.aamc.org/members/osr/annualmtg2003.htm>

AAMC Annual Meeting Information:

<http://www.aamc.org/meetings/annual/2003/start.htm>

OSR Poster Session, Friday, November 7 from 6-7 PM at the Omni Shoreham Hotel:

<http://www.aamc.org/members/osr/forms/posterform.pdf>

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