



association of american medical colleges

OSR ADMINISTRATIVE BOARD MEETING

January 22, 1980 1:00 pm - 6:00 pm
2nd floor conference room, One Dupont Circle

January 23, 1980 8:00 am - 3:00 pm
Rm. 827, One Dupont Circle

AGENDA

- I. Call to Order
- II. Welcome by Dr. Cooper
- III. Consideration of September Minutes.1
- IV. Chairman's Report
- V. ACTION ITEMS
 - A. Executive Council Agenda
 - B. Nominations of Students to AAMC Committees
- VI. DISCUSSION ITEMS
 - A. Resolutions from 1979 Annual Meeting.11
 - B. Due Process Project
- VII. INFORMATION ITEMS
 - A. Report on AAMC Officers Retreat
 - B. Status of Pending Financial Aid Proposals
- VIII. Old Business
- IX. New Business
- X. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

September 12, 1979
 AAMC Headquarters
 Washington, D.C.

<u>Chairperson</u>	--Peter Shields, M.D.
<u>Chairperson-Elect</u>	--Dan Miller
<u>Regional Chairpersons</u>	--Arlene Brown (Western)
	--Alan Wasserman, M.D. (Central)
	--Kevin Denny (Northeast)
<u>Representatives-at-Large</u>	--Barbara Bergin
	--John Cockerham
	--Stephen Sheppard
<u>Immediate-Past-Chairperson</u>	--Paul Scoles, M.D.
<u>AAMC Staff</u>	--Janet Bickel
	--Robert Boerner
	--Kat Dolan
	--Davis Johnson, Ph.D.

- I. Peter Shields called the meeting to order at 9:25 a.m.
- II. The minutes of the June meeting were approved with the following amendment: p. 3, Item E, delete the words "stronger and" from the last sentence.
- III. Chairperson's Report

Peter announced that for the House Staff Conference to be held October 5 and 6 in Washington, D.C., five of the OSR's 11 nominees had been selected to attend. A total of 32 residents have been invited to participate. He also told the Board that he had attended the August 2 meeting of the ad hoc Committee on National Health Insurance, which he would report on later in the meeting. Peter next asked Dan Miller to report on the last Consortium meeting which was held in Chicago in conjunction with the AMA-SBS meeting in July. Dan summarized the reports given by the groups in attendance: 1) LaRaMA, the newly formed Mexican-American group, is working to provide services to existing members rather than undertaking a membership drive at this time; its primary focus is on recruitment and retention of Mexican-American medical students; 2) The Student Affiliate of the American Academy of Family Practice has published its directory of Family Practice residencies; 3) AMA-SBS held its first House of Delegates meeting and

approximately 100 students representing 60 schools attended. Dan noted that, unfortunately, disagreements between AMSA and SBS appeared to be increasing and predicted greater competition for membership between the two groups. He closed by summarizing the report he gave to the Consortium on recent OSR activities.

IV. Executive Council Agenda

A. Election of Emeritus Members

ACTION: The OSR Administrative Board endorsed the recommendation that the Executive Council approve and recommend to the Assembly the election to Emeritus Membership of the individuals submitted by the Executive Committee.

B. Election of Individual Members

ACTION: The OSR Administrative Board endorsed the recommendation that the Executive Council approve the applications of the individuals listed on p. 19 of the Executive Council agenda.

C. Endorsement of LCME Accreditation Decisions

ACTION: The OSR Administrative Board endorsed all of the recommended accreditation decisions except for initial provisional accreditation for Universidad del Caribe, Cayey, Puerto Rico. With regard to this school, the Board decided to let Peter and Dan vote as they saw fit based on information contained in the site visit report and on further consultation with Dr. James Schofield.

D. Flexner and Borden Awards

ACTION: The OSR Administrative Board endorsed the nominations of Dr. Julius H. Comroe, Jr., as the 1979 Flexner Award recipient and of Drs. Kimishige and Teruko Ishizaka to receive the Borden Award.

E. Coordinating Council on Medical Education "Policy on Policy"

ACTION: The OSR Administrative Board endorsed the recommendation that the Executive Council approve the new method for the CCME to determine whether an issue before it is "policy."

F. Bylaws Changes for Liaison Committee on Graduate Medical Education

ACTION: The OSR Administrative Board endorsed the approval of the proposed changes.

G. General Requirements Section of the Essentials of Accredited Residencies

Dan Miller stated that he thought it was unfortunate that the section on counseling services available to residents had been diluted from previous drafts of the Essentials; he recommended approval of this document, however, because of the importance of moving ahead with it.

ACTION: The OSR Administrative Board endorsed the approval of the General Requirements Section of the Essentials.

H. Final Report of the ad hoc Committee on Continuing Medical Education

Members of the Board noted that this final report was greatly improved from the draft they reviewed in June.

ACTION: The OSR Administrative Board endorsed the approval of this report.

I. Final Report of the Specialty Distribution Working Group

It was explained that the three Working Group reports which were being presented to the Executive Council for approval would be reviewed by the Task Force at its September 26 meeting. The final reports of all five Working Groups will be submitted to the Assembly (AAMC's governing body) for approval at the annual meeting. Because some members of the Board had been unable to read thoroughly all of these reports, Dan told those members to forward to him any additional comments they might have before that date. Kevin Denny asked that the Board's actions on the reports include a provision for later comment and this was agreed to.

ACTION: The OSR Administrative Board endorsed the approval of the Specialty Distribution report.

J. Final Report of the Quality Working Group

The Board commended the addition to this report of "Principle 7," which states that there should be sufficient program flexibility to accommodate the diversity of an individual resident's abilities and goals.

ACTION: The OSR Administrative Board endorsed the approval of the Quality report.

K. Final Report of the Financing Working Group

ACTION: The OSR Administrative Board endorsed the approval of the Financing report.

L. Medical Sciences Knowledge Profile (MSKP) Program

The National Board of Medical Examiners for some time has been concerned about the utilization of its three-part examination sequence for purposes other than certification for licensure and has decided to limit access to Part I to students matriculated in medical schools accredited by the LCME. In order to assist schools in their assessment of U.S. citizens enrolled in foreign medical schools (USFMSs), since 1970 the AAMC has sponsored such students for Part I of the Boards as part of the COTRANS program. Now that such sponsorship for the Boards is not possible, it has been proposed that the AAMC sponsor a new program, called the Medical Sciences Knowledge Profile (MSKP), an examination developed by NBME covering the same areas as Part I. Its use would be similar to the use of the New MCAT in assessing the achievement of college students, and any U.S. citizen would be allowed to sit for it. In its discussion of this proposal, the Administrative Board voiced concerns about the proliferation of examinations required by schools, the difficulties already faced by USFMSs who attempt to transfer to a U.S. school, and the general direction that the AAMC would be pursuing with this policy change. The Board decided to devote time later to drafting a summary of their thoughts and to have Dan relay this to the Executive Council.

M. Liaison Committee on Continuing Medical Education

ACTION: The OSR Administrative Board endorsed the recommended policy regarding the reorganization and purposes of the LCCME.

N. Nonrefundable Deposits

Bob Boerner explained that 78 medical schools currently have policies regarding deposits required of an applicant to secure a first-year place which are not in keeping with the Recommendations of the AAMC Concerning Medical School Acceptance Procedures known as the "traffic rules" and published in Medical School Admissions Requirements. The traffic rules state that "the deposit, which should not exceed \$100, should be refundable without question." At its September meeting, the GSA Steering Committee discussed this disparity and recommended that rather than amend the traffic rules, attempts should first be made to change the behavior of the schools. The Board concurred with this idea.

O. Report of the ad hoc Committee on Clinical Research Training

John Cockerham, student member of the Committee on Clinical Research Training, summarized his contributions to the meeting of this committee and noted that his comments had been included in the report. Members of the Board suggested adding to the report mention of the need to encourage medicine-oriented high school and college students to pursue research projects.

P. Senate Legislative Proposals on Student Assistance

Bob Boerner summarized the two bills dealing with medical student financial assistance which have been introduced in the Senate (see Appendix A). He also noted that Robert Knouss, M.D., who is on Senator Kennedy's staff, recently met with the GSA Committee on Student Financial Assistance. Dr. Knouss described to that committee a proposal which he is currently working on: it features a National Health Service Corps type scholarship program and two loan programs: a low interest, subsidized loan the recipients of which would be in reserve for service if the NHSC-type scholarship program were unable to provide enough physicians to meet the manpower needs of each specialty; and a second loan program which is non-need-based and non-interest-subsidized. The scholarship program would be coordinated with state service-required programs and would include specialty fields. Bob said that developments on all these proposals will be carefully monitored.

Q. A Position Paper: The Expansion and Improvement of Health Insurance in the U.S.

Peter Shields summarized the meeting of the ad hoc Committee on National Health Insurance and highlighted the position paper which was based on the deliberations of the committee. This paper calls for expansion and improvement of the Medicaid program, development of a catastrophic health insurance program which would provide coverage through private insurance plans meeting HEW minimum standards, and creation of an independent certifying body to establish a minimum standard basic health insurance benefits package. Members of the Administrative Board discussed a number of the recommendations included in the paper and felt that the issues addressed are so important that an additional opportunity to comment on them would be helpful. They therefore recommended that this paper be considered a draft and that they have the opportunity to comment in writing in preparation of a final draft to be considered at a later date.

V. Graduation Questionnaire

Davis Johnson joined the Administrative Board to present the proposal for coordinating the 1980 Graduation Questionnaire with the National Resident Matching Program mailings in hopes of increasing the questionnaire response rate. The Board's reaction to the plan was positive, especially regarding the inclusion of tables generated from 1979 questionnaire results on career preferences and influences in the NRMP Directory. Kevin Denny questioned the advisability of making available to deans questionnaire results in individually identifiable form for fear of his sharing them with program directors in a case where the student has remained at the same medical center. Dr. Johnson noted that results are not released to deans until after September of

each year, that deans certify that they will not disclose the results, and that the reason for the present practice is that some schools are conducting longitudinal studies and make use of the Graduation questionnaire for this purpose. Dan Miller suggested that an informal survey be conducted to determine how schools are utilizing their students' results with an eye toward potentially changing the present policy. Members of the Board felt strongly that if good information and a good return rate are desired, the questionnaire results must be confidential. Dr. Johnson said that the Board's comments would be considered and once again invited suggestions for improving the December mailing cover memorandum.

VI. OSR 1978 Resolutions

The Administrative Board Reviewed the 17 resolutions passed at the 1978 OSR Business Meeting and discussed a response to each in preparation for a written report to the OSR membership. These resolutions and responses will be included as an attachment to the 1979 Business Meeting agenda; it is hoped that they will serve as a useful reference for the membership.

VII. OSR Continuity and Communications Survey

Dan Miller suggested that a set of principles, based on the results of last spring's survey, be drawn up pertaining to selection and succession of OSR representatives. Dan made several preliminary suggestions, but the Board felt that these principles required further study before they are set down. Bob Boerner also noted that the Council of Deans should be kept informed about the development of any recommendations pertaining to selection of OSR representatives.

VIII. Graduate Medical Education Information Project

Dan Miller reported on his discussion in Chicago with Dr. Anne Crowley, Director, Department of Educational Directories, AMA, regarding the AMA Directory of Residency Training Programs ("Green book"). He reported that this meeting was enlightening but disappointing in terms of OSR's efforts to increase the amount of information available to students on residency programs. Dr. Crowley expressed support of OSR efforts but said that the AMA could not be of assistance for the following reasons: the functions of the AMA Directory go beyond being a listing for students' use; it is also used by some state licensing boards as the official listing of programs by specialty and for purposes of public policy development; these additional uses require that it be an official, objective listing. Inclusion of some of the OSR-requested descriptive information may allow subjective comparisons of programs which would not be consonant with all of the purposes of the document. Dan said that Dr. Crowley's explanation of why the AMA Directory is not the appropriate tool to use to supply students with additional information on programs gave him a new perspective on the

project and that it is unclear which avenues the OSR have left to explore; Dr. Crowley does desire, however, to maintain communications with OSR regarding this project.

IX. Plans for 1979 Business Meeting

The Board developed the following guidelines governing the submission and discussion of Annual Meeting resolutions: 1) before a resolution may be introduced at the Business Meeting, it should be passed, at least in principle, by the region of the author of the resolution, whose name should appear on the resolution; 2) regions should prioritize their resolutions before submitting them to the chairperson; 3) the chairperson will only recognize speakers who are standing at a microphone; pro and con speakers will alternate; and there will be a three minute time limit on speeches. These guidelines will be distributed as an attachment to the agenda, along with guidelines for the preparation of a curriculum vitae for those interested in running for OSR office.

X. 1979 OSR Resolutions

The Administrative Board discussed the resolutions passed at the regional meetings:

- A. The Southern and Western regions "stress" resolutions were combined to read as follows.

"Stress is pervasive in this society. Medical students are concerned that undue stress in both medical school and residency programs may contribute to the alcoholism, drug addiction, emotional and mental disorders and suicide seen in a percentage of practicing physicians. Medical students are eager to learn methods for stress-reduction which might be utilized in the future for both medical students and housestaff orientation programs.

"Therefore be it resolved that 1) programs be established to determine the existence and magnitude of stress in medical education and 2) multifocal programs be developed to aid in the reduction of stress, such as: a) less sleep deprivation; b) support groups; c) trained counselors to provide a system of ongoing counseling to all students, commencing with an orientation to the medical school experience; to provide special career counseling, directed by individuals who will not act as recruiters for their field and to make a separate advisor available for residency application counseling for those individuals having great difficulties coping with the stresses of medical education; d) instructing students in the techniques of self-relaxation; and e) assuring time for extracurricular activities."

- B. The Central region "cost containment" resolution was viewed as a very positive approach; it was noted that the AAMC Task Force on Support of Medical Education is recommending inclusion of cost containment education in the curriculum.

"Whereas cost containment is becoming an issue of paramount importance to U.S. health care and whereas there has been little teaching of Health Care Economics in medical schools up to the present,

"Be it resolved to encourage the AAMC's support of health care economics by the development of new programs and/or integration with existing courses or clerkships."

- C. The items in the Central region "financial aid statistics" resolution were discussed; staff will attempt to gather the available data on these items prior to the Annual Meeting.

"Whereas both state and federal governments are considering changing capitation for medical schools and

"Whereas federal loan programs are being developed to encourage students to seek out indentured service programs (NHSC, Armed Forces), and

"Whereas little information has been documented concerning indebtedness and future practice,

"Be it resolved that the Central region of OSR directs the Ad Board to compile the following statistics before the National Convention in 1979:

1. Correlation between debt on graduation and specialty chosen by a student for residency
2. Data from military services concerning retention of physicians in the military after their obligation has been fulfilled
3. Data from the Public Health Service concerning the number of physicians who continue serving in underserved areas after their obligation has been fulfilled
4. Correlation between the amount of tuition at specific schools and the percentage of students indentured."

- D. The Central region "minority admissions" resolution was endorsed by the Board and the decision made to forward it to the Minority Affairs Section for their consideration:

"The AAMC Task Force on Minority Student Opportunities in Medicine report of June, 1978, states as one of its goals to increase the pool of qualified racial minority applicants to levels equivalent to their proportion in the U.S. population.

One of the recommendations made in the report was to establish relationships with undergraduate colleges and high schools and to offer a variety of experiences (seminars, guidance and advising, special classes, etc.) to acquaint high school and undergraduate minority students with the nature of medical education.

To more effectively utilize the limited funds and manpower of each school, we propose that groups of medical schools geographically related (i.e. SNMA) for such programs as mentioned above.

We also recommend that those people involved with minority affairs in the AAMC contribute their time and efforts in these sectional pooling programs."

- E. It was noted that the Western region "NBME" resolution was very similar to the one passed at the 1978 Business Meeting. The Board agreed that inappropriate and detrimental uses of this examination is a continuing concern of the OSR and that their concerns should be communicated to the AAMC member of the NBME's Advisory Committee on Undergraduate Medical Evaluation.
- F. The Two Western region "medical school curriculum" resolutions were discussed; one calls for greater emphasis on occupational health, nutrition, aging and sexuality from an interdisciplinary perspective and one addresses the need for discussion of physician-patient dynamics, physician self-evaluation and ethical complexities in medicine. The Board felt curricular review and assessment is gaining increasing attention from many sources including students; therefore, the Board felt it opportune to devote a large portion of the 1980 OSR Annual Meeting program, perhaps in conjunction with the Council of Deans, to these issues and decided to begin working on such a program.
- G. The Board discussed the Western region resolution on "premedical education" from the perspective of what the OSR could do to help premedical students become better informed about medical school and about the American health care system. It was noted that the honors premedical society, Alpha Epsilon Delta, invites medical students to make presentations to premedical societies; this type of information exchange could be promoted by the OSR. Bob Boerner reported that one of the goals of the financial workshops being funded by Robert Wood Johnson is to enhance the counseling skills and upgrade the information level of premedical advisors as well as of financial aid administrators. He also suggested that the OSR may wish to refer this resolution to the GSA members who will be attending the meeting of the Association of American Health Professions Advisors.

XI. New Business

The Administrative Board was reminded that there would be an Administrative Board meeting Friday, November 2, at 7:00 p.m., as well as a new/old Administrative Board joint luncheon Monday, November 5, at noon. In preparing the agenda for the general OSR business meeting, Dan asked that Administrative Board members wishing to address the OSR membership or to make a report submit those requests to him in writing as soon as possible.

XII. The meeting was adjourned at 5:15 p.m.

OSR RESOLUTIONS passed at 1979 Annual Meeting

A. National Board Examinations

Action: The OSR approved the following resolution:

As medical professionals, we recognize that the profession is accountable for the capabilities of its members. We further reorganize the need for medical schools to evaluate and if necessary modify their educational program.

It is our understanding that the National Boards were created solely for the purposes of national licensure, thereby insuring a standard of competence. It has come to our attention that medical schools, perhaps improperly, have been utilizing the National Boards as a means of evaluate students for promotion and to modify curricula and, in addition, that teaching hospitals have used the scores as one criterion for selecting residents.

We are also concerned that the apparently increasing importance of the Boards poses a threat to the increasingly diversified group of students attending medical school and jeopardizes the development and strengthening of diversified curricula.

BE IT THEREFORE RESOLVED, that the OSR recommends two fundamental and basic changes in the National Board Examination process: 1) The current system of scoring be replaced by a pass/fail performance being used as the only record of the test results and 2) Results of the exam be shared only with the student and the licensing board.

B. Medical School Curricula

Action: The OSR approved the following resolution:

Research increasingly documents the critical roles psychosocial factors play in health maintenance, throwing into sharp relief deficiencies in the curricula of many medical schools.

Criticisms from within and without the health care community indicate that physicians emerge from medical school ill-prepared to address many issues, including (but not limited to):

- the role of working environments in health;
- the special nutritional problems of many groups within the population;
- the broad range of feelings and behavior that express human sexuality;
- the moral and ethical responsibilities involved in physicians' interactions with their patients;

Therefore, the OSR resolves that;

1. Medical schools give more emphasis in their curricula to subjects such as occupational health, applied nutrition, aging, health economics, human sexuality, and ethical issues relevant to medical practice.

2. These subjects be addressed from an interdisciplinary perspective and be included in clinical as well as basic science instruction.

3. A medical school curricular reform workshop be offered at the 1980 Annual Meeting of the AAMC, addressing the extant external pressures for particular curricular emphases as well as ways in which medical students, faculty, and administrators may bring about curricular reform at their individual school.

C. Information on Graduate Training Programs

Action: The OSR approved the following resolution:

WHEREAS graduate medical education program vary considerably in their requirements, provisions, and quality, and

WHEREAS The OSR has long recognized that there is a need for more subjective and objective information on these program and this information should be available early on in the application process and

WHEREAS collecting such information on a regional basis represents a feasible method of increasing its availability and would provide experience for the project on a nationwide level, therefore

BE IT RESOLVED that the Northeast region undertake a pilot survey to determine the opinions of undergraduate and postgraduate medical trainees about the application process to and and the work experience in graduate medical education programs; the survey will be based on the OSR Model Questionnaire for Graduate Training Evaluation and given to students in medical schools and housestaff in residency programs of the Northeast region; the resulting information will be made available at each medical school in the region for use of all students; and

BE IT FURTHER RESOLVED that all regions be strongly urged to develop similar programs with the ultimate aim of forming a nationwide effort, and that the OSR Administrative Board be directed to provide organizational and administrative support to further this effort.

D. Representation of Housestaff in the AAMC

Action: The OSR approved the following resolution:

In recent years the AAMC has become increasingly involved in issues related to graduate medical education. For example, as one of the parent bodies of the Liason Committee on Graduate Medical Education, the AAMC participates in the accreditation of residency training programs. The AAMC Task Force on Graduate Medical Education has undertaken a review of graduate medical education as it relates to financing, quality, transition, specialty distribution, and national standards and accreditation.

A major constituent of the AAMC is the Council of Teaching Hospitals under whose auspices resident physicians receive their medical training.

Recent opportunities by resident physicians to provide input into the affairs and policies of the AAMC, i.e. the AAMC Housestaff Conference on Graduate Medical Education, have proven to be unique and informative additions to AAMC deliberations.

Therefore, the OSR suggests that the AAMC explore, with appropriate student and housestaff input, methods and mechanisms by which housestaff physicians can provide organized and continuous input into the affairs and deliberations of the AAMC.

E. Truth in Testing Legislation

Action: The OSR approved the following resolution:

WHEREAS most medical colleges require the New MCAT for evaluation of applicants as an integral part of the admissions process, and

WHEREAS the State of New York has passed a truth in testing law which requires that, beginning January 1, 1980, the answers to each question of the New MCAT be made public following the test administration, and that studies of the validity of the test be made public, and

WHEREAS the AAMC has decided that compliance with the New York State statute would seriously compromise the integrity of the New MCAT and has decided not to offer the New MCAT in New York State, an action which poses great inconvenience and concern to New York residents who wish to take the New MCAT, and also to all applicants who apply to medical colleges in New York State,

BE IT RESOLVED that the OSR direct its administrative Board to appoint a committee to investigate the issue of truth in testing as it pertains to the medical community and to report its findings and recommendations as soon as possible.

F. Stress in Medical Education

Action: The OSR approved the following resolution:

Many kinds of stress are pervasive in our society. Medical students are concerned that undue stress in both medical school and residency programs may contribute to the alcoholism, drug addiction, emotional and mental disorders, and suicide seen in a percentage of practicing physicians. Medical students are eager to learn methods of stress reduction which might be utilized in the future for both medical students and housestaff orientation programs.

Therefore be it resolved that 1) programs be established to determine the existence and magnitude of stress in medical education and 2) multifocal programs be developed to aid in the reduction of stress, such as: a) less sleep deprivation; b) support groups; c) trained counselors to provide a system of ongoing counseling to all students, commencing with an orientation to the medical school experience; to provide special career counseling, directed by individuals who will not act as recruiters for their field and to make a separate advisor available for residency application counseling for those individuals having great difficulties coping with the stresses of medical education; d) assuring time for extracurricular activities; and e) instructing students in the techniques of self-relaxation.

G. Physical Diagnosis Courses

Action: The OSR approved the following resolution:

WHEREAS the mastery of basic information-gathering skills (taking a history and performing a physical examination) is a crucial component of medical education, and

WHEREAS a review of recent medical educational literature noted deficiencies in these skills throughout the spectrum of medical education and belief that this problem has its origin in undergraduate medical education.

THEREFORE, BE IT RESOLVED that physical diagnosis courses be devised with clearly defined objectives, descriptions of the skills to be acquired and provisions for supervision of learning, evaluation, and demonstration of proficiency; and that the GME of the AAMC be urged to assist medical schools in the development of such courses.

H. NHSC/Armed Forces

WHEREAS physician satisfaction with working conditions is directly related to effective health care delivery, and

WHEREAS the Public Health Service and military physicians will be serving a significant percentage of the United States population, and

WHEREAS it is currently possible for personnel to change from one branch of the armed services to another.

BE IT RESOLVED that OSR recommend that the AAMC take positive action to encourage the Surgeon General and appropriate governmental branches to provide at an individual's request an effective mechanism that would allow individuals to change on a one-for-one exchange basis from the armed services to the NHSC and vice versa.

I. SCARPELLI VS. REMPSON et al

Action: The OSR approved the following resolution:

Scarpelli v. Rempson et al in Wyandotte County, Kansas is a civil

law suit brought by a former member of the faculty of the University of Kansas Medical School against five defendants, Mr. Chester Rempson, former Assistant to the Vice Chancellor for Minority Affairs at the University of Kansas Medical School; Drs. Charles Lee, Nolan Jones, Ernest Turner, and Charles Floyd, former medical students at the University of Kansas Medical School. The plaintiff alleges defamation of character and interference with his contract rights and privacy.

The legal action against Drs. Lee, Floyd, Jones, and Turner resulted from actions taken in their capacity as members of the Executive Committee of the Student National Medical Association, University of Kansas Chapter. After two years of meetings and correspondence utilizing internal University processes, finally at the behest of the Executive Vice Chancellor of UK Medical School, the students filed a formal complaint alleging specific instances of discriminatory conduct on the part of various University of Kansas Medical School officials. The facts are clear; despite the gravity of the allegations and their seriousness of purpose, the students conducted themselves in a reasonable, responsible and professional manner in their attempt to resolve their grievances.

The legal action taken against Mr. Rempson was because his office assisted with the preparation of the students' formal complaint. In his role as administrator, this procedure was well within the scope of his express duties as the school's Affirmative Action Officer and rendered pursuant to the express instructions of his immediate superiors at the University of Kansas Medical School.

The facts of this case do not argue well for the protection of the freedom of minority students to bring complaints of discrimination. In fact, it addresses the even larger issue of any student, majority or minority, to seek redress when they have reason to think they have been discriminated against or treated unfairly in an educational setting. The replication of this case could present serious threats to the effort of students to stand up for their rights to pursue equal and judicious treatment in medical school. With this information as background, the following resolution is offered:

WHEREAS the Organization of Student Representatives of the AAMC acts as a voice to maintain the highest level of quality education and opportunities for all medical students; and
WHEREAS the OSR has already expressed concerns about the due process guidelines available to medical students for the resolution of grievance;
BE IT RESOLVED that the OSR direct its group studying due process to investigate this case;
BE IT FURTHER RESOLVED that the OSR submit information on this case to the GSA Section on Minority Affairs for their assessment of its affirmative action implications.