

OSR ADMINISTRATIVE BOARD MEETING

April 12, 9:00 - 3:30
2nd floor conference room - One Dupont Circle

April 12, 5:00 - 7:00
(with CAS) Map - Washington Hilton Hotel
Conservatory 7:00 - 9:30

- I. Call to Order
- II. Consideration of January Minutes.1
- III. Chairperson's Report
- IV. DISCUSSION ITEMS
 - A. Executive Council Agenda Items
 - B. OSR Survey on Ethical Behavior of Medical Students. . . .8
 - C. Joint April Meeting with CAS. 11
 - D. Possible 1982 OSR Annual Meeting Schedule. 13
 - E. Reports on OSR Regional Meetings.
 - F. Reports on Other OSR Projects
- V. INFORMATION ITEM:
 - A. Report on Status of Student Financial Assistance Programs
- VI. Old Business
- VII. New Business
- VIII. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

OSR ADMINISTRATIVE BOARD MINUTES

JANUARY 19 and 20, 1982
 AAMC HEADQUARTERS
 WASHINGTON, D. C.

Chairperson

--Grady Hughes

Chairperson-Elect

--Ed Schwager

Regional Chairpersons

--Pamelyn Close*

David Baum

Ron Voorhees

Paul Organ

Representative-at-Large

--Beth Fisher

Michael Tom

David Thom

Linda McKibben*

Immediate-past-Chairperson

--Lisa Capaldini*

AAMC Staff

--Janet Bickel

Robert Boerner

Joseph Isaacs*

i. Mr. Hughes called the meeting to order at 1:00 pm.

ii. Report of the Chairperson

Mr. Hughes outlined his views about the missions of the OSR Administrative Board. Despite bad news on seemingly every front, the Board needs to push in positive directions in whatever ways possible. While an important role of the Administrative Board is to represent its constituents, this responsibility not only involves abstractly giving student opinion on issues before the AAMC but work on concrete tasks which Board members need to identify. He noted that cooperation with other student groups is key and that OSR particularly should join in efforts to protect academic medicine which is under attack on many fronts.

Next Mr. Hughes explained how the work plan appearing in the Executive Council agenda evolved from the September Strategies for the Future session and discussions held at the Officers Retreat in December which he and Mr. Schwager attended. In part, the work plan is a response to the changing and less cordial environment for academic medicine, the implications of which students need to understand if they are to formulate realistic perspectives. He described the general shift from looking for new frontiers to an almost defensive attitude of seeking ways to minimize losses. He noted also that because the AAMC is heavily faculty- and dean-oriented, the issue of research funding

*present during part of the meeting

appears to be taking precedence over financial aid in terms of Association priorities; therefore students need to do all they can in support of new and old sources of student financing and to continue to stimulate the AAMC in this direction.

Mr. Hughes summarized discussions held at the last meeting of the Consortium of Medical Groups held in conjunction with the AMA Interim Meeting in December. Seeking ways to aid each other was a primary topic in addition to concerns about debt affecting students' career choices and the financial aid picture adversely affecting the applicant pool. Also discussed were concerns about the role of external examinations in medical education, the access of poor people to health care, and the need to document effects of federal budget cuts. He reported that AMSA's state lobby month had been postponed until February and urged that OSR members work with AMSA chapter heads or on their own to speak to state officials about the financial plight of medical students and to identify workable state-level loan programs.

Mr. Hughes closed by noting that last year it was hard to keep from getting lost in a forest of legislative crises. He hoped that this year the Board could agree upon realistic goals culled from their ideals and from their responsibilities to the membership. Members of the Board suggested taking turns sending pertinent references to the representatives to assist them in keeping abreast of current developments; it was also recommended that Board members be very active at the institutional level and form small task forces with other OSR members as appropriate. Mr. Boerner cautioned against asking too much of individual representatives and advised that focusing issues is key in preventing unnecessary frustration.

iii. Reports from Regional Chairpersons

Mr. Voorhees said the Western meeting at Asilomar would begin on March 28 through the 30th with the umbrella topic of SOAP--"Sharing Our Aspirations and Plan for Medical Education in the '80's"; this will be a joint meeting with the health professions advisors and the AAMC Group on Medical Education. Mr. Baum noted that he has contacted the Northeast GSA Chair about their meeting in Montreal, April 22-24; there will be at least one student seminar focusing on the structure of medical education vis-a-vis the manpower and financial aid outlooks. Board members sympathized with the Central region regarding the site of its meeting in Toledo, Ohio, April 15 and 16; Mr. Organ stated that Dr. Ludwig Eichna will be a featured speaker and he hoped that plans for a stress management seminar could be finalized. Mr. Organ also will be asking Central members to bring copies of syllabi for their best and worst courses as the basis of a discussion on curriculum. Mr. Hughes encouraged the regional chairpersons to work hard to provide those who attend the spring meetings with the benefits of the Administrative Board's more intimate and thorough discussions of issues.

iv. Report on Student Financial Assistance

Mr. Boerner gave the worst news first, that is, that Mr. Reagan will request in his budget address in February that graduate and professional students be declared ineligible to receive Guaranteed Student Loans as of April 1, 1982; figures from last year show that 72% of all graduate and professional students

rely on this program and that 50% of the funds received by medical students were GSL monies. Mr. Reagan is also expected to request zero funding for the National Direct Student Loan program; last year medical students received \$17 million from this source. He noted that an informal consortium of graduate and professional student associations were sending a response to this proposal to the Secretary of Education and key congressmen and that shortly AAMC would be alerting appropriate persons at the schools suggesting that they prepare an immediate response. Mr. Boerner explained that GSL is an entitlement program and that the Administration feels pressured but is having a hard time finding mechanisms to slow its growth. He expressed the hope that this year legislative proposals would be put forward in a timely fashion so that concerned parties would have the opportunity to present their views; since the budget committees (instead of the shared power of authorization and appropriation committees) have become the controlling forces, it may happen once again that financial aid as well as many other programs will get lost in last minute shuffles to reduce the federal deficit. Mr. Boerner also reported on the hearings chaired by Senator Percy in December on Health Professions Student Loan (HPSL) program default rates; he and members of the Board expressed grave fears about the effects of this negative publicity that 18% of physicians are not repaying these loans. While admitting that some schools have been lax in their collection efforts, Mr. Boerner noted problems with the data presented at the hearings. HPSL collection improvement will be a focus of discussion at the GSA regional meetings, but the publicity has already had an impact, i.e., the Senate is recommending zero dollars for HPSL in 1982 and the House figure is only 5.8 million. With the diminution of other sources of aid, Mr. Boerner said clearly students would become more reliant on HEAL, but there are problems with this program also; even with an interest rate of 19.5%, more lenders under this program are needed. Moreover, because of concerns about the federal credit budget and because HEAL loans are federally insured, a total ceiling for borrowing has been set which may be too low. He said that a questionnaire has been sent to schools regarding their future needs under the HEAL program and another to assess schools' efforts to identify additional sources of aid is in preparation. Mr. Boerner closed with the comment that schools have to move out of the federal dole and look creatively and positively at other sources of aid.

Ms. Fisher noted that in addition to students' writing letters to congressmen in the upcoming GSL battle, small groups of students, alumni, parents and deans should visit congressman to educate them about problems. Issues related to work/study arrangements were also discussed; residency program directors need to be informed about why many students may need to adjust their undergraduate programs in order to earn money. The Board agreed that while students must work hard to stave off changes in the GSL program, they must also begin looking elsewhere for sources of assistance.

v. General Professional Education of the Physician and College Preparation for Medicine Project

Ms. Bickel reported on the first meeting of the GPEP advisory panel held in January. While this meeting was largely devoted to orientation and planning, she told the Board she feels assured that the panel has the willingness and capability to address the issues foremost in the minds of students. Dr. Stephen Friend, first-year resident at Children's Hospital in Philadelphia, has been appointed to the panel and has expressed the desire to work closely with the OSR in making sure that students' views are put forward. Ms. Bickel noted that the panel formulated tentative plans for subdividing the issues to be addressed into charges for working groups. Three groups will examine

respectively the development of essential knowledge, necessary skills and personal qualities at the college and medical school levels; the clinical clerkship will be the focus of another and possibly evaluation policy issues the subject of the fifth. Neither timetables nor membership of the groups has been decided yet, however, it is anticipated that some will have student participation.

vi. Nomination of Students to Committees

The Board expressed dismay at the paucity of applications it received for committees with student openings despite efforts at the Annual Meeting and afterwards to publicize these. Because no formal applications for the NRMP Board of Directors were submitted (though three were expected shortly) the Board agreed to determine this nomination via telephone during the first week of February. The same situation prevailed with regard to the GSA-Minority Affairs Section Coordinating Committee; it was decided to forward any applications received during February to the MAS-Chairperson in order for that body to determine the nomination. A number of applications were received for GPEP working groups with additional ones expected; while the Board will review these at its April meeting, it did nominate two students out of those already received. Applications for the student participant on the LCME will be considered at the June Administrative Board meeting.

ACTION: The OSR Administrative Board nominated the following students for committee membership:

JoAnn Sanders (St. Louis U.) Flexner Award Committee
 Linda McKibben (Med. Col. of Georgia) Women in Medicine Planning Committee
 Vickie James (Galveston) GSA Committee on Student Financial Assistance
 M. Louis van de Beek (Hahnemann) GPEP
 Mike Hitt (Arizona)

vii. The meeting was adjourned at 5:00 pm.

viii. Mr. Hughes recalled the meeting to order at 8:30 am on the following day.

ix. Joint April Meeting with the Council of Academic Societies (CAS)

Mr. Hughes reported that at the Officers Retreat, he and Mr. Schwager had met with the CAS officers to plan methods of increased interaction between the two groups; a joint April meeting was agreed upon as well as tentative ideas about a mutual Annual Meeting session. Mr. Hughes asked the Board to determine which topics might most usefully be discussed in April with the CAS Board. In addition to those proposed in its agenda, the Board put forward the following topics: ways for students and faculty together to promote excellence in teaching and methods of encouraging more active learning and of stimulating curiosity toward the creation of a life-long learner.

x. Proposed Health Planning Bill

Mr. Isaacs, Senior Staff Associate, AAMC Department of Teaching Hospitals, explained that in previous discussions of what should replace the 1974 health planning law, AAMC had taken a wait-and-see position until the American Hospital Association (AHA) could finalize its stance. Its proposal as well as the one drafted by the American Health Planning Association (AHPA) was included in the Executive Council agenda for the consideration of the Administrative Boards. Mr. Isaacs noted that the AHA proposal embodies a

voluntary, community-based approach whereas the AHPA's seek some kind of state-control. He stated that it is clear that the current administration does not want federal health planning responsibilities and thus it is uncertain whether federal monies should realistically be sought to support planning. The Board agreed with Ms. Capaldini that federal disinvolvement in this area portends a dangerous trend and that a federal commitment to improved planning is essential; it endorsed the provisions of bottom-up planning and flexibility as key to a workable approach. Mr. Organ noted that students should prepare for more health planning responsibilities being undertaken at the local level so that they may have some influence when the time comes.

xi. 1982 OSR Annual Meeting

The Board discussed the logistics of a joint program with CAS which would have to take place on Sunday afternoon of the Annual Meeting and agreed that the OSR schedule could be altered to accommodate this. Because so many OSR members seem unable to stay for Monday sessions, the Board decided to begin OSR regional meetings and discussion sessions on Friday afternoon instead of Friday night. The suggestion was made that new member orientation activities at the Annual and regional meetings should include presentations of past OSR projects and their continuing utility. The Board proposed the following topics as possible discussion session themes:

- A. Outlets for creativity in medical education
- B. Being a minority provider; care to minorities
- C. Time management skills
- D. Medicare and Medicaid history and forecasts
- E. Social role of the M.D. in the U.S.
- F. Nuts and bolts of political organization (state level)
- G. Reproductive rights and the physician's role
- H. Why physicians?
- I. Health policy: public or private sector?
- J. Career choice dilemmas

xii. Projects for the Coming Year

Ms. Bickel distributed copies of the bibliography on Spanish medical resources prepared by former Administrative Board member Wendy Crum. The Board agreed that it should be sent to the membership as well as to a number of other parties after Mr. Hughes and Ms. Crum have written a cover letter. Although the OSR members who had introduced the proposed model survey at the Annual Meeting and who have the results obtained at that meeting had not forwarded a summary, Ms. Bickel introduced the survey for the Board's consideration in considerably shortened form. While the Board felt that OSR can act as a disseminator of information of interest to students, the proposed survey even as abbreviated did not appear to be an effective, timely method of accomplishing this function. Instead the Board decided that Regional Chairpersons should solicit topics at the spring meetings about which data from the schools would be valuable. At the June meeting, these will be fashioned into a survey to be returned at the Annual Meeting. As an aside, Ms. Capaldini noted that the AMSA Task Force on which she serves recently surveyed admissions officers regarding their policies on sexual orientation of applicants; 36 of the 40 responders expressed an interest in how other schools handle this question. Mr. Boerner agreed to raise this issue at the GSA Steering Committee meeting in March. Ms. Bickel requested guidance regarding the idea of stimulating

student affairs deans to maintain a housing file so that seniors taking electives at other schools can share apartments hence avoid paying double rent. The Board agreed that a model for collecting the necessary information should be sent to both OSR members and student affairs deans.

Next, Mr. Hughes listed many of the possible areas on which OSR could concentrate during the coming months: 1) gaining housestaff representation in AAMC; 2) renewed efforts to increase the amount of information to seniors on residency programs; 3) public relations campaign to counteract effects of Percy's hearing on HPSL defaults; 4) surveying on ethical behavior of medical students; 5) increasing the use of the universal application form; 6) examination of data from combined AMCAS, Graduation Questionnaire and NRMP files to monitor changes in the applicant pool, career choices, debt levels and family income; 7) encouraging schools not participating in OSR to join and improving continuity of representation at participating schools; 8) developing a model to assist senior students and residents to improve their teaching skills; 9) lobbying at the state level; 10) addressing the problem of the use of medical students as ancillary staff in hospitals. The Board voted the following four as their highest priorities: 1) career counseling, 2) improved teaching skills of residents, 3) better provisions for psychological counseling of medical students, and 4) political action in the financial aid arena. With regard to the last of these, Mr. Thom agreed to work with staff to prepare a motivational packet for distribution at the regional meetings; this will include directives about working with the institutional financial aid officer and leaders of other student groups, an historical chart showing the decline in funding for aid programs, a sample letter, and names of the key congressmen and committees. Board members agreed to follow up AAMC memos with phone calls to representatives in their region to offer assistance in mobilizing student participation. With regard to career counseling, Ms. Bickel reported on AMSA's March 31 conference titled "Career Decision-Making and Specialty Choice: Look Before You Leap". She served on the planning committee for this conference, will be attending it and will share ideas for future directions with the Board in April. In the area of teaching skills, Ms. McKibben agreed to contact the Group on Medical Education Chairman to gain his ideas on ways for medical students and residents to improve their skills. The Board agreed that with the assistance of individuals in departments of medical education, it may be able to put together a syllabus which could form the basis of an Annual Meeting workshop and possibly serve as a model for a senior elective. In conjunction with Ms. Fisher's contacting concerned individuals at her school, Ms. Bickel will open discussions with staff at the American Psychiatric Association to see what is being done to improve provisions for psychological counseling for medical students. The Board felt that it may be possible to develop guidelines regarding workable arrangements that may be useful to schools that presently have less than optimal provisions.

xiii. Strategies for the Future: An AAMC Work Plan

Mr. Hughes introduced the work plan contained in the Executive Council agenda, the goals of which are to help constituent institutions: strengthen strategic planning to permit maximal use of resources, identify new sources of support compatible with their missions, be prepared to modify the mission and allocation of resources to accommodate zero growth or retrenchment, and maintain the quality of their programs. While the Board felt that many of these were indirectly stated in the plan, it recommended inclusion of the following goals:

- 1) Maintain a spectrum of medical students of sufficient size, quality, diversity and career goals to meet the medical needs of society:
 - develop an environment which allows and encourages personal development and growth
 - develop career counseling and specialty choice services for students which reflect societal needs and accommodate students' goals
 - 2) Reaffirm commitment to excellence in teaching:
 - encourage faculty recognition and advancement based on teaching achievement as well as other faculty responsibilities
 - encourage continuous exploration of innovative teaching methods
 - 3) Maintain educational quality of residency programs in face of financial constraints.
- xiv. The meeting was adjourned at 3 p.m. in order for new members to attend an orientation session.

OSR SURVEY ON ETHICAL BEHAVIOR OF MEDICAL STUDENTS

Last year's OSR Administrative Board devoted portions of two meetings to discussing the extent and nature of cheating among medical students and designed a survey to gather OSR members' views on a variety of questions regarding ethical behavior. This survey was distributed to the student institutional representatives who attended the 1981 AAMC Annual Meeting with the hope that the responses would guide the OSR Administrative Board in deciding what additional steps might be taken, e.g., sending an appropriately revised version of the survey to medical school deans, designing a model honor code for schools' use, sponsoring Annual Meeting discussion sessions with other AAMC groups on ethical questions in medicine and medical school. The responses* to the pilot survey are summarized below. A few additional introductory remarks are in order, however, regarding the original impetus for these endeavors.

The literature on cheating in medical school is very sparse but provides cause for concern. Results of a survey completed by over 400 medical students at two U.S. schools revealed that 88% reported having cheated at least once in college and 58% in medical school (Sierles, *J. Med Educ.*, Feb. 1980). A study of medical students' attitudes toward an honor code showed that support of the honor code concept was high but students' reluctance to report suspected violations and confusion about what constituted a violation were also high (Brooks, *J. Med Educ.*, August 1981). It appears that these subjects are rarely discussed at the institutional level or experiences shared among faculty, deans and students in any broader forum. As the educational process and the practice of medicine are becoming more complex, relationships among cheating in medical school, methods by which students are informed of their ethical responsibilities, pressures of the educational process, and unethical behaviors of practicing physicians need to be explored. The hope is that the results of the pilot survey may provide a starting place for the consideration of some of these interlocking issues.

A total of 39 questionnaires (anonymous but geographical region requested) were completed. Asked if their school had an honor code, 71% responded affirmatively. Of these 67% believe that an honor code is a useful means of instilling awareness of the ethical responsibilities of students and the same percentage believe that students can be expected to abide by the agreements of an honor code. These results indicate some skepticism about the utility of this method. Some comments were submitted regarding the insufficiency of an honor code in the absence of other kinds of reinforcement not to cheat. Students were also asked about student involvement in activities to encourage ethical behavior. Sixty-two percent reported that students are involved in policy formation in this area; 30% said they didn't know whether or not students are at their school. Fifty-six percent reported that students participate in formal hearings of a colleague accused of misconduct; 35% didn't know if this provision existed. These responses indicate a general lack of visibility of such activities on the campuses. The survey also asked about formal or informal activities on the part of the faculty aimed at fostering students' awareness of their ethical responsibilities as students and as physicians. The most frequently mentioned were an elective course in medical ethics (33%), discussions of ethical questions in other courses and on the wards (30%) and no activities (15%). Students were asked if the school uses specific measures to discourage cheating on exams; 54% responded affirmatively. The most frequently mentioned methods were proctors

*tabulated by Steve Phillips (4th year student at Einstein) who served on the 1980-81 OSR Administrative Board and who spearheaded this project.

and seating plans.

Presented in Table I are the averaged responses to the following item: "The activities below may be considered ethical responsibilities of each medical student. Indicate the importance you attach to each and the degree to which it presents a problem at your school".

TABLE 1

	Importance low (1) high (5)	No Problem-Major Problem low (1) high (5)	No basis to judge
Refrain from cheating on course exams	<u>4.6</u>	<u>2.2</u>	<u>7%</u>
Refrain from cheating on NBME	<u>4.4</u>	<u>1.4</u>	<u>23%</u>
Refrain from cheating on lab exercises	<u>4.0</u>	<u>2.0</u>	<u>20%</u>
Refuse to aid another student during exams or exercises	<u>4.4</u>	<u>1.9</u>	<u>12%</u>
Report a peer seen behaving suspiciously	<u>3.4</u>	<u>2.5</u>	<u>23%</u>
Refrain from presenting false data on case presentations, case write-ups and medical records	<u>4.8</u>	<u>2.6</u>	<u>25%</u>
Maintain Patient confidentiality	<u>4.6</u>	<u>2.2</u>	<u>25%</u>

These results indicate that none of these areas is considered to be major problems by the respondents but that problems do exist, it seems, in all but refraining from cheating on the National Boards (perhaps because of the difficulty of achieving this). Refraining from presenting false data on case presentations appears to be the most troublesome area at the same time as it is given the highest importance. These students do not attach as much importance to peer review as to the other responsibilities listed probably because of a natural reluctance to "cast the first stone" and equivocation about what constitutes suspicious behavior; it is thus also not surprising that students note problems with such reporting at their schools.

The final question regarding ethics on campus asked what circumstances contribute most heavily to students' unethical behavior. Following is a frequency listing of the responses, which for the most part fell into a few major categories:

competition among students/pressures for grades	43%
fears of failure/insecurity	28%
volume of the workload	23%
lack of emphasis on ethical behavior at school	15%
questionable ethics of faculty	12%
inappropriate personal philosophy	12%
unwillingness to admit mistakes	7%
belief that a little cheating is okay	5%
desire for placement in a good residency	5%

In another vein, the survey asked students to list the circumstances which contribute most heavily to physicians' unethical behavior. A frequency listing of these follows:

excessive pressures to perform well	30%
greed	17%
fears of lawsuits	15%
confusion of priorities/warped values	12%
competition with other physicians for recognition	12%
lack of peer review	10%
practices acquired during the educational process	10%
sense of self-importance	7%
seeing situations as win/loss	5%
laziness	5%
unwillingness to admit mistakes	5%

It is clear from the responses to this and the preceding question that students are concerned about negative influences of pressures to "succeed"; these pressures and incentives are experienced as both internal and external. Their comments also indicate a relationship between lack of peer review and emphasis on ethical behavior and the incidence of unethical practices.

Finally, responders were asked to describe what they believe to be the two or three most critical ethical dilemmas facing individual physicians today:

euthanasia	30%
high medical costs/allocation of medical resources	28%
care of terminally ill patients	25%
being honest with patients	20%
abortion	17%
how to treat patients who can't pay	17%
peer review/whistleblowing	12%
dealing with impaired physicians	7%
humanistic treatment in a technological world	5%
patient experimentation	5%
influence of money on type of medical practice	5%

Also mentioned were: patient confidentiality, physicians as executioners, testing only for legal reasons, and medical genetics experimentation.

It is recommended that the OSR Administrative Board discuss this brief summary of the survey responses with an eye toward identifying additional OSR-sponsored activities regarding the issue of unethical behavior of medical students. Whether or not such activities should be considered in the context of ethical dilemmas of physicians should also be explored.

JOINT CAS/OSR MEETING

The CAS and OSR Administrative Boards are meeting jointly for the first time. The members of these boards represent medical school faculties and students. Therefore, a logical focus of discussion appears to be on the prevailing relationships between the faculties and students in our constituent medical schools.

The rapid expansion of medical schools, their student bodies, and faculties during the past twenty years has seemingly modified the personal interaction between faculties and students. Faculty members feel that they are unable to become closely acquainted with many students and students express feelings of alienation from the faculties. Clearly, the resolution of problems that engender poor relationships between faculties and students is desirable.

To focus and delineate discussion, two specific areas have been selected:

I. The Role of Student/Faculty Relationships in the Nurturance of Curiosity and Creativity

Among the many qualities that it is desirable for all physicians to possess are curiosity and creativity. Such skills and qualities are clearly essential for those who will pursue careers in research, but they are also necessary for practicing physicians who must apply their knowledge and skills to the solution of the unique problems each patient presents. Without curiosity and creativity, medical practice can devolve to protocol medicine. Students expressed the view that present teaching and evaluation methods encourage the memorization and regurgitation of a large volume of facts rather than the development of analytic skills, synthesizing capabilities, and inquisitiveness.

The following Board members will initiate and lead this portion of the discussion:

Preclinical Phase

Ed Schwager, University of Arizona - OSR
Lowell M. Greenbaum, Medical College of Georgia - CAS

Clinical Phase

Beth Fisher, Cincinnati - OSR
Bernadine Healy Bulkley, Johns Hopkins - CAS

II. The Role of Faculty/Student Relationships in Motivating Adherence to High Ethical Standards

Individual adherence to high ethical standards is imperative for physicians and biomedical scientists. Ethical decisions ranging from the generation and interpretation of data through assuring that patients give truly informed consent to caring for dying patients must be made by all physicians. The motivation for students to adhere to or neglect ethical standards is to a significant degree based on their perceptions of how faculty behave when discharging their obligations to make ethical decisions.

Further, excessive competitive pressures on students may tempt them to seek to be evaluated at higher levels than appropriate. High grades and national test scores are perceived by many students as the faculties' sine qua non for competitive success in being admitted to medical school and later for selection for residency positions. Students are concerned that cheating and other unethical behaviors result from excessive competitive pressure. The outcome of a pilot survey by OSR suggests that faculties should be concerned about this problem.

The following Board members will initiate and lead this portion of the discussion:

Preclinical Phase

Ron Voorhees, New Mexico	-OSR
Douglas Kelly, University Southern Cal	-CAS

Clinical Phase

Paul Organ, Washington University	-OSR
Joseph E. Johnson, III, Bowman Gray	-CAS

POSSIBLE 1982 OSR ANNUAL MEETING SCHEDULE

Friday

3:00 - 4:00 OSR Administrative Board Meeting
4:00 - 5:30 Discussion sessions
7:30 - 9:00 Regional meetings

Saturday

8:30 - 10:00 Regional meetings
10:30 - 12:30 Discussion sessions
2:00 - 5:00 Business meeting
5:00 - 6:00 Regional meetings
7:00 - Reception

Sunday

8:00 - 9:00 Candidate for OSR office session
9:30 - 1:30 Business meeting
3:00 - 5:00 Joint OSR/CAS program
5:00 - 6:00 Regional meetings