

OSR News

Organization of Student Representatives

OSR Update

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AAMC/OSR Annual Meeting, Boston MA November 4-7, 2004:

The Annual Meeting plans are finalized and we are looking forward to another dynamic meeting. Some enhancements have been added to this year's meeting, including a round table discussion the Ad Board, plenary sessions on health law and healthy lifestyles, and updates on the NRMP. Additionally, we will host a pre-meeting social on Thursday evening November 4, 2004 from 8:00-10:00 PM at Lir; this gathering will provide OSR reps an opportunity to network and discuss issues in a casual setting. For more information on the OSR portion of the AAMC Annual Meeting: <http://www.aamc.org/members/osr/annualmtg2004.htm>

For housing and registration: <http://www.aamc.org/meetings/annual/2004/start.htm>

Run for Office:

New Ad Board members (Chair-Elect & five National Delegates) will be elected at the Annual Meeting. If you are interested in running for office, or would like more information about what the positions entail, I strongly encourage you to contact any of the current Ad Board members to glean their opinions on the experience. <http://www.aamc.org/members/osr/contact/adboard.htm>

Ad Board Priorities and Projects:

This year's OSR Ad Board has been busy addressing all facets of medical education including: debt, diversity, community service, and educational quality. For more detailed information, please visit: <http://www.aamc.org/members/osr/reports/start.htm>
<http://www.aamc.org/members/osr/chairmessage.htm>

Other AAMC Resources:

If you are interested in the AAMC's position on issues in medical education, visit the AAMC Newsroom Web site: <http://www.aamc.org/newsroom/start.htm>

In addition, you may subscribe to AAMC STAT (Short, Topical, and Timely), a weekly email newsletter summarizing the latest AAMC initiatives, policy statements, and other activities, plus relevant national news and links: <http://www.aamc.org/newsroom/aamcstat/aamcnews.htm>

Pals—UC Irvine's Commitment to Children

Jason Phillips, OSR Representative, University of California—Irvine, jmphilli@uci.edu

Pals is a UC Irvine College of Medicine student initiated public service program whose goal is to foster relationships between medical students and chronically ill children and their families. The program is a specialized adaptation of the big brother/big sister program that pairs first and second year medical students with pediatric patients from the UC Irvine Medical Center as "pals" who visit regularly for various activities and outings. The program was founded two years ago by then first year students Tiffany Chang, Heather Richmond, and Francesca Staiti to provide mentorship and support for these children. It has since expanded at UCI-COM and continues to be a huge hit with both medical students and their "pals."

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For the medical student, Pals provides a unique blend of educational and emotional enrichment. Monthly seminars on relevant topics such as child development, chronic illness, and family dynamics provide specific knowledge on pediatric medicine, while visits with their pal allows students to view life and the hospital through a new set of eyes. Students see their pals twice a month, accompanying them to a clinic visit and participating in other activities like shooting hoops or having fun at the annual Chuck E. Cheese party. For the participating families, medical students offer friendship, support, and assistance in understanding medical problems and treatment.

When talking with the students participating in the Pals project, their eyes light up. Co-founder Tiffany Chang describes her experience: “My pal Adolfo is a pro at ‘Red Light, Green Light.’ We play the game with his brother Rudy, sister Maria, and the other kids in their apartment. Al always wins. Of course his wheels probably give him a slight advantage. A spiky-haired 9-year-old with the biggest brown eyes and a toothy smile, my pal Adolfo has muscular dystrophy. He will progressively lose voluntary muscle strength, eventually weakening his diaphragm and heart. Is he scared? Yes. Does he get angry? Of course. But he never gives up. He still goes to school, still plays with friends and still gets into trouble with his mom.”

One of the greatest benefits of the Pals program is the self-reflection it promotes in medical students. While the first two years of medical school traditionally have a strong focus on academics, Pals allows medical students to learn about pediatrics in an environment that forces them to learn more about themselves. Tiffany sees these extraordinary individuals not as victims, but as “kids who meet the most extreme challenges with courage, hope and laughter. They suffer from fear and loneliness. What makes them exceptional is their determination not to let the illness rob them of their joy in life. Adversity uncovers a wealth of inner strengths they never knew they possessed; a pure love of life that spreads to all around them. Adolfo reminds me of the important things in life. He is why I want to be a doctor. He is why I want to be their doctor.”

1050 drafts: Writing and expression in Iowa City, IA

Margaret LeMay, Writing Program Coordinator, University of Iowa Carver College of Medicine, margaret-lemay@uiowa.edu

Hello. I am privileged to work with Sara Brenner, the OSR Communications National Delegate and her medical student colleagues here at the Carver College of Medicine’s Writing Program. When I completed my master’s degree in creative writing at the University of Iowa, I had no idea that in a short time I’d move from writing poetry to working on residency personal statements with Iowa medical students. Medical students are excellent and for those of you who open writing consultations with some form of caveat regarding not having written a thing since sophomore year of college, I’d suggest polling a pool of writers on the extent of their scientific educations.

In all earnestness, the heart of the Writing Program, which is two and a half years old, is the interdisciplinary conversation the meeting of humanities and medicine inspires. Like literary readings within required curriculum, the Writing Program offers opportunities to engage in humanities-inspired discussion. Unlike required assignments, medical students are the ones who choose to interact with the program or direct their use of its services. To date, I have read and provided suggestions on 1050 individual drafts of writing that include ethics papers, scholarship applications, wedding vows, elegies, and letters to creditors. We have a medical student evening creative writing workshop in which I participate and I also co-teach a fourth year elective in literature and writing. As writing is but one form of self-expression, we coordinate student-led opportunities in photography, drawing, and drumming; and invite visiting writers, musicians, and visual artists to visit our campus.

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Many institutions have well-established literary magazines and we are working on building our own. The magazine, *Interface*, is online at <http://www.interfacemag.org>. I think it would be great to bring together a student-organized conference of literary magazines, newspapers, writing, and the arts at one of our institutions one day. If you're interested, write to me at the email address above.

Most of all, if the idea of an onsite writer who provides individualized feedback appeals to you, talk to your student affairs staff or Deans. If it's useful, feel free to pass on my contact information. Take it from me: getting started takes little more than a graduate student in writing or a related field, a desk, and some good energy.

Cover the Uninsured Week at Harvard Medical School

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At Harvard Medical School, the Healthcare Action Collective is a student group that has been working with other leaders in Massachusetts to secure the passage of a state amendment to make comprehensive and affordable health care a constitutionally protected right for its citizens. Given the call to the OSR to support the Robert Wood Johnson Foundation's Cover the Uninsured Week initiative, we decided to organize activities during the week to become more educated about the issues. These sessions were critical in developing our knowledge base, further arming students with solid arguments to present to legislators.

The amendment passed on July 14, 2004. As early as 2008 a specific plan for enacting the coverage as drafted by the state legislature will be presented to the state voters for approval. At that point, universal coverage becomes a reality in Massachusetts.

The week of activities presented below allowed for discourse during this critical time. We thank the Robert Wood Johnson Foundation and the AAMC for supporting this important cause—an official forum has been created to discuss how to improve health care access in this country.

Monday, May 10th “Health Policy 101: Does Insurance Matter?”—Timothy Ferris, MD, Assistant Professor of Medicine, Institute of Health Policy, Massachusetts General Hospital
Dr. Ferris led a discussion to clarify the concepts of public vs. private financing of health care, basics of payment methods, and structures of Medicare and Medicaid. As he defined these issues, he funneled into the question—“does insurance matter?” Before embracing universal coverage, he challenged participants to confront opposing arguments. We entered the room with a strong sentiment and left with data to support our stance, while appreciating the other viewpoints.

Wednesday, May 12th “Challenges in Health Policy”—Michael Dukakis, Former MA Governor and 1988 Democratic Presidential Candidate Claudia Martorell, MD and Allison Bryant, MD, Commonwealth Fund Fellows

Michael Dukakis drew on his vast experiences in government to discuss the challenges currently facing health care, including an analysis of financing the system and issues of health care disparities. Drs. Bryant and Martorell, two Commonwealth Fund fellows reacted to the comments by offering their viewpoints based on their research. The panel discussion elucidated the gaps in coverage and provided a dramatic call to action.

Thursday, May 13th “MassHealth & Insurance Workshop” Michael Tang and Brad Crotty, HMS I
The basics of state assistance programs, including eligibility, benefits, and politics were covered during this lunch workshop. A case study, featuring an uninsured family of four, with two working parents, was used to demonstrate how patients in Massachusetts receive

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state-supported coverage. This was an interactive session led by two fellow students who have worked with these issues in the past that allowed participants to further understand the mechanisms to insure residents in the state.

Friday, May 14th “Grassroots Activism in Health Policy” HMS Healthcare Action Collective

This student group presented the history (or lack thereof) of grassroots activism in the pursuit of progressive change in our nation's healthcare system and how useful this strategy can be. By incorporating the lessons learned from the preceding events, the student group refined its plan for supporting the amendment.

Tuition and Student Indebtedness:

The Jolly Report compared to data from Albany Medical College

Erick Cheung, Regional Delegate for Student Affairs, cheunge@mail.amc.edu

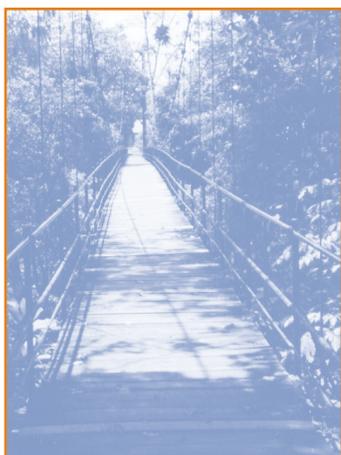
A recent report by the AAMC's Paul Jolly (Senior Associate Vice President of the Division of Medical School Services and Studies), has assembled data on the trends and fundamental factors that are related to medical school tuition increases and student indebtedness. The report is officially titled “Medical School Tuition and Young Physician Indebtedness” but is commonly referred to as “The Jolly Report”. It presents 20-year data on increasing tuition, components of debt, methods of financing education, debt comparison by race, ethnicity and socioeconomic status, physician income, and other important data. While the Jolly Report sets an important precedent in documenting tuition and debt, the initial findings must be interpreted with caution. The full report can be found at: <https://services.aamc.org/Publications>

A brief summary of major findings from the Jolly Report:

- Since 1984, median tuition and fees have increased by 165% in private medical schools and 312% in public medical schools—growing far more rapidly than the consumer price index. In the most recent year (2003-2004), the increases in tuition and fees were 5.7% in private schools.
- This year 81% of private school graduates will have debt. Since 1984 the median amount of debt for students in private medical schools has increased from \$27,000 to \$135,000.
- Of all medical graduates in 2003, 5% report educational debt of more than \$200,000
- Medical education debt is 4.5 times as high in 2003 as it was in 1984, while tuition in private medical schools is 2.7 times as high.
- 60% of medical students come from families in the top quintile of family income (>\$74,392), the bottom three quintiles of family income together account for only about 20% of medical students.

The fact that debt has grown faster than tuition, certainly indicates that more information may be needed to complete the picture. The cost of attending medical school may be deterring qualified minority applicants from applying to medical school. In a separate AAMC survey of potential medical school candidates, it was found that the primary reason minorities chose not to apply to med school is cost.

The AAMC is continuing to investigate the issue, having established a working committee to follow up on the Jolly Report. One should be cautious in interpreting this initial report, more data may be needed to solidify any conclusions. For example, it would be helpful to know the comparison of med school tuition and indebtedness to other professional schools such as law schools, dental schools, and osteopathic medical schools.



“Learning is discovering a new world, a new galaxy, a new species. It keeps you ageless.”
–Unknown

*Le Selva Biological Research Station, Costa Rica
Photo by Sara Brenner*

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Furthermore, data on Albany Medical College (AMC) indicates that certain conclusions of the Jolly Report might be an overgeneralization. The Jolly Report found no convincing evidence of a connection between evidence and specialty choice. A look at the AAMC graduate student questionnaire and data on the indebtedness of AMC students reveals certain trends that are not entirely consistent with the Jolly Report:

To what degree did your level of educational debt influence your specialty choice?

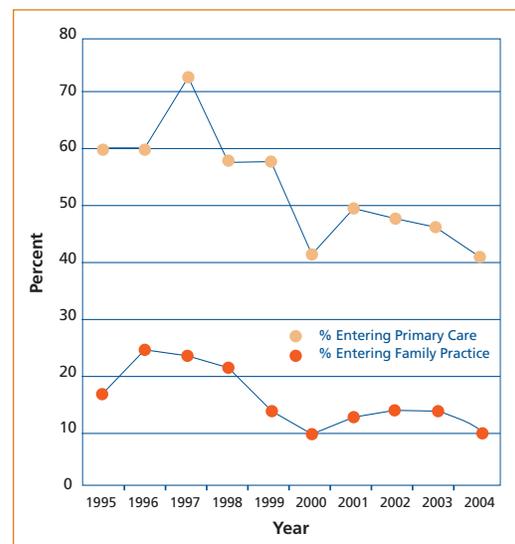
From Medical Student Graduation Questionnaire 2003, Q27

AMC Year	% no influence	% minor influence	% moderate influence	% strong influence	n
2001	63.0	18.1	13.4	5.5	127
2002	52.1	19.0	22.3	6.6	121
2003	49.6	21.1	21.1	8.1	123
2003 all schools	67	18.3	10.1	4.6	13,652

AMC year	Mean Debt	% of graduating students with over \$150,000 of debt
1998	\$100,175	24
1999	\$114,265	40
2000	\$119,187	44
2001	\$124,364	51
2002	\$140,760	64

5-Year Trend on Debt at AMC

10-Year Trend on AMC Graduates Entering Primary Care and Family Practice



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Summary of data from Albany Medical College:

- In 2003 the percentage of graduates indicating that debt influenced their specialty choice moderately or strongly was 29.2%, compared to 14.6% for all other medical schools.
- In 1997, 73% of AMC graduates entered a field of general practice (family medicine, pediatrics, internal medicine). In 2004, that number has fallen to 40.6%.
- In a survey of 168 students in the classes of 2006 and 2007, 74.1 percent reported that they would prefer to be specialists than general practitioners.
- 64% of the 2002 AMC graduates carry more than \$150,000 of debt.

Albany Medical College and its students face a large challenge as the medical institution with the highest tuition. As the effects of high tuition and debt are becoming evident, AMC is at risk of losing one of its core traditions as a training school for general practitioners. Perhaps more importantly, the trends at AMC may serve as a bell-weather for what is to follow in other medical schools as tuition and indebtedness continue to rise across the nation.

This article was published in Albany Medical College's Student Perspectives newspaper, 5/17/04, edition 6. Reprints are available upon request.

From Airport Shuttle to Mobile Health Clinic

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“So, are you guys re-doing a basement? My last customer thought you might be” the cashier asked as she nodded toward the grandmotherly lady lingering by the automatic doors at Menards. I considered this an insightful question, given the contents of our shopping cart. What else might three guys do with a sheet of galvanized steel, a coil of conduit, assorted electrical odds and ends and a sizeable pile of foam insulation? When she asked, the cashier had no way of knowing that our “basement” was triple-parked in her parking lot, undergoing a transformation from airport shuttle to mobile health clinic.

The transformation began this past fall with the announcement that the Mobile Clinic had located and purchased a vehicle to convert. After considering school buses, RV's, and assorted other vehicles, the Mobile Clinic board settled on a 1989 Gillig Phantom with one-hundred and eighty-odd thousand miles on it. Unlike her sisters in the Cambus fleet, our vehicle has not seen many heavy transit miles in bad winter weather. Aside from a recent six-month stint in Madison, Wisconsin our bus spent its life being lightly used in Phoenix, Arizona.

Once the design team was assembled, Nick Mohr (M3), the coordinator of this project, assigned each of us a contact familiar with one of the four sites the Mobile Clinic visits each month. Our assignment was to familiarize ourselves with how Mobile Clinic functions and learn about the specific needs of each of the sites. I had the pleasure of talking with Greg Parker (M3) about Shelter House, an Iowa City homeless shelter.

Greg's wish-list for the bus was short. When asked, he responded “Space!” immediately. He then proceeded to describe the chaos that descends on Shelter House with the arrival of Mobile Clinic volunteers every month. Histories were taken wherever space could be found or made. This included the front porch, hallways, or even on the curb of the street in front of the building. Physical exams were performed in administrative offices surrendered for the afternoon to serve as impromptu exam rooms. When the offices were unavailable, exams were performed behind screens or simply abandoned altogether. Greg's message was simple and

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direct. Our presence at Shelter House created a disruption that strained our relationships with our hosts. If we hoped to continue to offer a clinic there, we needed to provide a proper facility.

With a better sense of our mission, the design team reconvened to compare notes. It was clear that this project was more important and more involved than initially thought. In addition to meeting the current needs of each of the four sites, we needed to provide a facility that would accommodate the expanded services Mobile Clinic aspires to provide in the future. We were beginning to realize that many forces would influence our final design, and we had not even begun to identify the technical challenges ahead of us.

Early in the project Nick proposed the goal of having the clinic ready to see patients by the end of the school year. This decision established an up-tempo schedule with little room for delay or error. Fortunately, our design team had a diverse array of talents. While Tyler Huebner, an engineering student at the University of Iowa, and Nick tackled the technical and mechanical problems, the rest of us pitched in where we could to complete the growing list of assignments. The design of the interior needed to be finished, materials needed to be researched, utilities needed to be located and our \$10,000 budget needed to be itemized and stretched by donations and discounts. We quickly developed skills we never considered when applying to medical school. Our efforts culminated in a two-hour design presentation and review in early December. In addition to the presentation, we submitted a 30-plus-page document outlining our design in detail to the Mobile Clinic Board for their approval. After months of drawing, debating and problem solving, we were eager to trade our pencils and CAD programs for power tools.

Board approval brought a transition from the comforts of warm conference rooms to the dirty, drafty shell of our bus. The rapid progress we had grown accustomed to quickly disappeared, replaced by small victories scraped out on weekends as we fought the cold and dark in addition to our exam schedules. The goal that had seemed naively within reach in October now appeared to be out of range when it was visible at all.

With spring came warmer weather and most importantly, two weeks of vacation. A month of weekend effort was easily surpassed by the dramatic progress of a few vacation days. At the beginning of Spring Break, a visitor to the bus would have seen an empty bus with the skeletons of three walls and a mess of unfinished wiring. Three days later, that same visitor would have had no trouble visualizing a clinic when they stepped into the bus. The walls were fleshed out with insulation and a plywood skin, ready to be primed and painted. The goal we lost in the dark of January was again within our grasp. Recently, “ready to see patients by the end of Spring Break” replaced “functional by the end of the school year.”

“Patient-ready” does not equal “finished.” There was more work to be done after Spring Break. Cabinets were installed and the exterior was painted. When we pull up in front of Shelter House, we will be able to provide our services with a greater degree of autonomy. We will truly be a *mobile* Mobile Clinic.

Iowa's Mobile Clinic is funded, in part, by the AAMC Caring for Community Grant Program:
<http://www.aamc.org/about/awards/cfc.htm>

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OSR Calendar

September 7–8

Ad Board Meeting, Washington, DC

November 4–7

AAMC/OSR Annual Meeting, Boston, MA
<http://www.aamc.org/members/osr/annualmtg2004.htm>

November 30–December 1

Ad Board Meeting, Washington, DC

February 15–16, 2005

Ad Board Meeting, Washington, DC

March 31–April 3, 2005

Northeast Regional Meeting, Pittsburgh, PA

April 7–10, 2005

Southern Regional Meeting, Winston-Salem, NC

April 14–17, 2005

Central Regional Meeting, Rapid City, SD

May 1–5, 2005

Western Regional Meeting, Monterey, CA

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