

[Mailed to WOS 12 4/5/89]

### General Comments from the Editor

Well, it's done!! I am sorry that it took so long, but you can finally breathe. As you will see in a moment, the newsletter is not that impressive. I did the best I could with a friend's Macintosh and Word. Hopefully next time I can use Desk Top Publishing, but there is no guarantee.

The letter is out a little late for a few too many reasons. First, I received the rest of my information just before finals, so I decided to ignore my responsibility to OSR (for which I will probably get whipped) and pass my classes. I then took off for spring break (I did come back two days early to work on this, though). I have now been working for (what seems) weeks to finish this work of art.

I truly enjoyed putting this newsletter together. Just as I was getting to the point where I could type for more than 10 minutes without my arms falling off the paper was done. I tried picking out the articles that I felt were the most interesting (and short).

There are also some other tidbits for contemplation or increasing your knowledge (as painful as that is for everyone, I'm sure).

Again, I hope you enjoy this as much as I did making it. If you have any comments about possible improvements (I'm sure there are many) or contributions, I will be at the regional meeting in April, or you can mail the stuff to Vicki Hendrick, Cindy Knudson, or myself at the following addresses:

Cindy Knudson  
1155 Ash #407  
Denver, CO 80220

Vicki Hendrick  
9400 Exposition Blvd., #211  
Los Angeles, CA 90034

Michael Serwacki  
3801 Brooklyn Ave NE #154-2  
Seattle, WA 98105

As to why these two upstanding ladies would be associated with this rag, you have to ask them yourself.

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### A Change in the Guard

I do not know about any of the other schools in this region (nobody responded to my letter about this). Heidi Krumme is the new University of Washington representative. Ashleigh Head and Cynthia Carlson are still active and willing to help if you contact them (Ashleigh should be at Asilomar, but I am not sure about Cynthia).

Heidi's address is as follows:

Heidi Krumme  
3733 15th NE, #12  
Seattle, WA 98105

By the way, Heidi and Ashleigh became engaged over Christmas. Heidi's wedding is set for January 1990 and Ashleigh's is set for May 1990.

OSR Western Region  
Newsletter  
April 1989

## Notes about the Annual Meeting

AIDS and the medical student: responsibilities and opportunities

This session explored the ways in which medical students may become more involved in helping people with AIDS, in learning more about it, and in teaching others how to minimize the risk of infection. At Rush School of Medicine, RAIDS (Rush against AIDS) has been very successful: students have been going to schools, community centers, and prisons to speak about AIDS. Their talks have been popular because they involve the audience, make use of clear diagrams, and use skits (one student is the virus, another is the macrophage, etc.) to make the topic come alive for the audience.

One suggestion was that students participate in AIDS clerkships. In the schools without a formal clerkship, one may be created through the Department of Infectious Diseases, Epidemiology, Preventive Medicine, or Psychiatry. There also are formal clerkships that students may apply to:

Dept. of Allergy and Infectious Disease, NIH, (301)496-4000;

UCSF Dept. of Medicine, (415)476-1964;

Cook County Hospital, Chicago, (312)633-5182 (Dr. Renslow Sherer);

Dept. of Epidemiology, Albert Einstein University, (212)920-4766 (Dr. Ernest Drucher);

Sloan Kettering, New York, (212)794-8457 (Pat Dorsey, Coordinator);

Harvard Medical School, (617)661-3393 (Dr. Norman Zinberg).

Besides clerkships, there are research opportunities for students.

Basic science research:

NIH Summer Research Fellowship, (301)496-1409 (Dr. Katherine Jaouni);

Pew Medical Fellowship, (212)570-8426 (Dr. Jules Hirsch);

Rockefeller University, (212)570-7794 (Dr. Julie McRath);

Epidemiology research:

Midcity consortium to combat AIDS (San Francisco), (415)751-4221 (Dr. Harvey Feldman);

Urban Health Study in San Francisco, (415)864-8040 (Dr. John Watters)

San Francisco General Hospital, (415)476-5325 (Dr. Andrew Moss);

New York University, (212)340-6500 (Dr. Michael Marmor);

School of Public Health, University of Illinois, (312)996-4870 (Dr. Wayne Weibal).

Students interested in teaching about AIDS should contact the American Red Cross, which offers training to presenters of AIDS education lectures. Also, AMSA's STATS (Students Teaching AIDS to Students) provides a manual, slides, and a video, all designed for teaching adolescents about HIV infection and prevention. For more information, call AMSA at (703)620-6600.

by Vicki Hendrick  
UCLA School of Medicine

## **AIDS and the Medical Student: Responsibilities and Opportunities**

The pre-existing prejudices among health care workers and the lay population concerning AIDS are centered around two main facts: Aids is primarily thought of as a "self-induced illness", and the groups of people most commonly affected are homosexual men and IV drug users. These feelings not only interfere with the quality of care given to many AIDS patients and increase the stigma of AIDS, but also creates an especially sensitive environment when trying to establish education programs in the community. Doctors not only have a duty to the claims and needs of society, but a legal obligation to treat all people. AIDS is a difficult disease to contract; the chances of dying from infection within eight years following a puncture with a contaminated needle are equal for both AIDS and Hepatitis B (0.6%). Knowledge of this should decrease the role that fear of transmission plays in the quality of care administered. As health care workers, medical students have the responsibility to treat AIDS patients and educate the community on the course of the disease and preventive measures. Medical schools, in turn, have a responsibility to keep their students informed of the current views on all aspects of the disease.

The opportunities concerning AIDS include clinical training, either through established clerkships (NIH, UCSF, Sloan-Kettering), new clerkships or STID clinics, research opportunities (clinical, basic science, epidemiology, behavioral and neuropsychological/psychosocial), and education programs. Both the AMA-MSS and AMSA have model programs for

educating the community about AIDS. Jennifer Englund (AMSA) presented the Students Teaching AIDS To Students (STATS) program. Howard Pomerez (AMA-MSS) discussed the model programs for medical student involvement in the prevention of AIDS, of which RAIDS (Rush Against AIDS) is one. The educational opportunities involve the local health department, AIDS foundations and hotlines, the American Red Cross, Addicts helping Addicts prevent AIDS, community centers, church groups, and the local lesbian-gay coalitions. Basically there are many opportunities and room for personal programs as well. The final food-for-thought concerns the increased incidence of AIDS in prison populations (where sex and drugs are "illegal") and what could possibly be done to reduce this number.

by Jennifer Abuzzahab  
Eastern Virginia Medical  
School

## **The Demographics of Health Care and Education**

Dr. David Hayes-Bautista from UCLA discussed the demographic dynamics at work in California: the baby boom generation is aging and the Latino population is growing. In the year 2030, one person in every four will be 65 years or older. The elderly will require a large portion of the federal budget for social security and Medicare, and such assistance will

(continued on p. 4)

weigh heavily on the younger generations. The White population is not growing nearly as fast as the Hispanic population; by the year 2030 nearly 30% of young people in California will be Latino. These young people will be the ones supporting the aging baby boomers, but the average Hispanic worker receives only 2/3 the salary of a white worker, receives inferior education and health care, and has only marginal political participation. Dr. Hayes-Bautista stressed that California should be investing in the Latinos. Their growth "should be seen not as a problem but as a solution". It is the younger Latinos of the next century who will support the aging baby boomers on their older years.

by Vicki Hendrick  
UCLA School of Medicine

### **Clinical Teaching at Bedside: Improving House Officer Teaching Skills**

The discussion covered topics concerning clinical teaching by attendings and house staff and how their teaching skills could be improved. The meeting was moderated by Cynthia Carlson, Western region Chairperson.

Dr. Jan Hirshman, Associate Professor of Internal Medicine at the Seattle VA Hospital, opened the discussion by describing his own teaching methods during rounds. He has the intern present the patient's history just outside the room or at the bedside. He then performs the physical exam, highlighting the positive

findings. The group as a whole then goes to a conference room where they hear lab and study findings and discuss the case. He relates that he began doing the physical himself upon entering the room instead of having it related verbally when his students and house officers expressed concern that they lacked adequate instruction in performing the physical.

One of the students attending the session volunteered that in addition to the above, the attendings at her school were in practice of selecting a medical student or house officer at rounds to do selected portions of the exam in front of the group and describe the findings, about which the attending would then comment. She feels this is an excellent way of teaching and involving the group.

Dr. Jay Ramsey, Associate Professor of Internal Medicine at the University of Washington, questioned the group as to the importance of bedside teaching. Only 50% of the group said they actually see patients with their attendings during rounds and less than 25% were even observed doing an H&P by a house officer or attending. Everyone agreed that such teaching would be beneficial.

The questions of what to do to encourage better teaching on the part of the attendings was then raised. Sam Steel of Georgetown School of Medicine volunteered that each year the students award the "Golden Apple Award" to the teacher they vote was the best that year. Someone else suggested that simple verbal praise was very effective in encouraging better teaching. The possibility of having teaching programs for the

(continued on p. 5)

attendings for developing their teaching skills overall was thought to be an excellent idea that few institutions employ. The University of Washington School of Medicine is just this year getting such a program underway. The group agreed that bedside teaching is a highly valuable experience and that more must be done to improve the teaching abilities of our attendings.

by Karen Murray  
Johns Hopkins University

### **Medical Language and the Changing Social Climate**

Dr. John Stone of Emory University, a cardiologist and poet, discussed the jargon that often separates physicians from their patients. Words such as "gomer", "dirtball", and "whale" are used with alarming frequency among interns and residents, as is black humor (e.g. "Nebraska sign", referring to a flat ECG reading). Also, patients are often referred to by their disease, not their name ("the gallbladder is scheduled for this morning"). Dr. Stone suggested that doctors use these demeaning, depersonalizing terms to distance themselves from the suffering and death they see. He added that the jargon may give doctors a sense of camaraderie, it may make them feel like members of a group with a language only they understand.

Dr. Stone asked whether the jargon and black humor should be permitted and even encouraged. Some participants said that the jargon helps doctors deal

with the suffering and death they encounter every day. Others felt that the jargon is dehumanizing and has negative effects on patient care. They suggested that residents be trained in coping with death and that peer support groups be developed.

by Vicki Hendrick  
UCLA School of Medicine

### **International Health: Inspiration and Information**

This exciting workshop started out with a slide presentation by Dr. Gabriel Smilkstein. He focused on the development of preventive and primary health care systems in the developing world with fascinating slides from his ventures into such areas as Africa and Thailand. His compassion and dedication for working in these countries was demonstrated by his genuine enthusiasm for his projects and his emphasis on respect for the local community medicine.

Following his presentation was a panel discussion with OSR representatives Carol DeCosta (SUNY-Buffalo), Ashleigh Head (U. of Washington), and Cindy Knudson (U. of Colorado), all of whom had exciting stories about their experiences abroad as well as ways to fund these adventures. Following is an outline of "how to set up a project abroad" presented by Carol, who travelled to Haiti on a Smithkline Beckman Scholarship.

(continued on p. 6)

I. Choose a topic of concern to you and formulate a hypothesis

II. Identify a location where this question can be best answered or information can be obtained

III. Contact possible sponsors for the project

A. funding (e.g. Smithkline Beckman): use several sources if possible

B. obtain supervision while in a foreign country both here and in the country of interest

IV. Write a proposal including methods and materials

V. Begin early

You can contact Carol at (716)839-2907 or (716)462-5609.

In terms of funding, other creative ideas presented by Cindy and Ashleigh include asking student government of the Dean of Students, workathons, or T-shirt sales.

Obtaining contacts abroad can be problematic, especially in schools which do not have an established International Health Program (IHP). Suggestions for overcoming this include sending a letter to all faculty members in your school who have worked abroad asking about their contacts and establishing a file with this information; going through schools that already have established IHPs such as Yale, Boston University, and Georgetown; and AMSA has a publication, International Health Electives for Medical Students, which can be obtained through your AMSA chapters.

by Ellen Hight  
Boston University

## The Future Evaluation of Medical Students

One issue that was raised was the increasing role that the national boards part 1 were having not just in the application to residency programs but also in determining the actual format of basic science curriculums in medical school. Students complained that many of their courses were emphasizing detailed specifics and not the larger concepts on the basis that the National Boards would have similar questions. More significantly, though, the Boards were becoming an inhibiting factor in establishing innovative curriculums at some schools. Attending the meeting was Dr. L. Volle, President of the National Board of Medical Examiners (NBME). Dr. Volle agreed with the students in that too much emphasis was being placed on the Boards part 1, but he argued that it was wrong to place the blame entirely on the exam. The NBME designed the boards for a very specific purpose, to evaluate the factual information acquired in the basic sciences. He argued that in trying to keep the exam completely objective, constraints would be placed on the format and nature of the exam. This aspect of the exam, however, need not be used by a school itself and it should not dictate how the course is structured. He felt that the course directors should not let the exam become an end in itself and that they should place more confidence in their curriculums.

by Thomas Lee  
Cornell University

## Thoughts to live by

### All I ever needed to know, I learned in Kindergarten

Most of what I really need to know about how to live, and what to do and how to be, I learned in Kindergarten. Wisdom was not at the top of the graduate school mountain, but there in the sandbox at nursery school. These are the things I learned. Share everything. Play fair. Don't hit people. Put things back where you found them. Clean up your own mess. Don't take things that are not yours. Say you're sorry when you hurt somebody. Wash your hands before you eat. Flush. Warm cookies and milk are good for you. Live a balanced life. Learn some and think some and dance and play and work every day some./ Take a nap every afternoon. When you go out into the world, watch for traffic, hold hands and stick together. Be aware of wonder. Remember the little seed in the plastic cup. The roots go

down and the plant goes up and nobody really knows how or why, but we are all like that.

Goldfish and hamsters and white mice and even the little seed in the plastic cup -- they all die. So do we.

And remember the book about Dick and Jane and the first word you learned, the biggest word of all: LOOK.

Everything you need to know is in there somewhere. The Golden Rule and love and basic sanitation. Ecology and politics and sane living.

Think about what a better world it would be if wa all--the whole world--had cokies and milk about 3 pm every afternoon and they lay down with our blanket for a nap. Or if wew had a basic policy in our nation and other nations--to always put things back where we found them and cleaned up our own messes.

And still true, no matter how old you are, when you go out into the world, it is best to hold hands and stick together.

## Classifieds

I'm looking for information about residency programs and careers in:  
1)public health and preventive medicine,  
2)occupational medicine, 3)physical medicine and rehabilitation, and  
4)geriatrics. These are specialties about which we learn virtually nothing at

UCLA, and I'm trying to obtain information about them for medical students. My address is:

Vicki Hendrick  
9400 Exposition Blvd., #211  
Los Angeles, CA 90034  
(213) 838-6047

Tentative Topics for the National Meeting in Washington, D.C., Oct 28-Nov 2, 1989.

1. Learning Styles
2. History of Medicine
3. Evaluation
4. Lobbying / Federal Update
5. Alternate Uses of the M.D.
6. Indigent Care
7. Animal Rights
8. Impairment and Counseling

The Schedule for the Regional Meeting at Asilomar, April 23-26, 1989

For those of you who did not get the schedule (which I am sure is none) or lost the schedule you had (which I am ssure is all), the schedule of the conference is enclosed so you can plan which conferences to attend (like the one on the dangers of skin cancer held on the patio the first sunny afternoon).