

October 15, 1987

M E M O R A N D U M

TO: Northeast OSR Representatives
FROM: Jeralyn Bernier, NE Chair-Elect *Jeralyn Bernier*
RE: Upcoming Annual Meeting/ National OSR Meeting (Washington, DC)

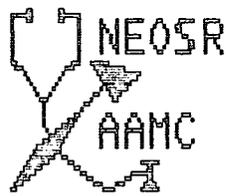
Greetings! I'm writing to you from sunny California where I am learning how to be a true fourth-year medical student. Needless to say, I'm enjoying it greatly, and appreciate having the time to think about such things as the meaning of life, the future of medicine, my personal role, and, yes, the Northeast OSR.

As I expect is true for all of you, I'm looking forward to our November meeting. It's both a great chance to get our region going on a few projects, particularly the Spring Meeting, and to interact with the rest of the nation's OSR representatives. Please come to the meeting with some ideas for speakers, topic sessions, and/or Montreal activities so that we can plan a super Spring meeting. We'll hone our topics to sort of an agreed-upon theme and hopefully share in some NEGSA events as well. Be sure to come to the NE "Business" Meetings!

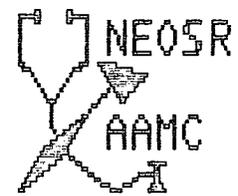
Thanks to all of you who have written to me over the summer. I'm looking forward to working with all of you on both the Spring meeting and perhaps an agreed-upon Northeast project or conference (or two...) As a fourth-year student, I should be quite available to help you out with projects at your own schools and access to AAMC resources too. Let's talk about that at the meeting.

My compliments to all who have contributed to the NE Newsletter, and to Kathy O'Leary for editing. Also to Yvonne Brouard for undertaking the Visiting Student Housing Directory. Of course, thanks to Wendy Pechacek for being so responsive to all of our requests. And compliments to the region for your enthusiasm!!

See you in November!



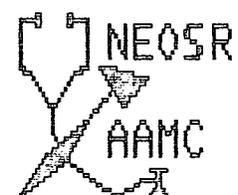
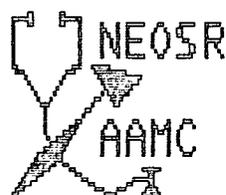
NEOSR



NEWSLETTER

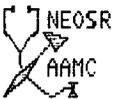
FALL 1987

THE
NATIONAL
MEETING





NEOSR UPDATE



Thomas M. Sherman
5339 Pershing Avenue
St. Louis, Missouri 63112

October 1, 1987

It has been a long time since I last communicated with all of you. I am really sorry for that, and I hope it has not dampened the high spirits we felt after the spring meeting. Internship has proved to be all the hard work and just as time consuming as all the rumors had indicated. You often feel pushed to your limit, both emotionally for the amount of sickness and grief you encounter as well as in the search for just a little more energy. Even so, the relationships I have formed with many of my patients have been so rewarding that it all seems worth the effort! Unfortunately, it has left little time for the rest of my interests. That is what I miss the most.

We have an exciting meeting in November to look forward to. The Northeast Region is actively involved in the program with Sarah Johansen and I moderating several sessions, and Debbie Capko and Amy Justice running separate Sunday morning sessions. I hope you will all be there. It is a time to gain some perspective on the OSR's national position in influencing medical education policy. I think everyone who has attended a national meeting in the past has found it a wonderful experience, for the camaradery and shared interest as much as for the learning about national trends.

I hope all of you interested in national positions will seek election. The Northeast Region is known for its large representation on the Ad Board, this year accounting for four of the Board's members. I would encourage anyone interested in being a part of the national AAMC organization to run for either Rep-At-Large or OSR Chairperson. As Sarah Johansen showed last year, you can be brand new to the group and still get elected. You also do not need a three page resume that includes curing cancer and heart disease! What is really required is a sincere wish to get involved at the national level. I have thoroughly enjoyed my year both for the regional



NEOSR UPDATE



Thomas M. Sherman
5339 Pershing Avenue
St. Louis, Missouri 63112

and national involvement.

If you want to become involved nationally and do not get elected, or have other specific interests, there will be several national committee openings for students both at the national meeting and throughout the year. To find out which committees will have openings, call Wendy Pechacek at the AAMC at (202) 828-0570.

The national meeting is a very exciting time for us as representatives and interested medical students. In the past, I have often left these meetings and felt inspired to carry back to my school the enthusiasm and new knowledge I have gained. It is easy to lose that drive when confronted again with the reality of the medical school work load. The task of garnering support and commitments from fellow students can be exhausting. This is where the regional OSR can be so important. I hope that you will take some extra time to get to know other NEOSR members. It would be great if the alliances made at the national meeting could then be used to support local projects at times when the local representative is either in need of suggestions or just seeking some support and appreciation for their efforts. We have all been in this position at one time or another, and I think it would be an effective and workable role for the regional network.

The national meeting is also the time for the regional chair to change hands. At the regional meeting on November 8, Jeralyn Bernier (Brown University) will take over my job. I know she will be great for the region. She has a wonderful ability to organize both meaningful and fun events. She is also very easy to get along with, which will hopefully continue to bring the northeast region closer together.

I can't wait to see you all in November in my old stomping grounds of Washington, D.C. We have an hour or so for dinner on Friday night. It would be fun to all get together then as a region and take over a restaurant. If you are interested, meet me in the main lobby of the



NEOSR UPDATE



Thomas M. Sherman
5339 Pershing Avenue
St. Louis, Missouri 63112

Washington Hilton by the front revolving doors as soon after 6:00 pm as possible on November 6. If you have any questions, any problems getting support for the trip from your deans, or any concerns you would like addressed by the region or by the Ad Board, please feel free to call me at home at (314) 361-3345 or at work (314) 362-1242 and have me paged.

See you soon,

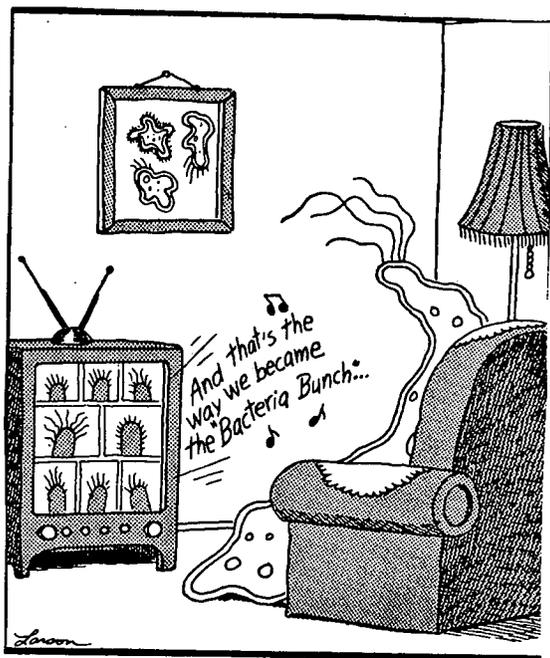
A handwritten signature in cursive script that reads 'Tom'.

Tom Sherman
NE Regional Chairperson

P.S. Remember that even if you don't think you will be running for an office, bring a copy of your resume to the meeting. You never know where the forces of inspiration will lead you!

N O R T H E A S T

S R



Single-cell sitcoms

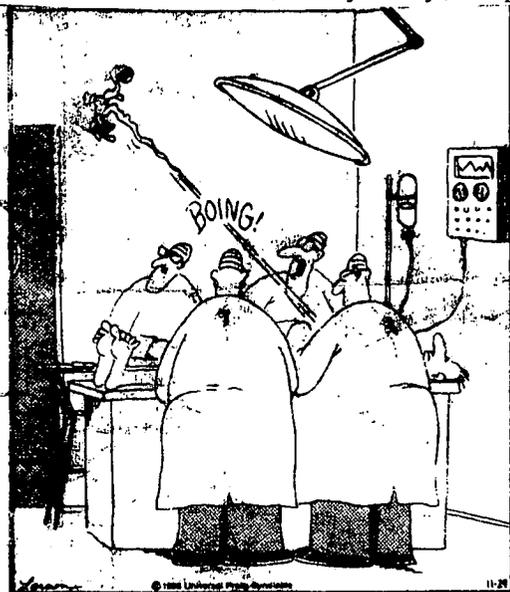
SPRING '87

Greetings to the Northeast Region!!

Here it is -- the very first NE regional newsletter! Included are a variety of information requests and forms to bring to our meeting which is rapidly approaching. Mark your calendars (if you haven't already) for April 8, 9 and 10 in Boston, Mass. (well, Cambridge actually) -- Home of world's Best Medical School, host of the annual "Head of the Charles" fest, fabulous Fanevil Hall, seat of historical New England, and site of St. Elsewhere.... We are looking forward to an interesting and exciting meeting featuring John LaRossa, M.D. and Daniel W. Morrissey, O.P. The theme of the meeting is "The Changing Health Care System Student's Roles in Determining the Future Environment", and should help you to be more effective instruments of change in your own environments. The meeting should be very busy and alot of fun, with interaction between members of different schools being a prime objective. And don't forget that we are definitely invited to participate in the GSA events as well! Their keynote speakers are the nationally renowned Eli Ginsberg and Leo Henikoff... Schedules for both meetings are included here.

Your contributions to the NE newsletter are a crucial element. So, if there is something you want to say or something you want to know more about -- DON'T HOLD BACK!!! Take a few minutes to write it down and share with the region and you'll be more than pleased with the responses. I say this because I did exactly this at my own school (article included) and got an incredible amount of faculty, administrative, and student support for my own project of a "health care environment" lecture series. All it takes is an ounce of initiative!!

Well, I won't ramble on any further. There's plenty of time for that in Boston. Until then, stay busy, happy and active!!



"What? Well, where that thing lands -- well probably need it."

Sincerely,

Jeralyn Bernier
The Editor

The University of Connecticut is looking for information regarding how other medical schools prepare students for the National Boards Part I. We have presently set up a committee to develop ideas and strategies for U. Conn. What we would most like to know is the following:

- Does your school require that you take the boards?
- Does your school require that you pass the boards?
- How long a period are you given to prepare for the boards?
- Does your school provide any assistance in preparing for the boards? If so, could you detail that specifically:
 - Is it done within each course or is there a review course at the end of Year 2?
 - If you have a review course
 - who runs it
 - length
 - required or optional
 - does it help, do you think?
 - Are you provided with any review materials?

Basically we're looking to set up either study groups or a brief review course and we need input. We really would appreciate the above information. Also on a more personal level, any ideas or suggestions anyone who has already taken the boards could pass on such as what review books help, do Kaplan courses help, etc. would really be welcome. Thanks so much.

This info can be sent to me at:

Beth Malko
1681 Orchard Hill Road
Cheshire, CT 06410
203/272-8172

or compiled and given to me in Boston. See you all there!

Beth Malko
U. Conn. '89

**Northeast Group on Student Affairs
Regional Meeting Program
Charles Hotel
Cambridge, Massachusetts
April 8-10, 1987**

**Program Theme: "The Changing Applicant Pool and a Changing Profession:
Implications for the Future of Medicine"**

Wednesday - April 8th

- | | |
|-------------------------|---|
| 9:30 - 1:00 p.m. | Registration |
| 1:00 - 2:15 p.m. | "The Changing Applicant Pool and a Changing Profession: Implications for the Future of Medicine", Part I, Overview - Eli Ginzberg, Ph.D., Director, Conservation of Human Resources, Columbia, University |
| 2:15 - 2:45 p.m. | Coffee Break |
| 2:45 - 4:15 p.m. | Small Groups
A. Graduate Medical Education: Local Residency Directors
B. Counseling: "Racism, Sexism and Other Discriminations." Carolyn Carter
C. Admissions & Financial Aid: "Recruitment, Linkage and Minority Support Programs". |
| 4:30 - 5:45 p.m. | Small Groups
A. Counseling and Graduate Medical Education: "The Counseling/Advocacy Conflict"
B. Financial Aid: "The Administrators' Nuclear Winter - Effects of Reauthorization on Financial Aid, Present and Future." Cynthia Palfi, Ora Chowby
C. Admissions Workshop - "A Retrospective Study of 300 Medical Students: Implications for Selecting Medical Students and for Residency Selection Committees". Bob Keimowitz |

Thursday - April 9th

- | | |
|---------------------------|--|
| 7:30 - 9:00 a.m. | Minority Affairs Breakfast |
| 9:00 - 10:15 a.m. | "The Changing Applicant Pool and a Changing Profession: Implications for the Future of Medicine", Part II - Medical Centers and Medical Education - Leo M. Henikoff, M.D., President, Rush-Presbyterian-St. Luke's Medical Center |
| 10:15 - 10:45 a.m. | Break |

- 10:45 - 12:00 p.m. **Small Groups**
 A. Admissions: "Decreasing Class Size." Richard Randlett
 B. Financial Aid: "Tax Reform & Loan Consolidation - The Effects on Applicants, Students and Graduates," Ray O'Rourke, Judy Case
 C. Graduate Medical Education: "Changes in Graduate Medical Education"
 D. Counseling: "Special Problems of Married Students." S. Michael Plaut
- 12:00 - 2:00 p.m. **Business Lunch: Subcommittee Reports, AAMC Report, Election and New Business**
- 2:00 - 3:00 p.m. **Minority Affairs Section - "The Changing Minority Student Applicant Pool - Implications for the Future." Moderator - Mrs. Phyllis Stevens, Director of the Office of Minority Affairs, Boston University School of Medicine; Panelists - Ms. Sarah DeGuzman, Boston University School of Medicine; Georgiana Aboko-Cole, Ph.D., Director, Center for Pre-professional Education, Howard University; Ms. Rosie A. Noble, Director, Health Careers Program, Montclair State College; Willard D. Roth, Ph.D., Associate Dean for Undergraduate Studies, Union College.**
- 3:00 - 4:45 p.m. **"The Changing Applicant Pool and a Changing Profession: Implications for the Future of Medicine", Part III - The Applicant Pool Joint Plenary GSA/AAHP Dr. J. Kress - Harvard Dental School
 John Molidor, Ph.D.: Statistics up to the present.
 AAMC Update: Admissions - Regional Data**
- 5:00 - 6:00 p.m. **"Letters and Numbers: The Need for Effective Communication, Now More than Ever" - Sandra Burner, Moderator, SUNY-Stonybrook; Susan Croll, University of Pennsylvania; Ronald Wolk, SUNY-Buffalo; Robert C. Ripley, Brown University; Dr. Brian O'Connor, University of Massachusetts**
- 6:00 - 8:00 p.m. **Reception with Advisors**
- Friday - April 10th**
- 7:30 - 9:00 a.m. **Women's Breakfast**
- 9:00 - 10:30 a.m. **"Integrated Case Studies" -- Problem Solving Session Combining All Areas of Interest of the GSA and AAHP**
- 10:30 - 11:00 a.m. **Break**
- 11:00 - 12:00 p.m. **Closing Session - "Given Current Concerns, What Issues Are Being Addressed By the AAMC."**

NORTHEAST REGIONAL MEETING
ORGANIZATION OF STUDENT REPRESENTATIVES
PRELIMINARY PROGRAM

CHARLES HOTEL
CAMBRIDGE, MASSACHUSETTS

APRIL 8-10, 1987

The Changing Health Care System: Student's Roles in
Determining the Future Environment

Wednesday - April 8th

- 9:30 - 5:30 p.m. Registration & Check-in
- * 1:30 - 5:30 p.m. GSA - Plenary Session: Ginzberg
GSA - Small Special Interest Groups
(two sessions)
- 7:00 - 8:00 p.m. Welcome: Tom Sherman, UConn
The OSR: Jeralyn Bernier, Brown U.
Introductions & Remarks:
Tom Sherman
- 8:00 - 9:45 p.m. Speakers - John Larosa, M.D.
Daniel W. Morrissey, O.P.
- 9:45 - 10:00 p.m. The Match - Meet a Dean for a Drink

Thursday - April 9th

- **7:30 - 9:00 a.m. GSA - Minority Affairs Breakfast
- * 9:15 - 12:00 p.m. GSA - Plenary Session: Henikoff
GSA - Small Special Interest Groups
(one session)
- 12:00 - 2:00 p.m. GSA Luncheon & Business Meeting -
Students Invited
- * 2:00 - 3:00 p.m. GSA - Minority Affairs Section
- 3:00 - 6:00 p.m. OSR Small Discussion Groups
- 6:00 - 8:00 p.m. Reception - GSA, Advisors, & OSR
Meet Your Matched Dean
- 8:00 - ? OSR Meets Boston

Friday - April 10th

- **7:30 - 9:00 a.m. GSA - Women's Breakfast
- 9:00 - 11:00 a.m. OSR - New Ideas: Synthesis & Initiation
- 11:00 - 12:00 p.m. Break for Early Lunch
- 12:00 - 2:00 p.m. OSR NE Region Business Meeting
Election of New Chairperson
Closing Remarks: Tom Sherman
- * 2:00 - 4:00 p.m. Pre-Medical Advisors Meeting:
Discussion of Proposed Changes in
Pre-Med Curriculum

* These sessions should be very interesting, and OSR members are strongly encouraged to attend and participate actively. The Group on Student Affairs and the Pre-Med Advisors have asked for our input.

** The breakfasts are also open to students who are interested in them. The cost is not included in the registration fee, but you may find that your home institutions will help pay. Sign-up for the breakfasts is explained in the GSA registration packet.

The student registration fee is one-half the regular rate. The fee is \$30.00 with a \$10.00 late fee if not received by the date given in the GSA registration packet. This fee covers meeting room rental and the cost of the luncheon and reception. It should be covered by your home institution. Please register as early as possible. We need your full support to make this a successful meeting. If you have any questions or problems, please call me at 203-233-2332.

See you all soon,

Tom Sherman
NEOSR Chairman

P.S. I hear Boston is lovely in April!

Something More

by Jeralyn Bernier, MD Class of '88

I made a career decision to go to medical school and become a doctor. The implications of this decision are far from simple, and it is not one to be taken lightly. Medical students rarely, if ever, do. One might say, in fact, that the selection process determines that only the most goal-oriented, ambitious, and committed students can endure the ramifications of this decision. However, once students are immersed in the medical education process, they become clay in the hands of their mentor-sculptors. It is as if the student is being taught what, how, and when to think. Neither the educators nor the "educatees" are solely to blame for the form of their relationship, because both are contributors. It is not so important to place blame as it is to acknowledge the existence of the relationship and to work toward realizing its full potential.

Medical schools purport to make doctors, and medical students rely upon their schools to make them into doctors. Both parties are fully aware that "being a doctor" in our society is something more than a mastery of basic science knowledge and clinical skills, but that "something more" remains undefined and untaught. There are important social, political, historical, economic, and legal aspects which are either ignored or glossed over in the hurry to impart and perpetuate medical wisdom.

It seems that the physician who does not understand the health care system that surrounds medicine not only presently, but historically and potentially as well, runs the risk of becoming a puppet, controlled by forces of which he is unaware. Financial pressures and limited resources have become the main impetus for change in the 1980's. Perhaps older physicians are only recently becoming aware of their loss of control, but the new generation of medical students has broader concerns for its medical education. These include how medicine fits into society, how external decisions affect medicine, and how students can modify its course both now and as future physicians. As primary actors in the medical process, students are recognizing their duty to clarify and redefine "health care" in this country.

The need for this clarification exists at Brown. It is in response to this need that I and Susan Duffy, another third year medical student, have sought to augment the established medical curriculum. With the support of the administration, lecturers were invited throughout the second semester to speak about the changing practice of medicine, specifically, about the evolving relationships between physicians and hospital administrators, insurers, for-profit chains, and physician unions. Speakers included Arnold S. Relman, MD, editor of the *New England Journal of Medicine*, and Armand Leco, president of Blue Cross/Blue Shield of Rhode Island. Dr. Steven Wartman, Director of the Internal Medicine Residency Program at Rhode Island Hospital, and Dr. John LaRossa, organizer of a physicians' union in the Boston area also lectured.

All PLME's, MEP's, and medical students were invited to participate in this lecture series. Speakers encouraged questions, and most sessions took the form of informal discussion. The sessions, which were held at lunchtime, were usually attended by sixty to one-hundred forty people, mostly first and second year medical students. This enthusiastic student response was impressive and gratifying. The support and assistance of the administration was also appreciated.

The lecture series itself, though successful, only served to sensitize its listeners to some of the issues they will have to face when they emerge from their training. There are many more issues and many more angles from which to approach them. All those involved with the series--students, speakers, administrators, and organizers--have agreed that a course dealing with these very real concerns would be both a crucial and feasible addition to the medical curriculum. It is my hope and belief that this recognized deficit in medical education will no longer exist at Brown. Deeper exploration of non-scientific areas of study in medical school would be a continuation of the process of liberal education to which Brown aspires. Its results could only be positive.

reprinted from
Synectism '86
Brown University Program
in Medicine

The OSR (Northeast) is setting up a network for students interviewing (and doing electives). A list will be compiled of students willing to share or rent housing with visiting seniors, or at least willing to help find housing. In order to receive the other medical school's housing list, we must submit a certain number of willing hosts/hostesses (20% of one class size). The new list will be effective until June 1, 1988. Please fill in the information requested below and return it to:

Jeralyn Bernier
Box G, Brown Univ.
Providence RI 02912

PLEASE PRINT OR TYPE

Name _____ Phone #() _____

Address _____

Any restrictions on type of visiting students (Circle all that pertain)

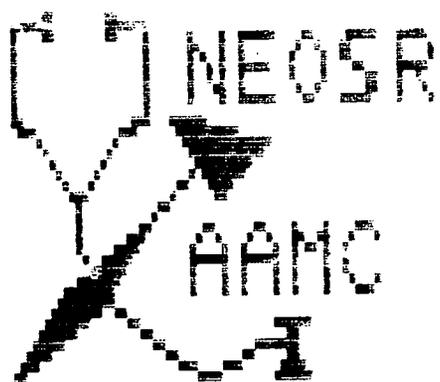
Male or Female

Smoking or Nonsmoking

Other: _____

Describe Accomodations Available (i.e. Sleeper Sofa, Spare Bedroom, etc.):

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NEWSLETTER

Spring 1987



From the Editor

Dear Fellow Reps,

AMAZED! That's the word that describes how I feel about the contributions I've received for this Newsletter. I thought this might be a difficult job, but it was easy - all the contributors did the work, I just compiled it! I hope you're all as pleased with the result as I am. There's alot in here, so don't try to read it all at once. And when you're all done, I'd love some feedback!

The next Newsletter is scheduled to be "on the streets" by mid-October and should have news about NEOSR plans for the National meeting. You'll all get reminders from me in August about the deadline for that newsletter. Please, let's keep up the energy and enthusiasm that has been generated thus far. As you can see, anything goes! So make it a point to contribute! If you come across any interesting/funny articles, comics, quotes, etc., just send them to me at any time and I'll keep it for the next newsletter.

So, enjoy the reading. For those of you preparing for Part I of the Boards - hang in there, it will feel great when it's over! And I hope everyone enjoys their summer - whether they're working or playing!

Stay in touch!

Sincerely,

Kathy O'Leary

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NEWS UPDATE

Thomas M. Sherman
128 Evergreen Avenue
Hartford, Connecticut 06105

2 May 1987

Hello to all from beautiful downtown Hartford! It's a gorgeous Saturday morning here . . . a good time to reflect back on such an eventful month. April brought us the Regional Conference, another Ad Board meeting in Washington, the National Boards Part II (may they rest in peace), and a whole new spirit in the Northeast Region of the USK. It was a great thrill to read your evaluations and to listen to your reactions to the regional meeting -- I think everyone learned something at that conference. From the volume of contributions for this newsletter, it is clear that the momentum will continue. We have an awful lot to offer one another, both in experience and support, as we try to improve our medical school experiences.

For those representatives who were not able to attend the regional meeting, I hope that you too will find that the change in the Northeast Region inspired you to a more active involvement! You will find a synopsis of one of the workshops, written by Tamara Courtain, in this issue of the newsletter. Brad Mackler of Albert Einstein in NJ has offered to forward his synopsis of the rest of the meeting to the membership. I've also included, as promised, a summary of the Synthesis & Initiation session in this issue of the newsletter. If you are graduating or no longer interested in representing your school in the USK, please let your dean know so that a replacement can be found. Our active participation is vital not only for the improvement of our schools, but also for the personal development of those interested in the issues that concern the USK.

The Ad Board meeting was especially interesting this time, since it included a talk by U. Everett Koop, the Surgeon General. He talked mostly about the AIDS epidemic both in the U.S. and abroad. It was as usual a gloomy forecast. (As a student from a school where we see very few AIDS patients, I would appreciate it if one of you who have had more frequent contact with these patients might write a piece for the next newsletter, sharing your experiences and your thoughts on the role of students in their care.) Other topics discussed included the national meeting. The national meeting will be held in Washington, D.C. from November 6-8. The schedule is still very tentative, but it looks like there

NEOSK UPDATE

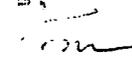
Thomas M. Sherman
128 Evergreen Avenue
Hartford Connecticut 06105

will be two workshops sponsored by the Northeast Region. One will be about self-directed learning by Amy Justice (Yale '87) and the other will be on the process of change to be led by Debbie Lapko (NJ Med '89). In addition, Dan Morrissey will be asked to lead a session with Sara Johansen (Dartmouth '89) on the Saturday night. Anyone interested in helping with these sessions should call these students for more info.

I will be moving in mid-June to St. Louis for the start of my residency. I will continue as chairman from there until the national meeting. My congratulations go to Jeralyn Bernier (Brown '88) who was elected as the new chairperson to start at the national meeting. She will be starting to plan next year's regional meeting right away, so let her know if you want to help with that. I am sure that Jeralyn will sustain the momentum that was started this year in the region. Under her leadership, I think the Northeast Region can become a truly dynamic force within the USR, which will enhance our effectiveness at our own schools. I would also like to congratulate Kathy O'Leary (SUNY-Buffalo '89) for being elected editor of the regional newsletter. This hot new publication, started under Jeralyn's guidance, will serve as a forum for exchanges of ideas as well as a source of information.

Hope all is going well for you! Take care and please call me at (203) 255-2332 if you have any questions.

Yours,


Tom Sherman
UConn '87
NEOSK Chair

And Now A Few Words From The NEOSR Chairperson-Elect...

Jeralyn Bernier (Brown, '88)

It would be somewhat of an understatement to say I was impressed with the enthusiasm of both new and old members at our Spring OSR meeting in Boston. The articles in this Newsletter should capture some of that energy; however, I am sure there are many ideas for discussion and/or projects that are not represented. In planning the Boston meeting, Tom strove to create a setting for the comfortable exchange of ideas, and was successful in that purpose. The acquisition of the means to implement change was another goal of the meeting, and one that I feel can be an ongoing goal for us. We have been initiated into OSR - getting to know each other as people, and as doctors, developing approaches to problems, sharing our successes and failures, assessing changes in medicine and in medical education. As a branch of the AAMC, we have the distinct power and privilege of access, to modify the medical education and health care system of the future. What we do with that access is up to us.

I would like to be able to coordinate our efforts, plan a Spring meeting that will benefit us all, and represent your interests at the Administrative Board meetings. I will be reading this Newsletter closely as it is testament to the commitment and enthusiasm you all have to and for the OSR. I will also be reading my mail, answering my phone, and returning your calls. If you have ideas for our region, want to know more about the AAMC, have ideas for themes/speakers for next year, or just want to say hello, please don't hesitate to call or write.

I am presently interested in developing a program to evaluate practice options, and separately, to study US health care in the future (e.g. 1990's). Hopefully, once we are informed, we can play a role in sculpting the form that our future health care system will take. Does this spark anyone's interest? Let me know!

Finally, I would like to take this opportunity to thank Wendy for her interest in OSR, in us students, and in our meeting. She seems ready, willing, and able to assist us and should be a real asset for us at the AAMC offices in Washington. I'm sure I speak for the whole region in saying that I am looking forward to getting to know her. We'll be in touch, Wendy!

That's all for now - enjoy your summer vacations if you have them, and enjoy your clerkships if you don't! Remember to stay in touch - with yourself and with me too!!

SYNOPSIS

SYNTHESIS & INITIATION

NEOSR REGIONAL MEETING
CHARLES HOTEL
BOSTON, MASSACHUSETTS
Friday, April 10
9:00-10:30 a.m.

The underlying concept of this session was to provide a forum for sharing ideas and thoughts inspired by the regional meeting. These, combined with the experiences of the OSR representatives, would then be applied to a specific problem that one of the representatives was having at their school. I have tried to organize the discussion in a manner that will be useful to everyone.

PROBLEM #1: How to enhance faculty-student interaction in an informal but meaningful way.

GETTING STARTED

Best times:

1. student orientation -- felt by the group to be essential for setting precedent of involvement and being at a time prior to worries about academics
2. offer program more than once a year to reinforce the messages it conveys to the student body

Faculty involvement:

1. may want to approach faculty members directly; no real need to involve student affairs at this level
2. may want to involve chaplain's office
 - a. helpful for faculty recruitment
 - b. good input for this type of activity
 - c. caution advised due to stigma attached to event, especially a retreat, being religious in nature; need clear statement that the event is not religious if aim is to attract as many students as possible

Organization:

1. identify group, department, or person who runs orientation
2. involve upper classes
3. should be student run

Funding:

1. student activity or government money
2. student affairs may help if it is successful since it would be a selling point for the school

Kinds of programs:

1. retreats
2. Advocacy groups
3. big sibs

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PROBLEM #2: Covering interesting topics not in the Curriculum

GETTING STARTED

Existing programs

1. Dartmouth - "Integrated Health Study Group" (contact: Sarah Johansen 603/643-1306)
 - a. students from the undergraduate college are invited to participate
2. UConn - "Brown Bag Seminars" (contact: Beth Malko 203/272-8172)
 - a. lunch hour talks and discussions led by students and/or faculty on any subject of interest or expertise

3. Brown - Student-Dean's Office lecture series
(contact: Jeralyn Bernier 401/521-9774)
 - a. Jeralyn started this program in which nationally
known speakers have given lectures at no
charge at the students' invitations

PROBLEM #3: Providing Formal Courses on Nutrition

GETTING STARTED

Resources:

1. AMA booklet in student affairs offices
2. AMSA nutrition/curriculum newsletter
3. Association for Teachers of Preventative Medicine
(ATPM)

Existing Programs

1. Pittsburgh (contact: Yvonne Brouard 412/683-9812)
2. Brown (contact: Jeralyn Bernier 401/521-9774)
3. Johns Hopkins (contact: Karen Field 301/675-7453)
4. New Jersey Med (contact: Debbie Capko 201/731-8569)
5. Penn State (contact: Sandra Groeber 717/534-8934)
6. Washington U. in St. Louis (contact: Anne Fuhlbrigge
314/362-6843 or 314/674-0272)
7. Yale (lecture series) (contact: Amy Justice)
8. Columbia P & S (contact: Brian McCrory 201/461-7805)
9. Dartmouth (contact: Sarah Johansen 603/643-1306)

In the course of the discussion, the group identified several useful general resources for effecting change:

1. AAMC (contact: Wendy Pechacek 202/828-0400)
 - a) Student Services Network
 - b) Confer System -- Group on Medical Education
- This is already in place at 80 schools. All Ad
Board members will have access by mid-June.
2. OSR Report (contact: Wendy Pechacek)
3. OSR Network (offered at national meeting)
4. NEOSR Newsletter (contact: Kathy O'Leary 716/882-
1131)
5. Visiting other schools with model programs

This session used real concerns as a way of tying together the different themes of the conference. It hopefully gave us all a little more ammo, both in boosting confidence that change is possible as well as in providing some information on mechanisms that have been effective at other schools.

Reported by Tom Sherman (UConn '87)

NECSR REGIONAL MEETING

SYNOPSIS OF WORKSHOP:

THE CHANGING APPLICANT POOL

Dr. Kenneth Bridges outlined the latest statistics which show a steady decline in minority admissions rates at the same time that women have almost reached parity with men. Among other things, Dr. Bridges pointed out that diversity, as a desired trait of medical school classes, is a relatively recent phenomenon.

Thomas Aragon (HMS, '88) shared his perspective on the latest trends and added that indebtedness is having a tremendous impact on shaping people's decisions. On a personal note, he pointed out that being poor is very distinct from being poor and in debt.

Dr. Robert Masland expressed his desires for a diverse collection of qualified men and women, not only at the medical student level, but also at the house officer level. He is committed to increasing the visibility of all under-represented groups, including minorities and older students.

Finally, Brenda Lee outlined a strategy for recruitment and retention of those from under-represented groups and highlighted that an institution must be sensitive to ethnic and cultural differences, at the same time ensuring that any special services employed for student assistance be offered to all students regardless of racial or academic background.

The question and answer period generated discussion on the older student as a forgotten minority, the issue of equal access to tutoring services, and the question of how to approach different National Board performance by minorities at one particular institution. Input was thoughtful and sensitive and promoted a sense of intimacy amongst participants. I thank all those who attended for their contributions.

Submitted by Tamara Fountain (Harvard, '88)

THOUGHTS ON THE NEOSR MEETING

I just joined the OSR in the fall of last year, and felt quite lost at the fall meeting in New Orleans. I really had no idea of what the AAMC and OSR were all about.

The Northeast Regional Meeting was much more beneficial to me, because I had the opportunity to get to know a lot of the people involved in the OSR in a short period of time. Now that I know how the system works, I can hopefully become more acitively involved and try to implement more changes in the GW medical education system. Tom, Jeralyn, Sarah -- you all did a great job of putting together the Spring Meeting! LEGAL'S was fun; I was sorry I missed the BOATHOUSE excursion.

On a personal note, I'm finishing up with PEDS on Friday and heading off for the Grand Canyon. I may never make it back for OB!

Also, I'll be checking on hotels in D.C. for the Fall meeting when I return.

Submitted by Beth Manning (George Washington, '88), 4/22/87

EDITOR'S NOTE: The last I heard, Beth was seen leading a group of tourists on mules in the Grand Canyon. Tom Sherman sent her an urgent telegram requesting that she go back to D.C. and find hotels for us. Let's hope she came to her senses and realized that mule trips along the Grand Canyon may acutally be more fulfilling than working for 36 hours straight in a hospital! Keep in touch, Beth!

How to start an ADVOCACY GROUP

At the NEOSR meeting, a great deal of interest was generated by the Retreat program at Maryland. As a smaller, somewhat easier first step, Tom Sherman and I discussed the Ad Group program at U.Conn. This is a very simple program to organize and is universally well thought of at U.Conn. So I thought I'd take a few minutes and describe how our program is put together for those who might be interested.

We are actively looking at a Retreat program at U.Conn after all the excitement in Boston. If anyone has more info on such a topic, please let me know. Thanks!

Okay, Here's how our Ad Group works:

1. May, Year 1 Two or so students volunteer to set up next year's programs. They are the "Ad Group Coordinators".
2. May, Year 1 Coordinators announce Ad Group sign-up. People are requested to get together with friends or existing Ad Group or people with similar needs (i.e. married), and put together a group of 5-6 students (most end up 8-10). They then need to find 2 faculty members to be involved - basic science, deans, clinicians, it's up to the people in each group. Each group then submits their list to the coordinators.
3. Aug, Year 2
Day 1 The coordinators assign 1st year students to Ad Groups. It can be random, or can be based on Orientation Day questionnaires. Random is usually easier and works well. One exception might be if 2nd year married students had a group; then 1st year married students can be assigned to that group.
4. Aug, Year 2
Day 2 The Ad Group lists are posted in 1st and 2nd year classrooms, with a room assignment for each group. This activity is listed on the Orientation schedule.
5. " " Using student government funds, Coordinators purchase pizza, soda, plates and napkins. They bring it all to a central location and 1 or 2 people from each group pick it up. Each group spends this lunch time as they see fit. Our group has extended intros and chit-chats and plans our next activity.

And then

The student government allocates \$50/group and it's then up to each group what to do. We have found a lunch in the next week or so with 2nd year students involved, providing soda and desert is a nice way to get started. We've had walks, barbecues, and pot lucks at our faculties' houses. Other groups go skiing, roller skating, etc.

The secret seems to be:

- Get faculty involved who you know and like, and who like students.
- Have students make their own groups - they have the incentive to get together if they are friends.
- Include "significant others" in group activities.
- Have fun!

Submitted by Beth Malko (U.Conn, '89)

How to Get a NUTRITION COURSE Started

1. Identify faculty with clinical and research interests in nutrition. For instance, biochemists may be studying various vitamins, cardiologists may be studying lipid metabolism, endocrinologists may be studying carbohydrates, surgeons, internists and pediatricians are interested in enteral and total parenteral nutrition (TPN). Ask them for review articles and to give talks.
2. For more basic and practical info, get in contact with an RD (Registered Dietician). They work in hospitals to carry out MD's diet orders, study patients' nitrogen balance and give advice about the optimal diet for a patient. RD's also work with MD's and PhD's on research projects. For example they helped patients design diets in a study of the influence of weight loss on hypertension.
3. Identify a core of students (3-10) in the 1st and 2nd years who are interested in nutrition and medicine and who have the time and motivation to organize the course. 3rd and 4th years can give advice, especially about clinical faculty, but they don't have the time for the organizational legwork. Potluck dinners or weekend picnics are good ways to have the core students meet and discuss the format of the course.
4. Pick either lunchtime or afternoon for the nutrition talks. Don't have talks 1-2 weeks before 1st or 2nd year exams.
5. Pick a room to fit the talk; i.e. discussions should be in a small room and lectures in a larger room. Be flexible about rooms depending on the size of the audiences and fame of the speaker.
6. Speak to a Dean (The Dean, Dean of Education or Students) about financial support for honoraria for guest speakers, for xeroxing and production of flyers and announcements, xeroxing of relevant journal articles or copies of AMSA's Newsletter on Nutrition & Preventive Medicine, for nutritious snacks, etc.
7. Find out how to reserve rooms.
8. The more successful your student-run lecture series is, the more likely your school will make it part of the required basic sciences and/or clinical sciences. So make sure the speakers are dynamic and keep lists of which students and faculty attend talks. Then find faculty and a Dean who are supportive of a formal nutrition course. Tell them what you have done and tell them that over 50% of American medical schools already have courses.

Submitted by Bradley Meckler (Albert Einstein, '88)

NEWS FROM....

Debbie Capko (New Jersey Med, '89)

I compiled the results of the survey about promotion policies and course/faculty evaluations based on responses from 11 schools. Two major things stood out. First, to get evaluations back, students need to be "bribed". Examples were wine raffling at U.Conn, final grades at Columbia, and not being able to leave exams without turning in evaluations at Harvard. Secondly, many schools expressed problems with making changes in the curriculum and school's policies. This is a topic that I'm interested in investigating (as is Colin MacNeill, Penn State). So if you have any suggestions, please contact either of us. Also, for any who are interested in obtaining the full results of the survey, please contact me, and I'll be happy to send you a copy of the survey results. For anyone who hasn't returned the survey yet - I'm still interested in hearing from you!

Most importantly, the Boston meeting was fantastic - Tom, Jeralyn and Sarah did a great job! It seems like the NEOSR is finally getting together, so let's keep it going in Washington!

And a personal note: Seth (Einstein) - we missed you in Boston. I was waiting to get my glass from O'Eriens!

Kathy O'Leary (SUNY Buffalo, '88)

Things here are starting to quiet down for me. I begin my last 3rd year rotation the day after Memorial Day - it's Psychiatry, famed to be one of the easier rotations of the year and I hope it's true!

One thing I'm trying to evaluate here are the adequacy and availability of counselling services for students. After one of the discussions at the NEOSR meeting on the need for counselling services for med students, I became interested in what might be needed at U.B. My investigation is still in the preliminary stages, but it seems that there is definitely a problem for students in the clinical years who may require weekly counselling/therapy. It seems that if a student wants to maintain confidentiality about any psychological problem or mental illness that he/she might have, it's very tough, because therapists are only available from 9-5 and special concessions must be made by housestaff/attendings to allow any student out during the day. As a result, everyone knows about this student's "problem". I've got some meetings scheduled in the next few weeks with psychiatrists, deans, students, and the university counselling service (which is available to the entire university) to try to get the "real scoop" on what can be done about this. I'm also planning on sending out a survey to my classmates now

(and 1st and 2nd years in the fall) to see just what kind of need there is and what people have done who have needed help. If any of you have any information on what's available and successful at your schools, please let me know.

Otherwise, here at U.B., Carol DeCosta, '89 (our new OSR rep) has an exciting summer ahead of her. She obtained a Smith-Kline-Beckman Fellowship and funding through the National Fund for Medical Education to study prenatal care in Haitian women. The title of her project is "Attitudes and Values of Haitian Women Regarding Prenatal Care" and she will be spending most of her summer in Haiti. Good luck Carol, and we look forward to hearing about your experience!

The Pittsburgh Press

by Yvonne Brouard

Here in the great gateway to the Midwest we are experiencing many changes. The University of Pittsburgh School of Medicine finally has a new Dean, Dr. George Bernier, formerly Chair of Medicine at Dartmouth. We are very pleased to have Dr. Bernier and have high hopes for what he will do for the students and school. Already he has instituted a no smoking area near the School of Medicine Snack Bar, and is talking about improving the size and quality of our student lounge. We are also hopeful that, with a new Dean, students will have greater input into the curriculum changes taking place in response to our upcoming re-accreditation by the LCME.

In addition to the new Dean, we will be breaking in a new Associate Dean for Student Affairs, Dr. Fred Ruben, who will replace Dr. Lois Pounds when she leaves for Duke University.

We have also recently acquired a new librarian, who has already had our library carpeted (greatly reducing noise), and is busy improving the study space and general library facilities.

Our fourth and probably most appreciated acquisition is a financial aid officer, equipped with a new office and a computer. Previously, we had only a secretary, untrained in financial aid, in a corner of our student affairs office. Needless to say, our financial aid was lacking in organization and amount, a serious problem with our outrageous tuition!

Why do I feel like we are the Payton Place of Medical Schools? And I forgot to mention above that we will also be signing on about six new department chairpersons. I'm glad that I'm taking next year off to do research - maybe by the time I return all the new blood will be flowing smoothly!

Other items of interest from Pittsburgh - This year, one of our second year students organized a course in American Sign Language. If anyone is interested in dealing with hard of hearing patients, ASL is a must, and not difficult to learn. An excellent text for learning American Sign Language is *The Joy of Signing* by Lottie L. Rieckhof.

This year, as in past years, Pitt medical students will be helping out on race day in May at the Pittsburgh marathon, now a 1988 Olympics Trial race for participating women. We do everything from handing out cups of water to triageing and assisting physicians with ailing and heat prostrated runners.

First and Second year classes will be going on their annual white-water rafting trip on June 1st. Anything to get out of Psychiatry lectures!

And that's the news from the midwest, where all the women are strong, all the men are good-looking, and all the medical students are above average. (With respect to *A Prairie Home Companion*).

Editor's Note: The following is a paper Tamara Fountain (Harvard, '88) wrote as a senior in college. She relates that it's lifted almost verbatim from the pages of a journal she kept one summer while she was a research fellow at Cornell Medical School.

UNTITLED

"Cardiac team to ER, cardiac team to ER," the voice spoke firmly, routinely over the hospital intercom. Nancy, my clinical tutor for the summer, put down her patient's chart and said, "Come on, you have to see this." We ran through the silent, empty corridors to the emergency room where through the double doors about twelve people were working feverishly over a 62 year old black woman. She was already hooked up to the EKG and the many voices were shouting hurried, yet deliberate, instructions left and right. "Where's the tape, I need more tape...have we got her blood gas yet? Well where the hell is it? Stop pumping. Okay, start again." Everyone, though frenzied, was calm and performed their particular assignments like actors in a well-orchestrated play. Her EKG pattern was horribly abnormal-- a squiggly line indicating erratic, uncoordinated pumping. The blood drawn from a vein deep in her thigh was ominously dark in color. Bicarbonate was administered to neutralize the acid that was slowly accumulating in her blood and a third year medical student took over the exhausting, necessary job of pumping the woman's blood for her via CPR. While Nancy and I stood in the background, the team attempted six times to electrically shock her heart out of its asynchronous pattern. For a fleeting moment, it looked as if the woman's heart had picked up a rhythm on its own, but as soon as it had started, the pulse died out. The timid medical student resumed pumping.

In what I was to learn was a last ditch effort, the junior resident tried to insert a long syringe into the pericardial sac to inject a drug, but only succeeded in bending the needle. Obviously embarrassed and with a red face, he tried again. This time he punctured the heart, sending a stream of blood into the air. "Congratulations, you've just hit the left ventricle," the attending physician sarcastically informed the junior resident. A nurse returned with the blood gas values: "pH-7.4, pO₂-130, pCO₂-45." A voice calls from the back of the room, "We hit it right on the button." At this encouraging news, I get a boost of hope for this woman's recovery, but so abruptly, I remember, the team is walking away from the stretcher, the EKG machine is silent, the ventricular fibrillator paddles are laid back in their resting places and a clean-up crew descends on the scene. One of the doctors says matter-of-factly, "Let's not all go out at once, it'll look bad."

I was confused. What had 'hit it right on the button' meant? Nancy, a third year medical student herself, told me that they had succeeded in maintaining her blood's ionic balance but her heart was simply not responding, and after awhile, there was nothing they could do. As we turned to leave, I couldn't help but steal a glance at the large woman, her mouth agape and eyes slightly open, and realize there was no longer any life in her body. I suddenly felt a heavy emptiness inside. As we passed through the waiting room, one of the team doctors was talking to an elderly black man who I knew at once had to be the dead woman's husband. His eyes, red and welling with tears, painfully betrayed the heartache he felt. At that moment, I fully understood the fragility and finiteness of the human existence. That man didn't even have a chance to hold his wife and kiss her and tell her one last time that he loved her. I thought of my parents, my grandparents, my boyfriend, my roommate, and wondered, "Why is it that people have to die and leave those that love them behind?" There was just so much to live for, I couldn't accept the reality that my life is a finite period. Strangely enough, I began to recall obscure pieces of my childhood and all those things I'd been meaning to do, but somehow just kept putting off.

I'm not sure how I'll deal with the death of loved ones. I have been fortunate in avoiding that crisis so far. Yet, as I know now more than ever, death is inevitable and the sooner I reconcile that within myself, the fuller my life will be. Whether it be one's own or that of a loved one, the fear of death has at its root a basic selfish egotism. I fear the loss of others because of my pain and loneliness in living without them and I fear my own death because it is the cessation of everything I know as life and living. Perhaps what it all comes down to in the end is a fear of the unknown, a fear that only faith in a Supreme Being will allay. For now I have resolved myself to show my love and appreciation to those around me and try to live my own life as if each day were my last.

Classified Ads

Does your school have BLS (CPR) or ACLS courses available in 4th year of Med school? If available, is it mandatory? Please respond to Beth Manning.

What is the breakdown of 3rd year clerkships at your school and how many weeks are spent in each? GW has 8 weeks of Psych, Ob-Gyn, Med, Surg, and Peds, and 6 weeks of Primary Care. We feel we don't get enough Medicine. Please respond to Beth Manning.

What does your school have available for counselling services/ support groups for students? What is successful? Is strict confidentiality maintained (if seeking professional counselling). Are any concessions made for 3rd year students to get out of clinical responsibilities for time needed for counselling? Please respond to Kathy O'Leary.

WANTED: A few good men (Oops! Wrong ad!)

WANTED: NEOSR Reps to get involved on the National level. At the National meeting in Washington we'll be electing 5 Reps-at-Large to the Ad Board. Also, we'll be electing a National Chairperson. If you're even slightly considering running, let your fellow NEOSR Reps know in the next Newsletter and we can drum up some support for our reps.



COMMITTEE OPENING



WOMEN IN MEDICINE COMMITTEE

Resumes and Letter from
your dean due by September
Ad Board Meeting

More information?

Call Wendy at the AAMC



(202) 828-0570

