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Association of American Medical Colleges

Volume 1 Number 2
March 1989

The Northeast OSR Transcript

Spring Convention Warmup

Letter from the Chair:

Beth Malko NE OSR Chair U. Conn

Hi everyone! How goes it. Didn't Tom do a wonderful job on the Newsletter - our region is the envy of the OSR. I'd like the opportunity to tell these 4th years who won't be joining us in Perdido Beach how much we will miss them and thank them and thank you guys for all your hard work. Good luck on the Match and in residency.

For everybody else, I hope you are getting psyched. The place looks great and there's plenty of free time in the schedule. I hope everyone plans on at least a Wednesday arrival and a Sunday departure - the schedule shows only an OSR social Saturday night, but we're also scheduled for our "What we do at my school" Roundtable for that time period. That's been a favorite in the past and I hope everyone stays for it.

Please remember, even if you're not a speaker, bring an article, outline, summary, or something relating either to a project at our school or an area of particular interest. It should serve as part of a resource document (i.e. if it is an article, make sure you include the references). In the second half of our Roundtable, we'll be having a freewheeling discussion one to one on the topic you're prepared to talk about (We will publish a list in advance). Also, we will print a resource document to send to all the NE OSR reps after the meeting. So don't forget!

Now guys, the baby is due March 26 - 2 and 1/2 weeks before the meeting, I need major finger crossing on everyone's part to make it to this meeting. Hope to see you in April. Call w/ problems or ideas. Beth

Medical Language and the Changing Social Climate

by Yeva Johnson, Brown

This was a discussion led by Dr. John Stone from Emory University. He opened this session by reading the poem Stopping by the Woods on a Snowy Evening by Robert Frost. This led into a discussion of the ambiguity a poet is able to build into her or his work as a result of the words that are chosen. Dr. Stone warned that it is dangerous for a physician to build this type of ambiguity into daily conversation.

As the workshop progressed, the group focused on the issue of jargon that is used in medicine. One participant mentioned that seen from an outsider's point of view, it is mean and derogatory. Many people offered examples of jargon that they had heard or used in the hospital setting. Terms such as gomer and beached walrus were brought out. The group brainstormed on the pros and cons in medicine and decided that although jargon can be dehumanizing, unnecessarily complex, abbreviated to a fault, and prejudging of a patients, it also serves to help us distance ourselves; to provide a sense of camaraderie; is an efficient method of communicating and is a form of diffusing legitimate anger. When asked by Dr. Stone "Where does all the jargon originate from?", many responded that it was produced mainly by residents and then disseminated to medical students and other health care workers.

As far as doing something about the very negative and detrimental jargon, the group believed that speaking out about the offensive labels was an effective one on one way of managing the problem. Also the idea of retaining some element of the Humanities in medicine through formal Literature in Medicine courses (which some medical schools already have) and through maintaining outside humanistic interests. It was interesting that many of the participants had backgrounds in the Humanities. This was a lively, but enjoyable discussion that touched many aspects of a physician-in-training's life.

Spring Convention Checklist:

1) IDEAS
2) Clipboard
3) Paper
4) Pencils
5) Suntan Lotion
6) Beach Towel
7) Frisbee
8) Sunglasses

Note: items 1-4 are Beth's, items 5-8 are mine.

The Editor

The Northeast OSR Transcript

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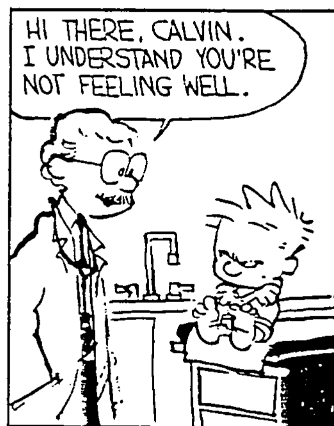
Ad Board Update:

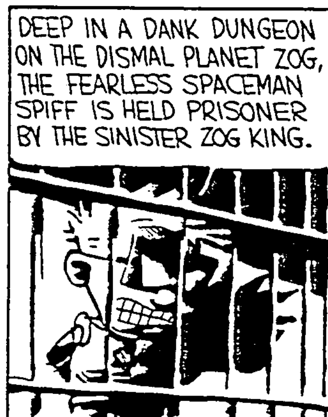
by Beth Malko U. Conn

The December Ad Board meeting is formally billed as a retreat and that pretty much describes it. We heard from each of the main groups within the AAMC on what they were doing and we started planning both the national meeting and the next issue of Progress Notes. While too late for this issue, if anyone has a flair for writing and a topic they're dying to share, please contact me and I'll arrange for room in the next Progress Notes. This also goes for original poetry, art work, cartoons, etc.

While not nailed down too firmly, most of the major topics for the national meeting have been chosen. They include lobbying skills, student morale, indigent care, MD alternative careers, computer education, history of medicine, cross cultural medical education, and transitional issues. Each of these topics has an Ad board member working to put together a workshop or discussion group. Please, if any of these topics is near and dear to you, call me. I'll put you in touch with the Ad Board member in charge. God knows they'd love the help and getting involved at the national level is a great experience especially if you would like an Ad Board at large seat next year. Also discussed were the recommendations of the Task Force on Medical Manpower and the major emphasis for this year by the AAMC. If you are interested, call me and I will fill you in.

Laughter Is the Best Medicine





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Association of American Medical Colleges

Volume 1 Number 3
May 1989

The Northeast OSR Transcript

Spring Regional Meeting April 12-16 1989

Letter from the Editor:

Tom Lee, Cornell

I don't think we could have asked for a more enjoyable and productive spring meeting! Things went remarkably well and we had both time to get a lot accomplished and also get to know one another in more casual surroundings (i.e. the beach). I know people had some apprehensions about having a joint meeting especially in Alabama, but Southern hospitality came through and gave us not only a quiet beach but also a relaxing meeting. Perhaps the best part of the meeting was the interaction the OSR had with the rest of the AAMC in the small group discussions. This is something that everyone appreciated and we will try keep it the same for the next regional meeting which will be in Toronto, Canada.

Looking ahead to the national and regional meeting, we should all start thinking about different issues we would like to discuss. The topics and format of the national meeting has been pretty much decided already. The regional meeting however is open for suggestions. So far we have three ideas floating around. One is to look at the Canadian health care system (after all we will be in Toronto) and compare it to the US system or lack of. With the recent push for some form of national health care, the regional meeting in Toronto would be a great opportunity to have some one in the Canadian health care system to talk to. A second idea mentioned by Guy Nuki and Richie Newman is to have a discussion on Physicians for Social Responsibility (PSR). They think it might be possible to have the president of PSR to come to the next regional meeting. The third topic is

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Sarah Johansen (left) at her last (?) meeting with Caroline Reich

AIDS and Professional Behavior

by Karin Berger, Cornell

Dr. Scullman, from Emory, addressed the issue of AIDS and the physician. He began his lecture by relating the history and epidemiology of the virus before attempting to discuss the fact that subtle prejudices that may not be realized or admitted interfere with physicians caring for the HIV patient. Even though only 0.5% of reported needlesticks have led to infection, the risk is still present leading to many important questions such as: Are patients worth the risk? Are physicians obligated to treat HIV patients? The latter is the central question and the one on which Dr. Schullman chose to focus.

This issue about whether or not physicians are obligated to treat their patients raises questions about the practice of medicine; whether it is a trade or profession. If it is a trade then there is no obligation, the patients are merely consumers and health care a product. Dr. Schullman argued that the objective of medicine is a devotion to a moral ideal and selflessly caring for the sick. He stated, "The physician is expected to take a personal risk, like firefighters and lifeguards, but the modern physician is unfortunately not used to this concept since the polio epidemic. Medicine has gained a false sense of security and control for the past 40 years." He then raised some questions about whether or not incoming medical students realize the risks involved in the profession.

Dr. Schullman then explored the issue of duty. "How do physicians respond to disease?", he asked. There are many who escape, and not all display duty, but when looking at physicians as a whole there are many who display duty. Dating back to Hippocrates, it has been accepted that we must take the good as well as evil when entering the profession. Many standards have been attempted to be

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Round Table Results

by Tom Lee, Cornell

The following items were brought up in the round table discussion.

Orientation:

1) Mount Sinai: Their orientation is 2 weeks long and provides a relaxed transition into medical school. During this time there are informal classes on nutrition, ethics, CPR, and student-well-being (none of which have any exams). The course on well being has lectures and small group discussions supervised with 2nd, 3rd, 4th years and M.D.'s. The course deals with the problems encountered in medicine, the importance of taking time off for outside interests, and ways to reduce stress in an otherwise hectic schedule. The social functions during the orientation are run by the second years. This helps the two classes to get to know each other reduces tension before classes begin. The person to contact for more information is Dean Joyce Shriver, Mount Sinai School of Medicine.

2) University of Maryland: UM has a retreat geared for upper classmen in which 2nd, 3rd, and 4th years in addition to deans and advisors go to Deep Creek Lake, MD for a 3 days. The retreat allows the deans to get input from students and also teaches techniques on stress management. The cost for the three

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Indigent Health Care

Andrea Hayes, Dartmouth

Andrea Hayes "91 from Dartmouth, presented some statistics concerning the status of the minority and the indigent in the United States and then talked some about the project that she did in Watts, California last summer.

The workshop focused on understanding the indigent population before we attempt to devise programs to alleviate their problems. Thirty-seven million people in this country are uninsured. When dissecting this number, we find that while only 14% of the white population is either on Medicaid or not insured at all, the number of non-privately insured Blacks and Hispanics approaches 40% (1985 statistics form the US Secretaries Task Force on minority health care). The overall mortality for Blacks is twice that of whites and for individual diseases the difference in excess deaths and morbidity is appalling.

Why are so many minorities presently with end-stage disease and little hope of cure? Some reasons cited are distance from a health care facility and waiting room time over 30 minutes. Hispanics are twice as likely as their white counterparts to wait more than 30 minutes before seeing a doctor.

We as physicians need to recognize the importance of using the time we see the indigent population, which is usually in the emergency room, to educate them so that they can better understand the importance of health care and of seeing the doctor immediately when certain signs appear. Twenty percent of the Black population, half of the Black indigent population, uses the emergency room as their source of primary care. Let's use this to our advantage! Providing health care to everyone is our responsibility so get involved in a free health clinic or help improve the health education services at your hospital.

At Watt's Health Center last summer, Andrea participated in a health promotion/disease prevention project funded by AMSA. She taught mothers the things about fever management that we sometimes take for granted such as how to read a thermometer and what to do when your child has a temperature.

If you do not feel compelled to get involved with a formal program, please remember that the most important way to help the indigent is to treat them with respect and provide the best treatment and education for them while being sensitive to their concerns and needs. We have that responsibility.

At the presentation, handouts on the characteristics of each minority group were distributed. For a copy, please write:

Dartmouth Medical School
Box 175
Hanover, NH 03756

Send in your ideas for the next regional meeting. Ideas so far:

1) Canadian Health Care System
2) Physicians for Social Responsibility
3) New Pathway progam at Harvard

The Effect of the Influx of Women on the Medical Professions

by Tom Lee. Cornell

Dr. Linda Grant began her talk by stating that the perceived effect that women have in the field of medicine tends to be based on stereotypes and the research that is done on the subject is not always appropriate. In the past there has been a notable bias of the studies to concentrate on the problems that women have in the profession rather than the pluses that they bring to it.

In order to get a better idea of the impact women are having in the field, Dr. Grant suggests that we start by asking two questions: 1) Do women as doctors bring to the profession distinct orientations different from men. 2) If so, do they maintain their different orientations during the process or does the process co-opt women and masculinize them. In order to answer these questions we have to look at the differences women have in terms of professional orientation and values, practices, and differences in their non-medical lives and the impact this has on their career.

In terms of women's professional orientation, there are fewer dramatic differences than past studies suggest. Both women and men show equal interest in science, teaching, and research. They do differ, however, in their value orientations. Women entering medicine tend to be less interested in status, prestige, and finances than men, and women are also more interested in socio-economic issues and preventative health care. While women and men both influence each other, studies have shown that these value differences that women bring with them into the profession are ones that they maintain through their career.

At first glance research shows that women just entering medicine practice about 13 hours less per week than men. This is in part due to women with small children. A question of this loss in productivity can be used as a rationale for limiting women's involvement in medicine. But looking at the long term effects it turns out that women by the age of 40 are seeing an equal number of patients as men, and by age 60, 50% of all women physicians are still working full time while only 16% of the men are. So, in the end, women may actually have put in more practice hours than men.

Another difference is that women see

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AIDS and Professional Behavior

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by the AMA about a code of medical ethics, and in 1986 it was stated that that a physician must not deny treatment if capable of providing adequate care, which still leaves a "way out".

In compliance with the doctor-patient relationship, the doctor must return the patient's trust with virtuous behavior. This moral enterprise is unique to medicine, so we cannot refuse treatment solely out of fear of contracting AIDS. Dr. Schullman noted that a social contract exists: society provides such things as financial and research subsidies and cadavers , so the physician must also come through and repay this support by upholding our ethical tradition and treating AIDS patients. He strongly urged that we must show our willingness to care and not try to find excuses. It is also important for pre-meds to consider this and examine their personal beliefs; if they are unwilling or unable to accept this obligation they should consider a different profession.

Dr. Schullman concluded by stating that the prevalence of AIDS cases and draining interactions with the patients and their families may seem to narrow medical training, but one should not overlook the great ethical training. We should change AIDS from being a handicap to an asset for residency training since they will be well prepared to care for any patient. "Health educators must take it upon themselves to help future physicians deal with the AIDS epidemic. They must accept the challenges, and teach physicians to teach their patients and society about disease prevention. Education is our primary solution."

Round Table

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days is $125 with financial aid available. The person to get in touch with is Dr. Michael Plant, University of Maryland Medical School.

3) Albany: The second years run the orientation week. 5-6 first years are matched with two second years for the six days of orientation. Contact Dean Susan Maxwell.

4) Columbia: A one week orientation program planned by the second years with the P and S Club. Contact the Dean for student affairs.

5) Stony Brook: One first year is matched with one second year. Also has a program to give first years old text books, notes, and exams.

6) UT Houston: Weekend orientation retreat. Contact Dr. McNese.

7) Baylor: Incoming first years are networked with 2nd and 4th years and also a faculty advisor.

8) Cornell: First year medical students are each assigned a second year and a fourth year medical student. The second year advisor provides old transcripts, handouts, and exams to his/her assigned first year. This continues into the next year also. The fourth year student will take groups of four 1st years into the hospital once a week on informal physical findings. The purpose is to introduce the students to the hospital setting from the very first week of school. In addition, students are assigned two faculty advisors, one clinician and one basic scientist. These two advisors meet with eight 1st years usually over dinner and talk about the different aspects of both private practice and academic medicine. They are also available for advice on summer research jobs and serve as good contacts within the faculty. Contact Dean Gordon Fairclough, Student Affairs, 110 Olin Hall, 445 East 69th St. New York, NY 10021.

Student Involvement:

1) Tulane: Various school projects are brought together at one school function with drug companies. Contact Jackie Dano (President)

2) Boston University:: Winter Gala with tickets at $10-$15 / person

3) Tufts: Also has a gala celebration

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Round Table Discussion

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with tickets at $10-$15 / couple

4) Baylor, Hahnemann, Eastern Virginia, University of Miami: all have information fairs where incoming students can find out more about what is going on at the respective schools

5) SUNY Buffalo: President's potluck where people from different organizations (AMA, AMSA, OSR, etc) can get together.

6) Cornell: Once a year the deans and senior faculty get together with students from each class and discuss issues that have come up during the school year. Contact the Senior Associate Deans Office, C-118 Cornell Medical College, 1300 York Avenue, New York, NY 10021

Indigent Health Care:

1) Eastern Virginia: runs three clinics in three different cities. Contact Jack Johnson

2) New York Medical College: Involved in a homeless shelter run by nurses and 1st and 2nd year medical students. It also provides a good opportunity for the students to take vital signs and get histories.

3) University of Miami: Involved in Camilas House, a privately funded shelter open 5 days a week. All medical students can get involved. There is also an attending on duty. This can be taken as a senior elective. Contact Dr. Pedro Greer.

4) Emory: Works through a church sponsored clinic and also provides foot care for the homeless. Students wash feet and provide socks.

5) Duke: Operates a rural clinic with students and residents. The project is funded by the state. Contact Bill Adamson.

6) U. Mass: Has a program "Serving the Underserved". Contact Brian Sutton.

7) East Carolina: Contact Eva O'Neill

8) U. Conn: Has an extensive student run shelter in Hartford Conn. run by nurses, medical and dental students. Contact Guy Nuki.

9) New Jersey Med: Shelter run totally by students. Operates two nights/week on campus. Contact the OSR rep.

10) UNC Chapel Hill: Run by second and fourth year medical students with an attending. Contact the Family Medicine Department.

11) University of Southern Florida: Runs a Judeo-Christian clinic. Contact Kathleen Huff.

12) Baylor: sponsor a fall conference on indigent care with the purpose of medical student education and increased public awareness. The conference has a $10,000 grant and the results will be summarized in workshops.

13) Cornell: Student Executive Council sponsors several programs 1) medical students prepare meals for the homeless and deliver them to various spots in NYC. 2) Students supervise a women's homeless shelter. Contact David Gruen (MS2) 988- 1080. Also students may also work on Mobile Medical Units (pediatric workup rooms plus basic lab equipment stuffed into mobile homes) which travel to the different homeless shelters in NYC to give medical care to the children. Contact Dr. Redlener, Department of Pediatrics, New York Hospital, 1300 York Avenue, NY, NY 10021.

National Board Preparation:

1) Brown: Uses a program where 4th years help tutor 2nd years. Also has a

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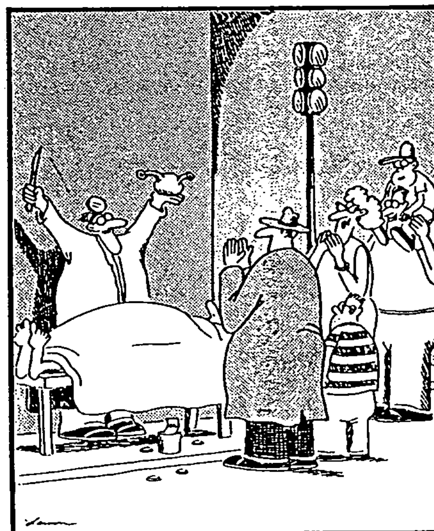

Street physicians

Women in Medicine

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fewer patients per hour than men do. This is done out of choice and sometimes produces conflicts if they do not see the optimal number of patients / hour such as in an HMO. In addition women seem to have better communication skills. This is due in part to the fact that women spend more time with their patients. Also women's interest in socio-economic needs and their choice of practice (predominantly primary care fields) allows for more contact time with patients. Another interesting factor is that there is less of an authority barrier between a female physician and her patient than with male physicians. Patients are much more willing to discuss their problems with women physicians in part because they are less intimidating.

Aside from the differences in communication skills and initial practice hours there are no significant differences in the practice behavior of women when compared to that of men.

As far as gender differences in non-medical lives, while women do reduce their practice hours when having children, they are still less likely to use full time child care than their counterparts in the business world. Some cope with this by cutting back on the number of children they have or plan their pregnancies much more carefully. While there has been concern over the role conflicts a women would have in being both a mother and a full time physician, studies have shown that female physicians have much more flexibility with their time and career than women in business and so are better able to handle the demands of family life.

The different orientations women bring to the profession is having two important effects. One is that women physicians are sued much less. This is in part due to the time that is spent with each patient and the quality of the doctor - patient relationship that results. The second is that the distribution among the different fields is weighted most to those of primary care (an area that is currently undergoing a decline). In the end, the increasing number of women in medicine could influence men to adopt these beneficial differences.

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more relaxed approach to test taking. Contact Dean Emerson.

2) University of Missouri: For people who have a hard time passing the boards, they are given a 14 week course on board preparation. Contact Continuing Medical Education.

3) Dartmouth: Students are given pretest through Shelf exams.

4) U. Mass / BU: Students are given the NBME National Pre-test. Contact Dean McCuhon at BU.

5) Medical College of Georgia: Has an optional course for board preparation. Contact Stephen McCleden.

6) University of Louisville: Students take "mini-boards" in January using Pre-Test and Shelf exams covering anatomy, biochemistry, and Physiology.

7) Stony Brook, East Carolina, and Bowman-Gray: All three schools pay for Part I of the boards

8) Cornell: Both the Anatomy and Microbiology departments give practice board exams.

Community Outreach Programs:

1) Tulane: Runs a drug education program where students go into local high schools

2) Dartmouth: Runs and AIDS education program in conjunction with Health and Education Department. Based on a theatrical educational program talking about AIDS and sexual encounters for high school and grade school students. Contact Beverly Konet-Sloane.

3) Emory: Has a program in which students ask for donations (toys and cribs) for local inner city hospitals. Contact Caroline Reich.

4) New York Med: Works on AIDS education with Westchester County Department of Health. Advocates use of condoms and goes to group home to discuss issues on AIDS and prevention. Contact Lloyd Roberts.

5) New Jersey Med: Has joint STATS-AMSA program to educate high school students. Contact John Tumillo.

6) Medical College of Georgia: Has three community programs: 1) a joint venture with the AMA and Red Cross where AIDS education is brought into the classroom. Contact Adela Casas. 2) DOC (Doctors Ought to Care), a program of preventative medicine and substance abuse. Contact Barry Walter. 3) Students for Community Involvement (SCI), an elective course on preventative medicine, exercise, and substance abuse. Set up to have 1st and 2nd year students go and teach in elementary schools. Contact Dr. Maurice Levy.

7) Albany: has two programs: 1)A federally funded AIDS project to have 25 students go through intensive training and then go and teach students in elementary schools 2) Also has an AMSA program where stethoscopes are collected for donation to Central America. Contact Sarah Kimball.

8) Brown: has Cancer Outreach RElief (CORE) program where students work with cancer patients. Contact Deborha Carr.

9) Univ North Carolina: has a program on atherosclerosis called Students Teaching Early Prevention (STEP) to 6th and 7th graders. Contact Bob Bright.

10) U. Conn: has a program in which 1st and 2nd years visit the children in the hospital during the holidays.

11) University of Miami: The student council has a Special Projects Committee which sponsors various projects 1) having med students go into the hospital to visit children on the holidays. 2) Lecture Series for high school students on AIDS, drug abuse, teenage pregnancy. These topics are selected by the students and the lectures are given at the local science museum. Contact Charles Rosen.

12) SUNY Stony Brook: has an AMSA based AIDS education training session (five 2hr sessions). Contact Austin Chen

13) Eastern Virginia Medical School: has an AIDS education program. The information on the program has been compiled into a three ring binder, copies of which can be given out. Contact Jeffery Johnson.

14) Duke: has a federally funded sex education program.

15) Cornell: has two programs 1) students go out to the surrounding elementary schools and teach children basic ideas in nutrition and health. Contact David Gruen 988-1080. 2) Students for Equal Opportunity in Medicine (SEOM) go to local high schools and talk about requirements for medical school entrance. Contact Alain Kaisler-Meza 988-3328. 3) SEOM also sponsors a weekend when high school students can come and visit the school and medical students can talk about the different aspects of working in medicine and encourage students to think about medical school. Contact Dan Laroche 861-2382.

This is for all the students who feel swamped with work

Rotation Selection:

1) Vanderbilt: uses computer selection in which students prioritize their selections. Under this program, each student is guaranteed his/her first choice. Contact Dean Gotterer.

2) East Carolina: This program does not involve any administration and is

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Round Table Discussion

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entirely student run! The whole process was done in one night and everyone got their first choice. Contact Mark Bine.

3) University of Southern Florida: uses a computer program in which student chooses the months for each rotation. Contact Dean of Student Affairs.

4) Medical College of Pennsylvania: has three separate lotteries where students are assigned numbers. The three tier system allows each student to have at least one good number. Contact Fran McGuire.

5) Columbia: Has three four month slots in which blocks of students sign up with others that they know. Contact the Dean of Student Affairs.

6) Boston University: uses a computer program for selection. Contact Dr. McCann

7) Johns Hopkins: Basic clerkships can be taken any time during 3rd OR 4th year. Contact OSR rep Karen Murray.

8) SUNY Stony Brook: does not use a lottery system rather rotation selection is done among students over pizza and beer.

Hepatitis Vaccine:

1) University of Miami: Smith Kline and French use med students in research study on its new hepatitis vaccine. As an incentive it gives students free gift certificates (of up to $80) at their school's book store.

2) SUNY Stony Brook: would like any information on how other schools have obtained free hepatitis vaccines. Contact Melanie Rosenblatt or Kathrynne Yland(see directory)

Letter from the Editor

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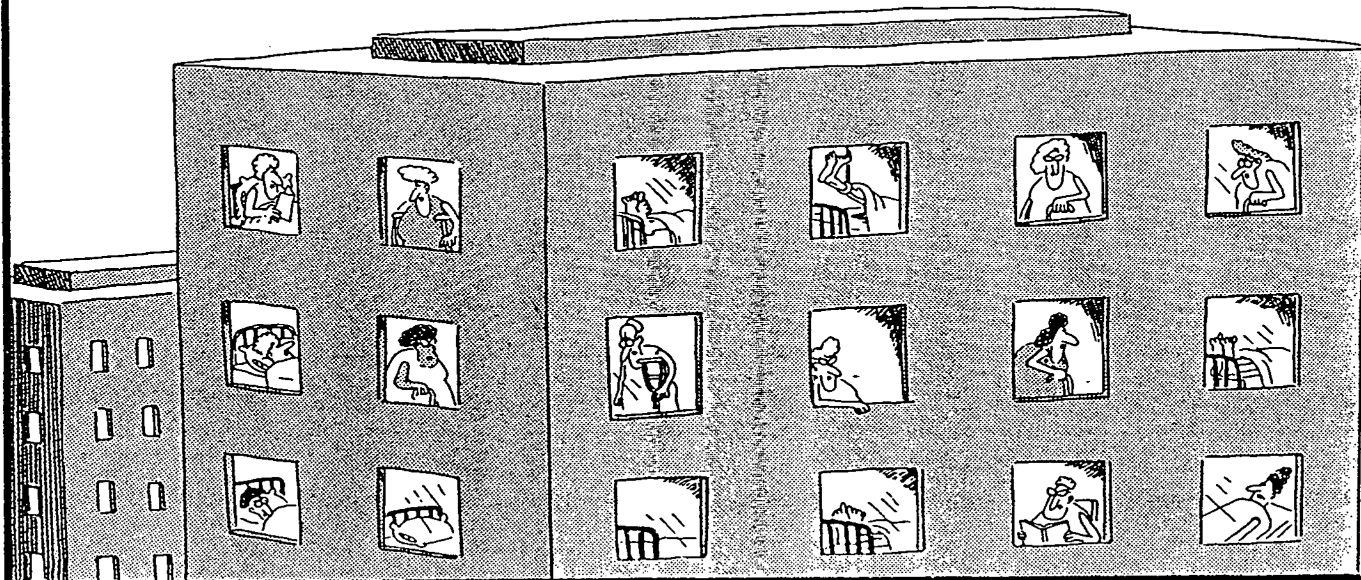
to look at the New Pathway program at Harvard where there are no formal basic science courses. Rather, the students learn almost exclusively through problem based learning. There was a recent NOVA documentary which followed six students through their first year in the program and looked at the pros and cons of the system. We can get a copy of that tape for those who would be interested at the meeting. If you have any other suggestions please drop me a note or call me (collect if necessary).

Tom Lee
NE OSR Chair Elect

p.s. I have already begun to look for potential night spots in Toronto for us.

Laughter Is the Best Medicine



Note: If you have seen any good cartoons on medicine please send them to me!

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