AAMC

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

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September, 1992

Dear Student Affairs Representative:

Greetings! Enclosed is the newly updated, *1992-93 OSR Resource Manual* containing more than 120 student projects and programs. This update differs from last year's in that it completely replaces the current edition -- it is not an addendum to the existing manual.

This new edition is designed to be more "user friendly"; the changes include:

1. 35 new project abstracts
2. Page numeration (for the purpose of indexing the projects)
3. Comprehensive Index (in Chapter 8)
   - By Subject
   - By Student Organization (AMSA, AMWA, SNMA, etc.)
   - By Medical School
4. Listing of Medical School Student Affairs Contacts (last section of Chapter 8) -- *since students often relocate during and beyond their medical school years, people trying to reach abstract authors for more information on projects often have difficulty reaching them by phone or mail. Therefore, students' addresses and phone numbers are no longer in this manual; for each abstract, only the student's name and school appear.* **Users of the resource manual will now be advised to call the Student Afffairs Contact on this listing to get additional information and/or to reach the project's coordinator.**

We ask that you become familiar with the projects in this manual that are at your school (refer to the Medical School Index) and be prepared to receive general inquiries about them (i.e., how the abstract author/project coordinator may be reached and how additional information/materials may be acquired). Please advertise the location of the manual to encourage student use of this reference document.

continued...

To update the existing OSR Resource Manual:

Simply empty the dark green binder of all its contents and insert the entire enclosed document (starting with the "Preface" and ending with the last page of the "Medical School Student Affairs Contacts").

Also replace the Title Card on the front of the binder with the new one that is clipped to the top page of this update.

If you should need a new binder, call Rosemarie Onwukwe at 202-828-0681.

Also enclosed is a pre-addressed reply card. **Please take a moment to complete and return the card so that we can assist students who wish to peruse the manual.** The OSR appreciates your willingness to make the *OSR Resource Manual* accessible and useful to students and others.

If you have any questions, call Rosemarie Onwukwe at 202-828-0681. Thank you again for your assistance.

Sincerely,

Michael Pilla

Michael Pilla
OSR Administrative Board

1992-93 OSR RESOURCE MANUAL

PREFACE

The OSR Resource Manual is a compilation of student projects and initiatives covering all aspects of medical education -- from community service projects through innovations in curriculum and medical information technology. This third edition of the manual is easier to use and more streamlined than its predecessors; it contains a wealth of information about programs underway in medical schools throughout the country.

Submissions to the manual are from students and other individuals, most of whom are from AAMC member schools; the OSR is pleased to have input from members of other student organizations, including AMSA, AMA-MSS, SNMA, and AMWA.

The OSR Administrative Board has made one of its top priorities the sharing of information among medical students nationwide. The purpose of this manual is two-fold: to highlight the large and growing number of excellent medical student projects already underway and to offer other students ideas and plans with which to implement similar programs in their own schools and regions. It is hoped that the 1992-93 OSR Resource Manual will serve you well.

Questions, comments, suggestions, and submissions for future manual updates may be directed to: OSR Staff Director, c/o Rosemarie Onwukwe, Administrative Assistant, AAMC, 2450 N Street NW, Washington, DC 20037-1126; telephone: 202-828-0681.

QUICK GUIDE TO USING THE MANUAL:

* The Table of Contents (next page) shows the categories contained in each chapter. The last chapter contains an index broken out by subject, student organization, and medical school.

* If the project's abstract reads "supplemental materials on file: YES," call Rosemarie Onwukwe (202-828-0681) if you wish to receive a copy of those materials.

* You will find an abstract author's name and school (but not his/her address and phone number). If you wish to speak to the student/project coordinator, use the Listing of *Medical School Student Affairs Contacts* found at the back of Chapter 8. You are encouraged to call the school to get more information on the project (or how to reach the student who wrote the abstract).

* If you have a project to share with others, call Rosemarie Onwukwe at 202-828-0681 for a Resource Manual Abstract Form.

Table of Contents

[Tab 1]

THE ROLE OF STUDENT REPRESENTATIVES IN THE LCME REACCREDITATION PROCESS

A GUIDE TO ORGANIZING EFFECTIVE STUDENT PARTICIPATION

Welcome to a guide which has been written for students, by students who have been involved in the LCME accreditation process at the local and national level. This second edition has again been reviewed by the two Co-Secretaries of the LCME for completeness and accuracy. This introductory section will give you an overview of the process and describe the materials in this chapter. **The main goal is to help students at your school take part effectively in this powerful opportunity to improve the education your medical school provides.**

This guide is designed as a companion to the official LCME publication, *The Role of Students in the Accreditation of U.S. Medical Education Programs*, which provides an overview of the accreditation process and the various involvements open to students. The LCME publication was recently revised to promote greater inclusion of students in the process. **The official LCME publication, along with this chapter, will enable you to understand the process well enough to contribute effectively.**

The official LCME publication lays out the general guidelines for student involvement. This chapter is designed to help student leaders prepare students at their schools to contribute effectively. It is constructed in a modular fashion with in-depth descriptions of what students should be doing **at each step in the process** to be organized and effective. The steps parallel the calendar of events found in the official LCME document (see Appendix I).

The basic framework of an LCME survey spans roughly two years, so becoming involved is a significant commitment for a group of students to make. With this chapter, the official LCME publication, and the information provided to the OSR/AAMC and AMA-MSS representatives at their regional and national meetings, you will be able to draw upon the experience of many students who have been involved with LCME reaccreditations.

AN OVERVIEW OF THE LCME ACCREDITATION REVIEW PROCESS

As students, we have the most comprehensive exposure to our school's educational program, and are particularly sensitive to its strengths and concerns. The accreditation process is therefore strengthened by effective student participation. At the same time, the process offers a powerful mechanism for students to address their concerns in a collegial relationship with the school's administration and faculty.

From the outset, we must recognize the common goals that justify the existence of a medical school:

EDUCATION OF PHYSICIANS

ADVANCEMENT OF THE ART AND SCIENCE OF MEDICINE.

Different institutions elaborate on these goals in a variety of ways that distinguish them one from another. But in every instance, the **ideal** is for faculty and students to collaborate as a community for the attainment of these institutional goals.

In summary, the reaccreditation process is:

- a chance to work for improvements in your school's curriculum, support services, and extra-curricular programs by working with the faculty and administration. Clearly focused, well-organized student input can have a major impact.
- the time when schools are generally most active in addressing the problems facing medical education.

The LCME:

- is made up of medical educators and staff from the AMA and the AAMC, hence the RLiasonS in the title.
- is the only congressionally authorized organization that maintains, through its accreditation powers, the standards of medical education in this country.

Due to recent evolution in the leadership and basic philosophy of the LCME, it has become **a strong proponent for improvement and reform in medical education.** It should be regarded as a powerful ally, if you are interested in working toward these same goals.
The LCME is very interested in hearing the students' candid assessment of the school's strengths and areas of concern. The accreditation process is set up to allow students several ways to make their voices heard, and the LCME will specifically enquire how the school has included students throughout the process.

The LCME survey team focuses considerable attention on student opinions contained in the reports and brought out during the formal interviews on campus.

Well organized student input can focus the attention and efforts of the school and the LCME on issues of greatest concern to the students.

- The LCME does not withold accreditation from schools, except in extremely rare instances. The main point of the accreditation mechanism is to serve as a time of both internal and external assessment of the school's strengths and weaknesses, with a major focus on specific problem areas that need attention.
- The LCME does not dictate solutions to the school under study; it merely emphasizes which areas need attention most urgently. Then, the school, usually with student participation, decides how to address the problems and reports back to the LCME.
- The LCME does not disappear after the report is written. The accreditation process is actually a cycle, set to repeat every seven years. The current report will be the starting point for the next review, just as work on the issues raised in the previous report should be used to gauge progress during the last cycle.

The entire evaluation process is **focused on the educational program leading to the M.D. degree.** This includes assessment of basic components such as the academic departments and curriculum, as well as broader environmental factors, such as the financial base, relationships with hospitals and universities, and the administrative structure. However, the focus remains on how these factors affect the medical education the school provides for its students.

The LCME's basic guidelines for evaluation of every school involve **two main phases.** First, the school performs an internal analysis and reports on its strengths and weaknesses. The dean appoints a Self-Study Task Force and Steering Committee, which produces the school's Educational Database, Institutional Self-Study, and the Executive Summary report.

The Self Study and Summary report form the starting point for the LCME team of expert evaluators, which conducts a thorough external review of the school. This team reads the school's materials, visits the campus, conducts interviews, then writes a report for the LCME's consideration. Their evaluation strongly influences the final LCME accreditation report, which contains a list of recommendations regarding problems that a school needs to address to retain its full accreditation status. **THIS LIST IS ONE OF THE KEY POINTS IN THE ENTIRE PROCESS.**

The strength of the wording in each item on this list carries with it a level of required response on the part of the school. These range from minor problems which schools may do little about between accreditations, to major concerns which are reassessed by the LCME in specially focused return visits to the school. These more important concerns demand prompt, concerted effort on the part of the school. The discussion and inclusion of student concerns in the analysis and final report should be a basic function of an accreditation review. Students play important roles during both phases of this process, as outlined in the remainder of this chapter.

CALENDAR OF EVENTS AND RELATED STUDENT ACTIVITIES

Using the calendar from the official LCME publication as a template (see appendix), the following section reviews the expected chronology of the process, with emphasis on important dates for initiation of involvement, on expected sources of pertinent information, and on the avoidance of common pitfalls.

STEP 1

LCME Secretary sets survey visit date with dean.

The date for the LCME Survey Team visit to your school should be set approximately 18 months in advance. As soon as this date is known by the OSR and MSS staff, this information will be sent to your school's student representatives. A letter should then go from the OSR and MSS representatives to the dean, indicating their willingness to be involved in the process, with specific reference to the Institutional Self Study Task Force, to the Steering Committee of that Task Force, and to the various subcommittees in which the representatives have particular interest. The letter should indicate the specific exposure these representatives have had to the accreditation process through the OSR and MSS.

The following letter is provided as a sample of how you might approach your dean. The primary objective here is to let the dean know:

- You are willing and interested, and
- You possess a certain body of knowledge and access to resources through the two student organizations that will help you contribute.

Dear Dean Smythe-Jones,
I understand that the All-American School of Medicine has been scheduled for an LCME reaccreditation survey on February 29, 1991. As representatives to the Organization of Student Representatives of the AAMC and/or the Medical Student Section of the AMA, we are particularly interested in working in the behalf of student concerns in this process. Through OSR and AMA workshops and resource materials, we have become aware of the many opportunities for responsible contribution to the evaluation and improvement of our institution, including the organization of the student database, participation on the Self-Study Task Force and Steering Committee, and preparation of concerned students for the visit with the LCME survey team. With your permission, we are requesting assignment to the Task Force and Steering Committee, and the opportunity to participate on certain of the subcommittees whose responsibilities relate closely to student interests and concerns. Thank you for your assistance and your kind consideration.
Sincerely yours,
ss/Joe and Jean Cool, M5
(OSR/AAMC or AMA/MSS)

STEP 2

LCME Secretary mails dean's instruction letter with Institutional Self-Study and Medical Education Data Base forms. Dean informs student body of pending survey. Interested students set up meeting with dean to discuss student role.

Although the dean is expected to alert the student body about the upcoming accreditation survey, the timing of this alert can vary considerably. The OSR and MSS will try to alert representatives when the LCME Secretary sets a survey visit date with the dean of their school. If the dean has not already done so, you may offer to help facilitate the notification of the rest of the student body.

When you are made aware that your school is up for reaccreditation, do not leave your participation to chance. As discussed elsewhere, a variety of opportunities for involvement exist, but may pass unnoticed and unused if they are not actively pursued. You will find that your access to information, and your ability to convey student needs and opinions productively, will increase considerably if you are a member of the Self-Study Task Force and Steering Committee. As detailed below, there are also several subcommittee positions which should be open to you and the other students involved.

By 14 to 16 months prior to the LCME site survey, you should begin to communicate with your dean (and the person the dean designates to chair the Task Force and Steering Committee) about having students involved in the process. This is also a time to meet with the medical student government to introduce them to the accreditation process, and to the various roles open to students.

The fundamental key to success for student participation in the reaccreditation process is precisely that: **student participation**. The broader the resource base you can muster in this effort, the more information you will be able to organize, analyze and utilize. At the same time, the greater the number of interested and responsible people involved, the more representative the results of your collaboration will be. Work with the student leaders in your medical school government. Arrange to put the upcoming reaccreditation on the agenda of your next student government meeting.

The following points should be covered in this meeting:

1. Introduce the OSR and/or MSS to your student government. They may not be aware of the broad scope of activities of these organizations.
2. Indicate the specific exposure you have had to the reaccreditation process as a student representative, including discussion sessions at regional and national meetings. Show them the official LCME publication and this chapter.
3. Stress the positive opportunity an accreditation provides for improving the medical education your school offers.
4. Briefly outline the results of the previous LCME visits to your school (including the results of the reports mentioned below, if available). You will

provide helpful perspective if you list the issues which were important to the students during these prior visits.

5. Review the expected calendar of events, with specific reference to those points where student input can be expected to have the most impact.
6. Explain the purpose and nature of the student database and the other sections of the Institutional Self-Study, and how these are prepared with student input. Sample databases prepared by other schools are available from the OSR and the MSS, and will help illustrate the variety of potential approaches to this task.
7. At this time, you may wish to begin identifying specific interested and responsible individuals who can:
    a. assume responsibility for the preparation of various sections of the database, and
    b. represent student interests on select subcommittees of the Task Force.
8. The need for careful goal-setting should be addressed. Your school is a complex association of departments with highly varied missions, from administration and finance to clinical education to research. The forest of information represented within each of these departments will quickly become an impenetrable jungle if you do not map out goals and strategies early on. You need to focus on the few key issues which are most important to the students at your school in a way that will maximize your impact. Strict attention to this principle will help streamline your work and increase your effectiveness.
9. Emphasize the global objectives of student participation in the reaccreditation survey. These include attention to your school's realistic potential for development, given its mission and anticipated resource base. You will want to work with the LCME, your school's administration, and the faculty, to reinforce the best of what your school has to offer, while responsibly commenting on courses for improvement.

When the student body and student government have been informed of the upcoming accreditation survey, you should schedule a meeting between the dean and interested student leaders. Some issues you may wish to resolve in this meeting include:

1. Clarification of your Dean's expectations for the scope and nature of student involvement in the reaccreditation process at your school,
2. Determination of how students who will meet with the LCME Site Survey team are to be selected, and
3. Establishment of access to sources of information necessary for the responsible completion of your task, including:
    a. Previous LCME Survey Reports and any pertinent interval progress reports, with lists of institutional strengths and weaknesses,
    b. AAMC Graduation Questionnaire results, where previous senior classes have given their assessments of your school, and
    c. Composite results of student evaluations of course content and teaching effectiveness.

STEP 3

Dean distributes Data Base forms to department heads, section heads, students, etc.

Preparing the Student Data Base is one of the most challenging tasks you will face. It provides an opportunity for students to analyze the school's strengths and weaknesses, and to make specific recommendations for improvement of the school and its educational program.

The LCME provides a standardized list of questions which should be completed by knowledgeable student representatives. These form the basic framework of the student report to the LCME, and should be viewed as a guideline which may be amended to suit the specific needs of your institution. The questions in this list have been carefully selected to highlight areas of concern amenable to change through this process.

Potential sources of information helpful in completing this database are provided in the LCME publication, which also presents samples of survey instruments other students have used with good results, and methods for gathering information which you should find helpful.

One suggestion which might prove particularly helpful to you throughout the process is to summarize, at the end of each section of the database, the specific strengths and weaknesses which are most important to your student body, and to make specific recommendations regarding these issues. **These few key issues will provide the focus for your future efforts** on the subcommittees, Task Force, and Steering Committee, as well as during the student meetings with the LCME site survey team, which are discussed in the following sections. Reevaluate these issues periodically as the accreditation process progresses, and update your database. Strong effort and preparation during this phase will greatly enhance the overall success of student participation.

However you decide to prepare your student database, many persons with varying styles are likely to contribute. To minimize inconsistencies across sections, and to improve the quality of your presentation, you should agree on one or two individuals who will edit the database to achieve its final form. It is also helpful to coordinate with the chairman of your school's Self-Study Task Force, to achieve consistency of format with the other sections of the school's database.

STEPS 4 and 5

Dean appoints members of the Institutional Self-Study Task Force and Steering Committee, including student representatives.

Self-Study Task Force establishes its objectives, scope of study and sets subcommittees. Appropriate subcommittees require student representation.

The Institutional Self-Study Task Force will first meet some 12 to 14 months prior to the date of the survey site visit to establish goals, set limits for the scope of the study, and to develop its subcommittees. Commonly, subcommittees of the Task Force will fall along the lines of the sections of the database, with a separate subcommittee to report on:

1. * the educational program leading to the M.D. degree,
2. * medical students,
3. * general facilities,
4. * clinical teaching facilities,
5. * library,
6. * medical school departments (both clinical and basic sciences).
7. administration and governance,
8. faculty resources,
9. finances,
10. graduate education and research,
11. graduate medical education, and
12. continuing medical education.

The subcommittees which have been marked are often the most appropriate for student membership, although circumstances particular to your school will determine how you choose to allocate your resources.

Delegation of responsibility is crucial to students' success during this phase. Concentrate your efforts. Take time to identify active and responsible students and encourage their membership on subcommittees whose scope includes their area of interest, expertise or involvement. For example, student representatives to the curriculum committee are natural candidates to participate on the subcommittee on education leading to the M.D. degree. Once you have student representation secured on the appropriate subcommittees, maintain close contact with your colleagues through regular meetings. This will allow you to deal with issues as they arise.

STEPS 6 and 7

Dean collects completed Data Base forms and distributes copies to Self-Study Task Force and subcommittees.

Task Force subcommittees review data and write critique of assignment; report is forwarded to Task Force.

When the databases have been prepared and collected, the self-study moves from the information-gathering stage to the review and discussion stage. Approximately 10 months before the site review, when the databases and subcommittee reports are completed, the Institutional Self-Study Task Force will reconvene and will begin to meet on a regular basis to review these reports, comment on the strengths and weaknesses of the institution, and formulate specific goals and objectives for improvement of the school.

This is a time when you can have a decided impact upon the process, if you remain focused and responsive. Again, it cannot be overemphasized that concentrated attention to the few key issues of greatest student interest at your school will be the most productive course. When you offer criticisms, offer alternatives. Give credit to those programs and efforts present within your school which students feel contribute positively to their educational experience. In short, take to heart the guidelines described below (in STEP 10) for the students who will meet with the LCME survey team. They are particularly relevant to your efforts during this phase of the process.

As you and your colleagues participate in subcommittee, Task Force, and Steering Committee discussions, you will frequently encounter the highly varied political interests at work Rbehind the scenesS in your school. As students, our brief tenure limits our perspectives on some of the longer-running issues. Some topics have caused dissention for decades and may require concerted effort for you to grasp fully. By listening carefully, you should be able to gain a working understanding of these issues. Moderate your advocacy of student goals and concerns with a respect and understanding for the legitimate needs of the other participants in this process. If you keep this in mind, you may be surprised how much you can accomplish.

STEPS 8 and 9

Institutional Task Force, as a whole, reviews reports of subcommittees; prepares detailed lists of strengths, weaknesses, recommendations for improvement of the college of medicine and the educational program leading to the M.D. degree.

LCME staff recruit members of the accreditation survey team.

The Executive Summary, which condenses the strengths, weaknesses and recommendations resulting from the self-study, essentially marks the course your institution plans to follow over the next five to ten years. At the time this summary

document is being prepared by the school, the LCME will recruit an accreditation survey team, who will review the school's self-study, visit the school, and write the actual final report for consideration by the LCME. Because of the time constraints and size of the task, the members of the LCME team will focus primarily on the issues raised by the school in the Executive Summary. The wording of seemingly innocent phrases in the Summary will strongly influence the recommendations made to your school in the LCME's final report. Make sure student input is included.

Remember, the LCME does not dictate policy to a school of medicine. The medical schools themselves outline their goals and expectations, based on past performance and on the combined sentiment of administration, faculty and students, and tempered by relationships with teaching hospitals, outside agencies, and the parent university. The LCME will only affirm a school's reasonable expectations and plans, while highlighting areas of concern which could, if left unattended, conceivably endanger a school's future accreditation status.

Students will have opportunity to express their views during the site visit and in their report. However, the Task Force and its Steering Committee represent the final forum for comments and recommendations as a part of the school's collaborative effort to achieve change. Issues successfully resolved at this stage will carry more weight in real accomplishment precisely because they have been accepted as a part of the community effort. **This is a time to contribute not by forcing change, but by encouraging understanding.** This subtle point may become clearer if you consider that, at each stage in this process, participants lose some of their individual identities and act increasingly as agents for positive change in the school. While you never forget that you represent the students, your responsibilities to the institution at large should become an equally important component of your work. This is the essence of collegiality.

STEP 10

Dean sends copy of final Institutional Self-Study Task Force report and Medical Education Data Base to each survey team member and to LCME Secretary at AMA & AAMC. Any supplemental information prepared by students should be included with this report.

As you prepare for the meeting with the survey team, you may find that certain issues of particular interest to students have not been adequately addressed, explained, or clarified. You are welcome to frame a report for discussion with the members of the site survey team and to submit this report to the LCME with the Executive Summary **if you feel this would be useful.** This is an option best used with sensitivity, and only after having made full use of the other opportunities for input and discussion outlined in this chapter. You may also choose to develop, as a student body, your own agenda to guide the discussion with the LCME team during the student sessions of the site visit interviews.

STEP 11

Survey team visits campus; reviews all or selected components of the college; writes report for LCME. Team meets with administrators, faculty, and student groups. Student representatives are expected to be well informed about major issues and concerns of the student body.

This is where the careful documentation and solid preparation that you have accomplished over 18 months should pay a large dividend. Using the student database as a guide, by now you should have defined a select number of issues for attention in your own agenda, and have appropriately updated this list as events and developments during the course of the self-study have dictated. You should know how these items have been received by the administration and the members of the Task Force in general, and whether and how these items have been incorporated into the Executive Summary which by now has been completed and mailed to the LCME Secretariat.

Planning for the site visit interviews should begin at least two months ahead of time. The dean is requested by the LCME to select students who represent a broad cross-section of interests and concerns to meet with the LCME survey team. The dean may ask the OSR and MSS representatives' and other student leaders' assistance in selecting students for this purpose. If the student body is going to recommend to the dean students who will meet with the LCME team, be certain that this is planned far enough in advance. If the administration will choose these students, you may need to gently prompt the dean to get this done.

You should meet with the other students selected for the site visit at least one month ahead of time. It is not important that these individuals represent a unified set of opinions, and such a narrow perspective would act to defeat the purpose. However, it is important that the students understand the general goals and objectives of an accreditation survey, and that they be capable of presenting responsible opinions without Rgriping.S They also need to be given sufficient time and preparation to assess issues of prime concern to the student body, and the work that has already been done, to be truly representative in their effect.

As you prepare your fellow students for the LCME Survey Team visit, these guidelines may prove helpful:

1. You are the representatives of the student-body-at-large, and are therefore charged with the responsibility of knowing and reflecting the broad spectrum of student opinion to the LCME.
2. Focus attention on those **few issues** which are of greatest importance to the student body. Know specifically what you want to achieve, and stick to your agenda.
3. There is a legitimate place in this process for special-interest groups. Encourage the representation of their points-of-view. Remember, however, that these guidelines apply no less to them than to others.
4. Concentrate on constructive reflection. Do not use this as an opportunity to air gripes or conflicts in personality. You would simply waste a valuable opportunity to present responsible opinion.
5. Focus on issues, not people.
6. Offer alternatives when you offer criticism. Say not only what you would like changed, but **how**.
7. Remember to **take time to reflect on the positive features** present at your school. It tempers your criticism and enhances your credibility. It may also result in some well-deserved recognition for those who work hard within your school to achieve a healthy and progressive atmosphere of change.

STEP 15

Dean, President, and Chairman of Board are sent report and notified of the LCME's decision regarding the accreditation status of the M.D. degree. Schedule of follow-up reporting and return visits established: student participation in these steps to be determined.

The final report that is received from the LCME, regarding accreditation status, will include the list of Institutional Strengths and Weaknesses for the school just reviewed. This list dictates the level of response expected, for the school to maintain its accreditation status, regarding each area of concern identified by the LCME. Some items will receive little attention between visits. Other concerns may be satisfied with a follow-up report to the LCME from the school, detailing progress to date on those issues. However, some items are of sufficiently serious concern to warrant an interim site visit, allowing the LCME to carefully evaluate the success of the school's efforts in these areas.

As students, we must be aware that much can be accomplished in this interval between accreditation visits. The school is likely to be receptive to ideas for improvement if they are well presented. This is particularly true in regard to problems which require interim reports and visits. Questionnaires and other methods for assessing student evaluation on an ongoing basis can be extremely helpful during this time period.

THE NEED FOR DOCUMENTATION OF STUDENT INVOLVEMENT

Although you and your colleagues may well be graduating soon after the completion of this project, the school remains, and others will follow where you have led. They will approach future interim visits and reaccreditations as naive to the process and its history at your school as you were when you began. A comprehensive record of your efforts, best compiled on an ongoing basis, is a valuable legacy to the students who will follow you. It is much more difficult to build such a record in retrospect.

In addition to the importance of such documentation as a resource for future reaccreditation and interim visits at your school, these records serve a broader purpose. It is only in recent history that students have been so integrally and formally involved in the process of change in medical education. We therefore stand to gain much useful information each time a new group of students participates. By sharing our experiences, we can assist the LCME as they assess the role of students in this process. Your experience can also help the OSR and MSS as they work to educate new generations of student representatives about their potential for constructive involvement.

For these reasons, appoint someone early to keep an official record of student involvement in the reaccreditation of your school. Logical choices for this position are the most junior of your OSR and MSS representatives, since these individuals may still be involved when interim visits occur, and thus benefit most directly from their efforts. Additionally, these persons can help coordinate communications between the student representatives and the many student leaders who will eventually become involved in the reaccreditation preparations, from the compilation of the student database to participation on the Task Force and its subcommittees to involvement in the LCME Survey Team visit.

At the least, it will be helpful to future students if you keep a record of:

1. The issues that were raised by students as either strengths or weaknesses at your institution, and what specific suggestions were made for improvements regarding these issues.
2. How these issues were received by administration and faculty members, what responses were offered, and how (if at all) these issues were felt to be resolved.
3. The impressions of the students involved in the reaccreditation at the conclusion of the process, regarding the impact of their participation.

AFTERWORD

We feel privileged to have had the opportunity to organize student participation in the LCME reaccreditation process at our home institutions. This is one of many ways in which OSR and MSS representatives may have a decided and unique impact on the improvement of medical education. We hope the guidelines contained in this chapter will assist you in having an enjoyable, efficient and productive experience at your school.

We welcome any comments or suggestions for the improvement of this chapter in future editions. For assistance or comments, contact your Regional Chairperson, or the staffperson for the Organization of Student Representatives at:

Association of American Medical Colleges
One Dupont Circle
Washington, D.C. 20036
(202) 828-0400

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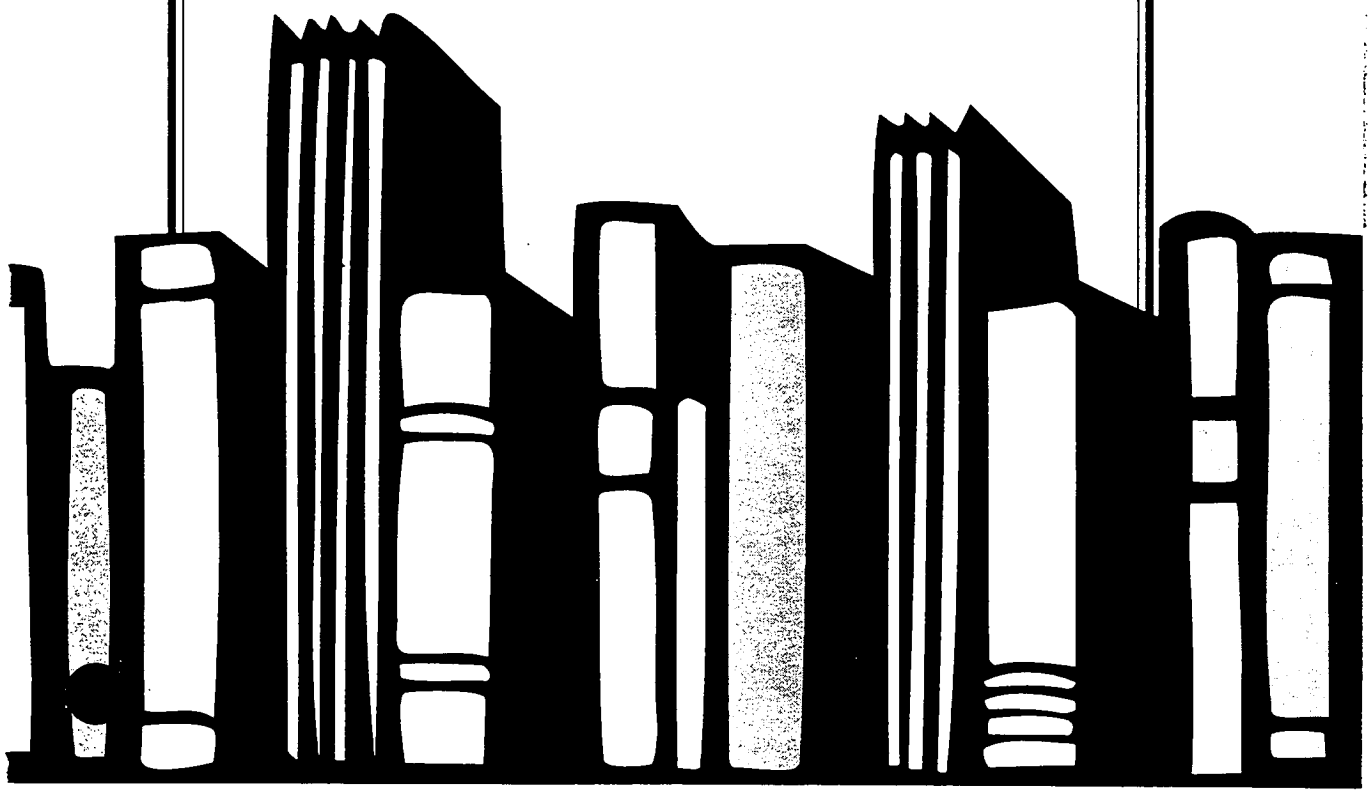

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The Association of American Medical Colleges (AAMC) is a non-profit association comprising the 126 accredited U.S. Medical Schools; the 16 accredited Canadian medical schools; some 400 major teaching hospitals—including 70 Department of Veterans Affairs medical centers; 90 academic and professional societies, which represent 70,000 faculty members; and the nation's medical students and residents.

Through its representation of the nation's academic medical centers the AAMC provides leadership for academic medicine. It conducts a broad range of programs and studies on medical education, research and health care services and represents its members before Congress and the executive branch in pursuit of its mission—improving the nation's health through the advancement of academic medicine.

1991-92 AAMC Curriculum Directory, *326 pages, $15.00, CD 91*

Published each October, this directory describes the academic programs of medical schools in the United States, Canada and Puerto Rico. It includes information on curriculum characteristics and current trends and innovations of interest to applicants, other students, faculties and deans. A two-page description of each school outlines its required and elective instructional program. In addition, medical school curriculum characteristics and statistics are compared to identify patterns of change and development.

AAMC Directory of American Medical Education 1991-92, *504 pages, $25.00, D91 (AAMC members may order multiple copies at $25.00/first copy, $10.00/each additional copy, D91M)*

Accredited medical schools in the United States, Canada and Puerto Rico list their administrators and department, division and section chairs in this directory. Each school entry includes enrollment, type of support, clinical facilities and a brief historical statement. Introductory pages describe AAMC activities and include a summary tracing the development of AAMC efforts in research, communication, education and service to its members. Officers and members of the various AAMC organizations are listed, including member medical academic societies and teaching hospitals. Published each fall.

COTH Survey of Housestaff Stipends, Benefits, and Funding; 1991, *55 pages, $15.00, CS91*

The annually revised Council of Teaching Hospitals (COTH) survey report includes data on resident stipends paid in 1991-92; health and non-health benefits provided to housestaff and their dependents, and teaching hospital expenditures and sources of funding for housestaff stipends and benefits. It includes nationwide mean and median stipend data aggregated by region and hospital ownership. Hospital housestaff policy data also are included.

Use of the 1991 MCAT in Admission: A Guide for Medical School Admission Officers and Faculty; Karen Mitchell, Ph.D., 1990, *30 pages, $7.50, MUG*

Information about the design and use of the 1991 MCAT in selecting the 1992 entering class is presented. Discussion of new information offered by the 1991 exam is included. Reliability and validity estimates are provided with interpretative information about these data. The kinds of admission interpretations that can be made in early use of this new exam are described. A plan for developing local information about the relationships between score characteristics and performance in medical school is offered. This is an important resource for admission officers and medical school faculty members who serve on admission committees.

Medical School Admission Requirements, United States and Canada; 1992-93, *408 pages, $10.00, AR92*

This annual publication, updated each spring, describes U.S. and Canadian medical schools, detailing entrance requirements of each school, selection factors, curriculum features, current first-year expenses, financial aid information, application and acceptance procedures, and applicant statistics. It includes up-to-date information on medical education, premedical planning, choosing a medical school, the Medical College Admission Test (MCAT), the American Medical College Application Service (AMCAS), financing a medical education, and other aspects of the medical school application and admission process. Sections are devoted to information for minority group students, high school students, and applicants not admitted to medical school. A chapter on medical schools offering combined college and M.D. programs for high school students also is included. Published each April.

Minority Student Opportunities in United States Medical Schools, 1990-91; *Mary Cureton-Russell, editor, 1990, 318 pages, $7.50, MS90*

Providing information to minority applicants to medical school, this publication contains descriptive entries for U.S. medical schools with data on recruitment programs, admission policies and procedures, academic assistance programs and financial aid programs for minority students. Many entries also contain statistics on the number of minority applicants, the number accepted for admission and the total number of minorities enrolled as freshmen and upperclassmen. Revised biennially.

Proceedings: Thirtieth Annual Conference on Research in Medical Education (RIME) Proceedings (*Academic Medicine Supplement, Vol. 66, No. 9, September 1991*); *1991, 92 pages, $25.00, 669S*

This supplement contains the peer-reviewed papers and abstracts of the symposia presented at the Research in Medical Education (RIME) Conference, held during the 1991 AAMC Annual Meeting. It also includes the RIME Invited Review from 1990.

Report on Medical School Faculty Salaries Survey 1991-92; *William C. Smith, Jr., 1991, 104 pages, $20.00, FS91 (1992 edition is scheduled for publication in March, FS92)*

Compensation data for filled full-time faculty positions at U.S. medical schools are compiled in this report. Summary tables provide compensation averages, number reporting and percentile statistics by rank and department for basic and clinical science faculty members. Additional tables summarize data by school ownership, degree held and geographic region. Revised early in each calendar year.

U.S. Medical School Faculty, 1991, *44 pages, $5.00 (no shipping charge), FD91*

Answering some of the most frequently asked questions about U.S. medical school faculty, this publication shows the distribution of full-time active faculty across such variables as ethnicity, sex, rank, degree and department. Revised each summer, it is a compact document, designed to serve as a quick reference.

Women and Minorities on U.S. Medical School Faculties, 1990; *Brooke Whiting, Ph.D., Carol J. Godley, Elizabeth A. Sherman, David P. Johnson, 1990, 109 pages, $26.00, WM90*

This is the most recent in a series analyzing the nationwide representation of women and minority ethnic groups on medical school faculties. Statistical data for this report, derived from the Faculty Roster System, are presented in three formats. The first section includes a textual and graphic summary of trend data on the changing composition of medical school faculties; it is supported by more detailed tables in the second section. The Appendices provide department-specific gender and ethnic breakdowns by degree, tenure status and rank.

AAMC Data Book: Statistical Information Related to Medical Education; Jan., 1991, *78 pages, $15.00, DBK1 (1992 edition is scheduled for publication in January, DBK2)*

This publication is a convenient source of current and historical data, and provides for production of tables, graphs and slides. It currently includes 12 topics and a collection of statistics from many sources: Accredited Schools, Applicants and Students, Faculty, Financing Medical Schools, Student Financing, Graduate Medical Education, Teaching Hospitals, Health Care Financing, Biomedical Research, Physician Services, Faculty and Physician Compensation and Price Indices. *Also available by subscription, with updates (see page 15).*

STUDIES, REPORTS AND RESOURCES

Proceedings from the Conference on Ambulatory Care and Education (*Academic Medicine* supplement, vol. 64, no. 10, October 1989); *74 pages, $12.00, AC*

This volume contains the proceedings of a 1988 symposium involving California medical schools and VA Western Region medical centers. As a result of the symposium, the participants drafted recommendations for integrating ambulatory care into medical training at all levels. Among the papers presented were examinations of ambulatory care education in medical schools and the VA healthcare facilities; medical undergraduate and graduate training in ambulatory care; and quality assurance, administration, research and education costs for ambulatory care.

Medicine and Parenting: A Resource for Medical Students, Residents, Faculty and Program Directors; 1991, *25 pages, 1-10 copies, $7.00 each, PAR1; 11-50 copies, $5.00 each, PAR2; 51 or more copies, $4.00 each, PAR3*

A manual for women in academic medicine who need more information and resources related to childbearing and childrearing. The opening section addresses such questions as, "When is the best time to start a family?," and "How should medical students respond to program directors' inquiries about their childbearing plans?" The second section is an overview of maternity and parental leave policies for students, residents and faculty. The final sections include a discussion of child care arrangements.

Space Planning and Management in Academic Medical Centers: Issues, Models and Resources; 1991, *210 pages, $25.00, SPAC*

A joint project of the Group on Institutional Planning and the Group on Business Affairs, this guidebook is a resource for faculty and administrators seeking to improve the way their institutions plan for and manage space and facilities. The book combines conceptual approaches with examples provided by member institutions. Its scope is limited to space used for education, research and administrative support. Topics include master planning, community and environmental concerns, construction and renovation, financial management and planning, planning for the obsolescence of buildings, allocation and reallocation of space and the development of data systems for the management of space.

Adapting Clinical Education to New Forms and Sites of Health Care Delivery: Proceedings of an Invitational Symposium, Annapolis; *Robert F. Jones, Ph.D., editor, 1987, 120 pages, $15.00, ACE*

How do we preserve quality in medical education in an environment of rapidly changing health care delivery systems and reimbursement policies? This question was addressed at a symposium sponsored by the AAMC in December 1986, which was designed to stimulate discussion on how to adapt clinical medical education to ambulatory care settings. The proceedings of this symposium include focus papers, special issue and summary presentations and transcripts of the discussions that followed. Papers presented discussed the issues from the perspective of medicine, surgery, ophthalmology and neurology. In addition, the importance of properly integrating students into ambulatory settings and special cost and financing issues were addressed.

Planning Projects Directory - 1990; *129 pages, $22.00, PPD9*

This guide, designed by the AAMC Group on Institutional Planning, is intended to help medical schools and teaching hospitals plan and manage large capital-intensive projects by sharing information on similar projects. It includes over 300 entries organized by project type and sponsoring institution. Individual listings include information on project cost, project initiation, contact people and time frame of the project.

The Declining Applicant Pool: Implications for the Selection of Medical Students, Proceedings of a 1988 Invitational Conference; *Mary H. Littlemeyer, editor, 1989, 112 pages, $15.00, DAP*

Why are fewer people choosing medical careers despite a continuing interest in medicine expressed by freshman undergraduates? Medical school admission officers and their colleagues explored this and other compelling issues at a conference in Washington, D.C. The proceedings contain papers presented on such topics as improving the admissions process, increasing the effectiveness of the selection interview, using institutional data and AAMC data in admissions, and marketing the medical profession and individual medical schools.

Faculty Appointment Policies and Practices—Vol. I; 1983, *127 pages, $8.50, FA*

A reference guide designed to inform medical school faculty and administrators about the activities of other medical schools in the changing area of faculty appointments, particularly in the area of tenure. Based on a survey of 129 U.S. and Canadian medical schools in 1983, the report tabulates institutional practices regarding faculty appointment policies, identifies institutional responses to selected items and identifies contact persons most knowledgeable about faculty policies in 1983.

Report on the Survey of Pharmaceutical Industry Sponsored Programs at Medical Schools: Administrative, Legal and Financial Considerations; 1985, *36 pages, $5.00, RSP*

A questionnaire administered to principal representatives of the AAMC Group on Business Affairs is the basis of the summarized comments and statistical data in this report. The survey addressed the administrative, legal and financial matters of each medical school's interactions with the pharmaceutical industry.

Strategies for Developing Innovative Programs in International Medical Education (*Academic Medicine* supplement, vol. 64, no. 5, May 1989); *80 pages, $12.00, SFDI*

This volume contains the proceedings of the 1988 International Invitational Conference, held at the U.N. and sponsored by the Educational Commission for Foreign Medical Graduates in collaboration with the World Health Organization. The proceedings contain papers on the International Medical Scholars Program, the role and responsibilities of U.S. medical schools in international medical education, the definition of global medical education needs, resources and limitations of U.S. medical centers, and views from Latin America, Asia and Africa. The volume also contains reports of conference group discussions.

Trends in Medical School Applicants and Matriculants 1981-1990; *Compiled by Vanessa D. Smith and Paula van der Veen, 1991, 83 pages, $15.00, TMS1*

This report provides up-to-date information about changes in demographic characteristics and qualifications of medical school applicants and first-year matriculants. It includes data on demographic descriptions, academic background, grade point average and MCAT performance.

U.S. Medical Students, 1950-2000: A Companion Factbook for Physicians in the Making; *Davis G. Johnson, Ph.D., 1983, 150 pages, $10.00, USM*

This volume contains detailed information on the summary data, commentary and recommendations contained in its companion volume, *Physicians in the Making: Personal Academic, and Socioeconomic Characteristics of Medical Students from 1950 to 2000* (now out of print), published by Jossey-Bass Limited, San Francisco. It contains backup statistics, results of the 1981 Delphi Survey on characteristics of U.S. medical students, major national sources on U.S. medical students, references, bibliographies and a cross-index.

Academic Initiatives to Address Physician Supply in Rural Areas of the United States: A Compendium, 1991, *by Mary H. Littlemeyer and Debbie Martin, 1991, 64 pages, $15.00, ACIN*

This compendium contains annotations and abstracts of 250 initiatives from 62 educational institutions that are addressing the problem of physician supply in the rural United States. These program descriptions were collected from U.S. medical school deans and directors of 133 Area Health Education Centers (AHECs) and 10 offices of rural health. This volume supplements the select bibliography published under the same title in the Dec., 1990 supplement to *Academic Medicine*.

Physician Supply in the United States, 1980-1988 (*Academic Medicine* Supplement, vol. 65, No. 6, June 1990); *A Select Bibliography compiled by Mary H. Littlemeyer and Debbie Martin, 68 pages, indexed, $25.00, 656S*

Survey reports of physician supply that the AAMC collected primarily from directors of state departments of health are annotated in this unique work. In all, the document consists of abstracts of 71 reports, many of which have never been published before or which have received limited circulation. Among data included are availability of physicians in practice, their ages, practice patterns, and geographic and specialty distribution. Trends and projections of future needs for medical care based on demographic characteristics of the general population in the state and other indicators are provided. Reports also describe strategies that states propose to address physician supply problems and conclude with names and addresses of individuals to contact for additional information. One half of the bibliography consists of citations to the literature on physician supply, with special sections on graduate medical education (including entries on 26 separate medical specialties); biomedical scientists; foreign medical graduates; physician performance and quality assurance; and minorities and women in medicine.

Rural Health: A Challenge for Medical Education, 1990 (*Academic Medicine* supplement, vol. 65, No. 12, December 1990); *Edited by Mary Littlemeyer and Debbie Martin, 129 pages, $25.00, 65DS*

Representatives of medical schools and other institutions with special interest or commitment to the problems of rural health care met to discuss existing programs and to recommend AAMC initiatives in rural health care education. These proceedings contain papers on what is needed for such education and on how trainees should be recruited and trained to deliver primary care in rural areas. It contains an edited transcription of their discussion sessions. Also included are an overview on state legislative initiatives, 1985-1989, and a bibliography on academic initiatives, 1980-1990, addressing physician supply in rural America.

Saving Lives: Supporting Animal Research; 1989, *61 pages plus appendices, $25.00, SL*

Developed with assistance from the Group on Public Affairs, this resource notebook for institutional leadership supports the responsible, humane use of animals in biomedical research. It provides a comprehensive overview of leadership building; animal regulations and guidelines; training and educational programs and policies; physical plant and security; effective communication within and outside the institution; working with reporters; coalition building in the community, and influencing government officials. Includes strategies and the names, addresses and telephone numbers of administrators and communicators who have developed and implemented them.

POLICY REPORTS ON AIDS AND THE ACADEMIC MEDICAL CENTER

I. Policy Guidelines for Addressing HIV Infection in the Academic Medical Community: A First Report of the AAMC Committee on AIDS and the Academic Medical Center; 1988, *33 pages, $10.00, HIV*

Recommendations are made on topics such as the need for policies; proper handling of information; protection from discrimination; mandatory HIV screening and policies on medical students, residents, faculty or staff known to be HIV-infected. The report offers guidelines to those responsible for developing institutional AIDS policies.

II. The HIV Epidemic and Medical Education: A Report of the AAMC Committee on AIDS and the Academic Medical Center; 1989, *18 pages, $10.00, HIV9*

In this second report the AAMC's Committee on AIDS and the Academic Medical Center examines the implications of the HIV epidemic for general professional education in medicine. The document includes the AAMC Statement of Professional Responsibility in Treating AIDS Patients. Those responsible for medical school curricula and residency training programs will find the educational objectives outlined in the report useful in program planning.

REPORTS ON RESEARCH AND RESEARCH TRAINING OF FACULTY

I. Research Activity of Full-Time Faculty in Departments of Medicine; *Thomas Dial, Ph.D., Nancy O. Gentile, Paul Jolly, Ph.D., and Gerald S. Levey, M.D., 1987, 56 pages, $10.00, RA*

This monograph, the final report of the AAMC's joint study with the Associa- of Professors of Medicine (APM), analyzes the research activities of internal medicine faculty. Data for the study were derived from the Faculty Roster System and a one-page questionnaire distributed to all internal medicine faculty, which reported research effort, funding, assigned space and publications from 1981 to 1983. The study's results include the development of a criterion for identifying significant research involvement and the findings drawn from its application to the current population of researchers in departments of medicine.

II. Post-Doctoral Research Training of Full-Time Faculty in Departments of Medicine; *Nancy O. Gentile, Gerald S. Levey, M.D., Paul Jolly, Ph.D., Thomas Dial, Ph.D., 1989, 164 pages, $25.00, PDR*

After an examination of criteria used to identify medical school faculty in departments of medicine as active researchers, this report considers aspects of training that seem to have been significant influences in the careers of those people. The study, conducted by the AAMC in conjunction with the Association of Professors of Medicine, examines such factors as funding by NIH, the type of institution providing the training, duration of training, and the proportion of training time spent in a laboratory.

MCAT Preparation Resources

I. MCAT Student Manual; 1990, *210 pages, $15.00, MCAT*

The *1991 MCAT Student Manual* provides detailed information about the format and content of the Medical College Admission Test introduced in 1991. The manual contains science content listings and describes the science problem solving, critical thinking and communication/writing skills tested by the new exam. Preparation and test-taking strategies are described. The manual includes sample items with response explanations, plus a full-length practice test with scoring key.

II. MCAT Practice Test II; *1991, 99 pages;* MCAT Practice Items: Verbal Reasoning and Writing Sample; *1991, 81 pages; and* MCAT Practice Items: Physical Science and Biological Science; *1991, 111 pages; $15.00 for the three-booklet set, MPT2*

MCAT Practice Test II is an operational test form from the April 1991 administration. This is a full-length MCAT examination with a scoring key. Questions in the *Practice Item* booklets are similar to those in an actual MCAT, however, they have not received the same level of review and testing. A scoring key is provided for the practice items.

III. Preparing for the MCAT: *Videocassette (see Videos and Brochures, page 14)*

SUBSCRIPTIONS

Academic Medicine, *subscription rates (12 issues per year, plus supplements): U.S., Canada, Latin America—$60.00/1 year; $110/2 years; $155/3 years; $30.00/year for students, and $7.00 per single copy. All other locations—$70.00/year; $130/2 years; $185/3 years and $7.00 per single copy. Subscriptions received be-*

fore June 30 will be honored for the calendar year (January through December); issues from January up to receipt of first issue of new subscription will be mailed automatically. Subscription requests received after June 30 will be honored for the fiscal year (July through June); subscribers who want back issues for January through June of that calendar year must purchase them as individual back issues at $7.00 each and as available in stock.

The official journal of the AAMC, *Academic Medicine* serves as an international forum for the exchange of ideas and information on policy, issues and research concerning academic medicine; including strengthening the quality of medical education and training, enhancing the search for biomedical knowledge, advancing research in health services and integrating education and research into the provision of effective health care. To serve the academic medical community, *Academic Medicine* each month publishes policy papers, analyses, essays, research reports and other materials covering the full range of issues facing medical schools, teaching hospitals, academic societies and health policy agencies.

COTH Report, *$30.00/year, COTS*

Bimonthly news policy and data analysis of interest to health care executives and medical educators in teaching hospitals and medical schools.

AAMC Reporter, Washington Highlights, *AAMC members receive both publications for $48.00/year; non-member rates: AAMC Reporter - $50.00/year, Washington Highlights - $200.00/year, both publications - $225.00/year*

The *AAMC Reporter* is a monthly newsletter covering the major non-governmental issues of importance to academic medicine. *Washington Highlights* is a weekly report summarizing relevant federal legislative, regulatory and health policy initiatives.

AAMC Data Book: Statistical Information Related to Medical Education, *subscription rate (4 updates per year): $100.00 initial subscription, which includes loose-leaf notebook with sturdy tab inserts; $80.00 renewal, DATA*

This publication is a convenient source of current and historical data. Sections include: accredited schools, applicants and students, faculty, financing medical schools, student financing, graduate medical education, teaching hospitals, health care financing, biomedical research, physician services, faculty and physician compensation and price indices. Subscription includes quarterly updates and an annual bound version of the Data Book. To subscribe, send $100.00, payable to the AAMC, attention: Section for Operational Studies, Dorothea M. Hudley.

FREE PUBLICATIONS

The following publications are available free of charge in limited quantities while stocks last. They should be ordered directly from the division or section under which they are listed.

Division of Academic Affairs 202-828-0589

- Readings in Medical Education: Sources for Innovative Ideas; second edition, May, 1991. 27 pages

Section for Educational Research 202-828-0690

- An Annotated Bibliography of Research on the Medical College Admission Test, 1990, 58 pages

Section for Student Services 202-828-0620

- Facts: Applicants, Matriculants and Graduates, 1985-1991, Oct., 1991, 12 pages

Section for Student and Educational Programs 202-828-0680

- A Guide to the Preparation of the Medical School Dean's Letter; 1989

Division of Biomedical Research 202-828-0487

- Federal Policy for Biomedical and Behavioral Research; 1986, 22 pages
- The Maintenance of High Ethical Standards in the Conduct of Research; 1982, 7 pages
- Preserving America's Preeminence in Medical Research: Principles for the Support of Biomedical Research; 1983, 7 pages
- Recommendations for Governance and Management of Institutional Animal Resources; 1985, 10 pages
- Framework for Institutional Policies and Procedures to Deal with Misconduct in Research; 1990, 14 pages
- Guidelines for Dealing with Faculty Conflicts of Commitment and Conflicts of Interest in Research; 1990, 18 pages

Division of Clinical Services 202-828-0490

- Council of Teaching Hospitals Selected Activities Report; 1991, 71 pages
- Financing Graduate Medical Education: Final Report of the AAMC Committee on Financing Graduate Medical Education; 1986, 65 pages
- Faculty Practice Plans: The Organization and Characteristics of Academic Medical Practice; J. Bentley, Ph.D., J. Chusid, R. D'Antuono, J. Kelly, Ph.D., and D. Tower; Aug., 1991, 33 pages

- Medical Practice Patterns, Patient Outcomes, and Quality of Care Assessment: A Selected Annotated Bibliography, 1989: 90 pages
- Teaching Hospitals: Multiple Roles, Distinctive Characteristics; Joanna Chusid, editor, 1989, 23 pages
- The University Hospital in the Academic Health Center: Finding the Right Relationship, Volume I (Executive Summary) and Volume II; Fred C. Munson and Thomas A. D'Aunno, 1987, 153 pages
- The Partnership: VA Hospitals and Graduate Medical Education; Joanna Chusid and Joyce Kelly, Ph.D.; 1990, 29 pages

Division of Minority Health, Education and Prevention 202-828-0572

- Minority Students in Medical Education: Facts and Figures VI; Mary Cureton-Russell, editor, 1990, 24 pages

Office of Governmental Relations 202-828-0525

- Congressional Directory, 1991, 99 pages, A directory of the 102nd Congress listing all members of Congress, their principal staff, committee assignments, the Senate and House of Representatives leadership and an index of federal agency officials.

Division of Institutional Planning and Development

Section for Accreditation 202-828-0596

- Functions and Structure of a Medical School: Accreditation and the Liaison Committee on Medical Education, Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree; 1991, 18 pages

Section for Institutional Studies 202-828-0521

- Women in Medicine Statistics; 1991, Janet Bickel and Renee Quinnie, 13 pages
- Building a Stronger Women's Program; Janet Bickel, 1990, 33 pages
- American Medical Education: Institutions, Programs, and Issues; Robert F. Jones, Ph.D., 1989, 36 pages

Section for Operational Studies 202-828-0653

- U.S. Medical School Finances, 1989-90, Parts I and II, 1990, 30 pages

Division of Communications 202-828-0542

- 1990-91 Annual Report, 52 pages
- Resource Directory: Where to Call When the Issue Is Animals in Medical Research; June, 1991, 28 pages

- AAMC Brochure, a concise, comprehensive overview of the history, mission, structure, programs, services and publications of the AAMC

Section for Publications 202-828-0590

- *Academic Medicine*: Instructions for Authors; 1990, 16 pages

VIDEOS AND BROCHURES

The AMCAS Story; *Videocassette, approximately 20 mins.; available in VHS, Beta or 3/4" formats, $45.00 (includes shipping and handling), AVTV*

This video is about the American Medical College Application Service (AMCAS). It was designed for pre-medical advisors involved in counseling students on the application process and for prospective applicants. The video provides a step-by-step illustrated guide to the AMCAS application process.

Science and Art in the Name of Healing; *Videocassette, approximately 12 mins.; available in VHS, AAMC members, $14.95 (plus shipping and handling) SAV1; non-members, $24.95 (plus shipping and handling) SAV2*

Aimed at high school and college students, this tape highlights the daily excitement and challenges of medicine as well as the variety of career paths available in medicine through "on-the-scene" interviews with medical students and practicing physicians.

Preparing for the MCAT: *Videocassette, approximately 25 mins., VHS, $12.00, MVID; (other formats available at a slightly higher price by special order)*

Designed for use in conjunction with the *MCAT Student Manual*, this tape provides information about the knowledge and skills tested by the MCAT and discusses preparation strategies for each of the four test sections.

Got That Healing Feeling

This brochure for high school students describes the three tracks to medical school, preparation, finances, and rewards of a medical career.

AAMC members, $3.50/10, MCD4; $15.00/50, MCD1; $25.00/100, MCD2; non-members, $0.50 each, MCD3; or add 10% to bulk prices

Medicine: A Chance to Make a Difference

This brochure for college students discusses preparation for, selection of and application to medical school and financial aid for medical education.

CLASSICS

AAMC Longitudinal Study of Medical School Graduates of 1960: A 20-Year Effort in 28 Schools, 1956-1976; *James B. Erdmann, Ph.D., Robert F. Jones, Ph.D, Xenia Tonesk, Ph.D., 1986, 404 pages, 130 tables, $10.00, LS*

This final report of a 20-year study on the career, practice characteristics, and attitudes toward major medical care issues of 1,850 physicians incorporates a major follow-up survey conducted in 1976 and reports relationships of all early variables with the career findings from that final survey. This research is a unique study of demographic, personality, achievement and environmental factors of students and their relationships to medical careers. The data provide important evidence of the role of personality factors in the career development of the physician.

Clinical Education of Medical Students (*Journal of Medical Education*, September 1986, Part 2, vol. 61, no. 9); *112 pages, $6.00, CE*

Based on discussions of faculty members from 113 AAMC member medical schools at an invitational conference, problems in clinical education and suggestions for solving them are described in this volume. Chief among the deficiencies that the conference participants cited was the low priority that faculty members have for teaching medical students. Other problems were the lack of a clear definition of what students should learn during their clerkships, the settings in which their education takes place and the failure to use evaluation to enhance the students' education.

Physicians for the Twenty-First Century GPEP Report (*Journal of Medical Education*, November 1984, Part 2, vol. 59, no. 11); *220 pages, indexed, $25.00, GPEP*

This publication is the final report of the AAMC Project on the General Professional Education of the Physician and College Preparation for Medicine (The "GPEP" Report). This three-year appraisal of college and medical school general preparation of physicians actively involved 83 U.S. and Canadian medical schools, 24 U.S. and Canadian undergraduate colleges and universities, 21 Council of Academic Societies professorial organizations and 11 other groups in discussions of issues identified by the Project Panel. An extensive appendix contains a special report on medical education in the United States and Canada, project publications and final reports of the three GPEP working groups.

Planning for Medical Progress Through Education (the "Coggeshall Report"); 1965, *118 pages, $4.00, PMP*

AAMC's well known and often cited "Coggeshall Report" resulted from an extensive probe of the Association's programs and structure in the mid-1960s and of proposals for new directions it might take in view of widespread changes in medical education, research and service—particularly since World War II. Trends are traced over the 40 years from the late 1920s as the report discusses new developments such as the rise of specialization, use of technology, use of the team approach in health care and the expanding role of government in medical education and research. AAMC acknowledges the "Coggeshall Report" as its blueprint for the sweeping expansion that led to its relocation to Washington, D.C., and for the establishment of the Council of Deans, Council of Teaching Hospitals and Council of Academic Societies as its constituency. Management programs in higher education have used this slim volume as a reference for how organizations plan for effective change.

The Management of Information in Academic Medicine: An Assessment of the Application of Technology, Policy Consequences, and Needed Changes in the Present System (Volumes I and II); 1982, *230 pages, $7.95, MI*

This report focuses on the problems and possibilities of information management in academic medicine and on some of the many technological applications now in use and predicted for the future.

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TIPS FOR IMPLEMENTING STUDENT-SPONSORED PROJECTS

The considerations and suggestions listed below are intended as guidelines for anyone planning to start a student-run program --

* *Sections I and II apply to any type of project*
* *Section III is specific to an indigent/homeless project*

I. ESTABLISHING STUDENT PROJECTS

A. Set goals and steps to accomplish each goal.
B. Decide on a realistic budget.
C. Devise appropriate publicity (e.g., flyers, slide show)
D. Utilize available resources:
   * university personnel and faculty
   * individuals active in the community
   * libraries (e.g., microfiche of I.R.'s 990 Forms, which show to whom organizations are giving their money)
   * social service agencies
   * the Grantmanship Center, Department DD, PO Box 6210, Los Angeles, CA 90014 -- produces the Whole Nonprofit Catalogue (which includes a price list and order form for various publications) and an excellent booklet, Program Planning and Proposal Writing.
E. Allow/prepare for logistical and political questions -- some student projects, especially new indigent care venues, engender significant political opposition, primarily due to concern about opening up another conduit for indigent patients to enter the already overburdened local health care system -- and answer the following questions when dealing with these oppositions:
   * What are the objections specifically?
   * Are they shared by most faculty/administrators on your campus or can you find a nucleus of support?
   * Have others attempted or accomplished a similar project before? If so, how?
   * What exists in your community? Is it possible to expand an existing program with student volunteers?

II. POTENTIAL SOURCES OF FUNDING FOR STUDENT PROJECTS

A. Alumni
B. Student Council/Associated Medical Students
C. American Medical Student Association (AMSA)
D. California Chicano-Latino Medical Student Association (CCLMSA)
E. Student National Medical Association (SNMA)
F. American Medical Women's Association (AMWA)
G. American Medical Association (AMA)/Medical Student Section (AMA-MSS)
H. State medical associations

I. Local/county medical associations
J. Alpha Omega Alpha (AOA)
K. Drug/pharmaceutical companies
L. Graduate student associations
M. Family practice interest group
N. Phi Epsilon -- medical fraternity
O. Foundations
P. Corporations
Q. Churches' outreach programs
R. Hospital Incorporated
S. State boards of regents

III. STEPS TO TAKE (specifically for homeless projects)

A. Assess communities near the school and research how the medical needs of the indigent and homeless are met. Look for established clinics, health vans, medical outreach programs, etc. Understanding the established health care programs for the indigent and homeless, including details and logistics of how they are run, helps in formulating the best approach for a student clinic.

B. Obtain permission to start the project. Learn the rules and logistics for implementing classes, electives, and extracurricular activities at your school.

C. Recruit more students to increase involvement and "people power".

D. Meet and clarify goals with interested students. Formulate the next steps, considering the following: (1) Insurance; (2) Continuity; (3) Commitment; and (4) Recruiting Volunteers. When approaching the curriculum committee, target student members and potential supporters on the committee. Ask for their help in writing and presenting the request.

E. Plan carefully **before** implementing the project.

F. Inform the population to be served about the project/publicize in general.

G. Prepare students with background information:
   * Give participating students a syllabus with copies of articles on indigent/homeless issues.
   * Consider holding a series of box-lunch lectures.
   * Require attendance at Scut Day (a practice day).

H. Evaluate the project regularly in a systematic manner.

Project Title: Enhanced Role(s) for an Academic Medical Center in Indigent Care -- An Exercise in Community-oriented Primary Care

ABSTRACT:

The aim of this project is to build bridges within and between the academic and local communities for improving the care of indigent patients both now and in the future through enhanced roles in education, research, and service.

The initial effort is to bring together caregivers, planners, students, academicians, business and community leaders, and recipients of care for an initial dialogue on improving the delivery of preventive services to two indigent populations in Houston and Harris County. To facilitate, one group of students developed a structured interview format and administered it to a sample of approximately 50 providers of preventive services to pre-natal and elderly populations. Through this process several consistent problems emerged -- lack of coordination of services, differences in eligibility criteria, and long waiting lines. A second group of students are developing a model preventive program for these two populations.

The next phase of this process will bring together the individuals who have been interviewed to discuss, in small groups, creative solutions that could potentially alleviate the problems and provide improved preventive serices to these two segments of the population. The suggestions from this session will form the basis for the final part of this year's conference project, a session including the heads of the academic institutions, the City and County Health Departments, and the Harris County Hospital District. In addition to responding to specific suggestions from the phase-two conference, this group of administrators will also respond to a student-generated proposal whose aim is the development of an academic, community-based Primary Health Care Center for the Health Professions to be located in an area currently underserved in Houston/Harris County.

Supplemental Materials on file: YES

Abstract Author: Kim Dunn; Regina Cavanaugh; Lee Rosen; Elaine Rosen
School Name: University of Texas-Houston; Baylor College of Medicine

Project Title: SC-HOPE (Syracuse Community Health Outreach Program)

ABSTRACT:

SC-HOPE is a student-run health clinic for the homeless of Syracuse that operates currently on Wednesday evenings out of facilities in the Onondaga County Department of Health offices in downtown Syracuse. Started by the SUNY-Syracuse chapter of AMSA, the clinic is now licensed by the county health department and receives a large amount of support from the Health Science Center (SUNY) in the form of funding, medical/lab services, and administrative aid (e.g., scheduling).

Students work in teams of two, with a 1st/2nd-year student taking the patient's history and being guided through the physical examination by a 3rd/4th-year student who then works up a differential dx and presents the patient to the attending physician (usually a family physician or pediatrician) volunteering that evening. The student volunteers are expected to follow up, as necessary, on any patient they have seen (i.e., checking lab data completed later in the week).

Supplemental Materials on File: NO

Abstract Author: John Brancato
School Name: SUNY-Syracuse

Project Title: Community Health Fair
ABSTRACT:

At the University of Southern California (USC), the second-year class organizes a community health fair each year. This event, held in East Los Angeles, is geared toward the Spanish community located around LA County Hospital. It allows medical students the opportunity to utilize their diagnostic and physical examination skills. The fair can involve participation from all classes with a diverse range of skills.

In brief, the patient fills out a basic questionnaire and then moves from section to section where students perform a particular part of the physical exam. Usually there are a number of volunteer physicians in each section to oversee the students, imputing their advice and answering questions. In the last area, hematocrit and blood glucose are checked; at this point, a licensed physician reviews the forms and makes recommendations. If warranted, patients are referred to a local clinic for further evaluation.

The most difficult part is finding the physicians to volunteer their time. Other groups - physician groups, nurses, and other health organizations - are also asked for assistance. Advertising is key. Getting students interested is also important. Coordinating joint efforts with local organizations like the Red Cross and Cancer Society can sometimes be helpful.

You may request a copy of an informational packet containing, among other things, a listing of potential volunteers and materials on the individual tests that are performed. Inquiries also may be directed to Bill Anderson at USC, the last health fair coordinator. We are improving the instructional packet and will be able to explain how others can start up a program at their own school.

Supplemental Materials on File: NO

Abstract Author: Jeffrey Dean Moses
School Name: University of Southern California

Project Title: S.M.A.R.T. (Sexual Maturation and Responsible Teens)
ABSTRACT:

SMART is a program which has been conducted by Ohio State students for five years now. A few medical students organized the program by approaching Columbus City School officials. We have gone to Columbus Public Middle Schools (6th, 7th, and 8th grades) and discussed such topics as Pregnancy, Birth Defects, Puberty, Menstruation, Birth Control, AIDS, Sexually Transmitted Diseases, Decision-Making, and Nutrition. It takes about a week to present all of the subjects in each school.

A few of the medical students compile a timetable/schedule of presentations suitable to each middle school. A medical student selects one subject to present in each of the schools. Subject outlines are compiled and distributed to everyone. Practice presentations are given with slides, posters, and other related materials. We try to keep the presentations interesting and flexible, yet somewhat structured. Each medical student takes a different approach to his or her presentation.

Supplemental Materials on File: NO

Abstract Author: Joe Graziano
School Name: The Ohio State University College of Medicine

Project Title: Coronado School Project
ABSTRACT:

The Coronado School is a high school for pregnant women age twelve to nineteen. The Eastern Virginia Medical School (EVMS) chapter of the American Medical Student Association (AMSA) organized a project that paired a medical student with a Coronado student. The role of the medical student was to act as a mentor to the teenager, answering questions on proper nutrition during pregnancy, helping with school work, making sure that she had proper pre-natal care, etc. The goal of the project was to reduce some of the complications seen with teenage pregnancy such as low birth weights and high infant mortality. The project was successful in terms of medical students, but less so in terms of interest by Coronado students. Several changes have been implemented to alleviate this problem: (1) next year, medical students, going into the classrooms to explain the project to all of the Coronado students, will emphasize their role as a member of the girl's support system - offering to be present at the birth, being available to tutor, and emphasizing the importance of school attendance, and (2) a calendar will be organized and handed out to the girls. It will include planned events such as potluck dinners, trips to botanical gardens, and museum outings. The events will be comprised of small groups of girls and their mentors. The calendar will give a sense of continuity for both the teenager and her mentor.

Overall, the Coronado Project was a success; hopefully it will become a permanent project of AMSA at EVMS. For more information, contact Corinne Merill, c/o EVMS, 700 Olney Road, Norfolk, VA 23501 or Janel Hino, 618 Raleigh Avenue #1, Norfolk, VA 23501, 804-622-7153.

Supplemental Materials on File: NO

Abstract Author: Laura Brodzinsky
School Name: Eastern Virginia Medical School

Project Title: Tufts High School Program
ABSTRACT:

In the Tufts High School Program, students - medical, veterinary and dental - serve as mentors for minority and disadvantaged high school students interested in pursuing careers in health care. The mentors offer guidance and advice to the students, answering their questions and also giving them a tast of life at Tufts. The Tufts students run workshops on medicine, dentistry and veterinary medicine, give presentations on applying to college and health professions schools, and arrange field trips and other fun activities with the high school students. Such programs are held during the school year as well as in the summer.

About 20 high school students participate in this program each year. Applications to the program are sent to various targeted high schools and students are chosen to participate by their guidance counselors and science teachers. The project is funded partially by the Educational Resources Institute and partially by the Tufts Student Council.

Supplemental Materials on File: NO

Abstract Author: Dineli Gunawardena
School Name: Tufts University School of Medicine

Project Title: Eastern Virginia Area Health Education Center (EV-AHEC)
ABSTRACT:

Health Professions Training Programs: The AHEC program provides support for programs involving undergraduate medical students at Eastern Virginia Medical School (EVMS) and students from other health professions schools as well. Most of the programs listed below receive direct or indirect support from the Department of Family and Community Medicine. AHEC participates in the activities below.

* Chesapeake (Crestwood) Clinic -- The Crestwood Clinic is a cooperative program involving South Hampton Roads AHEC, the Chesapeake Health Department, and the Community Action Committee (CAC) of EVMS. The clinic, open for either one or two nights per month, provides physical examinations or screening services for an average of 10 patients per night. On most nights, five to ten medical students attend the clinic. During 1988-89, approximately 150 patient encounters occurred at the clinic.

* Norfolk Free Clinic at Park Place -- The Park Place Clinic was developed in 1984 as a multidisciplinary training site for students of medicine, nursing, social work, medical technology, and medical records. With the termination of federal funding in September 1987, however, the project has been limited to medical students. The clinic, operating three nights per week, provides basic medical care for the mostly indigent population in the Park Place neighborhood in Norfolk. During 1988-89, 24 second-year medical students participated on a regular basis at the clinic and 1,478 patient encounters took place.

* Virginia Beach Clinic -- The Virginia Beach Clinic, established in 1985, is one of the three ambulatory care training programs sponsored by AHEC. During 1988-89, approximately 21 second-year medical students participated at the clinic, which operates three nights per week and provides care to an average of 10 patients per night.

Supplemental Materials on File: NO

Abstract Author: Laura Brodzinsky
School Name: Eastern Virginia Medical School

Project Title: Turtle Derby
ABSTRACT:

Remember "The Tortoise and the Hare"? Well, it's back with a new twist. Not to be outdone by the Maryland Preakness, our first-year medical students and Child Life Department have combined efforts to race thoroughbreds. Staff, patients, students, and members of the community sponsor the thoroughbred turtles (e.g., Intern out of Energy by September). A Derby marching band drums up support, children bring high-octane turtle juice in I-V bags, and jockies prod the contestants to the finish line. Creativity is the only limit to bringing delight to the hospitalized kids and to the community. Contact me for pictures of the action, sample ads, and an address to rent the turtles.

Supplemental Materials on File: NO

Abstract Author: Ingrid Kohlstadt
School Name: Johns Hopkins

Project Title: Children's Diabetes Project
ABSTRACT:

The medical Class of 1993 required three criteria of a class project -- that assistance was truly needed, those needing assistance were readily accessible, and the proportions of the undertaking were reasonable. These criteria were met by choosing to work with the Florida Camp for Children and Youth with Diabetes (FCCYD). A project coordinator was selected and the project was divided into three major portions:

A tutoring project was undertaken to benefit the children with diabetes who are stationed at Shands Hospital for inpatient care. Student volunteers are assigned to a particular child with whom they will work, and tutoring sessions are held once or twice a week at their mutual convenience.

Separate social events have also been organized to include both the inpatient children as well as area children with diabetes. The mailing list was obtained from the Pediatric Endocrinology Department. The events have included a Halloween Picnic complete with a "Mystery Riddle Trail", a flag-football game, and a Christmas party where we helped to make ornaments and decorated a tree we had supplied.

The Family Weekend Retreat was the largest project we undertook. All families with a diabetic child, and many general practitioners from this region of the state, were contacted by mail concerning this event. Separate groups worked on entertainment (games, a play, a rap song, etc.) and education. The education committee organized discussions for the children, their parents, siblings, and other caregivers -- in combination and separately. Medical supplies and personnel were made available through the FCCYD.

We believe this project has been very beneficial to everyone involved and could probably be organized at most medical schools.

Supplemental Materials on File: YES

Abstract Author: Bradley Bullock
School Name: University of Florida

Project Title: Student-Run Health Clinic
ABSTRACT:

This clinic operates every Thursday evening at a homeless mission in downtown Indianapolis. Students are involved at the junior level or above on a strictly volunteer basis. Two students attend each clinic, seeing whoever wishes to be seen. After their work-up, the patients are placed with a faculty member of the Indiana University School of Medicine. Approximately 8 to 12 patients are seen each week, although the number has been as high as 20. A portable pharmacy, courtesy of the public hospital, dispenses free medications. The clinic consists of seven teams which rotate at seven-week intervals. The program was started in the fall and remains very successful. Students also have the option of taking a senior elective in indigent care and see patients at federally-funded homeless shelter clinics.

Supplemental Materials on File:NO

Abstract Author: Mark Rodefeld
School Name: Indiana University School of Medicine

Project Title: for the health of it! (How to Start a Health Fair)

ABSTRACT:

Description: A Health Fair was held at an elementary school in an underserved neighborhood in our community. The school became involved in the event through a contest - for the best health theme design - and by sending fliers home with the children that advertised the health fair. The PTA, community centers and churches were also contacted. During the health fair, information was collected regarding how well Gainesvilles's medical system handles patients who have no insurance. The free screening included: cholesterol, height and weight, blood glucose, blood pressure and pulse, hearing, and vision (including glaucoma). For women, there were breast examinations and PAP Smears. Physicians reviewed the results with the patient and gave follow-up recommendations. During an exit interview, a map showing local clinics (that serve individuals with Medicaid and Medicare and the uninsured) was provided along with telephone numbers. In addition, Health and Rehabilitative Services (HRS) representatives were present to sign up qualifying individuals for Medicaid and Medicare. Nutritionists were available to give advice on diet to people who were overweight, with high cholesterol, and with diabetes. A "What's Up Doc?" booth allowed participants to ask physicians questions informally. Information booths included: AIDS Task Force (HRS); Sickle Cell Task Force; and the American Cancer Society occult blood testing. Free food was provided and clowns entertained the children while giving out balloons. To ensure follow-up care, an "adopt-a-patient" program was created, whereby a medical student volunteer helps a participant get the recommended follow-up care.

Purpose and Goals: to provide an on-going screening program in an underserved area and to detect and get these people into the medical system early; to educate the community about importanct health issues such as AIDS; to find out how our community handles people who have no insurance and whether they are getting the health care they need; to sign up qualified individuals into the Medicaid and Medicare programs; and, finally, to create a positive image for the medical profession.

Methods: Group leaders were responsible for each of the screening tests. This included training, getting equipment and supplies, and determining how their station was going to provide the service. With the help of interviewers, each patient completed a master form that began with a medical history, provided space for the results of each of the tests (height and weight, blood pressure, blood cholesterol, hearing, vision, and blood glucose), followed by a questionnaire regarding community health issues and a review sheet to be completed by physicians who recommend seeing a nutritionist (in the same room) or follow-up care. Finally, patients were directed to an exit interview that evaluated the fair itself. At that time, individuals received a map of the local health care centers and could talk with social workers from Medicaid/Medicare about qualifying for those programs. As an incentive, a ticket for food was given to those individuals who completed the 1-hour screening process.

Resources Used:

Personnel -- Over 70 medical students, 15 physicians, laboratory technicians (for cholesterol and glucose measuring), nutritionists, hearing specialists from the College of Related Health Professions, HRS representatives (from Medicaid, Medicare, AIDS Prevention departments, Task Force on Sickle Cell Anemia) and other volunteers.

Written Materials -- Informed consent, medical history, screening worksheets, and questionnaire forms; maps with addresses and telephone numbers for local clinics; and information on nutrition, cancer, diabetes, AIDS prevention, sickle cell anemia, and cholesterol.

Funding -- AMSA grant, Office for External Affairs (UFCOM), Upjohn, Publix, Ross Laboratories, and Boerhinger-Mannheim. An arts and crafts sale was held to raise enough money. Other companies provided supplies, equipment and/or manpower.

Organizational Support -- This was an AMSA project; other sponsors include the Class of 1992, UFCOM, the Department of Community and Family Medicine, Alachua County Continuing Education Program, the Family Practice Student Organization, and Alachua Medical Society (provided an ad).

Evaluation of Project: We feel the 1st annual **for the health of it!** health fair was a success. AMSA recently received a certificate of merit from the Alachua County School Board, and we have been invited to put the event on again next year. Everything ran smoothly and 150-200 people were screened. We had enough of everything, including food! The 30 individuals who needed follow-up care are being served by the "adopt-a-patient" phase of the project. We are already planning next year's fair. To make it even better next year, we plan to rotate the volunteers to make it more interesting for them, shorten the fair hours (run it 12-4 instead of 9-5), and start fund-raising earlier. We will also invite the School of Dentristry to participate.

Program Directors: Helga E. Rippen, Carolyn G. Carter, William B. Slayton

Supplemental Materials on File: YES

Abstract Author: Helga E. Rippen
School Name: University of Florida

Project Title: The Urban Health Project

ABSTRACT:

The Urban Health Project (UHP) provides nine-week internships for about 15 students (about 10% of a University of Cincinnati Medical School class) during the summer after the first year of medical school. These students are assigned to various public health and charitable organizations, providing health care and health care-related services. Students' duties range from initial evaluation of patients - including brief form histories and physicals, occasional blood drawing and blood pressure screening -to camp counselor for orphans on outings. The emphasis is on preventive care, health maintenance, and service for the indigent or underserved. Students receive stipends of $1500-$2000, depending upon how much money can be raised from sources outside the medical school. The University, via the medical school dean's office, provides some support, but most funds are raised through large donations - mainly foundation and corporate sponsorship.

The program is administered entirely by first- and second-year medical students. UHP leadership reports to an advisory board composed of several primary care physicians, past UHP directors, representatives of the local academy of medicine, and local public health officials.

A few of the advantages of the program are: it provides employment and experience to medical students in primary care and social services; it reinforces the important link between the medical school and a wide variety of social service institutions upon which the medical center relies for follow-up care and referral; it generates wonderful publicity for the medical school and several of the worthwhile charitable organizations; it's also an alternative to research for medical students in search of short-term employment; and, finally, it does help some folks in need.

Supplemental Materials on File: YES

Abstract Author: William Andrew
School Name: University of Cincinnati

Project Title: Homeless First Aid Project
ABSTRACT:

The Homeless First Aid Project came into being last January when a group of Cornell first-year medical students sought to provide basic medical care to homeless people. Armed with supplies that had been donated or purchased out of their own pockets, these students set up a first aid table at a parochial school near Grand Central Station. At that time, St. Agnes' Parish school was a boys' school by day and transformed into a homeless drop-in center each night at 5:00 p.m. The school is now a 24-hour homeless drop-in center funded by a group of Grand Central Station businesses.

The medical students hope to make a dent in the kind of illnesses and infections homeless people face by providing basic first aid and health care referral counseling. With that in mind, they arranged to be certified in basic first aid and established a working relationship with the New York Coalition for the Homeless, an advocacy group that provides food and clothing to New York City's street people.

About 40 first- and second-year students are members of this project. The group has manned a table at St. Agnes every Thursday night from 7:00 p.m. - 9:00 p.m. since the project was started. On a typical night, the students see twenty to forty of the 200 people who stay at the center. They check blood pressures, change dressings, and refer people to various free medical and job training services in New York City. The group does not perform any kind of diagnostic work or hand out any medication. Project membership is open to any Cornell students or faculty willing to spend two hours a month at the drop-in center.

Supplemental Materials on File: NO

Abstract Author: Benjamin Hendin
School Name: Cornell University Medical College

Project Title: Homeless Health Clinic
ABSTRACT:

The Homeless Health Clinic at the Salvation Army shelter in Augusta, Georgia was founded by the Medical College of Georgia (MCG) Chapter of the Student Member Group of the Georgia Academy of Family Physicians. Patient services began on October 26, 1989. Administration of the clinic is the responsibility of medical students and is supported by the MCG Family Practice faculty and residents, and ancillary health service volunteers; administrative meetings are held monthly. Funds, supplies, equipment, and services are provided by donations from interested community service organizations and individuals. The clinic was established as a community outreach project directed toward serving the primary medical needs of the homeless population. The intention is not to duplicate services already in existence, but to serve as an access point to those services. Additionally, the clinic serves as a teamwork learning experience for students as well as providing an interface between students, residents, faculty, and ancillary health workers outside of the required curriculum.

Patients are seen on Thursday evenings between 6:00 p.m and 8:00 p.m. by a team of medical students and a faculty/resident physician. Treatments, laboratory services, prescriptions, and social services are provided on site when possible. Referrals are made when on-site services cannot be provided. At present, treatment services are limited to certain conditions (separate list available) and some conditions must be referred. Services may be expanded in the future.

Supplemental Materials on File: NO

Abstract Author: Michael Greenburg
School Name: Medical College of Georgia

Project Title: The Rush Community Service Initiatives Program (RCSIP)
ABSTRACT:

The (RCSIP) is a student-generated education and service program that grew out of the students' community health experiences that arr required in the first year of medical school. Many students wanted to expand these community visits in a context that would provide more continuity and direct involvement or "hands-on" experience. The goal was to create a thriving, self-perpetuating network of community service programs that would match students initiative and enthsiasm with the desperate social and health needs of targeted segments of the Chicago population.

Three years old, RCSIP currently consists of seven community service projects in which nearly 200 medical students and 25 physicians from Rush participate on a voluntary basis. At St. Basil's Clinic, the **general medical clinic** is offered every Thursday evening and the **prenatal clinic** is offered every other Tuesday. In the **RAIDS** program, medical students conduct AIDS education and prevention programs geared for inner-city school children. The Rush **Pediatric AIDS** program, in which medical students serve as "big sibs" to children who are HIV seropositive, was recently started. The **Henry Horner Tutoring** program involves medical students counseling inner-city black children. At the Robert Taylor Homes, a **therapeutic community** helps residents to cope with living with so much violence. Students also perform periodic health physicals and immunizations at neighborhood schools and child care centers through the **physical and immunization** program.

These programs offer numerous benefits to the community and to the students; I hope they will become a permanent part of the Rush curriculum. For more information, contact: Ed Eckenfels, Director, RCSIP, Rush Medical College.

Supplemental Materials on File: YES

Abstract Author: Edward J. Eckenfels
School Name: Rush Medical College

Project Title: Speaker's Bureau
ABSTRACT:

The Speaker's Bureau is a program started by the University of Florida AMSA organization. It is designed to educate elementary, middle school and high school students about sensitive topics such as sexually-transmittted diseases, drug abuse, teenage pregnancy and nuclear war awareness.

Medical students, trained in these areas, visit local schools upon teachers' requests and present a 30-35 minute talk and slide show to a single classroom on one of the designated topics. Each presentation is followed by a 10-15 minute question-and-answer session.

Our feeling is that preventive medicine at the elementary, middle and high school level is the key to the future well-being of all communities. This allows young physicians-to-be to have a major impact on the decision-making process of young people.

Supplemental Materials on File: YES

Abstract Author: Nancy Brown, Karen Saravanos
School Name: University of Florida

Project Title: Student-to-Student
ABSTRACT:

The Student-to-Student program began at the Medical College of Ohio (MCO) at Toledo in March, 1986. At that time, Drs. Richard Steinman and David Voigt, then second-year MCO medical students, described the human heart to fourth-grade pupils taught by Dr. Voigt's wife. Realizing that experiences such as this could help medical students learn speaking skills and gain confidence in meeting the public, and that the information they provided would benefit elementary and secondary students, they created the Student-to-Student program. The program was so well received, it was presented to the state and national OSMA-MSS and Student-to-Student programs have since been set up at several medical schools in Ohio and across the country.

Since 1986, the program at MCO has continued to grow and improve each year. Programs currently available:

The Human Heart
The Human Brain
The Human Lungs/Dangers of Smoking
The Dangers of Drugs and Alcohol
AIDS
How to Become a Medical Doctor
Visiting the Doctor/Taking Care of the Body

Medical students speak to classes in and around Toledo and in the AHEC areas served by MCO. A variety of visual aids are used for presentations, including human organs, slides, posters, medical instruments, and models. The method of exhibiting human organs has been greatly improved through a process called "plastination" in which fluid is removed from tissue and replaced by curable polymers. The result is a specimen which retains its natural features, but is dry and can be handled by students. An evaluation process for the program has also been instituted.

The medical students involved in the program have found the experience very rewarding, and continued demand for presentations indicates the impact of the program on the school children. For further information, contact the coordinators of the MCO Student-to-Student program in the Office of Student Affairs, MCO, PO Box 10008, Toledo, OH 43699-0008.

Supplemental Materials on File: NO

Abstract Author: Tom McNemar, Cindy Dougherty
School Name: Medical College of Ohio

Project Title: Community CPR Education
ABSTRACT:

In an effort to promote health awareness and education in West Philadelphia, we propose to teach CPR skills and to train members of the community to be CPR instructors. During the summer of 1991, we will work at the community center in West Philadelphia High School to establish an educational program that will then continue to serve the community. In forming this program, we plan to bring together the resources of the Philadelphia office of the American Heart Association. Penn Med students, and possibly the Hospital of the University of Pennsylvania Emergency Department.

Supplemental Materials on File: NO

Abstract Author: Nancy Stanwood
School Name: University of Pennsylvania

Project Title: The Stout Street Student Clinic for the Homeless

ABSTRACT:

The University of Colorado School of Medicine Department of Family Medicine sponsors a student-run clinic called the Stout Street Student Clinic for the Homeless. The project was initiated by first- and second-year medical students at the University of Colorado. Their purpose was to increase the sense of social responsibility and the habit of helping others by encouraging students to perform a community service - i.e., opening and operating a Saturday morning clinic at the already-established Stout Street Clinic for the Homeless. The experience would enable students to: understand the cause of health problems common to the poor and homeless; develop strategies for successful management and prevention of these problems; better understand the diversity of this population; and explore their own feelings and biases, issues of trust, compliance and follow-up, and political, ethical, and moral issues about the delivery of health care services to the poor and homeless. The medical students encouraged the health sciences center students -- nursing, dentistry, pharmacy and graduate -- to participate, bringing students from differenct health professions together to work interdependently as a team. Students staffing the Clinic on Saturday mornings would provide the homeless population of the metropolitan Denver area an important resource.

Obstacles that the students overcame include: establishing a relationship with the staff at the Stout Street Clinic; finding a supportive department in the School of Medicine to sponsor and coordinate the experience, and to address issues of malpractice, clinical faculty attendings, course credit, and funding; and recruiting students from all disciplines and years.

From an educational standpoint, the students have valued the opportunity to create and "own" this experience. They learn what it is like to operate a clinic from the moment a patient enters the door until they leave, how to work with and learn from an attending physician in an ambulatory setting, how to practice cost-effective, patient-oriented medicine, and how to help difficult patients. Equally important, the students learn about the resources available to these patients, how to "use the system", and to be part of a team. These are only a few of the learning experiences that students describe as invaluable.

The program is evaluated on an on-going basis. After each weekly clinic session, the team discusses the events and patients. The "team leader" for that week takes notes in order to facilitate the discussion and generate suggestions for improvements for the next session. The faculty advisor of the Department of Medicine reviews all the notes. Two formal reviews are conducted, one after six months and another at the end of the year. Students, attending physicians, and clinic staff participate in these evaluations. At the end of the year, the attending physicians are brought together in order to thank them for their time and energy and to elicit comments and suggestions for the next year. The project has long-term potential; students participate during all four years of medical school. They find it to be an invaluable experience in their medical education as they own it and shape it into the experience they desire. It is an opportunity few want to pass up.

Supplemental Materials on File: NO

Abstract Author: Gwyn E. Barley (submitted by OSR Rep. Elizabeth Amick)
School Name: University of Colorado

Project Title: Community Health Group Summer Internship Program in West Philadelphia
ABSTRACT:

The Summer Internship Program, an expansion of the Community Health Group's activities, introduces future physicians to the rewards and challenges of inner-city community service and encourages them to continue this work throughout their careers. Students in the Internship Program spend the summer after their first year of medical school working at health clinics , non-profit service organizations, the Philadelphia Department of Public Health, public schools, and other settings with shortages of staff and resources. The goals of the program are to provide services to, learn the needs of, and define ways to meet the needs of, the clients of these organizations.

A weekly Community Health Seminar is held during which each intern reports on his/her placement, identifies major strengths and weaknesses, and develops year-long and future summer interventions. The evaluations are compiled into an Annual Report, placing the summer experiences in the context of West Philadelphia's broader health needs and proposing an action plan. All findings are reported to the community at large in September.

The program also encourages new medical students to become involved in the community; an "Introduction to West Philadelphia" is given as part of the orientation program for all first-year students.

Supplemental Materials on File: NO

Abstract Author: Abby Letcher, Micah Rosenfield
School Name: University of Pennsylvania

Project Title: Pediatric Homeless Health Initiative
ABSTRACT:

This is a joint project with the residents of the Children's Hospital of Philadelphia and students at the University of Pennsylvania Medical School. The purpose is to provide preventive and primary care to children in homeless shelters, educate the mothers about child health, and encourage the families to use the regular health care system. The program involves screenings, education, and follow-up at three area shelters for homeless parents and children.

Medical students are involved in the following aspects:
(1) monthly health screening at a shelter -- 10-25 students assist residents with history-taking, physical exams, denver development tests, and immunizations/blood drawing.
(2) one or two students assist/observe while a resident teaches a one-hour lecture to moms on fever, diarrhea, safety, nutrition, etc. One to two lectures a week are given at the shelters.
(3) (one time only) medical students participate in a mass measles immunization day.

Supplemental Materials on File: NO

Abstract Author: Mary Ott (Christine Sunwoo, Dan Finn, Bill Fox)
School Name: University of Pennsylvania School of Medicine

Project Title: Cornell's Community Service Program
ABSTRACT:

Community outreach is a vital part of the Cornell University Medical College experience. Matching the rich resources of student initiative with the desperate needs in New York City, Cornell's Community Service Program (CCSP) offers a range of health field opportunities and community service experiences for both short and long-term commitments. Student projects include work with the homeless, the elderly, AIDS patients, pregnant teenagers, and pediatric patients. Cornell students teach elementary school children about health and high school students about possible paths to medical school. They serve as mentors to teenagers at risk and as advocates for senior citizens.

Designed by students with the demands of medical school in mind, community service projects range from short to long-term -- from one day to two years of ongoing service. Outreach work is possible during the first, second and fourth academic years and the free summers before first and second years. Nearly half of all first and second year students at Cornell have participated in at least one community service project. Involved students unanimously report that helping others has helped them to balance an otherwise excessively academic life.

CCSP includes: High School Health Professions Recruitment Exposure Program; Homeless First Aid Project; Pediatric Program; Adolescent Substance Abuse Prevention Project; Gerontology Program; OB/GYN Teen Pregnancy Educational Project; P.S. #183 Elementary School Health Education Project; Cornell Elementary School Drug Education Outreach; and AIDS Education Project, plus other AIDS-related services.

The CCSP is funded in part by the Department of Education's Fund for the Improvement of Post Secondary Education (FIPSE). For more information, call CCSP at telephone number below.

Supplemental Materials on File: NO

Abstract Author: Miriam Kreytak
School Name: Cornell University

Project Title: University of Pennsylvania SOM/West Philadelphia Community Health Fairs
ABSTRACT:

The aim of the West Philadelphia Community Health Fairs is to provide relevent information regarding health issues to the school-age residents of West Philadelphia. These fairs take place twice a year at varying West Philadelphia middle and high schools. The format consists of four or five booths, staffed by medical students, each addressing a different health issue. The topics to be addressed are chosen and developed by medical students, keeping in mind the needs of the West Philadelphia students. Past booths have dealt with contraception/teen pregnancy, hypertension screening, violence/violent crime, nutrition, exercise, smoking, and substance abuse. An average health fair reaches approximately 500-700 West Philadelphia students while employing 60-100 medical students. Scheduling support is given by the medical school administration and financial support is provided by the Medical Student Government.

Supplemental Materials on File: NO

Abstract Author: Dan Hoeffel
School Name: University of Pennsylvania

Project Title: BRAVO
ABSTRACT:

BRAVO, Book of Resources and Volunteer Opportunities, is a handbook containing information about various community resources and services that can help patients who require assistance beyond the medical services available in the hospital or clinic. It has been compiled by medical students at Baylor College of Medicine and the University of Texas Medical School-Houston for use by medical students. This handbook does not attempt to substitute for the efforts of the skilled and knowledgeable social workers or other staff available in the hospitals. BRAVO is meant to be used to provide initial contacts and referrals for patients in need.

BRAVO lists over 200 Houston-area organizations in over 50 categories. A brief description of each organization provides the most pertinent information. Examples of categories include adoption and foster care, alcohol and drug abuse, AIDS, dental services, food, shelters, mental health and couseling, senior citizens, and sexual assault.

BRAVO also contains a convenient list of hotlines, a description of the public health care system in the Houston area, and a listing of area hospitals and their social service departments. In the spirit of community service, BRAVO also includes a listing of about 35 volunteer opportunities around town that may be of interest to medical students and others.

For more information about BRAVO, please contact the Office of Student Affairs at Baylor College of Medicine, Houston.

Supplemental Materials on File: NO

Abstract Author: John Abikhaled
School Name: Baylor College of Medicine

Project Title: Adolescent Health Screening Program
ABSTRACT:

This program runs health screenings for the teenagers from the People's Emergency Center in West Philadelphia. Residents from the Children's Hospital of the University of Pennsylvania (CHOP) perform the screenings while medical students meet the teens at the center, accompany them to CHOP, act as a liaison between the teen and the medical care team, may assist in taking the history (depending upon the student's experience in this area), and escort the teens home at the end of the screening. Each teenager also gets a chance to spend time with a trained peer counselor to discuss such areas as birth control, sexually transmitted diseases, and AIDS. The screenings themselves include histories, physical exams, blood tests for STD's, immunizations, pelvic exams for women, and anything else that is indicated, including pregnancy tests. Follow-up appointments are made to give the teens test results and to check up on their health.

Supplemental Materials on File: NO

Abstract Author: Bonnie Kempner (and Kim-Anh Nguyen)
School Name: University of Pennsylvania

Project Title: MEDIC
ABSTRACT:

The Medical Information Center (MEDIC) project at the University of Wisconsin Medical School provides limited health care services to the guests of a local homeless shelter. MEDIC involves about twenty first and second year students and four physicians. Once a week, two students and one physician staff the "mini clinic" at the shelter.

A typical evening would go something like this:

* The medical students arrive before 8:00 pm, when the clinic opens.
* For the first half-hour, students help out with tasks like serving food, intake, or giving out towels.
* When guests have eaten and things have settled down, one of the students gives a short, informal presentation about a health-related topic in which guests may be interested -- chest pain, frostbite, STD's, pneumonia. (So far, we've been flexible about how the discussions are given; they have ranged from classroom-style talks with charts and graphs to two people talking in the corner about a topic. Both styles have been effective; the student decides how to approach it.)
* After the presentation, the students and doctor begin the clinic portion of the evening. Students take histories from the guests who have a health concern while the doctor supervises and gives advice or referrals. We have compiled a resource book of referrals listing community services and how to use them. If a referral is needed, social workers at the shelter arrange an appointment and transportation. (Many of the services we use have a sliding fee scale and will treat people without insurance.)

This project is in its first year and we are still experimenting with it. We are trying to get both prescription and non-prescription drugs to use at the shelter. We have received free vitamins from pharmaceutical companies and free condoms from the local AIDS support network. We are also working on securing free eye exams and dental care from area professionals. I have left out many organizational details, so call me if you have any questions.

Supplemental Materials on File: NO

Abstract Author: Brett Whyte
School Name: University of Wisconsin Medical School

Project Title: STATS -- Students Teaching AIDS to Students
ABSTRACT:

This program is organized by the American Medical Student Association (AMSA). AMSA has published an excellent booklet and training manual. Basically, medical students visit high schools to teach two double-period classes on two consecutive days (3-4 hours total). We teach the high school students about the reality, dangers of, and precautions against AIDS.

Supplemental Materials on File: NO

Abstract Author: Michael D. Geschwind
School Name: Albert Einstein College of Medicine

Project Title: AIDS Education for Women

ABSTRACT:

The manifestation of AIDS is markedly different in women. The premise of this project is to target high-risk populations of underserved women in the community. The goal is to educate, using a variety of teaching aids, about the different course that the disease takes in women. The tools include group meetings, bringing in speakers from the community, role playing, and situational confrontation (i.e., presenting women with probable situations that may increase their risk of disease contraction and working through them as a group).

Supplemental Materials on File: NO

Abstract Author: Michelle Rathgeb
School Name: University of Pennsylvania

Project Title: Contraception Workshop for Junior/Senior High School Students

ABSTRACT:

The purpose of this program is to educate junior and high school lelvel students about the responsibilities of sexual activity and the methods of contraception and protection from sexually transmitted diseases available.

The program includes all interested medical students from any year. At the beginning of the academic year, an evening seminar is presented to the medical students; this seminar, demonstrating the format of presentation, serves to interest students in becoming active participants in community education and provides an opportunity to familiarize students with the program and educate them on the material presented. Throughout the year, presentations in the high schools and junior high schools within a 25-mile radius are scheduled through written and telephone contact with the health teachers. Two to four students are required per presentation. An interactive format is the key to these seminars; the gola is to educate students via active verbal participation.

the contraception workshop consists of two sections: goals analysis discussion and contraception information. The first part is conducted in two to four small groups, with one medical student per group. The purpose of the small group setting is the explore the short- and long-term goals of each teen and how these goals might change with an unplanned pregnancy. The groups then come together to discuss various methods of contraception, including: abstinence; oral contraceptives; Norplant; condom; spermicidal agents; diaphragm; IUD; and surgical sterilization. Mechanism of action, advantages/disadvantages, ans sexually transmitted disease protection of each method are explored and compared. An anonymous question and answer period follows this large group discussion.

The program has been well received by both teachers and, most importantly, students. The medical students participating in this community education project have found it to be very rewarding.

Supplemental materials on file: NO

Abstract Author: Tristi W. Muir and Sandra Zurcher
School Name: Mayo Medical School

Project Title: Rural AIDS Education Project
ABSTRACT:

The project is co-sponsored by the Arizona Health Education Committee and CUP (Committmnet to Underserved People). It involves visits to rural high schools and junior high schools in Arizona for the purpose of educating these students about AIDS. On a Saturday, a training session is held involving past participants in the program, physicians, and "AIDS experts". Then throughout the year, pairs of medical students travel to the various schools and give a presentation regarding safe sex, IV drug use, and other behaviors.

A 20 minute videotape is available featuring teens with AIDS. Students also watch a slide presentation showing the various AIDS related illnesses. School principals are contacted ahead of time (usually at the beginning of the year), letting them know of the program's availability. The response has been tremendous, with more than 90% of contacted schools inviting us to present our program.

Supplemental Materials on File: NO

Abstract Author: Susan Moher
School Name: University of Arizona College of Medicine

Project Title: COSTAP -- Colorado Students Towards AIDS Prevention
ABSTRACT:

Medical students -- primarily first and second years -- go into junior high schools and high schools to teach and talk to students about AIDS and AIDS prevention. These medical students complete five one-hour "training" sessions on the information and the level at which it is to be presented prior to going to the schools.

Supplemental materials on file: NO

Abstract Author: Elizabeth Amick
School Name: University of Colorado

Project Title: MED-SET -- Medical Students Educating Teens
ABSTRACT:

Organized through the Medical Student C.U.P. (Commitment to Underserved People) Group, MED-SET is an interactive educational program for underserved and homeless youth. The program consists of first and second year medical students who are trained to teach one of the following topics: substance abuse, decision-making, human sexuality, nutrition, pregnancy and prevention/prenatal care, and health. The project provides the youth with information, self-esteem enhancement, and role models for youth interested in careers in health. The medical students gain the opporunity to interact with troubled youth and sharpen their communication, teaching, and counseling skills. The youth are residents of various homeless and temporary shelters. Sessions take place within the shelters at pre-scheduled times. The medical students pair up to facilitate the groups; interactive activities and visual aids are an integral part of the program.

Supplemental materials on file: NO

Abstract Author: Susan Moher
School Name: University of Arizona College of Medicine

Project Title: Child Sexual Abuse Task Force
ABSTRACT:

Purpose:	to interact with children in the community to teach them to recognize and deal with sexual abuse situations.
How-To:	going to grades K through 5 in the schools and teaching the children in small groups how to recognize such situations, what to do if/when they are confronted by sexual abuse, and who can help them.
Resources:	medical students, posters, and a filmstrip.
Contact:	Joseph Kunzelman, Class of 1994, Saint Louis University, 1422 S. Grand, Saint Louis, MO 63104.

Supplemental materials on file: NO

Abstract Author: Ted Henderson
School Name: Saint Louis University

Project Title: Dartmouth Medical School Community Service Committee (DMSCSC)
ABSTRACT:

The Community Service Committee (CSC), founded in the spring of 1991, was initially mandated to gather and provide easily accessible information about how Dartmouth students might serve the community. With the aid of research grant from the Echoing Green Foundation, the CSC produced a handbook that has become the cornerstone for CSC activities. The book contains information about 26 pre-existing Human Service Organizations of the Upper Valley, with names of contacts and brief descriptions of the organizations' activities, a description of the needs of individual towns which make up the Upper Valley, a list of potential funding sources, and the general philosophy of the CSC founding members for the future.

Programs in Which Students are Involved:

* RESPITE Care -- provided through an organization called "Good Beginnings", dedicated to providing support to families in need (e.g., a single unwed mother who earns minimum wage); we've been able to fulfill a need for families stressed by a medically-related issue (e.g., respite care for a family with a hemophiliac child or for an unwed mother with MS who has a a two year old son).

* Upper Valley/Windsor Valley Partners -- several CSC members have become "partners", similar to Big Brother/Sister, to young teenager of a broken home.

* Good Neighbor Clinic -- founded and run by some of DMHC doctors, it is dedicated to providing health care for the underserved. The CSC got involved in the formation of an elective for third and fourth year medical students; some first and second years have been placed in service at the clinic. The role of the CSC may expand as the clinic does.

* Health Education Speakers -- brought to Dartmouth to speak about health care and the health care system (e.g., Bernie Sanders spoke about his national Health Care bill).

* Health Education in Schools -- to provide education to young people about life after high school and beyond the Upper Valley; it includes discussions of the experience and consequences of alcohol and drugs.

Supplemental materials on file: NO

Abstract Author: Daniel Reinke
School Name: Dartmouth Medical School

Project Title: "Life has Options": The Adolescence Substance Abuse Prevention (ASAP) Program
ABSTRACT:

The ASAP program at Oregon Health Sciences University (OHSU) was started in 1990 to facilitate exposure to health care and career options for inner-city youths. Our program collaborated with Self-Enhancement, Inc. -- an organization providing support/guidance to "at risk" adolescents from grades 6-12 -- to pair medical students, one-on-one, with these adolescents to promote interpersonal relationship development and exposure to career options. Organized field trips, emphasizing different aspects of health care (e.g., labor and delivery, operating rooms, Life Flight), provide opportunities for both the mentors and the youths to experience various health care fileds and discuss important topics -- drug abuse, birth control, sexually transmitted diseases, diet, and exercise.

This year, our AMSA chapter employed pre- and post-testing of the youths to determine which aspects of the program were most successful in educating them and promoting relationship-development skills. Future plans include a focus on impacting the neighborhoods of these teens as well as the kids themselves. With support from the OHSU Alumni Association and the AMSA national program, we plan to initiate several community service projects to promote pride in the community and comradery within the group. We also hope to integrate these inner-city students in the teaching and organizational portions of the program to further promote the idea that life has options.

Supplemental materials on file: NO

Abstract Author: Karl Segnitz, Kristen Filarski, Scott Milne
School Name: Oregon Health Sciences University

Project Title: UCLA/Salvation Army Family Outreach Clinic
ABSTRACT:

Started by UCLA medical students in 1990, the UCLA/Salvation Army Family Outreach Clinic serves a community of approximately 15 homeless families housed in a "transitional village" of trailers administered by the Salvation Army. Each family may stay up to six months, during which they attempt to re-establish themselves financially and otherwise. Open every other Saturday morning, the clinic is staffed by medical students from all four years. Third and fourth years examine patients under the guidance of attending physicians; a small pharmacy ia available and patients needing more advanced therapy/sophisticated diagnostic studies are referred to the UCLA Medical Center. Students may get academic credit for working in the clinic.

For the name of the student contact, please write/call: Lianne Lund, Student Affairs Officer, UCLA School of Medicine, Student Affairs 12-109 CHS, Los Angeles, CA; 310-825-7006.

Supplemental materials on file: NO

Abstract Author: Lianne Lund, Student Affairs Officer
School Name: UCLA School of Medicine

Project Title: Doctors Ought to Care (DOC)
ABSTRACT:

DOC is a national health promotion organization founded in 1977 by one of Baylor's own faculty, Dr. Alan Blum. The mission of its 8000 members is to educate the public, especially children and adolescents, about the major preventable causes of poor health and high medical costs. It is one of the first organizations to train medical students to give presentations in the school classromm on topics such as cigarette smoking, drug abuse, and venereal disease. DOC pioneered the use of counter-advertising in response to the promotion of unhealthy products; its well known activities are peaceful demonstrations at things like rodeos and other sporting events sponsored by tobacco companies and the "Emphysema Slims" (parody of Virginia Slims) tennis tournament. This recreational tournament, sponsored by DOC and the harris County Medical Society, aims to make people aware of how Virginia Slims has boosted sales by promoting women's tennis. "...Virginia Slims supporting tennis is about as ridiculous as opening a "Marlboro fitness center," contends Dr. Blum. "We need to get the community to think in these terms and begin to laugh at these drug pushers." At this year's Emphysema Slims, over 100 players competed while youngsters participated in a tennis clinic. For more information about DOC, call 713-798-7729.

Supplemental materials on file: NO

Abstract Author: Patrick Whelan
School Name: Baylor College of Medicine

Project Title: Health Education and Rescue Training -- HEART
ABSTRACT:

HEART, a community service project founded by students at Dartmouth Medical School, utilitizes medical students as instructors in a wide range of classes taught with Dartmouth College as well as in the community through schools, civic groups, and local fire/rescue/police organizations. Classes include CPR, first aid, emergency medical technician, smoking prevention, women's health, and other basic health courses.

The HEART program has two main goals: to promote and facilitate health education to the community, allowing direct access to some of the resources that the medical school/center has to offer, and to serve as a training ground for medical students to gain exposure to teaching and working with the general public whom they will serve as physicians.

Both the student and community response have been tremendously enthusiastic. To date, over 25% of the classes of '94 and '95 are involved, and an average of 60 different courses are taught each year. The program, sponsored by the DMS Student Government, is self-supporing through service fees for courses taught. HEART has also received grant money for equipment from the American Medical Association-Medical Student Section (AMA-MSS) and other local resources.

Supplemental materials on file: NO

Abstract Author: Daniel Reinke
School Name: Dartmouth Medical School

Project Title: The Isaac Coggs Health Clinic
ABSTRACT:

Started by third-year medical student Maria Terry, this clinic provides free health care to the uninsured of Milwaukee's inner city. Approximately 200 Medical College of Wisconsin students donate their time on Saturday mornings to administer the clinic and provide direct care under the supervision of licensed physicians.

(Similarly, other students from the medical college volunteer for a Monday clinic at the Family Crisis Center for the homeless.)

Supplemental materials on file: NO

Abstract Author: Donna Quinn Yudkin--AAMC (based on press releases/articles)
School Name: Medical College of Wisconsin

Project Title: Rural High School Outreach Program
ABSTRACT:

The maldistribution of physicians has become a serious problem in America. Numerous programs have been considered as a means to attract doctors to underserved rural sites -- loan forgiveness and tax breaks, required clerkships in rural areas, and residency programs geared to the training of rural doctors. One idea that has not been adequately explored is that of recruiting rural high school students into medicine; this project grew from the assumption that the people most likely to practice medicine in rural America are those who come from such areas.

The Rural High School Outreach Program at Oregon Health Sciences University (OHSU) is being conducted under the leadership of the Family Medicine Interest Group. Principals of high schools throughout the state are contacted and asked if medical students may come to present the program in classrooms or, in the case of smaller schools, in assemblies. Most of these schools are rural, though some are located in inner-city Portland. Interested OHSU medical students are assigned in pairs to visit one or two of the schools each; every attempt is made to send students from rural areas to their respective alma maters.

The program's format:
1. Distribution and collection of a questionnaire at the beginning, designed to test the students' knowledge of medicine as a career and to gather information for later publication.
2. A showing of the video, "Science and Health in the Name of Healing" (12-minute video produced by the AAMC/AMA highlighting medicine from the perspective of medical students; $24.95 + postage; AAMC Membership and Publication Orders).
3. A 10-minute presentation of career options available in the health sciences, with specific information about programs at OHSU.
4. Sharing of personal experiences and fileding of questions.

If interested, contact the coordinators of this year's program: Kristen Filarski (503-274-2107) or Robin Virgin (503-452-0064).

Supplemental materials on file: YES

Abstract Author: David McClain
School Name: Oregon Health Sciences University

Project Title: Casa Juan Diego
ABSTRACT:

Casa Juan Diego is a shelter for Central American immigrants, run by a group called the Catholic Workers; free room and board is provided to political and economic refugees, many of whom have had a long and difficult journey from their homeland. Casa also provides shelter to battered women from the Hispanic community of Harris County.

CJD features a health clinic that is voluntarily staffed by physicians, dentists, pharmacists, and nurses from Baylor College of Medicine, University of Texas-Houston, University of Houston, and the community; medical supplies and pharmaceuticals are donated by these and other sources. Medical students can volunteer in the clinic and receive elective credit.

In addition, volunteer tutors from Baylor teach English at CJD. Despite the rigors of medical school, students find the time each week to help these recent immigrants adjust to a new language and culture. Teaching English also provides the opporunity for students to learn Spanish first-hand; with a bi-lingual teaching aid, students with minimal prior Spanish training can teach basic English.

Supplemental materials on file: NO

Abstract Author: Shashank V. Joshi
School Name: Baylor College of Medicine

Project Title: HIPHOP -- Homeless and Indigent Population Health Outreach Project
ABSTRACT:

Medical students at all levels participate in this community health project. The initial funding was provided by AMSA's Project Grants Program; additional funding is being sought. Students hosted an evening seminar, featuring videos and a panel of community experts, which focused on issues essential to providing quality health care to homeless, indigent, and disenfranchised populations. Students then presented two AIDS education workshops at an area homeless men's shelter, utilizing a modified version of AMSA's STATS curriculum.

To further their interests in serving the underserved, the students created a student-run clinic and elective at a local existing center. The St. John's Family Health Center regularly provides free care to community members who have no other resources or avenues of access to quality health services. On a volunteer basis, the students operate the clinic afterhours on tuesday evenings to serve the working poor who cannot keep appointments during normal daytime hours. A faculty family physician provides the supervision, feedback, and fianl assessment.

Tha goals of this elective are to introduce students to a wide variety of common medical problems frequently encountered in an ambulatory primary care setting specific to disadvantaged populations and to provide care to those most in need. It is hoped that in the process, students will become sensitized to the unique health, social service, psychiatric, and substance abuse needs of disenfranchised populations.

Supplemental materials on file: YES

Abstract Author: Jamie L. Reedy
School Name: UMDNJ -- Robert Wood Johnson Medical School

Project Title: Medical Student Community Service Programs at Yale

ABSTRACT:

ASAP-Adolescent Substance Abuse Program -- teams of medical students go to a middle school weekly to meet with seventh graders during science class and teach about the physiological effects of drugs and alcohol use and about developing strategies for resisiting peer pressure.

STATS-Students Teaching AIDS to Students -- an AIDS education program that targets ninth graders in the public school system. During an AIDS Education Week, medical student volunteers teach two classes covering facts and questions about AIDS, AIDS prevention, and social issues raised by this disease; it also uncludes a visit by an AIDS educator and a person with AIDS.

Elementary Student Medical Center Tour Program -- Fourth and fifth graders from local neigherborhood get to see what goes on at the medical school; they participate in interactive laboratory projects designed to familiarize them with investigative methods employed by people in medically related fields.

Cross Culture -- at the Multicultural Center at Wilbur Cross High School, student volunteers help high school students with academic, social and cultural issues through tutoring, assistance with college applications, and exploring and analyzing popular art forms.

Hillhouse High School/Macy Science Program -- a group of medical students visit the high school weekly; program is designed to introduce high school juniors and seniors to the medical sciences in the hope of encouraging independent thought and the pursuit of scientific knowledge. Volunteers give lectures, assist with dissections and laboratory work, and participate in group discussions; instruction is given in anatomy, chemistry and microbiology.

Prenatal Care Program -- developed by students, the purpose of this program is to afford students an opporuntiy to learn about and participate in the care of pregnant women in the area; volunteers work with the Hill Health Center and the Women's Center at YNHH.

Supplemental materials on file: NO

Abstract Author: Karen Guilmette, Office of Government and Community Affairs
School Name: Yale University School of Medicine

[Tab 3]

Project Title: Computer Applications in Medicine
ABSTRACT:

The Medical College of Ohio (MCO) has incorporated a requirement into its curriculum concerning computer applications in medicine. Two years ago, MCO opened a computer learning and resource (CLRC) in its library. The center consists of 18 MacIntosh PC's, 16 IBM PC's, and several specialized computers such as a slide maker and Med-line literature search database. These facilities are available to all MCO students, faculty, and staff.

Currently, MCO requires medical students to pass proficiency exams in each of four basic computer areas: word processing (Microsoft Word); database; illustration (Superpaint); and Med-line search. Classes are offered during the first and second quarters of the students' first year and the exams are available in the CLRC for students to take at their convenience. Successful completion of all four exams is required before the students can register as second-year students. This requirement provides the students with basic computer knowledge that will be extremely valuable, if not vital, to their performance as successful physicians both now and especially in the future.

For more information or to ask questions, call Jeff Jablonski at 419-381-3456. To obtain a copy of one to three CLRC manuals (Intro. to D-Maker 2.0, Intro. to Superpaint 1.0, Intro. to Microsoft Word 3.0), contact the OSR Staff Director at the AAMC (202)-828-0682).

Supplemental Materials on File: YES

Abstract Author: Cindy Dougherty, Tom McNemar
School Name: Medical College of Ohio

Project Title: Talking Meds Lecture Series
ABSTRACT:

A lecture series was started to offer students information not provided by the curriculum. Topics, chosen by the students, were reviewed and considered in light of wanting to cover many different areas (e.g., International Health, Date Rape, Doctor-Lawyer Interactions, Environmental Hazards, and Speaking with AIDS Patients). Talking Meds sessions are scheduled once a month, with students taking turns selecting speakers, making arrangements, etc. Lunches were provided by AMSA, but it was specifically designed to be an independent lecture series to provide the broadest base of support.

Supplemental Materials on File: NO

Abstract Author: William Slayton
School Name: University of Florida College of Medicine

Project Title: Clerkship Survival Manual
ABSTRACT:

I began my third-year clerkships not knowing what to expect, without any written information to explain the ins and outs of my first clinical rotation or any of those to follow. Several medical schools publish clerkship manuals, two of which I have -- "The Book" from the University of Arizona college of Medicine and the "UKSM-W Survival Manual" from the University of Kansas School of Medicine-Wichita. Using these books, input from my classmates, and experience I have gained "walking blindly" through my third-year clerkships, I am going to write a "Clerkship Survival Manual" for the University of South Dakota School of Medicine.

Since our school has three clinical campuses, each with its own unique qualities, I have asked classmates at each of the other campuses to help with this project by writing down their experiences in their clerkships and forwarding them to me. I plan to get the first manual out the spring of 1991; it would be updated to accomodate changes made from year to year.

I do have a problem with funding. The OSR budget at USDSM has covered merely travel and conference expenses in the past, so there is not enough for the manual. I will present my project to the Medical Student Association this summer and ask for their backing. Also, there is the possibility that Student Affairs will buy the idea and help fund the manual. Obviously, much work is ahead of me and I welcome all the advice fellow OSR representatives can give.

Supplemental Materials on File: NO

Abstract Author: Lisa D. Staber
School Name: University of South Dakota School of Medicine

Project Title: Nutrition Lectures
ABSTRACT:

The traditional medical curriculum at the University of Florida does not include any course in nutrition. This fact was addressed by the medical class which found an interest in establishing seminars on nutrition. The diligent work of two class members led to the organization of nutrition seminars held during the lunch hour. These seminars ranged in topic from general nutrition to nutrition during pregnancy, and were given by hospital dietitians and dietitians in private practice. Seminars were always well advertised and attendance was good.

Supplemental Materials on File: YES

Abstract Author: Bradley Bullock
School Name: University of Florida

Project Title: Extracurricular Preceptorship Program

ABSTRACT:

Because of the need for more "community-based" clinical exposure during the basic science years of medical school, the University of Florida Family Practice Student Organization began an extracurricular preceptorship program between first- and second-year students and local physicians of various specialties. A letter was sent to all area physicians in an effort to inform them of the program and to recruit their time and services. The local Gainesville physicians gave the program a warm reception, and participating physicians were matched with students interested in their specialty. 12 students participated during the 1988-89 school year and 33 participated during the 1989-90 school year. During the first year, participants were all interested in Family Practice and participated fully with their precepting physicians. Due to the limited number of available physicians in the 1989-90 program, students were only selected from the second-year medical class. The general trend was that the students did not visit their preceptors as much as intended because they did not have the extra time they had expected. To solve this dilemma for future student selection, priority will be given to past participants and freshman medical students as they seem to have more extracurricular time with which to participate.

Supplemental Materials on File: YES

Abstract Author: Gary Dana
School Name: University of Florida College of Medicine

Project Title: Surgery Observation Program

ABSTRACT:

Since the first two years at New York University (NYU) - like at most other institutions - are not particularly clinical, the school decided to sponsor the Surgery Observation Program. This program, run by the American Medical Association (AMA), affords first- and second-year students the opportunity to enter the operating room and observe surgical procedures at Bellevue Hospital.

The students are required to go on their assigned day and to write a brief of their experience. I do not know if this program is unique to NYU, but so far it seems to be quite successful.

Supplemental Materials on File: NO

Abstract Author: Craig Fishman
School Name: New York University

Project Title: Problem-Based Third Year Surgery Clerkship
ABSTRACT:

Problem-based learning (PBL) forces the student into an active role in learning. This role requires students to ask the right questions and search for the best answers. This process also improves retention and integration of content because it necessitates immediate application of facts and concepts to the case situation at hand. The result is that students work through problems as they will later as residents or practicing physicians.

PBL groups meet three times a week at the University of Kentucky (UK). At each session, a case is presented to the group. Students prioritize their strategies for gathering data and information. Some cases require simultaneous management of urgent treatment and continuing evaluation. When the team has agreed on how to proceed, additional information - lab results, physical findings or patient's response to initial treatment - may be provided. At the next session, the group shares information which addresses learning issues defined at the previous meeting. An attending faculty tutor meets with each group, but says very little. The tutor's role is to raise relevent questions if the students begin to wander afield, suggest sources of information, and help to define questions for research when students' preparation is not adequate.

Cases in PBL sessions are presented as if it were a new patient with the physician; students make the necessary decisions themselves. They must formulate differential diagnoses, elicit relevent items from a history and physical examination, proceed with a diagnostic work-up, and create a treatment plan. The group-based format of PBL teaches one how to work as a member of a medical team to handle clinical situations. Exchange of opinion and resolution of conflict are intrinsic to a successful session.

Supplemental Materials on File: NO

Abstract Author: Anita Blosser
School Name: University of Kentucky

Project Title: NBME Part I Preparation
ABSTRACT:

My OSR project for the past year has been to increase the number of options available to prepare for the examination. These include:

1) Semester-long review course that met once per week for three hours
2) Availability of computer-aided instruction and computerized practice tests for student use
3) Administration of two "mock" (practice) board exams, one in January and one in May
4) Presentations by third-years on how they and their classmates studied for the boards
5) Various speakers and programs on test-taking strategies, dealing with boards-related stress, and methods of review for the boards
6) Gaining an extra week to study for the boards, making it two and a half weeks of time off before the boards

Supplemental Materials on File: NO

Abstract Author: Liz McLarney
School Name: Albany Medical College

Project Title: Residents Teaching Award
ABSTRACT:

Goal: to promote to students awareness of the importance of resident teaching and improve the quality of the same.

Teaching skills are invaluable in the medical profession; they should be fostered from the beginning of medical education and practiced throughout the medical career. The importance of quality teaching in medical education is frequently overlooked and it must be reinforced by residency programs and medical schools. This project is simple to implement and will encourage residents to assume responsibility as a teacher.

At the conclusion of the third year (or after all required clinical clerkships), students will participate in a voting procedure that will produce a winner in each of the required clinical areas. The winner in each clerkship should be the resident that displayed the most dedication to and competency in teaching students during the year. The award (e.g., plaque, certificate, cash) should be presented at a time when the winners' colleagues are present (i.e., Grand Rounds) to assure proper recognition. Finances for the awards, which are minimal, can be obtained from the Office of Student Affairs or the individual departments.

This project will enable students to realize the importance of quality resident teaching and to encourage better teaching among residents and interns.

Supplemental Materials on File: NO

Abstract Author: David Buerger
School Name: Washington University

Project Title: Health Professionals and Patients in Crisis -- A Symposium for Health Science Students
ABSTRACT:

The purpose of the symposium was to provide Health Science students with exposure to and discussion about patients' experiences with crisis situations and how the physician/health professional interacted with the patients during and after the crisis.

The format of the symposium consisted of several pairs - health professional and patient - who had experienced the following situations: AIDS; pregancy/infant loss; sexual assault; physical handicap; and pediatric disease. After each pair described their experiences and point of view, small group discussions explored empathy skills in four areas -- medical, social, interpersonal, and economic. The goal of the small groups was to formulate a plan to best help the patient through the crisis situation by considering all the aspects of the impact of the crisis.

Supplemental Materials on File: NO

Abstract Author: Joia Stapleton Mukherjee
School Name: University of Minnesota-Minneapolis

Project Title: Mayo Medical School - Research Semester

ABSTRACT:

The Research semester is a required 21-week experience offered during the third year. (The specific description is on file.) The semester is designed to provide expert instruction, new experiences, and personal guidance, with the goal of aiding the student in becoming a competent physician. The student selects an experience judiciously matched to his or her own talents, interests, aspirations, and scales of value. The variety of choices offered by the research semester are designed to allow each student to pursue a specific area of study which not only will teach facts and techniques, but will provide, at little risk, the opportunity to explore in detail some aspect of medicine which might best help him or her to select and pursue a rational course for the future. For students whose future plans are more clearly delineated, the research semester provides an opportunity to establish a record of achievement in one's own area of special interest prior to residency matching and fourth-year elective clerkships.

Supplemental Materials on File: YES

Abstract Author: Jennifer Horn
School Name: Mayo Medical School

Project Title: Student Initiative Curriculum Review

ABSTRACT:

Members of the sophomore class of the school of medicine felt that there was no mechanism in place which evaluated all of Phase II courses on the same scale. Until now, each department had administered its own course evaluation, the results of which remained largely confined to that department, with no comparison between courses. A group of eight students in Phase II developed a comprehensive evaluation survey to include all Phase II courses to that point. Questions were raised regarding quality of teaching, testing, instruction, format, references, etc. Also included were subjective and objective evaluations of professors, course directors, and the course itself. In addition, there was a series of questions concerning the curriculum and grading policies, and space for additional comments. There was a 75% return and the data have already been of use in advocating student opinion and initiating changes in grading policies and curriculum.

Funding: administrative costs covered by the Office of the Dean of Curriculum.

Supplemental Materials on File: YES

Abstract Author: Michael Greenberg
School Name: Medical College of Georgia

Project Title: Curriculum Committee

ABSTRACT:

Medical students at the University of Florida are asked to complete course evaluations at the end of every course. However, the students of the Class of 1993 felt they would benefit by giving their professors some feedback early in their courses. Not only did the early feedback benefit the class, it also gave the instructors an idea of how the courses were proceeding.

A chairman was selected to head the committee and interested students were encouraged to participate. The committee put together appropriate questions for each course to be evaluated (samples below). The questions were then presented to the entire class (in lecture format). Responses were then read and discussed by committee members. The committee established a composite review of each course; the chair drafted a letter to be sent to each course director.

This program has been very successful and well received by the faculty.

Sample Questions:

(A) Gross Evaluation

Which atlas did you find most helpful? Why?
Briefly describe the positive and negative aspects of Shearer's dissector.
What other references are most helpful? (Snell, videos, etc.)
Are you happy with the lecture format? (Include specific comments concerning handouts, teaching method, and material emphasized.)
How could the lecture be improved?
Briefly discuss the positive and negative aspects of the lab.
If you were able to change one thing - re: the professor, class, or text - what would it be?
Do you think this survey is a worthwhile part of the curriculum evaluation?

(B) Cell and Tissue Biology Evaluation I

How well did each professor prepare you for the exam? (Please be specific and justify your response.)
How could you have better prepared for the test?
List specific positive and negative comments concerning your lab.
Do you believe that video recordings of professors reviewing slide material would benefit you in studying for the exam?
Do you like having Cell and Histology combined, or would you prefer two separate courses?
Any other comments?

Supplemental Materials on File: NO

Abstract Author: Bradley Bullock
School Name: University of Florida

Project Title: (AMWA) Organization of Clerkship Panel

ABSTRACT:

Initial Organization

A. Meet with a dean of student affairs to discuss such a panel. If it is to be the first time a panel of this type is to be presented, meet early in the first semester of the second year.

B. In January of the second semester, meet with the dean and determine the best date and time in accordance with class schedule (with respect to exams and daily schedule), plus the best time for physicians. In our case, we selected the first week after our second set of exams on a day with late classes. The best time for the physicians was around 6 p.m. due to clinical conflicts.

Panel Organization

A. In early February, meet with the AMWA group to discuss the panel's make-up, type of refreshments, and how to handle questions directed to the panelists. Our group decided to get an equal number of attendings and residents (whereas a previous panel included only one resident), and to also have a fourth-year student and a nurse to bring different perspectives of the situation. We chose attendings that had taught us so that the class would be familiar with the personalities. We tried to choose people who had attended our institution as students since they would be more aware of the structure and atmosphere of our program and hospital. We decided on representative physicians from primary care areas (i.e., internal medicine and pediatrics) and surgery; these individuals could give us both general and specific information on various rotations. Questions were to be generated in several ways -- by placing a flyer in students' mailboxes that were to be turned back in, passing a sheet around in class, or using questions from last year's panel.

B. Individuals were assigned to personally contact particular residents and attendings, and to follow-up with a letter restating the time and purpose of the panel.

C. Rooms for the panel and small-group discussion were reserved. (It is important to do this early.)

D. For political and practical reasons, we invited other physicians and administrators to a small-group discussion to be held after the panel. The dean examined the list beforehand and it was stressed that the panel was to be purely informational, and that emphasis was not to be placed on any particular department(s).

E. The moderator was contacted. In our case, we contactd the previous president and vice-president of AMWA.

Panel Confirmation and Final Details

A. Several days prior to the panel, re-contact the panelists to confirm their participation. It is a good idea to have several back-up physicians; emergencies do occur.

B. Place food and beverage orders, including utensils, ice and other details.

C. Flyers were posted around the school about a week before the panel. In addition, announcements were made several days before and the day of the panel to the 1st- and 2nd-year classes.

D. We determined the questions and assigned them to particular individuals. Panelists received a list of the questions they were to address in order to prepare for the panel. The moderator was made aware of the questions to be addressed.

Supplemental Materials on File: YES

Abstract Author: Jennifer Javors (AMWA Representative)
School Name: Loyola University of Chicago Stritch SOM

Project Title: Rewarding Resident Teaching
ABSTRACT:

Most of the teaching that occurs in the clinical years of medical school is done by the resident housestaff. We started this program to reward residents who are exceptional teachers. Our goal was to recognize their contributions and also to encourage all housestaff to make teaching the students a higher priority.

Third-year students are consistently asked to vote for the award. Fourth-year students are polled less frequently, due to the variety in their schedules, but are still asked to vote based on sub-intern and consult experiences. Although some of the better teaching residents may rotate through the laboratories or consult service where there is limited student contact, we hope that enough students will come into contact with most of the residents so that some type of consensus may be reached.

At the end of each of the six major clinical rotations -- surgery, medicine, pediatrics, ob/gyn, neurology, and psychiatry -- students are given a ballot. (Neurosurgery, ophthalmology, and otorhinolaryngology are not included because they are only week-long rotations.) Students are instructed to indicate the rotation they'd just completed and to identify the top two teaching residents they'd encountered during that rotation. There are no specific criteria; rather, the qualifications are determined by each voter. If people believed there was uniformly poor teaching, they were not reuired to vote for anyone. All ballots were collected after each rotation and totaled. At the end of the year, the top vote-getter in each department is presented with a plaque and a gift certificate for a local restaurant. The presentations are made in front of the entire department -- during grand rounds or at a meeting called by the department's chair -- with the understnding that attendance is mandatory for all housestaff.

Funding for the plaques and gift certificates is provided by the Dean of Student Affairs and the individual departments. The total cost of the program is approximately $700.

Supplemental Materials on File: NO

Abstract Author: Jon Morris
School Name: Washington University

Project Title: The Humanistics Lecture Series
ABSTRACT:

This hour-long noon lecture series is student-run and completely funded by the school (Dean's office and Graduate Student Council). The goal is to give the students an opportunity to present lectures or movies not included as part of the classic curriculum. Ethical issues are often broached and a large amount of outside discussion generated. Lunch is provided, encouraging attendance, which has been very good (100-125 students out of a total of first and second years of about 300). The series tries to have something every week at the same time and day.

The overall effect is a very relaxed forum that introduces students to a broad range of medically and ethically related topics. This program is one of the most popular at our school, receiving the largest amount of GSC funding (approximately $5000 budget).

Supplemental Materials on File: NO

Abstract Author: Lauren Bruckner
School Name: SUNY-Syracuse

Project Title: Death and Dying Seminars
ABSTRACT:

At my school, there is a mandatory attendance for second years and fourth years for a Death and dying two-day seminar series that includes workshops, lectures, and small groups. These are offered by Dr. McIntyre--Environmental Medicine and Dr. Schaer--Geriatrics.

There is also an evening program for students -- a panel discussion with physicians -- organized by the student government president (Stephanie Evans) during which physicians present their different but enlightening views on presenting and dealing with the topic.

Supplemental materials on file: NO

Abstract Author: Catherine Janns
School Name: UMDNJ - RWJ

Project Title: "Take a Medical Student to Lunch" Program
ABSTRACT:

For those in schools with long hours in lecture rooms during the first two years, this program may be ideal. It gets students out of the classroom and can help remind them why they are in medical school in the first place.

Approach the director of volunteers of your children's hospital/floor and explain that a large percentage of your class/school is available as volunteers; it is highly likely that he/she will be very interested since it is his/her responsibility to develop new volunteer programs. Suggest a weekly experience with the children and the potential for long-term contact; your chances will increase if you explain that the students' interest is "non-medical". The purpose is to benefit both the children and the medical students. The child is told the student is trying to learn to become a good doctor and needs the child's help (so the child becomes the "teacher/doctor" and the medical student becomes the "learner/patient"); mention the potential theraputic value of such role reversal for the recovery/well-being of ill children.

Start out slow. Make it an effort for students to get into the program (by requiring their initiative in signing up and attendance at mandatory meetings and orientation sessions). Be flexible; do not start out with a preconceived idea of how the program should be. Since chances are good that the volunteer director will "run with the program", this will require minimum work on your part and it will likely gain the admiration of your colleagues and school administration.

Supplemental materials on file: NO

Abstract Author: Rob Feldman
School Name: University of Pittsburgh

Project Title: Summer Research Information Booklet
ABSTRACT:

Emory has a program of summer research under which students, in association with a clinical or basic science faculty member, can design a project and apply for a monthly stipend from the medical school. However, many students have been deterred by the difficulty of finding a mentor, the challenge of designing the project, and the small amount of the stipend.

As a way to eliminate these hurdles, we sent out a questionnaire to basic science and clinical faculty, asking them to describe their area of research, the number of students they would be willing to work with, and whether they would be willing to supplement the school's stipend. The returned forms were compiled into a booklet that is now available in the Office of Student Affairs and in the offices of the various departments.

Supplemental materials on file: NO

Abstract Author: Sean Ryan
School Name: Emory University

Project Title: University of Miami Student Curriculum Convention
ABSTRACT:

The School of Medicine's Student Council Convention (SCC)is a unique annaul event planned entirely by the medical students to explore pertinent medical issues not addressed in our day-to-day medical education. The convention consists of a keynote address, lunch, and several smaller seminars all tying into the larger theme. The 1992, 9th annual SCC, entitled "Back to Basics in Medicine," focused on the increasing need for primary care physicians. Our keynote speaker was Dr. Neil Shulman, author of "Doc Hollywood" and professor at Emory University School of Medicine. The smaller seminar topics included Sexual Harrassment in the medical field, debt management, legal aspects in medicine, domestic violence, sport and medicine, and choosing a medical specialty. It ended with sunset cruise on the bay to enable students and faculty to mingle on a more informal level.

The convention is always well received by both students and faculty. It is palnned by students for students, addressing their needs and concerns. The administration allows one day free from class and/or ward duties and excuse all students who attend the event.

Supplemental materials on file: NO

Abstract Author: Alex Mechaber
School Name: University of Miami School of Medicine

Project Title: Community Health Project/Course

ABSTRACT:

The Community Health Project is a new elective course being offered at the University of North Carolina. Medical students work in a defined community in which they will be engaged in working in direct contact with the people of the community on health-related issues from a community perspective rather than the traditional physician perspective -- important for physicians of all specialties if they are to understand clearly the needs of their patients, issues that affect their health, the non-clinical strategies for improving the health of the people, and the use of health of services.

Through active participation, the medical student will gain an understanding of:

1. the cultural, social, and personal experiences that influence an individual's health and the use of community resources;
2. the social, economic, and political forces that shape a community and its resources; and
3. the roles and activities of a variety of health and social service personnel and agencies that contribute to the health of people in their communities.

The total quantity of time required for the project is the equivalent of a one-month, full-time elective. While a portion of the student's experience might be spent outside the community (e.g., gathering information at a state or regional level), the major activity will entail working with and on behalf of the people of that community. The experience is not primarily aimed at providing important services, but rather uses service as a means of engaging the student in an active role within the community so that they can learn about the community through participation. A central tenet of the project is that students be engaged in working in direct contact with the people of the community; each project must involve active work by the students within the community.

Supplemental materials on file: YES

Abstract Author: Marlene Calderon
School Name: University of North Carolina at Chapel Hill

MEDWARE DESIGN *APPLICATIONS* ©

- **What is Medware Design Applications© ?**
  - A group of medical students committed to the improvement and expansion of the medical curriculum in all the areas of basic and clinical science using interactive computer-based animation.

- **What is the Product ?**
  - Renalware© : A computer representation of concepts encompassing various aspects of the renal system. It can be used as a lecture aid or a stand-alone program in anatomy, physiology, biochemistry, pharmacology, and pathology.

- **What is the Concept ?**
  - Animation is a powerful tool for conveying concepts and ideas.
  - Professors can use this product to present the lecture's material in a format that students find easy to grasp.
  - The same product can also be used as an autotutorial which provides continuity between lectures and self-study.
  - Interactivity allows correlation of information between various subject areas.

- **Major Points**
  - Students working with faculty to enhance the curriculum.
  - Dynamic graphic images provide another mode of learning.
  - Consistency of images and techniques in all subject areas.
  - Uniformity provides an underlying continuity to the educational process.

- **Questions, Comments ? For further information, contact :**

  - Bob Youkilis or Arjun Chatterjee
    c/o Kathy Grauvogel
    Mail Location 555
    University of Cincinnati
    College of Medicine
    231 Bethesda Avenue
    Cincinnati, OH 45267
    (513) 558 - 7342

Project Title: Freshman Advisory Committee
ABSTRACT:

In accordance with the opinions expressed by the first-year class, a **Freshman Advisory Committee (FAC)** has been proposed by the Student Council, Student Affairs Committee, and the Medical Student Support System to personalize Jefferson's Freshman Orientation Program, directing it more toward the individual student. The committee is subdivided into a six-member Steering Committee, approximately 40 Orientation Team Leaders from the second-year class, and extra volunteer tour guides.

The objectives of the FAC is to: personalize orientation; provide ongoing peer support; advertise available informational and support services; and make orientation more fun. Small groups of first-year students meet with their orientation team leaders during the official orientation week in both an informative and a social capacity; extra events (e.g., walking tours of Philadelphia, picnics) will be scheduled in order to provide ample opportunity for new students to interact and establish contacts here at Jefferson. An additional responsibility of the orientation team leader is to follow up on the students in their group with a minimum of two phone calls during the year.

The FAC has been met with tremendous enthusiasm and is looking forward to becoming a permanent fixture in the orientation program at Jefferson.

Supplemental Materials on File: NO

Abstract Author: Kathrin Mayer
School Name: Jefferson Medical College

Project Title: Freshman Orientation
ABSTRACT:

At the University of Florida College of Medicine, students entering second year organize and staff most positions for freshman orientation. The three-day orientation, consisting of a series of presentations, lunches, discussions, and other activities, is scheduled for Tuesday through Thursday of the week before regular classes begin. Its goals are to give new students the opportunity to meet each other, introduce them to the school facilities, and give them useful information.

Organization and planning take place towards the end of the first year and over the 10-week summer break. Last year's activities included: introductory lecture by student-selected faculty member; stress management seminar; death and dying seminar; session on substance abuse; lunch with faculty advisor; CPR instruction; lunch with upperclassmen; and an introduction to medical student organizations.

Through the generous contributions of time and effort from students, staff, and participating faculty, the entering first-year students always respond positively and enthusiastically to the week.

Supplemental Materials on File: NO

Abstract Author: Stanley Kupiszowski
School Name: University of Florida College of Medicine

Project Title: Student Aid Committee
ABSTRACT:

This committee is similar to the Physician's Aid Committee where a group of physicians work to help those physicians in the community having chemical dependency or emotional problems before going to the State Boards.

At the University of Nevada, the committee is comprised of four students (two from the sophomore class and two juniors) and an advisor. The students are required to go through a training period. Concerned classmates, or even the students themselves, report to the committee. The committee reviews the problem and develops an intervention strategy. The dysfunctional student is confronted and a treatment program is developed. A treatment contract is written and the committee follows up to determine if the treatment program is successful.

This all occurs without the administration's knowledge. Breaches in contracts, however, are reported to the Student Performance Committee and dealt with. This Student Aid Committee seems to be a good way to deal with students having problems in a caring way and without the immediate fear of administrative punishment.

Supplemental Materials on File: NO

Abstract Author: Cathy Endo/Student Performance Commitee
School Name: University of Nevada School of Medicine

Project Title: Incoming First-Year Handbook
ABSTRACT:

The "Red Book" is a manual for the incoming first-year medical students. It includes information about Boston in general, with a guide to important things to see in the city. City neighborhoods are described in regard to ethnicity, type of housing, average rents, and accessibility to the medical school. Maps of the city and public transportation are also enclosed. The Book also includes course descriptions, listings of required books and the books students found most useful, and students' feedback on each course.

This orientation manual is mailed to each incoming student in mid-July so that students can be somewhat prepared; each year the manual is updated by the first-year students at the end of the school year. The Red book meets with great success and is appreciated by all of the first-years who often describe it as their first-year "bible."

Supplemental Materials on File: NO

Abstract Author: Margaret M. Duggan; Cydney Walker
School Name: Boston University

Project Title: M4/M2 Orientation to the Wards
ABSTRACT:

The transition from second-year academics to third-year wards is exciting, yet always fraught with a great deal of confusion and anxiety about the unknown. At the University of Missouri-Columbia, second-year students have very little exposure to the wards and essentially no knowledge of what is expected of them when they begin their third-year clerkships. In order to alleviate some of the stress associated with that first day of ward work, we set up an "Orientation to the Wards" program. The program was held on a single evening and was jointly sponsored by AOA and OSR. AOA put together a "Clinical Orientation Manual" which was distributed prior to the planned evening. The manual consisted of a summary of each of the required clerkships, including such information as how each rotation is organized, what happens in a typical day, what is expected of a student in terms of work-ups, rounds and lectures, how grades are determined, what books are useful, and other "survival tips". Following distribution of these manuals, the OSR organized a panel discussion in which third- and fourth-year students talked about many of the issues covered in the manual and answered questions. The discussion was followed by small-group tours of the hospital to point out hotspots (labs, swamps, call rooms, pharmacies, etc.) and to introduce students to the charts and floor computers.

This is an easy program to organize; it seemed to be well received by the second-year students (most of the class attended). If you want to implement this yourself, the following is a brief timeline to follow:
4 to 8 weeks prior to panel discussion: Designate a group of interested persons to put together a "Clinical Orientation Manual" (a sample of one of our summaries is attached).
2 to 4 weeks prior: Talk to enthusiastic M3's and M4's to participate in the panel and give tours. It is good to get students with different experiences to provide a variety of perspectives.
1 week prior: Send out flyers to the M2's advertising the event (sample attached). We planned our program in the spring after the last round of exams prior to finals. At that point, students are starting to think and worry about wards. Planning it between exam-crunching times enabled students to attend with a relatively relaxed attitude and to be less worried about time.

Supplemental Materials on File: YES

Abstract Author: Becca Zinck
School Name: University of Missouri-Columbia

Project Title: Doughnut Days
ABSTRACT:

Over the course of the first year, the class of 1993 held several social hours, or as they were commonly called, "doughnut days." These were held during open periods during regular school days. In addition to the class, current professors and certain deans and administrators were invited to attend as well. The class usually provided doughnuts (naturally), bagels, muffins, coffee, milk, and juice; on one occasion, the officers prepared a luncheon. All of them were very well received.

Supplemental Materials on File: NO

Abstract Author: Bradley Bullock
School Name: University of Florida

Project Title: Family Day at University of Washington

ABSTRACT:

Family Day is an afternoon program (usually held on a weekend) to give spouses and children of medical students the opportunity to spend "a day in medical school." The program offers a series of basic science lectures/demonstrations and hands-on fun with the medical instruments all geared for families. Kids even get real medical school nametags, just like Mom's/Dad's.

At UW, approximately 20 families participated. The kids loved everything, especially drawing on shirts and getting to see what mom/dad are doing, matching faces with names they've heard so much about.

The program at UW:

10:30 am	Families arrive and pick up nametags at large lecture hall
11:00 am	Anatomy Lecture - 20 minutes -- a teaching assistant discussed the skeleton, invited children to the stage and let them touch bones, describing where different organs would fit in, etc.
11:30 am	Announcements/Lab Activities Described
11:45 am	Lab Activities -- a series of lab stations for families to explore at their own pace: pathology-a volunteer pathologist showing normal and abnormal specimens; microscopy-some histo and microbio specimens were set up with written explanations; "living anatomy"-medical students helped children draw various organs on plain T-shirts with markers; and "physical exam"-medical students brought diagnostic kits and simple instruments; kids were shown how, and given chance to perform simple checks like looking in each other's ears and so on.
2:00 pm	Lunch in hospital cafeteria

Organizational Timeline:

8 weeks prior	Announce event. Invite students (and faculty and staff) to bring families; when they respond, they should remit money for nametags. Advise them that the children need an extra plain T-shirt. Order nametags.
6 weeks prior	Solicit participation from needed "specialists" (i.e., instructors/TA's and physicians)
4 weeks prior	Reserve the facilites and equipment (i.e., skeleton, microscopes, etc.)
2 weeks prior	Find or purchase additional materials (e.g., colored markers)
1 week prior	Solicit student participation to: give directions to labs, bring anatomy atlases and instruments, help with T-shirts and demonstrations. Make signs for stations, explanation cards for specimens, etc.
Day of event	Set up as early as possible. Clean up, too.
Next day	Write thank-yous to everyone who helped.

Supplemental Materials on File: NO

Abstract Author: Ashleigh Keyser
School Name: University of Washington

Project Title: Peer Counseling
ABSTRACT:

Communication is a vital facet of our daily professional and personal lives. Five years ago, students at the University of Kansas School of Medicine, realizing the importance of good communication skills, initiated efforts to obtain them. Under the direction of Bruce S. Liese, Ph.D., a psychologist in the Family Practice Department, the course "Interviewing and Counseling Methods" was established to teach these skills, as well as psychological diagnostic screening techniques and crisis intervention skills. The 6-week, 2-credit course consists of 80 hours divided evenly between lecture and practice through which students learn to actively listen by questioning, reflecting, confronting, interpreting, and communicating nonverbally. The elective course has been very successful, now enrolling 150 students each session.

Two outgrowths, for which the class serves as a prerequisite, are an advanced course and the **Hawkline**. The advanced class has students lead small discussion groups, teach basic listening skills, observe students role-playing these skills, review students' counseling audio tapes, and prepare final examination questions. In addition to enhancing their interviewing and counseling techniques, students gain valuable administrative and teaching skills.

Hawkline is a peer counseling service operated by medical students for students and employees of the medical center. The counselors handle a variety of problems and concerns as well as provide referrals where appropriate. **Hawkline** services are accessible 24 hours daily, free of charge, confidential, and, if the caller wishes, anonymous.

Supplemental Materials on File: NO

Abstract Author: Lawrence Tsen
School Name: University of Kansas School of Medicine

Project Title: C.A.R.E. (Concern and Referral Extension)
ABSTRACT:

CARE is a phone counseling and information service offered to Ohio State University (OSU) medical students by trained medical students. The primary goal of CARE is to offer a full spectrum of information and support services, from crisis intervention and counseling to access to general information regarding the daily grind of medical school. The service is available weekdays from 5 p.m. to 7 a.m. and on weekends. The counselors take calls from their home phone and are required to keep the line open and to maintain confidentiality. The unique phone system allows for anonymity of both the caller and counselor. A full description of how CARE was formed and the issues therein will be published soon. For a copy, write to:

Director of Medical Humanities
The Ohio State University College of Medicine
370 W. 9th Avenue
Columbus, OH 43210

Supplemental Materials on File: NO

Abstract Author: Gerald E. Crites (submited by OSR Rep. Marci Malone)
School Name: The Ohio State University College of Medicine

Project Title: Penn Med Peer Support
ABSTRACT:

The PENN MED PEER SUPPORT SYSTEM (PMPS) is designed to be run by students in order to aid students who are having "trouble coping with medical school and adapting to all the stresses and concerns associated with the pursuit of a career in medicine."

Organization -- it consists of a steering committee, a chairperson, and representatives from each class. These students undergo training in crisis intervention with the help of student health psychiatry.

Target -- students who are having difficulty with: motivation/suitability to a medical career; interpersonal problems; and academic problems which can lead to (worst case) substance abuse or suicidal ideation. These students range from those just needing someone to talk with to those in acute crisis.

Contacting PMPS -- a telephone list of members is distributed to all students. A beeper number offers 24-hour access every day. There is also a resource list distributed for students to use on their own. Students in crisis may contact a PMPS member or go directly to one or more of the contacts on the resource list. The most important aspect of the program is that it is totally confidential with respect to the administration and has the support of the school. A student can contact PMPS and know that it will not affect their Dean's letter or other evaluations.

Supplemental Materials on File: NO

Abstract Author: Joseph V. Queenan
School Name: University of Pennsylvania

Project Title: Peer Support Groups
ABSTRACT:

The Peer Support Groups are designed to help incoming students adjust academically and socially to the new environment of medical school. During Orientation, students meet for the first time with their group. This inital meeting is a good opportunity for new students to have their practical questions, such as what books to buy and where to get the best deal on lab coats, answered. The groups also meet socially several times during the first quarter to give students the chance to get to know each other. Participation of the second-year students is completely voluntary. Those who do volunteer are required to attend a Support Group Leader Orientation led by students and faculty from the Medical Humanities and Behavioral Sciences Department.

Supplemental Materials on File: NO

Abstract Author: Keren Lawner, Theresa Price
School Name: The Ohio State University College of Medicine

Project Title: Temple of Doom
ABSTRACT:

Because our campus is split - the first two years are done in College Station, TX and the next two in Temple, TX (an hour and a half away), we (in Temple) have created an innovative program called the Temple of Doom. This is a chance for M2's who would otherwise have no contact with M3's and M4's to come up to Temple for the day to learn about the clinical years. In the morning, various departments give seminars on what to expect in the next year and offer some insight into their specialty. After a catered lunch, the M3's give the "real scoop" to the M2's in terms of the books they really need to buy and some ways to enjoy their next year.

In addition, the Temple Chamber of Commerce supplies us with a complete package of materials about the Temple area to give newcomers - banking information, telephone books, and information on restaurants, shopping malls, etc. A program for the spouses helps them to feel like a part of the group. Armed with the information the Temple of Doom provides them, the soon-to-be M3's feel much less apprehension about the move and more excitement about the next two years.

Supplemental Materials on File: NO

Abstract Author: Ann Creager
School Name: Texas A&M College of Medicine

Project Title: The Dean's Bullpen
ABSTRACT:

The Medical College of Georgia (MCG) is fortunate to have welcomed a new Dean to the School of Medicine - Dr. Gregory Eastwood. In order to open the lines of communication, the Dean meets three times in a quarter with faculty and students on an informal basis and usually over refreshments in our student center. Any issue of concern can be addressed in a relaxed environment and directed personally to the Dean. In addition, Dr. Eastwood has developed a good rapport with the minority students, encouraging many informal gatherings that serve to address specific concerns of minority medical students at MCG. These sessions provide excellent opportunities for the exchange of ideas. We take our hats off to our Dean for his openness and willingness to listen and interact with the student body and faculty.

Supplemental Materials on File: NO

Abstract Author: Connie Moreland
School Name: The Medical College of Georgia

Project Title: Orientation Week
ABSTRACT:

Upon finding that a few days for orientation were insufficient, Dartmouth recently expanded its program to a week. Activities include tours, mock lectures, time-management and stress-realease workshops, New Games, recreational activities, and group problem-solving sessions. The contact person at Dartmouth is Joe O'Donnell, Associate Dean of Academic Affairs.

Supplemental Materials on File: NO

Abstract Author: Andrea Hayes
School Name: Dartmouth Medical School

Project Title: Environment Issues Committee
ABSTRACT:

This committee is comprised of 12 medical and graduate students. Their general activities include recycling - aluminum cans, office papers, and newspapers - and circulating petitions to stop use of styrofoam cups. For Earth Week, there were lectures and a display on the recycling process, and on April 27th, there was a letter-writing session to representatives.

Next year, there will be an increasing emphasis on public education and outreach programs.

Supplemental Materials on File: NO

Abstract Author: William Tang
School Name: Johns Hopkins

Project Title: The Impaired Student Committee
ABSTRACT:

This program, which originally began at Dartmouth in 1987, is concerned about the medical student who adjusts to the stresses of scholastic life in a maladaptive manner. The program entails an annual educational seminar in which several speakers relate what is means to be "impaired" and how to find help for yourself or a schoolmate. The committee is composed of eight students (two elected from each class), a psychologist, and a faculty member. The contact person at Dartmouth is Linda Martin.

Supplemental Materials on File: NO

Abstract Author: Andrea Hayes
School Name: Dartmouth Medical School

Project Title: The Class Mentor Program
ABSTRACT:

In the fall of 1985, the University of Wisconsin Medical School embarked on a program believed to be unique among the nation's medical schools. The Class Mentor Program taps the accumulated wisdom and experience of a senior faculty member who, in essence, becomes a "student" in his or her assigned class for the four years that class spends in medical school. More than half the mentors' work time is allocated to this program and, therefore, the mentors can afford to be in close and frequent contact wtih their "classmates" and their experiences.

Interaction with the students is at the heart of this program. There are no rigid guidelines for how the mentors spend their time; they generally attend more than half of the lectures and labs, periodically meet with the class or smaller groups, and informally associate with the students. Other roles of the mentor include academic counselor, informal personal advisor, and sharer of experiences. The mentor may try to show how academic knowledge that seems remote or irrelevent can be applied to clinical situations and that there are larger issues in medicine/topics not covered in medical education worth considering. Lastly, the mentor is an important resource to provide feedback to instructors and course planners about specific courses or for general planning purposes.

The program is received favorably by both students and faculty and would be a valuable addition to any school's offerings.

Supplemental Materials on File: NO

Abstract Author: Kristine Flowers
School Name: University of Wisconsin Medical School

Project Title: Guide to Third Year Manual
ABSTRACT:

At the University of Colorado, the second-year students put together a guide to the third year (called "It's Not Easy Being Green"). It has proven to be very useful in preparing students for clinical rotations. The manual was created a few years ago by surveying the seniors. They were asked about the various rotations and hospitals they worked in, rating them on the average hours per day, call schedule, quality of teaching, and general comments. A separate section includes recommended texts. Comments from various offices -- Academic Affairs, Medical Student Advisory, Student Psych. Service, Minority Affairs -- proved to be very helpful. One clinical professor wrote a special section on how to write patient work-ups.

The original guidebook took several months to put together and subsequent guidebooks were revised starting November/December and distributed in March. We found that it takes about ten students to work on this project. We tried to emphasize that every person's experience is unique and that the information presented is general and subject to wide variation.

Please feel free to contact the OSR Representative at Colorado if you have any questions (and call the OSR Staff Director at the AAMC to obtain a copy of the 1991-92 guide).

Supplemental Materials on File: YES

Abstract Author: Elizabeth Amick
School Name: University of Colorado

Project Title: Peer Counseling Program
ABSTRACT:

The University of Tennessee-Memphis College of Medicine's Peer Counseling Program provides a personal support system, allowing students to seek assistance from peers in coping with the myriad of experiences life offers generally, and specifically as a medical student. The program's philosophy is one of prevention, and is based on the assumption that most student needs and problems arise as a result of normal development.

Its purposes: to provide a confidential personal support system; to offer a sharing, caring, cooperative approach to education; to teach physicians-in-training at medical school that they are not infallible and that it is acceptable for them to need help and to seek couseling; and to foster positive development and personal growth and to prevent the negative consequences of the stress of medical education.

This program has about 80 students who receive many hours of training to become peer counselors. They are available 24 hours a day, 7 days a week. Peer counselors may be contacted in a number of ways and students seeking help may be able to remain anonymous. Confidentiality is assured with only two exceptions -- AIMS-related matters are confidentially referred to an AIMS representative and if someone is viewed as potentially harmful to him/herself, a professional from Student Mental Health will be informed. There are only a handful of medical schools offering a system like this.

Supplemental Materials on File: YES*

Abstract Author: Mary Jo Miller, Assistant Dean for Student Affairs
School Name: University of Tennessee-Memphis College of Medicine

* A complete 70-page Peer Counseling Program Manual is on file with the OSR Staff Director at the AAMC (202-828-0682).

Project Title: American Journal of Ethics and Medicine (AJEM)
ABSTRACT:

This new journal was created primarily to provide medical students with in-depth discussions of relevent medical ethical issues. The journal will come out twice a year. Each issue will focus on one topic (e.g., drug legalization, confidentiality of HIV testing, use of animals in medical research) and the articles will be written by professionals -- physicians, medical ethicists, researchers, couselors, etc. OSR representatives should have received a copy in May.

Supplemental Materials on File: NO

Abstract Author: Heather Selman
School Name: University of Pennsylvania

Project Title: Preclinical Resources Network (PRN) of Baylor College of Medicine
ABSTRACT:

Preclinical Resources Network (PRN) is a support program for first-year medical students entering Baylor College of Medicine. Started in 1988, PRN continues to strive to connect MS1's with students from all classes as well as residents and faculty. In facilitating this interaction, PRN hopes to ease the transition to medical school by increasing information exchange, providing role models, and enhancing group, class and Baylor identity.

PRN was founded by students for students. It is solely a student-led organization and is a member of the Baylor Student Association. The Office of Student Affairs has been a strong supporter of PRN and helps with financial and administrative assistance.

PRN divides the first-year class into groups of 12-15 students. Each group has three leaders -- one fourth-year, one third-year, and one second-year student. In addition, one or two faculty members are associated with each PRN group. These advisors are selected because of their quality interpersonal skills, integrity, and dedication to assisting students at Baylor. They participate in several training sessions in which psychosocial aspects of medical school are addressed and referral pathways discussed.

For details of the program -- aims, selection process for advisors, advisors' responsibilities, orientation, and evaluation -- contact the OSR Staff Director at the AAMC.

Supplemental Materials on File: YES

Abstract Author: Kevin Strohmeyer
School Name: Baylor College of Medicine

Project Title: SOMAA -- School of Medicine Annual Art -- Show
ABSTRACT:

Each year, we hold a two-day, multi-media art show/reception with student and faculty art projects on display. The art includes figure drawings and sculpture, creative clothing/couture, photography, oil & acrylic painting, mixed media clocks and collages, and silver & bronze jewelry. Students have presented slide shows, video presentations, interactive artwork (e.g., visitors adding their own touch to a giant work of wall art), and music for all to experience when they attend the show. The art is displayed in the mainlobby/lounge of the medical school. A public reception/celebration is held on the second night of the exhibit, during which visitors can sample desserts and gourmet beverages.

Supplemental materials on file: NO

Abstract Author: Alissa Schulman
School Name: SUNY at Buffalo

Project Title: MEDforum Electronic Communication Network

ABSTRACT:

MEDforum is the first international network for medical student activism; it exists on the Bitnet and Internet computer networks, which connect most universities throughout the U.S. and the world. With the aid of MEDforum, medical students can now communicate with each other on a unlimited basis at no cost. MEDforum is an E-Mail discussion area on Bitnet for medical students to share successful local chapter programs as well as to work together at many sites toward common goals. Besides the elimination of long-distance charges, the fact that MEDforum is based on e-mail messages will enable students to communicate cheaply and efficiently. One can address all students on the network or a message can be sent to a specific individual. Messages are held for recipients until they next log on the system; if two individuals are logged on at the same time, they can communicate instantaneously.

In addition to the communication capabilities of MEDforum, students will have a place to look for medical education software that has been developed at other institutions. The network will keep a catalog of public domain educational software for students to download electronically, again at no cost. In addition to software, legislative updates and medical students organization publications will also be available so that students can be informed of organizational activities as they happen.

MEDforum is available now. To subscribe, send a message to: LISTSERV@ARIZVM1.BITNET. Leave the subject ("Subj:") blank. In the body of the message, type: SUBSCRIBE MEDforum yourname, MSyr, yourmedschool. An example of a subscription request:

To:in%"LISTSERV@ARIZVM1.BITNET"
Subj:

SUBSCRIBE MEDFORUM Linda Smith, MS94, UCLA School Med

The request will be processed and a welcome message sent automatically. This will allow you to download files, address all other medical students on the network, and find out e-mail addresses of the others on the system. For students who do not have e-mail addresses, they may be obtained from the Office of Medical Computing at each school; staff will be able to furnish a username and password, and demonstrate how to send messages on Bitnet. We would like to see as many medical schools join us as possible. If you have any questions or want further information, write: Ted Eytan, c/o Student Affairs Office, University of Arizona College of Medicine, Tucson, AZ 85724, or E-Mail: TEYTAN@ARIZVMS or MARKMAGD@ARIZVMS.

Supplemental materials on file: YES

Abstract Author: Ted Eytan
School Name: University of Arizona College of Medicine

Project Title: Student Research Resource Manual
ABSTRACT:

Many medical students wish to gain access to some research experience during their medical education, but may be deterred by the difficulties in finding a preceptor, financial support, and the time during their training. At UNC, I have compiled the Student Research Resource Manual; included are listings of:

1. all faculty members willing to sponsor a student research project and their area of interest; this was compiled by the Student Research Society, which surveyed all faculty at UNC School of Medicine.

2. fellowships, schloarships, and awards; this was compiled with the assistance of Office of Student Programs. Many sources of funding are available for students, but they are often scattered in different offices. This is probably the most difficult part to organize, but it is also the most helpful to students, so be persistent.

3. departments in the School of Medicine that have funds to sponsor student research; this was also compiled by surveying faculty.

4. opportunities as to when students can schedule their research (e.g., summer, electives in fourth year, leave of absence for research, M.D./Ph.D. programs).

The manual is available to all students -- distributed at the Orientation for first-year students. It has greatly simplified the process of finding research opportunities by organizing lists of faculty, financial resources, and scheduling options in ONE packet. I hope that by consolidating these opportunities in one place, more medical students at UNC will be encouraged to pursue research and academics.

Supplemental materials on file: NO

Abstract Author: Marlene Calderon
School Name: University of North Carolina at Chapel Hill

Project Title: "Summer Jobs" Lunch Meeting for Freshman
ABSTRACT:

The UASOM chapter of AMSA organizes a "Summer Job" lunch meeting for first-year students who have three months off between the freshman and sophomore years.

WHEN: early january -- to allow time to meet application deadlines

FUNDING: a local bank's professional association

SPEAKERS: Professors who have pulled together a list of Ph.D.'s and physicians from their department willing to have students in the lab for the summer (at UASOM, Microbiology and Internal Medicine have been most helpful); Chairperson of student research society; Students who have participated in field work to discuss their experiences (in areas like helath promotion/disease prevention, U.S. Public Health Departments, COSTEP, the Alabama-based Student Coalition for Community Health); and the Dean to place the importance of work into perspective

continued...

HANDOUTS: all UASOM research opportunities, contacts and phone numbers; field research addresses and application deadlines; and information on travel seminars (e.g., to Mexico, India) related to health issues.

Supplemental materials on file: NO

Abstract Author: Cason Benton
School Name: University of Alabama School of Medicine

Project Title: Health Center Minority Recruitment Program
ABSTRACT:

The Health Center Minority Recruitment Program is aimed at minority students from predominantly-minority colleges located in the Eastern United States. Each year the Office of Minority Relations, which is funded by the College of Medicine, sends minority medical students participating in the Black Students Health Professions Coalition to recruit minority students. Recruits are for the Colleges of Medicine, Dentistry, Veterinary Medicine, Nursing, Pharmacy, and Health-Related Professions - Clinical Dietetics, Clinical Psychology, Communicative Disorders, Health and Hospital Administration, Medical Technology, Occupational Therapy, Physical Therapy, Physician Assistants, and Rehabilitative Counseling.

The recruiters take with them catalogs, pamphlets and data forms, on which the undergraduates indicate their interest and request information. The Office of Minority Relations sends the information requested to the undergraduates within one week.

We recruit at 10 institutions, usually in the Spring, reaching approximately 300 students each year. Future improvements to this program include sending a faculty-medical student pair to each institution and individual follow-up telephone calls to students meeting the eligibility requirements of their prospective Health Center College.

Supplemental Materials on File: NO

Abstract Author: Jason Warren; Sophia Smith
School Name: University of Florida School of Medicine

Project Title: Summer Workshops for Minority Students
ABSTRACT:

The Summer Workshop for Minority Students prepares incoming medical and dental students for the first-year curriculum. This optional workshop, which is four weeks in duration, teaches gross anatomy, histology, biochemistry, and study skills. An overview of the other first-year courses is provided. The pace of the workshop is the same as during the first year. Courses are taught by professors. The workshop is coordinated by minority students completing their first year.

The Summer Workshop for Pre-Dental Students prepares them for the Dental School Admissions Test. During the four weeks, subjects covered by the DAT are taught by professors. Special laboratories are set up to alow students to practice manul dexterity and spatial perception. Students planning to attend our School of Dentistry are given preference.

Supplemental Materials on File: NO

Abstract Author: Jason Warren; Sophia Smith
School Name: University of Florida School of Medicine

Project Title: Health Science Center Teach-In for Minority High School and College Students in the Southeast

ABSTRACT:

The Health Science Center Teach-In for Minority H.S. and College Students in the Southeast is a program sponsored by Health Center minority students and the Health Center Office of Minortiy Relations. The Health Center consists of the Colleges of Medicine, Dentistry, Veterinary Medicine, Nursing, Pharmacy, and Health-Related Professions - Clinical Dietetics, Clinical Psychology, Communicative Disorders, Health and Hospital Administration, Medical Technology, Occupational Therapy, Physical Therapy, Physician Assistants, and Rehabilitative Counseling.

About 300-450 students each year are brought to the Health Center for a half-day of lectures and tours. Students select their top two fields of interest. The lectures, approximately 30 minutes in length, are given by medical students and faculty. Lecturers provide specific instructions on: requirements for entering the prospective colleges; an overview of the training and licensure requirements; career advancement opportunities; and, most importantly, courses and activities available at the high school and undergraduate levels which will enhance their competitiveness for admission into the school of their choice and/or the probability of graduating from such a program.

Refreshments are provided. Tours of Gross Anatomy are offered. The event is considered very successful in helping students to choose careers.

Supplemental Materials on File: NO

Abstract Author: Jason Warren; Sophia Smith
School Name: University of Florida College of Medicine

Project Title: Career Day Program

ABSTRACT:

Through the Career Day Program, the Health Science Center Office of Minority Relations provides minority role models to speak at junior high and high school Career Day Programs. The Health Center consists of the Colleges of Medicine, Dentistry, Veterinary Medicine, Nursing, Pharmacy, and Health-Related Professions - Clinical Dietetics, Clinical Psychology, Communicative Disorders, Health and Hopsital Administration, Medical Technology, Occupational Therapy, Physical Therapy, Physician Assistants, and Rehabilitative Counseling.

The requesting school specifies the Colleges from which they desire speakers. We will be expanding this program by offering the service to more schools and by giving medical correlation lectures during their biology courses.

Supplemental Materials on File: NO

Abstract Author: Jason Warren; Sophia Smith
School Name: University of Florida School of Medicine

Project Title: Summer Enrichment Program for Minority High School Students

ABSTRACT:

This program was developed and is directed by medical students:

1) Fifteen students from first- and second-year classes met as a committee interested in improving minority medical student enrollment in our University.

2) We decided to focus on high school students because the undergraduate campus with which we are associated also has a low enrollment of minority students in the pre-med program; we hoped to encourage high school students to attend the undergraduate campus and then apply to be admitted to our medical school.

3) We contacted a local high school that had more than a 50% enrollment of minority students.

4) In conjunction with our Dean of Admissions, we conducted a "Lunch Program". The high school students came to the medical school, we answered their questions about medical school, and gave tours of the medical school and hospital.

5) We secured funds from the Dean of the Medical School to pay two to three medical students to develop the curriculum of and organize/direct the summer program.

6) The curriculum developed included studies in Anatomy, presentations by various health professionals, development of library and interviewing skills, lessons in blood pressure monitoring, and the assignment to write a short paper on a medical topic.

7) Letters were sent to high school students describing the program and asking them to submit an application, a letter stating their reasons for wanting to participate, a teacher's letter of recommendation, and a consent form from their parents.

8) At the end of May, the students were selected and the program began in July. The students met from 1 pm - 4 pm four times a week for four weeks.

9) At the end of the program, students filled out evaluation forms and received "diplomas" of completion.

Supplemental Materials on File: YES

Abstract Author: Ryia Peterson Ross
School Name: St. Louis University

Project Title: Minority Preprofessional Mentorship Program
ABSTRACT:

The Minority Preprofessional Mentorship Program pairs undergraduate students at the University of Florida with students currently enrolled in Health Science Colleges of their prospective professions. It has been our experience that many students fail to adequately plan their education, and thereby fail to complete admission requirements before obtaining their bachelor's degrees. Other students lose interest in the Health Professions because of misinformation. The major goal of the program is to provide guidance to undergraduates, helping them fulfill admissions requirements. This program also benefits the Health Center by identifying minority students on this campus interested in the Health Professions, hopefully decreasing our need to recruit minority students from other institutions.

The Health Science Center is comprised of the Colleges of Medicine, Dentistry, Veterinary Medicine, Nursing, Pharmacy, and Health-Related Professions - Clinical Dietetics, Clinical Psychology, Communicative Disorders, Health and Hospital Administration, Medical Technology, Occupational Therapy, Physcial Therapy, Physician Assistants, and Rehabilitative Counseling. Students from all of these colleges participate in the program. The Program is sponsored by the Black Students Health Professions Coalition. Administrative assistance is provided by the Office of Minority Relations.

Supplemental Materials on File: NO

Abstract Author: Jason Warren; Sophia Smith
School Name: University of Florida College of Medicine

Project Title: Penn Women's Health Group
ABSTRACT:

The Penn Women's Health Group is designed to address the interests of medical students who want to become involved in women's health issues. Our goal is to be a source of health education to low and middle income women. We also provide health care referral services as the need arises. Our presentations take the form of interactive, small-group discussions on topics chosen, in advance, by the women in the target group. Discussions are led by medical students as well as by invited speakers from the area public education organizations.

For the present, we have focused on the women of Mantua Hall, a H.U.D. project (at 3500 Fairmount Avenue) that houses 150 families consisting largely of single, minority women and their children. We have purposely limited ourselves to this rather small population of women in an effort to establish an intimate and on-going relationship with a consistent group. In this way, we hope to have greater and longer lasting impact on the long-term health status of these women.

As the project gains participants at the University, we hope to expand our efforts to other housing projects, shelters or associations that might be interested in what we have to offer. We also intend to diversify our membership to include other schools at the university.

Supplemental Materials on File: NO

Abstract Author: Deborah Ottenheimer
School Name: University of Pennsylvania

Project Title: EXPERIENCE DIVERSITY

ABSTRACT:

The Student Committee on diversity is a new committee working in conjunction with the Student Affairs office at the University of North Carolina School of Medicine. The overall intent of the committee is to promote understanding and sharing of life experiences of different cultures, races and sexes, and to integrate this knowledge to overcome prejudices which exist in medical education and patient care delivery.

This year, the committee sponsored a Diversity Week in conjunction with a similar event being sponsored by a committee at the undergraduate school. The theme was "Breaking down Barriers"; activities included guest speakers who shared their experiences and insights, face painting, student role-plays followed by open discussions, a movie night, a contest involving questions regarding minorities and women in medicine, and various other programs consistent with the theme.

It is our hope that this event will be held every year, and that these events will enrich our lives as students and professionals in the medical community.

Supplemental materials on file: NO

Abstract Author: Marlene S. Calderon
School Name: University of North Carolina at Chapel Hill

Project Title: AMWA/Tufts Medical School Community Service Activities

ABSTRACT:

The American Medical Women's Association (AMWA) at Tufts Medical School has been actively involved in community service this past year and plans to continue its service in 1992-93. Our organization has sponsored a bal\ke sake to raise money for **Women's, Inc.**, a national rehabilitation program for addicted women. Our funds were matched by the Community Health Department at the medical school. We are also collecting coupons, from students and professors, which we donate to numerous homeless shelters in nearby Chinatown.

Our major goal for the Fall of 1992 is to actively participate, with Boston University Medical School, in the **Second Step Transitional Housing Program for Battered Women**; due to delays in funding and the subsequent opening of the program, we were unable to participate this past school year. Next year, however, we plan to: supervise the children so the mothers may participate in therapy; sponsor a special room for a mother and child, which we will decorate and furnish; and provide emotional support for these troubled women and children.

While this was our first year, the women of Tuft's AMWA chapter helped to raise significant funds for addicted women, made diapers and other basic necessities more affordable, and learned techniques to expand our involvement in the community.

Supplemental materials on file: NO

Abstract Author: Nicole A. Zidenberg
School Name: Tufts Medical School

Project Title: **AAMC RESOURCE** - Women In Medicine (WIM)

ABSTRACT:

The purpose of the AAMC's Women in Medicine Coordinating Committee is "to advance the status and develop the potential of women in academic medicine." The WIM Committee addresses the problems facing women students, residents, and faculty in medical schools. This eight-member group plans the Women In Medicine AAMC Annual Meeting Program and assists with the initiation and development of other activities and projects that better the stature of women in the medical field.

Janet Bickel (Director of the Women's Programs at AAMC) and the WIM Coordinating Committee, relying on input from Women Liaison Officers (WLO) from the U.S. medical schools, has produced a handbook titled, "Building a Stronger Women's Program", and has distributed it to all WLO's. All but a few schools have appointed a WLO to the AAMC. In most cases, WLO's have been instrumental in creating WIM programs at their schools. These programs have helped to increase the number of women medical students and faculty in medical schools more in the last fifteen years than in any preceding interval. Issues that WLO's and WIM programs address include: finding mentors and role models; balancing family with career (e.g., is a shared position preferable to working part-time?); gaining political skills and advancing to leadership positions in the face of the "old boys network" and family responsibilities; improving parental leave policies at all levels; increasing child care resources; and addressing promotion and salary inequities. Obviously, many of these issues are as relevent to their male counterparts as they are to women.

OSR representatives should get to know the WLO at their respective schools, learn about and support the school's WIM program (or help to develop one if it does not exist), and work with the WLO on projects that are of interest to both men and women -- parental leave policies and programs dealing with the balance of family and career.

Contact Janet Bickel at the AAMC (202-828-0575) for more information, including: WIM statistics; reprints of numerous articles; compilations of policies and procedures in regard to issues such as parental leave and sexual harassment; the names of speakers for a variety of WIM topics; and data from several studies with a bibliography of useful references.

Supplemental Materials on File: NO

Abstract Author: Lisa D. Staber, OSR's Representative to WIM
School Name: University of South Dakota School of Medicine

[Tab 6]

Dear fellow students:

After spending time reviewing a variety of materials on choosing a medical specialty and the Match, I have concluded that the best, most comprehensive resource, by far, is Strolling Through the Match, published by the American Academy of Family Physicians (AAFP). To order a copy, send a letter of request to: Marilyn Dancy, AAFP Division of Education, 1740 West 92nd Street, Kansas City, MO 64114. Include $5 per copy to cover postage/handling. You may order copies as an individual or try to get your school to order for you. If you have questions, call 816-333-9700. Attached is a copy of the publication's bibliography, courtesy of the AAFP.

Sondra Bradman
University of California-Irvine

RESOURCES AND REFERENCES

The following is a compilation of the books and articles referenced in the preceeding text.

How to Choose a Specialty

1. Taylor, Anita D., How To Choose A Medical Specialty, Philadelphia: W.B. Saunders Co., 1986.
2. Ricks, Anne E., The Official M.D. Handbook, New York: Nal Books, 1983.
3. Directory Of Graduate Medical Education Programs, American Medical Association, annual publication.
4. Physician Characteristics And Distribution In The U.S., American Medical Association, annual publication.
5. Socieoeconomic Characteristics Of Medical Practice, AMA, annual publication.
6. Journals Of Interest
   a. The New Physician, American Medical Student Association, bi-monthly publication.
   b. Journal Of Medical Education, Association of American Medical Colleges, monthly publication.
   c. Journal Of The American Medical Association, weekly publication.

How to Prepare Your Curriculum Vitae

1. Bostwick, Burdette E., Resume Writing, A Comprehensive How-To-Do-It Guide (second edition), John Wiley and Sons, 1980.
2. Dickhat, Harold W., The Professional Resume and Job Search Guide, Prentice-Hall, 1981.
3. Brenner, L., Strand, S., and Grouper, E., Resumes For Better Jobs, Monarch Press, 1981.
4. Hochheiser, R., Throw Away Your Resume, Baron Educational Series, 1982.

What is a Personal Statement?

1. Strunk and White, The Elements of Style, MacMillan Press, 1985.

Tips on Letters of Reference

1. Leversee, Clayton, and Lew, Reducing Match Anxiety, University of Washington-Department of Family Medicine, 1981.

Selecting a Residency Program

1. Directory of Graduate Medical Education Programs, ibid.

2. Directory of Family Practice Residency Programs, American Academy of Family Physicians, annual publication.

3. Directory of Psychiatric Residency Programs, American Psychiatric Association, annual publication.

Interviewing Tips

1. AMSA's Student Guide to the Appraisal and Selection of House Staff Training Programs-Second Edition, American Medical Student Association, 1979. Pricing information and/or additional copies available from AMSA, 1890 Preston Wright Drive, Reston, Virginia 22901.

2. Krogh, C., Vorhes, C., and Abbott, G., "The Residency Interview: Advice From the Interviewers," The New Physician, July-August 1984, page 8-11, and 34.

3. Sherman, D.P., "Dr. Sherman's No-Nonsense Guide To Residency Interviewing," The New Physician, July-August 1980, page 26-28.

4. Maternity Leave for Residents, AMA, 1984.

The following is a list of other important organizations which are referred to in the preceeding text.

National Resident Matching Program
One American Plaza-Suite 807
Evanston, Illinois 60201
(312) 328-3440

American Medical Association
535 N. Dearborn Street
Chicago, Illinois 60610
(312) 645-5000

American Medical Student Association
1890 Preston-White Drive
Reston, VA 22901
(703) 620-6600

Project Title: Specialty Seminars
ABSTRACT:

Each month a group of three to four physicians from a particular specialty or subspecialty is invited to speak to our medical students. Two hours are set aside and each physician speaks for 15-20 minutes. A light, buffet-style supper -- croissant sandwiches, chips, cookies, beverages -- is available.

At each session, we try to have a private practitioner, an academician, and an upper level resident (not an intern). They are asked to talk about what attracted them to their field, what a typical day is like, what they like and dislike about their work, etc. When they agree to speak, they receive a list of such questions to help them prepare. The seminars are well attended, with 25-50 students at each one. After the presentations, students have the opportunity to ask questions of the participants.

This event is sponsored by our Alumni Affairs Office (an excellent source for finding private practitioners) and is funded by our Student Council (whose funds ultimately come from the Dean's Office). The budget is $125 per seminar, with a total budget of $1000 for the eight yearly seminars. This covers food, drink and a small gift for the speakers (who are not paid) such as an MUSC paperweight or sunvisor.

Supplemental Materials on File: NO

Abstract Author: Ellen Elmore
School Name: Medical University of South Carolina (MUSC)

Project Title: How to Choose the Right Medical Specialty
ABSTRACT:

Dr. William L. Pancoe, at Creighton University School of Medicine, has prepared a comprehensive guidebook, "How to Choose the Right Medical Specialty: Some Food for Thought". Beginning with the decision-making process and ending with "homework", with a large amount of useful data in between, Dr. Pencoe provides the essentials for an effective specialty search.

Supplemental Materials on File: YES*

Abstract Author: Donna Quinn for Kevin Baskin
School Name: Creighton University

* 42-page document

Project Title: M4/M3 Post Match Discussion
ABSTRACT:

As the third year of medical school ends, residency and the future loom on the horizon. Along with thoughts of residency come thoughts of the Match and all the details associated with seeking a residency position. Who better to talk about the entire process than a fourth-year medical student who has just completed it? The goal of this project is to provide M3 students with information on how to go about getting a residency spot. It is a quick and dirty program consisting of two parts:

(1) **Panel Discussion**, led by fourth-year students with different experiences. On the panel we sponsored, the students included one who had been involved in the early match, another who matched in a very competitive program, a couple who used the couples match, several who matched in non-competitive fields, and one student who had not matched. Each panelist described their experience and answered questions that arose during the discussion.

(2) **Hand-Out** consisting of a checklist/timeline as to what to do and when, plus examples of CV's, an autobiography, and a personal statement. We did not include an example of the Dean's Letter because the Dean at UMC had plans to change its format.

This is an easy program to put together, requires little preparation, and seems to be well recieved. You will need to gather speakers, send out flyers, and prepare the hand-out -- all of which can be done two to three weeks prior to the event.

Supplemental Materials on File: YES

Abstract Author: Becca Zinck
School Name: University of Missouri-Columbia School of Medicine

Project Title: Wisconsin Medical Alumni Association's Host Program
ABSTRACT:

The Alumni Association activities are directed toward providing resources and support programs intended to improve teaching and to make the medical school experience more rewarding and enjoyable. One of the many programs sponsored by the Association is the **Alumni Host Program**, which offers bed, board and counsel to students visiting potential residency sites in every state.

For more information, contact: Wisconsin Medical Alumni Association, 1300 University Avenue, Room 1250, Madison, WI 53706; 608-263-4914.

Supplemental materials on file: NO

Abstract Author: Donna Quinn Yudkin (from information sent by the Alumni Association)
School Name: University of Wisconsin

Project Title: Future Choices Seminars
ABSTRACT:

Future Choices Seminars are a series of lunchtime discussions regarding career choices. The basic objective of the series is to provide M-1's, M-2's, and M-3's with information about career choices, residency programs and selection, and an opportunity to interact with the people who make those decisions.

We have found these seminars to be well attended and appreciated by the students; it is also beneficial to the various specialty areas, enabling them to sell their respective programs.

Attached are a timeline for organizing these seminars, sample letters (mailed to faculty participants and students), the schedule we utilized, and an example of the signs we posted to advertise it. If you are interested in starting a similar program and would like to discuss it further, feel free to contact me personally.

Supplemental Materials on File: YES

Abstract Author: Amy K. Davis
School Name: University of Missouri-Columbia

Project Title: Residency Partners
ABSTRACT:

For those who need time for family and children, for research, or for other personal or professional commitments that the time demands of a traditional schedule residency will not allow, a shared or reduced-schedule residency is an attractive option. Two services - new this year - are available to help medical students interested in shared residencies to find a partner:

(1) Those students interested in sharing an internship or residency in Pediatrics should send a stamped, self-addressed envelope to: Pediatric Residency Partners, P.O. Box 67290, Chestnut Hill, MA 02167.

(2) The American Medical Women's Association (AMWA) will compile a list of medical students seeking residency partners in any specialty. Send a stamped, self-addressed envelope to: Shared Residencies, AMWA, 801 N. Fairfax Street, Suite 400, Alexandria, VA 22314.

Supplemental Materials on File: NO

Abstract Author: B. Longmaid, M.D.
School Name: N/A

Project Title: Strolling Thru the Match and Residency Fair
ABSTRACT:

This effort is an offshoot of similar programs put on by Family Medicine Interest Groups at several other medical schools. It is designed as a means for MS3 students to become better educated about the Match and residency selection process.

The program here in Oregon starts with some opening remarks on the process of choosing an occupation within medicine by Anita Taylor, author of How to Choose a Medical Specialty and member of the Oregon Health Sciences University (OHSU) faculty. This is followed by a series of three 30-45 minute sessions with the residency program directors or designates in a small-group format. Students are encouraged to ask questions of the program directors regarding their specialty and the mechanics of how to apply. At some point during these sessions, lunch is served at a central location. After lunch, a panel of MS4 students meets with the group to answer questions about the match process and how to interview.

Each student that attends receives a booklet containing numerous items relating to the residency selection process, including: responses to a survey distributed to all the OHSU residency program directors; reprints of articles on the mechanics of the match, how to interview, and the items considered by program directors as important in the residency selection process; and locations where OHSU graduates have, over the past three years, matched (names of individuals are not included). The entire program lasts from 8:45 a.m. - 1:30 p.m. Last spring, about half the MS3 class attended.

Supplemental Materials on File: YES

Abstract Author: David C. McClain
School Name: Oregon Health Sciences University

Project Title: 1992-93 Medical Students' Guide to Successful Residency Matching
ABSTRACT:

The goal of this booklet is to guide the student through the year-long matching process with a step-by-step guide to successful residency matching from start to finish. It encompasses specialty selection, planning the curriculum for the third and fourth years of medical school, selecting programs for residency application, strategies for interviewing and ranking, tips for foreign medical graduates, and an overview of different programs, with particular emphasis on the NRMP. It contains a "recommended reading" bibliography.

For more information or to get a copy of the guide, contact: a) Dr. Lee Miller, Assistant Professor of Clinical Pediatrics, UCLA School of Medicine, Los Angeles, CA; b) Dr. Leigh Donowitz, Associate Professor of Pediatrics, University of Virginia School of Medicine, Charlottesville, VA; or c) SmithKline Beecham Pharmaceuticals, Phildelphia, PA.

Supplemental materials on file: YES

Abstract Author: Donna Quinn Yudkin (from information in the booklet)
School Name: N/A

Project Title: Selecting the Right Residency for You: A Decision-Making Guide -- 2nd edition

ABSTRACT:

We wrote this guide after years of reviewing the materials used by medical students in selecting specialties and specific hospital residency programs. Most of the available publications were pessimistic in tone and emphasis, presenting the residency application process as complex and fraught with danger. Students were given the impression that there were limited opportunities and unbridled competitiveness. We were concerned about this; we feel that career decisions should involve a sense of excitement and satisfaction. We want this guide to bring the full situation into a more reality-based focus.

The perspective we bring to this task is unique -- we have had experience and responsibility on both sides of undergraduate (medical school) and graduate (residency and fellowships) medical education. Such a viewpoint is important in understanding the total situation a medical student confronts in making the transition to residency and career. Students need knowledge about the process and to project a confident attitude; sophistication about appropriate career goals is useful. There is also benefit from having the tools needed to organize and analyze career data. This guide provides such tools, examines personal and professional costs, and assists in separating myths from the facts of the process. Most importantly, this is a guide to *decision making*. Students face a two-fold selection process: choosing a specialty and a particular residency training program. The guide helps students to determine what they want and to succeed in getting it. We hope it will be of value; we're interested in reactions and welcome comments and suggestions. [A copy of the guide is on file with the OSR Staff Director]

For more information or to get your own copy of the guide, contact: Dr. Zerega, St. Joseph Mercy Hospital, 900 Woodward Avenue, Pontiac, MI 48341-2985; 313-858-3230.

Supplemental materials on file: YES

Abstract Author: Dr. W. Dennis Zerega
School Name: St. Joseph Mercy Hospital, Pontiac, MI

[Tab 7]

Project Title: Medical Student Exchange: U. of FL College of Medicine and Odessa Medical Institute

ABSTRACT:

One of the most important sources of information for graduate students is national conferences at which students can exchange ideas about what their respective schools and colleagues are doing. In April 1989, the Physicians for Social Responsibility (PSR) had a national convention in Palo Alto, California where our PSR members heard about a U.S./Soviet Union exchange between Harvard Medical School and the Medical School in Moscow. From this presentation blossomed our project. I called the leaders of that exchange in the summer and they put me in touch with Yuri Dzbhladze, the current coordinator of the medical school section of the Soviet PSR. He spent the next month contacting students who could possibly set up an exchange with us and the Odessa Medical Institute was selected. From there, the finer details ensued.

First, we received a letter of invitation from the Dean and from the coordinator of their project in October/November 1989. The next step was for our Dean to write a letter of invitation on official stationery to their Dean expressing his desire and pleasure to have the Odessa medical students work on our wards in the fall of 1990. After some legal complications, that letter was finally sent in March of 1990. We learned that in order to get Visas from the Soviet Consulate in Washington, DC, Americans need an official letter of invitation from the medical school or the sponsoring organization (SPPNW) that must include each person's: name, passport number, date of birth, dates in the USSR, and places to which they will travel. After the letter is at the Soviet Consulate, and Visas issued for each individual traveler, they'd be set.

Funding, however, is another issue. We tried a number of avenues. The first step was to determine the goals of the trip. Since each individual traveler has different goals and backgrounds, we decided to make a list of the travelers and a short biography of each, to be presented to people from whom we would solicit funds. Who did we go to? 1) Our Dean gave us the help of his personal fundraiser who helped us draft a letter to distribute. We wrote 400 letters to PSR members around the state and asked them to send a check to a foundation specified in the letter. 2) We sent about 20 letters to individuals who historically have supported Soviet Union-related projects (though this would be the first medical student exchange of its kind). We got their names through physicians in PSR and followed-up with individual calls to each of them. 3) We also sent letters to the Better World Society, Beyond War Society, and innumerable Jewish organizations as Odessa is a predominantly Jewish city. 4) We contacted past-Governor Bob Graham because he wanted to set up an exchange like this. 5) We approached the Student Senate, the organization that handles funding for the University students. 6) We also asked for support from the heads/chairs of every department in the medical school. 7) Finally, we asked the Dean for financial support, including the use of his telephone and FAX machine.

We took 3/4 of a year of Russian lessons to learn the alphabet and some of the basic language, to help us get around and as a gesture of friendship. There were many different goals; our common goals were: to strengthen friendship, understanding and cooperation between our nations; to broaden the international scope of the university medical school and other undergraduate and graduate programs by establishing contacts around the world; to give our students the opportunity to meet Soviet students and establish ties with another nation; and to develop interest in the humanistic side of medicine and to see it in a larger perspective, not just in the high-tech world of American medicine. We hope to establish the program as an on-going project for students in subsequent generation to continue.

(*Update: summer, 1992*) In its third year, there have been three visits to Odessa and two visits from the Odessa group to Gainesville. These visits enable students from both nations to observe the medicine and culture of each other; the visits are about two weeks long. On the visits to Odessa, American students see several Ukrainian hospitals, the sanitaria (long-term health spa/vacation), museums, local specialty foods, and much vodka! When the Odessa students visit Gainesville, we show them two hospitals, arrange for

them to spend an afternoon observing the are of medicine they are most interested in, museums, the beach, American food & drink (much pizza and beer!).

If you are interested in learning more about the exchange program, write: the Gainesville chapter of Physicians for Social Responsibility (PSR), Box 100292, JHMHC, Gainesville, FL 32610.

Supplemental Materials on File: NO

Abstract Author: Caroline Connor, Marci Hartog (update)
School Name: University of Florida College of Medicine

Project Title: Books for Development Project
ABSTRACT:

The University of California-Los Angeles (UCLA) is working with the organization, "Parents International Ethopia," to send books to schools and universities in East Africa, especially Ethopia, where the situation is so bad, some schools have had to shut down due to lack of books.

Supplemental Materials on File: NO

Abstract Author: Vicki Hendrick
School Name: UCLA

Project Title: Exchange Program with the Soviet Union
ABSTRACT:

Through Physicians for Social Responsibility (PSR)/International Physicians for the Prevention of Nuclear War (IPPNW), we have begun an exchange program with Tartu University in Estonia, USSR.

Phase I:	Pen Pal Exchange
Phase II:	Two-week visit to each country
Phase III:	Fourth-year rotations

For more information, call Michael Geschwind/the OSR Representative at Einstein.

Supplemental Materials on File: NO

Abstract Author: Michael D. Geschwind
School Name: Albert Einstein College of Medicine

Project Title: FOREIGN AMERICAN MEDICAL EXPERIENCE Organization at University of Pittsburgh

ABSTRACT:

The Foreign American Medical Experience (FAME) organization is a branch of the student government here at Pittsburgh, whose purpose is to act as an information-gathering/ organizing/distributing center regarding summer research programs and fourth-year elective opportunities within the United States and abroad. Its idea was conceived by four medical students who were interested in such opportunities but were disappointed to find that Pittsburgh had no such information center. Appreciating the vast number of faculty members with international backgrounds, these students decided to tap into such people and build around them a central organization -- the result is FAME. The idea's conception was followed by a carefully thought-out plan of enactment:

1. We recruited a faculty member to act as a moderator -- to give our organization legitimacy and to suggest ideas on interacting with other faculty members here at Pitt
2. We applied and were accepted as an official organization of the Student Government -- giving us access to copying machines, faculty addresses, lecture rooms in which to hold meetings, and a budget with which to work
3. We recruited new members from the medical student body
4. We sent form letters to all Pitt Med School faculty members explaining FAME and asking them to act as "sponsors/advisors" to students interested in the countries, specialities, or specific programs with which they were familiar (in our first year, 1989-90, we recruited over 80 faculty members with connections in more than 70 countries out of a pool of 1,000)
5. We set up a computer program cross-referencing faculty members, countries, and specialties and put it on reserve for all students in our medical library
6. We began monthly publication of our FAME Newsletter, bringing particularly interesting programs and opportunities to the attention of all students -- last year, it was distributed to all first-years and second-years and this year will include third-years
7. We now hold, once a year, a seminar in which students who completed such programs the previous year talk about/show slide presentations of their experiences to those interested
8. This year -- as a result of my experience in Czechoslovakia and those of students in Nigeria -- FAME is trying to organize specific ties with these countries with the intention of eventually establishing exchange programs
9. This year, we have also established a committee to explore funding both within and beyond the Pittsburgh community

The student response to FAME here has been tremendous as has been the enthusiasm of the faculty. Although difficult barriers were overcome during the first year of making an interesting idea a reality, our organization is now very easy to run, with a minimum time commitment on the part of any of its members.

Supplemental Materials on File: NO

Abstract Author: Mark L. Mokrzycki
School Name: University of Pittsburgh

Project Title: International Health Organization
ABSTRACT:

A yearly lecture/slide series co-chaired by two 2nd year students on international health, cross cultural health care. This program is aimed at an audience of medical students, graduate students, faculty, and staff. The series consists of approximately 10 evening meetings, 2 hrs/session. We provide refreshments, which boots attendance.

Speakers - invite more than you will need.

Faculty involvement - we have a faculty advisor who gives students credit on their transcripts for participation $\geq$ 80%. Also, there will be people on your faculty who will want to participate in the program as speakers.

Publicity - flyers, notes in student mailboxes, etc.

Supplemental Materials on File: NO

Abstract Author: Sondra Bradman
School Name: UC Irvine

Project Title: UCLA/LMA Exchange Program
ABSTRACT:

Since 1989, several students at the UCLA School of Medicine have participated in a cultural exchange with students from the Latvian Medical Academy (LMA) in Riga, Latvia. Each summer, five UCLA medical students spend two weeks in Latvia, while living with fellow students from the Latvian Medical Academy. The UCLA students are given tours of Latvian hospitals, medical clinics and diagnostic centers, and medical education facilities. They are also taken to points of cultural interest in the Latvian countryside, and are given many opportunities to explore the cities of Riga, the Latvian capital, and Vilnius, the capital city of Lithuania. The UCLA students then travel to Russia for several days, visiting the Hermitage Museum in St. Petersburg and the Kremlin and Red Square in Moscow.

The Latvian students are invited to Los Angeles for a comparable experience. They visit several of the Los Angeles area hospitals, medical schools, and cultural landmarks. Other Southern California points of interest visited by the Latvians include the J. Paul Getty Museum, Disneyland, the Los Angeles County Museum of Art, and our local beaches.

The UCLA/LMA Exchange Program provides an opportunity for the medical students of both countries to gain an understanding of medical practice in a different country. However, the exchange goes far beyond the confines of a limited medical experience, as the Latvian and American students who participate in this program emerge with a newfound understanding of cultural diversity.

To find the student contact, call the Student Affairs Officer @ (310)-825-7006.

Supplemental Materials on File: NO

Abstract Author: Kevin Slavin
School Name: UCLA

Project Title: International Elective Program in Belize
ABSTRACT:

Purpose: provide opportunity for fourth-year medical students to enhance understanding of third-world medicine.

Description: four-week clinical elective organized by SLU; student spends time at rural Mopan clinic (800 patients monthly), Balmopan Hospital (modern, urban facility), and mobile clinics. Students are selected between May and October; selection is made after April 15th.

Language: Spanish is helpful.

Contact: Edward Browne, M.D., Director, Belize Jesuit Mission Medical Assistance Program, 24 Hennequin Road, Columbia, CT 06237; phone: 203-228-0438.

Supplemental materials on file: NO

Abstract Author: Gianna Shinpaugh
School Name: St. Louis University

Project Title: International Health Committee
ABSTRACT:

This year, the International Health Committee (IHC) sponsored several speakers who spoke about health care in different countries. Dr. Judith Ladinsky gave a slide show and lecture on health care in Vietnam. Dr. Linnea Smith described her work in the Amazon and the small clinic she set up there. Dr. Cindy Haq discussed primary care in Pakistan. Dr. Barclay Schultz spoke about his work in Africa and the AIDS problem there. All proved to be very interesting and informative lectures.

The IHC also started a new activity -- the Spanish Lunch Table. Students and faculty get together over a noon hour to have an informal brown bag lunch with one rule -- all conversation is in Spanish only. It is a good way for people to keep up on their Spanish-speaking skills and for non-Spanish speakers to listen and learn. It is very well received by all, especially the faculty members who participated; we plan to continue this activity next year.

We are also continuing our participation at a migrant worker clinic, La Clinica, located here in Wisconsin. Students observe, help out, and serve as translators, if possible.

Additionally, we organized an informative meeting for all students interested in fourth-year international electives. There were many interested students, which is encouraging for international health.

Supplemental materials on file: NO

Abstract Author: Sheila Patel, Sherri Alderman
School Name: University of Wisconsin Medical School

Project Title: International Medicine Program
ABSTRACT:

The INTERNATIONAL MEDICINE program at Eastern Virginia Medical School (EVMS) operates under the umbrella Committee on International Medicine, which is responsible to the Dean through the Human Values in Medicine Program.

The various facets on the program include:

-- the International Health Elective for senior students that provides an overseas clinical experience for qualified students with some funding assistance in a hospital or clinic in the Third World;

-- the Medical Mission Project which, with ecclesiastical help in funding and assignment, places students in very medically underserved areas in this hemisphere and overseas;

-- Operation Smile--helping students who are part of this endeavor to accompnay medical temas abroad, providing some help toward funding; and

-- Medical Equipment and Supplies Project which collects equipment and supplies from hospitals and physicians' offices for shipment to needy places abroad or in the western hemisphere.

The program also provides seminars and grand rounds for the discussion of international medicine concerns and sponsors occasions for those who are returning from overseas or elsewhere to share their expereinces with faculty and students. Two future programs will be to put clinical faculty in touch with short-term opportunities to practice in underserved areas and to provide continuing medical education for medical persons from abroad at EVMS.

For more information, contact Dr. John King at 804-446-5825.

Supplemental materials on file: NO

Abstract Author: A. H. Faustino
School Name: Eastern Virginia Medical School

Project Title: Internationl Health Programs at North Carolina
ABSTRACT:

International involvement in the UNC School of Medicine is not new; it has a long history. In 1982, the Dean of the medical school established the Office of International Affairs to provide services and support for the international interests of medical students and faculty. The Directory of International Capabilities and Resources is helpful for students who wish to locate mentors of international projects (copy available--see below).

Each year, 25 to 40 medical students travel abroad for international projects, including: Ob/Gyn clerkships in the United Kingdom and Ireland; a social medicine elective in Kenya; a community-based health care project in Chile; the Warwick Scholarship at Warwick Hospital, England; and research projects at the University of Ulm, Germany. The Dean's Foreing Fellowships are awards designed to assist first- to fourth-year students fund overseas projects.

The International Health Forum is an inter-disciplinary organization of students, faculty, and staff working to promote understanding, education, and interest in international issues. The Forum sponsors a lunchtime slide and speaker series, evening potluck dinners with international guests and cuisine, and special programs on an ad hoc basis.

The Office of International Affairs maintains an information database on current international activities of the faculty. "International Dimensions," a bi-monthly newsletter of activities and opportunities in international medicine is published by the Office.

Supplemental materials on file: YES

Abstract Author: Marlene Calderon
School Name: University of North Carolina

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STUDENT ORGANIZATION INDEX *

*** indicates pages on which to find projects that are the effort of or affiliated with a specific student organization (as opposed to being a *student* project in general.**

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WISCONSIN

Medical School Student Affairs Contacts

Key: SA = Student Affairs; MA = Minority Affairs; ADM = Admissions; FA = Financial Aid; REG = Registrar

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