

OSR RESOURCE MANUAL

PREFACE

1995-96

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. The page numbering, with each chapter starting with a page one (1.1, 2.1, etc.), allows for future additions without a reprint of the entire manual.

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 1995-96 *OSR Resource Manual* will serve you well.

Questions, comments, suggestions, and submissions for future manual updates may be directed to: Darnell Privott, Administrative Assistant, AAMC, 2450 N Street NW, Washington, DC 20037-1126; telephone: 202-828-0681; e-mail: dprivott@aamc.org.

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 Darnell Privott (202-828-0681) if you wish to receive a copy of those materials.
- * You will find an abstract author's name and school only. If you wish to speak to the student/project coordinator, refer to the Listing of *Medical School Student Affairs Contacts* found at the back of Chapter 8, and 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 Darnell Privott at 202-828-0681 for a *Resource Manual Abstract Form*.

TABLE OF CONTENTS

(updated August, 1995)

| | <u>page numbers</u> |
|---|---------------------|
| 1. "The Role of Student Representatives in the LCME Reaccreditation Process" | 1.1 - 1.14 |
| AAMC Telephone Directory | 1.15 - 1.24 |
| AAMC Publications Listing | 1.25 - 1.42 |
| Tips for Implementing Projects | 1.43 - 1.44 |
| 2. Community Service Projects Indigent Care Programs/Clinics Community/School Outreach Programs | 2.1 - 2.44 |
| 3. Medical Education Initiatives Curricular Activities | 3.1 - 3.24 |
| 4. Medical Student Services Medical Student Activities Peer Counseling/Support Student Publications | 4.1 - 4.36 |
| 5. Minority Affairs/Programs Minority Recruitment Multicultural Issues/Efforts Women's Issues/Programs | 5.1 - 5.14 |
| 6. Career Counseling Specialty Choice Residency Selection Process | 6.1 - 6.7 |
| 7. International Health Exchange Programs | 7.1 - 7.9 |
| 8. Index by Subject | i - v |
| Index by Student Organization | vii |
| Index by Medical School | ix - xiv |
| Medical School Student Affairs Contacts | xv - xxi |

**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 withhold 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 behind the scenes in your school. As students, our brief tenure limits our perspectives on some of the longer-running issues. Some topics have caused dissension 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

AAMC

TELEPHONE DIRECTORY

2450 N Street, N.W.
Washington, D.C. 20037-1126
202 828-0400

FAX Nos:

2nd fl. 202 828-1120

3rd fl. 202 828-1123

4th/5th fls. 202 828-1125

For direct access to the AAMC staff person listed, dial (202) 828-0 and the three-digit extension number following the individual's name.

| SUBJECT | REFER INQUIRY TO | EXT. NO. |
|--|------------------------------------|------------|
| A | | |
| <i>Academic Medicine</i> | | |
| Authors/Content/Advertising | Addeane S. Caelleigh | 590 |
| Reprint Permissions | Philip Diamond | 426 |
| Subscriptions/Renewals | Ida Gaskins | 455 |
| Academic Physician | Richard Green | 455 |
| Accreditation of Medical Schools | Donald G. Kassebaum | 596 |
| Accreditation of Residencies | Michele Keyes-Welch | 422 |
| ACME-TRI | | 571 |
| Ad Hoc Committee on Misconduct and Conflict of Interest in Research | Allan C. Shipp | 484 |
| Ad Hoc Group for Medical Research Funding | David B. Moore | 559 |
| Administrative Services | Edward L. Crocker | 440 |
| AIDS | Robert F. Jones | 520 |
| Alumni Reports (Faculty) | Brooke E. Whiting | 650 |
| American Medical College Application Service (AMCAS) | | |
| Advisor Information Service | Applicant Relations Staff | 950 |
| Application Inquiries | Applicant Relations Staff | 600 |
| Fee Waivers | Applicant Relations Staff | 600 |
| Grading System/Transcript Policies | Edward Gross | 628 |
| Irregularities | Robert Van Arnam | 621 |
| Medical School Inquiries | School Relations Staff | 635 |
| Policy/Procedures | Richard Randlett Robert Colonna | 620 620 |
| Student Information Service | Applicant Relations Staff | 600 |
| Animals in Education & Research | Douglas Kelly | 488 |
| Legislation | Steve J. Northrup | 428 |
| Annual Meeting | Rosemary Choate | 461 |
| Annual Report | Elizabeth M. Martin | 542 |
| Archives | Debbie Martin | 552 |

Document from the collections of the AAMC. Not to be reproduced without permission.

| SUBJECT | REFER INQUIRY TO | EXT. NO. |
|---|------------------|----------|
| Awards: | | |
| Alpha Omega Alpha | Robert L. Beran | 250 |
| Flexner | Rosemary Choate | 461 |
| Outstanding Community Service Research | Kat Turner | 463 |
| | Rosemary Choate | 461 |
| Department of Health & Human Services Secretary's Award | Lois Bergeison | 579 |

| B | | |
|----------------------------|------------------|-----|
| Basic Science Issues | Douglas E. Kelly | 448 |
| Biomedical Research Issues | | |
| Regulatory | John W. Diggs | 482 |
| Legislative | David B. Moore | 525 |
| Budget, Federal | David B. Moore | 559 |

| C | | |
|--------------------------------------|----------------------|-----|
| CONFER | Debra S. Dabney | 665 |
| Conflict of Interest in Research | Allan C. Shipp | 484 |
| Congress | David B. Moore | 559 |
| Continuing Medical Education | Donald G. Kassebaum | 596 |
| Councils: | | |
| Council of Academic Societies (CAS) | John W. Diggs | 482 |
| Council of Deans (COD) | Robert L. Beran | 250 |
| Council of Teaching Hospitals (COTH) | Robert M. Dickler | 491 |
| Curriculum | M. Brownell Anderson | 665 |

| D | | |
|---|----------------------|-----|
| Data Base Information: | | |
| AAMC Data Book | Dorothea M. Hudley | 640 |
| Faculty Roster | Brooke E. Whiting | 650 |
| Hospital Operations & Financial Data | Linda E. Fishman | 490 |
| Institutional Data Systems | Jack Krakower | 694 |
| Institutional Profile Systems | Donna J. Williams | 647 |
| Minority Student Data | Lily May Johnson | 573 |
| Student & Applicant Information Management System (SAIMS) | Charles Killian | 645 |
| Directories: | | |
| AAMC Directory | Cynthia Bennett | 594 |
| Curriculum Directory | M. Brownell Anderson | 665 |
| Medical School Admission Requirements | Laverne Alexander | 683 |
| Minority Student Opportunities in U.S. Medical Schools | Lily May Johnson | 573 |

SUBJECT

REFER INQUIRY TO

EXT. NO.

E

Editors

| | | |
|---|----------------------|-----|
| <i>Academic Medicine</i> | Addeane S. Caelleigh | 590 |
| COTH Reporter | Linda Fishman | 498 |
| The Reporter | Richard Green | 418 |
| Washington Highlights | David B. Moore | 559 |
| Education Programs | M. Brownell Anderson | 665 |
| Educational Research | Donald G. Kassebaum | 596 |
| Electronic Residency Application Service (ERAS) | Paul Jolly | 642 |
| | Frances R. Hall | 684 |
| Enrollment/Matriculation Data | Richard Randlett | 620 |
| | Robert Colonna | 620 |
| Executive Council | Kathleen S. Turner | 463 |
| Executive Development Seminars | Marcie Foster | 527 |

F

| | | |
|---------------------------------------|------------------------|-----|
| Faculty Mailing Labels | Aarolyn Galbraith | 610 |
| Faculty Policies (Promotion & Tenure) | Robert Jones | 520 |
| Faculty Practice Plans | G. Robert D'Annunzio | 493 |
| Faculty Recruiting Assistance | Lisa Sherman | 611 |
| Faculty Roster System (FRS) | Brooke E. Whiting | 650 |
| Faculty Salary Survey | William C. Smith | 649 |
| Financial Aid: | | |
| Policy and Procedure | Robert L. Beran | 250 |
| | Donna Quinn Yudkin | 682 |
| Indebtedness | Robert L. Beran | 250 |
| | Donna Quinn Yudkin | 682 |
| Legislative | Leslie Goode | 558 |
| | Steve J. Northrup | 428 |
| Follow-up Questionnaire | School Relations Staff | 635 |
| Fraud & Misconduct in Research | Allan C. Shipp | 484 |
| Friends of the VA | Leslie Goode | 558 |

G

| | | |
|--|------------------------|-----|
| Generalist Physician Programs | David S. Greer | 408 |
| Governance | Kathleen S. Turner | 463 |
| Government Relations | David B. Moore | 559 |
| Graduate Medical Education, Section for | Michelle Keyes-Welch | 422 |
| Graduate Medical Education | Robert L. Beran | 290 |
| Graduate Medical Education Tracking | School Relations Staff | 635 |
| Graduation Questionnaire | Alexis Ruffin | 687 |
| Guidelines for student Acceptance (Traffic Rules) | Frances Hall | 684 |

SUBJECT**REFER INQUIRY TO****EXT. NO.****GROUPS:**

| | | |
|---|----------------------|-----|
| Group on Business Affairs | Jack Krakower | 654 |
| Group on Educational Affairs | M. Brownell Anderson | 665 |
| Group on Faculty Practice | G. Robert D'Antuono | 493 |
| Government Relations Representatives | David B. Moore | 559 |
| Group on Institutional Planning | Robert F. Jones | 520 |
| Group on Institutional Advancement | Richard Green | 455 |
| Group on Student Affairs | Frances R. Hall | 680 |
| Group on Student Affairs/Minority Affairs | Lily May Johnson | 573 |
| Women Liaison Officers | Janet Bickel | 575 |

H

| | | |
|-----------------------------------|-----------------------------|-----|
| Health Services Research | Jennifer Sutton | 567 |
| | Linda Fishman | 490 |
| History of Medical Education/AAMC | Debbie Martin | 552 |
| Hospital Payments: | | |
| Regulatory (HCFA) | Ivy Baer | 490 |
| Legislative | Mary Elizabeth Bresch-White | 529 |

I

| | | |
|--|---------------------|-----|
| Industry-Academia-Government Relations | Allan C. Shipp | 484 |
| INFORMATION | | 400 |
| International Medical Education | Donald G. Kassebaum | 596 |
| Irregularities | Robert Van Arnam | 621 |
| Information Services | Brendan J. Cassidy | 540 |

L

| | | |
|---|----------------------------------|-----|
| Labels, Mailing | Malcolm Phillips | 421 |
| Laboratory Safety | Douglas Kelly | 488 |
| Legal Counsel | Joseph A. Keyes, Jr. | 554 |
| Legislative & Regulatory Updates | Office of Governmental Relations | 525 |
| Liaison Committee on Medical Education (LCME) | Donald G. Kassebaum | 596 |

M

| | | |
|-------------------------------------|---------------------------|-----|
| Management Education Programs | Marcie Foster | 522 |
| Matriculating Student Questionnaire | Alexis Ruffin | 687 |
| MCAT/MCAT Essay: | | |
| Irregularities | Robert Van Arnam | 621 |
| Policy | Karen Mitchell | 690 |
| Processing | Judy Koenig | 690 |
| MCAT Additional Score Report (ASR) | Applicant Relations Staff | 600 |
| MCAT Fee Reduction | Applicant Relations Staff | 600 |

| SUBJECT | REFER INQUIRY TO | EXT. NO. |
|---|---|-------------------|
| MCAT Inquiries: | | |
| Applicants | Applicant Relations Staff | 600 |
| Medical Schools | School Relations Staff | 635 |
| MCAT Score Release System | Alice Cherian | 627 |
| Media Relations | Richard Green | 418 |
| Medical School Admissions: | | |
| Application, Acceptances and Matriculation Data | Richard Randlett Robert Colonna Dennis Renner | 620 620 620 |
| Characteristics of Applicants and Students | Philip Szenas | 685 |
| Irregularities | Robert Van Arnam | 621 |
| Medical Student/Student Services: | | |
| Career Counseling | Frances R. Hall | 680 |
| Dean's Letters | Frances R. Hall | 680 |
| External Electives and Summer Makeup Courses | April Morrow | 680 |
| Residency Interview Airline Discount Program | Christy Payne | 583 |
| Residency Interview Airline Discount Program | Frances R. Hall | 680 |
| Student Health and Health Services | Frances R. Hall | 680 |
| Student Disabilities and other | | |
| Student Insurance | Frances R. Hall | 680 |
| Transfer, Advanced Placement | Robert Jones School Relations Staff | 520 635 |
| Disability Insurance | Robert Jones | 520 |
| Medical College Application Service (see AMCAS) | | |
| Medical Student Questionnaires | Robert L. Beran | 250 |
| MEDLOANS: | | |
| Medical School Inquiries | Customer Service | 1-800-284-0936 |
| Applicant Inquiries | Fran Nugent | 675 |
| Program Policy/Operations | Robert L. Beran Fran Nugent | 250 675 |
| Data | Robert Colonna Fran Nugent | 620 675 |
| Medicare (see Hospital Payments or Physician Payments) | | |
| Membership: | | |
| Individual | Marjorie Walker | 524 |
| Institutional | Jeanne McCarroll | 451 |
| Minority Health/Education | Herbert W. Nickens | 572 |
| Minority Student Data | Lily May Johnson | 573 |
| Minority Physicians Database | Emilia Rodriguez-Stein Alem Yohannes | 578 672 |
| <hr/> | | |
| National Network for Health Science Partnerships (NNHeSPa) | Timothy Ready Tina Ang Tonya Wolford | 576 570 570 |

| SUBJECT | REFER INQUIRY TO | EXT. NO. |
|---|-----------------------------|----------|
| National Resident Matching Program (NRMP): | | |
| Applicant Inquiries | Applicant Relations Staff | 600 |
| Program Directors and Medical School Inquiries | School Relations Staff | 635 |
| Operations and Data | Richard Randlett | 620 |
| | Robert Colonna | 620 |
| | Kathryn Creighton | 620 |
| Policy | Richard Randlett | 620 |
| Specialty/Fellowship Matches | Kathryn Creighton | 629 |
| | School Relations Staff | 676 |
| NRMP Systems | Scott Brueckner | 631 |
| O | | |
| Organization of Resident Representatives | Michelle Keyes-Welch | 422 |
| Organization of Student Representatives | Donna Quinn Yudkin | 682 |
| P | | |
| Physician Payment: | | |
| Regulatory | G. Robert D'Antuono | 493 |
| Legislative | Mary Elizabeth Bresch-White | 529 |
| Premedical Student Questionnaire | Alexis Ruffin | 687 |
| Prevention | Lois Bergeisen | 579 |
| Project 3000 by 2000 | Timothy Ready | 576 |
| | Tina Ang | 572 |
| | Tonya Wolford | 570 |
| Publication Orders | Malcolm Phillips | 416 |
| Public Relations | Richard Green | 455 |
| Q | | |
| Questionnaires: | | |
| LCME | Donald G. Kassebaum | 596 |
| Medical Student Questionnaires | Philip Szenas | 685 |
| R | | |
| The Reporter | Richard Green | 418 |
| Research in Medical Education (RIME) | M. Brownell Anderson | 665 |
| Resident Education of GEA | Robert M. Dickler | 491 |
| Research Facilities | Robert F. Jones | 520 |
| Research Funding | Douglas Kelly | 488 |
| Legislative Research | David B. Moore | 559 |
| Rural Health Initiatives | Robert L. Beran | 250 |

Please note the following additional corrections to the 1993 AAMC Staff Directory.

| | | |
|---------|-----------------------------|-------------------------------|
| Page 2 | Dittrich Lisa R | Room 367 |
| Page 4 | Kennedy Thomas Jr MD | Room 401 |
| Page 6 | Sherman John F PhD | Room 401 |
| Page 10 | Senior Data Enty Assistant. | Christina Searcy.....828-0621 |
| Page 11 | ACME-TRI | Brownell Anderson.....4665 |

| SUBJECT | REFER INQUIRY TO | EXT. NO. |
|---|------------------------|----------|
| S | | |
| Secondary Science Minority Achievement Registry (S3MAR) | Timothy Ready | 576 |
| | Tina Ang | 572 |
| | Tonya Wolford | 570 |
| Student Programs | Frances R. Hall | 680 |
| Student Services, Section for | Richard Randlett | 620 |
| Simulated Minority Admissions Exercise (SMAE) | Emilia Rodriguez-Stein | 578 |
| Space & Facilities | Robert F. Jones | 520 |
| Student & Applicant Information Management System (SAIMS) | Charles Killian | 645 |
| Student Questionnaires | Philip Szenas | 685 |
| Subscriptions | Marjorie Walker | 524 |
| Data Book | Dorothea Hudley | 640 |
| V | | |
| Veterans' Affairs Issues, Department of | Leslie Goode | 558 |
| W | | |
| Women in Medicine | Janet Bickel | 575 |

ORGANIZATIONAL SECTION

OFFICE OF THE PRESIDENT

| | |
|--|----------|
| President, Robert G. Petersdorf, M.D..... | 828-0460 |
| Executive Vice President, Edward J. Stemmler, M.D..... | 828-0470 |
| Senior Vice President, Richard M. Knapp, Ph.D..... | 828-0410 |
| Vice President, Kathleen S. Turner..... | 828-0463 |
| Special Assistant, Rosemary Choate..... | 828-0461 |
| Executive Assistant, Elizabeth H. Erb..... | 828-0470 |
| Executive Assistant, Norma Nichols..... | 828-0460 |
| Meetings Registrar, Boneshia Perry..... | 828-0415 |
| Administrative Assistant, Sandra Gordon..... | 828-0472 |
| Administrative Assistant, Cynthia Withers..... | 828-0463 |

Library/Archives

| | |
|--------------------------------------|----------|
| Librarian, Mary Hyde..... | 828-0433 |
| Staff Associate, Deborah Martin..... | 828-0550 |

OFFICE OF GENERALIST PHYSICIAN PROGRAMS

| | |
|--|----------|
| Acting Director, David Greer, M.D..... | 828-0408 |
| Special Assistant for Special Education Programs, Bernarda Zenker, M.D..... | 828-0586 |
| Staff Associate, Karyn Bhak..... | 828-0556 |
| Administrative Assistant, Michelle Reddie..... | 828-0586 |

OFFICE OF GOVERNMENTAL RELATIONS

| | |
|---|----------|
| Senior Vice President, Richard M. Knapp, Ph.D..... | 828-0410 |
| Assistant Vice President, David B. Moore..... | 828-0559 |
| Senior Legislative Analyst, Leslie D. Goode..... | 828-0558 |
| Legislative Analyst, Stephen J. Northrup..... | 828-0428 |
| Legislative Analyst, Mary Elizabeth Bresch White..... | 828-0529 |
| Executive Assistant, Christine Enos..... | 828-0410 |
| Administrative Assistant, Patrice Bolton..... | 828-0526 |
| Administrative Assistant, Cynthia Davis-Smith..... | 828-0525 |

OFFICE OF THE GENERAL COUNSEL

| | |
|---|----------|
| General Counsel, Joseph A. Keves, Jr., J.D..... | 828-0555 |
|---|----------|

OFFICE OF ADMINISTRATIVE SERVICES

| | |
|---|----------|
| Vice President, Edwin L. Crocker..... | 828-0440 |
| Assistant Vice President, Jeanne McCarroll..... | 828-0451 |
| Director of Business Services, Samuel G. Morey..... | 828-0450 |
| Director of Human Resources, Michele A. Fantt..... | 828-0457 |
| Manager, Membership & Publication Orders, Marjorie Walker..... | 828-0524 |
| Manager, Printing Facility, Mark S. Wood..... | 828-0543 |
| Benefits Administrator, Brenda S. McCauley..... | 828-0457 |
| Staffing Specialist, Anita L. Ross..... | 828-0457 |
| Administrative Assistant, Grace McEuen..... | 828-0452 |
| Administrative Assistant, Jessifer Stewart..... | 828-0457 |
| Accounting Supervisor, Cathy Brooks..... | 828-0444 |
| Accounting Assistant, Melinda Fallen..... | 828-0432 |
| Accounting Clerk, Carter White..... | 828-0546 |
| Accounts Receivable Assistant, Richard Helmer..... | 828-0441 |
| Accounts Payable Assistant, Anna Thomas..... | 828-0445 |
| Receptionist, Angela Butler..... | 828-0400 |
| Receptionist, Cynthia Davenport..... | 828-0400 |
| Receptionist, Linda Hazi..... | 828-0400 |
| Membership Assistant, Ida Gaskins..... | 828-0548 |
| Publication Orders Assistant, Deniece Ferguson..... | 828-0407 |
| Publication Orders Assistant, Danielle Gregory..... | 828-0421 |
| Publication Orders Assistant, Malcolm Phillips..... | 828-0421 |
| Publication Orders Assistant, Kristen Reddersen..... | 828-0523 |

| | |
|---|----------|
| Clerk Typist, Vivian McClaine..... | 828-0564 |
| Graphics Assistant, Donna M. Costantino..... | 828-0951 |
| Printing Supervisor, Marvin Brimage..... | 828-0633 |
| Senior Printing Assistant, John Zupko..... | 828-0633 |
| Printing Assistant, Clinton Cook..... | 828-0633 |
| Printing Assistant, Aldolphus Wright III..... | 828-0633 |
| Building Services Supervisor, John A. Blount..... | 828-0411 |
| Mailroom Clerk, Cleggett Johnson..... | 828-0423 |
| Mailroom Clerk, Joseph Lewis..... | 828-0423 |
| Shipping Clerk, Kevin Jackson..... | 828-0423 |
| Concierge, Victoria Willett..... | 828-0254 |

Information Services

| | |
|--|----------|
| Assistant Vice President, Brendan J. Cassidy..... | 828-0466 |
| Director of Operations and Information Systems, Sandra K. Lehman..... | 828-0467 |
| Systems Manager, Robert Yearwood..... | 828-0419 |
| Manager of Development, Maryn Goodson..... | 828-0414 |
| Programmer/Analyst, John W. Chesley, III..... | 828-0478 |
| Programmer/Analyst, Dale Hall..... | 828-0406 |
| Systems Analyst, Laurie Ambers..... | 828-0447 |
| Systems Analyst, Stephen Hammond..... | 828-0448 |
| Systems Analyst, Norman Hardy..... | 828-0402 |
| Systems Analyst, Penny T. Rife..... | 828-0458 |
| Systems Analyst, Byron E. Welch..... | 828-0468 |
| Instructor/Technical Writer, Marianna Weidner..... | 828-0424 |
| PC Administrator/Coordinator, Christopher David..... | 828-0674 |
| Personal Computer Specialist, Hector Gonzalez..... | 828-0477 |
| Personal Computer Specialist, Richard Jackson..... | 828-0563 |
| Personal Computer Specialist, Mary Ellen Jones..... | 828-0473 |
| Network Administrator/Coordinator, Paula McGraw..... | 828-0561 |
| Telecommunications Specialist, Basil Pegus..... | 828-0474 |
| Operations Supervisor, Jackie Humphries..... | 828-0442 |
| Senior Computer Equipment Operator, William Porter..... | 828-0474 |
| Computer Equipment Operator, Russell Hart..... | 828-0474 |
| Computer Equipment Operator, Haywood Marshall..... | 828-0474 |
| Computer Equipment Operator, Janet McCracken..... | 828-0474 |
| Computer Equipment Operator, Antonia Monteforte..... | 828-0474 |
| Data Control & Graphics Specialist, Renate L. Coffin..... | 828-0469 |
| Administrative Assistant, Cynthia A. Woodard..... | 828-0449 |
| Administrative Assistant/Word Processing Specialist, Delores Venev..... | 828-0557 |

DIVISION OF BIOMEDICAL RESEARCH

| | |
|---|----------|
| Vice President, John W. Diggs, Ph.D..... | 828-0485 |
| Associate Vice President, Douglas E. Kelly, Ph.D..... | 828-0488 |
| Senior Staff Associate, Allan C. Shipp..... | 828-0484 |
| Staff Associate, Stanley Ammons..... | 828-0481 |
| Staff Associate, Jennifer Sutton..... | 828-0567 |
| Administrative Assistant, Dana Conley..... | 828-0487 |
| Administrative Assistant, Christine Lehmann..... | 828-0483 |
| Administrative Assistant, Dyuanna Peterson..... | 828-0489 |

DIVISION OF CLINICAL SERVICES

| | |
|--|----------|
| Vice President, Robert M. Dickler..... | 828-0491 |
| Assistant Vice President, Linda E. Fishman..... | 828-0490 |
| Research Associate, Kevin G. Serrin..... | 828-0490 |
| Research Assistant, Janie S. Bigelow..... | 828-0490 |
| Senior Staff Associate, G. Robert D'Antonio..... | 828-0490 |
| Senior Staff Associate/Regulatory Counsel, Ivy Baer..... | 828-0490 |
| Staff Associate, Ingrid Philibert..... | 828-0490 |
| Special Assistant, Melissa H. Wubbold..... | 828-0490 |
| Administrative Assistant, Vanessa Blount..... | 828-0491 |
| Administrative Assistant, Natalie R. Robertson..... | 828-0490 |

DIVISION OF COMMUNICATIONS

Vice President, Elizabeth M. Martin828-0542
 Administrative Assistant, Betty Lou Atkins828-0542

Section for Public Relations

Director, Richard Green.....828-0455
 Assistant Director, M. Patricia Shea828-0456
 Writer/Editor, Martha Frase-Blunt.....828-0547
 Administrative Assistant, Sandra Dunmore.....828-0455

Section for Publications

Director, Addeane S. Caelleigh828-0590
 Deputy Editor, Albert G. Bradford, Jr.....828-0591
 Senior Editor, Philip Diamond.....828-0426
 Staff Editor, Cynthia Bennett828-0594
 Staff Editor, Lisa Ditrich.....828-0593
 Administrative Assistant, Todd Bentsen.....828-0590

**DIVISION of EDUCATIONAL RESEARCH
and ASSESSMENT**

Vice President, Donald G. Kassebaum, M.D.....828-0596

Section for Accreditation

Vice President, Donald G. Kassebaum, M.D.....828-0596
 Staff Associate, Susan Radocha.....828-0596
 Administrative Assistant, Lajuan Simms828-0598

Section for Educational Research

Senior Research Associate, Philip Szenas.....828-0688
 Research Associate, Danielle R. Masters.....828-0686
 Research Associate, Alexis Ruffin.....828-0687
 Administrative Assistant, Racheal Allen.....828-0685

**DIVISION OF INSTITUTIONAL PLANNING
AND DEVELOPMENT**

Vice President, Joseph A. Keyes, Jr., J.D.....828-0555
 Assistant Vice President for Women's Programs, Janet Bickel.....828-0575
 Administrative Assistant, Rubye Trawick.....828-0554

Section for Institutional and Faculty Policy Studies

Assistant Vice President, Robert F. Jones, Ph.D.....828-0520
 Staff Associate, Janet Froom.....828-0587
 Research Associate, Susan Sanderson.....828-0648
 Administrative Assistant, Renee Quinnie828-0521

Section for the Medical College Admission Test

Assistant Vice President for the MCAT Program,
 Karen J. Mitchell, Ph.D.....828-0690
 Senior Research Associate, Weichang Li, Ph.D.....828-0689
 Research Associate, Julia Downie.....828-0694
 Research Associate, Judith Koenig.....828-0693
 Program Manager, John L. Hackett.....828-0574
 Administrative Assistant, Donna Ashford.....828-0690
 Administrative Assistant, Patricia Cooleen.....828-0691

Section for Operational Studies

Associate Vice President, Paul Jolly, Ph.D.....828-0642
 Director, Faculty Roster System, Brooke Whiting, Ph.D.....828-0650
 Director, Institutional Data Systems,
 Jack Krakower, Ph.D.....828-0654
 Director, Student & Applicant Information Management Systems,
 Charles Killian828-0645
 Research Associate, Kathryn Caldwell.....828-0646
 Research Associate, Wendy Colquitt.....828-0669

Research Associate, Judith B. Frost.....828-0643
 Research Associate, Janice Ganem.....828-0648
 Research Associate, Robert A. Haynes, Ph.D.....828-0667
 Research Associate, Mary June Moody.....828-0666
 Research Associate, Mario Rivera.....828-0673
 Research Associate, Elizabeth A. Sherman828-0611
 Research Associate, William C. Smith828-0649
 Research Associate, Donna J. Williams.....828-0647
 Research Assistant, Aarolyn B. Galbraith.....828-0610
 Research Assistant, David P. Johnson828-0652
 Research Assistant, Gregory Lawson828-0655
 Research Assistant, Toni O. Tildon828-0670
 Research Assistant, Dawn M. Walley.....828-0644
 Administrative Assistant, Cynthia Burrus.....828-0668
 Administrative Assistant, Dorothea Hudley.....828-0640

Section for Professional Education Programs

Director of Professional Education Programs,
 Marcie Foster828-0522
 Meetings Coordinator, Michelle Bluhm828-0583
 Meetings Coordinator, Christy Ann Payne.....828-0527
 Meetings Coordinator, Nicole Scott-Howe.....828-0252
 Meetings Registrar, Boneshia Perry.....828-0417
 Meetings Registration Assistant, Tanya Crawford.....828-0427
 Administrative Assistant, Elizabeth Beam828-0553
 Administrative Assistant, Condi Foster.....828-0532

**DIVISION of MEDICAL STUDENT and RESIDENT
EDUCATION**

Associate Vice President, Robert L. Beran, Ph.D.....828-0250
 Staff Associate, Frances F. Nugent.....828-0675
 Administrative Assistant, Mila Cook828-0250
 Administrative Assistant, Lynn Milas.....828-0475

Section for Educational Programs

Assistant Vice President, M. Brownell Anderson828-0562
 Staff Associate, Irene Nicolaidis828-0589
 Program Assistant, Debra S. Dabney.....828-0595
 Administrative Assistant, Belinda McGill828-0665

Section for Graduate Medical Education

Staff Associate, Michelle Keyes-Welch.....828-0422
 Administrative Assistant, LaTonya Johnson.....828-0413

Section for Student Programs

Director, Frances R. Hall.....828-0684
 Staff Associate, M. LaVerne Alexander.....828-0683
 Staff Associate, Donna Q. Yudkin.....828-0682
 Administrative Assistant, April Morrow828-0680
 Administrative Assistant, Rosemarie Onwukwe828-0681

Section for Student Services

Assistant Vice President, Richard Randlett.....828-0620
 Director of Operations, Robert Colonna.....828-0620
 Manager, Applicant & School Relations,
 Dennis W. Renner828-0626
 Manager, Input Review & Distribution, Alice Cherian828-0627
 Manager, Transcript Processing, Edward Gross.....828-0628
 Staff Associate, Kathryn Creighton.....828-0629
 Supervisor, Applicant Relations, Susan Libby.....828-0696
 Supervisor, Data Entry, John Woods.....828-0619
 Supervisor, Distribution, Hugh Goodman828-0615
 Supervisor, Input Review, Walter L. Wentz828-0618
 Supervisor, Records, Lillian T. McRae828-0641
 Supervisor, School Relations, Gwendolyn Hancock-Woods.....828-0639
 Supervisor, Verification, Michelle Davis.....828-0617

| | |
|--|----------|
| Systems Coordinator, Scott Brueckner..... | 828-0631 |
| Staff Assistant, Robert Van Arnam..... | 828-0621 |
| Project Assistant, Wendy Nace..... | 828-0623 |
| Senior Applicant Relations Assistant, Keiko Ellis..... | 828-0606 |
| Applicant Relations Assistant, Anna Maria Bounds..... | 828-0609 |
| Applicant Relations Assistant, J. David Curtis..... | 828-0605 |
| Applicant Relations Assistant, Annette Johnson..... | 828-0607 |
| Applicant Relations Assistant, Deborah McCall..... | 828-0602 |
| Applicant Relations Assistant, Margaret Miranda..... | 828-0608 |
| Senior Distribution Assistant, Carl Gilbert..... | 828-0613 |
| Distribution Assistant, James Cobb..... | 828-0613 |
| Distribution Assistant, Wayne Corley..... | 828-0613 |
| Distribution Assistant, Michael Jackson..... | 828-0613 |
| Distribution Assistant, Frances Kornegay..... | 828-0613 |
| Senior Input Review Assistant, Joni Magill..... | 828-0659 |
| Input Review Assistant, Dodzi A. Corley..... | 828-0659 |
| Input Review Assistant, John Hartsfield..... | 828-0588 |
| Senior Records Assistant, Yvonne Lewis..... | 828-0616 |
| Records Assistant, Marcus Robinson..... | 828-0663 |
| Records Assistant, Tamara M. Stevenson..... | 828-0662 |
| Records Assistant, Helen Thurston..... | 828-0663 |
| Senior School Relations Assistant, Danielle Dally..... | 828-0638 |
| School Relations Assistant, Melinda Beeker..... | 828-0661 |
| School Relations Assistant, Wanda Bradley..... | 828-0636 |
| School Relations Assistant, Edwina Bundy..... | 828-0632 |
| School Relations Assistant, Vonda R. Dickson..... | 828-0637 |
| School Relations Assistant, Gretchen Libby..... | 828-0660 |
| School Relations Assistant, Jeff Schoppert..... | 828-0697 |
| Senior Verification Assistant, Virginia Robinson..... | 828-0656 |
| Verification Assistant, Joseph Barnes..... | 828-0664 |
| Verification Assistant, Tracey Swann..... | 828-0634 |
| Data Entry Assistant, Karla R. Dixon..... | 828-0577 |
| Data Entry Assistant, Glenda Johnson..... | 828-0577 |
| Data Entry Assistant, Maxine L. Palmer..... | 828-0588 |
| Data Entry Assistant, Christina Searcy..... | 828-0612 |
| Data Entry Assistant, Gail Watson..... | 828-0612 |

| | |
|--|----------|
| Data Entry Assistant, Edith Young..... | 828-0612 |
| Documentation Assistant, Patricia Jones..... | 828-0614 |
| Administrative Assistant, Juliana Burgess..... | 828-0658 |
| Administrative Assistant, Denise Howard..... | 828-0630 |
| Administrative Assistant, Mary E. Reed..... | 828-0620 |
| Typist/Receptionist, Darnell Privott..... | 828-0695 |

DIVISION OF MINORITY HEALTH, EDUCATION and PREVENTION

| | |
|---|----------|
| Vice President, Herbert W. Nickens, M.D., M.A..... | 828-0572 |
| Senior Staff Associate, Lois Bergeisen..... | 828-0579 |
| Senior Staff Associate, Timothy P. Ready, Ph.D..... | 828-0576 |
| Staff Associate, Lily May Johnson..... | 828-0573 |
| Staff Assistant, Tonya Wolford..... | 828-0570 |
| Research Associate, Emilia Rodriguez-Stein, Ph.D..... | 828-0578 |
| Research Assistant, Tina Ang..... | 828-0531 |
| Research Assistant, Alem Yohannes..... | 828-0672 |
| Administrative Assistant, Vivian J. Harriday..... | 828-0584 |
| Administrative Assistant, Willa Owens..... | 828-0572 |

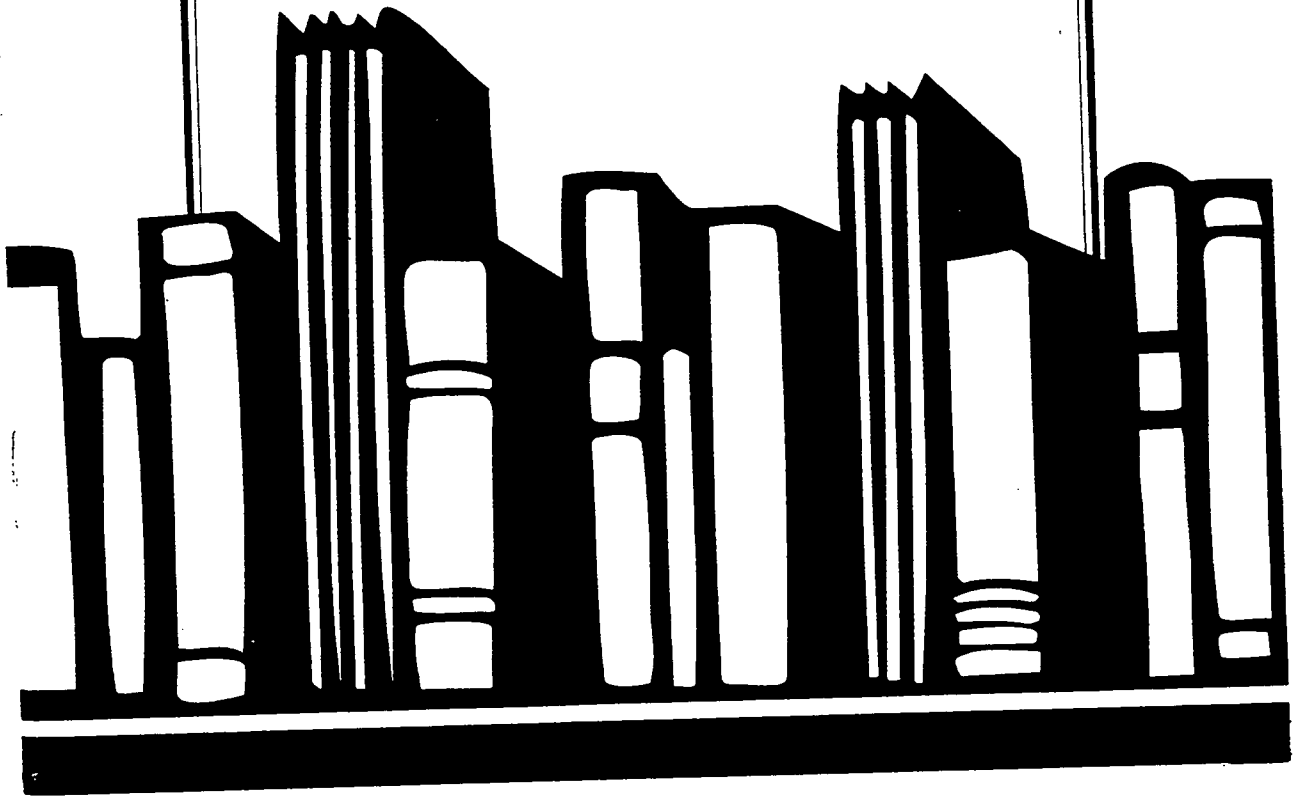
OTHER FREQUENTLY USED NUMBERS

| | |
|--|--------------------|
| American Security Bank..... | 624-4370 |
| Bankers Couriers..... | 301-565-0600 |
| Challenger Messenger Service..... | 301-217-9198 |
| Concierge..... | 828-4254 |
| FAX (2nd floor)..... | 828-1120 |
| FAX (3rd floor)..... | 828-1123 |
| FAX (4th & 5th floor)..... | 828-1125 |
| Federal Express | |
| Account Number..... | 200-4301-6691-1901 |
| U.S. Civil Service Federal Credit Union..... | 703-914-8700 |
| Wyndham Bristol Hotel..... | 955-6400 |



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

**FALL 1992
PUBLICATIONS
CATALOG**



CONTENTS

| | |
|--------------------------------------|---------|
| Periodicals and Directories | page 2 |
| Studies, Reports and Resources | page 4 |
| Subscriptions | page 10 |
| Free Publications | page 11 |
| Videos and Brochures | page 14 |
| Classics | page 15 |
| Order Form | page 17 |

The Association of American Medical Colleges (AAMC) is a nonprofit 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.

PERIODICALS AND DIRECTORIES

■ **1992-93 AAMC Curriculum Directory**, 326 pages. \$15.00. CD92

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, the document features tables presenting medical school curriculum characteristics and statistics useful to identify patterns of change and development. A poster-sized chart depicting information about the medical school curricula is included with the purchase of the directory, and also is sold separately.

■ **AAMC Directory of American Medical Education 1992-93**, 505 pages. AAMC members \$25.00, D92M; non-members \$50.00, D92N (AAMC members may order multiple copies at \$25.00/first copy, \$10.00/each additional copy, D92D)

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, teaching hospitals and steering committees. Published each fall.

■ **COTH Survey of Housestaff Stipends, Benefits and Funding, 1992**, 55 pages. \$15.00, CS92

The annually revised Council of Teaching Hospitals (COTH) survey report includes data on resident stipends paid in 1992-93; 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 MCAT Data in 1993 Student Selection: A Guide for Medical School Admission Officers and Faculty**, Karen Mitchell, Ph.D., 1992, 94 pages. \$7.50. MUG

Information about the design of the MCAT and its use in selecting the 1993 entering class is presented. Discussion of new information offered by the exam is included. Reliability and validity estimates are provided with interpretative information about these data. The guide also describes the kinds of admission interpretations that can be made at this early stage of using the new exam. 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, 1993-94**, 435 pages, \$10.00, AR93

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 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*

This publication provides information to underrepresented minorities—Black Americans, American Indians, Mexican Americans/Chicanos and Mainland Puerto Ricans—applying to medical school. It 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 underrepresented minority students. Many entries also contain statistics on the number of underrepresented minority applicants, the number accepted and the total number of underrepresented minorities enrolled as freshmen and upperclassmen. Revised biennially.

■ **Proceedings: Thirty-First Annual Conference on Research in Medical Education (RIME) Proceedings** (*Academic Medicine* supplement, vol. 67, no. 10, October 1992), 1992, 88 pages, \$25.00, 67IS

This supplement contains the peer-reviewed papers and abstracts of the symposia presented at the Research in Medical Education (RIME) Conference, held during the 1992 AAMC Annual Meeting. It also includes the RIME Invited Address from 1991 and the RIME Review Paper by Geoff Norman, Ph.D., presented at the 1991 meeting.

■ **Report on Medical School Faculty Salaries 1991-92;** *William C. Smith, Jr., 1992, 104 pages, \$20.00, FS91 (1992-93 edition is scheduled for publication in March, \$21.00, 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, 1992,** 48 pages, \$6.00, (no shipping charge) FD92

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, age, medical specialty, rank, degree and department. It is a compact document, designed to serve as a quick reference. Revised each summer.

- **Participation of Women and Minorities on U.S. Medical School Faculties, 1990:** *Elizabeth A. Sherman, David P. Johnson, Brooke Whiting, Ph.D., 1992. 114 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, age and rank.

- **AAMC Data Book: Statistical Information Related to Medical Education, January 1992,** 79 pages. \$15.00. DBK2 (1993 edition is scheduled for publication in January. \$16.00 plus shipping and handling. DBK3)

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 on 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 11).*

■ STUDIES, REPORTS AND RESOURCES

- **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.

- **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 re-

garding 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), 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 1982-1991; Section for Educational Research, 1991.** 83 pages. \$15.00. TMSI

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, *Physicians in the Making: Personal Academic, and Socioeconomic Characteristics of Medical Students from 1950 to 2000* (now out of print). 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.

■ **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, 1990.** 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. Information includes

data on the availability of physicians in practice, their ages, practice patterns and geographic and specialty distribution; trends and projections of future needs for medical care; strategies that states propose to address physician supply problems and names and addresses of individuals to contact for additional information.

■ **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.

■ **Project 3000 by 2000 Technical Assistance Manual: Guidelines for Action.** 1992. 200 pages. \$10.00. TAM

This guide is designed for use by medical school, college and high school educators in planning and implementing programs to create educational opportunities for minority students interested in medicine. It is one of several resources and activities of *Project 3000 by 2000*, the AAMC's campaign to achieve equitable representation in U.S. medical schools for students from minority groups that have long been, and continue to be, underrepresented in the medical profession. In addition to the programs that medical schools have sponsored for many years, the manual emphasizes systemic educational reform and partnerships linking academic medical centers, undergraduate colleges and local school systems as key to increasing the size and degree of academic preparation of the minority applicant pool. *Guidelines for Action* also includes three appendices describing national and state-level demographic and educational data, and an annotated bibliography related to minorities and the medical school pipeline.

■ **Assessment of Minority and Nonminority U.S. Medical School Graduates' Premedical and Medical School Specialty Selection, and Success in Obtaining Choice of Residency Training.** Charles D. Killian and Wendy L. Colquitt, 1991. 81 pages plus appendices. \$25.00. CORT

This document is the final report to the Health Resources and Services Administration on a year-long study of specialty selection and National Resident Matching Program (NRMP) outcomes. The research examined the preferences and experiences of the 1987 U.S. medical school graduates who participated in the 1987 NRMP. This study was unique in several ways: it combined AAMC with NRMP rank order data and compared specialty selection by ethnicity and gender simultaneously; it identified NRMP outcomes by ethnicity and gender; and it began to explore the ethnic- and gender-specific rates of attrition from graduate medical education.

- **Faculty Affairs in Academic Medical Centers: A Selected Annotated Bibliography:** Janet D. Froom, Janet Bickel, Robert F. Jones, Ph.D., 1992, 30 pages, \$10.00, FAIM

Constraints on institutional resources and the impending elimination of mandatory retirement are focusing greater attention on faculty evaluation and personnel policies. This bibliography provides abstracts of the available, current articles on these and other related issues. Subject headings include faculty appointment, promotion and tenure; clinician-educator faculty; Ph.D.s in clinical departments; evaluation of teaching; faculty development; women and minorities and AAUP reports.

AMBULATORY CARE PUBLICATIONS

- **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.

- **Proceedings from the Conference on Ambulatory Care and Education** (*Academic Medicine* supplement, vol. 64, no. 10, October 1989), 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 health care facilities; medical undergraduate and graduate training in ambulatory care; and quality assurance, administration, research and education costs for ambulatory care.

FACILITIES PLANNING PUBLICATIONS

- **Space Planning and Management in Academic Medical Centers: Issues, Models and Resources:** Janet D. Froom, editor, 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.

■ **Planning Projects Directory 1990, 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 more than 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.

RURAL HEALTH PUBLICATIONS

■ **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 December 1990 supplement to *Academic 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 the papers on what is needed for such education and on how trainees should be recruited and trained to deliver primary care in rural areas, and 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.

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 Association 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. 211 pages. \$15.00. MCAT

The *MCAT Student Manual* provides detailed information about the format and content of the Medical College Admission Test. The manual contains science content listings and describes the science problem solving, critical thinking and com-

munication/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. Both Practice Tests are available in bulk packages of 10 for \$40.00**

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 15)

■ 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; \$30.00/1 year for students, U.S. and Canada and \$7.00 per single copy. All other locations—\$70.00/year; \$130/2 years; \$185/3 years; \$40/1 year for students, Latin America and elsewhere and \$8.00 per single copy. Subscriptions received before 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 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 medicine 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. To subscribe, send check or purchase order number to the AAMC, Division of Clinical Services, Janie Bigelow.

■ **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): \$110.00 initial subscription, which includes loose-leaf notebook with sturdy tab inserts. DATA: \$90.00 renewal. DATR**

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 on 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. Subscription includes quarterly updates and an annual bound version. To subscribe, send \$110.00, payable by check or purchase order number 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 MEDICAL STUDENT AND RESIDENT EDUCATION

Section For Student Services 202-828-0620

- Facts: Applicants, Matriculants and Graduates, 1986-1992, October 1992, 1992, 12 pages

Section For Educational Programs 202-828-0665

- Readings in Medical Education: Sources for Innovative Ideas: second edition. May 1991. 27 pages
- GEA Directory of Presentations and Workshops. January 1992. 50 pages
- *Educating Medical Students*. ACME-TRI Report (Assessing Change in Medical Education-The Road to Implementation). October 1992. 60 pages

Section For Student Programs 202-828-0680

- A Guide to the Preparation of the Medical School Dean's Letter. 1989. 7 pages

DIVISION OF BIOMEDICAL RESEARCH 202-828-0487

- 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
- Federal Policy for Biomedical and Behavioral Research. 1986. 22 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

- Financing Graduate Medical Education: Final Report of the AAMC Committee on Financing Graduate Medical Education. 1986. 65 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 Partnership: VA Hospitals and Graduate Medical Education; Joanna Chusid and Joyce Kelly. Ph.D.. 1990. 29 pages
- Council of Teaching Hospitals Selected Activities Report. 1992. 61 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. August 1991. 33 pages
- Tax Exempt Organizations: The IRS Speaks: Issues and Implications for Academic Medicine. 1992. 34 pages

- Medicare Payment Issues of Interest to Teaching Hospitals, 1992, 16 pages
- Physician Payment Reform Policy Considerations, 1992, 7 pages

DIVISION OF MINORITY HEALTH, EDUCATION AND PREVENTION
202-828-0572

- Minority Students in Medical Education: Facts and Figures VI: Mary Cureton-Russell, editor, 1991, 28 pages
- *NNHeSPa News*, the quarterly newsletter of the National Network for Health Science Partnerships: Tonya E. Wolford, editor, 1992, 10 pages
- Not a Choice, an Obligation, 1992, 13 pages

OFFICE OF GOVERNMENTAL RELATIONS 202-828-0525

- Congressional Directory 1992, a directory of the 103rd 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, 1992, 99 pages.

DIVISION OF EDUCATIONAL RESEARCH AND ASSESSMENT
202-828-0596

- Guidelines for Faculty Involvement in Commercially Supported Continuing Medical Education, 1992, 12 pages. (There is a \$2.00 charge per copy for quantities over 25.)

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
- Sourcebook on Outcomes Analysis in Schools of the Health Professions (Medical Schools), 1992, 23 pages

DIVISION OF INSTITUTIONAL PLANNING AND DEVELOPMENT

Section For Institutional And Faculty Policy Studies 202-828-0521

- Women in Medicine Statistics: Janet Bickel and Renee Quinnie, 1992, 13 pages
- Building a Stronger Women's Program, second edition: Janet Bickel, 1992, 50 pages

- American Medical Education: Institutions, Programs, and Issues: Robert F. Jones, Ph.D., 1992, 40 pages

Section For Operational Studies 202-828-0653

- U.S. Medical School Finances, 1990-91, 1992, 19 pages
- 1992 Institutional Goals Ranking Report, 1992, 20 pages

Section For The Medical College Admission Test 202-828-0690

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

DIVISION OF COMMUNICATIONS 202-828-0542

- 1991-92 Annual Report, 1992, 48 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, 1992

Section For Publications 202-828-0590

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

■ VIDEOS AND BROCHURES

- **The AMCAS Story**, Videocassette, approximately 20 mins. long, available in VHS, Beta or 3/4" formats, \$25.00 (includes shipping and handling), AVTV

This videocassette 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. long, 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.

■ **Got That Healing Feeling**

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

■ **Medicine: A Chance to Make a Difference**

This brochure for college students, designed for use with the above videocassette, discusses preparation for, selection of and application to medical school and financial aid for medical education.

Both brochures are available in bulk to AAMC members. \$3.50/10. MCD4: \$15.00/50. MCD1: \$25.00/100. MCD2: for non-members brochures are 50 cents each, or add 10% to bulk prices. MCD3

■ **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.

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 in 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.

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 services 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 Merrill, 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 taste 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 Gainesville'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 important 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 Boehringer-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 Dentistry 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 are 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 enthusiasm 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-transmitted 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 different 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 relevant 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 counseling, 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 level 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 goal 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 to 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, and 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 (Commitment 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 opportunity 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 fields 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 is 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 classroom 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, utilizes 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-supporting 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 filing 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 opportunity 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 final assessment.

The 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 resisting 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 includes a visit by an AIDS educator and a person with AIDS.

Elementary Student Medical Center Tour Program – Fourth and fifth graders from local neighborhood 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 opportunity 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

Project Title: Community Health Initiative

ABSTRACT:

Following the Central Region Meeting in April 1992, Lisa Lattanza (Medical College of Ohio's OSR Representative) presented an idea to MCO students and faculty. She had learned about University of Cincinnati's Community Health Project and thought it would be great to start something similar in Toledo. Subsequently, the idea was brought into reality with student, faculty and Administration support. Funding for a summer externship was obtained. MCO student Pradeep Gidwani worked last summer to organize ten local sites and raise funds for subsequent community health projects.

In 1993, 10 MCO students will be at community sites for ten 40-hour weeks. They will act as health educators, counsel patients, and help connect clients with services. The sites serve medically underserved individuals in Northwest Ohio and include homeless shelters, clinics, senior service and social service centers. Support for the project comes from MCO administration, faculty, local physicians, the community and MCO students. An advisory board -- composed of students, administrators, physicians and members of the community -- will provide continuity for the continuation of the program. Currently \$50,000 has been raised, with a goal of \$.5 million to create an endowment for the project. Funding was obtained through local trusts, foundations, and physician groups.

Supplemental Materials: No

Abstract Author: Nanette Steinele

School Name: Medical College of Ohio

Project Title: Operation Outreach

Abstract:

Each month Operation Outreach, a USUHS community service project, brings medical students and children together for an exciting, dynamic learning experience. Borrowing materials from the various academic departments at USUHS, first- and second-year medical students travel to Martin Luther King Junior Elementary School in Southeast Washington, D.C. and supplement the school's science curriculum by teaching short lessons on science or health-related topics. They also tutor individual children, read stories, help with arts and crafts projects, answer questions, and have a good time.

The logistics are simple. Two weeks in advance of a scheduled visit the student in charge sends a letter to the school that solicits teacher requests for specific presentations. Requests are then matched with volunteers and the volunteers prepare topics on their own. On the scheduled day, the medical students travel together to the elementary school and help teach the children.

Faculty and staff at the elementary school have been very receptive to the visits. The principal, Dr. Kenneth Whitted, said, "Our kids love the program. Because of budget constraints, our school has one science teacher. The additional resources and energy the medical students bring helps emphasize the importance of science. Also, these children have a very narrow world of experience. The volunteers bring exposure to new faces, places, ideas, and things. As a result, both groups gain." The medical students enjoy the experience, too. ENS Gretchen Esplund said, "The kids were bright, receptive, and eager. We lost track of time and they didn't want us to go." John Bojescul found it an "interesting new experience. We both learned from each other. It's a good feeling when the kids ask for you back by name."

Supplemental Materials on File: No

Abstract Author: Dave Dromsky

School Name: Uniformed Services University of the Health Sciences (USUHS)

Project Title: Gesundheit Institute

ABSTRACT:

Located in the West Virginian Appalachians, the Gesundheit Institute is a twenty-year old experiment in health care delivery that seeks a return to humanism in the practice of modern day medicine. Health care in America today is beset with many problems: high cost, maldistribution, erosion of autonomy, third-party and government intervention. The Gesundheit Institute was founded as a response to these issues. First conceived by Patch Adams, M.D. in 1971, the Gesundheit Institute refocuses health care to the patient as a person and a human being and restores the healing relationship between the doctor and the patient; it was founded on four principles:

all patients are treated as friends; no payment accepted for medical services; no third party insurance is accepted; and no malpractice insurance is carried by physicians.

When Gesundheit approaches a person with a serious illness, what is wanted for that person is an infusion of a sense of health and well-being, a cure of what can be cured, and the creation of a model for organizing a life around health and happiness. Much of the practice reflects concepts developed by Arthur Kleinman, M.D., and others, at Harvard University. The physician and patient share the responsibility for the outcome. Gesundheit has the following objectives:

- 1) To provide excellent care at the lowest possible cost
- 2) To be an example to the public on the viability of imaginative solutions to the health care crisis
- 3) To restore the health and relationships between patients and doctors.
- 4) To provide education for medical students and other health professionals
- 5) To serve the surrounding rural area
- 6) To make the provision of health care as fulfilling as possible for patient and healer alike

Since its inception, Gesundheit has treated thousands of patients in numerous settings, primarily practitioners' homes. Now Gesundheit is embarking on its most ambitious and comprehensive experiment. It is constructing a free hospital community in rural West Virginia. Located on 310 acres of virgin Appalachian hills, the hospital will provide general medical, psychiatric, emergency and surgical care. These facilities will also provide for midwives, art and music therapists, and other nontraditional healers. The community will support the hospital, and provide farming, schooling, and facilities for artists and artisans.

The institute welcomes medical students to see and participate in their ongoing efforts. Though the Institute is not currently seeking patients, volunteers are at work constructing a 10,000 square-foot facility that will serve as a clinic and residence until the main hospital is completed. Integrating their philosophy of health care with their life, students will be encouraged to participate in their daily activities.

For more information, to visit or to volunteer at Gesundheit, call Patch Adams, M.D. or J. J. Johnson, M.D. at (304) 653-4338.

Supplemental materials: No

Abstract Author: Tylis Chang, M.D.

Project Title: Doctors Ought to Care (DOC)

ABSTRACT:

The DOC program has been present at UCSD since the early 1980s and has always been actively involved in community health education. I am now a second-year medical student and have been involved with DOC since my first quarter in medical school. Along with a fellow second-year student, I have been coordinating the activities of the program since my second quarter at UCSD. During this time, the membership of the program has grown to approximately 60-70 students (first- and second-year students) per quarter and we estimate that as many as 75-80% of students participate at some time during their first two years. We find this level of participation especially exciting because the program is elective; students join not to satisfy a requirement, but rather because they enjoy the program.

The following is a summary of the program:

1. The program is totally student-run. Each winter quarter, first-year students who express interest in running the various facets of the program meet with the second-year students currently holding those positions. Over the course of the next two quarters, the first-years gradually take more responsibility for the program. The next fall, they are in charge of recruiting new members to join. Thus, the program renews itself each year with experienced and dedicated leaders.
2. There are five subgroups based on the issue and the community to be addressed – AIDS Education in English for junior/senior high school students and migrant workers; Rape Awareness for senior high school students, teachers, and Junior College students; Alcohol Education for elementary and junior high school students; and Tobacco Education for elementary school students. These groups do presentations to 10,000-12,000 people per year in San Diego.
3. Each DOC group is run by one or two student educators who arrange for expert speakers, teach the DOC curriculum in a given subject, and arrange for student presentations. The students are required to attend weekly meetings to review the curriculum, discuss ways to deliver the information to the students, and to hear faculty speakers discuss aspects of the topic they will be teaching. Each student does three to four presentations a quarter. In the schools, presentations are made to one or two classes at a time. This promotes a close interaction with the students and allows them to ask questions more easily. The medical students write a paper detailing their experiences and offering suggestions about the program that could be helpful to the program.
4. We are currently working to develop a series of videos on AIDS related topics in order to provide more audio-visual material for our AIDS talks. We are also considering forming a group that would address the topic of illicit drugs.

Supplemental Materials on File: NO

Abstract Author: John R. Chamberlain, MSII
School Name: UC-San Diego School of Medicine

Project Title: SMART – Students Must Always Refuse Tobacco

ABSTRACT:

Having had such positive success with other University of Iowa (UI) AMSA outreach programs (specifically the STATS program), the medical students at UI wanted to extend our educational programs to meet the needs of other age groups. In addition, we wanted to respond to medical students' enthusiasm and desire to participate in outreach programs. With these objectives in mind, the UI Local Chapter of AMSA decided to implement a program educating junior high school students about the hazards and risks associated with the use of tobacco products.

Having a smoking awareness program targeted towards the eighth graders of our community is very important. The detrimental effects of smoking and other tobacco use are well documented. The cost to society for health care devoted to helping those with conditions related to tobacco use is a serious problem. The health problems associated with tobacco use are the most preventable ones in our society. By educating our youth to the real health hazards associated with tobacco use, we will be helping both them and society.

We have conducted an initial presentation in conjunction with the eighth grade students' health class. It is important that we, as future health professionals, focus on the notable health care problems that arise from tobacco use. We focus on the *real* detrimental effects of tobacco use, including difficulty in normal breathing, deterioration of the lungs, and the incidence of cancer and chronic lung disease. We describe the detrimental effects tobacco use has on appearance, athletic ability, and social image – these topics are often of greater concern to this age group.

We try to present a visual and interactive program including a "Top Ten List of Reasons to Refuse Tobacco," a slide presentation, observation of a section of normal and emphysematous lung tissue, a handout of useful information on smoking/smokeless tobacco and secondhand smoke, and a discussion.

SMART was founded in the fall of 1991 and currently consists of first- and second-year medical students. Funding is maintained via an initial Local Projects Grant and support through our local AMSA via the University of Iowa Student Activities Association. Our recent presentation received a very favorable response from the students and teachers. We plan on refining our program and presenting to more junior high schools this spring and coming fall.

Supplemental materials: No

Abstract Authors: David Corry, Peter Hansen

School Name: University of Iowa College of Medicine

Project Title: The University of Iowa Medical Student Ambassador Program

ABSTRACT:

The University of Iowa Medical Student Ambassador Program is a student-based public relations organization that has a foundation in educational outreach.

EDUCATIONAL OUTREACH: Medical Student Ambassadors act as the bridge between community and the resources within the College of Medicine and the University's Hospitals and Clinics. We work with 21 schools in the greater Iowa City area – both public and private, from K through 12th grade. We also work with the Iowa City Science Foundation and local groups such as the Boy Scouts, Girl Scouts, Cub

Scouts, and Brownie programs. We make ourselves available to give presentations on any subject concerning the biological sciences, including health professions and what it is like to be a medical student.

Our internal resource bank from the College of Medicine is based mainly with the Anatomy department, which makes available all its models and skeletons, and the Pathology department, which contributes its reserved tissue, gross hearts, microscope slide bank, and Kodachrome slide bank. The hospital participation is variable, but so far we have worked with Radiology, Ophthalmology, Respiratory Therapy, and Physical Therapy, with no department denying us use of their materials to date.

It should be stressed that presentations are individually tailored to each occasion. There are no scripts and each program is slightly different. Members are encouraged to come up with their own styles, including new resource opportunities and new ways of presenting material. This requires that members have experience at presentation, good interpersonal skills, and are capable of thinking quickly on their feet.

GENERAL PUBLIC RELATIONS: Our greater purpose is that of a student service organization specializing in public relations to be used in functions that would benefit from student representation. Though we are a student organization, we report directly to the Associate Dean for Student Affairs (Dean of Students) and indirectly to the Dean of the College of Medicine. We also work with the Alumni Association for the entire university, the Student Ambassador Association on the undergraduate campus, the hospital administration, and the hospital museum. Through these branches we participate in alumni reunions, recruiting efforts, media events, and health-related presentations to the local community and on a state-wide level.

MEMBERSHIP: Members are recruited every year from the entering M1 class and are required to fill out a written application as well as go through a formal interview. Selection is based on previous PR and teaching experience, interpersonal skills, and desire. New members are involved immediately with every aspect of the program. However, they must accompany experienced Ambassadors on presentations before giving one alone. Experience is essential to the success of the programs. M1s are selected exclusively with the understanding that they make a two-year commitment of active service. The first year is spent building up presentation experience so that they may carry the group during their M2 year. Once a student enters the third year of medical school, he or she converts to inactive status.

MEETINGS: Meetings are held roughly once every three weeks and are used in several ways. New ideas are discussed for the approaching educational programs and experienced members convey ideas as to how to make them run more smoothly. Current affairs affecting the University and the College of Medicine are also brought up so that the members can stay abreast of the issues they may face in public relations situations. Basic historical and trivial facts of the institution are also sometimes covered to increase the overall awareness of the University. Occasionally guest speakers will attend to inform the group on special topics. Finally, there is an activity to further relations amongst fellow Ambassadors since effective public presentations relies greatly on working well together.

SUMMARY: The Medical Student Ambassador program offers students a wonderful opportunity to work side by side with administration, representing their College. It allows them a chance to see the College of Medicine like few other medical students are able. They also become more involved in the community than most any of their peers. The program further strengthens their exceptional interpersonal skills and contributes to their future as outstanding, well-rounded physicians.

Supplemental Materials: Yes

Abstract Author: David K. Zich
School Name: University of Iowa

Project Title: Students For Aids Education (SFAE)

ABSTRACT:

The Students For Aids Education (SFAE) is a volunteer organization of first- and second-year medical students who make presentations about HIV and AIDS to teenage students. SFAE members visit schools primarily in Montgomery County, Maryland; the audiences are in the 12-18 year-old range (most are in the eighth grade). Approximately one-third of the schools that SFAE services are "Alternative Program" schools, which cater to students with alcohol, drug, criminal, or family problems.

A typical SFAE visit has three medical students speaking with an audience of about 20 teens. The presentations focus on the medical basis for the disease, mechanisms of transmission, and preventive measures. This is a popular program at USUHS, with over 15% of the student body participating.

Supplemental Materials: No

Abstract Author: Tony Delgado, Ensign, U.S. Navy

School Name: Uniformed Services University of the Health Sciences

July, 1994

Project Title: Jordan Commons: A Habitat for Humanity Community

ABSTRACT:

The "Jordan Commons" community project was established in cooperation with Habitat for Humanity International in an effort to create affordable housing for the poor, in the wake of Hurricane Andrew in South Dade County, Florida. This new community will include: affordable housing (for people with incomes, in most instances, from \$10,000 - \$19,000 annually) and a full-range of family support services, including a daycare center; a family service center where well-baby clinics, pre-natal training, classes in nutrition, and family budgeting can be conducted for the "Jordan Commons" homeowners and those in nearby neighborhoods; and an on-site warehouse that will convert to a recreational building once construction is complete.

Our students have committed to becoming a part of the Steering Committee for this project. We hope to be able to adopt this project as an ongoing opportunity to help continue rebuilding South Florida. We will begin fulfilling our commitment in a financial manner. We have set a goal of \$1,000 to be raised from direct student contributions (collection boxes, class donations, etc). Planning is still in progress by the administrative board in South Dade, but building is scheduled to begin in March, 1994. At that time, we are planning to staff the building and construction sites on a weekly basis. No specific skills or experience are necessary as a prerequisite to participate. Any student who is committed to lending support will be able to join the effort.

We hope this will serve as a way for us to partake in the incredible opportunity to implement new practices in building policies for energy-efficient housing and community neighborhood design. Habitat for Humanity is an international effort and may have projects in your communities. We encourage you all to seek out such opportunities; this is an excellent way to fulfill an ongoing commitment to serving your community.

For further information about Habitat for Humanity, contact Amy Bejarano/Mary Finlan, Homestead Habitat for Humanity, P.O. Box 1509, Homestead, FL 33090 (305/247-0847; FAX: 305/247-4995).

Supplemental Materials on File: No

Abstract Authors: Alex Mechaber, Hilit Frenkel

School Name: University of Miami School of Medicine

Project Title: Preschool Immunization Program

ABSTRACT:

In conjunction with National Preschool Immunization week, a three-tier program was put together. We made arrangements to use the community multi-purpose room at an inner city housing development and acquired supplies from the Boston City Department of Health. After advertising at the housing development for one week, a group of students went in to:

- 1) survey the level of immunization and register the children in the Boston city immunization database accessible by on-line computer at 20 health care sites;
- 2) distribute information and show videos on the importance of immunization and the appropriate schedules; and
- 3) immunize children not on schedule.

July, 1994

The program was a great success, with one exception. We were not allowed to immunize children because Department of Health wanted it done through a long-term health care center rather than an afternoon random session. They felt it was best to have a primary care physician keep the appropriate schedule of shots going. But, by stressing the importance of immunizations and educating parents, great steps were taken to see that unimmunized children become better cared for.

Supplemental Materials on File: No

Abstract Author: Scott Goldstein

School Name: Boston University

Project Title: HOPES (Helping Oncology Patients Educating Students)

ABSTRACT:

In the HOPES program, medical students act as big brothers and big sisters to children with cancer. These "bigs" and "littles" meet two Saturday mornings each month and spend three hours together sharing in group activities. During these events, the "littles" spend time both with their "bigs" and with other kids with cancer. The HOPES program encourages these kids to feel more comfortable, not only with themselves but also with each other.

The HOPES program is a cooperative effort among three principle groups--Big Brothers and Sisters of Albany, the Child Cancer Program at Albany Medical Center, and students from Albany Medical College. Big Brothers and Sisters interviews and helps match the medical students, insures the program, and funds all activities with money raised through a coupon program with a local Burger King. The Cancer Program at Albany Medicine Center recruits and interviews kids and helps match them with the medical students. The students at Albany Med come up with fund ideas for outings and help plan the specifics with a coordinator from Big Brothers and Sisters.

Activities during the fall and spring seasons have included outdoor events like apple picking, picnicking, baseball games, and sledding. During the winter months, indoor activities have included arts and crafts, bowling, planetarium field trips, magic shows, roller skating, and even airplane rides. What the program demands of students is dedication, caring, patience, and time--a small price for helping to improve the quality of life for a child with cancer.

Supplemental Materials on File: No

Abstract Author: Joel Solomon

School Name: Albany Medical College

July, 1994

Project Title: Educating Adolescents for Careers in Health (EACH)

ABSTRACT:

EACH is a program at Eastern Virginia Medical School that reaches out to middle and high school students to inform them about health careers. Students usually bring brain or heart specimens to pique interest and give a short basic presentation on the anatomy and physiology. The majority of time is spent answering questions and informing students about health careers and the educational preparations that are necessary.

Medical student participation has been very high and all the area middle schools and high schools were visited by students. The middle/high school students response has been very enthusiastic.

Supplemental Materials on File: No

Abstract Author: Edwin W. McLaughlin

School Name: Eastern Virginia Medical School

Project Title: Community Open House Day

ABSTRACT:

Each year, Eastern Virginia Medical School sponsors an Open House and Health Awareness Day. This has been a huge success in integrating the community with the medical school. Over 2,000 members of our community turned out for basic medical information and screening, tours of our facilities, and explanation of ongoing research relevant to people in the community. The response was quite positive from both the community as well as the students and faculty. Most importantly, everyone gained knowledge about current health issues which helps our medical school work in harmony with the community.

Supplemental Materials on File: No

Abstract Author: Dan Newmann

School Name: Eastern Virginia Medical School

Project Title: Cass Community United Methodist Church Primary Care Clinic (Cass Clinic)

ABSTRACT:

The Cass Community United Methodist Church Primary Care Clinic (Cass Clinic) is a free medical clinic within the Cass Corridor of Detroit. It was founded in 1981 by an area family practitioner, and has been staffed primarily by students from the Wayne State University School of Medicine for the past nine years. The Clinic operates on Saturday mornings from 10am to 12pm, throughout the year. Third- and fourth-year medical students work alone, or in teams with first and second years to perform full histories and basic physicals on a mostly indigent, elderly, and otherwise low-income population. The students then present the case to one of two attending physicians, with whom a proper treatment plan is derived.

The Cass Clinic now has an excellent chance of expanding its services within the next year. In cooperation with the March of Dimes, the Wayne State University School of Medicine Department of Family Practice, the Detroit Medical Center, and a local fundraiser, we hope to get an Area Health Education Center Grant

in order to build a new clinic for the people of the Cass Corridor. This new facility will serve as a training center for family physicians interested in the dynamics of inner-city practice, an ambulatory care training facility for medical students, a philanthropy center for many of the allied health and social service schools at Wayne State, and as a community health education center for the Cass Corridor.

Supplemental Materials on File: No

Abstract Author: Leland A. Babitch

School Name: Wayne State University School of Medicine

Project Title: The Medical Student Homeless Outreach Project (Med-SHOP)

ABSTRACT:

During the spring of 1993, Luke Beno ('94), Josh Plavin ('96) and James J. Wu ('97) restructured and enlarged a previous student initiative at a single men's shelter into the medical student Homeless Outreach Project (Med-SHOP). Under the guidance of Lisa Straus, M.D., and Cathey Flavo, M.D., MPH, Med-SHOP has grown to include 160 medical and graduate students volunteering at 12 shelters from New York, NY to Stamford, CT.

Project activities include leading interactive discussions on a variety of health education topics, basic epidemiologic studies to document the health status of this population, and limited acute and primary care, recently expanded by the start-up of the Mobile Medical Health Unit operating out of St. Agnes Hospital (White Plains, NY). Initial discussions with NYMC administrators, including the President & CEO, the Dean, and the Senior Associate Dean, were substantial in the following areas: 1) extending liability to cover students while volunteering; 2) garnering institutional support in the form of secretarial and technical resources, and in-kind equipment donations; and 3) discussions to include Med-SHOP as part of an institutional directive towards primary care medicine. Med-SHOP has been successful in obtaining grants from the Student Senate at NYMC, the AMA, AMSA, the Paul Newman--Salad King Foundation, and the Westchester Community Foundation. These funds have been disbursed towards printing education manuals and pamphlets for interactive discussions and purchasing physical diagnosis equipment. Our project has also been recently honored in receiving a Community Service Award from the New York Academy of Medicine.

Supplemental Materials on File: No

Abstract Author: James J. Wu

School Name: New York Medical College

July, 1994

Project Title: Eastern Shore Rural Medicine Experience

ABSTRACT:

Eastern Virginia Medical School offers a unique and rewarding rural medicine experience. The program is available year-round and open to first- through fourth-year students. The setting presents an excellent opportunity for early exposure to underserved rural communities desperately in need of primary care physicians. The program provides room, board, and travel allowances and is flexible to the individual student's schedule and goals. This externship has proved to be a superb means of offering hands-on clinical experience and attracting more physicians towards fulfilling careers in rural medicine.

Supplemental Materials on File: No

Abstract Author: Dan Newmann

School Name: Eastern Virginia Medical School

Project Title: Students Teaching AIDS to Students: A Real Medical Education

ABSTRACT:

The Students Teaching AIDS to Students (STATS) project began as a medical student response to the growing data that places teenagers at high risk for Human Immunodeficiency Virus (HIV) infection. Twenty percent of AIDS cases documented last year occurred in the 20- to 29-year old age group. Because HIV remains dormant for an average of 10 years, one in every five AIDS patient acquired the virus as a teenager. The Washington University STATS program, based on the American Medical Student Association model, utilizes medical student teams to deliver a two-part presentation to middle school students about the transmission, prevention, and social impact of HIV. Medical students have a particularly effective educational role in that teenagers admire them as knowledgeable, yet relate to them as students rather than as authority figures.

The STATS project is now in its third year, having enrolled over 150 medical students who have taught over 3,000 St. Louis area 7th- and 8th-graders. Our presentation combines a video, interactive games, and a visit with a person with AIDS. In addition, we provide a condensed version of the program for parents and teachers prior to the classroom sessions. We are able to evaluate and improve the effectiveness of STATS by testing the students before and after the program in areas of knowledge, attitudes, and behavior. In preparation for teaching, the medical students have an extensive all-day training program, and bi-monthly newsletters provide updates about current research advances, social issues, and the project itself.

STATS, the largest extracurricular organization at Washington University, is rewarding not only because it helps teenagers make informed decisions about potentially life or death behaviors, but also because it challenges medical students to confront sensitive issues and to explain complex scientific information in an understandable manner.

Supplemental Materials on File: No

Abstract Authors: Kim Allman, Tim Philpott

School Name: Washington University

Project Title: Coaching Adolescents Toward Careers in Health

ABSTRACT:

Coaching Adolescents Toward Careers in Health (CATCH) is a new program aimed at increasing student interest in science and health. The University of Florida started this program with twelve sixth graders at Howard Bishop Middle School. Medical students teach science classes to the sixth graders two to three times a month. Usually three to four medical students are involved in each class. The classes are structured to limit lecture time to the absolute minimum and to stress hands-on experiences. There is a tour of the hospital and a doctor shadowing day planned for later in the year. Our goal is to get these sixth graders excited about school, particularly science. Hopefully they will realize that they can have a future in a health-related profession.

Supplemental Materials on File: No

Abstract Author: Karen Vloedman

School Name: University of Florida

Project Title: Commitment to Underserved People (CUP)

ABSTRACT:

The University of Arizona College of Medicine Commitment to Underserved People (CUP) program exists to offer medical students support and experiences that will help them stay in touch with their personal mission for becoming a physician, especially if their dreams and visions include caring for underserved people. "Underserved" is defined very broadly to include the wide variety of student interests including, but not excluded to the following: women, refugees, homeless, adolescents, specific ethnic groups, minorities, elderly, specific health issues like AIDS or substance abuse, policy, and international health.

CUP offers support through monthly evening meetings (potlucks) where guests (professional mentors) are invited to discuss issues pertinent to the group. We also organize and fund two weekend retreats a year for CUP students and their significant others to have the opportunity to plan, evaluate, and get to know each other and faculty in a relaxed environment.

CUP also offers a variety of student-run service projects throughout the four years that allow students to provide service at the level of their counseling, teaching, and clinical skills. These projects include ASAP, MED S.E.T., Rural AIDS, Refugee Clinic, and several international health experiences in Nogales, Sonora.

Supplemental Materials on File: No

Abstract Author: Susan P. Moher MEd., CHES, CUP Director

School Name: University of Arizona

July, 1994

Project Title: A Role For the Primary Care Physician in Preventing Homicide in Young African American Males
ABSTRACT:

Homicide is the number one cause of death in African American males, aged 15-34, yet physicians rarely discuss the risks of homicide with this population. We propose that there is a role for the physician in preventing homicide similar to other preventive medicine issues. We conducted a study which evaluated the patient's responsiveness to counseling about firearms and homicide. While being treated for an unrelated problem, 53 patients attending a public hospital ambulatory clinic received brief counseling by the resident physician about six preventive medicine topics: smoking, alcohol, drugs, safe sex, seat belts, and firearms. After their visit the patients were interviewed to assess their reaction to the visit. The results demonstrated that patients recalled and were impacted by the issue of firearms more than any other issue. The study suggests that for the population most at risk for death by homicide, discussion of firearms during a physician visit is appropriate, easy to perform, appreciated, and perceived as important by the patient.

Supplemental Materials on File: No

Abstract Authors: John P. May, M.D., Kraig L. Martin, P.A.
School Name: Cook County Hospital, Chicago, Illinois

Project Title: Washington University School of Medicine Perinatal Project
ABSTRACT:

St. Louis, Missouri has one of the highest infant mortality rates in the United States, particularly among the inner city African American population. The Perinatal Project (PP) was created in 1988 to improve the chances for these high-risk women to have healthy, full-term babies. In conjunction with People's Health Center, a clinic which provides care to the medically under served population of north St. Louis, first- and second-year medical students present important prenatal information to high-risk clients.

The PP consists of three components: perinatal education, student/client "matching," and Labor & Delivery and Neonatal Intensive Care Unit (NICU) facility tours. The education component is conducted in the OB/GYN and Pediatric facilities at People's. Medical students interact with patients in a clinic setting by discussing and answering questions regarding pregnancy and child-care related topics. Clients can also attend classes conducted by the medical students on topics such as nutrition, the effects of drug, alcohol and tobacco use during pregnancy, and fetal development. In the matching component, two medical students are "matched" with a high-risk client, and meet regularly with her throughout her pregnancy. The students emphasize important prenatal topics and answer the woman's questions regarding her pregnancy. Material is also distributed to reinforce proper prenatal care. In the tour component, students spend an afternoon with an attending physician in Labor & Delivery or in NICU facilities. The tours provide the students with a greater comprehension of clinical prenatal and postnatal care; what students observe emphasizes the challenges of treating premature infants.

Supplemental Materials on File: No

Abstract Authors: Michael Jakoby, Kikuo Kong, Lori Kutka, and Doug Pogue
School Name: Washington University School of Medicine

Project Title: The Community Health Group Summer Internship Program

ABSTRACT:

The Community Health Group Summer Internship Program at the University of Pennsylvania brings the resources of a medical school and the community in which it resides together to improve the health of an urban community. During the summer of 1991, eighteen first year medical students from the University of Pennsylvania worked in health clinics, non-profit organizations, public schools, homeless shelters and other settings in West Philadelphia. The students provided needed services to the community and also conducted systematic appraisals of the needs in their area of work (e.g., homeless outreach, cardiovascular disease prevention, health education). By focusing the internships on one community, the interns had the opportunity to gain a comprehensive view of the community in which they live and learn medicine.

In the Fall, the interns presented what they learned at a city-wide symposium "Bridging the Gaps: Crafting Community Health Partnerships in West Philadelphia." The symposium brought together policy makers, government officials, community leaders, funders, and University representatives for discussion of the interns' findings and to develop an action plan to improve the health of West Philadelphia. Presently a document, "Health Action Plan for West Philadelphia 1990-1991," is being prepared for distribution, which will serve as a foundation for future activities and for continuing to expand the University community partnership.

One of the long-term goals of the program is to develop coordinated community outreach programs with other medical centers in the city, thus creating a city-wide network to bring about positive change for urban health care in Philadelphia. In addition to the work in West Philadelphia during the summer of 1991, two medical students from the Medical College of Pennsylvania conducted a feasibility study on initiating a similar internship program at their school by a creating a health profile of their target community (Germantown and East Falls), and identifying placement sites for future interns. It is expected that they will develop a coordinated program at their school next summer. Also, next year a third medical school in the city is being enlisted to create an internship program with their school and community.

Supplemental Materials on File: No

Abstract Author: Abby Letcher, Kathy Economy, Cindy Weinbaum, and Steve Chapman

School Name: University of Pennsylvania School of Medicine

July, 1995

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

ABSTRACT:

STATS is a nationally recognized health education project sponsored by the American Medical Student Association. The purpose of STATS is to teach adolescents the facts about AIDS and to positively influence behaviors that put adolescents at risk for AIDS. Medical students are given specialized training about AIDS, teaching adolescents, and utilizing a unique STATS curriculum. STATS teams teach about AIDS in school settings and in extracurricular groups. The goal is to reach as many people as possible.

The STATS group at MU is sponsored by AMSA and is one of the four original pilot STATS programs in the country. Since our beginning in March 1988, over 250 medical students have been trained and STATS programs given to over 15,000 adolescents. In June 1988, Grant Haven (a 1989 graduate of MU School of Medicine) received the Department of Health and Human Services Secretary's Award for Health Promotion and Disease Prevention. Grant was one of the medical students who created STATS in 1987.

The first two years of medical school allow little opportunity to have a meaningful impact on individuals or the community. STATS provides an opportunity to interact with adolescents, to promote disease prevention, and to begin developing a community-oriented perspective. These skills will be needed throughout your medical career.

Supplemental Materials on File: No

Abstract Author: Rick White

School Name: University of Missouri-Columbia

Project Title: **G.O.A.L - Gift Of A Life**

ABSTRACT:

Introduction

Gift Of A Life (GOAL), a project of the American Medical Student Association, is a comprehensive program aimed at increasing awareness and education about organ and tissue donation to the public and within the medical community. Developed in 1991, the program is dedicated to dispelling the myths surrounding organ and tissue donation and addressing any discomforts about the issue. Our aim is to create within the general public an accurate impression of donation and its positive and lifesaving benefits so each individual can make an informed choice on organ and tissue donation.

The Need for GOAL

The results of transplantation are dramatic -- restoring lost function and giving back life. Medically, transplantation is the most preferable treatment for many types of diseases and injuries. Often it is the only treatment. In many cases, it is the last and only alternative to death.

The Presentation

GOAL presentations are given by a team of two first- or second-year medical students. The show consists of slides containing text and pictures of transplant recipients, as well as some inspirational and diagrammatic slides. Questions are welcomed during and after the 45-minute presentation. For information on setting up a GOAL chapter, please contact one of our organizers through the Dean's Office at the University of Missouri-Columbia School of Medicine at (314) 882-2923.

Supplemental Materials on file: No

Abstract Author: Angie Keele

School Name: University of Missouri-Columbia

July, 1995

Project Title: ATP - Anatomy Teaching Program: Teaching Anatomy to High School Students

ABSTRACT:

The Yale University School of Medicine has developed a hands-on anatomy laboratory course with a local magnet school, Career High School. In brief, the high school students enrolled in the Human Anatomy and Physiology at Career H.S. come to the anatomy labs at Yale two to three times per month for 90-minute laboratory sessions.

The students are provided with the dissection manual and lecture notes used in the medical school gross anatomy class. The students do not actually dissect, but observe and are encouraged to manually explore the cadavers. The main teachers and demonstrators are first- and second-year medical students along with one or two Yale faculty members. As part of their curriculum, the students take practical exams on the cadavers and selected medical school written exam questions.

The program has been in place for two years, and enrollment in the class has already doubled due to its popularity. The success of the program can be attributed to the enthusiasm of the participants and the cooperation between Yale and Career. In addition to the valuable experience gained by the high school students, the medical students benefit by increasing their understanding of the material they teach, honing their skill as teachers, and serving as role models for the high school students.

For more information please contact:

Heather Lynch, Class of '97
Student Coordinator
145 Cold Spring Street
New Haven, CT 06511
(203) 773-1915

William Stewart, Ph.D.
Chief of Anatomy
Yale University School of Medicine
Section of Anatomy
PO Box 3333
New Haven, CT 06510
(203) 785-2597

Supplemental Materials on File: No

Abstract Authors: Jeffrey Tseng, Rachel Villanueva, Dr. William Stewart
School Name: Yale University School of Medicine

Project Title: MEDIC Organization

ABSTRACT:

The MEDIC Organization was established in 1990 by first- and second-year medical students at the University of Wisconsin-Madison. Student members work with volunteer faculty physicians and staff to accomplish two objectives:

- 1) To provide primary health care services to underserved individuals and families in Madison at three clinics, including a homeless shelter for men, the Salvation Army homeless shelter for women and children, and a community health center serving working people, children, and students with limited access to health care.

July, 1995

- 2) To complement the education of medical and other health professions students by providing opportunities to participate in patient care and learn about the social and economic conditions influencing the health of those served by the clinics.

Organization and operation of the clinics is overseen by the MEDIC Council composed of twelve medical students leaders, three faculty physicians who serve as the medical director of the clinics, one administrative coordinator, two health administration graduate students, and a representative of the Student Nursing Association. Approximately 150 first- and second-year medical students volunteer their time at the clinics each year under the volunteer guidance of over 30 area family practice and pediatrics physicians. Nursing students, health administration students, and pharmacy students also volunteer at the clinics each week.

Two of the clinics are open on Tuesday evenings and one is open on Saturday mornings. First- or second-year medical students and nursing students begin the patient encounter by taking a history and doing appropriate parts of the physical exam as necessary. The information is presented to the attending or resident physician who then returns to the patient with the students, completes the evaluation, and prescribes treatment. A limited supply of drugs is available at the clinics, most of which have been donated by pharmaceutical companies. We also have a referral network in place for patients who need follow-up evaluation, lab or x-ray services, or information about community resources. A teaching session is given by the attending physician at the end of each clinic focusing on the medical problems and socioeconomic challenges of the patients seen in clinic that day.

MEDIC also sponsors seminars at the medical school throughout the year on topics including common medical problems seen at the clinics, community resources that we can incorporate into our patient encounters, and gaining an understanding of the problems faced by people who have limited access to health care.

Supplemental Materials on File: No

Abstract Author: Kathleen Carr
School Name: University of Wisconsin Medical School

Project Title: Adopt-A-School

ABSTRACT:

The Medical Students for Minority Concerns (MSMC) has initiated an adopt-a-school project that is generating tremendous interest among MSMC members, other students, and faculty. The school, the Accelerated Learning Academy (ALA), caters to the needs of at-risk seventh through tenth graders who have fallen behind academically for various reasons (behavior problems, family issues, etc.), offering them an accelerated program with personalized attention in order to mainstream them back into their home school. The great proportion of these students are members of an ethnic minority most are from poorer, underserved neighborhoods, and all are in need of positive influences in their lives'. In an attempt to be of service to the students and administration of this school and accommodate the full schedules of medical students, MSMC has planned a multi-faceted program:

- 1) Students who have free time may just show up at ALA, sign-in, and the administrators will assign them to work with a particular teacher/class.

July, 1995

- 2) MSMC will sponsor specialty seminars at the school. Already scheduled are Drug Awareness Week and an AIDS Workshop, both of which will be arranged and facilitated by medical students, drawing on faculty and community resources.
- 3) MSMC will participate in community-building activities with the students, including field trips, a ropes course, and rap sessions. Also planned -- women medical students and faculty sponsoring the young women of ALA for "Take Your Daughter to Work Day." Mentor relationships are also being formed.
- 4) MSMC will hold it's annual Community Health Fair at ALA with the students participating in the planning and execution of the project, earning academic credit for their work.

This project has many possibilities and can be adapted to fit the particular needs of the medical students and the school adopted. It has also captured the imaginations and hearts of many of our students. When we have been given so much, when we have achieved in spite of the obstacles, it is only fitting to give back and show others the way.

Supplemental Materials on File: No

Abstract Author: Christina M. Hahn, MSMC Med 2 Co-President
School Name: University of Wisconsin-Madison Medical School

Project Title: Doctors Ought To Care (DOC)

ABSTRACT:

Anyone who enjoys working with young people in the community is welcome to join DOC. This popular group is a national organization that helps to promote healthy lifestyles in youth by providing them with accurate information about health care concerns. Health topics such as sexuality, alcohol and other drug abuse prevention, eating disorders, and suicide prevention are addressed in presentations given by DOC members. These interactions with youth provide medical students with a unique opportunity to partake in public education, a major responsibility in medicine.

Presentations are given by pairs of medical students throughout Dane County to groups of fewer than forty students. DOC members are provided with a variety of reference materials and media, including diseased organs, in order to properly prepare for the 45-55 minute sessions. A presentation might include, but not be limited to, a brief lecture, demonstration, and group question-and-answer period.

In addition to giving presentations, many of the DOC members participate in community-wide health oriented programs. An example of such is the annual "Kids at the Capitol" event that is sponsored by Tobacco Free Dane County, when hundreds of Wisconsin school children meet with their state representatives to voice their concerns about tobacco use among children. Monthly meetings of DOC members allow for guest speakers to present and encourage new ideas and projects for the group.

DOC has been a very successful and dynamic organization at the University of Wisconsin, but we need your ideas and energy to keep it this way.

Supplemental Materials on File: No

July, 1995

Abstract Authors: DOC Co-Presidents: Tony Weiss, Jennifer Goedken, Leslie Raffini, Allison Prichett, and Jim Meek
School Name: University of Wisconsin - Madison

Project Title: Shelter Health Education Program

ABSTRACT:

Our group runs weekly health education workshops at the Willow Avenue Shelter in the South Bronx, a 90 day substance abuse treatment center. Topics range from drug effects and STD's to hypertension and sickle cell anemia -- whatever the residents request. We are also in the process of beginning monthly workshops on similar topics at another shelter in the Bronx called Part Of The Solution (POTS).

We are interested in expanding our workshops to such activities as blood pressure screening and PPD testing, but this is currently not possible due to medical liability issues. We are working with other student groups to promote legislation that would expand the current "Good Samaritan" laws to apply to medical procedures done by volunteers.

We welcome medical, graduate, and psychology students to join us.

Supplemental Materials on File: No

Abstract Authors: Phillip Kuo, Grace Kajita
School Name: Albert Einstein

Project Title: KLEAN Campaign (Kids Learning Early About Nicotine)

ABSTRACT:

The KLEAN campaign is a student run organization which was established by the Family Practice Student Organization (FPSO) and the American Lung Association (ALA). It was designed as a means of educating children regarding the hazards of smoking cigarettes. A two-hour training session is provided by the campaign coordinator. The target group is 5th grade elementary school children. The main topics which are discussed are: Basic Anatomy and Physiology (pictures of diseased lungs are especially useful!); the content of cigarettes; and the tobacco industry's marketing strategies that target kids and teens.

Supplemental Materials on File: No

Abstract Author: Kate Van Savage
School Name: SUNY Health Science Center -- Syracuse

July, 1995

Project Title: HCATS (HIV Counseling and Testing Service)

ABSTRACT:

HCATS was established to provide free and confidential HIV testing and counseling to the community. HCATS operates out of SC HOPE, a student-run free clinic servicing the homeless population of Syracuse, as well as people enrolled in substance abuse treatment programs in the Syracuse area. HCATS is sponsored by the Graduate Student Council and is coordinated by a physician from University Hospital. An extensive and mandatory training program consists of six 60-90 minute sessions, which include didactic as well as role-playing sessions. In addition, students shadow a counselor in a pre- and post-test session. Phlebotomy training and certification is conducted through University Hospital.

Supplemental Materials on File: No

Abstract Author: Kate Van Savage

School Name: SUNY Health Science Center -- Syracuse

Project Title: Eyes of March

ABSTRACT:

The Boston University Christian Medical Dental Society (CMDS) held its first annual Eyes of March Program in conjunction with University Opticians. From March 27-31, they collected old eyeglasses from the medical community to donate to the New Eyes For the Needy Program. New Eyes for the Needy, located in New Jersey, takes about one million eyeglasses annually and has them remeasured and adjusted for new customers. In the United States, over 3,000 pairs of glasses are issued through a voucher system after screening at hospitals, clinics, and schools. Around the world, there are requests for recycled glasses, especially for missionary doctors visiting other countries. Hospitals, like Boston City Hospital, are active participants in providing eyeglass vouchers for its community.

This year, the CMDS group was able to collect 440 pair of glasses. With every donation, Campus Convenience gave a free cup of coffee. A grand prize, a \$25 gift certificate courtesy of Charles Bank Health Sciences Bookstore, was given to Mark Samuelson, BUSM III, who donated 290 glasses alone! If anyone or organization is interested in participating in a service program like Eyes of March, contact John Cabral (BUSM II) for details. It is a great way to do service to the community while avoiding the issues of contributions and money. As we enter the recycling age, it is also a great feeling that items that just lay around the house have immediate benefit to others less fortunate.

CMDS would like to thank all who help in making the Eyes of March a great success this year.

Supplemental Materials on File: No

Abstract Author: John David Y. Cabral

School Name: Boston University School of Medicine

July, 1995

Project Title: HealthFirst Free Clinic

ABSTRACT:

HealthFirst Free Clinic is located at 621 East Capitol in Springfield, Illinois. It was started with the help of volunteers from the Sangamon County Medical Society; it currently has its own Board of Directors. Pam Fletcher, the executive director, was hired to help start up the HealthFirst Free Clinic because of her experience in running other free clinics in St. Louis and elsewhere. The two major hospitals in Springfield, Memorial Medical Center and St. John's Hospital, each donated \$25,000 for start-up costs.

The goal of the HealthFirst Free Clinic is to address the needs of the working poor of Springfield: those who can not afford to pay for private insurance but who do not qualify for Medicaid. The clinic currently operates three half-days a week and is staffed by volunteer physicians, nurses, and clerks. AMA-MSS of SIU School of Medicine is currently working to establish a role for medical students in the Free Clinic whereby they would function in the place of residents and assist the volunteer physicians in a manner commensurate with their level of training. For example, second-year students would perform initial evaluations and take histories, third-year and fourth-year students would take more detailed histories and perform physical exams and present the patient to the attending physician.

Supplemental Materials on File: No

Abstract Author: Juliet Bradley, AMA-MSS representative

School Name: Southern Illinois University School of Medicine

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 relevant 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 relevant 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; pregnancy/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 contacted 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 required 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 understanding 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 Janms

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 therapeutic 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 annual 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

Project Title: Medical Student - Nursing Preceptorship

Abstract:

An opportunity for 14 second-year medical students to spend a shift on a hospital floor with a nurse - mainly for students who had no previous hospital exposure. The experience was not procedurally based, but based on cultivating better relationships between students and nurses. The day was spent learning about the responsibilities and schedules of a nurse, "touring" a nurses station to understand what resources are available there, and observing nurses' interactions with patients.

Supplemental Materials on file: NO

Abstract Author: Katie Patten MII

School Name: East Carolina University - School of Medicine

Project Title: University of Miami Student Council Lecture Series

ABSTRACT:

The University of Miami Student Council this year developed a lecture series geared towards issues concerning medical students. Speakers were brought in from the Miami community for noon-time lectures/discussions once per month. The seminars addressed student issues not always covered in day-to-day medical education.

Topics included:

1. Addictions -- speaker: assistant director of a program for drug-addicted homeless women
2. Drug-Addicted Physicians -- panel of three physicians from Miami community who are recovering addicts (alcohol and cocaine)
3. Bigotry -- speaker: director of Anti-Defamation League
4. Sexual Identity -- speaker: a sex therapist
5. Gender Identity
6. Living with AIDS -- panel of three HIV+ people under age 30
7. Children of House- - representative from Children's Home Society
8. Haitian Plight in Miami -- speaker: director of Haitian Refugee
9. Alternative Healing Methods
10. The Future of Medicine

Supplemental Materials: NO

Abstract Authors: Alex Mechaber, Hilit Frenkel

School Name: University of Miami School of Medicine

Project Title: Family Practice Club

ABSTRACT:

The basic goal of the University of Iowa Family Practice Club is to promote the specialty of Family Practice and encourage medical students to consider Family Practice as a career option. This is accomplished through both formal and informal activities. It starts with active recruiting of freshman medical students during medical school orientation. Each new member has the opportunity to be sponsored by a family practitioner in Iowa who agrees to pay their membership dues to the American Association of Family Practitioners. Students also have the opportunity to "shadow" a family practitioner for a day to see what a typical day might entail. Other activities include: a Dinner Speaker Series with guest speakers who talk about different aspects of family medicine; tailgating parties prior to University of Iowa football games; Project Holiday -- a fund-raising program for those less fortunate during the Christmas season in Johnson County; the Adopt-A-Grandparent program -- students spend time with a senior citizen in one of the local nursing homes (giving the student an opportunity to see geriatric medicine as well as providing a friend for the resident); and an outreach program where students can spend time with undergraduate or high school students discussing medical school and family practice. Most importantly, the Family Practice Club offers medical students the opportunity to meet and get to know instructors from the Family Practice department at UI, residents, residency directors from across the state of Iowa, and family practitioners -- all of whom play a large role in helping a student make the difficult decision concerning choice of specialty and career paths following medical school.

Supplemental Materials: No

Abstract Author: Steve Sorensen, M3

School Name: University of Iowa College of Medicine

Project Title: University of Connecticut Medical School Community Service Requirement

ABSTRACT:

The community service requirement, instituted in 1990, was developed by a faculty-student committee and passed by the Medical School Council -- from a tradition of community service involvement by UCONN students and recognition of the educational importance of providing experience with diverse community populations and public health issues. Health is viewed broadly and includes health promotion, prevention, and direct service delivery.

Each student is required to devote a minimum of 15 hours to a community service setting and to complete an essay on this experience. This activity may occur any time from the beginning of the student's first academic year to the end of January in their fourth year. A project must be identified by the end of the Primary Care Clerkship in the third year. Because this is a curriculum requirement, community service activities should be health-related.

There are three general goals: to incorporate medical skills into community service settings; to augment medical education through experience with community service activities; and to contribute needed health services to the community. Students are able to select an area of interest, develop and apply knowledge from medical education, and receive academic recognition. There is an oversight committee with representation from students, faculty, and community that meets once a month.

Additional information is available in the Office of Community-Based Education, Department of Community Medicine, AG-059, (203)679-2354.

The following projects have been designated to date: Camp Courant (summer program); Fitness Program for Adult Day Care Population; Health Education for Children, Parents, and Staff of the City of Hartford Day Care Centers; High School Health Professions Recruitment Exposure Program (HPREP); Health Topics Course at Farmington High School; Labor Coaching for Pregnant Teens; Mentoring Program--Hartford Public High School and Quirk Middle School; New Britain YMCA Cardiac Care Educational Project; New Britain Memorial Hospital; Pediatric Partnership; Poison Control Center; Prenatal Nutrition Program at Charter Oak Health Clinic; Riverside Health Care Center, Inc.; South Marshall Street Pediatric Clinic and Health Education topics; and South Park Inn Homeless Shelter Health Primary Care Clinic and Health Education Topics.

Projects under development: Catholic Charities refugee resettlement program; Hispanic Health Council (multi-program agency); Morris Foundation in Waterbury -- substance abuse recovery programs; Puerto Rican Forum -- education programs; and Urban League (multi-program agency).

Supplemental Materials: No

Abstract Author: Charlotte Politis

School Name: University of Connecticut School of Medicine

Project Title: Pediatric Interest Group (PIG)

ABSTRACT:

Pediatric Interest Group (PIG) is an organization of approximately 120 first- through fourth-year medical students at the University of Iowa College of Medicine. PIG began at the University of Iowa six years ago and interest has gradually increased over the past years. Meetings are held approximately once a month to plan upcoming events, discuss those that have taken place, and encourage any new ideas. The group attempts to enlighten students on the variety of opportunities in the field of Pediatrics.

The functions sponsored each year allow the students to see such things as private office care, life as a resident, and research, to name a few. One of the activities, which is called the "Shadow Program," allows students to follow a pediatrician in their home town for a day during their Christmas vacation. A dinner is hosted each fall at which a pediatrician from the state of Iowa is invited as a guest speaker. Each spring an informal research session is held in which physicians in the department present the research they are involved in -- as students mingle about munching on subs and soda. A potluck dinner with pediatric residents provides a relaxed and informative atmosphere for students to ask questions. Previously it has been held once a year, but due to the overwhelming interest of the group, it will now be offered twice a year. Finally, another good experience for the students is to participate in the holiday parties. On many of the holidays a group of students go to the inpatient ward to entertain the children with costumes, games, crafts, and prizes.

PIG as a group feels it is important to allow the students the opportunity to explore the field of Pediatrics. Learning about the different aspects of Pediatrics is especially important not only for third- and fourth-year students trying to decide on a life-long career but also for first- and second-year students who have had little exposure within the hospital.

Supplemental Materials: No

Abstract Author: Sarah Beaves

School Name: University of Iowa College of Medicine

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

July, 1994

Project Title: Community Leadership Connections

ABSTRACT:

Community Leadership Connections is a tri-school project that builds upon the foundations of ethics and leadership that already exist at the Business, Law, and Medical Schools of Wake Forest University. It is modeled after an existing program, *Leadership Winston-Salem*, that educates and exposes community leaders in various professions to differing viewpoints and important issues relating to Winston-Salem. Elements of this program have been used to develop a similar project for graduate students who will eventually become leaders in the community. Community Leadership Connections lays the foundation for increased collaborative work in education and research between the Babcock Graduate School of Business, the Bowman Gray School of Medicine, and the Wake Forest School of Law by increasing the students' awareness of civic responsibility and cultural diversity. This is accomplished by bringing together faculty, students, and community leaders in a series of seminars and community projects to learn about and develop solutions to community problems.

Supplemental Materials on File: Yes

Abstract Author: Robert Gates

School Name: Bowman Gray School of Medicine, Wake Forest University

Project Title: Brown Medical School Awareness Series

ABSTRACT:

The Awareness Series is a student initiated and facilitated group which meets weekly during lunch. The purpose of the group is to provide a forum for the discussion of social issues which are generally neglected in the current medical curriculum. Past topics have included Racism, Anti-semitism, Sexism and Sexual Violence, Issues of Sexual Orientation, Issues of the Physically Challenged, and Classism in Medicine.

Generally, 10-20 students from the first- and second-year classes attend, with one or two preparing a discussion outline ahead of time. Often articles pertaining to the topic are distributed beforehand, giving participants a chance to contemplate the topic and prepare questions.

While the lunch period is a short time in which to address any of these problems, all of those involved feel it worthwhile and thought-provoking. Many of the topics are repeated, to give added time to their consideration.

Supplemental Materials on File: No

Abstract Authors: David Miller, Kima Taylor

School Name: Brown University

Project Title: Guide for Preparation of USMLE Step I

ABSTRACT:

To develop this guide, we met with approximately 30 MS3's to find out what resources and strategies they found effective in preparing for USMLE Step I. For this information, we organized a preparation guide into three sections.

- 1 - General Study Strategies
- 2 - General Review Books
- 3 - Review Books by Discipline

We also included a list of board review books and their cost, with an order form from the IU School of Medicine book store. The guide was distributed to all MS2's at IU School of Medicine. A copy of our guide will be on file with OSR.

Supplemental Materials on File: Yes

Abstract Author: Debra Conerty Bergman
School Name: Indiana University School of Medicine

Project Title: Simulated Patients/Clinical Skills Center

ABSTRACT:

Eastern Virginia Medical School has just opened a state-of-the-art clinical skills center on campus. The facilities include 5-6 fully equipped examining rooms with complete video equipment. Experts in the field of patient simulation have been brought in and have been training a diverse population of simulated patients.

The center is available to all students, residents, and affiliated area physicians. Formal sessions have been implemented into the curriculum within patient interviewing and physical diagnosis classes. The center also is available for individual requests, such as "I would like to see a patient with Lupus next Tuesday."

The patients are extensively trained in the signs and symptoms of the particular disease or syndrome and an amazing array of physical signs can be simulated, not just acted out, by these patients. Sessions can be conducted with a preceptor in or out of the room (viewing through a one-way mirror), and the patients provide feedback on how you are doing during the "time outs".

The center provides an excellent way for students to develop their interviewing and physical diagnosis skills and build confidence. There are also Genital Teaching Assistants (GTA's) who are available for students to conduct GYN exams. The GTA's actually guide you through the exam, taking alot of pressure off the first times. The center also allows for an excellent method of assessment, and is becoming very popular on campus.

Supplemental Materials on File: No

Abstract Author: Edwin W. McLaughlin
School Name: Eastern Virginia Medical School

July, 1994

Project Title: "First Do No Harm?": Issues in Medical Ethics

ABSTRACT:

AMSA members at the University of Massachusetts have recognized that every physician makes daily decisions in which ethical considerations are weighed and evaluated. However, few physicians receive adequate training in how to make such decisions in a rational, logical and consistent manner. To help overcome this educational gap and attempt to ease the discomfort of ethical decision making, the UMASS Chapter of AMSA organized a day-long conference entitled, "First Do No Harm?": Issues in Medical Ethics, which took place January 25, 1992. The day focused on four keynote speakers, who addressed ethical issues related to neonatal, adolescent, and adult patient populations. Workshops systematically approached case studies, drawing on the knowledge gained from the lectures. Workshops focused on a wide range of topics, including the patient's right to die, surrogate decision making, advanced directives, and HIV.

Because we hope our efforts last beyond the workshop, we have provided the AMSA Resource Center with a medical ethics guide compiled with funds from an AMSA Local Project Grant, under the guidance of the conference participants. In addition, we hope to establish a fund to provide financial assistance to students interested in participating in intensive clinical ethics courses across the nation.

Supplemental Materials on File: No

Abstract Authors: Mary O'Neill, Amy Schoenbaum, Anne Murray

School Name: University of Massachusetts Medical School

Project Title: The Caduceus Project: Evolving Well-being In Medical Practice

ABSTRACT:

The Caduceus Project has undertaken the mission of synthesizing diverse research findings from many disciplines into a conceptual framework that can have practical value to health care professionals. The project provides educational experiences which integrate this framework in daily practice.

The project has two timely and interrelated goals. The first is to guide medical students through a process which defines their personal values and creates individual practices that restore and protect the internal harmony of their own well-being and balance as they pass through the educational system. Given the rigor, demands and stress of the medical school environment, this goal is critical and accomplished through skill-oriented experiences. The second goal of the Caduceus Project is to provide medical students with strategies and skills which will enable them to be practitioners of a multi-dimensional model of health care that seeks to restore patient well-being as well as function. This goal provides essential pathways for medical students to utilize within their career that will maintain their own well-being and extend its influence in their chosen field of practice.

The goals of the Caduceus Project are accomplished through a curriculum that is provided in a three-week clerkship program.

Supplemental Materials on File: No

Abstract Authors: John Jay Koriath, Ph.D., Carl Hammerschlag, M.D., and Lisa Schlar

School Name: University of Arizona College of Medicine

Project Title: Achieving Well-being: A Stress Management Course For Medical Students

ABSTRACT:

Dr. Beck has implemented and offered an elective in stress management to first- and second-year medical students for the last three years. This course teaches students skills that they can use for themselves and their patients. Feedback has been excellent. Dr. Beck can give examples of the sessions, review the course feedback, and give guidelines to those who would like to develop such a course.

Supplemental Materials on File: No

Abstract Author: Ellen Beck, M.D.

School Name: University of California, San Diego, Division of Family Medicine

Project Title: Curricular Innovations at the University of New Mexico School of Medicine

ABSTRACT:

One of the most central changes in the UNM curriculum has been the adoption of a problem-based approach to learning. The new curriculum is focused on tutorials—seven to eight students meet two to three hours twice weekly, covering patient cases organized by organ system blocks. Students generate and present learning issues that address key aspects of basic science, clinical practice, ethics, patient behavior, and epidemiology related to each case. The case is discussed by a faculty clinician in weekly "grand rounds" conferences with student questions. Approximately two hours of lecture per day are given, also grouped by organ system; labs in gross anatomy, histology, pathology, and other topics demonstrate points covered in tutorials and lectures.

Another change has been to integrate basic and clinical science (rather than teach basic science in the first two years and clinical science in third and fourth years). Clinical skills, including patient interviewing and examination, are taught in weekly small-group meetings with faculty and simulated real patients at community sites. In addition, an hour and a half every other week is spent in "Perspectives in Medicine," a small-group seminar focusing on social and humane aspects of medicine.

In all, the student time commitment for lectures, labs, tutorials, and clinical skills sessions is limited to 20-25 hours/week, leaving the remainder of students' time free for studying, researching student-defined learning issues, consulting with faculty, and additional lab work or research.

One of the specific goals is to encourage students to appreciate the importance of continued learning after graduation. Many faculty tutors have helped their students develop strategies to review the current medical literature to get the most up-to-date information on their learning issues. Students are now required to purchase computers compatible with the school's network, from which students can access the library's Medline software to do literature searches. Students have organized an on-line tutorial, are in the process of setting up a pharmacology database, and a growing number use electronic mail to consult faculty.

The new curriculum has had a positive effect on several problems that were not specifically identified in the past. The emphasis on small-group learning allows students to receive individual, personalized attention from faculty on a regular basis. The process of developing case studies has caused basic science and

July, 1994

clinical faculty to talk and collaborate with each other to an extent which has never happened before. Faculty members must tutor outside their specific areas of expertise, which also increases their level of involvement in and commitment to the learning process.

Students have been extensively involved in the implementation of this new curriculum--representatives from each of the tutorial groups meet weekly, to discuss important issues; students serve on evaluation and planning committees with faculty and administrators, and students have full voting membership on these committees, which decide scheduling, planning, and grading policy. The committees assess the effectiveness of past and current organ-system blocks (by evaluating student responses to surveys and using faculty comments) and plan upcoming blocks using the experience of the previous blocks. As a result of student feedback, some changes have already been made in scheduling.

The student feedback is obtained through the use of detailed surveys. From the surveys, students consistently felt that tutorials were effective learning environments; respondents were generally pleased with the amount of time spent in lectures. Assessment (testing) remains a point of controversy among the students. Tests generally contain a problem-based patient case, in which students form hypotheses, order and receive physical exam findings and lab results, and narrow their hypotheses to form a diagnosis. In addition to the case, multiple choice questions, sometimes based on clinical vignettes, round out the exam. The survey respondents had wide-ranging views on the assessments, and no consensus was achieved. However, many students expressed the concern that the test content did not match the block objectives or the material as taught. Eighty-three percent of the students agreed that faculty were helpful and supportive of their learning needs; students found that the first phase of the curriculum provided a good integration of basic medical science with clinical medicine.

Supplemental Materials on File: No

Abstract Authors: Lee P. Schelonka*, Circe Cooke, Roselyn O'Donnel, David Reese
School Name: University of New Mexico School of Medicine

Project Title: Medical Education Initiatives
ABSTRACT:

As recently as 1991, Michigan State University's College of Human Medicine renewed its commitment to small-group, problem-based learning while introducing a new curriculum to its students. Specific to its mission, the College is committed to producing excellent primary care physicians, compassionate physicians committed to the doctor-patient relationship, and physicians committed to caring for the particularly underserved. The College is prepared, as well, to serve the research-oriented medical student. As a state-supported institution, Michigan State prepares its students to meet Michigan's health care needs throughout the State. It is believed that MSU's innovative curriculum will serve its graduates well in these roles.

At Michigan State, students learn in their first year the importance of the doctor-patient relationship, with opportunities to develop patient-centered skills with interviews with actual and simulated patients. Additionally, students learn the basics of the physical examination by the end of year one. Students are also

* To whom correspondence should be addressed

July, 1994

socialized to the intricacies of the medical profession by participation in a mentor group experience. Furthermore, students learn the fundamentals of the basic sciences entirely during the first year--which sets the stage for problem-based small-group learning of the second year.

While students continue to build upon the clinical skills established during the first year in continuation of the above-mentioned programs, they spend their time on a problem-based learning experience which has a proven 20-year tradition of success during year two. This organ-system emphasis is intended to strengthen independent critical learning strategies, so important to medicine in the upcoming century. Finally, a course comprising medical ethics, biostatistics, and economics is included.

In the last two years, students spend their required clerkships of Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Surgery, and Psychiatry in various Michigan communities. Lansing, Saginaw, Grand Rapids, Flint, and Kalamazoo serve as the training sites during the last two years. Students have the option of spending their elective rotations in their communities and doing electives at other institutions. Advanced Medicine and Surgery rotations are also required during the fourth year. The College believes therefore that this innovative program in the basic sciences and in community-based medicine will prepare newly emerging physicians well to excel in the medical profession in the twenty-first century.

Supplemental Materials on File: No

Abstract Author: Gilbert D.A. Padula

School Name: Michigan State University College of Human Medicine

July, 1995

Project Title: Birth/Infancy Continuity Experience (BICE) Program

ABSTRACT:

The Birth/Infancy Continuity Experience (BICE) Program at the University of Wisconsin Medical School provides an opportunity for first-year medical students to have a fifteen-month preclinical experience in a primary care setting. Students are paired with either volunteer Family Physicians, Obstetricians, or Certified Nurse Midwives and a maternity patient from the provider's practice. Students attend routine prenatal clinic visits during the last trimester, observe the labor and delivery, and attend routine well-baby clinic visits for a year following the baby's birth. Home visits are encouraged.

The purpose of the program is to provide an opportunity for students to:

- 1) Integrate basic science knowledge with clinical knowledge early in medical education;
- 2) Observe continuity of health care delivered in a primary care setting;
- 3) Learn about the medical and psychosocial dimensions of normal pregnancy, birth, and the development of an infant and family;
- 4) Observe the dynamics of a physician/patient relationship and understand the perspectives of each; and
- 5) Practice and enhance their communication skills.

Ten to twenty percent of the patients participating in the program are considered medically underserved.

In preparation for their BICE experiences, students are required to read the program syllabus and attend didactic sessions covering the basics of normal pregnancy, labor and delivery, the newborn exam, and infant growth and development. Students view a childbirth film and tour the hospital birthing center where the patient will deliver. Students are also asked to document their experiences in a logbook and share their experiences with other students in small group sessions.

The BICE program has been a very popular extracurricular option since 1986. Over sixty students participated in 1994. The program is open to all first-year medical students regardless of future specialty interest. The program is administered through the Department of Family Medicine and is offered on an extracurricular basis.

Supplemental Materials on File: No

Abstract Author: Lynne Cleeland, M.S., Coordinator

School Name: University of Wisconsin Medical School

Project Title: Medical Student Volunteer Corps (MSVC)

ABSTRACT:

The MSVC is a program established in 1994 to increase medical student sensitivity to domestic violence issues. Training sessions are held to teach male and female medical students how to counsel survivors of domestic abuse. Female medical students are also given the opportunity to volunteer as advocates for battered women at the University of Wisconsin Hospital emergency room. (Only females act as advocates, because it is felt that it is more comfortable for battered women to talk to other women.)

Medical students complete an intensive 12-hour weekend training session led by a member of the community who has worked with battered women and trained advocates for many years. During the

July, 1995

training, students learn about the cycle of violence, the "battered woman syndrome", resources in the community, and ways the women can safeguard themselves from domestic violence.

Because the emergency room is often the first place a woman goes after a domestic violence episode, and because emergency room staff are often too busy to counsel survivors of domestic violence, trained female medical students are given the opportunity to use their skills and act as advocates for these women in the emergency room. As of this writing, medical students are on call only on the weekend in 24-hour shifts from Friday midnight to Saturday midnight, and from Saturday midnight to Sunday midnight. The medical student on call carries a beeper and is paged by the charge nurse of the emergency room when a battered woman comes in. The student then goes to the emergency room where she meets with the battered woman in a private counseling room. Afterwards the battered woman has the option of going to the Dane County Shelter for Battered Women (or a "safe house" if the shelter is full), or just going home with information about the resources available to her.

Through this project we hope to raise awareness of the prevalence and seriousness of the problem of domestic violence, and to give students the information and opportunity to help survivors. In addition, we have helped to raise awareness of this problem to the staff of the emergency room, and have given them a convenient method to help survivors of domestic violence who come to the emergency room.

Supplemental Materials on File: No

Abstract Authors: Angela Kutzbach (kutzbach@students.wisc.edu)
Carla Aamodt (caamodt@students.wisc.edu)
School Name: University of Wisconsin - Madison

Project Title: Domestic Violence: A Guide to Screening and Referral

ABSTRACT:

Using Brown University School of Medicine's inspirational domestic violence booklet prototype (by Alexes Hazen and Yvonne Mark), we created a 15-page booklet for medical students and house officers. The booklet is small enough to fit in the pocket of a white coat, and is structured to provide quick information regarding patient screening, history, physical exam, patient management, legal options (which vary greatly by state), and referral #'s. We also included an introduction to domestic violence with shocking facts and figures emphasizing the need for our involvement in screening and referral. We gave the booklet to every student and also sponsored an all-school lecture by a family practitioner with expertise in the area of domestic violence. The cost of each booklet was 50 cents, paid for by the office of Student Affairs. We encourage others to copy our example. Any questions please contact me at (410) 475-3557.

Supplemental Materials on File: Yes

Abstract Author: Melissa Merideth
School Name: Johns Hopkins University School of Medicine

July, 1995

Project Title: Curriculum Development Office

ABSTRACT:

The Curriculum Development Office at the University of Rochester provides a valuable connection between currently enrolled medical students and future educational directives at our institution. Through continuous feedback-form distribution, the office provides a constructive outlet for students to express their complaints, concerns, and approval of our continuously changing curriculum. Feedback is directed toward both small groups and lectures. "Focus Groups" are organized for each course, where free pizza lunch attracts students to attend and provide constructive feedback.

Supplemental Materials on File: No

Abstract Author: Jeremy Lieb

School Name: University of Rochester School of Medicine & Dentistry

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 Committee

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: <u>pathology</u> -a volunteer pathologist showing normal and abnormal specimens; <u>microscopy</u> -some histo and microbio specimens were set up with written explanations; <u>living anatomy</u> -medical students helped children draw various organs on plain T-shirts with markers; and <u>physical exam</u> -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 facilities 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 (submitted 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 initial 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-release 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 it 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 with 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 irrelevant 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 counseling; 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 relevant 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, counselors, 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, scholarships, 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: Investors Club of USUHS (ICU)

ABSTRACT:

The Investors Club provides members of the USUHS community with financial information free from the pressure of a salesman. The club coordinates monthly presentations by business professionals who address issues such as mutual funds, investing, auto/home purchases, insurance matters, retirement planning, and income taxes. The club also offers a core of interested individuals who meet on a monthly basis, separate from the presentations, to discuss the world of finance and investments. There are no dues.

Supplemental Materials: No

Abstract Author: Tom Poulton

School Name: Uniformed Services University of the Health Sciences

Project Title: Academic Council

Abstract:

Each medical school class within the Uniformed Services University of the Health Sciences (USUHS) elects an Academic Representative. These individuals represent the class to the various academic departments, the administration, and a number of university committees. Because of the far-reaching impact this individual has on the academic well-being of the class and the varied responsibilities of this individual, the class of 1996 instituted the Academic Council in January, 1993. This council has a flexible and variable constitution that allows the group to respond to the ever-changing challenges that face a medical school class during their progression through school. At the center of the Council are Action Officers, who serve as dedicated liaisons to academic departments for courses the class are involved with. There are also Action Officers who spearhead special projects of academic interest to the class.

This Council meets bi-monthly to anticipate requirements and plan academic strategies for the class. Most importantly, this Council serves as an advisory body for the Academic Representative to assure adequate informational input before their representation of the class to the many University committees on which the Academic Representative serves.

Supplemental Materials on File: YES

Abstract Author: Pete Weina

School Name: Uniformed Services University of the Health Sciences (USUHS)

Project Title: Peer Development and Counseling Committee (PDCC)

ABSTRACT [A]:

PURPOSE – to provide the university student body an elected peer group to whom they can bring personal, academic, and peer group concerns to receive guidance on the next logical step to take toward resolving the issue, while being assured that there will be follow-up by the committee on the issue. At the same time, there is continuous education of the student body regarding the processes involved.

MEMBERSHIP – Academic Representatives (MSI-IV), Honor Representatives (MSI-IV), PDCC Representatives (MSI-IV), and a Faculty Advisor; the Chair is the MSIV Academic Representative.

TYPES OF ISSUES CONSIDERED – sexual harassment, sexual or racial discrimination, student abuse by hospital staff, peer concerns about alcoholism and suicide, and academic conflicts requiring immediate resolution.

Supplemental Materials: No

Abstract Author: Ann Miller

School Name: Uniformed Services University of the Health Sciences

ABSTRACT [B]:

Description: The PDCC was established in November, 1992 to assist in the education of students on quality of life issues and standards of professional behavior, and to provide an additional avenue for addressing specific circumstances affecting the educational experience. Areas of particular concern are student mistreatment and substance abuse.

Purpose: The PDCC is one of the student body's primary organizations for promoting and protecting the rights and responsibilities of student's during their educational experiences. The committee serves to improve student intervention in the handling of issues regarding behavioral dilemmas that will confront them in their medical careers as well as in their medical education.

Specifics: The PDCC is made up of four Academic Representatives (one from each class), an elected Peer Development Representative (PDR) from each class, the AAMC-OSR Representative, and two members of Alpha Omega Alpha (AOA). [Note: membership structure is presently under revision.] The PDCC elects an advisor from the faculty or administration on an annual basis. This person acts only as an advisor/counselor to the committee and is not used as a liaison with the school administration. In its first year, the PDCC had seven business meetings.

The committee is designed so that any student can come to a PDCC member with a concern. That PDCC member becomes the point of contact (POC) for that student. The POC is then responsible for reporting to the PDCC chairperson, who determines the urgency of the issue. If the issue is of sufficient concern to justify further investigation, the available information will be presented to the Assistant Dean for Student Affairs for further action. For issues dealt with at the PDCC level, a specific procedure is followed. The POC writes up an incident report and presents it at the next meeting of the PDCC. It is discussed among the PDCC members and a course of action is decided upon. Usually this entails "looking into the matter" by talking to the parties involved and finding out what happened. If the student has a valid concern, then the PDCC acts as the student's advocate by keeping track of the incident and assuring that there is resolution. The PDCC maintains a record of reported instances of student mistreatment for the purpose of annual evaluation of educational experiences -- trends can be analyzed and certain individuals or departments can be highlighted as problematic (e.g., a specific resident who chronically mistreats students).

In addition to dealing with acute incidents, the other primary goal of the PDCC is education and peer development. The PDCC has an education file of lessons learned. By highlighting pas problems, we hope to avert the same sorts of problems in the future.

Closing: At the writing of this abstract, the PDCC had just finished its first year; it is a pioneer organization, so is in a state of constant revision and improvement. We would welcome any input other schools would have to offer.

Supplemental Materials on file: NO

Abstract Authors: Christopher S. Allen (OSR), Craig Bonnema (PDCC Chair)
School Name: Uniformed Services University of the Health Sciences (USUHS)

Project Title: Student Advisory Council (SAC)

ABSTRACT:

PURPOSE: the SAC is an organization representing the leadership of the four School of Medicine classes and the graduate population of USUHS. It is designed to study student issues across class lines and provide a student body consensus that may then be communicated to the Dean and other responsible school officials. The SAC will also facilitate the transfer of information on matters or problems common to each student class or group. It is not concerned with class-specific matters that are to be handled by class officers as provided by each class constitution.

ORGANIZATION: the SAC is composed of nine student members, each with a vote. Each SOM class will be represented by its president and academic representative; graduate students will be represented by an elected or designated representative. SAC members are to represent the consensus of their respective class; each voting member designates an alternate to be present at meetings when they are unable to do so (that alternate has the power to vote on all issues under those circumstances). The Associate Dean for Student Affairs serves as the faculty advisor to the SAC.

CHAIRPERSON: the fourth-year class president. The chair supervises meetings and coordinates discussions and votes to establish a consensus representation of the entire student body; he/she communicates with faculty and administration as the student body representative. The chair provides an agenda for each meeting with input from other SAC members. The Chairperson has the authority to establish Ad Hoc committees comprised of SAC members to deal with matters or problems that arise. The **VICE CHAIRPERSON** is the fourth-year class academic representative.

SECRETARY: the second-year class president. The secretary records and publishes minutes of each meeting and notifies SAC members of the time and location of meetings no later than seven days prior to the date.

Abstract Author: Tom Poulton
School Name: Uniformed Services University of the Health Sciences

Project Title: The UCSF Student Network
ABSTRACT:

The UCSF Student Network is a student-initiated, student-run organization designed to help medical students help each other. Many students view various aspects of medical school as somewhat of a vacuum. Part of the burden of medical school could be eased simply through exposure to the student resources available at the school. For example, medical school would be far easier if students had access to critical information -- such as how to manage the large work volume, which books and resources are crucial for study, how to prepare for the boards, how to choose faculty advisors/tracts/hospital rotations/electives, how to approach residency applications, etc. Furthermore, students at different levels have not had a forum to discuss issues pertaining to the stresses and isolation of medical school. Because there is very little social interaction between students in different years, the wealth of information contained within the student body often goes untapped. Thus, the UCSF Student Network was formed to help meet the informational, social, and emotional needs of all students.

The philosophical objective rests on the premise that almost everyone feels overwhelmed or isolated at different steps in the medical education process. The network gives students the opportunity to cope with these feelings by giving them support and a forum to air these feelings. The whole idea is to humanize medical education. If medical students react to crisis by forming rigid defenses, they could become dehumanized, removed physicians. If they channel it into an opportunity for growth, they can be more empathic. The format of the network is:

- groups of 20 medical students, comprised of students from all four classes, meet approximately once a month
- the groups are coordinated and facilitated by active fourth-year students; when they graduate, this function is passed on to the third-year students in their groups
- groups usually roll over annually, with all new first-year students automatically enrolled in a network group upon matriculation
- each group functions autonomously; format, content, and frequency of meetings are determined by the needs of the group and facilitated accordingly

There are two large-group functions annually: (a) a kick-off meeting during the second week of school at which the new first-year students are introduced to their established smaller group; and (b) an end-of-year meeting at which the groups say goodbye to their fourth-year students.

A 30-member subcommittee, comprised of a third-year student from each group and three members each from the second- and first-year classes, meets to discuss the dynamics of the groups' membership and changes in the program's format.

At UCSF, over 250 of the 279 first- and second-year students participate in the Student Network. Over 200 students from the other two classes opt to participate. The Network has quickly become an integral part of the UCSF student body and could potentially play a critical role in any organization.

Supplemental Materials: No

Abstract Authors: Danny Friedlan, Deborah L. Washington
School Name: University of California, San Francisco

Project Title: *Auscult* - A Literary Journal Dedicated to the Art of Medicine

ABSTRACT:

Auscult is a literary journal featuring the selected essays, short fiction, poetry, and art work of medical professionals, trainees, and their patients. The journal was founded in the fall of 1991 at the Medical College of Wisconsin-Milwaukee by students and faculty members. Funding for producing the initial two volumes was received from several Medical College of Wisconsin Departments, the Marquette University/MCW Alumni Association, and The Milwaukee Academy of Medicine.

The mission of *Auscult* is to create a unified artistic voice for medical professionals and their patients, and to provide a national forum for the discussion of relevant humanistic concerns, thereby enriching the understanding of medicine's dual nature as art and science. *Auscult* is a nationally-circulated, peer-reviewed publication seeking works of the highest quality. For information on submission and subscriptions, please contact:

Auscult
P.O. Box 13252
Milwaukee, WI 53213

Supplemental Material on File: NO

Abstract Authors: Erik St. Louis, M.D., Steven Brykman

School Name: Medical College of Wisconsin (P.O. Box 13252, Milwaukee, WI 53213)

Project Title: Vocal Cord

ABSTRACT:

The *Vocal Cord* is the student-organized and student-staffed newsletter of the State University of New York Health Science Center at Brooklyn (SUNY-HSCB) which is published for the SUNY-HSCB community. The paper was founded in June, 1992 by Arun Babu, John Belko, George Khoriaty, Rajiv Misquitta, Nonna B. Rivkin, and Ho Jung Yoon; since its inception it has continued to publish nine issues each academic year. The *Vocal Cord* is an 8-page newsletter that is prepared using Microsoft Word v5.1 on Macintosh computers, and 1,200 copies are printed using offset techniques. We receive about 95% of our financial support from student councils, but have also been receiving income from the placement of advertisements in our publication.

The purpose of the *Vocal Cord* is to enhance the communication between the many diverse facets that make up the Health Science Center community; it has achieved tremendous support from the students, as well as the faculty and administration of the schools that make up this community. We have had student authors from all the schools of the Health Science Center, the College of Medicine, the School of Graduate Studies, the College of Nursing, and the College of Health Related Professionals.

The *Vocal Cord* accepts articles from any member of the community, and over the past two years has run a series of articles highlighting the research and accomplishments of our faculty and students. We've conducted interviews with guest lecturers, faculty members, and department chairs. We also publish articles about the daily events on the SUNY-HSCB campus as well as special events. There is also a group of students that follow the current scientific literature and submit articles on some of the latest research and its implications for future health care professionals. There is also a section that allows students to express themselves artistically by submitting photographs, cartoons, and poems. There is also a student that develops medically-oriented crossword puzzles, which are published regularly. In addition, an annual tradition at SUNY-HSCB is the publication of the April Fool's issue, an opportunity for an excursion into the lighter side of medical life.

Supplemental Materials on File: No

Abstract Author: John Belko

School Name: SUNY-HSC at Brooklyn

Project Title: OSR Carousel

ABSTRACT:

The point of this minor project was to create an accessible information booth to publicize OSR and inform students about medical education and health care issues. Our carousel was set up in the library.

After informally gaining the support of our associate dean, I discussed the idea with our head librarian. One thing that helped was to stress that OSR wasn't really a club (for just some students), but an organization whose mission has been to act as a liaison between the AAMC and all students.

We took a study carrel and plastered it with laminated OSR publicity posters (available from Donna Quinn Yudkin at the AAMC), then filled the carrel with OSR and AAMC publications. I also included a small sign explaining the purpose of the booth.

July, 1994

There is a small booklet available from the AAMC entitled: 1994 Publications Catalog. I went through this book and formed a list of relevant publications. Then I forwarded the list to Donna Quinn Yudkin at the AAMC, who provided the materials.

Supplemental Materials on File: No

Abstract Author: Rawn Salenger
School Name: Albany Medical College

Project Title: Family Practice Club

ABSTRACT:

The Family Practice Club at SUNY/Brooklyn is a student organization whose principal activity has been monthly meetings to meet, to eat, and to discuss topics related to the Family Practice specialty like practice opportunities, residencies, holistic medicine, and dealing with drug representatives. Typically in attendance at a meeting are a feature speaker, a faculty sponsor, and 20-30 medical students/residents.

If you're interested in starting or expanding a family practice club, you might consider seeking out the following resources for funding, ideas, and support: your Family Practice Department (if you have one), student council, American Academy of Family Physicians, and state chapter of the AAFP. A helpful contact at the AAFP is Ms. Marilyn Dancy, national coordinator of Family Medicine interest groups (1-800-274-2237, ext. 5224)

Supplemental Materials on File: No

Abstract Author: Peter Shao-Pei Lee
School Name: SUNY HSC at Brooklyn

Project Title: Faculty and Students Together (FAST)

ABSTRACT:

The Faculty and Students Together (FAST) groups at the University of Pittsburgh were developed five years ago as a stratified support system involving medical students and faculty. The groups are targeted primarily at first-year students. The goals of this system have been to provide a network of support for these new students, promote camaraderie among classmates, discuss study strategies, and provide some opportunities for clinical experiences. Over the years, the structure of the groups have changed in order to optimize their effectiveness. At present, the groups consist of one faculty advisor, one fourth-year medical student advisor, and five first-year students. Several pre-arranged sessions are scheduled during orientation so that group members can become familiar with each other. Thereafter, it is the goal that these groups will meet once a month to address issues important to the first-year members, such as discussing how to study; talking about test anxiety; seeing patients; and having recreational activities, often including dinner. This year, over eighty percent of the groups have been meeting regularly, an increase from previous years, which we attribute in part to the change in the groups' structure.

Supplemental Materials on File: No

Abstract Authors: Richelle Koopman and Marietta Hofmeister
School Name: University of Pittsburgh School of Medicine

Project Title: Life Has Options: The Adolescent Substance Abuse Prevention Program at Oregon Health Sciences University

ABSTRACT:

The Adolescent Substance Abuse Prevention (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 which provides support and guidance for "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, and Life Flight) provided opportunities for both mentors and youth to experience various health care fields and discuss important topics such as drug abuse, birth control, sexually transmitted diseases, diet, and exercise.

This year, our AMSA Chapter employed pre- and post-testing of the youth to determine which aspects of the program were most successful in educating them and promoting relationship developing skills. Future plans for our project include a focus on impacting the neighborhoods of these adolescents in addition to the kids themselves. With the support of funds provided by the OHSU Alumni Association and the AMSA national program we plan to initiate several community service projects to promote both pride in the community and comradery within the group. We also hope to integrate these inner-city students into the teaching and organizational portions of this program to further promote the idea that life has options.

Supplemental Materials on File: No

Abstract Authors: Karl Segnitz, Kristen Filarski, and Scott Milne
School Name: Oregon Health Sciences University School of Medicine

Project Title: Options for Wellness of Medical Students

ABSTRACT:

In response to two pioneering articles in JAMA on medical student abuse, an ombudsman committee was formed at the University of Colorado School of Medicine. "Ombudsmann" is the Norwegian term for grievance officer. There are four senior faculty members on the ombudsman committee to whom students can report instances of sexual, physical, or emotional mistreatment/abuse. Students do this confidentially and are able to bypass the dean's office in this way. The ombudsman committee has ready access to all the medical school departments and can assist students with difficult situations who may wish to remain anonymous.

The Colorado Physician Health Program (CPHP) is a non-profit organization independent of other medical organizations and of the government. Its mission is to identify physically or emotionally distressed physicians and medical students and refer them for treatment if necessary. CPHP follows up on each case. Physicians and students who utilize CPHP are assured anonymity and confidentiality.

Heart to Heart is a social and support organization for spouses of medical students and housestaff at the University of Colorado.

Supplemental Materials on File: No

Abstract Author: Richard Penland
School Name: University of Colorado School of Medicine

July, 1994

Project Title: Committee on the Well-Being of Medical Students--What It Is and What It Can Do For You?

ABSTRACT:

The Stanford University Committee on the Well-Being of Medical Students (CWBMS) is a small, open committee of medical students and faculty members who get together several times a quarter, as a whole, to discuss a variety of issues with basically one central theme: "what are the important lifestyle challenges facing the Stanford medical student body, and how can we intervene to help the students promote change for the better?" The process of decision-making in CWBMS has been described as "thoughtful, satisfying, and participatory."

There are many subcommittees and activities sponsored by the CWBMS, including various types of stress reduction/relaxation workshops; evening meetings with specialists in different fields ("Lifestyles in Medicine"); helping students plan research ("Summer Opportunities Panel"); meeting with the Dean about urgent issues ("Lunch with the Dean"); AIMS Council (Advocacy for the Individual Medical Student); student support groups; and various subcommittees focusing on the needs of both pre-clinical and clinical students ("Bluejeans" and "Whitecoats"). Some of the CWBMS' current and past special projects include securing exercise/recreation space and beepers for students. The Committee has made efforts to plan new student and clinical student orientations with particular attention given to the presentation of an extremely well-received "Lifestyles" panel, in which five students with very different backgrounds and needs describe how they have made Stanford medical education work for them.

Supplemental Materials on File: No

Abstract Author: Eleanor S. Segal M.D., Clinical Associate Professor
School Name: Stanford University School of Medicine

Project Title: The Albany Medical College Experience: Support Programs That Encourage Medical Student Well-being

ABSTRACT:

The supportive environment and programs at the Albany Medical College are well defined and offered to the students from the time that they are interviewed through matriculation to commencement. The philosophy that supports the program is heavily focused on welcoming the applicant and making him/her feel comfortable during the interview process; it is followed up by the provision of a nurturing atmosphere and attitudes on the part of fellow students, faculty, and administrators.

The components of the student support program are highlighted by the following: (1) a well planned and orchestrated student welcoming program which encourages applicants' early contact with our student body through an evening pre-interview orientation program, overnight housing with our students, and a tour of the medical school on the interview day; (2) a four-day freshman orientation program completely organized by two sophomore medical students in concert with approximately 50% of the sophomore class. The orientation includes both an academic and social focus; (3) freshman students are assigned a faculty advisor, a sophomore medical student advisor, and a senior medical student advisor on their first day in medical school; (4) a student-run peer support program directed by two upperclassmen; (5) the Office of Student Affairs provides frequent counseling and support to students; (6) the Student Mental Health Service provides confidential counseling/psychotherapy at the student's request; and (7) academic support provided

July, 1994

by the course directors, the Promotions' Committees, and a new tutoring service which is staffed by volunteer upperclassmen. It should be emphasized that the Dean's office as well as the other administrative offices foster an atmosphere of interaction, cooperation, friendliness, and a willingness to work together. All of the above programs, the atmosphere, and attitudes promote medical student well-being.

Supplemental Materials on File: No

Abstract Author: Susan A. Maxwell, Assistant Dean in Student Affairs
School Name: Albany Medical College

Project Title: Substance Use and Abuse In Medical School - The AECOM Aid for the Impaired Medical Student Committee

ABSTRACT:

Albert Einstein College of Medicine's (AECOM) Aid for the Impaired Medical Student (AIMS) Committee is representative of faculty and students, formed to address the needs of students with substance abuse problems.

The Formation of the AECOM AIMS Committee:

- Description of the traditional AIMS Committee
- an "intervention" committee
- Issues of confidentiality and liability in the formation of an AIMS Committee
- How the AECOM AIMS Committee differs from that at other medical schools
- Our four subcommittees: needs assessment, resource assessment, referral, and education

Substance Abuse Questionnaire: As part of our needs assessment, we distributed an anonymous questionnaire to first- and third-year medical students. The findings are helping us to focus our educational efforts. We can share the design of the questionnaire and general findings that raise questions for further discussion and/or action.

Substance Abuse Brochure: As part of our referral/education mandate, we have compiled a brochure for distribution to all students.

Supplemental Materials on File: No

Abstract Author: Mary Woesner M.D.
School Name: Albert Einstein College of Medicine

July, 1994

Project Title: Medical Student Well-Being: Some Thoughts as to Causes of Student Stress and Some Pragmatic Suggestions For Solutions

ABSTRACT:

We all enter medical school with a desire to be good, and a strong capacity to feel inadequate. Medical schools nurture this capacity until it flowers and blooms throughout the years of medical training. Much of medical school stress is based on the fact that ultimately medicine is an unknowable mystery without clearly defined limits. Medical school faculty often have little or no training in teaching skills and use teaching techniques that foster the sense of inadequacy. It often seems that the "inner critic" has been taken to an institutional level. So what can be done: (examples of programs that the author has created at McGill University, Montreal, Canada & UCSD, Division of Family Medicine).

1. Stress Management courses for medical students.
2. Faculty Development Retreats entitled "The Doctor as Teacher".
3. Small groups throughout Internal Medicine and Family Medicine clerkships that address personal/professional/ethical issues.
4. An honest definition of the "good physician" that is based on the characteristics of compassion, conscientiousness, and awareness of one's limits.

Supplemental Materials on File: No

Abstract Author: Ellen Beck, M.D., Director, Family Medicine Predoctoral Program, Department of Family & Community Medicine

School Name: University of California, San Diego

Project Title: Highlights of Healthy Strategies of Coping with Stressors in Medical School

ABSTRACT:

The problem of alcohol and drug abuse and other unhealthy coping skills all have been reported to affect the performance of medical students. These problems, along with anxiety, depression, and poor relationships may eventually lead to failure in medical school and dysfunctional physicians. Many solutions have been proposed to deal with these problems; however, some are better than others. For this reason, various programs have been developed to ensure medical student well-being at East Carolina University School of Medicine. Successful programs to be highlighted are: (1) Center for Student Opportunities, (2) Student Health and Effectiveness Committee, (3) Peer Counselors, (4) Big Brothers and Sisters, (5) Stress Seminars, and (6) Student Psychiatrist.

Supplemental Materials on File: No

Abstract Author: Steven B. Owens

School Name: East Carolina University School of Medicine

Project Title: UCLA Mental Health Services For Physicians in Training

ABSTRACT:

The University of California, Los Angeles School of Medicine, in cooperation with its Department of Psychiatry and Center for Health Sciences, offers a unique program for both medical students and housestaff--Mental Health Services for Physicians in Training (MHSPT). This program is totally separate from the Dean's Office and Student Health, and provides free initial consultation with a psychiatrist or psychologist that is absolutely confidential (no records are kept) and free of charge. The student/housestaff officer is then referred to one of over 400 psychologists in the community who have agreed to provide therapy for two to six visits at no out-of-pocket charge, and to negotiate a long-term low fee, if required.

During the academic year 1990-1991, 144 medical students and house officers utilized the services of MHSPI. Of these, 42% were medical students and 58% housestaff, which represents approximately 10% of the total population; half were men and half women, although women were overrepresented according to their proportion in the population. 50% had sought previous psychological treatment. The most common presenting problems were depression and marital difficulties. Students and housestaff were encouraged to follow up on their referral to therapy, but no inquiry was made as to outcome to further ensure patient privacy.

Supplemental Materials on File: No

Abstract Author: Paula W. Stoessel, Ph.D.

School Name: University of California Los Angeles, California

Project Title: UCLA Health Enhancement Programs

ABSTRACT:

The UCLA School of Medicine has a number of active university-based health enhancement programs and medical student well-being programs to serve the needs of a diverse population of physicians-in-training. The existing programs fall into three basic categories: (1) Faculty-to-student interactions, (2) Student-to-student Interactions, and (3) School Services.

Faculty-to-student Interactions--First-year medical students are invited to attend informal "Dinners with the Dean," and to participate in preceptorships in their field of choice with physicians in the local community on a flexible schedule. A major accomplishment of the Student Affairs Committee was to establish "Well-being Dinners," in which a number of physicians open their homes and kitchen tables to a small group of students throughout their first year of medical school, and invite second- and fourth-year students, interns, and residents as guest speakers to share their experiences on maintaining wellness in medical training.

Student-to-student Interactions--With a class size of approximately 150 per year, the UCLA School of Medicine has over a dozen organizations which help to create a sense of unity and support among various groups. These groups include the Student National Medical Student Association, the Chicano Medical Student Association, the Asian Students Medical Association, the Jewish Medical Students Association, the Christian Medical Society, the Literature and Medicine Club, Gay & Lesbian Students group, the Couples Club, Task Force on Humanistic Medicine, L.A. Explorers Club (for newcomers to Southern California), and a Big Sib program.

July, 1994

School Services—Our very active and dedicated Student Affairs Committee organizes Freshman Orientation and lunch time seminars on substance abuse prevention and well-being, among many other activities. Our highly acclaimed and successful program entitled *Mental Health Services for Physicians-in-training* offers confidential individual counseling services free of charge (or at nominal cost for long-term therapy) to all medical students, interns and residents in an off campus, completely confidential setting.

Supplemental Materials on File: No

Abstract Author: Wendy Kohatsu

School Name: UCLA

Project Title: Sexual Harassment Policy at The University of Connecticut School of Medicine

ABSTRACT:

A general feeling that the current state-mandated system of reporting sexual harassment was inadequate for students has existed at UCONN for some time. The ancient, unwieldy, top-heavy system was likened to arming a traffic cop with a nuclear weapon. While the nuclear weapon might be very appropriate in some instances, it was overkill in others. It was felt that such a system was keeping students, fearful of the system and the consequences of setting it in motion, from reporting less-than-severe cases of sexual harassment.

To address these problems, UCONN has created a student arm to the reporting system. Eight to ten self-selected student leaders from each class are trained to act as an intermediate step—how to work the system for a classmate, diffuse crises, and use verbal Karate to stop harassment in its tracks at the time of attack. It is hoped that students can now choose amongst faculty and fellow students when they feel that they have been harassed.

The goal of this program is to inform the students, give them a comfortable method of reporting harassment, and perhaps most importantly, to begin to develop an institutional culture where harassment isn't tolerated, students are poor targets for it and reporting students are immune from any lashback.

Supplemental Materials on File: No

Abstract Author: James Mullen Contact Person: Dr. Anthony Voytovich, (203) 679-1000

School Name: University of Connecticut

Project Title: NYU School of Medicine Student Abuse Policy

ABSTRACT:

A copy of the NYU School of Medicine Student Abuse Policy Statement and a letter to the student body from Harvey Fracht, Student Council President during the spring when the policy was first introduced, are on file.

The policy has been effective in the two years since its enactment in terms of: producing mutually agreeable resolutions to complaints, when raised; prompting several of the clinical departments (e.g., surgery, etc.) to become more aware of their treatment of students and to educate housestaff as to inappropriate conduct; and maintaining confidentiality regarding names, events, and resolutions surrounding complaints, when raised.

The only significant shortcoming to the policy is observed by the relative paucity of meetings of the Committee on Student Abuse—less than five in two years. Surveys of students suggest that abuse is far more frequent, leading one to hypothesize: (1) students are resolving conflicts independently; (2) students are not convinced of the confidentiality of the process and, therefore, are "taking" the abuse they may be receiving; and/or (3) even if students believe in the confidentiality of the process, they may be reluctant to voice a complaint against someone who may be evaluating their performance in some manner. If any/all these theories are indeed accurate, better publicity and education regarding the process would remedy the situation.

Overall, the institution of the policy has been a tour-de-force at NYU, initiating noticeable attitude shifts of departments in its first year, dispelling many student feelings of disenfranchisement and hopelessness, and providing an effective and agreeable mechanism for resolving disputes when raised. I recommend similar initiatives at your school.

Supplemental Materials on File: Yes

Abstract Author: Jonathan Medverd

School Name: New York University School of Medicine

Project Title: In Search of a Dream (Basic Foundation)

ABSTRACT:

In the Ponce School of Medicine (PSM), the OSR has existed for the past few years; however, we still don't have much knowledge of the organization's role, plans, or structure. It was my desire to begin educating the students and faculty about the OSR through a general meeting. Due to the unanimous desire from the faculty and student body in promoting the organization, the "Club de Representacion Estudiantil" Student Representation Club emerged, whose members are willing to help on a voluntary basis. Its responsibilities constitute in helping the OSR representative to carry on its ideas and have a source for new ideas.

We are currently involved with the school accreditation, new curriculum revision, disability insurance, economically disadvantaged students, and national medical student recognition. Unfortunately, despite the faculty support, we are having difficulties in being recognized as an organization affecting our involvement on these activities. However, everything is not as bad as it sounds. In desire for our school and medical student recognition, we wrote a letter regarding the Puerto Rico health reform and possible medical student

July, 1994

involvement to the Secretary of Health. To our surprise, it is being revised with plans of presenting it to our sponsor. I don't know the outcome, but at least we had called their attention and hope our voices are heard. Finally, it called our attention to the increased rate of economically disadvantaged students transferring and turning down admission. Consequently, we obtained a list of all the research currently going in our institution and compared with two pharmaceutical's investigational programs. Fortunately, a pharmaceutical company in Puerto Rico, involved in similar investigation, agreed to financially support disadvantaged students (\$3,000-5,000/year) if the school contributes with their research and uses their biomedical equipment.

Supplemental Materials on File: No

Abstract Author: Angel Feliciano
School Name: Ponce School of Medicine

Project Title: The Student Health Council

ABSTRACT:

The Student Health Council is an advocacy group for students experiencing difficulties related to substance abuse or psychological issues that interfere with academic or professional performance. The council's primary aim is to ensure that students receive the help they need. Additionally, the council attempts to protect the rights of impaired medical students, to assure that recovered students continue their medical education without penalty, and to protect patients from harm that an impaired student might inflict.

The council accepts referrals from other students, faculty, or the medical school's administration. The council does not accept anonymous referrals, but does keep referrals confidential if that is the party's intention. Additionally, the council accepts self referrals. All referrals may be made in writing or verbally to a member of the Student Health Council.

Once a student enters into association with the Student Health Council, they are assigned to work with one student and one faculty member of the council. These two individuals are the only members of the council that know the identity of the student in need. When the entire committee discusses the case, only case numbers are used. To further insure confidentiality, all records are kept at an off-campus location (in our case, at the offices of the local medical society).

The council consists of three elected student representatives from each medical school class, physician faculty members, and the director of the Rhode Island Medical Society Physicians' Health Program.

Supplemental Materials on File: Yes

Abstract Author: William J. Ruth
School Name: Brown University School of Medicine

Project Title: Brown Medical School Lesbian, Gay, and Bisexual People in Medicine

ABSTRACT:

The Brown Medical School Lesbian, Gay, and Bisexual People in Medicine (LGBPM) was re-founded two years ago by David Miller, '96 and Michelle Costa, '94. We are associated with, but independent from, the AMSA-LGBPM and the Brown undergraduate and graduate LGB groups. We see a need for this independence for visibility reasons, and so we can address more specifically the concerns of the LGB medical community, as well as attempting to educate the medical community in general.

Our goal is multi-fold. We try to educate medical students, faculty, and administration on those needs of LGB students and patients, which may differ from those of the heterosexual individual. We also act as a voice for LGB concerns when issues of discrimination or harassment arise. We hold a number of educational forums each semester, this semester's being "How to Take a Sensitive Patient History" and "Transgender Issues". We also publish a newsletter, which currently is being distributed twice a semester (copy on file at the AAMC) .

In addition to Brown's medical school, we are in contact with medical school LGB groups around the country, and a number of non-medical LGB groups. We hope to act as a resource in any way we can for individuals seeking more information on LGB issues. Closed meetings are held as support for members who do not wish to be identified publicly, and open meetings for any interested student, regardless of sexual orientation.

We welcome questions, comments, and suggestions!

Supplemental Materials on File: Yes

Abstract Author: David Miller
School Name: Brown University

Project Title: Affinity Group

ABSTRACT:

The Brown University School of Medicine's Affinity Group program is a unique project designed to encourage medical students to pursue common interests in small groups during the first two years of medical school, and to provide early encounters between medical students and primary care physicians. Each group is led by faculty and community generalist physicians and is formed around the special interests of the group leader and/or the students. Themes range from Stress Management to Medicine in Film to Community and International Health.

Last year, the latter group carried out a project studying diarrheal disease management among mothers in Brownsville, Texas, a community located along the Mexican border. During the academic year, the group generated a proposal and received funding for a summer visit to the border area, researched diarrheal disease management, studied Spanish, and educated themselves on the cultural environment of the community they visited. In return for an invaluable educational experience, the group conveyed their study findings to Brownsville physicians to facilitate better health education for the Brownsville community and to motivate community involvement among the health care providers there.

Supplemental Materials on File: No

Abstract Author: Elizabeth Freedman
School Name: Brown University School of Medicine

July, 1994

Project Title: UMDNJ System to Support Student and Professional Well-Being

ABSTRACT:

Dr. Mehne, Assistant Dean for Curriculum at UMDNJ, has an excellent resource for students hoping to organize a system to support student well-being. Materials are on file at the AAMC; a disk is also available. For more information, you can call Dr. Mehne at (903) 235-4578.

Supplemental Materials on File: Yes

Abstract Author: Donna Yudkin (OSR Staff Director) for Paul R. Mehne, Ph.D.

School Name: University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School

STUDENT GOVERNMENT CONSTITUTIONS

On file with the OSR Staff Director are the following:

1. CONSTITUTION AND BYLAWS OF THE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE MEDICAL STUDENT GOVERNMENT
2. BOWMAN GRAY SCHOOL OF MEDICINE STUDENT MEDICAL SOCIETY CONSTITUTION
3. MEDICAL STUDENT AFFAIRS COUNCIL BY-LAWS OF MISSOURI UNIVERSITY SCHOOL OF MEDICINE
4. UNIVERSITY OF THE HEALTH SCIENCES/CHICAGO MEDICAL SCHOOL COUNCIL CONSTITUTION
5. UCLA SCHOOL OF MEDICINE MEDICAL STUDENTS ASSOCIATION (MSA) CONSTITUTION
6. CONSTITUTION OF THE COLLEGES OF ARTS AND SCIENCES STUDENT COUNCIL
7. CONSTITUTION AND BYLAWS OF THE UNIVERSITY OF WISCONSIN MEDICAL STUDENT ASSOCIATION
8. THE MEDICAL COLLEGE OF WISCONSIN STUDENT AFFAIRS COMMITTEE CONSTITUTION
9. THE MEDICAL COLLEGE OF WISCONSIN'S "MODEL CONSTITUTION"
10. CONSTITUTION OF THE UNIVERSITY OF MINNESOTA MEDICAL STUDENT COUNCIL AND THE STRUCTURE AND FUNCTIONS OF THE STUDENT COUNCIL
11. E-MAIL MESSAGE -- BRIEF DESCRIPTION OF HARVARD'S STUDENT GOVERNMENT
12. E-MAIL MESSAGE -- BRIEF DESCRIPTION OF NORTHWESTERN'S STUDENT SENATE
13. E-MAIL MESSAGE -- MEDICAL COLLEGE OF WISCONSIN'S STUDENT AFFAIRS COMMITTEE (seeking to switch to more traditional student government)
14. E-MAIL MESSAGE -- CORNELL SEEKING ADVICE ON STUDENT GOVERNING COUNCIL STRUCTURE

HONOR CODES

On file with the OSR Staff Director:

1. UNIVERSITY OF PITTSBURGH'S HONOR CODE
2. UNIVERSITY OF SOUTH FLORIDA'S HONOR CODE
3. UNIVERSITY OF CALIFORNIA, IRVINE'S HONOR CODE

4. UNIVERSITY OF CONNECTICUT'S HONOR CODE
5. WEST VIRGINIA UNIVERSITY'S STUDENT CODE OF ACADEMIC AND PROFESSIONAL INTEGRITY FOR THE M.D. DEGREE PROGRAM

July, 1995

Project Title: Legislative Awareness Week

ABSTRACT:

As the political environment surrounding medicine continues to evolve, the government's role has become significantly different. Government's involvement in medicine and health care delivery continues to grow and politicians wrestle to resolve the issue of delivery of quality and cost effective health care for all Americans. The result of this threatens to redefine the profession itself and the way in which medicine is practiced. The future of medicine is much more dependent upon the decisions made by Congress, state legislatures, and a plethora of administrative agencies. As future physicians, it is imperative to be aware of the legislative changes that lie ahead.

Legislative Awareness Week is a week dedicated to legislative issues that surround medicine and provides medical students with an understanding of the critical issues that will determine the future well-being of our country. Lunch hour meetings and speakers provide a synopsis of current events and provides an informal medium to share ideas and concerns. Speakers include Congressmen, Senators, Lobbyists, State Medical Society Presidents, and AMA representatives. Topics range from health care reform to hand gun control to domestic violence. The event is sponsored by the State Medical Society and The American Medical Association Student Section.

Supplemental Materials on File: No

Abstract Author: David Derdzinski (daderdzi@students.wisc.edu)

Eric Jagar (ejjagar@students.wisc.edu)

School Name: University of Wisconsin - Madison

Project Title: AIMS Committee

ABSTRACT:

Advocacy and Intervention for Medical Students (AIMS) was set up by students and faculty interested in providing a resource for students which is outside of the administration. Faculty members serve at the invitation of elected student members. Our chief goals are to provide education, support, and advocacy for students whose lives may be adversely affected by a variety of problems including, but not limited to, alcohol and other drug abuse, eating disorders, and depression. Members of the AIMS Committee are trained to address acute as well as non-urgent questions students may have about themselves or a classmate. All referrals are handled confidentially.

Supplemental Materials on File: Yes

Abstract Author: Karla Feindt

School Name: University of Wisconsin - Madison

July, 1995

Project Title: Family Medicine Interest Group (FMIG)

ABSTRACT:

The purpose of FMIG is to promote interest in the primary care fields among medical students, with emphasis on Family Medicine. To accomplish this, FMIG organizes and/or supports programs on lifestyle, nature of practice externship opportunities, National Primary Care Day, basic suturing and casting workshops, movie nights, and the Department of Family Medicine's Residency Fair (Family Practice Career Day).

These programs are structured in multiple ways:

1. Noon seminars (with or without food)
2. Breakfast gatherings before classes
3. Organization and distribution of 1st year externships sponsored by WIFM
4. Residency fairs with raffle & workshops
5. Evening activities
6. Arranging to have physicians visit the medical school

Supplemental Materials on File: No

Abstract Authors: Trevver Buss, Alison Lucas

School Name: University of Wisconsin - Madison

Project Title: Student Teaching Day

ABSTRACT:

Every year, at the University of Rochester, we have a student organized, student-run day, where students teach a topic of their choice, primarily directed to the student body, but all are invited to hear the speakers. Last year the subject was Violence: The Role of A Medical Provider, and this year the subject is Nutrition and Health. This project receives \$1000 to support speakers and a reception. The subject is selected by the entire student body, all are invited to participate in the organization, but typically 5-7 students coordinate the event, which is usually held on a Tuesday or Thursday afternoon from 1-5 pm.

Supplemental Materials on File: No

Abstract Author: Jeremy Lieb

School Name: University of Rochester School of Medicine & Dentistry

July, 1995

Project Title: Arts Day

ABSTRACT:

Arts Day is a two-day event sponsored at our school where students, faculty, staff and family members can show off their artistic talent. All forms of artistic expression are accepted (e.g., paintings, sculpture, needlepoint, poetry, quilting, etc...) and displayed in a "museum/gallery" style. The gallery opens at 9:00am and beverages are served from 3:30 pm till 7:00 pm. Also, during this time we have several student groups provide music (e.g., a student a capella group and a string quartet).

Supplemental Materials on File: Yes

Abstract Author: Keith M. Hull

School Name: Boston University School of Medicine

Project Title: SCOPE, The Student Literary Magazine of Southern Illinois University SOM

ABSTRACT:

SCOPE, a literary magazine published annually by the students at Southern Illinois University School of Medicine, provides a vehicle for students, faculty, family members, and the broad School of Medicine community to explore artistic expression of the experience and emotions that define medical education. The magazine encourages submissions in three categories -- poetry, short fiction, and art. It is intended to be a collage of humor, tragedy, and emotions that reflect the "other" side of medicine.

All aspects of the publication are student-generated. The organization and coordination of the magazine are the responsibility of a student editor-in-chief and an editorial board made up of representatives from each medical school class. Editorial offices are housed in the Department of Medical Humanities in Springfield and in the Learning Resource Center in Carbondale.

Solicitations for original material for SCOPE is undertaken early in the academic year. Following the mid-year break, all manuscripts and artwork are submitted to a full review process organized by the editorial staff and conducted by student volunteer reviewers. Pieces selected for publication are scanned into a layout program and students design and assemble the final page proofs. First-, second-, and third-place prizes, provided by the Dean's office and the School of Medicine's Foundation, are awarded for each category. The first-place artwork is spotlighted on the magazine's cover.

Supplemental Materials on File: Yes

Abstract Author: Phillip V. Davis, Ph.D., Department of Medical Humanities

School Name: Southern Illinois University School of Medicine

July, 1995

Project Title: Family Medicine Interest Group Newsletter

ABSTRACT:

At the Southern Illinois University School of Medicine, the Family Medicine Interest Group publishes a quarterly newsletter for all medical students. It updates medical students on new additions to the family practice faculty and any changes in the department. Students submit articles about their experiences in family practice clerkships and electives, and about state and national family practice meetings, as well as jokes, quotations, etc. Minutes of the Family Medicine Interest Group meeting, and schedule of upcoming family practice events are included. The newsletter is a forum to present information about family practice and its many facets.

Supplemental Materials on File: No

Abstract Author: Elizabeth Roll, FMIG Vice Chair

School Name: Southern Illinois University 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 allow students to practice manual 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 Minority 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 Hospital 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, Physical 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 relevant 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

Project Title: Culturefest '94

ABSTRACT:

On April 27, 1994, the students and staff at Boston University School of Medicine experienced a cultural celebration at the Third Annual "Culturefest." Organized by a group of members of the American Medical Students Association (AMSA) and also sponsored by many of the other organizations of Boston University School of Medicine, this event allowed faculty and students to break away temporarily from books and jobs for an afternoon of exotic foods from over 10 regions around the world, as well as international entertainment, music, and artwork display. Most importantly, however, it gave a chance for students and staff to appreciate and acknowledge the diversity present within the school's community.

Included in the live entertainment were a traditional Indian Punjabi dance ("Bhangra"), a Greek dance, Hawaiian dance, classical Persian music played on the piano, performance on the harp, singing by an cappella group from Holy Cross College called "The Naturals," and even a breaking of the traditional Mexican piñata that topped off the festivities of Culturefest. The atmosphere was enhanced also by background music from different countries around the world as people came to sample a variety of foods ranging from the Mexican Fajita to the Persian Masta Khior. A few students adorned themselves with traditional attire and allowed the audience to see the beautiful and exotic costumes from across the globe. People also spent the afternoon browsing through an elaborate art exhibit comprised of paintings, relics, jewelry, etc. graciously donated by students and staff, along with slide presentations of Iran and Central and South America.

Why did the University find it so necessary to promote an event as "Culturefest"? Perhaps to have people educate themselves about the similarities and differences present within our immediate settings and how these differences transcend across the world. The event was tremendously successful as it was met with curiosity and enjoyment with an attendance of more than 300 people. We at Boston University look forward to Culturefest '95!

Supplemental Materials on File: No

Abstract Author: Sarita Aggarwal

School Name: Boston University School of Medicine

Project Title: Humanizing Medical Education: Increasing Sensitivity to Diversity

ABSTRACT:

With the assistance of the Office of Educational Development, students at the University of Pennsylvania School of Medicine have created a powerful video that has been used as a catalyst for developing educational programs to increase sensitivity to diversity at the Medical Center. The video presents specific examples of insensitive or inappropriate behavior that students reported to have had a negative effect on both their learning and their self-esteem. In educational programs designed for both faculty and students, participants begin to recognize behaviors that may be perceived as inappropriate to medical students, discuss the impact of these behaviors (faculty or students) on learning and teaching, select strategies for responding to insensitive behaviors, and identify methods for increasing the sensitivity of both faculty and students. An understanding of cultural, racial, religious, gender, and sexual-orientation differences is one way to increase well-being in medical students and other health care professionals.

Supplemental Materials on File: No

Abstract Author: Mary Anne Johnston, Ph.D.

School Name: University of Pennsylvania School of Medicine

July, 1994

Project Title: Brown-Tougaloo Early Identification Program (EIP)

ABSTRACT:

The Brown University School of Medicine's Early Identification Program (EIP) is a cooperative venture between the Brown University School of Medicine and Tougaloo College. This program provides two to four promising, second semester sophomore students from Tougaloo College with admission to the medical school at Brown University upon continued satisfactory academic progress and college graduation.

The purpose of the EIP is to increase opportunities for a career in medicine for under represented minorities. Since Tougaloo is a historically Black college located in Mississippi, this port of entry also adds greatly to the diversity of each year's medical school class.

The EIP structure provides a number of advantages for those students accepted into the program. Once accepted, students are required to spent one regular undergraduate academic semester in residence at Brown University, preferably during the spring semester of junior year. Students that take advantage of the semester can become accustomed to the environment at Brown without the accompanying pressures of the first year of medical school. In order to assist the students who are accepted each year with their transition to Brown, the program provides an extensive support network of Tougaloo Alumni at the medical school and in the Providence medical community. This ensures that the students are provided with the kind of enriched and supportive environment that they may need. Finally, on a very practical level, admission to the medical school as a sophomore relieves the EIP student from the significant financial burden of the application and interviewing expenses that normally precedes admission to medical school.

For additional information, please contact: Leslie F. Rawlings-Pona Minority Medical Affairs Officer
Brown University School of Medicine 97 Waterman Street-Box G-A2 Providence, RI 02912 (401) 863-3335
(401) 863-2660 FAX

Supplemental Materials on File: Yes

Abstract Author: William J. Ruth

School Name: Brown University School of Medicine

Project Title: Cross Cultural Communication in Clinical Medicine

ABSTRACT:

At U.C. Davis, a medical student organization called "Kaleidoscope" sponsored Kaleidoscope Day in February, 1994. The program was scheduled from 12 noon to 5:30 p.m. and included a keynote address, small-group workshops, and a dinner. The event was presented with financial support from the Upjohn company and other organizations.

The program was well-attended and received overwhelmingly positive feedback; many believe the issues raised should be addressed within the medical school curriculum.

Supplemental Materials on File: Yes

Abstract Author: Donna Quinn Yudkin for Jerry Mueller (of Upjohn's Medical Sciences Liaison Education, Medical School Unit)

Student Contacts: Martha Nicholson, MSII; Javier Romero, MSII

School Name: University of California, Davis

Project Title: Focus on Women's Health at SUNY-Stony Brook

ABSTRACT:

Since its opening in 1971, the School of Medicine at SUNY-Stony Brook has consistently enrolled a large percentage of women. The recent expansion of Stony Brook's required course in social issues in medicine has provided an excellent opportunity to give more formal attention to questions pertaining to women and the health care delivery system. This focus has taken three forms: classroom teaching, special programs and "crisis" intervention.

Classroom Teaching: The Medicine in Contemporary Society class (120 hours during the first two years) includes three foci for formal teaching specifically related to women:

a) Women as Patients

■ "Diseases of Women: From Neurasthenia to PMS" introduces the impact of cultural norms on definitions of disease. The ways in which gender stereotypes and customary roles influence nosology and diagnosis are discussed; Charlotte Gilman's *The Yellow Wallpaper* is a captivating contribution to this class.

■ "The Medicalization of Childbirth" addresses the benefits and losses attributable to the changes in control, locus and technique of childbirth over the last century; students look behind these changes at the social and ideological forces influencing them. The home birth movement provides a rich case study.

b) Gender and Provision of Health Care

■ "Professionalism and Gender" starts with a discussion of the history of midwifery and the complicated relationship between midwives and physicians. Attention to the contemporary conflict between lay and nurse midwives and the impact of an increase in the number of female obstetricians expands the discussion beyond sexual politics.

■ "Controversial Therapies" is a set of classes with an unusual format. During the first session, students select a therapeutic modality from a list including hysterectomies, coronary artery bypass grafting, and breast cancer surgery. They review published literature to determine the standard indications for these interventions and the frequency and pattern of their actual utilization (for each of these modalities there is a striking disparity between indications and utilization). In the following session, students discuss the disparity; professional socialization, economics, liability, social norms, as well as issues of gender are considered.

c) Women as Physicians

■ "Women's Stories in Practice" is a panel discussion by three physicians (orthopedics, urology, and family practice), a nurse, and a social worker. Each explains her experience in training and practice and the ways in which gender has and has not played a role.

■ "Care Ethics" is the third of four classes on medical ethics. It includes an appraisal of research by Carol Gilligan et al. into how women cast and address moral questions. In some ways, this is the most intellectual and the most volatile of the classes; we are still looking for the best way to move this class out of the lecture hall and into small group discussions.

Supplemental Materials on File: No

Abstract Author: Donna Quinn Yudkin for Peter C. Williams, J.D., Ph.D., Associate Professor of Preventive Medicine

School Name: SUNY-Stony Brook Health Sciences Center

July, 1994

Project Title: Women in Medicine Mentor Program

ABSTRACT:

Which specialties do women physicians tend to select most often? Can a physician actively pursue research while maintaining a clinical practice? Is it possible to combine a career in medicine with family responsibilities and still have a few spare moments to become involved in a local community project? These are some of the questions that Brown University School of Medicine's Women in Medicine Mentor Program aims to address. The intent of the program is to introduce students to women physicians who are willing to share their perceptions on "life with medicine." These contact offer students the opportunity to begin to explore and clarify their own career goals at an early point in their medical education. Providing students with role models with whom they can share their questions and ideas delivers both support and inspiration. Some students may meet with a physician mentor only a few times to acquire a better understanding of a medical specialty, while others may continue their relationship for a longer period. Students appreciate both options.

Thanks to the enthusiastic support of the Brown women medical faculty, the Mentor Program is completing its fourth year. Dr. Agnes Kane, co-coordinator of Brown's Association of Women Medical Faculty, initiated the program by recruiting women faculty to serve as mentors. In 1989 the program was expanded, and a more formal "matching system" was designed. Now each year, women medical faculty and residents at Brown's eight affiliated teaching hospitals, as well as members of the Rhode Island Medical Women's Association, are invited to complete a participation form. On the form, physicians comment on their interests related to their specialty and avocations and their willingness to discuss special issues, e.g., women's health care. Concurrently, women medical students are invited to sign up for the program by completing a similar form, requesting that they list their interests related to medicine and extracurricular activities. The completed forms are sent to the Women in Medicine Officer who then creates the matches. Subsequently, a mentor assignment letter is forwarded to the mentor and mentee with notes regarding each individual's interests. Students are encouraged to make the initial contact. Suggestions for getting together include visiting the mentor in her working environment, meeting for lunch, or attending a local "women in medicine" event or conference.

For WLOs who are interested in developing a mentor program, an alternative approach to our individualized system in a "mentor resource notebook." Students could stop by a WLO's or Dean's office to review a listing and brief description of potential mentors. An index of the names of students and their selected mentors could be kept on file. Utilizing a short questionnaire, periodic evaluations of the Mentor Program are useful to the person overseeing the program. In our experience, the three primary components for an effective mentor program are: interested students, physicians willing to volunteer as mentors, and a WLO or administrator in the Dean's office to bring the two groups together.

A few male students have expressed an interest in meeting with mentors too. Wherever possible, these requests are filled on an ad hoc basis, by identifying alternative resources. In an effort to extend the program, we are working to develop early clinical experiences for all students, with one goal of addressing gender issues in health care delivery.

Supplemental Materials on File: No

Abstract Author: Donna Quinn Yudkin for Debra B. Abeshaus, Women in Medicine Officer
School Name: Brown University School of Medicine

Project Title: Office for Women in Medicine

ABSTRACT:

The Office for Women in Medicine (OWM) of Temple University School of Medicine serves as a resource for issues concerning women students, residents, and faculty, provides administrative continuity for student groups, and assists in coordinating and planning professional and personal developmental programs for students, residents, and faculty.

The OWM publishes a newsletter three times a year, which is distributed to all students, faculty, and residents. Written by students with input from the administration, the newsletter publishes pertinent data from AAMC, a "faculty highlight" about women physicians at Temple, and researched articles. In addition, the OWM continues to present programs for medical students concerning such issues as childbearing during a medical career. *Guidelines for Nonsexist Communication*, which was developed by the OWM as a resource booklet on the integration of nonsexist language into the medical school curriculum, continues to be in demand both at our own and other institutions.

In 1992 the OWM implemented "Women Recruiting Women for Medicine", a student-run program to aid in the recruitment of women to Temple Medical School. Modeled in part after Yale's, this program links prospective female students with women medical students in the first and second year class at Temple. An interested applicant makes contact with the medical student through the Admissions Office. Optimally, the students meet at the time of the medical school interview, and the contact is then available to the applicant to answer questions during the entire admissions process including, when appropriate, up to the time of orientation. The contact may also serve as a host to the applicant. During Orientation, the OWM and the American Medical Women's Association co-sponsor a reception for women matriculants who are thus introduced to resource persons that they contact through the remainder of their medical school career. Also this year, working through the Student Affairs Office, the students developed a resource guide (similar to the University of Pennsylvania's) for the Temple medical community about gay, lesbian and bisexual people in medicine. This document, *A Community of Equals*, which includes a cover letter of endorsement from the Dean, Dr. Allen Myers, features a description of community resources, a reading list, and a section on taking a sensitive sexual history with a gay patient in mind. This resource has been distributed to all students, faculty and members of the Dean's staff and is available for the asking.

Supplemental Materials on File: No

Abstract Author: Donna Quinn Yudkin for Sally Rosen, M.D., Associate Dean for Student Affairs

School Name: Temple University School of Medicine

Project Title: Women's Resource Center at Columbia

ABSTRACT:

A few years ago, several women medical students got together to found a Women's Resource Center at Columbia Presbyterian Medical Center. The Center's goals are: to address the concerns of all women working in our medical environment; to promote excellence in research and in delivery of health care for and by women; and to establish and maintain a space to be used as a meeting and resource center. The alumni association of Columbia University College of Physicians and Surgeons made an initial loan of about \$7,000. Two thousand of this was used to create a summer position for a medical student to implement a fund-raising drive among P&S alumni. The drive raised \$12,000.

July, 1994

We have elected a director for the Center as well as chairs for finance, program, bylaws and communications committees. We started a series of monthly brown bag lunches on topics that attract a mixed audience, e.g., minority hiring and promotion, maternity leave, the nurse/doctor relationship. The Center also publishes a bi-annual newsletter, "Common Voice."

Supplemental Materials on File: No

Abstract Author: Donna Quinn Yudkin for Anne E. Bernstein, M.D.
School Name: Columbia Presbyterian Medical Center

July, 1995

Project Title: Perspectives

ABSTRACT:

In the Spring of 1993, two first year students recognized that the traditional medical school curriculum did not address the development of sensitivity within the medical community to different attitudes, opinions and practices. In response to this gap they developed Perspectives, a lunchtime lecture/discussion series which focuses on different ways of seeing various issues and our responses as medical students to these other viewpoints. The goal of Perspectives is to encourage the acceptance of multiculturalism and to promote sensitivity to alternate beliefs. Once a month, one to three guests participate with medical students in an hour-and-a-half lunchtime discussion surrounding a specific topic. Topics have included religious perspectives in medicine; obesity; alternative health care practices; and interacting with our gay and lesbian colleagues. Perspectives is a wonderful forum in which to explore and appreciate alternate ways of viewing the world.

Supplemental Materials on File: No

Abstract Author: Genevieve Noone, MSII

School Name: University of Pennsylvania School of Medicine

Project Title: Brown Revisited

ABSTRACT:

The eight-year continuum program at Brown University School of Medicine, known as the Program in Liberal Medical education, encourages students to integrate liberal arts training with medical training throughout the eight-year course. Minority premedical students have formed the Black Premedical Society (BPMS) which sponsors an annual conference "Brown Revisited" which aims to provide an array of services and perspectives for minority students including "relief from the stressful environment that is inherent in premedical studies," and "assistance in course work by facilitating interaction between upperclassmen and freshmen and sophomores, to convey important information about class schedules, time management, summer employment and/or research opportunities to newer students."

The event aims to connect premedical minority students socially and practically to their future. The Brown Revisited program features a day of student-designed workshops and speeches about the niche that minority physicians occupy in medicine, and the unique responsibilities of minority physicians. In addition, students are exposed to community physicians who may become mentors, and upperclass students have the opportunity to meet with medical school recruiters and learn more about other medical programs. The highlight of the program every year is a keynote speaker who addresses a major issue in minority medicine.

Brown Revisited is an event that has become respected around the country for its innovative attempt at easing the transition from undergraduate to medical school, while providing a forum for premedical and medical students, and community physicians, to discuss prevalent issues in medicine, particularly as they relate to learning or practicing medicine as a minority person. Its social and constructive format continues to attract Brown graduates and recruiters from around the country and it serves as a model for other minority premedical or medical groups to emulate at their own institutions.

For more information on this program, please contact Stacy Tessler, Brown OSR Representative, by E-mail: lindau@cleo.bc.edu, or by real mail: Brown University, Box G-8152, Providence, RI 02912.

July, 1995

Supplemental Materials on File: Yes

Abstract Author: Stacy Tessler, OSR Representative
School Name: Brown University

Project Title: Women's Health Care Elective
ABSTRACT:

Because members of our student body recognized a lack of attention in the curriculum to women's health, we decided to create a women's health elective. We brainstormed as a group about topics we wanted to cover, and then each took responsibility to find one speaker. Since our school is undergoing curriculum reform, we are also transcribing the lectures and giving copies of the transcripts to people on the curriculum committee so that they can incorporate this information. For more details, contact Iris Tong by e-mail: iltong@stud.med.cornell.edu.

Supplemental Materials on File: Yes

Abstract Author: Katie Olsen
School Name: Cornell

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 preceding 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. Socioeconomic 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. Laversee, 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 preceding 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

AAFP

STROLLING THROUGH THE MATCH

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. Pancoe 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, Philadelphia, 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

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 sanatoria (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, specialties, 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 boosts 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 accompany medical teams 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 experiences 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: International 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 Foreign 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

Project Title: Student World Health Interest Group

ABSTRACT:

The Student World Health Interest Group (SWHIG) was begun in the spring of 1988 by a group of students, with faculty support from the Department of Community Medicine. The group organizes regular meetings and discussions on research and clinical aspects of health in the developing world. It works with the International Education Committee to facilitate student involvement in international health activities.

Opportunities to do international work occur at two points in the curriculum: the summer after the first year and during the fourth year. During the first year of medical/dental school, students can apply for research stipends from the Health Center Research Advisory Council (HCRAC) to work in developing countries; proposals that are funded are eligible for travel supplements which cover 50% of the cost of airfare. During the fourth year, students are able to pursue clinical or research activities related to primary care and are eligible for travel support through the Mark's Park Fund.

Student interest in international health has been increasing over the years. This past year, 14 first-year students prepared proposals and 11 of these conducted international health research projects. Eight students have received funding for international clerkships in the fourth year. Students have worked in Mexico, Indonesia, Sri Lanka, Costa Rica, Barbados, Haiti, Maritius, Jamaica, Malawi, Tanzania, Guatamala, Honduras, Peru, Kenya, Cameroon, India, China, Phillipines, Tonga, Belize, Chile, Ghana, and Nepal.

The International Health Committee reviews proposals and allocates travel funding. Two professors are co-chairs of this committee and serve as faculty advisors to SWHIG; they are available for consultation to students interested in exploring these opportunities.

Supplemental Materials: No

Abstract Author: Charlotte Politis (contact: Susmita Pati, MSII)
School Name: University of Connecticut

Project Title: Project World Health (PWH)

ABSTRACT:

Project World Health is an international health interest group sponsored by the Family Practice Student Organization (FPSO) of the University of South Florida College of Medicine. It is an entirely student-run/organized program and is conducted in conjunction with a sister school in Colombia – the Universidad del Rosario. First- and second-year students are provided the opportunity to travel to Colombia in an exchange program to work with Colombian medical students and physicians in Bogota and its rural surroundings. Project World Health provides students with direct experience in international medical care.

In addition to the exchange program, PWH sponsors brown bag lunch discussions about various issues in international health care and actively collects medical supplies for donation to various international facilities in need of even the most basic equipment that we, in this country, take for granted. Most importantly, the main goal of PWH is to expose medical students to various aspects of international health care while promoting a global approach to medical care.

Supplemental Materials: No

Abstract Author: Evelyn Kim

School Name: University of South Florida College of Medicine

July, 1995

Project Title: Medical Equipment Relief Project

ABSTRACT:

The International Health Exchange (IHE) is a project started by medical students at the University of Wisconsin - Madison to facilitate the delivery of needed medical supplies to relief efforts internationally. IHE works in cooperation with the UW Foundation, physicians experienced in international relief established non-profit organizations. Donated medical supplies are collected on a continuing basis from local hospitals, the student health service, and from local medical and pharmaceutical businesses. This project has become a cooperative effort of students, faculty and other interested persons. The current relief effort is focusing on Eastern Europe and countries of the former Soviet Union. Contact Paul Heinzlmann by e-mail: pheinzl@students.wisc.edu or David Derdzinski by e-mail: daderdzi@students.wisc.edu.

Supplemental Materials on File: No

Abstract Author: Paul Heinzlmann, David Derdzinski

School Name: University of Wisconsin - Madison

SUBJECT INDEX

The first digit represents the chapter number; the digits following the decimal point represent page numbers.

A

AAMC

1.15-1.42, 5.6

academic

4.14-4.15

accreditation

1.1-1.14

AIDS

2.2, 2.9, 2.13-2.17, 2.22-2.23, 2.26,
2.29, 2.34, 2.38, 2.40, 2.42, 3.13

alternative healing

3.13, 5.13

art

4.11, 4.18, 4.35, 5.7

B

bigotry

3.13

"brown bag"

3.16, 4.13, 4.20, 4.33, 4.34, 5.13, 6.5-6.6,
7.5, 7.7-7.8

C

career counseling

6.5

classism

3.16

clerkship information

3.2, 3.8, 3.14, 4.3, 4.7, 4.9

clinic

2.4-2.5, 2.8-2.9, 2.11, 2.13, 2.15,
2.18-2.19, 2.21-2.22, 2.24-2.25, 2.32-2.33,
2.39, 2.42, 2.44, 3.22

college outreach

5.1, 5.4, 5.8

committee

2.18, 3.7, 4.1-4.2, 4.6, 4.8, 4.15-4.17,
4.22, 4.23, 4.27, 5.3, 5.5, 7.3, 7.5, 7.7

community education

2.9-2.10, 2.14, 2.23, 2.30, 2.32, 2.38

community health course

3.12

community leadership

3.16

community service

2.1, 2.7, 2.12-2.13, 2.18, 2.23, 2.30, 2.33,
2.35, 2.37, 2.39, 2.43, 3.14

computers

3.1, 3.16, 4.12

contraception education

2.2, 2.16-2.17

council

4.14-4.16

CPR education

2.10, 2.20

creative writing

4.35

crisis intervention

4.2, 4.5

cultural activity

4.11, 5.7-5.8

cultural sensitivity education

5.7-5.8, 5.13

curriculum committee
3.7

curricular innovations
3.17, 3.19, 3.20, 5.14

curriculum review/evaluation
3.6-3.7, 3.24

D

"dean's bullpen"
4.7

death & dying
3.10

diabetes
2.5

diversity
5.5, 5.7-5.8, 5.13

domestic abuse/violence
2.22, 3.22-3.23

drug awareness
2.41, 4.33

E

eating disorders education
2.41, 4.33

elective
2.5, 2.18, 2.21, 5.14, 7.3, 7.5-7.8

electronic communication
4.12

employment
4.13

environment
4.8

ethics
3.18, 4.10

exchange program
7.1-7.2, 7.4, 7.8

externship
2.24, 4.33

extracurricular seminar
2.22, 3.1-3.2, 3.8-3.11, 4.8, 4.13,
6.3-6.6, 7.3-7.8

eyeglass "recycling" program
2.43

F

family medicine
2.21, 3.3, 3.13, 3.22, 4.20, 4.33, 4.36, 7.8

finance
4.14

first aid
2.8, 2.13, 2.20

G

gay/lesbian/bisexual issues
5.13

grade school outreach
2.2, 2.6-2.7, 2.9-2.10, 2.13, 2.17-2.20,
2.23-2.24, 2.27-2.28, 2.40, 2.42

H

harrasment
4.15, 4.21, 4.26-4.27

health care internship
2.7, 2.12

health education
2.2, 2.6-2.7, 2.11-2.14, 2.16-2.17, 2.19,
2.22, 2.26-2.27, 2.40, 2.42, 5.4

health fair
2.2, 2.6-2.7, 2.13, 2.40

health science symposium
3.5

health screenings
2.14

high school outreach
2.3, 2.9, 2.13, 2.15-2.18, 2.20-2.21,
2.23, 2.27, 2.32, 2.38, 2.39, 5.2-5.3

Hispanic program
2.2, 2.22, 4.29, 7.5

homeless health care
2.1, 2.4-2.5, 2.8-2.9, 2.11-2.13, 2.15
2.19, 2.21-2.22, 2.24, 2.33, 2.39

honor code
4.31-4.32

hotline
4.5-4.6

I

immigrant outreach
2.22, 2.26

impairment
4.2, 4.8, 4.23-4.24, 4.28, 4.33

implementing projects
1.43-1.44, 4.19, 4.27-4.28

indigent care
2.1, 2.4-2.5, 2.9, 2.21-2.22, 2.32-2.33

international program
4.29, 5.7, 7.1-7.8, 7.9

investments
4.14

J

journal
4.18

K

L

laboratory experience
2.39

LCME
1.1-1.14

leadership
3.16

lecture program/series
3.1, 3.9, 3.13, 3.23, 4.33, 4.34

legislative advocacy
2.41-2.42, 4.33

M

magazine
4.35

medical software
3.16

"medicine as a career choice"
2.3, 2.13, 2.19, 2.21, 2.27-2.28, 5.1-5.4

mental health
4.25, 4.26, 4.33

mentoring
2.3, 2.13, 2.18-2.19, 2.27, 2.35, 2.40, 3.10, 4.21,
5.4, 5.10, 5.13, 7.3

minority outreach
2.3, 2.23, 2.36, 2.40, 5.1-5.4, 5.8, 5.13

minority student support
5.13

multicultural program
5.5, 5.13

music
4.34

N

NBME
3.4, 3.17

network
4.17, 4.20

newsletter
4.19, 4.29, 4.35

nurse preceptorship
3.12

nutrition
2.2, 2.17, 3.2

O

organ/tissue donation
2.38

orientation (freshman)
4.1-4.2, 4.6, 4.8, 4.11

orientation to clinical experience
4.3, 4.7

overseas aid
7.2, 7.9

P

pediatric program
2.9, 2.12-2.13, 2.31, 3.15, 3.22, 6.5

peer support
4.2, 4.5-4.6, 4.10, 4.15, 4.17, 4.33

physically challenged
3.16

preceptorship
3.3, 3.12

pregnancy
2.2-2.3, 2.9, 2.13, 2.17, 2.23, 2.36, 3.22

pre-matriculation program
5.1

prevention
2.9, 2.20, 2.30, 2.38

primary care
2.1, 2.9, 2.12, 2.32-2.33, 3.22, 4.29, 4.33

problem-based learning
3.4

psychological counseling
4.25, 4.28

Q

R

racism
3.16

rape awareness
2.26

recreation
2.4

research
3.6, 3.11, 4.13, 7.3

residency interviewing assistance
6.4

residency selection
4.33, 6.1-6.2, 6.4-6.7

resource handbook
2.14, 3.2, 3.11, 3.23, 4.2-4.3, 4.7, 4.9, 4.13,
6.1-6.2, 6.7, 7.3, 7.6

respite care
2.18

rural health/medicine
2.17, 2.21, 2.34

S

science education
2.38

sexual abuse
2.18, 3.16

sexual orientation
3.16, 4.29, 5.7, 5.13

sexuality
3.13

sexually transmitted diseases
2.2, 2.9, 2.16, 2.20

shared residency
6.5

shelter
2.22, 2.41, 5.4-5.5

simulated patients
3.17, 3.21

social activity
2.4-2.5, 2.20, 3.13, 4.1, 4.3-4.4, 4.6, 4.8,
4.11, 4.34

smoking cessation education
2.20, 2.27, 2.41, 2.42

specialty choice
3.13, 6.1-6.3, 6.5

stress management
3.19, 4.24-4.25, 4.28-4.29

student government
4.31

student teaching day
4.34

suicide prevention
2.41

surgery observation
3.3

substance abuse
2.9, 2.13, 2.17, 2.19-2.20, 2.23, 2.26, 2.40, 2.41,
2.42, 3.13, 4.21, 4.23-4.24, 4.28, 4.33, 5.5

T

teaching awards--residents
3.5, 3.9

"turtle derby"
2.4

tutoring
2.5, 2.9, 2.22-2.23

U

USMLE (and NBME)
3.4, 3.17

V

video
5.7

W

well-being
3.18-3.19, 4.21-4.23, 4.25, 4.30, 4.33

women
2.16, 2.20, 2.40, 3.22, 5.4-5.6, 5.9-5.12, 5.14

X

Y

youth education
2.2, 2.9-2.10, 2.13-2.14, 2.16-2.20, 2.32
2.34, 2.35, 2.38, 2.39, 2.40, 2.42, 3.10

Z

STUDENT ORGANIZATION INDEX *

The first digit represents the Chapter #; the digits following the decimal point represent Page #'s.

ALPHA OMEGA ALPHA (AOA)

1.44, 4.3

AMERICAN MEDICAL ASSOCIATION-MEDICAL STUDENT SECTION (AMA-MSS)

1.1, 1.4, 2.20, 2.43, 4.33

AMERICAN MEDICAL STUDENT ORGANIZATION (AMSA)

1.43, 2.1, 2.3, 2.6-2.7, 2.9, 2.15, 2.19, 2.22, 2.34, 2.38, 3.1, 3.18, 4.21,
4.29, 5.7, 5.8

AMERICAN MEDICAL WOMEN'S ASSOCIATION (AMWA)

1.43, 3.8, 5.5, 6.5

ASSOCIATION OF AMERICAN MEDICAL COLLEGES/ORGANIZATION OF STUDENT REPRESENTATIVES (AAMC/OSR)

1.1, 1.4, 1.14, 4.3, 4.19, 4.27-4.28

STUDENT NATIONAL MEDICAL ASSOCIATION (SNMA)

1.43, 5.8

** 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).*

Medical School Index

The first digit represents the chapter number; the digits following the decimal point represent page numbers.

ALABAMA

University of Alabama School of Medicine
4.13-4.14

*University of South Alabama
College of Medicine*

ARIZONA

University of Arizona College of Medicine
2.17, 2.35, 3.18, 4.12

ARKANSAS

University of Arkansas College of Medicine

CALIFORNIA

*University of California, Davis
School of Medicine*
5.8

*University of California, Irvine
College of Medicine*
7.4

*University of California, Los Angeles
UCLA School of Medicine*
2.19, 4.19, 4.25, 7.2, 7.4

*University of California, San Diego
School of Medicine*
2.26, 3.19, 4.24

*University of California, San Francisco
School of Medicine*
4.17

*Charles R. Drew University of
Medicine and Science*

Loma Linda University School of Medicine

*University of Southern California
School of Medicine*
2.2

Stanford University School of Medicine
4.22

COLORADO

University of Colorado School of Medicine
2.11, 2.17, 4.9, 4.22

CONNECTICUT

University of Connecticut School of Medicine
3.14, 4.26, 7.7

Yale University School of Medicine
2.23, 2.39

DISTRICT OF COLUMBIA

*George Washington University
School of Medicine and Health Sciences*

Georgetown University School of Medicine

Howard University College of Medicine

FLORIDA

University of Florida College of Medicine
2.5-2.7, 2.9, 2.35, 3.1-3.3, 3.7,
4.1, 4.3, 5.1-5.2, 5.4, 7.1-7.2

University of Miami School of Medicine
2.30, 3.11, 3.13

University of South Florida College of Medicine
7.8

GEORGIA

Emory University School of Medicine
3.11

Medical College of Georgia School of Medicine
2.8, 3.6, 4.7

Mercer University School of Medicine

Morehouse School of Medicine

HAWAII

University of Hawai'i
John A. Burns School of Medicine

ILLINOIS

University of Chicago
Division of Biological Sciences
Pritzker School of Medicine

Finch University of Health Sciences
The Chicago Medical School
4.19

University of Illinois College of Medicine

Loyola University of Chicago
Stritch School of Medicine
3.8

Northwestern University Medical School
4.19

Rush Medical College of Rush University
2.9

Southern Illinois University School of Medicine
2.44, 4.36

INDIANA

Indiana University School of Medicine
2.5, 3.17

IOWA

University of Iowa College of Medicine
2.27-2.28, 3.13, 3.15

KANSAS

University of Kansas School of Medicine
4.5

KENTUCKY

University of Kentucky College of Medicine
3.4

University of Louisville School of Medicine

LOUISIANA

Louisiana State University School of Medicine - New Orleans

Louisiana State University School of Medicine - Shreveport

Tulane University School of Medicine

MARYLAND

The Johns Hopkins University
School of Medicine
2.4, 3.23, 4.8

University of Maryland School of Medicine

Uniformed Services University of the Health Sciences, F.
Edward Hebert School of Medicine
2.24, 2.29, 4.14-4.16

MASSACHUSETTS

Boston University School of Medicine
2.30, 2.43, 4.2, 4.35, 5.7

Harvard Medical School
4.19

University of Massachusetts Medical School
3.18

Tufts University School of Medicine
2.3, 5.5

MICHIGAN

*Michigan State University
College of Human Medicine*
3.20

University of Michigan Medical School

Wayne State University School of Medicine
2.32

MINNESOTA

Mayo Medical School
2.16, 3.6

University of Minnesota-Duluth School of Medicine

University of Minnesota Medical School-Minneapolis
3.5, 4.19

MISSISSIPPI

University of Mississippi School of Medicine

MISSOURI

*University of Missouri-Columbia
School of Medicine*
2.38, 4.3, 6.4-6.5

*University of Missouri-Kansas City
School of Medicine*
4.19

Saint Louis University Health Sciences Center
2.18, 5.3, 7.5

Washington University School of Medicine
2.34, 2.36, 3.5, 3.9, 4.19

NEBRASKA

Creighton University School of Medicine
6.3

University of Nebraska College of Medicine

NEVADA

University of Nevada School of Medicine
4.2

NEW HAMPSHIRE

Dartmouth Medical School
2.18, 2.20, 4.8

NEW JERSEY

*University of Medicine and Dentistry of New Jersey/
New Jersey Medical School*

*University of Medicine and Dentistry of New
Jersey/Robert Wood Johnson Medical School*
2.22, 3.10, 4.29

NEW MEXICO

University of New Mexico School of Medicine
3.19, 3.20

NEW YORK

Albany Medical College
2.31, 3.4, 4.20, 4.22, 4.23

*Albert Einstein College of Medicine of
Yeshiva University*
2.15, 2.42, 4.23, 7.2

*Columbia University
College of Physicians and Surgeons*
5.11-5.12, 5.14

Cornell University Medical College
2.8, 2.13, 4.19, 5.14

*Mount Sinai School of Medicine of the City University of
New York*

New York Medical College
2.33

New York University School of Medicine
3.3, 4.26, 4.27

*State University of New York Health Science Center at
Brooklyn College of Medicine*
4.19, 4.20

*State University of New York at Buffalo
School of Medicine and Biomedical Sciences*
4.11

*University of Stony Brook School of Medicine Health
Sciences Center*
5.9

*State University of New York Health Science Center at
Syracuse College of Medicine*
2.1, 2.42, 3.9

University of Rochester School of Medicine and Dentistry
3.24, 4.34

NORTH CAROLINA

*Bowman Gray School of Medicine of Wake Forest
University*
3.16, 4.19

Duke University School of Medicine

East Carolina University School of Medicine
3.12, 4.24

*University of North Carolina at Chapel Hill
School of Medicine*
3.12, 4.13, 5.5, 7.6-7.7

NORTH DAKOTA

University of North Dakota School of Medicine

OHIO

*Case Western Reserve University
School of Medicine*

University of Cincinnati College of Medicine
2.5, 3.16

Medical College of Ohio
2.10, 2.24-2.25

*Northeastern Ohio Universities
College of Medicine*

Ohio State University College of Medicine
2.2, 4.5-4.6

Wright State University School of Medicine

OKLAHOMA

University of Oklahoma College of Medicine

OREGON

*Oregon Health Sciences University
School of Medicine*
2.19, 2.21, 4.21, 6.6

PENNSYLVANIA

Hahnemann University School of Medicine

*Jefferson Medical College of Thomas Jefferson
University*
4.1

Medical College of Pennsylvania
2.37

*Pennsylvania State University
College of Medicine*

University of Pennsylvania School of Medicine
2.10, 2.12-2.14, 2.16, 2.37, 4.6, 4.10,
5.4, 5.7, 5.13

University of Pittsburgh School of Medicine
2.25, 3.10, 4.21, 7.3

Temple University School of Medicine
5.11

PUERTO RICO

*Universidad Central del Caribe
School of Medicine*

Ponce School of Medicine
4.28

University of Puerto Rico School of Medicine

RHODE ISLAND

Brown University Program in Medicine
3.16, 4.28, 5.8, 5.10, 5.13

SOUTH CAROLINA

Medical University of South Carolina College of Medicine
6.3

*University of South Carolina
School of Medicine*

SOUTH DAKOTA

University of South Dakota School of Medicine
3.2

TENNESSEE

East Tennessee State University

Meharry Medical College School of Medicine

*University of Tennessee, Memphis
College of Medicine*
4.10

Vanderbilt University School of Medicine

TEXAS

Baylor College of Medicine
2.3, 2.14, 2.20, 2.22, 4.11

Texas A&M University College of Medicine
4.7

Texas Tech University School of Medicine

University of Texas Medical School at Galveston

University of Texas--Houston Medical School
2.1

University of Texas Medical School at San Antonio

*University of Texas Southwestern Medical Center at
Dallas*

UTAH

University of Utah School of Medicine

VERMONT

University of Vermont College of Medicine

VIRGINIA

*Eastern Virginia Medical School of the Medical College
of Hampton Roads*
2.3-2.4, 2.32, 2.34, 3.17, 7.6

*Virginia Commonwealth University
Medical College of Virginia*

University of Virginia School of Medicine

WASHINGTON

University of Washington School of Medicine
4.4

WEST VIRGINIA

Marshall University School of Medicine

West Virginia University School of Medicine

WISCONSIN

Medical College of Wisconsin
2.21, 4.18-4.19

University of Wisconsin Medical School
2.15, 2.39, 2.40, 2.41, 3.22-3.23, 4.33-4.34,
4.9, 4.19, 6.4, 7.5

Medical School Student Affairs Contacts

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

ALABAMA

University of Alabama School of Medicine
Kathleen Nelson, M.D. (SA)
205-934-4964

*University of South Alabama
College of Medicine*
Ture W. Schoultz, Ph.D. (SA)
205-460-7174

ARIZONA

University of Arizona College of Medicine
Christopher A. Leadem, Ph.D. (SA, MA)
602-626-6216

ARKANSAS

University of Arkansas College of Medicine
Richard Wheeler, M.D. (SA)
501-686-5348

CALIFORNIA

*University of California, Davis
School of Medicine*
Ernest L. Lewis, M.D. (SA)
916-752-3170

*University of California, Irvine
College of Medicine*
Deborah C. Stewart, M.D. (SA)
714-856-8358

*University of California, Los Angeles
UCLA School of Medicine*
Charlotte Myers (SA)
310-825-6281

*University of California, San Diego
School of Medicine*
Maria Savoia, M.D. (SA)
619-534-3703

*University of California, San Francisco
School of Medicine*
Kathleen Healy (SA, REG)
415-476-8070

*Charles R. Drew University of
Medicine and Science*
Theodore Miller, M.D. (SA, MA)
213-563-4960

Loma Linda University School of Medicine
Henry H. Lamberton, Ph.D. (SA, MA)
909-824-4458

*University of Southern California
School of Medicine*
Peter J. Katsafraakis (SA)
213-342-2553

Stanford University School of Medicine
Elliott S. Wolfe, M.D. (SA)
415-723-7361

COLORADO

University of Colorado School of Medicine
Nancy Nelson, M.D. (SA)
303-270-7678

CONNECTICUT

University of Connecticut School of Medicine
Anthony Voytovich, M.D. (SA)
203-679-3875

Yale University School of Medicine
Robert H. Gifford, M.D. (SA)
203-785-2644

DISTRICT OF COLUMBIA

George Washington University
School of Medicine and Health Sciences
James L. Scott, M.D. (SA)
202-994-2200

Georgetown University School of Medicine
Carolyn B. Robinowitz, M.D. (SA)
202-687-1004

Howard University College of Medicine
Sterling M. Lloyd, Jr. (ADM, SA, FA, MA)
202-806-7679

FLORIDA

University of Florida College of Medicine
Hugh M. Hill, M.D. (SA)
904-392-3071

University of Miami School of Medicine
Thomas Crowder (SA)
305-547-6811

University of South Florida College of Medicine
Randolph Manning, Ed.D. (SA)
813-974-2068

GEORGIA

Emory University School of Medicine
Judy V. Wyndham
404-727-5655

Medical College of Georgia School of Medicine
Mason P. Thompson (SA)
404-721-3817

Mercer University School of Medicine
Roger Comeau, Ph.D. (ADM, SA, MA)
912-752-2547

Morehouse School of Medicine
Angela Franklin, Ph.D. (SA)
404-752-1651

HAWAII

University of Hawaii
John A. Burns School of Medicine
Gwen S. Naguwa, M.D. (FA, SA, MA)
808-956-8300

ILLINOIS

University of Chicago
Division of Biological Sciences
Pritzker School of Medicine
Norma E. Wagoner, Ph.D. (SA)
312-702-1939

Finch University of Health Sciences
The Chicago Medical School
Jan Reese (SA)
708-578-3406

University of Illinois College of Medicine
Dale H. Flach (SA-Rockford)
815-395-5627
Richard M. Trumpe, Ph.D. (SA-Peoria)
309-671-8411
William E. Sorlie, Ph.D. (SA-Urbana)
217-333-9284

Loyola University of Chicago
Stritch School of Medicine
Michael L. Rainey, Ph.D. (SA, MA)
708-216-3220

Northwestern University Medical School
Jack Snarr, Ph.D. (SA)
312-503-3842

Rush Medical College of Rush University
William Wagner, Ph.D. (SA)
312-942-6914

Southern Illinois University School of Medicine
Stuart Frank, M.D. (SA)
217-782-2860

INDIANA

Indiana University School of Medicine
James E. Carter, M.D. (SA)
317-274-7175

IOWA

University of Iowa College of Medicine
Peter Densen, M.D. (SA)
319-335-8058

KANSAS

University of Kansas School of Medicine
Dwayne A. Ollerich, Ph.D. (SA)
913-588-5281

KENTUCKY

University of Kentucky College of Medicine
Sue E. Fosson (SA, MA)
606-323-6161

University of Louisville School of Medicine
Stephen Nettleton, Ph.D. (SA)
502-588-5192

LOUISIANA

Louisiana State University School of Medicine - New Orleans
Howard M. Randall, Ph.D. (SA)
504-568-4874

Louisiana State University School of Medicine - Shreveport
Ralph J. Henderson, Ph.D. (SA)
318-674-5339

Tulane University School of Medicine
Wallace K. Tomlinson, M.D. (SA)
504-588-5331

MARYLAND

The Johns Hopkins University School of Medicine
H. Franklin Herlong, M.D. (SA)
410-955-3414

University of Maryland School of Medicine
S. Michael Plaut, Ph.D. (SA)
410-328-7477

Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine
Richard M. MacDonald, M.D. (SA, FA)
301-295-3185

MASSACHUSETTS

Boston University School of Medicine
Arthur J. Culbert, Ph.D. (SA)
617-638-4166

Harvard Medical School
Edward M. Hundert, M.D. (SA)
617-432-1570

University of Massachusetts Medical School
Mai-Lan Rogoff, M.D. (SA)
508-856-2285

Tufts University School of Medicine
Barbara A. Chase, M.D. (SA)
617-956-6534

MICHIGAN

Michigan State University College of Human Medicine
Carrie B. Jackson, Ph.D. (SA, FA, MA)
517-353-7140
Reynard Bouknight, M.D. (SA-Lansing)
517-371-3024
David C. Engstrom, M.D. (SA-Saginaw)
517-771-6878
Daniel S. Mazzuchi, M.D. (SA-Marquette)
906-228-7970
John B. Molidor, Ph.D. (SA-Flint)
810-232-7000
Robert K. Richards, Ph.D. (SA-Grand Rapids)
616-459-0583

University of Michigan Medical School
Marshal Schlafer, Ph.D. (SA)
313-763-3772

Wayne State University School of Medicine
Jane Thomas, Ph.D. (SA, MA)
313-577-1463

MINNESOTA

Mayo Medical School

Roger W. Harms, M.D. (ADM, SA)
507-284-3858

University of Minnesota-Duluth School of Medicine

Lillian A. Repesh, Ph.D. (SA)
218-726-8872

University of Minnesota Medical School-Minneapolis

Helene M. Horwitz, Ph.D. (SA, FA)
612-624-1188

MISSISSIPPI

University of Mississippi School of Medicine

J. Lincoln Arceneaux, Ph.D. (SA)
601-984-5012

MISSOURI

**University of Missouri-Columbia
School of Medicine**

Robert McCallum, Ph.D. (SA)
314-882-2923

**University of Missouri-Kansas City
School of Medicine**

Marilyn McGuyre (SA)
816-235-1811

Saint Louis University Health Sciences Center

William C. Mootz, M.D. (SA)
314-577-8306

Washington University School of Medicine

Leslie E. Kahl, M.D. (SA)
314-362-6844

NEBRASKA

Creighton University School of Medicine

William L. Pancoe, Ph.D. (SA)
402-280-2905

University of Nebraska College of Medicine

J. Calvin Davis, III, M.D. (SA)
402-559-4205

NEVADA

University of Nevada School of Medicine

Jerry May, Ph.D. (ADM, SA, FA, MA)
702-784-6063

NEW HAMPSHIRE

Dartmouth Medical School

Sue Ann Hennessy (SA)
603-650-1509

NEW JERSEY

**University of Medicine and Dentistry of New Jersey/New
Jersey Medical School**

Joan P. Liman, M.D. (ADM, SA)
201-456-4631

**University of Medicine and Dentistry of New
Jersey/Robert Wood Johnson Medical School**

David Seiden, Ph.D. (SA)
908-235-4690

NEW MEXICO

University of New Mexico School of Medicine

Diane J. Klepper, M.D. (ADM, SA)
505-277-3414

NEW YORK

Albany Medical College

Susan Maxwell (SA)
518-262-5634

**Albert Einstein College of Medicine of
Yeshiva University**

Michael J. Reichgott, M.D., Ph.D. (SA)
718-430-3060

Columbia University**College of Physicians and Surgeons**

Linda D. Lewis, M.D. (SA)
212-305-3806

Cornell University Medical College

Daniel R. Alonso, M.D. (SA)
212-746-1050

Mount Sinai School of Medicine of the City University of New York

Alex Stagnaro-Green, M.D. (ADM, SA)
212-241-6694

New York Medical College

Susan Anderson Kline, M.D. (SA)
914-993-4499

New York University School of Medicine

Arthur E. Lindner, M.D. (SA)
212-263-5374

State University of New York Health Science Center at Brooklyn College of Medicine

Lorraine Terracina, Ph.D. (SA)
718-270-2187

State University of New York at Buffalo School of Medicine and Biomedical Sciences

Frank Schimpfhauser, Ph.D. (SA)
716-831-2811

University at Stony Brook School of Medicine

Aldustus E. Jordan, Ed.D (SA, FA, MA)
516-444-2341

State University of New York Health Science Center at Syracuse College of Medicine

A. Geno Andreatta (ADM, SA)
315-464-4816
Stephen V. Allen, Jr., M.D. (SA-Binghamton)
607-770-8618

University of Rochester School of Medicine and Dentistry

Brenda Lee (SA)
716-275-7245

NORTH CAROLINA

Bowman Gray School of Medicine of Wake Forest University

Patricia L. Adams, M.D. (SA)
910-716-4271

Duke University School of Medicine

Andrew C. Puckett, Ph.D. (SA)
919-684-4505

East Carolina University School of Medicine

Ann C. Jobe, M.D. (SA)
919-816-2278

University of North Carolina at Chapel Hill School of Medicine

Cheryl F. McCartney, M.D. (SA, FA)
919-962-8334

NORTH DAKOTA

University of North Dakota School of Medicine

Judy L. DeMers (ADM, SA)
701-777-2840

OHIO

Case Western Reserve University School of Medicine

Mary Louise Miller, M.D., Ph.D. (SA)
216-368-3657

University of Cincinnati College of Medicine

J. Robert Suriano, Ph.D. (ADM, SA)
513-558-5575

Medical College of Ohio

Dennis E. Morse, Ph.D. (SA, FA)
419-381-4195

Northeastern Ohio Universities College of Medicine

Lura Pethel (SA)
216-325-2511 x 130

Ohio State University College of Medicine

Seth Kantor, M.D. (SA)
614-292-4814

Wright State University School of Medicine

Paul G. Carlson, Ph.D. (ADM, SA, REG)
513-873-2934

OKLAHOMA

University of Oklahoma College of Medicine

Susan Massara (SA, MA)
405-271-2331

OREGON

**Oregon Health Sciences University
School of Medicine**
Michael J. Miller, M.D. (SA)
503-494-8228

PENNSYLVANIA

Hahnemann University School of Medicine
Suzanne Zarro, M.D. (SA, REG)
215-762-4353

Jefferson Medical College of Thomas Jefferson University
Clara Callahan (SA)
215-955-6988

Medical College of Pennsylvania
Linda Hiner, M.D. (SA)
215-991-8221

**Pennsylvania State University
College of Medicine**
Edward E. Mills (SA, FA)
717-531-8755

University of Pennsylvania School of Medicine
William W. Beck, M.D. (SA)
215-898-7190

University of Pittsburgh School of Medicine
Joan Harvey, M.D. (SA)
412-648-9040

Temple University School of Medicine
Sally Rosen, M.D. (SA)
215-707-4701

PUERTO RICO

**Universidad Central del Caribe
School of Medicine**
Aristides Cruz, Ph.D. (ADM, SA, MA)
809-740-1600

Ponce School of Medicine
Ana Alvarez, M.D. (SA)
809-840-2519

University of Puerto Rico School of Medicine
Wilfrado Diaz (ADM, SA, MA)
809-758-2525 Ext. 1810

RHODE ISLAND

Brown University Program in Medicine
Alexandra Morang (SA)
401-863-2441

SOUTH CAROLINA

Medical University of South Carolina College of Medicine
Victor E. Del Bene, M.D. (SA)
803-792-4586

**University of South Carolina
School of Medicine**
Marian B. Leland (SA, FA)
803-733-3135

SOUTH DAKOTA

University of South Dakota School of Medicine
Raymond J. Lynn, Ph.D. (ADM, SA, MA)
605-677-5233

TENNESSEE

East Tennessee State University
Dorothy Dobbins, Ph.D. (SA, MA)
615-929-6269

Meharry Medical College School of Medicine
Arthur J. Jackson, Ph.D. (SA, MA)
615-327-6413

**University of Tennessee, Memphis
College of Medicine**
Hershel P. Wall, M.D. (SA)
901-448-5684

Vanderbilt University School of Medicine
Deborah German, M.D. (SA, MA)
615-322-6109

TEXAS

Baylor College of Medicine
Suzanne Bruce, M.D. (SA)
713-798-4600

Texas A&M University College of Medicine
Billy Rankin (SA)
409-845-7743
T. Keller Matthews III, M.D. (SA-Temple)
817-774-2395

Texas Tech University School of Medicine
James A. Chappell, M.D. (ADM, SA)
806-743-3005
Cindy Barnes (SA-Amarillo)
806-354-5405
Louis S. Binder, M.D. (SA-El Paso)
915-545-6874 x6517

University of Texas Medical School at Galveston
Julian I. Kitay, M.D. (SA)
409-772-4779

University of Texas--Houston Medical School
Margaret C. McNeese, M.D. (SA)
713-792-4732

University of Texas Medical School at San Antonio
Leonard E. Lawrence, M.D. (SA, MA)
210-567-4429

University of Texas Southwestern Medical Center at Dallas
Barbara Waller, M.D. (SA)
214-648-2168

UTAH

University of Utah School of Medicine
Ann R. Wennhold, M.D. (SA)
801-581-7375

VERMONT

University of Vermont College of Medicine
Marga Sproul, M.D. (ADM, SA, FA, MA, REG)
802-656-2150

VIRGINIA

Eastern Virginia Medical School of the Medical College of Hampton Roads
Robert McCombs, Ph.D. (ADM, SA)
804-446-5805

**Virginia Commonwealth University
Medical College of Virginia**
Hugo R. Seibel, Ph.D. (SA)
804-786-9791

University of Virginia School of Medicine
Richard D. Pearson, M.D. (SA)
804-924-5579

WASHINGTON

University of Washington School of Medicine
Carol MacLaren, Ph.D. (SA)
206-543-5560

WEST VIRGINIA

Marshall University School of Medicine
Patrick I. Brown, Ph.D. (SA, FA, MA)
304-696-7229

West Virginia University School of Medicine
John W. Traubert, M.D. (SA, MA)
304-293-2408

WISCONSIN

Medical College of Wisconsin
Janine C. Edwards, Ph.D. (ADM, SA)
414-257-8206

University of Wisconsin Medical School
Patricia C. DeMarse (SA, FA)
608-263-7135