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## OSR RESOURCE MANUAL

1991-92

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AAMC Telephone Directory	91/92	NO
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 Basii Pegus 828-0474  
 Computer Equipment Operator: Norman Hardy 828-0474  
 Computer Equipment Operator: Haywood Marshall 828-0474  
 Computer Equipment Operator: Antonia Monteforte 828-0474  
 Data Control & Graphics Specialist: Renate L. Colfin 828-0469  
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 School Relations Assistant, Wanda Bradley 828-0638  
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 School Relations Assistant, Duane C. Pattillo 828-0636  
 School Relations Assistant, Jeffrey Schoopert 828-0697  
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Staff Associate: Timothy P. Ready, Ph.D.	828-0576
Research Assistant: Connie Wyche	828-0531
Administrative Assistant: Lily May Johnson	828-0572

**Section for Minority Affairs**

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Staff Associate: Elsie Quinones	828-0578
Administrative Assistant: Annie Young	828-0584

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American Council on Education	939-9330
American Security Bank	624-4370
Central Services Division: ACE	939-9400
Challenger Messenger Service	499-2226
FAX (One Dupont)	785-5027
FAX (1776 Mass 2nd Floor)	828-0609
FAX (1776 Mass 3rd Floor)	785-0747
Federal Express	
Account Number 200-4301-6	691-1901
NCHE Guard's Desk	939-9396
Typewriter Repair Service	968-8997
Western Union	
Account Number CWA042011	800-257-2211
Western Union Mailgram Coordinator	
Account Number CWA042011	624-0182

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Office of General Counsel  
Office of Administrative Services (OAS)  
Computer Services  
Division of Academic Affairs (DAA)  
Section for Student and Educational Programs

Section for Student Services  
Section for Educational Services  
Division of Biomedical Research (DBR)  
Division of Clinical Services (DCS)  
Division of Communications (DC)  
Section for Public Relations  
Section for Publications

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Section for Institutional Studies  
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Section for Minority Affairs

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Accreditation of Residencies	August G. Swanson, M.D., VP. GME	4475
Ad Hoc Committee on Fraud & Misconduct in Research	Allan C. Shipp, Staff Associate, DBR	4484
Ad Hoc Group for Medical Research Funding	David Moore, Asst. Dir., OGR	4525
American Medical College Application Service (AMCAS)		
Applicant Inquiries	Applicant Relations Staff, DAA-SSS	4600
Fee Waivers	Applicant Relations Staff, DAA-SSS	4600
Irregularities	Dennis Renner, Supv., Applicant Relations, DAA-SSS	4620
Medical School Inquiries	School Relations Staff, DAA	4635
Policy	Richard Randlett, Asst. VP, Student Services, DAA-SSS	4620
	Robert Colonna, Dir., Operations, Student Services, DAA-SSS	4620
Grading System/Transcript Policies	Edward Gross, Mgr., Transcript Processing, DAA-SSS	4628
Graduate Medical Education Tracking	School Relations Staff, DAA-SSS	4635
Archives	Mary H. Littlemeyer, Dir., Archives	4552
Academic Affairs, Div., of	Louis J. Kettel, M.D., VP, DAA	4580
<i>Academic Medicine</i>		
Authors/Content/Advertising	Addeane S. Caellegh, Editor, DC	4590
Subscriptions/Renewals	Patricia A. Chapman, Mgr., Membership & Publications	4524
Administrative Services	Edwin L. Crocker, VP, Office of Administrative Services	4440
Assessing Change in Medical Education—The Road to Implementation (Charles E. Culpeper Foundation Study)	Louis J. Kettel, M.D., VP, DAA	4580
Awards		
Alpha Omega Alpha Committee	August G. Swanson, M.D., VP, GME	4475
Flexner Award Selection Committee	Rosemary Choate, Special Asst., OP	4461
Research Award Selection Committee	Rosemary Choate, Special Asst., OP	4461
Annual Meeting		
Hotels/Program/Planning	Rosemary Choate, Special Asst., OP	4461
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Biomedical Research Issues—Legislative Branch	David B. Moore, Asst. Dir., OGR	4525
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COTH Housestaff Survey	Alison Evans, Research Asst., DCS	4490

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Data Base Information		
AAMC Data Book	Dorothea M. Hudley, Adm. Asst., DIPD	4640
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Institutional Profile Systems	Donna J. Williams, Research Assoc., DIPD	4647
	Susan Sanderson, Research Assoc., DIPD	4648
	Linda E. Fishman, Sr. Research Assoc., DCS	4490
Hospital Operation & Finance Data	Charles Killian, Dir., DIPD	4645
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AAMC Directory	Cynthia Turner, Staff Editor, DC	4594
Curriculum Directory (Content)	M. Brownell Anderson, Dir., Ed. Programs, DAA	4562
Medical School Admissions Requirements	Mary Gorman, Staff Asst., DAA-SSEP	4683
Minority Student Opportunities in U.S. Medical Schools	Mary Cureton-Russell, Staff Assoc., DMH, Section for Minority Health	4573
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Executive Development Seminars	Marcie Foster, Program Mgr., DIPD	4527
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	Robert F. Jones, Ph.D., Dir., Section for Institutional Studies, DAA	4520
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Faculty Salary Survey	William C. Smith, Jr., Research Assoc., DIPD	4649
FAX Numbers.		
One Dupont Circle, N.W.		202 785-5027
1776 Massachusetts Avenue, N.W.	(3rd Floor)	202 785-0747
	(2nd Floor)	202 828-0609
Financial Aid		
Policy	Robert L. Beran, Ph.D., Asst. VP, Student and Educational Programs, DAA	4680
Legislative Issues	Jessica Sutin, Legislative Analyst, OGR	4525
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Graduate Medical Education Payment		
Regulatory Issues	Ivy Baer, Staff Assoc., DCS	4490
Legislative Issues	Mary Beth Bresch, Legislative Analyst, OGR	4525
Graduation Questionnaire		
Policy	Larry Rogers, Ph.D., Sr. Research Assoc., DAA	4685
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GROUPS		
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GFP Membership Records Meeting Plans	Meissa H Wubbold, Special Asst. DCS	4490
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Health Services Surveys and Research	Joyce V Kelly, Ph.D., Assoc. VP. DCS	4494
History of Medical Education AAMC	Mary H Littlemeyer, Dir., Archives	4552
Hospital Operations and Financial Data	Linda E Fishman, Sr. Research Assoc., DCS	4590
Regulatory Issues	Ivy Baer, Staff Assoc. DCS	4497
Legislative Issues	Mary Beth Bresch, Legislative Analyst. OGR	4525
Industry-Academic-Government Relations	Thomas F Malone, Ph.D., VP. DBR	4480
INFORMATION	Cynthia Davenport, Receptionist. OAS	0
	Linda Hazi, Receptionist. OAS	0
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Matriculating Student Questionnaire	Larry Rogers, Ph.D., Sr. Research Assoc., DAA	4685
MCAT		
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Processing	Judy Koenig, Research Assoc., DAA	4690
Research	Weichang Li, Ph.D., Sr. Research Assoc., DDA	4690
MCAT Score Release System	Alice Cherian, Mgr., Input Review & Distribution. DDA-SSS	4627
MCAT Fee Reduction	Applicant Relation Staff. DAA-SSS	4600
Media Relations	Joan Hartman Moore, Dir., Public Relations. DC	4455
Medical College Application Service	(See page 1 — AMCAS)	
Medical School Financing	Leanne Jolin, Research Assoc., DIPD	4655
Matriculating Student Questionnaires.		
Policy	Larry Rogers, Ph.D., Sr. Research Assoc., DAA	4685
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MEDLOANS	Robert L. Beran, Ph.D., Asst. VP. Student & Ed Programs. DAA	4680
Applicant Inquiries	Applicant Relations Staff. DAA	4600
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	Robert Colonna, Dir., Operations. Student Services. DAA	4620
Membership	Patricia Chapman, Mgr., Membership. OAS	4524
	Ida Gaskins, Membership Asst., OAS	4548
Medicare (see Physician Payment/Hospital Payment — page )		
Minority Education-Health	Herbert W. Nickens, M.D., M.A., VP. DMH	4572
Project 3000 by 2000	Timothy Ready, Ph.D., Staff Assoc., DMH	4572
	Connie Wyche, Research Asst., DMH	4572
Minority Publications	Mary Cureton-Russell, Staff Assoc., DMH	4573

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Minority Student Data	Mary Cureton-Russen, Staff Assoc. DMH	4573
NIH Appropriations	David Moore, Asst. Dir. OGR	4525
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National Resident Matching Program (NRMP)		
Operations and Data	Richard Randlett, Asst. VP Student Services, DAA	4620
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Organization of Student Representatives	Donna Quinn, Staff Assoc. DAA	4681
Physician Payment		
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Legislative Issues	Mary Beth Bresch, Legislative Analyst. OGR	4525
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Public Relations	Joan Hartman Moore, Dir., DC	4455
Research in Medical Education (RIME)	M. Brownell Anderson, Dir., Ed. Programs. DAA	4562
Simulated Minority Admissions Exercise (SMAE)	Elsie Quinones, Staff Associate, DMH, Section for Minority Affairs	4578
Space & Facilities	Robert F. Jones, Ph.D., Dir., Institutional Studies. DAA	4520
Student & Applicant Information Management Systems (SAIMS)	Charles Killian, Dir., DIPD	4645
Student Questionnaires	Larry Rogers, Ph.D., Sr. Research Assoc., DAA	4685
Subscriptions	Ida Gaskins, Membership Asst., OAS	4548
Data Book Subscriptions	Dorothea Hudley	4640
Tax Issues	Leslie Goode, Legislative Analyst. OGR	4525
Veterans Affairs	Leslie Goode, Legislative Analyst. OGR	4525
<i>Weekly Report</i> (Editor)		
Women in Medicine	Janet Bickel, Sr. Staff Assoc., DAA	4575

## 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.

CHAPTER 2 -- INDEX OF PROJECTS (in their order of appearance)

<u>Name of Project/Resource</u>	<u>Year Submitted</u>	<u>Appendix</u>
Enhanced Role(s) for an Academic Medical Center in Indigent Care-- An Exercise in Community-Oriented Primary Care	90/91	YES (A)
SC-HOPE (Syracuse Community Health Outreach Program)	90/91	NO
Community Health Fair	90/91	NO
S.M.A.R.T (Sexual Maturation and Responsible Teens)	90/91	NO
Coronado School Project	90/91	NO
Tufts High School Program	90/91	NO
Eastern Virginia Area Health Education Center (EV-AHEC)	90/91	NO
Turtle Derby	90/91	NO
Children's Diabetes Project	90/91	YES (B)
Student-Run Health Clinic	90/91	NO
for the health of it! (How to Start a Health Fair)	90/91	YES (C)
The Urban Health Project	90/91	YES (D)
Homeless First Aid Project	90/91	NO
Homeless Health Clinic	90/91	NO
The Rush Primary Care Clinic Project	90/91	YES (E)
Student-to-Student	90/91	NO
The Stout Street Student Clinic for the Homeless	90/91	NO
Speaker's Bureau	90/91	YES (F)

CHAPTER 2 continued

<u>Name of Project/Resource</u>	<u>Year Submitted</u>	<u>Appendix</u>
Pediatric Homeless Health Initiative	91/92	NO
Community Health Group Summer Internship Program in West Philadelphia	91/92	NO
Cornell's Community Service Program	91/92	NO
Community CPR Education	91/92	NO
BRAVO (Book of Resources and Volunteer Opportunities)	91/92	NO
University of Pennsylvania SOM/West Philadelphia Community Health Fairs	91/92	NO
MEDIC (Medical Information Center)	91/92	NO
Students Teaching AIDS to Students	91/92	NO
Adolescent Health Screening Program	91/92	NO
AIDS Education for Women	91/92	NO

**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.

**Attachments:** YES      **Number of Additional Pages:** 16

**Abstract Author:** Kim Dunn; Regina Cavanaugh; Lee Rosen; Elaine Rosen  
**School Name:** University of Texas-Houston; Baylor College of Medicine  
**Home Address:** 4010 Linkwood Apt. 1076, Houston, TX 77025  
**Home Phone Number:** 713-661-4682

**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).

**Attachments:** NO      **Number of Additional Pages:** 0

**Abstract Author:** John Brancato  
**School Name:** SUNY-Syracuse  
**Home Address:** 80 Presidential Plaza #2009, Syracuse, NY 13202  
**Home Phone Number:** 315-474-2327

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Jeffrey Dean Moses

School Name: University of Southern California

Home Address: 1729 Ellincourt Apt. 8, South Pasadena, CA 91030

Home Phone Number: 818-441-2226

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Joe Graziano

School Name: The Ohio State University College of Medicine

Home Address: 361 West 5th Avenue, Columbus, OH 43201

Home Phone Number: 614-424-6742

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Laura Brodzinsky  
School Name: Eastern Virginia Medical School  
Home Address: 412 Pembroke Avenue, Norfolk, VA 23507  
Home Phone Number: 804-625-7489

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Dineli Gunawardena  
School Name: Tufts University School of Medicine  
Home Address: 145 Worcester Street #3, Boston, MA 02118  
Home Phone Number: 617-247-0047



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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Laura Brodzinsky  
School Name: Eastern Virginia Medical School  
Home Address: 412 Pembroke Avenue, Norfolk, VA 23507  
Home Phone Number: 804-625-7489

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Ingrid Kohlstadt  
School Name: Johns Hopkins  
Home Address: 10506 Vincent Farm Lane, White Marsh, MD 21162  
Home Phone Number: 301-335-8750

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. Attached are mailouts and brochures that we used. The play, rap song, and additional information are available upon request at the address below.

Attachments: YES      Number of Additional Pages: 5

Abstract Author: Bradley Bullock

School Name: University of Florida

Home Address: 3010 SW 23rd Terr. #111, Gainesville, FL 32608

Home Phone Number: 904-336-4348

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Mark Rodefeld

School Name: Indiana University School of Medicine

Home Address: 614 Arch Street, Indianapolis, IN 46202

Home Phone Number: 317-638-3781

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  
Address: J-609 JHMHC, University of Florida, Gainesville, FL  
Phone: 904-336-0849

Attachments: YES                      Number of Additional Pages: 11

Abstract Author: Helga E. Rippen  
School Name: University of Florida  
Home Address: 1700 SW 16th Court #K22, Gainesville, FL 32608  
Home Phone Number: 904-336-0849

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.

Attachments: YES                      Number of Additional Pages: 2

Abstract Author: William Andrew  
School Name: University of Cincinnati  
Home Address: 118 Glenmary Avenue, Cincinnati, OH 45220  
Home Phone Number: 513-559-1623

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Benjamin Hendin

School Name: Cornell University Medical College

Home Address: 445 East 69th Street #830, New York, NY 10021

Home Phone Number: 212-535-1013

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Michael Greenburg

School Name: Medical College of Georgia

Home Address: MCG Box 572, Augusta, GA 30912

Home Phone Number: 404-733-2661

**Project Title: The Rush Primary Care Clinic Project**

**ABSTRACT:**

The Rush Primary Care Clinic Project (PCCP), a student-designed and student-generated longitudinal ambulatory care model for undergraduate medical education, is designed to create a controlled environment that encourages medical education and promotes quality medical care in a medically underserved area of Chicago. We emphasize quality patient care while integrating primary care with hospital-based academic medicine. Working as a member of a physician team, students will benefit from the opportunity to experience primary care medicine which has characteristics not found in tertiary care settings. This project attempts to accomplish the following worthwhile goals:

- \* to offer medical students, over a four-year period of time, a broad exposure to ambulatory patient problems and issues of preventive medicine;
- \* to provide a continuity of care experience for physicians, students, and clinic patients -- clinic clients will be assigned to physician teams, thus forming continuous care patient panels;
- \* to offer special educational seminars and interventions to complement team care of patients;
- \* to afford direct interaction of medical students with attending physicians and health care professionals from a major academic center (RPSLMC);
- \* to build on, and expand, problem-based approaches to undergraduate medical education already existing within Rush Medical College;
- \* to introduce medical students to community-oriented primary care in a medically underserved area.

PCCP is an interdepartmental effort sponsored by the Rush Departments of Internal Medicine, Family Practice, Obstetrics and Gynecology, Pediatrics, and Preventive Medicine, and by RMC chapters of AMSA and AOA. Students and physicians participate voluntarily. Malpractice insurance is covered by the College. PCCP sponsors a Thursday-evening clinic at St. Basil's Clinic from 7:00 - 9:30 p.m. each week. Each clinic session is preceded by a clinical teaching seminar beginning at 6:30 p.m.

In addition to the attachments found in this manual, additional materials (PCCP Resource Book and Orientation/Log Book) are on file with the OSR Staff Director at the AAMC (202-828-0682).

**Attachments: YES      Number of Additional Pages: 11**

**Abstract Author: Mike Costello**

**School Name: Rush Medical College**

**Home Address: 1552 W. Harrison, Chicago, IL 60607**

**Home Phone Number: 312-243-3783**

**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.

**Attachments: NO      Number of Additional Pages: 0**

**Abstract Author: Tom McNemar, Cindy Dougherty**  
**School Name: Medical College of Ohio**  
**Home Address: 5908 Cresthaven Lane E1, Toledo, OH 43614**  
**Home Phone Number: 419-867-3544**

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Gwyn E. Barley (submitted by OSR Rep. Elizabeth Amick)

School Name: University of Colorado

Home Address: (Elizabeth) 1111 Ash #210, Denver, CO 80220

Home Phone Number: 303-399-3528



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.

Attachments: YES      Number of Additional Pages: 3

Abstract Author: Nancy Brown, Karen Saravanos

School Name: University of Florida

Home Address: Gainesville, FL

Home Phone Number: 904-375-8193, 904-335-5475

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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Mary Ott (Christine Sunwoo, Dan Finn, Bill Fox)

School Name: University of Pennsylvania School of Medicine

Address: Pediatric Homeless Health Initiative Coordinator

c/o Community Health Group, University of Pennsylvania SOM  
Philadelphia, PA 19104

Home Phone Number: 215-222-3624 (Mary)

91/92

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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Abby Letcher, Micah Rosenfield

School Name: University of Pennsylvania

Home Address: 4508 Locust Street, Philadelphia, PA 19139

Home Phone Number: 215-222-5833

91/92

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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Miriam Kreytak

School Name: Cornell University

Address: Community Service Program, 1300 York Avenue D-115, New York, NY 10021

Phone Number: 212-746-3390

91/92

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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Nancy Stanwood

School Name: University of Pennsylvania

Home Address: 4508 Locust Street, Philadelphia, PA 19139

Home Phone Number: 215-222-5833

91/92

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: John Abikhaled  
School Name: Baylor College of Medicine  
Home Address: 7900 Cambridge #724, Houston, TX 77054  
Home Phone Number: 713-795-4983

91/92

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Dan Hoeffel  
School Name: University of Pennsylvania  
Home Address: 415 South 46th Street, Apt. A, Philadelphia, PA 19143  
Home Phone Number: 215-476-4245

91/92

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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Brett Whyte

School Name: University of Wisconsin Medical School

Home Address: 1300 University Avenue, First and Second Year Office, Madison, WI 53706

Home Phone Number: 608-259-0598

91/92

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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Michael D. Geschwind

School Name: Albert Einstein College of Medicine

Home Address: 1935 Eastchester Road, 25B, Bronx, NY 10461

Home Phone Number: 212-863-2908

91/92

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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Bonnie Kempner (and Kim-Anh Nguyen)

School Name: University of Pennsylvania

Home Address: Box 801, 3600 Chestnut Street, Philadelphia, PA 19104

Home Phone Number: 215-573-4330

91/92

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).

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Michelle Rathgeb

School Name: University of Pennsylvania

Home Address: 3516 Crest Drive, Murrysville, PA 15668

Home Phone Number: 412-327-3246

91/92

**Enhanced Role(s) for an Academic Medical Center in Indigent  
Care: An Exercise in Community-Oriented Primary Care**

**Sponsored by:**

**Vulnerable and Indigent Population (VIP)  
Health Care Task Force of the  
Texas Medical Center, Houston, Texas**

## Statement of the Problem

The strongest challenge to our health care system in the United States is balancing the basic preventive, therapeutic, and rehabilitative needs of our increasingly diversified population while maintaining a strong research base. It is particularly difficult to balance needs when, as a country, we have neither well-articulated policies dealing with health care delivery (medical and preventive) nor coordination of scientific priorities.

Of central importance is the need to meet the immediate needs of those segments of our population who are vulnerable and indigent. This presents a seemingly overwhelming challenge to our societal values, institutions, and in some respects, current structure for redress. Recognition of the enormity of the problem has served as a convenient excuse for inactivity, without a critical analysis of what each individual and institution (e.g. professional organizations, community organizations, public health agencies, educational institutions) could contribute singly and, through unity of effort, collectively.

The problem requires initiative at the local level because of the heterogeneity of disease patterns and delivery complexities which are unique to each geographic locale.

For example, in Houston as students at the largest medical complex in the world, we are a stone's throw away from neighborhoods where the infant mortality rate



(15.9/1000: 1988 City Health Department Data) rivals that of third world countries. As students and residents, we provide the bulk of medical care to indigent populations in the daily course of our education. We recognize the increasing stresses placed on our delivery system by the breakdown of our community and public health systems. We feel our educational institutions have a unique opportunity to articulate, within the context of the traditional academic values of education, research, and service, enhanced roles and directions for improving the care of vulnerable and indigent populations in Houston and Harris County.

It is hoped that by examining new ways for an academic medical center to improve contributions to the solution, other community and public health organizations will also reevaluate their contributions.

To help catalyze this introspective process for new or enhanced roles for the academic and non-academic communities a series of conferences and student activities will be held this spring and summer. It will bring together academicians, students, caregivers, planners, and business and community leaders in an initial dialogue for catalyzing change in Houston and Harris County. The focus of this years' conference is improving preventive services to prenatal and elderly populations.

## Literature Summary

Academic medicine has been partners with the federal government in trying to improve access to medical care by increasing the number of physicians for over forty years. Extensive federal support for medical schools and biomedical research began after World War II and was significantly strengthened in 1963 with direct Federal funding from the Health Professions Educational Assistance Act (1). A major policy for improving access has been to increase the supply of physicians. It is now thought that an abundance of physicians exists (2,3). However, the barriers to access remain and are actually worsening (4-7). Therefore, it is time to reassess our policies for achieving equality of a basic level of care.

Academic medicine is in the midst of a changing covenant with society (8). Many of us, as future academicians and leaders in the non-academic health care community, welcome the opportunity to foster cooperation with other public institutions involved in the delivery of preventive, therapeutic, and rehabilitative care to vulnerable and indigent populations. In this, we begin to articulate, along with our clinical and research mentors, the future role(s) of academic medicine in indigent care. Of central importance is the process and content of our students' educational experience.

Anecdotal evidence from students of various health science disciplines in these institutions (e.g. nursing,

public health, medicine) indicates that students bring to their education a willingness to serve in the care of vulnerable and indigent populations, but by the end of the educational experience many no longer maintain that commitment. Given that existing data is strongest for medical education, it will be reviewed here.

Two recent efforts for assessing physician supply have indicated the continued need for primary care physicians (2,3). Data from the Matriculating Student Questionnaire of the Association of American Medical Colleges (10) indicates that two-thirds of entering students have no firm career choice.

At the end of medical school the career decisions of graduating students (11) indicate that students are not choosing primary care fields. In fact, there is a troubling decline in students choosing such fields.

Table 1  
Specialty Choice of Graduates for Primary Care  
(By percentage of graduates)

	<u>1981</u>	<u>1988</u>
Family Practice	17%	13%
General Internal Medicine	12%	8%
Pediatrics	8%	5%

Although there are many possible contributing reasons for this decline, it can be argued from the following data that the current curriculum content contributes to the perpetuation of this problem in some manner (5).

Table 2

Selected Results from the AAMC Graduation Questionnaire  
All Schools Summary

Attitudes toward Amount  
of Instruction on  
Selected Areas

Excess=Excessive Inadeq=Inadequate	1981		1988	
	Excess	Inadeq	Excess	Inadeq
Preventive Care	1.4	63.2	1.6	60.4
Public Health and Community Medicine	5.2	50.4	3.8	51.9
Nutrition	1.2	63.9	1.3	65.7
Medical Care Cost Control	1.2	65.1	1.5	60.3
Care of Ambulatory Patients	1.0	36.6	1.6	38.1
Number of respondents	10,795		11,307	

Also, the environment for medical education does not lend itself to the nurturing of the values and attitudes necessary for guiding students to choose careers in primary care. First, there are few role models bridging such disciplines as medicine and public health in the Texas Medical Center. Second, though students can take inter-institutional classes, there are no formal joint Medical-Public Health Programs equal to those existing for Medical-Biomedical (MD/PhD) Programs.

In addition to the need for change in medical education there have been recent reports calling for change in nursing education (13-15), and public health education (4,16). Not only is there the need for improvements in the single

disciplines within the health sciences, there is also the perceived need for an interdisciplinary approach (4,17).

The need for creative and improved solutions appears obvious and, as argued above, begins with a critical analysis of our educational curricula of the various health science disciplines and potential development of new alliances.

### Project Objectives and Methodology

The conference planning began in fall of 1988 as one of several student-initiated projects of the Vulnerable and Indigent Population (VIP) Health Care Task Force. (See Appendix A for history of the Task Force, Appendix B for current projects, and Appendix C for Conference Objectives.)

The student planning committee initially consisted of two senior medical students making appointments with the heads of the academic institutions and teaching hospitals in the Texas Medical Center and inviting them to come to a conference on indigent care. The planning committee grew to include medical students from each of the four classes at both medical schools to perpetuate the process after the two had graduated. Initially, the student effort was supported by the Health Policy Institute at the University of Texas Health Science Center. The support expanded to include formal sponsorship by the University of Texas Health Science Center (UTHSC) (Dr. John Ribble, Acting President) and Baylor College of Medicine (Dr. William T. Butler,

President). They appointed Drs. Hansel (UTHSC) and Vallbona (Baylor) to work with the student planning committee.

Through an invitational meeting in October, 1989 input was sought from academicians from all health science disciplines in the Texas Medical Center and other local educational institutions, public health leaders, private hospitals, the Harris County Hospital District, and various community agencies. In synthesizing the feedback from this initial effort and at the suggestion of Drs. Hyslop (Harris County Health Department Director) and Vallbona (Baylor), the students chose preventive care as the focus of this initial conference, more specifically improving prevention in prenatal care and in the elderly to highlight the perceived intergenerational conflict of resource utilization.

Given that all people involved in the VIP Task Force at that point were principally medical students and had little time nor background to devote to the enormous task of preparing the background documents for the conference, it was decided to approach graduate students at other institutions. A total of twenty-seven students from six academic institutions responded. (See Appendix D for a list of students and primary academic affiliation and a list of faculty consultants). One group of students developed a structured interview format (Appendix E) and administered it to a sample of approximately fifty individuals who currently provide preventive services to these two populations (Appendix F). Through this process several consistent

problems have emerged- lack of coordination of preventive services, differences in eligibility criteria, and long waiting times. A second group of students (Appendix D) are developing a model preventive program for these two populations.

On May 2nd, the individuals interviewed will be brought together in small groups to work on creative solutions for the three identified problems. Over the course of the summer a group of students from the health science disciplines will develop a proposal for an Academic, Community-Based, Primary Care Health Care Center for the Health Professions (Appendix G). The suggestions from the May session and this summer effort 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 (Appendix H contains draft of groups to be invited). It is hoped that from this will emerge an enhanced liason between the academic and local communities.

Significance of project:

During this project a consensus has emerged that there is the need for an infrastructure to support future efforts of not only students but also faculty in this area. It is hoped that an interdisciplinary consortium of young faculty from institutions in the Texas Medical Center can develop with coordination through the School of Public Health. (See

Appendix H for draft goals and objectives of this group).  
The following would be among specific functions of this  
entity:

- \*Continue the conference process that has been  
initiated over the past two years.

- \*Conduct, in collaboration with existing efforts, a  
full primary care review of indigent care in Houston and  
Harris County.

- \*Coordinate joint educational efforts such as MD/MPH  
and RN/MPH program using the demonstration project site  
(chosen at the conference) as the community laboratory.

- \*Influence the current curriculum of school's whose  
students are participating in this project to improve  
perceived deficiencies.

National (possibilities):

One of the purposes of this effort was to develop a  
program which could be useful to students elsewhere for  
stimulating their academic institutions to address needs at  
a local level. It was felt that if this can happen in  
Houston, Texas with its incredibly complex environment then  
it can happen anywhere in the United States.

Therefore, the possibilities to expand this effort  
include:

- \* Establish an interdisciplinary health science student  
group under the auspices of the Association of Academic  
Health Centers.



\*Establish a clearinghouse for initiatives and innovations in health science education. This project is one potential model of how students of all health science disciplines can work effectively with their clinical and research mentors in bridging the academic and local communities.

\*Establish a mechanism for the process of a primary care review of indigent care at each location where an academic medical center is located.

Summary of Evaluation Methods

Conference participants willingness to commit to the process and a demonstration site.

Academic heads willing to commit to the process and a demonstration site.

Budget Estimate and Justification

(1990 Conference Series ONLY, not additional evolving projects. Costs are estimates at this time as the project is underway and total expenditures are incomplete at this time.)

Health Policy Institute.....\$1500

- \*Xeroxing
- \*Correspondence
  - Stationery
  - Secretarial support
  - Long distance
  - Mailing

University of Texas Medical School.....\$400

Baylor College of Medicine.....\$400

University of Texas

School of Public Health.....\$400

- \*Food and Beverage
  - for three evening sessions

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## Appendix A

### History of the Vulnerable and Indigent Population (VIP) Health Care Task Force

At the 1988 Association of American Medical Colleges Annual Meeting (AAMC), the Organization of Student Representatives (OSR) of the AAMC established a network of students interested in indigent care. Upon returning to Houston, its founders decided that the network would need examples of what a group of students could do if organized effectively in a given location. Also it was felt that a multi-disciplinary effort was needed and that it should begin with a known group of students who were already involved in volunteer community activities. Subsequent to its establishment in Houston in December of 1988, the name Vulnerable and Indigent Population (VIP) Health Care Task Force was adopted and the group charged with:

- \* Supporting student altruism
- \* Defining and studying the nature of the problem
- \* Discovering how to educate students-in-training about special needs of underserved populations
- \* Identifying suitable models of public health training occupying substantive and prominent roles in overall curricula and advocating for change in current curricula
- \* Interacting with local, state, and federal policy-makers as they create, modify, and eliminate health care programs
- \* Encouraging discussion on a local and national level of the academic health center's role in indigent care.

Monthly meetings are held at the School of Public Health with a different school in the medical center having rotating responsibility for one of its students to be responsible for advertising the meeting, conducting the meeting, and writing the minutes from it.

## Appendix B

### Overview of Activities of the VIP Task Force

#### Education:

- \* Development of Code of Ethical Guidelines for Students and Residents at the two new county hospitals
- \* Encouraging administrators to formalize joint MD/MPH Programs
- \* Spanish Tutoring Project (Mary Weeks, SPH student and Anne Tarry, MS1 at UT)
- \* Ongoing speaker series at institutions around the medical center to educate students and interested faculty

#### Previous Speakers

- Dr. Richard Remington, Chair of IOM Future of Public Health Committee:  
The future of public health and the need for the interface of medicine and public health in indigent care.
- Mrs. Lois Moore, Head of Harris County Hospital District:  
New interface of our two academic institutions and the Harris County Hospital District on providing care to the indigent in Houston.
- Mr. King Hilliar, Director of AIDS Activities for HCHD  
The new poverty of AIDS.
- Dr. Eugene Bousabin, Assoc. Professor of Internal Medicine, Baylor  
Participation in improvement of indigent care in Houston and Harris County
- Dr. Ron Merrell, Assoc. Dean for Clinical Affairs, University of Texas Medical School  
Physician as Citizen
- Steven B. Thacker, MD  
Center for Disease Control  
Medical Detectives at the CDC

- Dr. M. David Low, President of University  
of Texas Health Science Center at  
Houston  
Comparison of Canadian and American  
Health Care Systems  
PRESENTLY PLANNED SPRING SPEAKER SERIES

- Cassandra Thomas  
Houston Ares Women's Center  
Sexual Abuse/Sexual Violence and the  
Health Professional's Role

- Stephanie LaFarge  
Indigent Drug Abuse in Inner New York  
City

- Conversation with students who are seeking  
clinical and public health education:  
Brownian Movement Approach to Education

\* Study Tour of Houston areas shelters and other  
volunteer agencies (Jamal Maloo, MS3 at  
Baylor):

**Research:**

\* Pharmacoepidemiologic assessment of of the  
patients' medical problems, a cost- and risk-  
benefit analysis of types of therapeutic  
agents needed and an effort to secure an  
ongoing supply from pharmaceutical firms.  
This is currently being done at Casa Juan  
Diego clinic (Student: John Abikhaled, MS2 at  
Baylor)

**Service:**

\* Casa Juan Diego is a Catholic Worker House in  
Houston for Hispanics. Two evenings a week  
students and faculty volunteer and provide  
primary care. English is also taught by  
volunteer students. (Dave Buck)

\* Casa Maria is an indigent family care clinic in  
Houston run by volunteer students, faculty,  
and community physicians (Ann Marie Case)

- \* Newsletter (Patrick Whelan and Dan Jernigan)  
See enclosed.  
There is the need for a monthly newsletter which will have the following features:
  - \*Highlight one student-initiated project
  - \*Summarize the monthly speaker's talk
  - \*Distribute minutes
  - \*Have a calendar of events of interest which are germane to indigent careThis will have a circulation of approximately 2000 and will go to all students in the Texas Medical Center. It is hoped that additional support can be arranged to include interested faculty and community members
- \* In conjunction with the AIDS Education Task Force, students volunteer at Montrose Clinic to do HIV counselling

Other planned activities include:

- A Community Health Fair
- Development of a Community Service Directory for volunteer students, staff, and faculty of the Texas Medical Center



## Appendix C: Conference Objectives

### **Annual Conference on Vulnerable and Indigent Population (VIP) Health Care in Houston and Harris County**

This proposal briefly outlines the goals, objectives and working plan for a student-initiated project designed to further improve the access to and quality of indigent health care in Houston and Harris County. Born of a nationwide concern among medical students to encourage and participate in community-wide discussion of indigent care, this project seeks to involve caregivers and planners, students and academicians, and business and community leaders in an ongoing process.

#### **Goals**

- \* To improve access to and quality of healthcare for indigent patients in Houston and Harris County
- \* To create an ongoing forum of representatives from organizations that currently provide or have a major interest in the delivery of health care to vulnerable and indigent populations
- \* To improve education of future practitioners of the health sciences on special needs of VIP's

#### **Objectives**

- \* Each spring to hold a series of 2-3 roundtable sessions on one specific topic related to indigent health care in Houston/ Harris County
- \* To have conference participants review the prepared summary information, identify and prioritize areas of common concern, suggest future research topics, health policy modifications, and possible pilot interventions to improve current practice
- \* To hold a course each year at the School of Public Health whose goal is to provide a problem-based learning experience for students in producing the background documents for the spring conference

**1990 Conference Focus: Improving access, quality, and utilization of preventive health services in VIP's**

Given that policy must be made in an environment of competing demands the following two populations were chosen because they represent both spectrums of the age scale and therefore the perceived intergenerational conflict of resource utilization.

- \* Pregnant women to improve prenatal care
- \* Elderly to improve health and quality of life with a focus on prevention of institutional care

**Objectives**

- \* To categorize the current array of preventive services available to the populations through the various agencies
- \* To ascertain from the provider and the recipients their perspectives for existing barriers for access/utilization
- \* To develop mechanisms for improving access/utilization through institutionally-sponsored pilot projects

The following broad questions will guide this and future conferences:

1. What are the characteristics of a community system which best assures that it understands and effectively meets the health care needs of the population it serves?
2. What permanent mechanisms should the system use to plan, deliver, and assess health care that is coordinated, comprehensive, and accessible?

## Appendix D

### Students Participating in Conference Planning and Related Activities

#### Initial Student Planning Committee

##### University of Texas

Kim Dunn, MD/PhD  
Chip Sperling, MS3  
Regina Cavanaugh, MS2  
Stacy Silverman, MS1

##### Baylor

Lee Rosen, MS4  
Dan Jernigan, MS3  
John Abikhaled, MS2  
Scott Blois, MS1

#### Students in Independent Study Class at SPH

Terri Gieger	School of Public Health
Dan Jernigan	Baylor Medical/School of Public Health
Shannon Jones	School of Public Health
Doug Mains	School of Public Health
Jan Merin	UT Medical/School of Public Health
Calvin J. Milton	School of Public Health
Sally Olsen	School of Public Health
JoAnne Pegler	School of Public Health
Tony Renee	School of Public Health
Elaine Rosen	Baylor Medical/School of Public Health
Jeana Ruland	Rice University
Donna Schindler	School of Public Health
Louise Villejo	School of Public Health
Mary Weeks	School of Public Health
Nancy Weller	School of Public Health
Bekra Yorke	Rice University

#### Students in Dr. Gingiss' University of Houston Class

Lori Kay Algrecht	Mary Matthys
Arif Balagam	Calvin Milton
Judy Best	Donna Payne
Greg Done	Mary Sanders
Donna Dumas	Charles Segura
Margaret Hunt	Elaine Tetreault
Carol Williams	

Group coordinators: Prenatal- Elaine Rosen  
Elderly- Mary Weeks

Project coordinator: Kim Dunn

## Faculty Guidance Committee

At various points over the past two years the students are indebted to the following faculty for their advice, input, and support of the project.

### University of Texas Medical School

Dr. Nancy Hansel  
Dr. Stanley Reiser

### Baylor College of Medicine

Dr. Carlos Vallbona

### University of Houston

Dr. Phyllis Gingiss

### University of Texas Graduate School of Biomedical Sciences

Dr. William J. Schull

### University of Texas School of Public Health

Dr. Hardy Loe	Dr. Chuck Begeley
Dr. Osama Mikhail	Dr. Vilma Falck
Dr. Dick Grimes	Dr. Steve Linder
Dr. Irene Easling	Dr. Bebe Selwyn
Dr. George Kerr	Dr. Mary Nicholaus
Dr. Bobbe Christensen	Dr. Ralph Frankowski
Dr. Virginia Kennedy	Dr. LuAnn Aday
Dr. Patricia Buffler	

Appendix E: Provider Questionnaire- Prenatal/Elderly  
Prevention

Developers: Elaine Rosen, Jan Merin

I. GENERAL OVERVIEW

1. ( \_\_\_\_\_ ) is my impression of the preventive services your organization provides. Is my impression accurate? Could you elaborate?

II. FACTS and NUMBERS

1. I need some quik and dirty information regarding:
  - a. Eligibiity
  - b. Application procedure/ documents required
  - c. Fee policy
2. What population do you serve (geographically, demograhically). Ask for all available statistics
3. Utilization specifics
  - a. Numbers served
  - b. Staff/recipient ratio
  - c. Waiting times (appointment and clinic visit)
  - d. Provisions for Spanish-speaking patients (i.e. bilingual staff)
4. What proportion of your population is indigent? How does your organization define indigent?
5. Can you give me a brief history of your organization?
6. Funding sources for organization (amounts, how distributed, coverage)
7. If this is a medical facility, do yu have a protocol for health screening procedures as part of your policy... can I see it? (Show them the US Task Force Recommendations)

III. NITTY GRITTY

1. How does organization contribute to patient access?
  - a. How do patients learn about you?
  - b. What kind of community outreach do you do?
  - c. How do patients get to your facility?
2. How are volunteers recruited, trained, and used in your group?
3. Do you work with any community advisory groups? If so describe, if not how do you incorporate

recipient input into planning? (Good place to ask about community leaders.)

4. What are some other agencies or organizations that effectively provide medical and social preventive services to indigent pregnant women, elderly folks? How do you work with these agencies? To which do you refer patients?

#### IV. OVERALL GESTALT

1. What makes your organization work? What are you most proud of?
2. Is there any information that you need from any source that could better help you meet your objectives?
3. What are the major roadblocks to fulfilling your objectives?
4. What are the policy changes that are needed to improve:
  - cooperation at the local level
  - cooperation at the state level
  - cooperation at the federal level
5. If you were the guru of health and could implement two programs for improving preventive services in this population, what would they be and why? How could you see them implemented?

Appendix F: Roster of Organizations Providing Preventive  
Services to Prenatal and Elderly Populations

Prenatal

City Health Department

Charlene James-Personal Health Services  
Shirley Henry-Chief of Nursing  
Deanne Dorsa- Maternal/child health  
Debbie Bohannan-STD/TB Labs  
Joshua Lipsman- Head of clinical services  
Hunter Hammill- Jailed pregnant women  
John Vindekilde

County Health Department

Lazzaro- Health Service Area Administrator  
Linda Forys- Head of Health Education  
Mark Canfiel- Head of Epidemiology

Harris County Hospital District

Clark Henckley- Head of Obstetrics at LBJ  
Susan Wente- Head of Mid-wife services at LBJ  
Margo Hillard- LBJ administrator  
Peggy Smith- Teen clinic at LBJ  
Gaye McDonald- Eastwood Clinic  
Jean Galloway- Private physician

Volunteer/Private

Planned Parenthood- Susan Nenney, Marie Tekle  
March of Dimes- Joe Rubio  
Baby Buddy- Anne Melton  
Madres y Madres- Judy McFarland  
Kay School- Celestine Barnes  
Lan Bentsen  
Ruth Sorrell  
Urban Affairs Corporation- Ann Jacobs  
Peri-natal Inc.- Valerie Edge

## Elderly

### Government

City Health Department- Raphael Medrano  
County Health Department- Vickie Bowie  
Office on Aging- Ivan Arceneaux  
Jo Carcedo  
Texas Dept. on Aging- Jerry Ribnick  
Harris County Hospital District-Roger Widmeyer,  
Latrell Levy

### Community/Volunteer

Catholic Charities- Jane Minton  
Community Development- Paula Phillips  
Sheltering Arms-Donna Mora  
Neighborhood Centers- Barbara Lange  
Hester House- Elizabeth Terry  
United Way  
Houston Metropolitan Ministries  
Margaret Sharp  
Doris Towne

### Private Medical Community

Harris County Medical Society- Sam Nixon  
Houston Medical Forum- Dr. Clemmons  
Visiting Nurse Association- Rose Ann Giles

### Academic Groups

UT Intstitute on Aging- Linda Kaeser, Sharon Zill  
Baylor Huffington Center- Nancy Wilson  
Minority Health- Mark Classen, Bob Bacon  
SPH- Vilma Falck, Irene Easling



Appendix G: Developer- JoAnne Pegler

HEALTHY BABIES: OUTREACH '90

GOAL

To provide an opportunity for future health professionals currently enrolled in Texas Medical Center institutions to familiarize themselves with the issues surrounding prenatal care and, in turn, to serve as outreach speakers and counselors to the local Houston community and to their own institutions about these issues.

OBJECTIVES

- \* To increase awareness of prenatal health care issues in the local community and its medical institutions.
- \* To provide for specific training in prenatal care issues for future health care professionals at an early stage in their careers so that they can become advocates-in-practice for this type of preventive care.
- \* To utilize and maximize information, materials and background documents regarding current prenatal health care issues that will have been presented at the Conference of Vulnerable and Indigent Populations in May, 1990, at the University of Texas School of Public Health in Houston.
- \* To serve as a demonstration project for students in the health care professions who desire to operationalize their commitment to community service and preventive health care.

PROPOSAL

That the March of Dimes provide the initial seed money for this project in the form of summer internships for two students currently enrolled in a Texas Medical Center institution. A stipend of \$800 per month for each student for a period of three months (June, July, August) is recommended.

These student interns would work under the auspices of the two medical schools, the School of Public and with input from the Health Policy Institute, co-sponsors of the 1990 Conference with the Vulnerable and Indigent Population (VIP) Health Care Task Force.

Additional funding is currently being sought from Baylor College of Medicine, the University of Texas Medical School and the University of Texas School of Public Health to provide two internships from each school to run concurrent with the March of Dimes internships during the summer of 1990.

#### SIGNIFICANCE

Giving future health care professionals an opportunity to educate themselves and others about prenatal care issues in our community provides two opportunities: 1) it provides for visible and highly qualified students to raise public awareness of these issues; and 2) it sends these students back into their own academic institutions as knowledgeable and articulate advocates for prenatal care.

### **Proposed Activities of Summer Interns**

1. Develop sets of talks (complete with visual aids) of various lengths and content specific for different audiences:

- Medical Community
- City/County/State officials
- Community groups

The talks can be pilot tested over the course of the summer and will be finished at summer's end for use by the students in the VIP Task Force and interested faculty and staff.

2. Build on recommendations from the sessions organized by this group of students and also other community efforts.

3. Develop a proposal that will go the deans at summer's end which will be aimed at developing an Academic, Community-Based, Primary Care Health Care Center for the Health Professions.

This is especially timely because:

- a. UTHSC-H, UTMS, SPH recently completed accreditation reviews and Baylor is in the process of a review at the present time.
- b. Though unfunded, the UTHSC-H recently applied for a grant from Kellogg and it represents a commitment to the concept. In view of a recently identified new source of major funding, this seems especially timely.

4. As a journal club, work through the Institute of Medicine Report, The Future of Public Health.

Appendix H

Final Dinner (Currently under review by Drs. Ribble,  
Low, Butler, Beasley)

**Providers**

City of Houston Health Dept.  
County Health Dept  
Harris County Health Dept  
Greater Houston Hospital Association  
Harris County Medical Society  
Houston Medical Forum  
Visiting Nurses Association  
UT/Baylor Group (AMS)  
State Medicare and Medicaid Representatives  
State Health Dept  
Area Agency on Aging  
Local Teaching Hospitals

**Academic Groups**

University of Texas at Houston  
Baylor  
University of Houston  
Rice University  
Texas Southern University  
St. Thomas University  
Prarie View  
Texas Women's University  
Houston Independent School District

**Volunteer Groups**

United Way  
March of Dimes  
Others identified in process

**Community Leaders**

**Politicians**

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Appendix I: Draft of goals for Academic, Community-Based  
Primary Care Health Care Center for the Health  
Professions

Developers: Doug Mains  
JoAnne Pegler  
Tony Rene  
Kim Dunn

Mission Statement: To address health care needs and  
research questions at the community level and build  
bridges within and between the academic and local  
communities.

Goals:

- \* To participate with the lay and professional communities in addressing health issues of mutual concern.
- \* To establish education and training opportunities for current and future health professionals at the community level.
- \* To serve as a resource in the identification, implementation, and dissemination of innovative community level models for improving health status and care.

Objectives:

- \* To develop innovative community level models for the delivery of health care services.
- \* To objectively define a minimum level of health and preventive services which should be accessible to all people.
- \* To identify vulnerable and indigent populations in the community and assess their current and future health care needs.
- \* To establish internship opportunities in community health research and health delivery for future health professionals.
- \* To develop integrated systems of data collection and management.
- \* To provide opportunities for interaction between the community, its health leaders, and other health institutions

**Florida Diabetes Camp  
and the  
University of Florida  
Medical Class of 1993**

*Present :*  
**A WEEKEND OF FRIENDSHIP,  
EDUCATION AND FAMILY FUN!**

*Friday, April 6, 1990 7:00 p.m.  
to  
Sunday, April 8, 1990 2:00 p.m.*



Not-for-Profit  
Organization  
U.S. Postage  
PAID  
Gainesville, FL 32604  
Permit #101

**Florida Camp for Children  
and  
Youth with Diabetes, Inc.**  
P.O. Box 14136 • University Station • Gainesville, FL 32604

**HEY KIDS!** Bring your parents, brothers and sisters - and grandparents too - to a weekend of **GREAT** fun! Games, Mini-Olympics, tie-dying, scavenger hunts, making friends and more.

Your parents will attend special workshops on diabetes education. A physician, psychologist and diabetes nurse educator will answer questions and conduct rap sessions. The medical students will be your counselors and run the recreation program.

Mark your calendars and send in the registration form now. **SEE YOU AT CAMP!**

**LOCATION:** Camp Ocala, Ocala, Florida  
Facilities are heated and comfortable.

**COST:** \$60.00 per person.  
CMS families are sponsored.  
Partial Scholarships are available through a donation by the United Way of Alachua County.

**AGENDA** and **MAP** will be sent upon receipt of registration form.

**WEEKEND WILL BE CANCELLED  
IF LESS THAN 5 FAMILIES  
REGISTER. FEES WILL BE  
REFUNDED.**

For more information call:  
(904) 392-4123

## REGISTRATION FORM

Name of child with diabetes: \_\_\_\_\_

Age \_\_\_\_\_ Date diagnosed \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Name, age, relationship of others attending \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_/\_\_\_\_\_

Work Phone: \_\_\_\_\_/\_\_\_\_\_

Total Number Registering: \_\_\_\_\_

Amount Due: (\$60/person) \_\_\_\_\_

CMS Client: Yes \_\_\_\_\_ no \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

**CHECKS PAYABLE TO:  
FLORIDA CAMP FOR CHILDREN  
AND YOUTH WITH DIABETES  
P.O. BOX 14136  
GAINESVILLE, FLORIDA 32604**

**REGISTRATION DEADLINE:  
MARCH 20, 1990  
MAIL TO ABOVE ADDRESS:**

Fees refundable with 48 hours  
cancellation notice.

**FAMILY WEEKEND FOR  
CARING AND SHARING**

Come join us for a weekend of fun for families of youth with diabetes. The agenda will emphasize the need for sharing experiences with other families and will allow ample time for spontaneous rap sessions. A physician, psychologist and a diabetes nurse educator will be on hand the entire weekend to answer questions that you have. The agenda will be set by you. Please mail questions to FCCYD prior to the weekend. Recreation and education for youth will be scheduled.

**LOCATION:** Camp Ocala, Ocala, Florida. Facilities are heated and comfortable!

**CHECK-IN:** Friday, April 6, 1990 7 PM. DINNER WILL NOT BE SERVED.

**CHECK-OUT:** Sunday, April 8, 1990 after lunch.

**WEEKEND WILL BE CANCELLED IF  
LESS THAN 5 FAMILIES REGISTER  
FEES WILL BE REFUNDED**

For more information contact:  
Rhonda Rogers (904) 392-4123

**PLEASE SHARE THIS INFORMATION WITH OTHERS**

**? WHAT TO BRING ?**

- Cards, books, games
- Diabetes supplies, insulin, needles, test strips, etc.
- Pillow and case
- Sheets and blankets
- Toiletries
- Comfortable shoes
- Casual or play clothes
- Night clothes
- Undergarments
- Favorite games
- Flashlight
- Non-amplified guitar

**COST:**

\$60 per person

Costs include room, meals and activities. CMS families are sponsored. Some partial sponsorships are available.

Agenda and map will be sent upon receipt of the registration form. The total fee must accompany registration. The weekend is limited to 10 families. Registration will be on a first-come, first-served basis.

**REGISTRATION DEADLINE  
MARCH 15, 1990**

**REGISTRATION FORM**

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Name of child with diabetes: \_\_\_\_\_

AGE \_\_\_\_\_

Name and age of others: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_ / \_\_\_\_

WORK PHONE: \_\_\_\_

TOTAL NUMBER REGISTERING: \_\_\_\_\_

**CHECKS PAYABLE TO & MAIL:**

FLORIDA CAMP FOR CHILDREN &  
YOUTH WITH DIABETES  
P. O. BOX 14136  
GAINESVILLE, FL 32604



DIABETES FAMILY WEEKEND

April 6-8, 1990

Friday

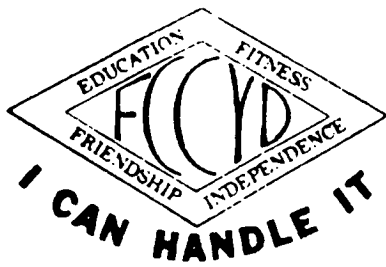
6:00 Students meet? Arrange check-in  
7:00 Check-in  
7:00-8 Misc. games (volleyball)  
Settle in to cabins  
8:00 General Meeting:  
Introductions, Name game, Itinerary review  
8:45 Play and discussion, *snack*  
9:00 Split into parents vs kids: *(parents)*  
Hand out question sheets  
9:30 Informal Games, mixers

Saturday

8:00 Breakfast  
9:00 Nutrition - Chris Anderson (Youth and Parents)  
10:00 Snack  
10:30 Parents: Rap session with Dr. Silverstein and Dr. Marika  
Youth: Color Eggs  
11:30 Sports  
12:30 Lunch  
1:30 Youth: Rap session with Dr. Silverstein and Dr. Marika  
Parents: Seminar with medical students:  
3:00 Snack  
3:30 Tye dye, egg hunt  
4:30 Shot Seminar  
6:00 Dinner  
7:00 Games (relay games, etc.)  
8:00 Video, rap  
9:00 Campfire, smores, Rap song by med students

Sunday

8:00 Breakfast  
9:00 Seminar with Dr.'s (Parents and Youth)  
Summary Sheets  
10:00 Snack  
10:30 Basketball, Kickball  
11:15 Cabin clean-up  
Evaluations  
12:00 Lunch



# Florida Camp for Children and Youth with Diabetes, Inc.

P.O. Box 14136, University Station  
Gainesville, Florida 32604  
(904) 392-4123

**PRESIDENT:**  
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Tampa

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Gainesville

**CORPORATE  
NURSING DIRECTOR:**  
Martha McCallum, R.N.  
Gainesville

**CAMP NURSING DIRECTOR:**  
Robert Donofrio, R.N.  
Jacksonville

March 30, 1990

We have received your registration for FAMILY WEEKEND on Friday, April 6 to Sunday, April 8. Enclosed are directions and other information.

Upon arrival, please park in the designated parking lot and proceed to the Conference Center.

**REMINDER:** Dinner will not be served on Friday, April 6. Snack will be provided at 8:00PM. Don't forget to bring insulin, syringes, blood testing materials, etc. A physician will be on-call for emergencies. Casual and play clothes are ideal. Bring enough clothing for three days.

The medical students will act as our program directors and counselors. They have an exciting agenda planned including field sports, discussion groups, nutrition seminar, simulations, tie-dying, egg coloring and an old fashioned campfire with storytelling and more!

We are looking forward to meeting your family on the 6th. Please make cancellations immediately.

If you have any questions, please call us at 392 - 4123.

Rhonda Rogers



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\*\*\*\*\*  
HELP US OUT  
\*\*\*\*\*

--- All questionnaires are to be sealed in your envelope and will remain completely anonymous. so please be honest and think about your answers

(1) List two things that your parents do, or something they make you do, concerning diabetes, that really bugs you the most and that you think is unfair.

(2) List one question you have about diabetes or, more importantly, one question you think other kids will have about diabetes.

(3) What is one situation that you have been in that made it hard to handle or hard to know how to act because you had diabetes.

\*\*These answers will be discussed at the rap session, so we really need your input.

\* Rap session is only for kids

~~PARENTS~~



①  
NOW WE'RE THE YOUNG MD.'S -  
AND WE'RE HERE FOR YOU -  
AND WE CAME WITH A SONG -  
TO HELP YOU ALONG.

SO TRY TO PAY ATTENTION -  
DON'T FALL ASLEEP -  
SOME MEMORIES OF THIS CAMP -  
WE HOPE YOU WILL KEEP -

HEY ALL YOU KIDS -  
LISTEN TO US -  
WE GOT SOME WORDS -  
THAT WE'RE SURE YOU CAN TRUST.

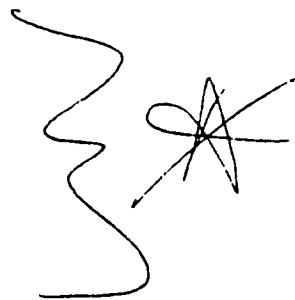
EVEN THOUGH YOU THINK -  
THAT YOU'RE IN FOR A FIGHT -  
JUST RELAX, DON'T WORRY -  
IT'LL BE ALRIGHT

HAVE YOU EVER BEEN TO A FRIENDS HOUSE TO EAT -  
AND THE FOOD IS MUCH TOO SWEET -  
JUST TELL THEM YOUR DEAL -  
YOU CAN'T EAT THE MEAL -  
AND HEY DON'T WORRY - THATS NO BIG DEAL!!

SO GET UP AND MOVE -  
DON'T STAY AT HOME -  
IT'S NOT YOUR FAULT -  
AND YOU'RE NOT ALONE.

EATING RIGHT -  
AND STAYING FIT -  
IT'S PART OF THE GAME -  
SO JUST DON'T QUIT.

YOU GOTTA KEEP ON GROOVIN' -  
AND DON'T STOP MOVIN' -  
FOLLOW DOCTORS ORDERS -  
AND YOU'LL KEEP IMPROVIN'.



(SO ONE MORE TIME)  
EVEN THOUGH YOU THINK -  
THAT YOU'RE IN FOR A FIGHT -  
JUST RELAX - DON'T WORRY -  
IT'LL BE ALRIGHT.



SO YOU'VE HEARD OUR RAP,  
AND YOU'RE IN THE GROOVE,  
SO LET'S LOOSIN' UP -  
AND ~~JUST~~ ..... BUST-A-MOVE!!!



## *for the health of it!*

### UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE

Allen H. Nelms, M.D., Ph.D.  
Dean and Associate  
Vice President for Clinical Affairs

Warren E. Ross, M.D.  
Associate Dean

Box J-215, JHMHC  
Gainesville, Florida 32610-0215  
904 • 392-3701

December 10, 1989

In 1988, the Gainesville Sun (July 31– August 5) published an alarming series of articles addressing health care for underserved in North Florida. Included was the following statistic: in Alachua County, 43,905 residents are living below the poverty line. Of those, 40% are certified for Medicaid, leaving 60% uninsured and in poverty. People are being turned away from physician's offices and hospitals. Illnesses progress to the point where they become life threatening, often too late or too expensive to treat. This problem is not limited to Northern Florida. As a result all of us will be exposed to the problems of caring for the underserved. For this reason the University of Florida, American Medical Student Association (AMSA) is proposing a *for the health of it!* annual Health Fair for the underserved starting in January 1990. We will be cosponsored by Alachua County Community Education. The College of Medicine and the Alachua County Medical Association are in support of the health fair. Some of our contributors are: Shands Hospital, American Cancer Society, American Heart Association, Civitan, Wendy's, and Ross Laboratories.

The Health Fair will be directed to the underserved population in the Gainesville community. It will be held Saturday, January 27th, from 9:00 A.M. to 5 P.M., at Joseph Willaims Elementary School located 1245 S.E. 7th Ave., Gainesville, Florida 32601. The format will be as follows: each patient, with the help of the interviewer, will fill out a history and questionnaire, undergo all of the 6 exams provided, and go over the results of the exams in view of their history with a physician or medical student. The exams to be performed are: 1. blood pressure and pulse, 2. cholesterol screening\*, 3. eye exam (vision and glaucoma), 4. blood glucose\*, 5. hearing, and 6. weight and height measurements. It is estimated that each patient will take approximately 60 minutes to process. We are hoping to provide T-shirts for those individuals who complete the screening process.

If a patient has values that are indicative of problems (e.g. hypertension) which they are not yet being treated for and they will be directed to the appropriate health care facility. A copy of the patient's records will be kept on file and a copy given to the patient which he/she can give to his/her doctor. Since it is hoped that the Health Fair will be an annual event, records for returning patients can be updated and potential problems caught early.

A school is an ideal place for the fair because of the stable population group it would be serving. Parents will hear about the Health Fair by fliers given out to their children during school. Announcements made through church groups and community groups will also help advertise the event. Other forms of publicity will also be used including newspaper, radio and T.V..

The questionnaire will be compatible to that used in a national survey. This will provide us information on how Gainesville compares on a national level with regards to our underserved health care, giving us a sense of local need. Questions will include "how many times have you been refused medical treatment?", "have you ever not sought treatment because of st?", etc.. A brief standard medical history questionnaire will also be filled out, e.g. do you smoke, drink, any illnesses.

In addition to the above mentioned screening exams there will be pap smears available for women during the afternoon and occult blood tests for people to do at home. Other services include diet and nutritional counseling, information on breast exams, testicular exams, cancer, diabetes, and hypertension. There will be a social worker present who will sign up people eligible for Medicaid and Medicare. Wendy's will be providing food and drinks to the participants. Clowns giving out free balloons will be there to entertain the children.

Most of the preparation for the Health Fair are without complications. The equipment for most of the exams are readily available. Those for testing blood sugar and cholesterol will be given to us on a loan basis, though strips may have to be bought or donated from another source. We are recruiting physicians who are willing to donate their time on Saturday, during the Health Fair.

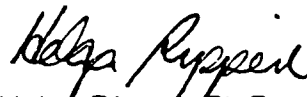
In order to provide a focus of interest in the University and community on underserved health care, we will try to make January "health care for the underserved" month. For instance, this is the topic for the Talking Meds Contemporary Issues in Medicine seminar. We will also devote an article in the Alligator to the topic. On the community level we will have the newspapers, radio and T.V. to become involved.

The Health Fair will be beneficial in many ways. First, and most importantly we will serve a needy segment of the population as a screening service for early detection. It will provide many of the medical students a first hands on experience with community health care. The Health Fair may lead to an effective way to match people in need of health care to physicians willing to donate their time. The questionnaires will show us how well Gainesville provides health care to the underserved compared to a national standard and give us a sense of local needs. We will be able to follow any improvements over the years in our community's delivery of health care. Finally, the Health Fair will reflect well on the University of Florida College of Medicine and any contributor in their commitment in providing health care services to the underserved in the community.

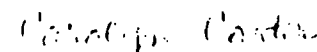
If you have any questions, would like to make a contribution or can offer any suggestions please feel free to contact one of us.

Thank You for your time and help.

Sincerely,



Helga Rippen, Ph.D.  
University of Florida  
College of Medicine  
P.O. Box J-609  
Gainesville, Florida 32610  
(904) 336-0849



Carolyn Carter  
(904) 373-2488

(\* Special precautions will be taken to comply with the Universal Precautions Recommendations in dealing with blood products.)

cc: Dr. Neims  
W. Slayton



Jackson-Leryn Hare, both of Clewiston, and two grandchildren.

# Health fair will provide free medical screenings

By MITCH STACY

Sun staff writer

Preventive medicine will be the central theme for a University of Florida College of Medicine-sponsored health fair Saturday aimed at people who cannot afford regular medical care.

The event, called "For the Health of It!" will offer free comprehensive health screenings, as well as health-related educational materials and help with seeking follow-up care for any problems the examinations might detect, according to Helga Rippen, a UF medical student and co-coordinator of the fair.

Rippen said the medical students and physicians involved are particularly concerned with finding free or low-cost help for people they determine need more intensive medical treatment.

"For those people, what we are going to do is direct them toward the health facilities here in Gainesville that generally treat people on Medicaid and Medicare and that treat people on a need basis," she said. "That was our biggest concern."

And with the help of questionnaires to be completed by fair participants, health-care professionals hope to learn more about access to medical care in Gainesville and problems encountered by the poor in getting treatment, she said.

"Before you can help correct the situation, you have to find out what the problems are, so that's basically the intent," she said.

The fair is scheduled for 9 a.m. to 5 p.m. Saturday at Joseph Williams Elementary School, 1245 SE 7th Ave.

With the help of an interviewer, each patient will complete a medical history and questionnaire, undergo six separate examinations and then go over the results with a physician or medical student. Examinations will include blood pressure and pulse; cholesterol screening; eye examination; blood glucose; hearing; and height and weight measurements.

If problems are detected, a copy of the patient's records will be given to him so it can be forwarded to the doctor that will treat him. A copy of each patient's records also will be kept on file at the medical school.

Since the medical school hopes to make the fair an annual event, records for returning patients can be updated and potential problems caught early, Rippen said.

A social worker will be available to sign up people who are eligible for Medicaid and Medicare benefits, she said.

In addition to the basic screenings, pap smears will be available for women during the afternoon and certain blood tests will be available for people to do at home. Other services will include diet and nutritional counseling, information on breast exams, testicular exams, diabetes and hypertension.

Free refreshments will be available and clowns bearing balloons will be on hand to entertain children.

The Gainesville Sun Jan. 22 '90

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**PULLAN, MISS VERONICA** - A Mass of Christian Burial for Miss Pullan, age 83, Retired Professor, College of Education at the University of Florida also a Teacher at P.K. Younge, will be celebrated at 10:00 a.m. on Tuesday, January 23, 1990, in the St. Patrick's Catholic Church Gainesville Florida with the Monsignor John P. Burns and Father Roland Julien conducting the services. Burial will follow in the Memorial Park East 3700 S.E. Hawthorne Road Gainesville, Florida. Arrangements are under the care of the WILLIAMS-THOMAS FUNERAL HOME, 404 N. Main St., Gainesville, Florida 32601. Miss Pullan, who lived in Gainesville, Florida, died on Saturday, January 20, 1990, in the Williston Memorial Hospital in Williston, Florida. Visitation will be held at the Williams-Thomas Funeral Home, Monday, January 22, 1990 from 4 till 7 p.m. with Rosary to follow.

MORE INFORMATION: 374-7554  
WILLIAMS-THOMAS

**STEVENS, MRS. MARY CANNON** - Funeral Services for Mrs. Stevens, age 80, Homemaker, will be held at 1:00 P.M. on Wednesday, January 24, 1990, in the Williams-Thomas Chapel of the Chimes. Burial will follow in the Memorial Park East 3700 S.E. Hawthorne Road. Arrangements are under the care of the WILLIAMS-THOMAS FUNERAL HOME, 404 N. Main St., Gainesville, Florida 32601. Mrs. Stevens, who lived in Gainesville, died on Sunday, January 21, 1990 in a local hospital.

MORE INFORMATION: 374-7554  
WILLIAMS-THOMAS

**WIGGINS, MR. NORMAN H.** - Funeral Services for Mr. Wiggins, age 82, Retired Barber, will be held on Monday, January 22, 1990 at 2 p.m. in the First Christian Church of Lake Butler with the Rev. Elro Dirggers and the Rev. Neal Thomsen officiating. Burial will follow in the Dekle Cemetery in Lake Butler under the direction of the ARCHER FUNERAL HOME, 55 North Lake Avenue, Lake Butler, Florida. Family will receive friends from 7 p.m. to 9 p.m. on Sunday night at the Funeral Home. Mr. Wiggins, who lived in Jacksonville, died on Friday morning, January 19, 1990 in the Humana Hospital in Orange Park after an extended illness.

**WYNNE, MRS. DOROTHY ELIZABETH** - Funeral Services for Mrs. Wynne, age 70, Homemaker, will be held at 3:00 p.m. on Wednesday, January 24, 1990, in the Williams-Thomas Chapel of the Chimes with the Rev. David Bump conducting the services. Burial will be held at a later date. Arrangements are under the care of the WILLIAMS-THOMAS FUNERAL HOME, 404 N. Main St., Gainesville, Florida 32601. Mrs. Wynne, who lived in Newberry, Florida died on Sunday, January 21, 1990 in a local hospital, following a brief illness. Friends may call after 5 p.m. Tuesday, January 23, 1990.

MORE INFORMATION: 374-7554  
WILLIAMS-THOMAS

THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A RIGHT TO PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION, OR TREATMENT WHICH IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR THE FREE SERVICE, EXAMINATION OR TREATMENT.

**W.L. Roberts, D.C.**

4509 NW 23rd Ave.  
Suite #5

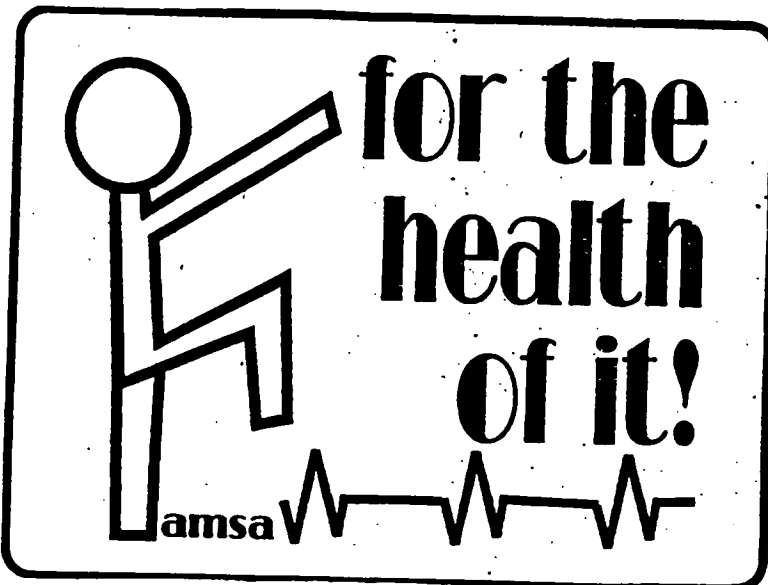
**376-7300**

Call Now  
Bring This Coupon

# Free Adult Health Screening!

- blood pressure
- blood glucose
- height & weight
- cholesterol
- hearing
- vision

**Women: FREE PAP smears in the afternoon**



**When: SATURDAY, JANUARY 27th, 1990  
9 A.M. to 5 P.M.**

**Where: J. WILLIAMS Elementary School  
1245 S.E. 7th Ave.**

for participants

**• FREE BALLOONS, DRINKS & FOOD •**

*Published as a public service by The Gainesville Sun.*

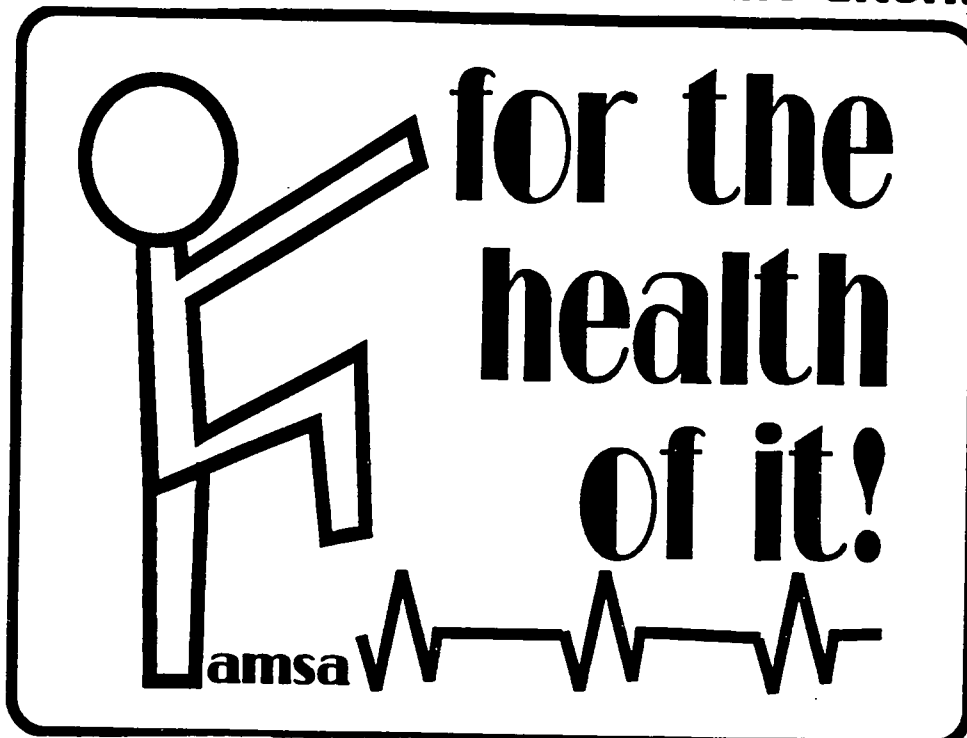
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# FREE ADULT HEALTH SCREENING!

- blood pressure
- blood glucose
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● **FREE BALLOONS, DRINKS & FOOD** ●

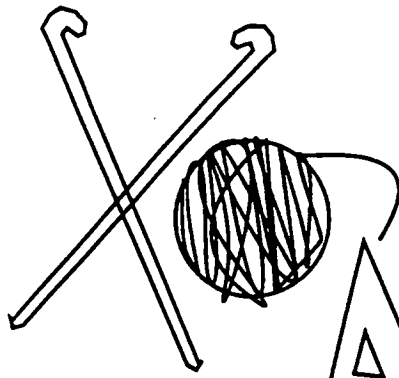
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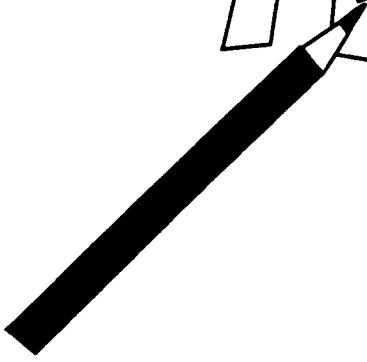
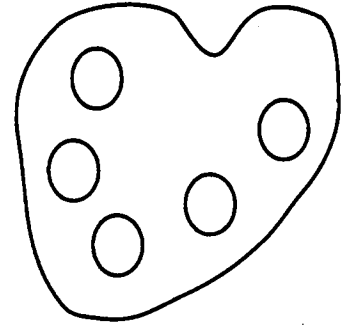
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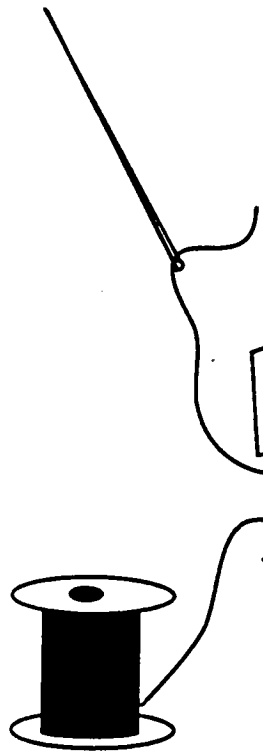
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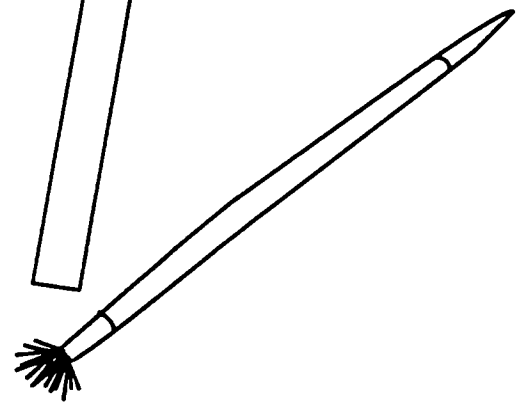
ARTS +



CRAFTS



SALE!



When? Wednesday, December 13  
from 8:00 am - 5:00 pm

Where? In front of the Health Center Library,

# *for the health of it!*

Gainesville Chapter  
American Medical Student Association  
University of Florida  
College of Medicine  
J-609, JHMHC  
Gainesville, Florida 32610

## CONSENT FORM FOR HEALTH SCREENING

I, the undersigned, hereby give my voluntary consent for the following health screening procedures:

1. height and weight measurements
2. blood pressure and pulse measurements
3. cholesterol screening
4. eye exam, glaucoma test
5. blood sugar (glucose) test
6. hearing test

I have been informed and understand that these procedures may directly or indirectly cause unknown adverse effects on my health. This includes things such as infection, bleeding in the skin, and pain and discomfort. The eye exam may cause irritation to the eye or abrasions.

I understand that these values are for screening purposes only and should not be considered a replacement or alternative for appropriate medical care.

In light of this information, I, the undersigned, authorize the University of Florida College of Medicine medical students and other volunteers to perform the above procedures and certify that he/she has my full and informed consent. I have been given the opportunity to ask questions and such questions have been answered to my satisfaction.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Time)

\_\_\_\_\_  
Signature (Patient or Legal Guardian)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
Relationship, if other than patient

Authorization must be signed by the patient, or by the nearest relative in the case of a minor; or when the patient is physically or mentally incompetent.

for the health of it!

TIME: \_\_\_\_\_

NAME: \_\_\_\_\_  
last first middle

FILE #: \_\_\_\_\_

DATE: / /

STATION #1: \_\_\_\_\_

PERSONAL DATA:

Birthdate: / /

SSN: - -

Sex: M F

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

1. Marital Status:

- 1a. single
- 1b. married
- 1c. divorced
- 1d. widow

2. Children:

- 2a. 0
- 2b. 1
- 2c. 2
- 2d. 3
- 2e. 4
- 2f. 5
- 2g. 6 or more \_\_\_\_\_

3. Employed:

- 3a. yes

If yes:

- 3b. part time
- 3c. full time

If no, how long have you been unemployed:

- 3d. less than 6 months
- 3e. less than 1 year
- 3f. less than 5 years
- 3g. never employed
- 3h. other \_\_\_\_\_

Medical HISTORY:

4. Presently taking medications:

- 4a. yes

If yes specify and include dosage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4b. no

5. Allergies (to medications):

- 5a. yes

If yes specify: \_\_\_\_\_  
\_\_\_\_\_

- 5b. no

6. Adult Illness:

- 6a. yes

If yes, specify illness and duration: \_\_\_\_\_  
\_\_\_\_\_

- 6b. no

7. Operations:

- 7a. yes

If yes, specify and include date: \_\_\_\_\_  
\_\_\_\_\_

- 7b. no

8. Hospitalizations:

- 8a. yes

If yes, specify and include date: \_\_\_\_\_  
\_\_\_\_\_

- 8b. no

9. Environmental Hazards (e.g. chemicals, pesticides):

- 9. yes

If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

- 9b. no

10. Regular Use Of Tobacco:

- 10a. do not smoke

If yes, how much

- 10b. < 1/2 pack a day
- 10c. 1/2 to 1 pack a day
- 10d. 1-2 packs a day
- 10e. 3 or more packs a day

11. Regular Use Of Alcohol:

- 11a. do not drink

If yes, how much

- 11b. less than one drink a week
- 11c. one drink/day
- 11d. 2-3 drinks/day
- 11e. more than 3 drinks per day
- 11f. other \_\_\_\_\_

12. Regular Use Of Drugs:

- 12a. do not take drugs

If yes, how much

- 12b. marijuana frequency \_\_\_\_\_
- 12c. cocaine frequency \_\_\_\_\_
- 12d. other \_\_\_\_\_ frequency \_\_\_\_\_

**FAMILY HISTORY:**

self family (check appropriate boxes)

- 13a.  14a. diabetes (sugar)
- 13b.  14b. tuberculosis
- 13c.  14c. heart disease
- 13d.  14d. high blood pressure
- 13e.  14e. stroke
- 13f.  14f. kidney disease
- 13g.  14g. arthritis

self family

- 15a.  16a. anemia (low blood)
- 15b.  16b. headaches
- 15c.  16c. epilepsy (seizures)
- 15d.  16d. mental illness
- 15e.  16e. cancer
- 15f.  16f. sickle cell
- 15g.  16g. other

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REVIEW OF SYMPTOMS: (If present include time, severity, etc.)****17. General:**

- 17a. recent weight change
- 17b. weakness/fatigue
- 17c. fever
- 17d. other \_\_\_\_\_
- 17j. none

**18. Skin:**

- 18a. rashes/lumps/sores
- 18b. itching/dryness
- 18c. color change (especially moles)
- 18d. changes in the hair or nails
- 18e. other \_\_\_\_\_
- 18j. none

**19. Head:**

- 19a. headaches
- 19b. head injury
- 19c. other \_\_\_\_\_
- 19j. none

**20. Eyes:**

- 20a. glasses/contact lenses
- 20b. pain/redness
- 20c. excess tearing
- 20d. double vision
- 20e. glaucoma
- 20f. cataracts
- 20g. other \_\_\_\_\_
- 20j. none

**21. Ears:**

- 21a. tinnitus (ringing)
- 21b. vertigo (dizziness)
- 21c. earaches/infection/discharge
- 21d. other \_\_\_\_\_
- 21j. none

**22. Nose & Sinuses:**

- 22a. frequent colds
- 22b. hayfever
- 22c. nosebleeds
- 22d. sinus troubles
- 22e. other \_\_\_\_\_
- 22j. none

**23. Mouth & Throat:**

- 23a. bleeding gums
- 23b. sore throat/tongue
- 23c. hoarseness
- 23d. other \_\_\_\_\_
- 23j. none

**24. Neck:**

- 24a. lumps
- 24b. stiffness
- 24c. other \_\_\_\_\_
- 24j. none

**25. Breasts:**

- 25a. lumps
- 25b. pain/discomfort/discharge
- 25c. other \_\_\_\_\_
- 25j. none

**26. Respiratory:**

- 26a. cough/sputum (color, quantity) \_\_\_\_\_
- 26b. hemoptysis (coughing up blood)
- 26c. wheezing/asthma
- 26d. bronchitis
- 26e. emphysema
- 26f. other \_\_\_\_\_
- 26j. none

**27. Chest X-Ray:**

- 27a. yes when \_\_\_\_\_
- 27b. no

**28. Cardiac:**

- 28a. heart murmur
- 28b. chest pain/discomfort
- 28c. dyspnea (shortness of breath)
- 20d. edema
- 20e. other \_\_\_\_\_
- 20j. none

**29. Gastrointestinal:**

- 29a. trouble swallowing
- 29b. change in bowel habits
- 29c. rectal bleeding
- 29d. hemorrhoids
- 29e. abdominal pain
- 29f. excess belching/gas
- 29g. other \_\_\_\_\_
- 29j. none

**30. Urinary:**

- 30a. polyuria (frequent urination)
- 30b. nocturia (urinating at night)
- 30c. burning or pain on urination
- 30d. hematuria (blood in urine)
- 30e. other \_\_\_\_\_
- 30j. none

**Genitoreproductive:****31. Are you sexually active?**

- 31a. yes
- 31b. no

**32. If yes, do you practice safe sex?**

- 32a. yes  
what do you use? \_\_\_\_\_
- 32b. no

**33. Male:**

- 33a. hernia
- 33b. discharge/sores on penis
- 33c. testicular pain/masses
- 33d. history of venereal disease
- 33e. sexual problems
- 33f. other \_\_\_\_\_
- 33j. none

**34. Female:**

- 34a. bleeding between periods
- 34b. post coitus (pain after penetration)
- 34c. itching/sores/lumps
- 34d. history of venereal disease
- 34e. complication of pregnancy
- 34f. sexual problems
- 34g. other \_\_\_\_\_
- 34j. none

Last Menstrual Period: \_\_\_\_\_

**35. Number of pregnancies:**

- 35a. 0
- 35b. 1
- 35c. 2
- 35d. 3
- 35e. 4
- 35f. 5
- 35g. 6
- 35j. more \_\_\_\_\_

**36. Number of live births:**

- 36a. 0
- 36b. 1
- 36c. 2
- 36d. 3
- 36e. 4
- 36f. 5
- 36g. 6
- 36j. more \_\_\_\_\_

**37. Peripheral Vascular:**

- 37a. leg cramps at night
- 37b. leg cramps while walking
- 37c. clotting problems
- 37d. varicose veins
- 37e. other \_\_\_\_\_
- 37j. none

**38. Musculoskeletal:**

- 38a. muscle/joint pains
- 38b. arthritis
- 38c. backache
- 38d. other \_\_\_\_\_
- 38j. none

**39. Neurologic:**

- 39a. fainting/blackouts
- 39b. seizures
- 39c. weakness/paralysis
- 39d. tremors
- 39e. other \_\_\_\_\_
- 39j. none

**40. Hematologic:**

- 40a. anemia
- 40b. easy bruising/bleeding
- 40c. past transfusions
- 40d. other \_\_\_\_\_
- 40j. none



**41. Blood type:**

- 41a. A
- 41b. B
- 41c. AB
- 41d. O
- 41e. Rh +
- 41f. Rh -
- 41g. unknown

**42. Endocrine:**

- 42a. thyroid problem
- 42b. heat/cold intolerance
- 42c. excess sweating
- 42d. other \_\_\_\_\_
- 42j. none

**43. Psychiatric:**

- 43a. nervousness/tension
- 43b. mood - depression, etc.
- 43c. memory
- 43d. other \_\_\_\_\_
- 43j. none

26

**STATION 2 - Height and Weight:**

Height \_\_\_\_\_ft\_\_\_\_\_in (\_\_\_\_\_inches)  
Weight \_\_\_\_\_lbs

**44. Station 1 Results:**

- 44a. Under
- 44b. Normal
- 44c. Over

**STATION 3 - Pulse and Blood Pressure:**

Heart rate: \_\_\_\_\_ beats per minute

Even Pulses? yes\_\_\_\_\_no\_\_\_\_\_

Regular Pulses? yes\_\_\_\_\_no\_\_\_\_\_

Seated: Left arm \_\_\_\_\_ / \_\_\_\_\_  
                  sys      dia

Right arm \_\_\_\_\_ / \_\_\_\_\_  
                  sys      dia

Standing: Left arm \_\_\_\_\_ / \_\_\_\_\_

Right arm \_\_\_\_\_ / \_\_\_\_\_

**45. Heart rate**

- 45a. low
- 45b. normal
- 45c. fast

**46. Regular pulses?**

- 46a. yes
- 46b. no

**47. Blood pressure results**

- 47a. normal sys/dia
- 47b. high sys/ normal dia
- 47c. high sys/ high dia
- 47d. normal sys/high dia
- 47e. large left-right arm difference
- 47f. large sitting/standing difference
- 47g. other \_\_\_\_\_

**STATION 4 - Blood Cholesterol:****48. Do you have high cholesterol?**

- 48a. yes
- 48b. no
- 48c. uncertain

If yes what were the values? \_\_\_\_\_

When was it last checked? \_\_\_\_\_

**49. Have you ever been tested positive for hepatitis/AIDS?**

- 49a. yes
- 49b. no

If yes, when \_\_\_\_\_

**50. Do you have any bleeding problems?**

- 50a. yes
- 50b. no

If yes, describe \_\_\_\_\_

Cholesterol reading: \_\_\_\_\_

**51. Cholesterol results:**

- 51a. low
- 51b. normal
- 51c. high

**STATION 5 - HEARING:****52. Do you have any trouble with your hearing?**

- 52a. yes
- 52b. no

**53. Do you wear a hearing aid?**

- 53a. yes
- 53b. no

RIGHT EAR: Low pitch \_\_\_\_\_ High pitch \_\_\_\_\_

LEFT EAR: Low pitch \_\_\_\_\_ High pitch \_\_\_\_\_

**54. Results of the hearing exam: HIGH PITCH**

- 54a. normal left/right
- 54b. poor left/ normal right
- 54c. poor left/ poor right
- 54d. normal left/ poor right
- 54e. other \_\_\_\_\_

**55. Results of the hearing exam: LOW PITCH**

- 55a. normal left/right
- 55b. poor left/ normal right
- 55c. poor left/ poor right
- 55d. normal left/ poor right
- 55e. other \_\_\_\_\_

**STATION 6 - VISION**

56. Do you wear glasses or contacts?

- 56a. yes, always need them
- 56b. yes, just to read
- 56c. yes, to see far away
- 56d. no

If yes do you know the prescription? \_\_\_\_\_  
do you have the glasses with you? \_\_\_\_\_

57. Have you had any problems with your eyes other than blurry vision?

- 57a. yes
- 57b. no

If yes, describe: \_\_\_\_\_

58. Have you ever been treated for eye problems before?

- 58a. yes
- 58b. no

If yes, by whom: \_\_\_\_\_

59. Does anyone in your family ever had eye problems besides blurry vision?

- 59a. yes
- 59b. no

If yes, whom and describe problem (glaucoma, cataracts, etc.) \_\_\_\_\_

60. Do you have diabetes?

- 60a. yes
- 60b. no

External eye: left: \_\_\_\_\_  
right: \_\_\_\_\_

Extraocular movements:

SO: left: \_\_\_\_\_ right: \_\_\_\_\_  
LR: left: \_\_\_\_\_ right: \_\_\_\_\_  
MR: left: \_\_\_\_\_ right: \_\_\_\_\_  
IO: left: \_\_\_\_\_ right: \_\_\_\_\_

Pupillary response: \_\_\_\_\_

Visual acuity: left: \_\_\_\_\_  
right: \_\_\_\_\_

Pin-hole exam: left: \_\_\_\_\_  
right: \_\_\_\_\_

Glaucoma results: left: \_\_\_\_\_  
right: \_\_\_\_\_

61. Abnormalities:

- 61a. none (normal)
- 61b. muscle disorder
- 61c. vision disorder
- 61d. pupillary response disorder
- 61e. conjunctiva
- 61f. glaucoma

**STATION 7 - BLOOD GLUCOSE**

When was the last time you ate/drank (non-diet beverage) \_\_\_\_\_ What? \_\_\_\_\_

Bleeding problem? \_\_\_\_\_

Sugar Value: \_\_\_\_\_

62. Blood Glucose:

- 62a. low
- 62b. normal
- 62c. high

**HEALTH REVIEW RESULTS:**

63. Recommend Nutrition Counseling

- 63a. yes
- 63b. no

64. Recommend follow-up

- 64a. yes
- 64b. no

IF YES PLEASE GET THE FOLLOWING INFORMATION:

NAME: \_\_\_\_\_  
last first middle  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

TELEPHONE: \_\_\_\_\_

TIME: \_\_\_\_\_

STATION # 8: QUESTIONNAIRE

GENERAL INFORMATION:

65. Highest Level of Education:

- 65a. Elementary School
- 65b. Junior High School
- 65c. High School
- 65d. Trade School
- 65e. Community College
- 65f. 4 year College degree
- 65g. graduate school
- 65j. other \_\_\_\_\_

66. Do you live in a(n):

- 66a. apartment
- 66b. your house
- 66c. rented house
- 66j. other \_\_\_\_\_

67. Number of people in the household:

- 67a. 1
- 67b. 2
- 67c. 3
- 67d. 4
- 67e. 5
- 67f. more: \_\_\_\_\_

68. Number of persons providing an income:

- 68a. 1
- 68b. 2
- 68c. 3
- 68d. 4
- 68e. other \_\_\_\_\_

69. Source of income:

- 69a. employment
- 69b. self employment
- 69c. social security
- 69d. other type of Federal assistance
- 69e. State assistance
- 69f. other \_\_\_\_\_

70. Yearly income:

- 70a. 0-\$5,000
- 70b. \$5,000-\$10,000
- 70c. \$10,000-\$15,000
- 70d. \$15,000-\$20,000
- 70e. \$20,000-\$25,000
- 70f. \$25,000-\$30,000
- 70g. >\$30,000

71. Do you have (mark if yes) :

- 71a. private health insurance
- 71b. insurance through employment
- 71c. Medicare
- 71d. Medicaid
- 71j. other \_\_\_\_\_

72. How much do you spend per year on health care including prescription drugs?:

- 72a. 0-\$100
- 72b. \$100-\$200
- 72c. \$200-\$300
- 72d. \$300-\$400
- 72e. \$400-\$500
- 72f. >\$500

DIETARY

73. How many times per week do you eat meat?

- 73a. am a vegetarian
- 73b. less than once a month
- 73c. around once a week
- 73d. 1-3 times per week
- 73e. every day
- 73f. other \_\_\_\_\_

74. What type(s) of meat do you eat?

- 74a. beef
- 74b. pork
- 74c. chicken
- 74d. fish
- 74f. other \_\_\_\_\_

75. How do you prepare it?

- 75a. fried
- 75b. baked
- 75c. broiled
- 75d. boiled
- 75e. sauteed
- 75f. other \_\_\_\_\_

76. How many servings of fresh fruit do you eat?

- 76a. less than 1 per week
- 76b. 1-3 times per week
- 76c. 1 per day
- 76d. 2 servings per day
- 76e. other \_\_\_\_\_

77. How many servings of fresh vegetables do you eat?

- 77a. less than 1 per week
- 77b. 1-3 times per week
- 77c. 1 per day
- 77d. 2 servings per day
- 77e. other \_\_\_\_\_

78. How many servings of milk/milk products do you eat?

- 78a. less than 1 per week
- 78b. 1-3 times per week
- 78c. 1 per day
- 78d. 2 servings per day
- 78e. other \_\_\_\_\_

#### HEALTH

79. Do you see a dentist regularly?

- 79a. yes
- 79b. no

80. Where would you go to receive dental care?

- 80a. private dentist
- 80b. health department
- 80c. University of Florida Clinic
- 80d. other \_\_\_\_\_

81. How long has it been since you've seen a health care professional?

- 81a. 1 month
- 81b. 1-6 months
- 81c. 6-12 months
- 81d. 1-2 years
- 81e. other \_\_\_\_\_

82. Why?

\_\_\_\_\_

\_\_\_\_\_

83. Did you ask for advice before going to a doctor?

- 83a. yes
- 83b. no

84. If yes, who did you ask?

- 84a. Nurse
- 84b. Pharmacist
- 84c. Relative
- 84d. Friend
- 84e. other \_\_\_\_\_

Why

\_\_\_\_\_

85. Are you on any prescribed medication?

- 85a. yes
- 85b. no

86. If yes, do you take it?

- 86a. yes
- 86b. no

87. Do you take the prescribed amount?

- 87a. yes
- 87b. no

88. If not, why?

- 88a. financial reasons
- 88b. adverse side effects
- 88c. forgetfulness
- 88d. "Don't feel I need it"
- 88e. other \_\_\_\_\_

89. Do your children see a pediatrician regularly?

- 89a. yes
- 89b. no

90. What health care concerns would prompt you to see a doctor?

- 90a. cholesterol level
- 90b. PAP smear
- 90c. Blood pressure
- 90d. blood sugar
- 90e. physical exam (check up)
- 90f. flu
- 90g. injury
- 90h. other \_\_\_\_\_

91. Have you ever felt like you needed to see a doctor but did not go for some reason?

- 91a. yes
- 91b. no

92. If yes, why?

- 92a. transportation
- 92b. could not afford it
- 92c. did not know where to go
- 92d. feel uncomfortable with doctors/ fear of doctors
- 92e. other \_\_\_\_\_

93. If no, where did you go?

- 93a. private physician
- 93b. health department
- 93c. Family Practice Medical Group (AGH)
- 93d. U.F. health clinics
- 93e. ACORN clinic
- 93f. other \_\_\_\_\_

94. Have you ever been refused health care?

- 94a. yes
- 94b. no

95. If yes, why?

- 95a. no insurance
- 95b. no money
- 95c. receive Medicare
- 95d. receive medical
- 95e. other \_\_\_\_\_

96. Where did this happen?

- 96a. over the phone
- 96b. in the waiting room
- 96c. other \_\_\_\_\_

Reason given \_\_\_\_\_

97. What would you do in case of a medical emergency?
- 97a. call 911
  - 97b. gp to Alachua General Hospital emergency room
  - 97c. go to Shands emergency room
  - 97d. go to North Florida Regional Hospital emergency room
  - 97e. go to VA Hospital
  - 97f. other \_\_\_\_\_
98. If you have children, did you (or your wife) see a doctor before you had your baby?
- 98a. yes
  - 98b. no
99. How do you rate your knowledge of AIDS?
- 99a. excellent
  - 99b. good
  - 99c. average
  - 99d. fair
  - 99e. poor
100. How do you rate your knowledge of preventing pregnancy?
- 100a. excellent
  - 100b. good
  - 100c. average
  - 100d. fair
  - 100e. poor
101. How do you rate your knowledge of high blood pressure?
- 101a. excellent
  - 101b. good
  - 101c. average
  - 101d. fair
  - 101e. poor
102. How do you rate your knowledge of diabetes (high blood sugar)?
- 102a. excellent
  - 102b. good
  - 102c. average
  - 102d. fair
  - 102e. poor
103. How do you rate your knowledge of cardiovascular fitness?
- 103a. excellent
  - 103b. good
  - 103c. average
  - 103d. fair
  - 103e. poor
104. How do you rate your knowledge of cholesterol?
- 104a. excellent
  - 104b. good
  - 104c. average
  - 104d. fair
  - 104e. poor
105. How do you rate your knowledge of sickle cell anemia?
- 105a. excellent
  - 105b. good
  - 105c. average
  - 105d. fair
  - 105e. poor
106. How do you rate your knowledge of nutrition?
- 106a. excellent
  - 106b. good
  - 106c. average
  - 106d. fair
  - 106e. poor
107. How do you rate your knowledge of warning signs of cancer?
- 107a. excellent
  - 107b. good
  - 107c. average
  - 107d. fair
  - 107e. poor
108. What is your primary source of information on the above health care concerns?
- 108a. television
  - 108b. radio
  - 108c. newspaper
  - 108d. magazines
  - 108e. health professionals
  - 108f. friends/relatives
  - 108g. other \_\_\_\_\_
109. Would you be interested in information on family planning and birth control?
- 109a. yes
  - 109b. no
110. Do you know where to go for this information?
- 110a. yes
  - 110b. no
111. Which four of the following do you consider major problems in your community?
- 111a. alcohol
  - 111b. drugs
  - 111c. crime
  - 111d. AIDS
  - 111e. access to health care
  - 111f. quality of schools
  - 111g. child care
  - 111h. employment opportunities
  - 111i. teenage pregnancy
  - 111j. other \_\_\_\_\_

## EXIT INTERVIEW

## 1. Which station did you like the most?

- 1a. medical history
- 1b. height and weight
- 1c. pulse and blood pressure
- 1d. blood cholesterol
- 1e. hearing
- 1f. vision
- 1g. blood glucose
- 1h. questionnaire
- 1i. exam review
- 1j. other \_\_\_\_\_

Why? \_\_\_\_\_

## 2. Which station did you like the least?

- 2a. medical history
- 2b. height and weight
- 2c. pulse and blood pressure
- 2d. blood cholesterol
- 2e. hearing
- 2f. vision
- 2g. blood glucose
- 2h. questionnaire
- 2i. exam review
- 2j. other \_\_\_\_\_

Why? \_\_\_\_\_

## 3. Which station did you wait the longest?

- 3a. medical history
- 3b. height and weight
- 3c. pulse and blood pressure
- 3d. blood cholesterol
- 3e. hearing
- 3f. vision
- 3g. blood glucose
- 3h. questionnaire
- 3i. exam review
- 3j. other \_\_\_\_\_

Why? \_\_\_\_\_

## 4. Did you like the way you were treated?

- 4a. yes
- 4b. no

Explain \_\_\_\_\_

## 5. Do you think you are more aware of your health after completing all stations?

- 5a. yes
- 5b. no

Explain \_\_\_\_\_

## 6. Were your questions answered adequately?

- 6a. yes
- 6b. no

Explain \_\_\_\_\_

## 7. Other exams you would like included \_\_\_\_\_

## 8. Would you participate in this Health Fair again next year if given the opportunity?

- 8a. yes
- 8b. no

Explain \_\_\_\_\_

## 9. Did this experience encourage you to take better care of your health?

- 9a. yes
- 9b. no

Explain \_\_\_\_\_

## 10. Did you find the review of the results helpful?

- 10a. yes
- 10b. no

Explain \_\_\_\_\_

## 11. (If sent) Did you find the nutritionist helpful?

- 11a. yes
- 11b. no

Explain \_\_\_\_\_

## THANK YOU!

Remember:  
occult blood test  
PAP test for women  
nutritionist



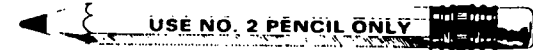


61  A  B  C  D  E  F  G  H  I  J  
 62  A  B  C  D  E  F  G  H  I  J  
 63  A  B  C  D  E  F  G  H  I  J  
 64  A  B  C  D  E  F  G  H  I  J  
 65  A  B  C  D  E  F  G  H  I  J  
 66  A  B  C  D  E  F  G  H  I  J  
 67  A  B  C  D  E  F  G  H  I  J  
 68  A  B  C  D  E  F  G  H  I  J  
 69  A  B  C  D  E  F  G  H  I  J  
 70  A  B  C  D  E  F  G  H  I  J

71  A  B  C  D  E  F  G  H  I  J  
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 77  A  B  C  D  E  F  G  H  I  J  
 78  A  B  C  D  E  F  G  H  I  J  
 79  A  B  C  D  E  F  G  H  I  J  
 80  A  B  C  D  E  F  G  H  I  J

81  A  B  C  D  E  F  G  H  I  J  
 82  A  B  C  D  E  F  G  H  I  J  
 83  A  B  C  D  E  F  G  H  I  J  
 84  A  B  C  D  E  F  G  H  I  J  
 85  A  B  C  D  E  F  G  H  I  J  
 86  A  B  C  D  E  F  G  H  I  J  
 87  A  B  C  D  E  F  G  H  I  J  
 88  A  B  C  D  E  F  G  H  I  J  
 89  A  B  C  D  E  F  G  H  I  J  
 90  A  B  C  D  E  F  G  H  I  J

# GENERAL PURPOSE ANSWER SHEET

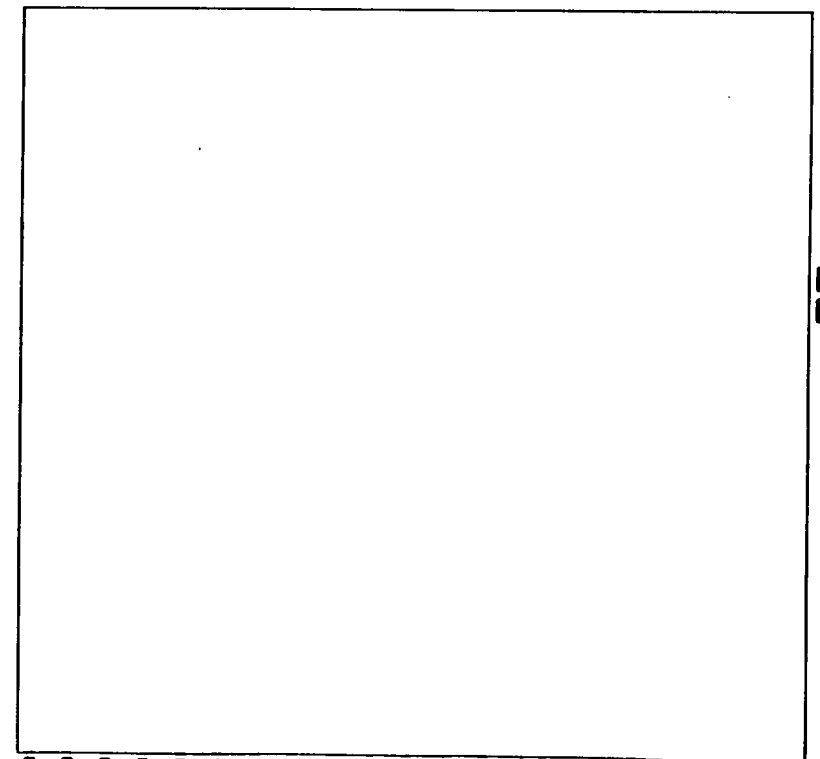


EXAMPLES	IMPORTANT DIRECTIONS FOR MARKING ANSWERS
<p><b>WRONG</b></p> <p>1 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> <p><b>WRONG</b></p> <p>2 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> <p><b>WRONG</b></p> <p>3 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5</p> <p><b>RIGHT</b></p> <p>4 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5</p>	<ul style="list-style-type: none"> <li>• Use black lead pencil only (No. 2)</li> <li>• Do NOT use ink or ballpoint pens</li> <li>• Make heavy black marks that fill the circle completely</li> <li>• Erase cleanly any answer you wish to change</li> <li>• Make no stray marks on the answer sheet</li> </ul>

91  A  B  C  D  E  F  G  H  I  J  
 92  A  B  C  D  E  F  G  H  I  J  
 93  A  B  C  D  E  F  G  H  I  J  
 94  A  B  C  D  E  F  G  H  I  J  
 95  A  B  C  D  E  F  G  H  I  J  
 96  A  B  C  D  E  F  G  H  I  J  
 97  A  B  C  D  E  F  G  H  I  J  
 98  A  B  C  D  E  F  G  H  I  J  
 99  A  B  C  D  E  F  G  H  I  J  
 100  A  B  C  D  E  F  G  H  I  J

101  A  B  C  D  E  F  G  H  I  J  
 102  A  B  C  D  E  F  G  H  I  J  
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 106  A  B  C  D  E  F  G  H  I  J  
 107  A  B  C  D  E  F  G  H  I  J  
 108  A  B  C  D  E  F  G  H  I  J  
 109  A  B  C  D  E  F  G  H  I  J  
 110  A  B  C  D  E  F  G  H  I  J

111  A  B  C  D  E  F  G  H  I  J  
 112  A  B  C  D  E  F  G  H  I  J  
 113  A  B  C  D  E  F  G  H  I  J  
 114  A  B  C  D  E  F  G  H  I  J  
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 116  A  B  C  D  E  F  G  H  I  J  
 117  A  B  C  D  E  F  G  H  I  J  
 118  A  B  C  D  E  F  G  H  I  J  
 119  A  B  C  D  E  F  G  H  I  J  
 120  A  B  C  D  E  F  G  H  I  J



*for the health of it!*

STATION #9  
HEALTH REVIEW

Height \_\_\_\_\_ Weight \_\_\_\_\_  
low \_\_\_\_\_ normal \_\_\_\_\_ high \_\_\_\_\_

Pulse: \_\_\_\_\_  
normal \_\_\_\_\_ high \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_  
low \_\_\_\_\_ normal \_\_\_\_\_ high \_\_\_\_\_

Blood Cholesterol: \_\_\_\_\_  
normal \_\_\_\_\_ high \_\_\_\_\_  
Nutritionist: yes: \_\_\_\_\_ no \_\_\_\_\_

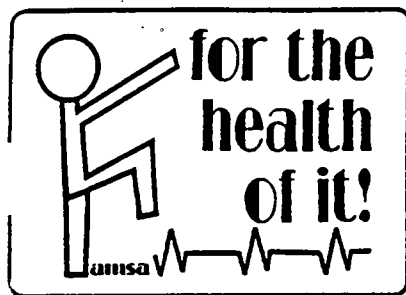
Hearing: \_\_\_\_\_  
normal \_\_\_\_\_ abnormal \_\_\_\_\_

Vision: \_\_\_\_\_  
normal \_\_\_\_\_ abnormal \_\_\_\_\_

Blood Glucose: \_\_\_\_\_  
low \_\_\_\_\_ normal \_\_\_\_\_ high \_\_\_\_\_  
Nutritionist: yes: \_\_\_\_\_ no \_\_\_\_\_

Recommend to talk to Nutritionist? yes \_\_\_\_\_ no \_\_\_\_\_

Recommend to see a physician? yes \_\_\_\_\_ no \_\_\_\_\_



**American Medical Student Association  
University of Florida, College of Medicine  
J-704, JHMHC  
Gainesville, Florida 32610**

January 31, 1990

Thank you so much for helping make the 1st annual *for the health of it!* health fair a big success! Between 150 and 200 area residents participated in the screening and over 30 were referred to local health agencies for follow up care. Everyone's contribution was important. It is rewarding to know that we as individuals and businesses can pull together to help those in our community who are in need.

Information obtained from the 'patient' questionnaires will be analyzed to determine what problems (e.g. drugs, teen pregnancy, etc.) are perceived as needing to be addressed in the community. We will be incorporating these topics in to our Speakers' Bureau, a program designed to provide information to school children. If you are interested in the results obtained or in our Speakers' Bureau program please do not hesitate to contact

We hope that you will consider helping us again next year.

Thank you.

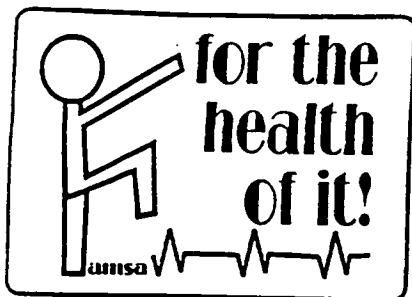
Sincerely,

*Carolyn G. Carter*

Carolyn G. Carter  
(904) 373-2488

*Helga E. Rippen*

Helga E. Rippen, Ph.D.  
(904) 336-0849



## *"Adopt a Patient"*

Thanks for volunteering to make sure that people who need follow up care get it.

What does this entail? Each of you will receive a card with your patient's relevant data and a list of clinics. If you would like to see their entire record please call Helga 336-0849 for access. Remember that their record is confidential and you are to respect that!

Basic information provided includes: name, birthdate, sex, height and weight, "relevant" medical history and results of the screening which are not considered normal. On the back a telephone and address are provided. (In some cases no telephone number was given so you may need to visit them personally. In this case make sure you have someone escorting you and that you wear a white coat.)

What do you do with the patient? Call them up and identify yourself as a person involved with the health fair. In cases where nothing "seems wrong" ask them what they told the physicians or what the physicians told them during the health fair. Also ask them about any other problems they can think of. Ask when the last time they saw a physician was and when they are due to see one again.

If there is a problem ask them to give you their physicians name, address and telephone number. If they haven't seen them for a significant length of time, or the symptoms warrant, ask them to see their MD soon. Call the MD to let them know the results of the screening for their records. They will best be able to evaluate the patient.

In cases where the patient doesn't have a physician and they can not afford one remind them of the 3 clinics you have on your list. If there is a problem with transportation perhaps you can help them out. If there is a problem with getting an appointment, try calling the clinic and finding out why. For major problems — if you can not find anyone willing to provide care for these patients, contact either one of us.

After completion of follow up (e.g. check to see if the patient actually went to see a MD) turn in your card to either one of us.

If you have any questions regarding what it is that you need to do contact us!

Again, thanks for your help!

Sincerely,

A handwritten signature in black ink that reads "Helga E. Rippen". The signature is written in a cursive style with a large, prominent initial 'H'.

Helga E. Rippen  
336-0849/ J-609

A handwritten signature in black ink that reads "Carolyn G. Carter". The signature is written in a cursive style with a large, prominent initial 'C'.

Carolyn G. Carter  
373-2488/ J-617

## OVERVIEW

The Urban Health Project (UHP) is a student run organization founded in 1986 with the purpose of exposing medical students to the cultural and environmental factors which contribute to an individual's health status, while at the same time providing public service assistance to the citizens of Cincinnati.

The principal component of the UHP is a summer internship program for medical students who have completed their first year of studies. Each summer, a number of students are placed in various social service agencies in the greater Cincinnati area. The 1989 internship positions include the following:

- The Alice Paul House for abused women and children
- The Babies Milk Fund Pediatric Clinic
- Bethany House Shelter for homeless women and children
- The Cincinnati Health Department's Lead Poisoning Prevention Program
- The Cincinnati Health Network's Mobile Health Van
- Council on Child Abuse
- Family Outreach Services - crisis intervention for families
- Lighthouse Runaway Shelter for runaway youths
- The Salvation Army Center Hill Adult Day Care Center
- St. John Social Service Senior Center - serves elderly residents of Over - the - Rhine
- The Social Health Association - AIDS education
- Tender Mercies, Inc. - housing for the mentally ill
- Total Living Concepts - serves the disabled
- The Urban Appalachian Council

Two additional components of the UHP occur during the academic year. The first is the Speaker's Bureau, a series of lunch time presentations throughout the academic year featuring speakers who provide health care or social services to the underserved in the community. The second component is the AIDS education project. First and second year medical students provide AIDS education to teens in the juvenile detention center as well as to teens in the Cincinnati Public Schools.

## LOGISTICS

### Placement Site Selection

The UHP places the student interns with agencies in the greater Cincinnati urban area. New possibilities for placement sites are constantly being developed. In general, the criteria which determine the appropriateness of a potential site are as follows:

1. The agency should cater to a traditionally underserved sector of the population with medical problems more complex than those simply relieved by prescription.
2. The agency must be able to provide a suitable position for a medical student intern - a position with adequate supervision and responsibility.
3. The position should expose the intern to the difficult socioeconomic factors which complicate the delivery of adequate health care to the underserved.
4. The internship is not expected to provide the student with direct medical experience (as one would receive by working with a physician, for example). Rather, the position should put the student in close contact with ancillary care - the social service aspects of health care delivery and basic health education.

We would like to develop placement sites concerned with the issues of substance abuse and teen pregnancy. Other sites we are looking at are with the Cancer Control Education Van and with The V.A. Hospital's program for housing the mentally ill.

### Student Recruitment

All Urban Health Project Interns are recruited from the first year medical school class. There are two general informational meetings where the site supervisors present their agencies and describe the job the intern will be doing. Interested students then fill out applications, indicating their preference for job sites. The applications are reviewed by representatives from the Urban Health Project and then sent out to the respective agencies to be reviewed. The agencies rank their choices. Jobs are determined by matching interns preferences to the agencies' rankings. Time is made available for the agencies to schedule interviews with the applicants. Students are not chosen with regard to previous experience, but with regard to their motivation, their genuine desire to learn, and their ability to use that knowledge to help people. The stipend of \$2000 for nine weeks of full time work is comparable to that of the summer research positions offered by the school, so that money neither persuades nor discourages potential applicants.

# ACADEMIC YEAR POSITIONS AND PROGRAMS

## Student Director

The student director for the UHP's summer program continues to help with fundraising and serve as spokesperson for the program throughout the year. The director's responsibilities include following up on fundraising, developing placement sites for the following summer, presenting the UHP job opportunities to the incoming first year class, selecting the new UHP staff, and serving on the Advisory Board. The director is expected to serve on the Advisory Board the following year as well.

## Student Fundraiser

A new position was made available by a grant from the Kellogg Foundation which enabled one intern to lead the fundraising effort. The goal of this position was to establish permanent funding so that future projects wouldn't be burdened by the labor required. Also, if permanent funding could be established, the project wouldn't face the risk of dying due to lack of funds. This position was full time in the summer and part time during the school year.

## Student AIDS Education Coordinator and the AIDS Education Program

The intern who works with the Social Health Association during the summer also runs the AIDS Education Program during the academic year. Responsibilities of the position include developing a comprehensive training program involving professionals from various fields, recruiting and training student volunteers to give lectures, scheduling engagements for student presentations at the Juvenile Detention Center and at Cincinnati Public Schools, establishing and maintaining community and medical contacts, acting as spokesperson for the AIDS Education Program, evaluating the program, and submitting periodic progress reports to the UHP Director, Advisory Board members, and other interested parties.

Earlier this year the medical students were involved with the AIDS Education task force of the Academy of Medicine as well as the Juvenile Detention Center. All student educators had to attend two Saturday morning sessions conducted by the Academy of Medicine. The lectures were given by prominent Cincinnati professionals, and the most up to date information was presented.

The students then in turn went out to educate the teens - an age group that is more receptive to medical students than to older, more authoritative figures. In providing the educational programs, the UHP is providing a service to the community and in turn the medical students get educated on the facts and issues concerning the AIDS crisis.

## Lunchtime Lecture Series

The UHP sponsors informal lunchtime meetings at which various community service workers speak about their agencies and their work. The goals of these meetings are to increase student's awareness of the problems facing the urban poor, to inform students about the urban social services available to the community and what specific services they provide, and to stimulate interest in the UHP. Most of the speakers featured are from agencies that work with a summer intern and are therefore able to talk about the role of the UHP intern within their agency. Past and future speakers include Dr. Judy Daniels, Medical Director of the Cincinnati Health Network; Mr. Bill Hardy, Director of the Council on Child Abuse; Dr. Chuck Schubert, a pediatrician from the Babies Milk Fund Clinics; Ms. Debbie Latter, Director of the Lighthouse runaway shelter, and Ms. Dixie Harmon, representing Total Living Concepts, Inc.

January, 1990

To: Physicians, Medical Students, and other interested Health Professionals  
From: Executive Committee, Rush Primary Care Clinic Project  
RE: Materials related to the current project status

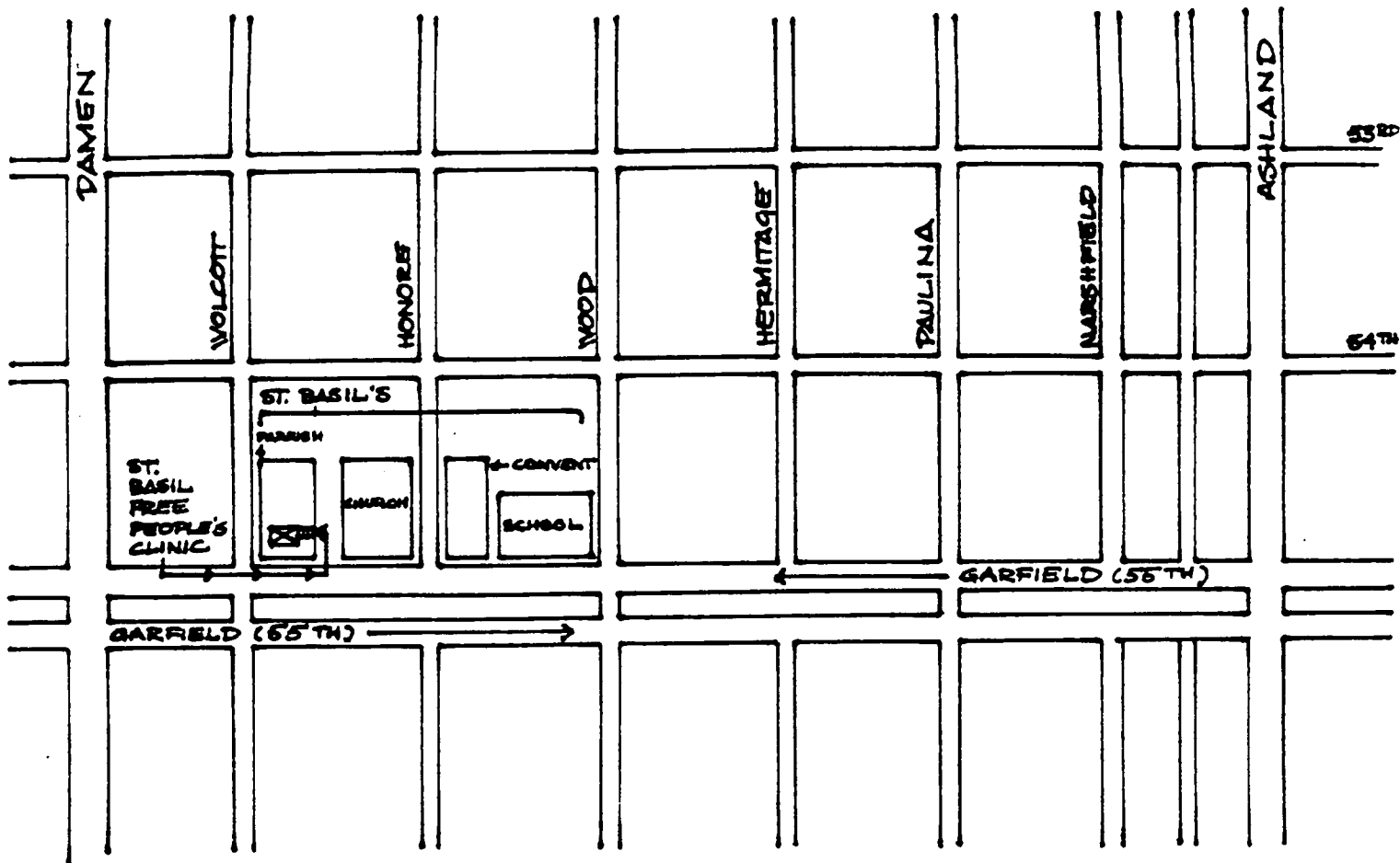
The Rush Primary Care Clinic Project (PCCP) is a true community-oriented, student-generated project that has established its first clinical function, namely, a Thursday evening clinic at St. Basil's Church on Chicago's Southwest side. If you would like to participate in the project, please contact the Section of Community Health, Department of Preventive Medicine at Rush Medical College, 1743 W. Harrison St., Chicago, Illinois, 60612, 312-942-5910.

The following pertinent material outlining current progress is attached for your perusal:

1. A map and directions on how to get to the clinic (which is about a 20 minute drive from RPSLMC)
2. The Statement of Purpose of the Rush PCCP that includes the goals and objectives, sponsorship, duties and responsibilities, and general statement about the purpose of the clinic
3. The Clinic Operations Protocol which describes how the clinic will function including longitudinal Health Promotion/Disease Prevention training, Nutrition training, and the roles of the project director, the physician coordinator, and student coordinators
4. The Seminar Protocol which describes the different educational components of the project
5. The Evaluation Protocol which describes how PCCP will be evaluated
6. A cover letter and statement by the RPSLMC Legal Department on malpractice coverage

Those of us who have been involved with PCCP from its inception are very excited about its potential for providing our students with an integrated and continuous primary care experience in an ambulatory setting. Our proposal has received the enthusiastic support of the Dean's Office and the chairs of Internal Medicine, Family Practice, Pediatrics, and Obstetrics and Gynecology. We see PCCP as an innovative way of bringing together academic medicine, primary care, and community health in a setting that offers a much needed medical service to an inner-city population and, at the same time, teaches the students about the biopsychosocial aspects of medicine that are unique to primary care.





ST. BASIL'S CLINIC = 1850 W. GARFIELD BLVD., CHICAGO, IL, PH # 436-4758

• PARKING ON GARFIELD BLVD., VOLCOTT, OR HONORE STREETS, AS CLOSE TO THE CLINIC AS POSSIBLE.

• DIRECTIONS: FROM RUSH-

• EISENHOWER EXPVY. (290) → DAN RYAN EXPVY (90/94) (SOUTH) → EXIT @ 55<sup>TH</sup>  
GARFIELD (WEST) → CLINIC

• ASHLAND AVE (SOUTH) → GARFIELD (55<sup>TH</sup>) (WEST) → CLINIC

• HALSTED (SOUTH) → GARFIELD (55<sup>TH</sup>) (WEST) → CLINIC

• WESTERN (SOUTH) → GARFIELD (55<sup>TH</sup>) (EAST) → CLINIC

# Rush Primary Care Clinic Project

## STATEMENT OF PURPOSE

### **WHY A RUSH PRIMARY CARE CLINIC PROJECT?**

One of the most consistently well received preclinical courses at Rush Medical College is the Community Health course offered by the Department of Preventive Medicine in the spring quarter of the first year. For many Rush medical students this is their first exposure to people seeking health care in a "real world setting." This course has, in turn, motivated many Rush students to participate in worthwhile and instructive health care activities.

The Rush Medical College Class of 1992, responding to the satisfaction they felt this course offered to them, petitioned the Department of Preventive Medicine to offer a long-term, continuity care experience in a community clinic environment. Initially, members of this class were directed to St. Basil's Clinic -- a well established community free clinic on Chicago's southwest side where medical students from Rush, the U of I, the U of C, and Loyola Schools of Medicine have worked closely with volunteer physicians for many years. However, over 120 Rush Medical College students from the Class of 1992 and 1993 registered to participate in such an experience!

In an effort to tap the genuine enthusiasm of Rush students for participation in a long-term continuity of care community clinic experience, the Department of Preventive Medicine worked with a student committee to formulate a physician-guided Rush Primary Care Clinic Project (PCCP). This project is designed to create a controlled environment that encourages medical education while promoting quality care. It should build on, as well as broaden, Rush Medical College's commitment to innovative problem-based medical education.

### **WHO IS SPONSORING THE PROJECT?**

The project has broad interdepartmental support. It is sponsored by the Rush Medical College Departments of Internal Medicine, Family Practice, Obstetrics and Gynecology, Pediatrics, and Preventive Medicine, as well as the Rush Chapters of the American Medical Student Association (AMSA) and Alpha Omega Alpha (AOA).

### **WHAT ARE THE GOALS OF THIS PROJECT?**

The PCCP serves as a longitudinal ambulatory care model for undergraduate medical education. The project introduces students to primary care issues and characteristics while utilizing the benefits of the academic medical center.

The following goals of this project are to be accomplished within the framework of a student working as a member of a physician team.

- \* To integrate training in primary care medicine with established academic medicine by offering students over a four year period a broad exposure to ambulatory patient problems and issues of preventive medicine

- \* To introduce medical students to community-oriented primary care in a medically underserved area

- \* To provide a continuity of care experience for physicians, students, and clinic patients from cognitive, management, and

relationship perspectives

- \* To offer special educational seminars and interventions to complement team care of patients
- \* To facilitate student interaction with attending physicians and health care professionals in a team approach to the delivery of quality care
- \* To utilize problem-based learning approaches to understand the biopsychosocial aspects of illness
- \* To instill professional values and ethical responsibilities

To summarize, this project will harness the medical and educational resources of an established academic medical center and focus them on (1) medical students by training them in primary care and (2) residents of a medically underserved area by providing them access to unmet health care. It will afford first and second year medical students exposure to, and limited participation in, the delivery of health care during their pre-clinical training. It will emphasize observation and communication, as well as promoting problem-solving methods within the context of an active learning experience. Under the guidance of Rush physicians, it will enable third and fourth year medical students the opportunity to develop further their clinical skills, follow a small panel of clinic patients, and serve as "teaching assistants" to their colleagues.

#### WHAT ARE THE OBJECTIVES OF THE PROJECT?

Key to the success of this project is broad interdisciplinary support by the faculty and departments of Rush Medical College, as well as a student's opportunity to participate in the delivery of quality primary care to residents of a medically underserved community. The objectives of the PCCP are as follows:

- (1) Medical students will learn the practice and characteristics of community-oriented primary care.
- (2) Students will learn basic principles in the diagnosis, and treatment of common ambulatory medical problems, as well as the care of persons with chronic diseases.

Residents from a medically underserved area will benefit from increased access to quality medical care.

- (3) Students will learn basic principles and practices of preventive medicine, including skills in health promotion and disease prevention, ambulatory clinical nutrition, and epidemiologic assessment.

Health education interventions will be used by physician team members in an effort to decrease the morbidity and mortality of community residents with chronic health problems.

- (4) Students will acquire problem-solving skills in primary care and develop an understanding of the biopsychosocial aspects of illness through the use of problem-based medical education methods.

Physicians and senior medical students will function as teachers and role models for their colleagues.

- (5) Students will learn the importance of working as members of health care teams, thus becoming more effective physicians.

- (6) Students will learn about disease processes, disease management, and professional responsibilities by following a small panel of clinic patients on a long-term basis.

Clinic patients will develop on-going continuity of care relationships with physicians and students.

(7) First year students will develop an understanding of the complexities and limitations associated with a chronic illness by spending time talking with clinic patients who have such problems.

(8) Third and Fourth year medical students will further develop clinical outpatient management skills in physical examination, diagnosis, and treatment under the close supervision of Rush physicians.

#### **HOW WILL THE OBJECTIVES BE ACHIEVED?**

The PCCP will follow an established protocol that defines the roles and responsibilities of participating students and physicians. Rush Medical College will sponsor a Wednesday and Thursday evening clinic at St. Basil's Clinic which will function as a site for undergraduate primary care training while providing quality medical care to the surrounding community. Students will be assigned to physician teams and will work closely with cooperating health care professionals. Patient panels, formed by assigning clinic clients to long-term care physician teams, will create continuity of care experiences from cognitive, management, and relationship perspectives for physicians, students, and clinic patients. First and second year medical students will be encouraged to function as patient advocates for their patients.

Training in community-oriented primary care, principles and practices of preventive medicine, long-term ambulatory care, and clinical problem-solving skills will be offered to students at the clinic site and at RPSLMC. Health Promotion and Disease Prevention clinical seminars, taught by Rush faculty members, will be offered at the clinic to train medical students to communicate basic health care information on a specific set of medical problems. These seminars, which will precede all clinic sessions, will be augmented by monthly Case Presentation Sessions and Special Topic presentations at Rush Medical College. In an effort to reinforce humanistic values in medicine, students will be asked to read **MEDICINE AS A HUMAN EXPERIENCE**, by David Reiser, M.D., and David Rosen, M.D..

General orientation sessions will be held to review the philosophical basis, operational protocols, and location of the clinic. All participants will receive Orientation and Log booklets, as well as copies of the project materials.

#### **HOW IS THE PROJECT ADMINISTERED?**

It is directed by the Rush Department of Preventive Medicine, Section of Community Health in cooperation with the sponsoring Rush Medical College departments and organizations. The clinic will operate according to the Rush Family Practice Center ambulatory care model. The project is overseen by the Chief of the Section of Community Health with clinical and educational guidance given by an Advisory Board consisting of representatives of all sponsoring departments, organizations, and medical school classes. A Project Coordinator will be responsible for day to day project functions, while a Physician Coordinator will oversee the quality of medical care and education. A Student Coordinator will be charged with facilitating the continued participation of medical students.

#### **WHAT ARE THE PARTICIPANT'S OBLIGATIONS AND RESPONSIBILITIES?**

To insure continuity of care and maximize the educational experience incorporated into PCCP, **students and physicians volunteering at St. Basil's clinic are asked to make a minimum commitment of one night per month.** The project will operate year-around, with scheduling adjustments made for holidays and examination periods.

**Basic obligations and responsibilities apply to physicians and students alike.** Each participant has an obligation to keep their commitment to attend their scheduled clinic sessions. Advance notification of a volunteer's inability to attend a clinic session and the subsequent recruitment of a substitute is required according to our clinic protocol. Health care providers have a responsibility to provide the highest quality of care possible for the patients they follow and to work with them in a professional manner. Through these obligations and responsibilities students will be taught the value of providing responsible professional health care.

#### **WHERE AND WHEN WILL THE CLINIC BE HELD?**

St. Basil's Clinic is located at 1850 West Garfield Blvd. (55th street) near the corner of Honore St. on Chicago's southwest side. It is situated in the basement of St. Basil Catholic Church Rectory. The clinic serves a low to moderate income, racially and ethnically diverse community.

Rush Medical College will sponsor a Wednesday and Thursday evening clinic at St. Basil's clinic from 7 to 9:30 pm each week. Each clinic session will be preceded at 6:30 pm by a clinical seminar for the medical students.

#### **HOW IS THE CLINIC ADMINISTERED?**

St. Basil's clinic is a community-administered, volunteer physician-staffed, free clinic. It was founded in 1982 by physicians affiliated with the University of Chicago Pritzker School of Medicine and Michael Reese Hospital. There is a Board of Directors consisting of community residents, clinic volunteers, and physician volunteers. The clinic has a part-time Medical Director and Executive Director. St. Basil's Clinic has a well-established record of medical student observation and participation under the guidance of attending physicians.

#### **WHO IS ENCOURAGED TO PARTICIPATE?**

All Rush medical students, especially first, second, and fourth year students, are encouraged to participate. It is hoped that students in other health care programs at Rush University will participate. Rush physicians and other faculty members are urged to participate and contribute in ways they feel are most appropriate. To date, over 45 Rush physicians and over 140 medical students have registered to participate in the Primary Care Clinic Project!

#### **WHAT ABOUT THE PROBLEM OF MALPRACTICE INSURANCE?**

The issue of malpractice coverage for all participating Rush physicians is of prime importance. We have worked closely with Mr. Max Brown, General Counsel for the Rush-Presbyterian-St. Luke's Medical Center, to clarify a clinic protocol and the issue of malpractice coverage for all participants. The Office of Legal Affairs of the RPSLMC has determined that both Rush medical students and Rush attending physicians WILL BE COVERED by Rush malpractice insurance.

#### **IS THERE A PROTOCOL TO FOLLOW WHILE AT THE CLINIC?**

**Absolutely!** This is essential to insure the provision of quality health care and to minimize any potential confusion. This protocol will be posted during Rush clinic hours so that patients and health care providers alike are fully informed of how the clinic operates.

#### **ST. BASIL'S CLINIC "RUSH NIGHT" GENERAL PROTOCOL**

##### **GENERAL RULES TO FOLLOW AT THE CLINIC:**

- (1) Each medical student upon beginning an interview with a clinic client must clearly state their name and year in school.
- (2) Clinic patients cannot be discharged from the clinic after examination without the prior review and approval of the person's disposition by a physician.
- (3) Medications dispensation requires the presence and approval of a physician.
- (4) All St. Basil's clinic chart notes must be signed by persons performing examinations and countersigned by the supervising physician.
- (5) Genital examinations of women require the presence of at least two additional people, one of whom must be a woman.

##### **ROLE OF THE FIRST YEAR MEDICAL STUDENT:**

- (1) **Observe**
- (2) **Ask questions**
- (3) **Spend time talking with clinic patients**
- (4) **Work with clinic clients on health education issues after successful attendance at appropriate Health Promotion and Disease Prevention seminars**
- (5) **Serve as a "patient advocate," promoting health values, priorities, and information to assist patients at the clinic or during referrals**
- (6) **Perform basic triage duties, following appropriate training and certification**
- (7) **Laboratory observation**

**ROLE OF THE SECOND YEAR MEDICAL STUDENT:**

- (1) Observe
- (2) Perform basic triage duties
- (3) Perform medical histories
- (4) Perform Health Promotion and Disease Prevention education activities
- (5) Serve as a "patient advocate"
- (6) Staff the laboratory

**ROLE OF THE "SENIOR" MEDICAL STUDENT (Fourth year students and third year students who have completed medicine and surgery clerkships):**

- (1) Perform examinations under the guidance of attending physicians: Histories, physician diagnosis, assessment and recommended plan formulation
- (2) Write patient progress notes in SOAP format
- (3) Review all patients with attending physician
- (4) Serve as "Teaching Assistants" to colleagues
- (5) Perform blood draws

**ROLE OF THE SENIOR STUDENT CLINICAL ASSISTANT:**

- (1) Train first year medical students to perform triage duties
- (2) Encourage students to ask clinic patients with chronic illnesses (e.g. hypertension, diabetes) how these illnesses have affected their lives/activities of daily living
- (3) Staff the pharmacy under the supervision of an attending physician
- (4) If needed, function as an additional resource person or team leader during the course of a clinic session

**ROLE OF THE ATTENDING PHYSICIAN:**

- (1) Function as role models by setting a standard of professional excellence that students can emulate and patients can admire
- (2) Question, challenge, and educate participating students
- (3) Oversee activities of Rush medical students
- (4) Examine any or all clinic patients as deemed appropriate.
- (5) Review, correct, and co-sign student progress notes
- (6) Authorize dispensation of medication

**STAFFING THE PHARMACY:**

Medical students may work in the pharmacy if they work under the immediate supervision or in the presence of a physician or pharmacist. Posted pharmacy protocol must be followed at all times.

## Rush Primary Care Clinic Project

### CLINIC OPERATIONS PROTOCOL

#### OPERATING FORMAT

The Rush Medical College-sponsored Wednesday and Thursday evening St. Basil's clinic will operate according to the Rush Family Practice ambulatory care model. Medical students will work directly under the supervision of Rush attending physicians.

The St. Basil's clinic administrator will schedule patients for all Thursday evening clinic visits. Walk-in patients will be seen according to physician availability.

Medical students will participate in the initial triage and work-up of clinic patients according to the clinic protocol. Rush attending physicians will supervise all student activities and may intervene at any step in the process they feel is appropriate.

#### PARTICIPATION ROSTERS

Student and faculty participation rosters will identify participants according to the level of their commitment. Student rosters will be organized according to level of training (M1, M2, M3, M4). Three sets of physician/health professional rosters will be developed:

- 1) **CLINIC VOLUNTEERS** - Physicians and other allied health care professionals volunteering at the clinic will be placed on Health Care Team rosters according to the appropriate day. Students will be assigned to a team unit according to their year in medical school.
- 2) **SUBSPECIALTY REFERRALS** - Faculty accepting clinic patient referrals to their Rush offices will be listed by subspecialty. Referrals at the clinic will be made in accordance with the subspecialty referral protocol.
- 3) **TEACHING VOLUNTEERS** - faculty wishing to participate in teaching sessions will be listed according to topic.

#### CLINIC PARTICIPATION

To insure continuity of care and maximize the educational experience incorporated into the clinic project, Rush students and physicians volunteering at the St. Basil's clinic are asked to make a **MINIMUM COMMITMENT** of one night per month to the project. The project will operate year-around, with scheduling adjustments made for holidays and examination periods. The Wednesday and Thursday night clinics cannot operate without the presence of at least one attending physician.

All participants have a responsibility for providing the highest quality of care possible to each person who comes to the clinic seeking medical attention. All participants have an obligation to keep their commitment to attend their scheduled clinic sessions. Advance notification of a participant's inability to attend a clinic session is the responsibility of



each participant. If a student knows that he/she cannot attend a clinic session greater than 48 hours prior to that session, then the student should notify the project coordinator or find their own replacement. However, if it is less than 48 hours, one must find their own replacement. Physicians are to contact the team contact person, project coordinator, or clinic executive director as soon as they know they are unable to attend a clinic session.

### ROTATING STUDENT TEAMS

Clinic patients will be assigned to attending physicians. Physicians will be scheduled in such a way that two or three different disciplines will be represented each clinic session. For example, on a given clinic night there may be an internist, a family practitioner, and a pediatrician. Rush physicians volunteering at the clinic will supervise medical student teams caring for clinic patients. The senior medical student will perform the majority of the clinical duties, serve as a teaching assistant, and assign responsibilities to junior medical students according to the project protocols. In order to provide students with a broad primary care experience, each student team will rotate consecutively allowing for a variety of patient experiences. In other words, no physician will oversee any one team, but rather supervise all the teams scheduled that evening caring for his patients.

The basic student team will consist of a M1, M2, and senior student (M3 or M4). At least four student teams will be scheduled each clinic session, with at least one team rotating through the laboratory, pharmacy, and performing patient education interventions.

### COMMUNITY-ORIENTED PRIMARY CARE APPROACH

The principles and methods of Community-Oriented Primary Care (COPC), as a way of identifying and addressing the major health problems of the population serviced by PCCP, will be taught to students. A balanced approach will be maintained insuring clinical care of our patients while focusing on the larger needs of the community. Students will learn useful principles and practices for assessing the needs of a given community; residents will benefit from the provision of health services that directly addresses their expressed problems. In other words, this approach will encourage students and community residents to interact beyond the confines of the traditional Doctor-Patient relationship.

This component of PCCP will be implemented in the following ways:

- (1) All students participating in the project will receive a PCCP Community-Oriented Primary Care Resource Booklet (referral sources, government agencies, vital population and health statistics, etc.).

- (2) Monthly on-campus seminars will be held to review and discuss issues arising from student experiences in PCCP. These seminars will be facilitated by the Chief of the Section of Community Health, Department of Preventive Medicine and will include featured guest presentors.

(3) Two student committees will be formed to design, implement, and execute the COPC approach. One will focus on Community Diagnosis; the other on Health Education.

(4) A series of Student Report Back Sessions will be organized semi-annually to assess student experiences in all aspects of COPC.

#### **HEALTH PROMOTION/DISEASE PREVENTION EDUCATION AND INTERVENTIONS**

Principles and practices of preventive medicine will be incorporated into the clinic project through educational seminars offered by Rush faculty members for Rush students. Educational materials will come from vast resources that include pamphlets, articles, audiovisual aids, and guidelines prepared by government agencies, private foundations, and student-initiated projects. Besides these didactic approaches, the principles and methods of health promotion and disease prevention will be integrated into all aspects of the patient encounter. In other words, students will be taught the importance of risk factors, health education, and persistent follow-up as part of their primary care experience. Furthermore, students will be made aware of the importance of current demographic and epidemiological trends uncovered in the COPC component for the potential health and well-being of the patients under their care. In sum, health promotion and disease prevention will be an integral part of a very active learning experience for all participants in this project.

#### **LONGITUDINAL NUTRITION EDUCATION**

Rush medical students will be taught basic nutrition concepts by utilizing two methods: (1) small group seminars at Rush Medical College, and (2) on-site clinical observation and interaction with volunteer nutritionists. The nutritionists will concentrate on common problems seen at the clinic, such as obesity, diabetes mellitus, hypertension, and malnutrition. The primary role of the nutritionists as teachers will be to educate medical students about basic principles, methods of patient education, and methods to change patient dietary habits that utilize individual counseling and group intervention techniques.

## ADMINISTRATIVE MECHANISM

### **ROLE OF THE RUSH PRIMARY CARE CLINIC PROJECT DIRECTOR**

The Chief of the Section on Community Health, Rush Medical College Department of Preventive Medicine will oversee the general operation of the project. This person will supervise the work of the project coordinator. Responsibilities include:

- \* close interaction with students and faculty participating in the project, especially the physician and student coordinators
- \* supervision of medical education components (clinic seminars, case presentations, special topics presentations, nutrition education)
- \* supervision of the evaluation process
- \* interface with the project's Advisory Board
- \* interface with the Medical Director, Executive Director, and Board of Directors of St. Basil's clinic

### **ROLE OF THE RUSH PRIMARY CARE CLINIC PROJECT COORDINATOR**

This will be a part-time position under the supervision of the project director. The coordinator will have the following responsibilities:

- \* in charge of all participation rosters
- \* assign students and faculty to Physician Teams
- \* coordinate the scheduling of medical education components
- \* coordinate the scheduling of nutritionists at the clinic
- \* coordinate the scheduling of other allied health professionals
- \* coordinate the printing, distribution, and collection of all attendance forms, student log forms, and periodic questionnaires
- \* entry and analysis of data and preparation of evaluation reports

### **ROLE OF THE RUSH PRIMARY CARE CLINIC PHYSICIAN COORDINATOR**

A Rush physician with an interest in primary care medicine and medical education will serve as a physician coordinator for the clinic project. This position will include the following:

- \* supervision of medical care delivery
- \* coordination of physician participation
- \* facilitation of information sharing between physicians
- \* interface with the Medical Director, Executive Director, and Board of Directors of St. Basil's clinic

### **ROLE OF THE RUSH PRIMARY CARE CLINIC STUDENT COORDINATOR**

A Rush medical student with a particular interest in helping to administrate the project will assume the following responsibility:

- \* coordination of student participation
- \* facilitation of information sharing between students
- \* coordination of designated student coordinators from each class

## SEMINAR PROTOCOL

### DELIVERY

The integration of values and attitudes encouraging critical thinking and active learning with small group seminars, case presentations, and didactic special topic sessions form the foundation of the educational component of the PCCP program. Working closely with the Project Director, a Student Committee on Primary Care Education will assist in the arrangement and coordination of the Case Presentation and Special Topic sessions and assist in literature searches for the dissemination of useful information.

#### 1) Clinic Seminars (at St. Basil's clinic)

Clinic seminars will be organized around a "BASIC TOPIC of the month." These basic topics will (a) cover medical problems most commonly seen at the clinic, and (b) will attempt to incorporate principles and practices of preventive medicine whenever possible. The seminars will precede each clinic session on a weekly basis. They should be 30 to 45 minutes in length. The presentations should be concise, emphasize preventive aspects of the problem, and provide students with specific information that they can then use when working with clinic patients. Pertinent peer review journal articles should be made available to students whenever possible. Students should also be encouraged to bring in relevant articles.

#### 2) Rush "Case Presentation" Sessions (at Rush)

Case presentation sessions will occur at Rush Medical College at least once each month, and will focus on the BASIC TOPIC of the month. A guest speaker particularly knowledgeable in the area of the basic topic will be asked to engage the students in an interactive discussion of the subject matter.

This speaker will be asked to start off the session with a case presentation. In this way, students will be able to observe a skilled physician present a case. The ensuing discussion will challenge students to consider various aspects of the problem under discussion, while providing a thorough overview of the medical and preventive components. Students will be encouraged to present a patient that they observed at the clinic. These sessions can be held either in the MDL, rooms 712/713 of the AcFac or in the Preventive Medicine conference room.

#### 3) Special Topics (at Rush)

There are special topics that are relevant to preventive medicine and important for students to be familiar with. These topics will be offered by Rush faculty members with particular expertise in a given area and presented at noon sessions when scheduling permits.

## TOPICS

- 1) **Basic Topics**
  - Hypertension
  - Diabetes Mellitus
  - Obesity
  - Substance Abuse (smoking, alcohol, drugs)
  - Family Planning
  - HIV Counseling
  
- 2) **Special Topics**
  - Biopsychosocial Approach to Health Care
  - Body Fluid Precautions
  - Physical Disability
  - Malnutrition
  - Immunizations
  - Sexually Transmitted Diseases
  - Depression
  - Law and Medicine
  - Medical Ethics
  - Laboratory Review

## PRESENTORS

Presentors for case presentations and special topics will need to be scheduled in advance. An partial list of possible presentors is listed below.

### TOPICS

Hypertension  
Diabetes  
Substance Abuse  
Smoking  
Obesity  
Family Planning  
HIV Counseling

Biopsychosocial Model  
Body Fluid Precautions  
STDs  
Immunizations  
Depression  
Law and Medicine  
Medical Ethics  
Physical Disability  
Malnutrition

### POSSIBLE SPEAKERS

Dr. Hedberg or Schoenberger  
Dr. Dwarakanathan  
Dr. Dora Dixie Bell  
Dr. Schoenberger  
Dept. of Preventive Medicine  
Adolescent Teen Center or OB/GYN  
Howard Brown Health Center

Dr. Rothschild  
CCH Film & Section of Inf. Diseases  
Dr. Goodman  
Dr. Boyer  
Dept. of Psychiatry or Dr. Zitter  
Max Brown or Dr. Nora  
Rev. Russell Burck  
Dept. of Preventive Medicine  
Dept. of Preventive Medicine

## EVALUATION PROTOCOL

### **EVALUATION**

The evaluation of the Rush Primary Care Clinic Project will be essential to assure the highest quality educational experience provided each student. From a medical education perspective, student satisfaction combined with a quality educational experience is deemed paramount. To evaluate this project creative assessment tools must be developed and utilized.

#### **1) Attendance Forms**

This will serve as a key element of our evaluation of the project. Forms will be developed and made available at each clinic session, case presentation session, and special topic session offered by the clinic project. Participating students and faculty will simply be asked to register their attendance. It is felt that participants attendance will reflect their commitment to the project.

#### **2) Student Orientation and Log Book**

A uniform log book will be developed and provided to each student participating in the clinic project. This log book will include the following:

- a) clinic address and directions to the clinic from RPSLMC
- b) name and telephone number of the St. Basil's clinic Executive Director
- c) name, office telephone number, and page number of the Rush Clinic Project Medical Director
- d) name and office telephone number of the Rush Clinic Project Coordinator
- e) a section summarizing the medical history and delineating the key aspects of a case presentation
- e) multiple blank pages for the recording of observations at each clinic session
- f) a section where students will list acute and chronic illnesses they have seen at the clinic

These log books will be analyzed by the Rush Department of Preventive Medicine to assess student experiences at the clinic.

#### **3) Chart Review**

To insure quality medical care for all clinic patients and provide a worthwhile educational experience for participating students, attending physicians will review all charts involving student teams.

#### **4) Periodic Questionnaires**

These questionnaires will be formulated by the Student Committee and the Department of Preventive Medicine in an effort to assess student and physician performance, satisfaction, and interest over a designated time period (baseline recording in the early fall, then winter and spring recordings).

## 5) Certification Areas

Two tangible achievements that each student can gain from this project is certification of competence in performing blood pressure recordings and phlebotomy. The Rush Department of Preventive Medicine will arrange for interested students to undergo a self-directed, department supervised certification process for blood pressure assessment. The department, working through the Dean's office, could work with interested students and the Rush phlebotomy office to arrange for specific medical student training sessions at RPSLMC (probably in the early a.m. for 2 weeks - following a modified medical technologist protocol).

## 6) Long-term Scientific Follow-up

The Rush Department of Preventive Medicine will develop a system to assess the long-term effects of this project on participating students by assessing both objective and subjective information. Questions of interest posed by the students participating in this project are:

Will this experience change how students view their role in medicine?

Will this experience influence their career choices?

Will the students feel that this experience has prepared them to be "better physicians" for whatever specialty they choose?

(By "better physician" we mean not just in the context of medical diagnosis and treatment, but also in terms of caring and an ability to listen to and communicate with people seeking health care.)

November 23, 1989

To: Interested Parties involved in the Rush Primary  
Care Clinic

From: James A. Schoenberger, M.D., Roberts Chair and  
Professor, Department of Preventive Medicine

Re: Malpractice Coverage

The attached correspondence and related material from Max Brown, Chief Counsel for the Office of Legal Affairs, should help put to rest any concerns about malpractice coverage for medical students and physicians who participate in the primary care clinic project.

As stated in the letter from Ms. Breier, an attorney hired by Mr. Brown to assess any possible legal problems associated with participation in the clinic, "The hospital insurance will cover the medical students performing duties off the RPSLMC grounds." Furthermore, Illinois "has a statute which exempts physicians from liability at free clinics if no compensation is received." The final guarantee that our students are well within the legally protected range is the fact that they will use the SOAP format to evaluate patients and that evaluation will be reviewed by the physician volunteers.

The statute that defines the free medical clinic exemption from liability will be posted where it can be clearly seen by patients and staff. The posting notice will be in both english and spanish.

One final note. We in the Department of Preventive Medicine are especially pleased that Max Brown and his staff have been so helpful and supportive of the students' efforts. For us it is another indication of the backing we are and will continue to receive from the medical center.



November 17, 1989

Mr. Max Brown  
Office of Legal Affairs  
Rush-Presbyterian-  
St. Luke's Medical Center  
1700 W. Van Buren  
Chicago, Il. 60612

Dear Mr. Brown:

I have researched the possibility of Rush medical students holding a free clinic night at St. Basil. I have visited the clinic site, reviewed the primary care clinic objectives, and researched Federal and Illinois law. During our recent meeting with Mr. Edward Eckenfels, the enclosed revised protocol was discussed and the following decisions were reached.

It is my understanding the medical students will be supervised by volunteer physicians on staff at Rush. The medical students will use the SOAP format to evaluate patients, and the evaluation will be reviewed by the volunteering physician. The medical student will not make any independent medical decisions without physician authorization.

The hospital insurance will cover the medical students performing duties off the Rush-Presbyterian-St. Luke's Medical Center grounds. There are no geographical limitations to the hospital insurance. Another related issue is that Illinois has a statute which exempts physicians from liability at free clinics if no compensation is received. According to the statute this notice must be posted in a conspicuous place on the premises. The clinic has a sign which refers to the statute. The sign is in a congested area, placing it in an inconspicuous place. It was decided that Mr. Eckenfels will have a sign made so it can be posted on the clinic wall. I have enclosed a copy of the statute for your convenience.

Next, it is my understanding the protocol for medical students working in the pharmacy includes labeling the bottle, counting pills and handing the drug to the physician to dispense. Federal and state statutes only allow registered pharmacists and physicians to perform the above protocol. Apprentices are allowed to work in a pharmacy but a registered pharmacist must supervise the work performed. The following possibilities were discussed that would allow the pharmacy to operate during Rush's clinic night. The prescription drugs could be dispensed if a registered pharmacist or a physician physically worked in the pharmacy. Medical students would be allowed to work in the pharmacy if they worked under the

immediate supervision or in the presence of the attending physician.

It has been a pleasure working with you. Please feel free to contact me if you have any more questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Susan J. Breier".

Susan J. Breier

SJB/pc

## Site Visit to St. Basil

November 1, 1989

Clinic Medical Director--Dr. David Freedman

### Layout of Clinic

Reception Area

7 examining rooms

Pharmacy

Laboratory

Dental Rooms

The Clinic will be moving to a new area next year which will allow it to expand. There will be a meeting room where physicians and medical students can review pertinent and interesting cases. Current plans are to also use this room to conduct seminars for both the staff and patients.

### History

1982-Clinic was opened

The Clinic is well respected in the community. People come to the clinic because they live in the area or because it has been recommended to them by a person that has used the clinic. Some patients depending on their condition, may be seen monthly. (Ex-diabetes) Most patients make appointments, but some patients are walk-ins.

Medical Director-Dr. David Freedman

The following medical schools are currently participating in the evening clinic programs:

Monday-University of Chicago Medical School

Tuesday-Loyola Medical school (Dr. Shapiro)

Wednesday-Michael Reese Medical School

### Goal

Rush Department of Preventive Medicine would like to participate in this program, and have a clinic on Thursday evenings. The Medical School has gotten commitments from approximately 31 physicians to help in some manner with this program. Some physicians have agreed to see the patients in their offices if the treatment is warranted. The department has gotten strong commitments from 3 physicians who have agreed to work at the clinic along with the medical students.

The Protocol that is explained in the handout is similar to the format used at the Family Practice Clinic at Christ Hospital. Also Case Western Medical School is also very active in this type of clinic program.

### Role of Medical Student

The handout explains the duties of the medical student. Before a medical student could participate in the program he/she would have to be certified in that particular area. Depending on where the medical student is in the medical school would also depend on what duties he/she would be allowed to perform. The medical students

would also like to hold medical education seminars for the patients in the area.

Under the 3rd year medical student's role the SOAP format is used. Subjective-This is what the patient tells the medical student. Why the person came to the clinic and what symptoms has the person been exhibiting.

Objective-Vital Signs-Blood Pressure, Pulse, Temperature etc., Laboratory results.

Assessment-What does the medical student believe to be wrong with the patient. -Diagnosis

Plan-How does the medical student plan to treat the patient.

After completing this format, the medical student would then give this to the on site physician. The physician would review the plan to see if it is feasible, and then either examine the patient or authorize the plan.

#### Staff the Pharmacy

The 3rd year medical student would work in the pharmacy filling the prescriptions after being authorized by the physician. The pharmacy has a posted procedure for performing these duties. Filling prescriptions include taking the drug from the shelf, labeling the bottle, and counting pills for the prescription.

#### Laboratory

Simple procedures are done in the laboratory. Slides are checked for pelvic infections, but are sent to other laboratories to confirm. Urines are checked for protein, glucose etc. Fingerstick glucoses are also performed. Some laboratory tests are sent to Smith-Kline. They have agreed to do these tests for free.

\*St. Basil Clinic needs 30 days notice to set a Thursday night clinic, and to schedule patients.

**§ 4404. Emergency care of injured persons—Exemption from civil liability**

Any person licensed pursuant to this Act or any person licensed to practice the treatment of human ailments in any other state or territory of the United States, except a person licensed to practice midwifery, who in good faith and without prior notice of the illness or injury provides emergency care without fee to a person, shall not, as a result of his acts or omissions, except wilful or wanton misconduct on the part of such person, in providing such care, be liable for civil damages.

Laws 1923, p. 432, § 2a, added Laws 1965, p. 995, § 1, eff. June 21, 1965. Amended by P.A. 76-1205, § 1, eff. Sept. 11, 1969; P.A. 78-385, § 1, eff. Aug. 28, 1973.

**Historical Note**

P.A. 76-1205 inserted the words "to a jury;" and substituted the word, "victim of an accident", and substituted "son," for "victim of an accident at the scene of the accident or in the case of a motor vehicle accident" the words "an accident".

P.A. 78-385 inserted the words, "and Section 2 of P.A. 78-385 made that Act without prior notice of the illness or in-effective "upon its becoming a law."

**Cross References**

Liability of policemen and firemen for emergency treatment, see ch. 70, § 61.  
Physicians, liability for emergency instructions to mobile intensive care personnel, see ch. 111½, § 86.5.  
Rape victims, emergency treatment, see ch. 111½, § 87-1 et seq.

**Law Review Commentaries**

Fault concept in Illinois. 1968 Law Forum 379. The bad Samaritan paradigm. Anthony D'Amato. 1975, 70 N.W.L.Rev. 796.  
Good samaritan statute. 1967, 44 Chicago-Kent L.Rev. 166.

**Library References**

Physicians and Surgeons ¶7. 18.15. C.J.S. Physicians and Surgeons §§ 55, 60.

**§ 4405. Free medical clinic—Exemption from liability—Posting notice**

Any person licensed pursuant to this Act or any person licensed to practice the treatment of human ailments in any other state or territory of the United States, except a person licensed to practice midwifery, who in good faith provides medical treatment, diagnoses or advice as a part of the services of an established free medical clinic and who receives no fee or compensation either from that source or from any other business or professional activity connected in any way with medicine or the treatment of human ailments, shall not, as a result of his

## 111 § 4405 PROFESSIONS AND OCCUPATIONS

acts or omissions, except wilful or wanton misconduct on the part of such person, in providing such medical treatment, diagnoses or advice, be liable for civil damages.

The provisions of this Section shall not apply in any case unless the free medical clinic has posted in a conspicuous place on its premises an explanation of the exemption from civil liability provided herein. Laws 1923, p. 436, § 2a.1, added by P.A. 80-785, § 1, eff. Oct. 1, 1977.

### Library References

Physicians and Surgeons ¶16.

C.J.S. Physicians and Surgeons § 48 et seq.

## § 4406. Service on medical committees—Exemption from civil liabilities

While serving upon any Medical Utilization Committee, Medical Review Committee, Patient Care Audit Committee, Medical Care Evaluation Committee, Quality Review Committee, Credential Committee, Peer Review Committee, or any other committee whose purpose, directly or indirectly, is internal quality control or medical study to reduce morbidity or mortality, or for improving patient care within a hospital duly licensed under the Hospital Licensing Act,<sup>1</sup> or the improving or benefiting of patient care and treatment whether within a hospital or not, or for the purpose of professional discipline, any person serving on such committee, and any person providing service to such committees shall not be liable for civil damages as a result of his acts, omissions, decisions, or any other conduct in connection with his duties on such committees, except those involving willful or wanton misconduct.

Laws 1923, p. 436, § 2b, added by Laws 1967, p. 2875, § 1. Amended by P.A. 77-466, § 1, eff. July 26, 1971; P.A. 79-1434, § 7, eff. Sept. 19, 1976; P.A. 80-771, § 3, eff. Oct. 1, 1977.

<sup>1</sup> Chapter 111½, § 142 et seq.

### Historical Note

P.A. 77-466 inserted references to Medical Review Committee and Peer Review Committee.

P.A. 77-1434 amended the section to read as follows:

"While serving upon any Medical Utilization Committee, Medical Review Committee, Patient Care Audit Committee, Medical Care Evaluation Committee, Quality Review Committee, Credential Committee, Peer Review Committee, or any other committee whose purpose is internal quality control or medical study to reduce morbidity or mortality, or for

improving patient care within a hospital duly licensed under the Hospital Licensing Act, or for the purpose of professional discipline, any person serving on such committee, and any person providing service to such committees shall not be liable for civil damages as a result of his acts, omissions, decisions, or any other conduct in connection with his duties on such committees, except those involving willful or wanton misconduct."

P.A. 80-771 rewrote the section into its present form.

**§ 4405. Free medical clinic—Exemption from liability—  
Posting notice**

Any person licensed pursuant to this Act or any person licensed to practice the treatment of human ailments in any other state or territory of the United States, except a person licensed to practice midwifery, who in good faith provides medical treatment, diagnoses or advice as a part of the services of an established free medical clinic and who receives no fee or compensation either from that source or from any other business or professional activity connected in any way with medicine or the treatment of human ailments, shall not, as a result of his

acts or omissions, except wilful or wanton misconduct on the part of such person, in providing such medical treatment, diagnoses or advice, be liable for civil damages.

The provisions of this Section shall not apply in any case unless the free medical clinic has posted in a conspicuous place on its premises an explanation of the exemption from civil liability provided herein.

Laws 1923, p. 436, § 2a.1, added by P.A. 80-785, § 1, eff. Oct. 1, 1977.

**Library References**

Physicians and Surgeons § 16.

C.J.S. Physicians and Surgeons § 48 et seq.

# SPEAKER'S BUREAU

Four orientation sessions, run by local resource centers, were scheduled to train medical students on how to present the various topics to the local elementary, middle and high school students. Handouts and outlines were distributed as guidelines for the medical students to use in their presentations.

Letters were sent out to the county school system describing the Speaker's Bureau program and informing those interested on how to arrange for a presentation. The Speaker's Bureau coordinators arranged presentation times that were agreeable for both the teachers and the medical students (usually two students per discussion group). After each presentation, medical students requested that each teacher send back an evaluation form to the coordinators.

Below are listed the various resources that can be used to set up such a program:

## **1. Sexually Transmitted Diseases**

**Contacts:** Health Department  
Women's Health Clinics  
Senior Medical Students

**Materials:** Slides of various lesions  
National Hotlines  
Handouts on transmission

**\*Contraceptive issues to be discussed were determined individually by each teacher and the medical students.**

## **2. Teenage Pregnancy**

**Contacts:** ACCEPT (Alachua County Continuing Education for Pregnant Teenagers)  
Local Teenager Pregnancy Programs  
Women's Clinics  
Planned Parenthood

**Materials:** Handouts on sexual responsibility  
Activities stressing risk of becoming pregnant

**\*Contraceptive issues to be discussed were determined individually by each teacher and the medical students.**



### **3. Drug Abuse**

**Contacts:** Corner Drug Store  
Local Drug Rehabilitation Centers  
Health Department

**Materials:** Film "The Cat Who Drank Too Much"  
Handouts describing each of the major drugs and their side effects

### **4. Nuclear War Awareness**

**Contacts:** Physicians for Social Responsibility

**Materials:** Slides with statistics concerning issues related to nuclear weapons

### **Summary**

The Speaker's Bureau Program has proven to be very successful this year as is demonstrated by the students' and teachers' enthusiasm. The two most requested topics were *drug abuse* and *sexually transmitted diseases*.

The program not only benefited the students, but proved to be very rewarding to the medical students and the community at large. It also provided future physicians with opportunities to develop concern for the physical and mental health of their communities.

American Medical Student Association  
J. Hillis Miller Health Center  
University of Florida College of Medicine  
Gainesville, Florida 32610

September, 1989.

Dear Alachua County Teacher,

Please allow us to introduce ourselves. We are Nancy Brown and Karen Saravanos, second year medical students at the University of Florida. We would like to present to you a program called the Speaker's Bureau. Our program is set up to provide speakers in the Alachua County School System to cover four very sensitive topics: 1) Substance Abuse, 2) Teenage Pregnancy, 3) Sexually Transmitted Diseases, and 4) Nuclear War Awareness. Having been established for several years now, we have enjoyed great success in the past, presenting talks to thousands of children.

As teachers in the Alachua County School System, we would like to make you aware of the availability and readiness of the Speaker's Bureau to present in your classrooms. We are enthusiastic and ready to go! We want to make sure that all teachers are aware of our program, since we feel it has been of benefit in many situations.

We have included our information packet which explains the Speaker's Bureau program in more detail, but would like to highlight a few points. First of all, it is up to each teacher to invite the Bureau in, and they alone decide what is to be covered. We can adjust our program for all age and grade levels. Second, please note that our presentations address related topics of decision making and peer pressure, in addition to specific information. Third, all of our speakers are medical students, each having been trained in their topic and its presentation.

We greatly appreciate your interest, comments, and concerns regarding our program. If you have any questions or suggestions, or if we may be of help in any way, please feel free to call at the numbers listed in the information packet. It would probably be best to call after 5 pm. With your help, we are hopeful that this can be a most successful year for all of us.

Sincerely,

Nancy Brown, and Karen Saravanos  
Speaker's Bureau Coordinators

## Speaker's Bureau

Sponsored by: American Medical Student Association at the University of Florida College of Medicine, and the Upjohn Company

### Who We Are

The American Medical Student Association (AMSA) is a national medical student organization designed to provide future physicians with opportunities to develop concern for the physical and mental health of their communities. We believe that preventative medicine at the elementary, junior high, and high school level is the key to the future well-being of all communities, and specifically, that of Alachua County.

### What We Do

In the interest of achieving this goal, the students at the University of Florida College of Medicine have organized the Speaker's Bureau. This is a program designed to complement the curriculum of Alachua County public and private elementary, junior high, and high schools. The Speaker's Bureau focuses on four different health related areas: 1) Substance Abuse, 2) Teenage Pregnancy, 3) Sexually Transmitted Diseases, and 4) Nuclear War Awareness. Each topic has been prepared separately, and each can be presented in a single class period. After being invited into the classroom by the teacher, two to three medical students will give a presentation on a given topic. Group size should not be larger than a single classroom. We feel that young physicians-to-be, speaking to students in an intelligent and understandable manner about the effects each of these topics have on their health, can make a large impact on the decision-making process of young people.

### Specifics

The following pages contain outlines of each of the topics covered by the Speaker's Bureau. If you have a topic that you would like taught to your class, go through the outline and choose exactly what you want covered in the presentation, as well as any part of the presentation you would like excluded. We realize that each of these topics contains very sensitive issues, and we feel that the person best suited to decide what should and should not be taught is the teacher. You alone know the students, the parents and the school. For this reason, we place control of what is covered into your hands. We will be happy to work with you to best meet the needs of your class.

## The Presentation

Each presentation consists of a 30-35 minute talk and slide show, followed by a 10-15 minute question and answer session. We cannot emphasize enough our willingness to modify any of these programs to meet the specific needs of any group. Please do not hesitate to approach us with suggestions or requests.

## The Speaker's Bureau Organization: 1989-1990:

### Speaker's Bureau Coordinators:

Nancy Brown, Class of 1992	375-8193
Karen Saravanos, Class of 1992	335-5475

### AMSA:

Bill Slayton, President  
Helga Rippen, Vice President  
Albis Acosta, Treasurer  
Nila Suntharan, Secretary

## Acknowledgements

We would like to thank the following people who have provided generous support and encouragement in helping AMSA undertake this very special project:

Patti Greenough, Director of Prevention Project, The Corner Drugstore, Gainesville

Eve Ackerman, Director of Prevention Project, The Corner Drugstore, Gainesville

Liz Lusk, Member of Planned Parenthood

Jackie Linas, third year medical student in charge of STD training session

**CHAPTER 3 -- INDEX OF PROJECTS (in their order of appearance)**

<u>Name of Project/Resource</u>	<u>Year Submitted</u>	<u>Appendix</u>
Computer Applications in Medicine	90/91	NO
Talking Meds Lecture Series	90/91	NO
Clerkship Survival Manual	90/91	NO
Nutrition Lectures	90/91	YES (G)
Extracurricular Preceptorship Program	90/91	YES (H)
Surgery Observation Program	90/91	NO
Problem-Based Third Year Surgery Clerkship	90/91	NO
NBME Part I Preparation	90/91	NO
Residents Teaching Award	90/91	NO
Health Professionals and Patients in Crisis -- A Symposium for Health Science Students	90/91	NO
Mayo Medical School - Research Semester	90/91	YES (I)
Student Initiative Curriculum Review	90/91	YES (J)
Curriculum Committee	90/91	NO
(AMWA) Organization of Clerkship Panel	90/91	YES (K)
Rewarding Resident Teaching	91/92	NO
The Humanistics Lecture Series	91/92	NO

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), see the footnote in relation to "Attachments".

Attachments: NO\*      Number of Additional Pages: 0\*

Abstract Author: Cindy Dougherty, Tom McNemar  
School Name: Medical College of Ohio  
Home Address: 2029 Sherwood Avenue, Toledo, OH 43614  
Home Phone Number: 419-389-1711

\* The three CLRC manuals are on file with the OSR Staff Director at the AAMC (202-828-0682).

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: William Slayton  
School Name: University of Florida College of Medicine  
Home Address: J-704, JHMHC, Gainesville, FL 32610  
Home Phone Number: 904-377-6250

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Lisa D. Staber

School Name: University of South Dakota School of Medicine

Home Address: 426 E. Fairmont #34, Rapid City, SD 57701

Home Phone Number: 605-342-5407

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.

Attachments: YES      Number of Additional Pages: 1

Abstract Author: Bradley Bullock

School Name: University of Florida

Home Address: 3010 SW 23rd Terr. #111, Gainesville, FL 32608

Home Phone Number: 904-336-4348

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.

Attachments: YES      Number of Additional Pages: 2

Abstract Author: Gary Dana

School Name: University of Florida College of Medicine

Home Address: JHMHC Box 624, Gainesville, FL 32610

Home Phone Number: 904-335-9119

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Craig Fishman

School Name: New York University

Home Address: 435 E. 30th Street Apt. 318, New York, NY 10016

Home Phone Number: 212-779-0679



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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Anita Blosser

School Name: University of Kentucky

Home Address: 1511 Thames Drive, Lexington, KY 40517

Home Phone Number:

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

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Liz McLarney

School Name: Albany Medical College

Home Address: Box 81 Albany Medical College, Albany, NY 12208

Home Phone Number: 518-426-9637

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: David Buerger

School Name: Washington University

Home Address: 4949 W. Pine Blvd. Apt. 12-R, St. Louis, MO 63108

Home Phone Number: 314-367-6856

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Joia Stapleton Mukherjee

School Name: University of Minnesota-Minneapolis

Home Address: 3233 Hennepin Avenue #1, Minneapolis, MN 55408

Home Phone Number: 612-822-4368

Project Title: Mayo Medical School - Research Semester

**ABSTRACT:**

The Research semester is a required 21-week experience offered during the third year. (It is specifically described in the attachments.) 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.

Attachments: YES      Number of Additional Pages: 7

Abstract Author: Jennifer Horn

School Name: Mayo Medical School

Home Address: 927 2nd Street NW, Rochester, MN 55901

Home Phone Number: 507-289-8058

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.

Attachments: YES      Number of Additional Pages: 4

Abstract Author: Michael Greenberg

School Name: Medical College of Georgia

Home Address: MCG Box 572, Augusta, GA 30912

Home Phone Number: 404-733-2661

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?

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Bradley Bullock

School Name: University of Florida

Home Address: 3010 SW 23 Terr. #111, Gainesville, FL 32608

Home Phone Number: 904-336-4348

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.

Attachments: YES      Number of Additional Pages: 1

Abstract Author: Jennifer Javors (AMWA Representative)  
School Name: Loyola University of Chicago Stritch SOM  
Home Address: Mail Box 354, Maywood, IL 60153  
Home Phone Number: 312-386-8755

**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.

**Attachments: NO**

**Number of Additional Pages: 0**

**Abstract Author: Jon Morris**

**School Name: Washington University**

**Home Address: 18 S. Kingshighway Apt. 8V, Saint Louis, MO 63108**

**Home Phone Number: 314-361-8448**

**91/92**

**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).

**Attachments: NO**

**Number of Additional Pages: 0**

**Abstract Author: Lauren Bruckner**

**School Name: SUNY-Syracuse**

**Home Address: 134 Oakland Street, Syracuse, NY 13210**

**Home Phone Number: 315-476-3845**

**91/92**

THOUGHT FOR NUTRITION  
A NUTRITIONAL LECTURE SERIES

OBJECTIVES:

- A. To provide a basic knowledge of clinical nutrition.
- B. To correlate clinical nutrition with biochemistry

INSTRUCTORS:

Bernice Best, R.D., L.D.  
Victoria Haynes-Johnson, M.A., R.D., L.D.  
Josephine Hill, R.D., L.D.  
Rojean Sackie-Mensah, M.S., R.D., L.D.

Clinical Dietitians, Dept. of Veterans Affairs Medical  
Center, Gainesville, Florida

Janet Allen, R.D., L.D.  
Diane Danperio, R.D., L.D.  
Mary Killian, R.D., L.D.

Clinical Dietitians

SUBJECTS:

Basic Nutrition and Fiber Facts  
Nutrition and Diabetes  
Dietary Treatment of Hypercholesterolemia  
Geriatrics - A Case Presentation  
Nutritional Requirements in Stress  
Nutrition in Pregnancy  
Infant and Pediatric Nutrition  
Nutrition and Obesity/Weight Loss

# THOUGHT FOR FOOD

A nutritional lecture series

NUTRITION AND FIBER FACTS

TUESDAY - APRIL 3, 1990

NUTRITION AND DIABETES

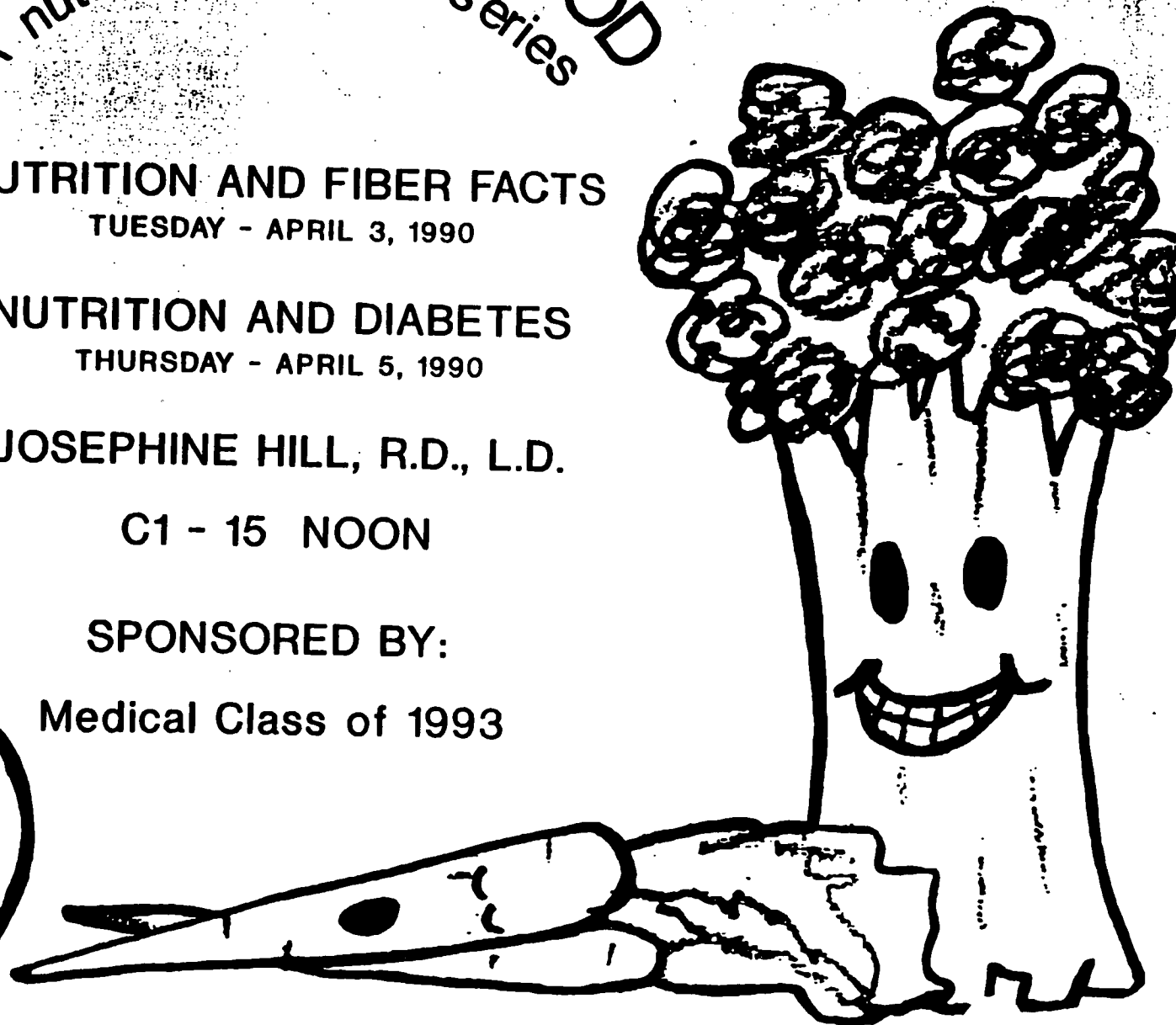
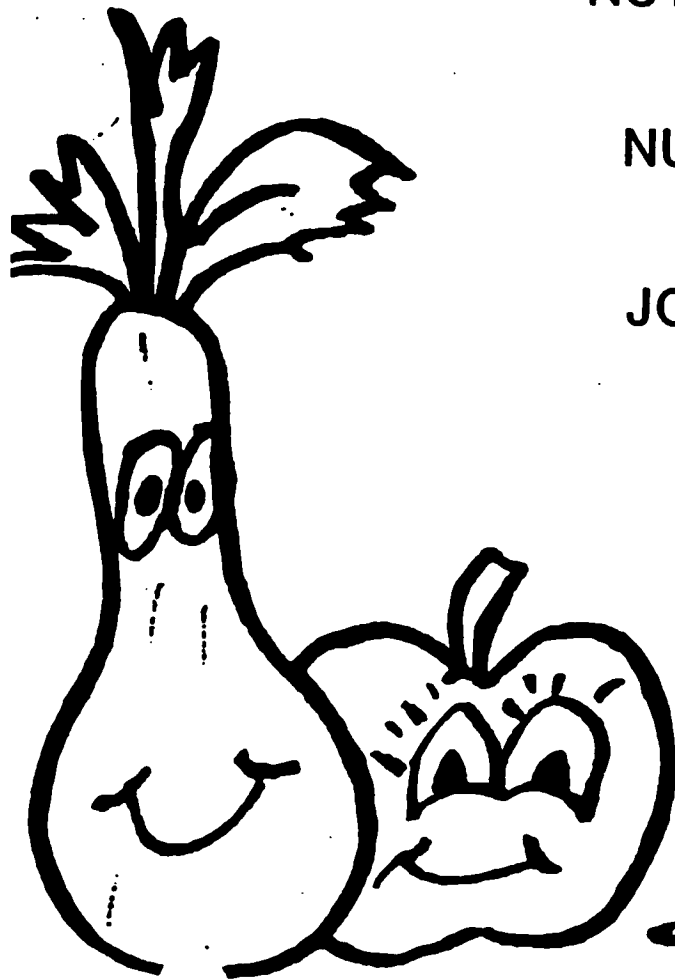
THURSDAY - APRIL 5, 1990

JOSEPHINE HILL, R.D., L.D.

C1 - 15 NOON

SPONSORED BY:

Medical Class of 1993





# EXTRA CURRICULAR PRECEPTORSHIP

\* Letter to physicians

Gary C. Dana  
Box J-624 JHMHC  
Gainesville, Fl. 32610  
November 1, 1989

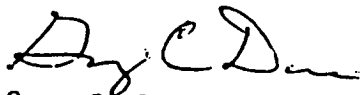
Dear Physician;

The Family Practice Student Organization in cooperation with the American Medical Student Association, the University of Florida, the Florida Academy of Family Physicians and the Alachua County Medical Association is continuing the community preceptorship program for the second year. The program will be a way for the physicians in the community to join in a partnership with the University of Florida, FAFP and AMSA to further the education of the medical students. The program consists of physicians from the community allowing a first or second-year medical student that is interested in their field of medicine to observe their practice. Scheduling of days and times will be done at the convenience of the physician, and a physician may join or leave the program at any time.

As you probably recall, the first two years of medical school are full of books and pathology slides. Sometimes a medical student can lose sight of the light at the end of the tunnel. By giving a student a chance for clinical exposure you can help re-focus their efforts, as well as, give some advice and encouragement to the doctors of tomorrow.

Similar programs have been very successful in Tampa, Miami, and Tallahassee. Last year the program here in Gainesville was a tremendous success, and both physicians and students agreed that their participation was both enriching and rewarding. I hope that we can count on your participation and support. If you have any questions, please do not hesitate to contact me at the above address or at 335-9119. If you wish to participate please fill out the enclosed form and return it to the above address. Please note that a medical group of partners may share a student if they so desire. Thank you for your time.

Sincerely,



Gary C. Dana  
Program Director

\* Form to be filled out by participating physician  
and returned.

Name: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

Potential Days and Times Available:

<u>Day</u>	<u>Morning or Afternoon</u>
_____	_____
_____	_____
_____	_____

\* Letter to students that informs them of their matched physician

Student: \_\_\_\_\_

Please call the physician listed below to arrange a time for you to come to his or her office. If you have any problems please contact Jason Mercer at 373-9649 or Box J-821.

Physician: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\* Letter to physicians that informs them of  
their matched student

Dear Doctor,

Thank you for agreeing to participate in the Family Practice Student Organization's Preceptorship Program. Enclosed is the name of the student who has expressed an interest in working with you. He or she will contact your office in order to arrange a time that is convenient to you both. If you should experience any problems or have any questions please contact me at 373-9649. Again, thank you for your participation.

Sincerely,

Jason R. Mercer

Student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## RESEARCH SEMESTER ADVISOR PROGRAM

The purpose of the Research Semester Advisor Program is to direct, guide, and supervise the student's Research Semester project.

### How the Research Semester Advisory Program Works:

Beginning in March of Year II, the student's curriculum/career advisor, along with the student's primary advisor, help guide him/her into selection of a research project and an appropriate advisor for the Research Semester.

Orientation to the Research Semester Advisor Program during Year II spells out expectations of both the advisor and the student and includes a sharing of experiences in regard to the research project and sharing of information relating to a productive advisor-advisee relationship for the research semester.

### The advisor's role is to:

- Supervise the preliminary design of student's Research Semester project.
- Approve research protocol and endorse it to the appropriate research semester coordinator.
- Oversee the student's activity and progress while conducting a Research Semester project under the advisor's guidance. This includes the project's parameters, goals, methods, and resources required.
- Evaluate the student's performance. This involves completing both the mid-semester progress report for the Research Semester Coordinator and the final evaluation forms for both the research project and the related written scientific paper.

### The student's role is to:

- Attend orientation session to learn about and review content of the Research Semester.
- Take the initiative to select and contact faculty member(s) to serve as student's Research Semester advisor.
- Complete preliminary design of project with advisor.
- Meet with the Research Semester Coordinators at the appointed time (June of Year II).
- Complete research proposal (June of Year II).
- Meet all requirements for the Research Semester.
- Complete evaluation-questionnaires about the Research Semester Advisory Program.

### Supplies and Services

Some students will make use of the department's supplies or request services from Mayo service departments, e.g., animals, computer services, or medical statistics consultation. The medical school has budgeted for this purpose. Upon the advisor's request to do so, the medical school will ask Accounting to "expense credit" the departmental account from medical school funds.

### Evaluation of the Program

Evaluation of the Research Semester Advisor Program is by means of brief questionnaires, completed by both students and Research Semester advisors, midway through the semester and at the end of the student's respective research semesters. These are reviewed by the associate deans, the Research Semester Coordinators, and the respective primary advisors.

## CHOOSING A RESEARCH ADVISOR

To make this difficult decision as easy as possible for the student Mayo Medical School compiles a yearly reference book consisting of Mayo research opportunities for the upcoming year. See enclosure 1. Students are encouraged to contact and meet with those individuals whose projects interest them.

## RESEARCH SEMESTER

The Research Semester allows third year students who have been introduced to basic science and completed initial clinical clerkships, the opportunity to revisit the sciences basic to medicine.

The GOALS of the Research Semester are to:

- Provide a research experience; not complete research training
- Promote independent learning skills
- Reinforce the principles of basic sciences
- Provide an environment where faculty role models will stimulate students to pursue an academic career in which ongoing investigation plays an important part.

The goals for the students are to learn:

- Discipline and rigor of the scientific method
- Challenges and obstacles to performing good research
- How to write a scientific paper
- How to present scientific data at a local or national meeting
- How to review and critically read the literature related to their research topic

The OBJECTIVES of the Research Semester follow: (All students will need to meet requirements listed under each objective. The time to be spent in meeting each objective will be individually determined after a research and educational experience has been selected and a specific study plan designed. In selecting the specific components of the Research Semester, individual needs and differences in interest, style, and performance will be considered.)

Objective 1: Completion of a Biomedical Research Experience and/or a Biomedical Educational Experience.

The extent of the research experience will vary both in intensity and length. In general, projects selected will tend to fall among the following categories:

Biomedical Research Experience or Project  
Anatomy (Teaching assistant or individual study)  
Applied Pathology

Objective 2: Completion of a tutorial requirement.

In order to ease the transition from a dependent to a more independent learning style and to provide a framework for acquiring self-directed learning skills, advisors require a tutorial where he/she plans regular meetings with the student and provides objectives which should be met before the next meeting. Typically, the advisor would give the student a topic and a few key articles. The student should then research the literature and be prepared to critically review this area with his advisor at the next meeting. A typical tutorial would be one-on-one and would last 1-2 hours every 2 weeks.

Objective 3: The development of applied and evaluative skills as they relate to medical research and clinical medicine.

This experience will consist of the following:

- a) Completion of Biostatistics and Epidemiology course (see page 40).
- b) Completion of Computer Competency course (see page 41).
- c) Advanced Pathology course/Laboratory Medicine (see page 37).

Objective 4: The development of communication skills as they relate to clinical medicine.

This experience will consist of the following:

- a) Completion of a written scientific paper, in a form suitable for publication. (This paper should be based upon the original research performed in Objective 1. In those instances where this is not possible, a scientific survey/literature review centered upon a thesis of interest might be acceptable.) (See page 43.)
- b) Completion of a formal presentation. This presentation might consist of a lecture (for those doing teaching assignments); presentation of original research at a national meeting either in the form of a platform or poster presentation; local presentation at the Senior Research Symposium, or a research or other seminar. (Various media may be used in satisfying this objective, including the development of a computer program, videotape, videodisk, etc.) (See page 43.)

Objective 5: Completion of a didactic program which serves to reintroduce basic science material in the context of clinical medicine.

This experience will consist of the following options selected to provide the student with a full experience:

- a) Internal Medicine Lecture Series/Nutrition course
- b) Internal Medicine Grand Rounds; Distinguished Scientist; CPC series
- c) Internal Medicine Morbidity/Mortality Conference

Length of Program:

The Research Semester will be 21 weeks in length. If necessary, additional senior year elective time may be utilized for research in highly selected circumstances.

Requests for Off-Campus Research Semester Assignments:

Considered on individual basis in exceptional circumstances. (See page 27.) Students are reminded that if an off-campus assignment is granted, it remains the student's responsibility to arrange with the course chairs involved to independently satisfy the requirements for: Internal Medicine Lecture Series; Nutrition; Epidemiology and Statistics; Pathology/Laboratory Medicine.



Guidelines Used in Reviewing Requests for the Junior Year Research Semester

Off Campus

The following principles and guidelines will be followed by the Research Semester Coordinators Committee in their review of requests from students wishing to conduct their research off campus:

1. Off-campus study for the Research Semester is considered a special privilege.
2. The student research proposal must represent an EXCEPTIONAL OPPORTUNITY in research. Highest priority will be awarded to fundamental laboratory based studies. Certain proposals may be deferred to be considered later by the dean's office as an appropriate fourth year elective or clerkship.
3. Normally, only three or four students will be permitted to do their research off campus in a given year.
4. If Mayo faculty and resources are able to provide essentially the same opportunity sought off campus, the request will not be considered.
5. Students who have demonstrated outstanding performance in the curriculum will be given favored consideration.
6. A request to do research away will be dependent upon the student's ability to independently complete the required courses of the Research Semester--the Internal Medicine Lecture Series/Special Procedures/Nutrition course (84 hrs), Advanced Pathology/Laboratory Medicine (64 hrs), Epidemiology and Statistics course (22 hrs). Those students who do leave campus must present themselves in Rochester for the regularly scheduled final examinations in these courses.

To apply for an off-campus assignment, a student must submit a written request to the Research Semester Coordinators no later than October 1 of the second year. Students submitting requests which are considered to conform to the guidelines will be encouraged to submit detailed protocols to the Committee for final approval. These protocols are due February 1.

## OPTION I--MAJOR BIOMEDICAL RESEARCH EXPERIENCE

At the inception of the Mayo Medical School in 1972, it was decided to make available to students during the third year an opportunity to participate in a major laboratory experience. The various types of projects that are available are listed in the "1990 Research Project Opportunities for Undergraduate and Graduate Students at Mayo." Students interested in such an experience are encouraged to talk with both their curriculum adviser and appropriate laboratory scientists regarding their research interests. Dr. Eric D. Wieben is the coordinator for arranging these assignments for students. Once a student has chosen a laboratory where the project will be done, a research proposal describing the project should be prepared and submitted to Dr. Wieben. At the end of the Research Semester a written report on the project in the format of a scientific publication is to be submitted. (See pages 43 - 44 for Communications Requirement overview.)

Commonly, results of the research project are presented at scientific meetings and also submitted to appropriate journals for publication. During the period between 1977 and 1986, approximately 50% of the class either published papers or had papers submitted for publication; a similar number presented at various scientific meetings. Students can extend their research laboratory time by taking part in the NIH Summer Research Program during the summer preceding the junior year. A modest stipend is provided by this federal grant to support students for the nine-week period. Further details about this program can be obtained from Mr. R. W. Giere. Students can also extend their research laboratory time by utilizing a segment of their senior year elective time.

The question often arises, why have a 21-week full-time laboratory experience during medical school? For many years, residents at Mayo have been encouraged to spend 6-12 months in the laboratory during their training period. This practice has been continued because it proved to be a valuable experience preparing the individual for a career in medicine, be it clinical or research. In terms of the medical student, there are a number of reasons why this research experience can be valuable. First, this experience can provide individuals who are considering a research career an opportunity to evaluate whether this is the type of career they wish to pursue. Currently there is a critical shortage of clinician/investigators in this country, and it is hoped that programs like ours may lead to an increase in the number of individuals selecting this career option. Second, the Research Semester enables the student to obtain in-depth knowledge about a defined area of medical science.

Third, the student can learn to evaluate methodology and data presented in publications. Learning how to read the literature critically cannot be underestimated. There mere fact that an article is published in a renowned journal does not mean that it is scientifically sound. A physician is continually reading articles and incorporating the results into his or her practice or research efforts. Yet during training little attention is given to the manner in which one should approach scientific information. Even today, many individuals entering subspecialty training have never had the opportunity to delve deeply into a subject and learn how to distinguish good from poor science. Finally, a very important bonus of undertaking, completing and writing up a research project is the competitive edge that it provides one when applying for a top-notch residency program. Student publications and references from research advisors can be valuable assets when applying to competitive programs.

Thus, for many reasons, there is real value in undertaking a serious, demanding research project. Such an experience can provide the student with a scientific approach to medicine that will stand him or her in good stead throughout a life-long career.

Eric D. Wieben, Ph.D.  
Coordinator

2/90

OPTION II--TEACHING ASSISTANT IN ANATOMY & MINOR BIOMEDICAL RESEARCH PROJECT

I. TEACHING FRESHMAN GROSS ANATOMY, first semester only

This elective is to provide students the opportunity to markedly extend their anatomical knowledge by teaching anatomy to freshman students under the direct and close guidance of the anatomy faculty. A prosection will be done before each session with the freshman course. Students are expected to attend all lectures and laboratory sessions and assist with the examinations. One lecture will be given by each student.

Approximately 60% time.

First semester only, four students maximum

II. REGIONAL ANATOMY

These electives on regional anatomy are planned for the purpose of allowing careful individual study on topics of interest under the supervision of the faculty. Each session will meet three times per week throughout a five-week period. It is expected that the student will spend at least one and one-half hours preparation for each hour of laboratory dissection. The student selects at least two units in regional or cross-sectional dissection or combinations of the two. The research topics for the semester are to be selected from anatomy topics or the published list of possible research topics and advisors. Please contact Dr. S. W. Carmichael for further information. Examples of topics and units are below for planning. Can be done either semester.

Units	Regional Dissection, first or second semester
1	Head and Neck 15, four-hour dissection periods
1	Thorax-abdomen 15, four-hour dissection periods
1	Back-Extremities 15, four-hour dissection periods
½	Pelvis-Perineum 7, four-hour dissection periods

Approximately 60% time.

III. MULTIPLANAR ANATOMY, first or second semester

Units

1-3 Sections of region in a variety of planes by dissection, drawing, photography, and computer graphics. Some of this work can be considered investigative with possibilities for publication.

Approximately 60% time.

Also this option requires a total time commitment of 20% to pathology. The eight hours consist of four hours on Friday a.m. for pathology lectures and a student case conference, one hour each (11:00-12:00 noon) on Wednesday and Thursday for a gross pathology seminar, and two additional hours per week spent on autopsies or surgical pathology to be arranged at the students' convenience.

S. W. Carmichael, Ph.D.  
Coordinator

OPTION III--BIOMEDICAL RESEARCH EXPERIENCE & EDUCATIONAL EXPERIENCE IN PATHOLOGY

Applied Pathology is offered to third year students by the Department of Laboratory Medicine and Pathology. These electives are designed to provide students with a basic knowledge of human gross pathology, histopathology and laboratory medicine with emphasis on cognitive skills and fundamental clinical-structural correlations. These are the skills necessary for effective use of clinical laboratory data and pathologic data in clinical practice. Emphasis is placed upon active learning experiences and the development of proficient independent learning abilities. Emphasis is also placed on the use of the digital computer for medical information management, as it pertains to personal life-long individualized learning.

It should be emphasized that participating in Applied Pathology does not preclude diverse allocations of students' time. An adaptive allocation of time and effort should result from an early consensus involving the student, the research project advisor and the option coordinator. Numerous students have in past years completed both Applied Pathology and significant research projects. These efforts, for a number of such students, have resulted in a variety of forms of special recognition for their demonstrations of superb scholarship.

Applied Pathology includes Statistics lectures, Laboratory Medicine lectures, the pathology case conference, and the selection of a topic for independent study or research. The relationship of the research project to MMS III Communications Requirement has been previously discussed. These requirements are obligatory for all MMS III students.

Applied Pathology also includes assignments in Surgical and/or Anatomic (autopsy) and/or Clinical Pathology, daily one-hour long seminars in histopathology, gross pathology, and laboratory medicine. Arrangements are made to provide students with computer training courses and computer access to meet each students' individual needs and interests.

Further information concerning this elective and potential research projects can be obtained from Dr. Bahn (secretary's ext. 4-3882).

R. C. Bahn, M.D., Ph.D.  
Coordinator

2/90

## SUMMARY

The objectives of the Research Semester can generally be accomplished by the following:

- Complete one of the following major experiences:

OPTION I.....Coordinator, Dr. E. D. Wieben

All students are required to engage in a major biomedical research experience.

OPTION II.....Coordinator, Dr. S. W. Carmichael

Several students each year may elect to serve as Teaching Assistants (TAs) in Anatomy. These students are also required to complete a biomedical research project, the scope of which will ordinarily be less than than in Option I.

OPTION III.....Coordinator, Dr. R. C. Bahn

On rare occasion a student may elect a biomedical research experience which the Coordinating Committee believes to be of limited scope. Under these circumstances, the research will be complemented by an educational experience in pathology.

- Participate in tutorial sessions with research semester advisor.
- Complete courses in:
  - Biostatistics and Epidemiology
  - Computer Competency
  - Advanced Pathology/Laboratory Medicine
- Complete a written scientific paper (Medical Communications Requirement) and a formal presentation.
- Participation with all third year students in:
  - Internal Medicine Lecture Series (including ECG course, Nutrition course, medical procedures series, and case sessions)
- Participate in other experiences as time permits:
  - Internal Medicine Grand Rounds; Distinguished Scientist; CPC Series; Internal Medicine Morbidity/Mortality Conference

## TIMETABLE FOR RESEARCH SEMESTER

- A. Jan/Feb of Year II: In consultation with the primary advisor, the student should give consideration toward making two very important decisions.

1. The selection of a curriculum/career advisor for Years III/IV.

Students select a curriculum/career advisor and begin discussions about career plans and the Research Semester. (Form to be turn in to Mayo Medical School.) (See page 8.)

2. The selection of a Research Semester advisor, who will help the student plan the semester's activities.

Students, in consultation with curriculum/career advisor, make a tentative decision about the type of Research Semester project and Research Semester advisor.

The curriculum/career advisor should be an individual with similar career interests and a broad perspective of medical education who can, along with the student's primary advisor: 1) help guide the student into the selection of a project and identify individuals at the institution who may serve as Research Semester advisors; 2) advise about career choices; 3) help the student in planning curriculum; and 4) aid the student in residency selection (see pages 4-5).

- B. March, Year II: 1. Orientation session describing the goals and objectives of the Research Semester will be held with the second year class.  
2. Assignments are made for the Research Semester in first or second part of the third year.

- C. March/April of Year II: Students, in consultation with their research semester advisor,

1. Begin preliminary design of project with advisor.
2. Meet with the appropriate Research Semester Coordinator.
3. Complete the Research Semester Option Form to be turned into MMS. (See page 35).

- D. Late May of Year II: For students assigned to Research Semester in early part of Year III:  
December of Year III: For students assigned to Research Semester in latter part of Year III:

1. Research proposal must be completed and a copy submitted to the office of the associate dean for academic affairs (see page 36).
2. Details of the Research Semester and specific requirements for meeting each objective must be discussed in the proposal.
3. Form returned to MMS signed by all concerned.

- E. June of Year II: For students assigned to Research Semester in early part of Year III:  
January of Year III: For students assigned to Research Semester in latter part of Year III:

An oral presentation of the proposal will be made by the student in the presence of his/her research advisor to the associate dean for academic affairs and the Research Coordinators.

Research proposals will have to be submitted for Departmental Review Committee approval. Further review by institutional boards and committees may be necessary.



MAYO MEDICAL SCHOOL  
MAYO GRADUATE SCHOOL OF MEDICINE

RESEARCH OPPORTUNITIES WITH MAYO FACULTY

Cardiovascular Diseases  
Department/Division

S. C. Hammill, M.D.  
Consultant Advising Student

Electrocardiography  
Electrophysiology (Cardiac Arrhythmia)  
Major Discipline or Interest Area

Type of Research  
Basic \_\_\_\_\_  
Clinical   X    
Combination \_\_\_\_\_

Title and brief summary of project(s):

Evaluation of ECG diagnostic criteria.  
Evaluation of Signal-Averaged Electrocardiography.  
Long-term follow-up of patients with ECG abnormalities.

Two references:

Signal-averaged electrocardiography: A new coninvasive test to identify patients at risk for ventricular arrhythmias. Mayo Clin Proc 63:931-942, 1988.

Clinical intracardiac electrophysiologic testing: technique, diagnostic indications, and therapeutic uses. Mayo Clin Proc 61:478-503, 1986.

Preferred Time for Project:   X   Sept-Feb        X   Feb-July        X   Other

Approximate time consultant could be available (hrs/wk):  
Consultant   1 - 2    
Associate(s) \_\_\_\_\_

Level of student participation in project:   X   Primary        X   Secondary (Member of Team)

Projects are available to: \_\_\_\_\_ Student      \_\_\_\_\_ Resident        X   Either

EDW/LAL/rp  
10/89

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CLASS OF 1992  
PHASE II COURSE EVALUATION  
Fall & Winter Courses

The following course evaluation comes at a strategic time for the School of Medicine as it considers its Phase II curriculum:

- \* Several changes in the curriculum and the Phase II courses are being considered by our new dean and by others. Dr. Eastwood has already expressed an interest in the results.
- \* Our class was the first to have major exam weeks in the freshman year. Now that we have the sophomore test schedule as a basis for comparison, the Curriculum Committee needs to know our opinions about the effectiveness of each type of testing schedule.
- \* This year's freshman class is very interested in addressing any concerns with the Phase II schedule before they actually begin their sophomore year. So far, they have nothing more to go on than isolated comments and hearsay.
- \* Finally, MCG is competing against medical schools nationwide for a grant from a private corporation that is sponsoring schools intending to accomplish a curriculum overhaul. If MCG is selected as a finalist, we will receive \$150,000 initially with a possibility for \$2 million in additional funds, all of which will be used for curriculum revision. The committee that is organizing the grant proposal is interested in our responses to questions contained in this form.

If it is not obvious by now, let it simply be stated that it is *very* important that each of you fill out this form as completely as you can. The results of this evaluation are instrumental in making any changes in the sophomore year. Also, it will reward those people who have done a good job. Since we realize that you do not have much free time, we have tried to make this evaluation into something that can be filled out quickly and easily.

The following people worked on the committee to develop this evaluation and can answer any questions you may have about its contents:

Angela Vick and Les Jackson, co-chairs

Cory Annis

Karen Bigge

Joel Fine

Michael Greenberg

Robert Jarrett

Kappa Peddy

Susan Weaver

→ OSR Rep.  
Medical College of Georgia

Turn in your completed, anonymous form to Dr. Kuske's office and check your name off of the list.

**CLASS OF 1992**  
**PHASE II COURSE EVALUATION**

Rate the following aspects of each course using the scale given. Consider how each aspect impacted upon your personal performance and knowledge of the academic subject. Feel free to cite specific exceptions to your overall opinion. Use the back of the last page for any additional comments.

1      2      3      4      5  
Inferior      Average      Superior

**PSYCHIATRY** (Course Director-Dr. Ness)

- |                                                                                                                                                                                                             |    |    |    |    |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|-----|
| 1. Overall quality of teaching.                                                                                                                                                                             | 1  | 2  | 3  | 4  | 5   |
| 2. Usefulness of the handouts.                                                                                                                                                                              | 1  | 2  | 3  | 4  | 5   |
| 3. Usefulness of the textbook [ <u>Harvard Guide</u> ].                                                                                                                                                     | 1  | 2  | 3  | 4  | 5   |
| 4. Quality of test questions (in terms of clarity and representation of material taught).                                                                                                                   | 1  | 2  | 3  | 4  | 5   |
| 5. Responsiveness of course director to student concerns.                                                                                                                                                   | 1  | 2  | 3  | 4  | 5   |
| 6. Overall organization of the course.                                                                                                                                                                      | 1  | 2  | 3  | 4  | 5   |
| 7. Enthusiasm of the faculty.                                                                                                                                                                               | 1  | 2  | 3  | 4  | 5   |
| 8. Number of exams. (1=too few; 5=too many)                                                                                                                                                                 | 1  | 2  | 3  | 4  | 5   |
| 9. Credit hours [5] given to this course appropriately reflect the amount of work required. ( 1=too much work for the credit hours given<br>3=just right<br>5=too many quarter hours for the work required) | 1  | 2  | 3  | 4  | 5   |
| 10. What was the best aspect of this course? _____                                                                                                                                                          |    |    |    |    |     |
| 11. What was the worst aspect of this course? _____                                                                                                                                                         |    |    |    |    |     |
| 12. Who were the best teachers? _____                                                                                                                                                                       |    |    |    |    |     |
| 13. Who were the worst teachers? _____                                                                                                                                                                      |    |    |    |    |     |
| 14. What was your grade in this course? _____ (Remember, this is anonymous)                                                                                                                                 |    |    |    |    |     |
| 15. What subjective letter grade would you give this course? _____                                                                                                                                          |    |    |    |    |     |
| 16. Closest estimate of the percentage of classes you attended.                                                                                                                                             | 10 | 25 | 50 | 75 | 100 |
| 17. What was your best source of information in this course? _____                                                                                                                                          |    |    |    |    |     |
| 18. If you could select the text for this course, which would you recommend? _____                                                                                                                          |    |    |    |    |     |
| 19. This course should be combined with Behavioral Science:    Agree    Disagree                                                                                                                            |    |    |    |    |     |
| 20. The grading policy was explained clearly at the beginning of the course:    Agree    Disagree                                                                                                           |    |    |    |    |     |
| 21. Students should be given greater accessibility to exams:    Agree    Disagree                                                                                                                           |    |    |    |    |     |
| 22. How would you improve Psychiatry?                                                                                                                                                                       |    |    |    |    |     |

**COMMUNITY MEDICINE** (Director-Dr. Paul Fischer)

- |                                           |   |   |   |   |   |
|-------------------------------------------|---|---|---|---|---|
| 1. Overall quality of teaching.           | 1 | 2 | 3 | 4 | 5 |
| 2. Usefulness of the Study Guide.         | 1 | 2 | 3 | 4 | 5 |
| 3. Usefulness of the textbook [Gehlbach]. | 1 | 2 | 3 | 4 | 5 |

4. Quality of test questions (in terms of clarity and representation) 1 2 3 4 5
5. Responsiveness of course director to student concerns. 1 2 3 4 5
6. Overall organization of the course. 1 2 3 4 5
7. Enthusiasm of the faculty. 1 2 3 4 5
8. Effectiveness of the small groups in teaching. 1 2 3 4 5
9. Number of exams. (same scale as for Psychiatry) 1 2 3 4 5
10. Credit hours [2] given to this course appropriately reflect the amount of work required. (same scale as for Psychiatry) 1 2 3 4 5
11. What was the best aspect of this course? \_\_\_\_\_
12. What was the worst aspect of this course? \_\_\_\_\_
13. What was your grade in this course? \_\_\_\_\_
14. What subjective letter grade would you give this course? \_\_\_\_\_
15. Closest estimate of the percentage of classes you attended. 10 25 50 75 100
16. What was your best source of information in this course? \_\_\_\_\_
17. If you could select the text for this course, which would you recommend? \_\_\_\_\_
18. This course should be offered on a pass/fail basis.(Circle one) Agree Disagree
19. How would you improve Community Medicine?

**PROBLEM-SOLVING** (Director-Dr. Varma)

1. Overall quality of teaching. 1 2 3 4 5
2. Usefulness of the Study Guide. 1 2 3 4 5
3. Quality of test questions (in terms of clarity and representation) 1 2 3 4 5
4. Responsiveness of course director to student concerns. 1 2 3 4 5
5. Overall organization of the course. 1 2 3 4 5
6. Enthusiasm of the faculty. 1 2 3 4 5
7. Effectiveness of the small group format. 1 2 3 4 5
8. Number of exams. 1 2 3 4 5
9. Credit hours [2] given to this course appropriately reflect the amount of work required. 1 2 3 4 5
10. What was the best aspect of this course? \_\_\_\_\_
11. What was the worst aspect of this course? \_\_\_\_\_
12. Who were the best teachers and/or subjects? \_\_\_\_\_
13. Who were the worst teachers and/or subjects? \_\_\_\_\_
14. What was your grade in this course? \_\_\_\_\_
15. What subjective letter grade would you give this course? \_\_\_\_\_
16. Closest estimate of the percentage of classes you attended. 10 25 50 75 100

17. What was your best source of information in this course? \_\_\_\_\_
18. If you could select a text for this course, which would you recommend? \_\_\_\_\_
19. This course should be offered on a pass/fail basis.(Circle one) Agree Disagree
20. How would you improve Problem-Solving?

**GENETICS** (Director-Dr. Byrd)

	<u>PART 1</u> (Byrd)	<u>PART 2</u> (Whitney)
1. Overall quality of teaching.	1 2 3 4 5	1 2 3 4 5
2. Usefulness of the practice questions.	1 2 3 4 5	1 2 3 4 5
3. Quality of test questions (in terms of clarity and representation)	1 2 3 4 5	1 2 3 4 5
4. Responsiveness of faculty to student concerns.	1 2 3 4 5	1 2 3 4 5
5. Overall organization of section.	1 2 3 4 5	1 2 3 4 5
6. Enthusiasm of the faculty.	1 2 3 4 5	1 2 3 4 5

ENTIRE COURSE

7. Usefulness of the textbook [Thompson&Thompson]	1 2 3 4 5
8. Number of exams.	1 2 3 4 5
9. Credit hours [2] given to this course appropriately reflect the amount of work required.	1 2 3 4 5

10. What was the best aspect of this course? \_\_\_\_\_
11. What was the worst aspect of this course? \_\_\_\_\_
12. What was your grade in this course? \_\_\_\_\_
13. What subjective letter grade would you give this course? Part 1 \_\_\_\_\_ Part 2 \_\_\_\_\_
14. Closest estimate of the percentage of classes you attended. Part 1- 10 25 50 75 100  
Part 2- 10 25 50 75 100
15. What was your best source of information in this course? Part 1 \_\_\_\_\_  
Part 2 \_\_\_\_\_
16. If you could select the text for this course, which would you recommend? \_\_\_\_\_
17. This course should be offered on a Pass/ Fail basis: Agree Disagree
18. How would you improve Genetics?

**CLINICAL MEDICINE** (Director-Dr. Logan)

1. Overall quality of teaching.	1 2 3 4 5
2. Usefulness of the handouts.	1 2 3 4 5
3. Usefulness of the textbook [Cecil]	1 2 3 4 5
4. Quality of test questions (in terms of clarity and representation).	1 2 3 4 5
5. Responsiveness of the course director to student concerns.	1 2 3 4 5
6. Overall organization of the course.	1 2 3 4 5

7. Enthusiasm of the faculty. 1 2 3 4 5
8. Number of exams. 1 2 3 4 5
9. Credit hours [8] given to this course appropriately reflect the amount of work required. 1 2 3 4 5
10. What was the best aspect of this course? \_\_\_\_\_
11. What was the worst aspect of this course? \_\_\_\_\_
12. Who were the best teachers? \_\_\_\_\_
13. Who were the worst teachers? \_\_\_\_\_
14. What was your grade in this course? \_\_\_\_\_
15. What subjective letter grade would you give this course? \_\_\_\_\_
16. Closest estimate of the percentage of classes you attended. 10 25 50 75 100
17. What was your best source of information in this course? \_\_\_\_\_
18. If you could select the text for this course, which would you recommend? \_\_\_\_\_
19. Greater coordination between the Clinical Medicine and Pathology courses should be attempted: Agree Disagree
20. Greater use of guest patients during lectures should be attempted: Agree Disagree
21. How would you improve Clinical Medicine?

**INFECTIOUS DISEASE** (Director-Dr. John Fisher)

1. Overall quality of teaching. 1 2 3 4 5
2. Usefulness of the Study Guide. 1 2 3 4 5
3. Usefulness of the Week in Review. 1 2 3 4 5
4. Quality of test questions (in terms of clarity and representation). 1 2 3 4 5
5. Responsiveness of course director to student concerns. 1 2 3 4 5
6. Overall organization of the course. 1 2 3 4 5
7. Enthusiasm of the faculty. 1 2 3 4 5
8. Number of exams. 1 2 3 4 5
9. Credit hours [3] given to this course appropriately reflect the amount of work required. 1 2 3 4 5
10. What was the best aspect of this course? \_\_\_\_\_
11. What was the worst aspect of this course? \_\_\_\_\_
12. Who were the best teachers? \_\_\_\_\_
13. Who were the worst teachers? \_\_\_\_\_
14. What was your grade in this course? \_\_\_\_\_
15. What subjective letter grade would you give this course? \_\_\_\_\_
16. Closest estimate of the percentage of classes you attended. 10 25 50 75 100

17. What was your best source of information in this course? \_\_\_\_\_
18. If you could select the text for this course, which would you recommend? \_\_\_\_\_
19. How would you improve Infectious Disease?

**PATHOLOGY** (Director-Dr. Teabeaut)

- |                                                                                               |   |   |   |   |   |
|-----------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Overall quality of teaching.                                                               | 1 | 2 | 3 | 4 | 5 |
| 2. Usefulness of the handouts.                                                                | 1 | 2 | 3 | 4 | 5 |
| 3. Value of this course as preparation for the National Boards.                               | 1 | 2 | 3 | 4 | 5 |
| 4. Quality of test questions (in terms of clarity and representation).                        | 1 | 2 | 3 | 4 | 5 |
| 5. Responsiveness of course director to student concerns.                                     | 1 | 2 | 3 | 4 | 5 |
| 6. Responsiveness of the the test committee to student concerns.                              | 1 | 2 | 3 | 4 | 5 |
| 7. Overall organization of the course.                                                        | 1 | 2 | 3 | 4 | 5 |
| 8. Enthusiasm of the faculty.                                                                 | 1 | 2 | 3 | 4 | 5 |
| 9. Preparedness of faculty preceptors in modules.                                             | 1 | 2 | 3 | 4 | 5 |
| 10. Value of this year's module sessions as teaching tools.                                   | 1 | 2 | 3 | 4 | 5 |
| 11. Potential value of module sessions as teaching tools.                                     | 1 | 2 | 3 | 4 | 5 |
| 12. Number of exams.                                                                          | 1 | 2 | 3 | 4 | 5 |
| 13. Credit hours [17] given to this course appropriately reflect the amount of work required. | 1 | 2 | 3 | 4 | 5 |
14. What was the best aspect of this course? \_\_\_\_\_
  15. What was the worst aspect of this course? \_\_\_\_\_
  16. Who were the best teachers? \_\_\_\_\_
  17. Who were the worst teachers? \_\_\_\_\_
  18. What was your grade in this course? \_\_\_\_\_
  19. What subjective letter grade would you give this course? \_\_\_\_\_
- |                                                                  |    |    |    |    |     |
|------------------------------------------------------------------|----|----|----|----|-----|
| 20. Closest estimate of the percentage of lectures you attended. | 10 | 25 | 50 | 75 | 100 |
| 21. Closest estimate of the percentage of modules you attended.  | 10 | 25 | 50 | 75 | 100 |
22. What was your best source of information in this course? \_\_\_\_\_
  23. If you could select the text for this course, which would you recommend? \_\_\_\_\_
  24. Professors should receive a list of objectives to cover in the module sessions: Agree Disagree
  25. Students should receive a clear delineation of material (i.e., reading assignments) that should be covered when studying a topic: Agree Disagree
  26. Students should be mailed a record of their grades after each test: Agree Disagree
  27. How would you improve Pathology?

## GENERAL QUESTIONS

- |                                                                                                                                                                                                                                                                                                                       |       |   |   |   |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---|---|---|----------|
| 1. Rank the effectiveness of the Phase I test schedule.                                                                                                                                                                                                                                                               | 1     | 2 | 3 | 4 | 5        |
| 2. Rank the effectiveness of the Phase II test schedule.                                                                                                                                                                                                                                                              | 1     | 2 | 3 | 4 | 5        |
| 3. The Phase II test schedule is less stressful than the major exam weeks of the freshman year.                                                                                                                                                                                                                       | Agree |   |   |   | Disagree |
| 4. The Phase II test schedule favors long-term retention better than the major exam weeks of the freshman year.                                                                                                                                                                                                       | Agree |   |   |   | Disagree |
| 5. Throwing out a poorly written test question unfairly punishes the students. If accepting multiple answers cannot reasonably and fairly alleviate the problems with these questions, all answers should be accepted as correct, thereby causing the professor who authored the question to take the responsibility. | Agree |   |   |   | Disagree |
| 6. Microbiology should be moved to the sophomore year if appropriate shifts in the curriculum are made at the same time (e.g., moving Genetics to the first year and combining Infectious Disease with Micro).                                                                                                        | Agree |   |   |   | Disagree |
| 7. Anesthesiology should be eliminated as a separate course and included in the content of existing courses.                                                                                                                                                                                                          | Agree |   |   |   | Disagree |
| 8. Ophthalmology should be eliminated as a separate course and included in the content of existing courses.                                                                                                                                                                                                           | Agree |   |   |   | Disagree |
| 9. Endocrinology should be eliminated as a separate course and included in the content of existing courses.                                                                                                                                                                                                           | Agree |   |   |   | Disagree |
| 10. Problem-Solving should be eliminated as a separate course and included in the content of existing courses.                                                                                                                                                                                                        | Agree |   |   |   | Disagree |
| 11. The topic of Nutrition is <u>inadequately</u> addressed in Phases I & II.                                                                                                                                                                                                                                         | Agree |   |   |   | Disagree |
| 12. All course evaluations should be reviewed by the Dean of the Medical School and the Dean of Curriculum.                                                                                                                                                                                                           | Agree |   |   |   | Disagree |
| 13. I favor the use of National Board shelf exams as a final exam in a given course.                                                                                                                                                                                                                                  | Agree |   |   |   | Disagree |
| 14. Every course should offer post-exam conferences for the students with all faculty members who wrote exam questions present to address concerns with particular exam questions.                                                                                                                                    | Agree |   |   |   | Disagree |

-----

Currently there is no system at MCG whereby teaching or course directing are rewarded or considered in decisions regarding compensation, promotion, or tenure. (There is such a system in existence to reward research efforts). Many believe that this lack of recognition of teaching discourages efforts by teachers to improve the quality of the courses and individual lectures. Having read these statements, please respond to the following:

The Medical College of Georgia's current disproportionate emphasis on research as compared to teaching greatly undermines its fundamental educational goals. As a teaching institution, the Medical College of Georgia should develop a faculty reward system for compensation, promotion, and tenure that values teaching and efforts to improve the curriculum. Offering such tangible rewards appropriately honors educators, and it insures the quality of the educational system.

\_\_\_\_\_ Agree \_\_\_\_\_ Disagree



# AMWA Clerkship Panel

Dear

On behalf of the Sophomore class and AMWA Loyola, I would like to request your participation in a "Meet-the-Docs" small group discussion program on the evening of Wednesday, April 5. This hour-long program will be part of AMWA's annual "Surviving the Clerkship" panel discussion.

As sophomores soon to become junior clerks, we have a lot of questions and concerns about how to successfully make this transition. Therefore, we have planned a two-part event. First, there will be a moderated panel discussion, followed by an unstructured group discussion. The purpose of the small group discussion is for students and faculty to meet informally and share question, answers, advice and anecdotes. Your participation would be greatly appreciated.

The program will be held on April 5. Your attendance is most welcomed at the panel discussion, which will be in the Lower Level Auditorium in the Medical School from 6:00 to 7:00. Refreshments and the "Meet-the-Docs" program will be in the Student Lounge from 7:00 to 8:00.

If you can participate in our "Meet-the-Docs" program, please notify me by April 3 if possible, via my medical school mailbox.

Thank You!

Jennifer Javors  
Mail Box 354  
386-8755

March 13, 1989

Dear

Thank you for agreeing to participate in the AMWA-sponsored "Surviving the Clerkship" panel. The program this year will include a small group discussion which will occur immediately after the panel and refreshments will be provided. Your participation in the second hour will be appreciated .

We are currently polling the class for questions and concerns regarding the transition into the clinical years. Prior to the panel the questions will be sent for you to ponder and/or prepare. At that time, a list of the panel members will be included.

The panel will be on Wednesday, April 5 from 6:00 to 7:00 in the Lower Level Auditorium of the Medical School. The small group discussion will be from 7:00 to 8:00 in the Student Lounge.

If you have any questions, please contact me or the panel coordinator, Jennifer Javors (Mailbox 354).

Sincerely,

Mailbox

**CHAPTER 4 -- INDEX OF PROJECTS (in their order of appearance)**

<u>Name of Project/Resource</u>	<u>Year Submitted</u>	<u>Appendix</u>
Freshman Advisory Committee	90/91	NO
Freshman Orientation	90/91	NO
Student Aid Committee	90/91	NO
Incoming First-Year Handbook	90/91	NO
M4/M2 Orientation to the Wards	90/91	YES (L)
Doughnut Days	90/91	NO
Family Day at University of Washington	90/91	NO
Peer Counseling	90/91	NO
C.A.R.E. (Concern and Referral Extension)	90/91	NO
Penn Med Peer Support	90/91	NO
Peer Support Groups	90/91	NO
Temple of Doom	90/91	NO
Dean's Bullpen	90/91	NO
The Class Mentor Program	91/92	NO
Guide to Third Year Manual	91/92	NO
Peer Counseling Program	91/92	NO
American Journal of Ethics and Medicine (AJEM)	91/92	NO
Preclinical Resources Network (PRN) of Baylor College of Medicine	91/92	YES (Q)

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Kathrin Mayer

School Name: Jefferson Medical College

Home Address: 1000 Walnut Street #2010, Philadelphia, PA 19107

Home Phone Number: 215-923-4557

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Stanley Kupiszowski

School Name: University of Florida College of Medicine

Home Address: 1403 NW 12th Road, Gainesville, FL 32605

Home Phone Number: 904-373-6483

**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.

**Attachments: NO      Number of Additional Pages: 0**

**Abstract Author: Cathy Endo/Student Performance Committee**  
**School Name: University of Nevada School of Medicine**  
**Home Address: 2428 Sauk Court, Reno, NV 89506**  
**Home Phone Number: 702-677-2611**

**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."

**Attachments: NO      Number of Additional Pages: 0**

**Abstract Author: Margaret M. Duggan; Cydney Walker**  
**School Name: Boston University**  
**Home Address: 80 E. Concord Street, Boston, MA 02150**  
**Home Phone Number: 617-638-8000**

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.

Attachments: YES      Number of Additional Pages: 5

Abstract Author: Becca Zinck

School Name: University of Missouri-Columbia

Home Address: 4824A Meadow Lark Lane, Columbia, MO 65201

Home Phone: 314-442-7762

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Bradley Bullock

School Name: University of Florida

Home Address: 3010 SW 23 Terr. #111, Gainesville, FL 32608

Home Phone Number: 904-336-4348

Project Title: Family Day at University of Washington

**ABSTRACT:**

Family Day is a morning-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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Ashleigh Keyser

School Name: University of Washington

Home Address: 2355 Franklin Avenue #305, Seattle, WA 98102

Home Phone Number: 206-323-9245

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 **Hawklane**. 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.

**Hawklane** 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. **Hawklane** services are accessible 24 hours daily, free of charge, confidential, and, if the caller wishes, anonymous.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Lawrence Tsen  
School Name: University of Kansas School of Medicine  
Home Address: 4449 Francis, Kansas City, KS 66103  
Home Phone Number: 913-384-2172

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

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Gerald E. Crites (submitted by OSR Rep. Marci Malone)  
School Name: The Ohio State University College of Medicine  
Home Address: (Marci) 815 N. High Street Apt. 3, Columbus, OH 43215  
Home Phone Number: 614-299-7718



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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Joseph V. Queenan  
School Name: University of Pennsylvania  
Home Address: 310 Jackson Street, Philadelphia, PA 19148  
Home Phone Number: 215-334-7787

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Keren Lawner, Theresa Price  
School Name: The Ohio State University College of Medicine  
Home Address: 3052 Fair Avenue, Columbus, OH 43209  
Home Phone Number: 614-236-4655

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Ann Creager

School Name: Texas A&M College of Medicine

Home Address: 7 Teague Place #1030, Temple, TX 76504

Home Phone Number: 817-771-3839

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Connie Moreland

School Name: The Medical College of Georgia

Home Address: MCG Box 1382, Augusta, GA 30912

Home Phone Number: 404-458-9361

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Andrea Hayes

School Name: Dartmouth Medical School

Home Address: 301 Ivy Place, 100 Wolf Road, Lebanon, NH 03766

Home Phone Number: 603-448-5541

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: William Tang

School Name: Johns Hopkins

Home Address: 7-R-4 1620 McElderry, Baltimore, MD 21205

Home Phone Number: 301-550-6324

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Andrea Hayes

School Name: Dartmouth Medical School

Home Address: 303 Ivy Place, 100 Wolf Road, Lebanon, NH 03766

Home Phone Number: 603-448-5541

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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Kristine Flowers

School Name: University of Wisconsin Medical School

Home Address: 1300 University Avenue, First and Second Year Office, Madison, WI 53706

Home Phone Number: 608-271-9374

91/92

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).

Attachments: NO\*

Number of Additional Pages: 0\*

Abstract Author: Elizabeth Amick

School Name: University of Colorado

Home Address: 1111 Ash #606, Denver, CO 80220

Home Phone Number: 303-399-5442

91/92

\* The Guide is on file with the OSR Staff Director at the AAMC (202-828-0682).

**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.

**Attachments: NO\*      Number of Additional Pages: 0\***

**Abstract Author: Mary Jo Miller, Assistant Dean for Student Affairs**  
**School Name: University of Tennessee-Memphis College of Medicine**  
**Address: Office of the Dean, 800 Madison Avenue, Memphis, TN 38163**  
**Phone Number: 901-528-5529 (dean's office)**

**91/92**

**\* 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.

**Attachments: NO      Number of Additional Pages: 0**

**Abstract Author: Heather Selman**  
**School Name: University of Pennsylvania (Penn Med)**  
**Home Address: Box 891, 3600 Chestnut Street, Philadelphia, PA 19104**  
**Home Phone Number: 215-573-4066**

**91/92**

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 MSI'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 -- see the attachments (at the back of the chapter).

Attachments: YES

Number of Additional Pages: 2

Abstract Author: Kevin Strohmeyer

School Name: Baylor College of Medicine

Home Address: 7575 Cambridge #2402, Houston, TX 77054

Home Phone Number: 713-795-0603

91/92

## GREETINGS M-2'S

Are you concerned about beginning your career on the Wards? Or perhaps a bit concerned about upcoming boards?

If so, please take notice because there is some help on the way....

Planned for you are two evening seminars from those who have previously experienced these milestones. We think you will find the sessions most helpful and worth your time to attend. Each session should last from 1 to 1.5 hours.

### Thursday April 5th - M-4, M-2 Orientation to the Wards

This is brought to you by AOA and OSR.

Time: 7:00 pm

Place: MA 105

Dress: Appropriate for wards if you would like a tour of important places to know as an M-3

Format: Panel of M-4's with vast experience to share as well as time for questions  
Hopefully a survival packet will be available for your use later.

### Thursday April 12 - M-3, M-2 National Board Discussion and Booksale

This is brought to you by OSR and the class of 1991

Time: 5:00 pm for the board review booksale

Time: 7:00 pm for the National Board Discussion

Place: MA 105

Format: Panel of M-3's with varying experiences with the boards. Question answer session to follow.

**PUT THESE DATES ON YOUR CALENDAR SO YOU DON'T FORGET.  
SEE YOU THURSDAY!**

Alpha Omega Alpha  
Clinical Orientation Manual  
1990

GENERAL SURGERY

I. ORIENTATION

First few days: At the very beginning of the surgery rotation, each student will be assigned to a given service. A service is essentially a division of patients who are under the care of a given attending or group of attendings. The services students will rotate through on general surgery include:

Red- which consists of all the general surgery trauma cases, many GI cases, and tumor resections. Attendings on red surgery include Drs. Metzler, Nichols, Mitchell, and Koivenun.

Blue- which consists of all pediatric surgical cases, weight reduction procedures, and routine GI cases. Attendings on blue surgery include Drs. Helikson Stephenson, Giorgi, Terry, and Humphrey.

Vascular- which consists of all arterial and venous reconstruction operations as well as hemodialysis access cases. Each student will spend two weeks on this service. Attendings on vascular surgery are Drs. Silver and Nichols.

Burn- Each student will rotate through the burn unit for one week. This is often the "break time" of the surgery rotation. The attending physician is Dr. Terry.

Cardiothoracic- Each student spends one week on this service. Known as "CT", this can be one of the busiest weeks of the entire surgery rotation. The attending physician is Dr. Schmaltz and the entire week is spent at the VA.

VA- "The VA spa" will be the locale for approximately one half of the surgery block. This can be very busy or slow depending on the weather. The VA attendings are Drs. Koivenun and Humphrey.

The amount of work each student endures will vary from service to service. To date, the busiest services have been Red and Cardiothoracic.

Day 1: This is typically a relatively chaotic day but usually involves the following:

a. Each patient on a given service is assigned to a student. This is usually done by the students on the service and should be done in a manner to distribute the load fairly. For



example-equal numbers of ICU patients, floor patients, and patients nearing discharge. (Beware: Patients nearing discharge may be loads of work if they have been here a long time.)

b. Writing of on-service notes- the typical on-service note consists of:

- Hospital day number
- Post operative day number
- Antibiotic day number
- History of the present illness (brief summary of the events leading up to the patient's hospitalization)
- Physical exam
- Hospital course (brief summary of the events during this hospitalization)
- Problem list with plan (i.e. s\p appendectomy- will remove sutures tomorrow; or increased wbc count- will do blood, urine, and sputum cultures today)

c. Rounds- this will probably be the only day when you will be asked anything pertaining to the history of the present illness. The student's responsibility on ward rounds usually consists of the following: a brief summary of the patient's status verbally to the other team members. Be fast and cover these topics-

- Hospital day number
- Post op day number
- Antibiotic day number
- Vital signs (if stable say "vital signs stable, afebrile) be sure and note any elevation in temperature and the Tmax or highest temp over the last 24 hour period.
- Any lab work done on that day (especially culture results)
- Wound appearance
- And any pertinent changes in the patient's status.

This format will usually suffice for any ward round report on any surgical patient. Modifications will be made for various aspects such as intake and output, drain output, dopplable pulses for vascular patients etc..

The Student's Role: Much the same as that described for Day 1 above. The student has the following responsibilities:

- Rounding on his/her assigned patients before the rest of the team arrives.
- Verbally reporting as described above on work rounds in the morning and again on ward rounds in the evening.
- Keeping track of any lab values currently drawn on the patients.

Knowing the results of cultures, X-rays, diagnostic studies, and pathology reports on his/her patients.  
Scrubbing in and assisting with any surgeries your patient is having.  
Working up any admits when you are "up for a hit" (the student receiving the next admission).  
Writing admit notes, pre-op notes, operative notes, daily progress notes, and post-operative check notes on his/her patients.  
Drawing lab work at the VA after the 0600 and 1000 draws have been done by the lab techs.  
Maintaining a list of all X-rays for the team's patients for x-ray rounds.  
And, being able to answer a handful of "pimp" questions off-the-cuff.

#### A Typical Day:

0530-Come in and pre-round on your assigned patients (be sure and write orders at this time-orders are an important means of bettering your evaluation). Orders will come with practice but remember- all IV's must be re-ordered daily, xray orders require a blue radiology request slip to be filled out, TPN requires a daily request slip with any additives noted, and Tube feedings require a request slip at the initiation of the feeding or with any type of change in the tube feeding utilized.

0600-0700-Depending on the service, ward rounds begin early. Here the student should have all the charts for the entire team in the rack (on the ward) or at the bedside (in the ICU's) ready to roll. Brief rapid reports will be given by each student as his/her patient is rounded on.

0730-The first operative cases will start now. A list of the planned cases for each day will be posted at the front desk of the operating room with the time, room letter, procedure, and attendings conducting the case listed. Remember, face-time with the attendings on surgery is limited so scrub-in on your cases. This is also a great time to get pimped. So pre-read before your case and know as much as possible about the diagnosis, treatment etc. - You might ask a friendly resident what questions are the Attending's favorites.

0800-0900-Students not involved in operative cases

can either watch a case in the OR (which doesn't help at the time of evaluations but can be interesting depending on the case) or may start work on the daily progress notes. Progress notes on surgery should be concise yet thorough and follow this basic pattern:

Hospital day number

Postop day number

Antibiotic day number

S-subjective complaints or feelings the patient has

O-objective data starting with vital signs, intake/output, lab values, wound appearance, a brief physical exam and, for ICU patients, vent settings, pulse oximetry readings on those vent settings, arterial blood gases, x-ray reports, and any other pertinent findings.

A-this is your assessment and is merely a list of the patient's current problems.

P-is the plan for each of the problems listed in A above.

0900-1500-The bulk of the day will be spent getting any data needed for ward rounds in the evening and working up new patients. The following telephone numbers will be of help in tracking down lab values:

2-1286 (Bacteriology) cultures are read at 1000 each morning

2-1243 (Hematology) HPD's and UA's

2-1246 (Chemistry) Lytes Glucose etc.

2-1293 (Coag) PT/PTT

2-1297 (Blood bank) for confirming cross-matched blood on pre-op patients.

Part of this period is spent in lecture also. All general surgery lectures and student presentations are considered mandatory and take precedence over any other activity including the operating room. Subspecialty lectures are also considered mandatory but many times are not attended by choice of the student.

1500-1900-Sometime during this period when all of the day's work has been completed, evening x-ray rounds will start which are immediately followed by ward rounds. All of the team's x-rays from that day should be ready to present

before x-ray rounds. This is the responsibility of the student on call who should obtain a list of all x-rays for that day on all patients on their team (by getting patient names, pt. #'s, and type of x-ray from each student on his/her team) this list is then turned in to the x-ray counter on the second floor at least one hour before x-ray rounds so that the entire team's x-rays are waiting before the start of rounds. Then, when the student on call receives a page indicating that rounds are ready to commence, it is his/her responsibility to round up all team members and get them to the x-ray reading room where all x-rays should be hung up and ready for analysis before the doc's arrive. After x-ray rounds, ward rounds commence and follow the same basic format as work rounds in the morning.

1900 on- All team members are free to go home with the exception of the student on call (SOC). The SOC at VA stays all night. Each team at UMC has a SOC, one of which stays all night, with the others free to go home after 2100. Any admissions during the evening and night become the SOC's responsibility to work-up. However, the patient's may be reassigned to other students the next day if the team players are not distributed evenly.

## II. Work-ups and Notes

**Work-ups-** On surgery these are fast. When a new patient is admitted to your team, the next student up-for-a-hit is responsible for that work-up. Follow this simple format for work-ups of surgery admissions:

**Chief Complaint (CC)** The exact words expressed by the patient of why he/she is there.  
**History of the present illness (HPI)** the sequence of events from most remote to most recent leading up to this hospitalization  
**Past Medical History (PMH)** including all other hospitalizations and chronic medical problems listed in chronological order  
**Past Surgical History (PSH)** including all surgeries the patient has had to date in chronological order  
**Current Medications**  
**Allergies**  
**Smoking History**

**ETOH History**

**Review of Systems (ROS)** be brief and cover such things as fever, chills, weight loss, chest pain, SOB, cough, nausea, vomiting, diarrhea, bloody stools, bleeding tendencies Especially cardiac and respiratory problems.

**Laboratory work (if available)**

**Physical Exam**

**Impression**

**Plan**

**Progress Notes (as described above)**

**Pre-Op Notes-** are as follows:

**Pre-op Diagnosis**

**Procedure**

**Laboratory results-** HPD, Chem 6\60 creat, PT\PTT, UA

**Chest X-ray-** description of findings or NAPD (no apparent pulmonary disease)

**EKG-** description of the rhythm and any ischemic or arrhythmic changes

**Blood-** state "two units of packed cells confirmed" etc. after calling the blood bank and making the confirmation.

**Consent-** state "signed" after the consent has been signed by the patient

**Orders-** state "written" after pre-op orders have been written

**Operative Notes-** are as follows:

**Pre-op diagnosis**

**Post-op diagnosis-**(usually states "the same")

**Procedure-** verbal title of the procedure performed in the OR

**Surgeons-** always list the attending's name first even if he didn't enter the OR.

**Anesthesia-** usually "general per oral ET" (Endotracheal Tube)

**Estimated Blood Loss (EBL)**

**Fluids-** total fluids received in the OR

**Findings-** i.e. pathology specimens sent

**Drains**

**Complications**

**Post-op Check note-** done 4-8 hours after surgery consists of:

**Procedure**

**Vital signs**

**Level of consciousness**

Intake and Output  
Drain output  
Dressing appearance  
Brief physical exam  
Any laboratory work post-op  
Impression  
Plan

Discharge Summary-usually done the night before the patient is to be discharged and then placed in the chart the day of discharge.

Date of Admission  
Date of Discharge  
Attending Physician  
Admitting Diagnosis  
Discharge Diagnosis  
Procedures/Consults  
History of the Present Illness-(brief)  
Past Medical and Surgical History-(brief)  
Hospital Course- this is the meat of the discharge summary. Cover the course of the patient's in-house stay including any complications, special diagnostic procedures, and IV antibiotics.  
Discharge Medications- this is very important and should include the medications, dosages, time schedules, and total number of meds dispensed.  
Follow-up- this is a notation of the date and clinic the patient is supposed to return to for a follow-up check.

### III. Lectures and Student Case Presentations

General Surgery Lectures and all student presentations are considered mandatory and role is frequently taken.

Surgical Subspecialty Lectures are mandatory but some leave a lot to be desired. Typically, by attending one lecture in a given subspecialty, you can deduce the value of further attendance. And, for those who learn best by self-taught book work, many of the lectures could possibly be avoided in favor of reading time which can be sparse on the strenuous surgery rotation.

Student Presentations: Don't let anyone tell you that scanning former student presentations on the same topic you are assigned to cover is of no value. Look at an M3 or M4's handout or outline to get a good idea of how to approach the given topic.

The few minutes spent with the attending assigned as your advisor are quite helpful also and any attending suggestions should be followed. Know the topic well before you meet with your assigned attending advisor. They might quiz you and will not help you if you are totally ignorant of the topic. Remember, attending clout on a white sheet is worth more than anything else. Handouts are a good idea. But, do not make an exhaustive narrative of your entire talk. It is better to make the handout in outline form so that your audience does not read along as you speak. Overheads work well and can serve as a good outline for your talk discussion.

For those students attending a presentation, it does help to read before hand on the topic and answer questions during the discussion. Good books for a quick review include Strock and Way.

#### IV. Textbooks and Review Books

Schwartz- If you are going into general surgery this may be good investment. Otherwise, it is probably money down the drain.

Sabiston- As for Schwartz, may be purchased by those serious about a career in general surgery.

Way- Probably the best buy for the money. A good review type text, easy to read and affordable.

Wiley- A lot of students praise Wiley and do quite well on the board exam.

Pre-test- Always a safe bet for the "crunch time" approaching the board exam.

Strock- This is a little red pocket sized book that is good for last minute case presentation preparation and on rounds

Schwartz Pre-test and Review- A little known book that the interns are encouraged to read for NBME III.

#### V. Testing and Grading

##### Testing:

Mini-board- This is the major written board type test that will account for much of your surgery block grade. It is set up in NBME format and has type I, type II, BABOON, and matching questions. Preparing for this test is best done with a simple review/pre-test book or Wiley. Any attempt to learn even the simplest text

during the 3 month period would be next to impossible. Remember, poor performance on this test does not count you out of Honors (A). There have been several students given a second chance at a later time to improve their scores and receive an honors grade.

Orals- Each student will be assigned an attending who will give them an oral test lasting approximately 20 minutes near the end of the block. This oral exam counts for about 1/4 of your surgery grade. The questions usually pertain to patients that student has personally taken care of during the block. Be sure and read up on all of the pathologies your patients have had before sitting for the oral exam. Word of mouth has it that Drs. Nichols and Austin like to talk about the liver and pancreas respectively even if their students did not have patients with those types of problems. Favorite attending oral board question- "Tell me about your most interesting patient".

Grading- In surgery, the final grade is a composite of clinical performance, testing, and case presentations. Attendings have the most say in final evaluations followed by chief residents, residents and then interns. All members of any team the student has been on will have input by evaluation forms. So, don't back talk to anybody. Nothing will destroy a perfect white sheet quicker than the confrontation of a medical student with a surgeon's ego! Approximately 10% of the students will be given honors (A), another 15% will be given letters (B), and the remainder will be given satisfactory (C).

The best way to get the best grades in surgery is literally to "bust your ass". The more up you are on your patients and the more interest you show in the field of surgery the better your chances of netting an honors grade. A word about brown-nosing. Undoubtedly, someone on your team will be the first at the bedside with every four-by-four the residents request. This, to date, has not helped in the final analysis of things. And, asking questions you already know the answer to, just to show your fabulous knowledge base is, once again, of no help in the final score.

## VI. Conclusion

General surgery is probably the most demanding of all of the core required third year rotations. By working hard, showing interest, and swallowing your pride on occasions, the time spent on surgery can be rewarding and fun. Good luck and good times!



**PRN**  
**The Preclinical Resources Network**  
**Baylor College of Medicine**

**A. INTRODUCTION**

PRN (Preclinical Resource Network) is a support program for first year medical students entering Baylor College of Medicine. Started in 1988, PRN continues to strive to connect MSTs 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 Student Affairs office has been a strong supporter of PRN and helps with financial and administrative assistance.

PRN divides the first year class into groups of 12 to 15 students. Each group has one fourth year, one third year and two second year students acting as "leaders". 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.

**B. AIMS OF THE PROGRAM**

The three major roles fulfilled by PRN are:

1. Academic and personal advising group. Advisors serve as an accessible source for new students of information on issues pertaining to:
  - a. the academic demands of medical school
  - b. how to locate additional instructional resources to overcome academic problems
  - c. from whom to seek academic advice in cases of difficulty in school
  - d. the complexities of medical school promotions
  - e. rules and responsibilities within the medical school
  - f. perspectives on career planning
  - g. medical resources available for assisting with personal, stress-related, or substance-dependence problems
  
2. Social support network. Through a series of sponsored large and small group activities and via one-on-one interaction, PRN fosters:
  - a. an individualized welcome to the medical school environment
  - b. a local contact prior to matriculation who can assist with information about housing and other local needs
  - c. a group identity early in the first term
  - d. a social reference point for those individuals who are perhaps without local acquaintances or familiarity with Houston
  - e. institutional, but personalized, moral support during exams
  
3. Means of individualized contact with faculty. Since most student/faculty interaction occurs in the context of large lecture and laboratory settings, PRN provides a vehicle for students to cultivate a more personal relationship outside of school with their professors. This interaction is intended to:
  - a. bridge the academic expectation gap between the new students' uncertainties about the demands of medical school and the real expectations of the faculty
  - b. career perspective to help students set study and vocational priorities early
  - c. offer potential clinical exposure during the basic sciences when students may feel

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somewhat removed from the real business of medicine

### **C. UPPERCLASS/ADVISORS**

#### **1. Selection**

- a. Applications are distributed to MS 1-3 classes the third week in April. These materials succinctly outline the responsibilities of PRN advisors.
- b. Individuals are interviewed jointly by the new coordinators and immediate former coordinators who assess their enthusiasm and suitability to serve as advisors for the incoming class. These students will be ranked using a scale from one to five with five being the highest rating.
- c. Second year advisors: Two second year advisors will be selected for each PRN group. For example, if there are 14 PRN groups, the committee will select 28 second year advisors. Candidates interviewed from the first year class will receive a ranked score, 1-5. If, after the interview process has been completed, there are 28 or less scores of 5, all those candidates receiving a 5 will be advisors. If more than 28 scores of 5 occur, all the candidates names will be placed in a "hat" and 28 names will be selected randomly to become second year PRN advisors. If remaining positions exist after those candidates receiving a score of five have been selected, all those candidates receiving a score of 4 will be placed in a "hat" and selected randomly in order to fill the remaining spots. In consultation with the Student Affairs office the committee will insure that all candidates selected are in good academic standing. This process will remain a matter of strictest confidentiality.
- d. Third and fourth year advisors: The second and third year students interviewing to become third and fourth year advisors will be interviewed using the same interview process as stated for the second year students. However, if the committee feels that the candidate has been an exceptional PRN advisor in the past, then he or she will receive a score of "5 plus" and will not be entered into the lottery system described above. These advisors will be offered a position as PRN advisors.
- e. All applicants will receive a letter which describes the selection process and then inform the individual of the outcome of their application.

#### **2. Preparation**

#### **3. Responsibilities**

### **D. FACULTY ADVISORS**

#### **1. Selection**

A list of faculty members who have demonstrated enthusiasm in PRN or interest in student welfare is generated by PRN advisors and coordinators. These faculty members shall be contacted by mail within one month following the advisors' selection in the spring. From the group who responds positively to these letters, the coordinators shall select two faculty members per group to serve as faculty advisors in PRN. Advisors of each group will be required to contact and meet with both faculty members as a group before Orientation weekend to introduce themselves.

#### **2. Responsibilities**

The role of faculty advisors in PRN shall be to foster interactions between students and physicians at Baylor. Faculty members can provide unique career perspectives, share their experiences of medical school, residencies and practice, and provide opportunities for exposure of students to real-life clinical experiences. Faculty advisors should be invited to participate in all PRN activities including first year Orientation.

### **E. PROGRAM COORDINATORS**

### 1. Selection

There shall be three coordinators, one second year student, one third year student, and one fourth year student. The second year coordinator shall be elected from the newly selected second year PRN advisors and will continue to serve as a PRN group advisor. The third year coordinator shall be elected from and by the preceding group of PRN advisors. When elected, the third year coordinator is committed for a two year term-one year as third year PRN coordinator and one year as fourth year coordinator. The fourth year coordinator's role will be that of advisor -immediate past coordinator. The election process should include speeches stating intent by coordinator candidates and victory by simple majority. 2.

### Responsibilities

There shall be three coordinators for PRN who will work as a unit whose function is to provide general leadership for the group, preside over PRN advisor meetings, represent PRN to the BSA, communicate/interact with the faculty advisors, act as liaison to the Student Affairs office, plan the PRN portion of the first year orientation, coordinate the All-PRN group events, and organize the selection process for new coordinators and advisors. It should be noted that the second year coordinator will serve two additional functions, as group advisor and co-chairperson for the first year Orientation.

## F. PROGRAM ADVISORS

### Selection

After the three new coordinators have been named, with the advice and consent of the advisors, they will choose two Faculty Program Advisors. These persons will be elected for two year staggered terms to promote continuity of the program. It is advisable that one program advisor be selected from the Student Affairs Office to promote communication with this office.

### Responsibilities

These faculty members will function as advisors to the coordinators and liaisons between PRN and the Administration and faculty.

## G. PROGRAM EVALUATION

### 1. Student evaluation of advisors

In an effort to determine strengths and weaknesses of the PRN advisors, evaluation forms will be distributed by the coordinators to all MS I's twice each academic year. The first should reach the first year students and be returned before the end of second block, and the second evaluation should be distributed and collected before the end of April each year. The evaluations should include questions regarding: accessibility of advisors, effort put forth by advisors, quantity and quality of PRN group activities, quality of the orientation experience, and suggestions for improvements.

### 2. Advisor evaluation of coordinators

In addition, all PRN advisors evaluate the performances of the coordinators twice each year. The evaluations will serve to determine the effectiveness and quality of leadership provided by the three PRN coordinators over the course of the academic year. Coordinator evaluations should include questions regarding: quality of leadership, effort put forth by the coordinators, accessibility of the coordinators, and ability to motivate and ability to create new and interesting ideas and activities for advisors and students.

In general, the evaluations should consist of questions, that for the most part have yes/no or numerical responses. This facilitates analysis of the responses. Open-ended subjective questions should be included so that each evaluator has the opportunity and freedom to include more personal comments or suggestions.

## H. APPENDICES

Q2 9/1/9:

1. Application to be an advisor
2. Counseling resources at Baylor

## **I. ORIENTATION**

The first year orientation session taking place in August shall be planned in cooperation with PRN and the existing first year class. There shall be two Orientation chairpersons. One chairperson will be the incoming second year PRN advisor, elected by the process described above. The second Orientation chairperson will be elected by the first year class by simple majority. Planning of Orientation that should take place prior to the election of Orientation chairs will be done by the existing PRN coordinators working as a unit.

**CHAPTER 5 -- INDEX OF PROJECTS (in their order of appearance)**

<u>Name of Project/Resource</u>	<u>Year Submitted</u>	<u>Appendix</u>
Health Center Minority Recruitment Program	90/91	NO
Summer Workshops for Minority Students	90/91	NO
Health Science Center Teach-In for Minority High School and College Students in the Southeast	90/91	NO
Career Day Program	90/91	NO
Summer Enrichment Program for Minority High School Students	90/91	YES (M)
AAMC Resource -- Women In Medicine (WIM)	90/91 [formerly in Chapter 1]	NO
Penn Women's Health Group	91/92	NO

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Jason Warren; Sophia Smith  
School Name: University of Florida School of Medicine  
Home Address: JHMHC Box-706, Gainesville, FL 32610  
Home Phone Number: 904-336-0849

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Jason Warren; Sophia Smith  
School Name: University of Florida School of Medicine  
Home Address: JHMHC Box-706, Gainesville, FL 32610  
Home Phone Number: 904-336-0849

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Jason Warren; Sophia Smith  
School Name: University of Florida College of Medicine  
Home Address: JHMHC Box-706, Gainesville, FL 32610  
Home Phone Number: 904-336-0849

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Jason Warren; Sophia Smith  
School Name: University of Florida School of Medicine  
Home Address: JHMHC Box-706, Gainesville, FL 32610  
Home Phone Number: 904-336-0849

**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.**

**Attachments: YES      Number of Additional Pages: 3**

**Abstract Author: Ryia Peterson Ross  
School Name: St. Louis University  
Home Address: 549 Mapleview Drive, St. Louis, MO 63130  
Home Phone Number: 314-863-0615**



**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.

**Attachments: NO      Number of Additional Pages: 0**

**Abstract Author: Jason Warren; Sophia Smith**  
**School Name: University of Florida College of Medicine**  
**Home Address: JHMHC Box-706, Gainesville, FL 32610**  
**Home Phone Number: 904-336-0849**

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Lisa D. Staber, OSR's Representative to WIM  
School Name: University of South Dakota School of Medicine  
Home Address: 426 E. Fairmont #34, Rapid City, SD 57701  
Home Phone Number: 605-342-5407

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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Deborah Ottenheimer

School Name: University of Pennsylvania

Home Address: 509 Edann Road, Glenside, PA 19038

Home Phone Number: 215-886-6311

91/92

PROPOSAL FOR CONTINUATION AND EXPANSION  
OF SUMMER HIGH SCHOOL MINORITY PROGRAM

Last summer, the program successfully graduated 4 University City H.S. minority students. It was felt that they enjoyed and benefited from this trial program, and it appeared that St. Louis University Medical School faculty that participated had a positive impression of these students. Cost to the university was \$2000 for 3 medical student's salaries who implemented the program and the donation of one cadaver from the Anatomy department. The public relations department was able to acquire two articles on the program from the local media, one in the St. Louis Post-Dispatch and one in the St. Louis Catholic Review.

This summer of 1990, we would like to expand the program to include 12 high school students from 4-6 high schools around the St. Louis area. These may include U. City H.S., Health Careers and Science Magnet School in St. Louis City, other city high schools and some private schools that are at least 50% black. Since the program curriculum has been set-up this year and only requires minor changes, we feel that we would be able to accomodate more students in the program without an increase in the \$2000 outlay for the program. It is also felt that the students gained as much from prosection as a dissection, so that a donation of a cadaver may not be necessary in the future.

We feel that this program was a good start towards interesting more qualified minority students to St. Louis University School of Medicine. Another option would be expanding and changing the program to interest minority students that are already in college. We hope that this trial program marks the start of continuing commitment by St. Louis University School of Medicine towards having a minority presence in our student body.

Thank you for the opportunity to make this program a reality.

Sincerely,

Ryia Peterson Ross  
Spokesperson for the Committee for  
the Development of Minority Students at  
SLU School of Medicine

Dear Dr. Stoneman,

1/15/90

Here is the list of high schools and their respective principals that the Minority Committee would like to see take part in our summer program for minority students. During our conversation several monthes ago, you so kindly offered to phone these principals and give us an introduction. Then, members of the Minority Committee will follow this up with phone calls or in-person meetings to explain our summer enrichment program and ask them to participate.

I will check back with you in several days to see if you ran into any problems reaching the appropriate people.

Thanks again for your support of this project.

Sincerely,

Ryia Peterson Ross

High Schools

- 1) **Beaumont High School, 3836 Natural Bridge**  
Contact: Mr. Charles Brasfield Ph: 371-1684
- 2) **Vashan High School, 3405 Bell Ave.**  
Contact: Mr. Floyd Irons Ph: 533-9487
- 3) **Normandy High School, 7837 Natural Bridge**  
Contact: Bruce Smith, Superintendent Ph: 389-8005
- 4) **Health Careers High School , 1530 S. Grand**  
Contact: Albert Reinsch Ph: 664-1111
- 5) **Lutheran High School North, 5401 Lucas**  
Contact: Edward Reitz Ph: 389-3100
- 6) **University City High School**  
Contact: Lucy Wynn, Science Department Ph: 863-1791 (already involved)

## CURRICULUM FOR SUMMER ENRICHMENT IN THE MEDICAL SCIENCES

### Monday, 10 July

- 1:30 Gigi: Introduction of self, program, short paper due  
27 July.  
Introduce Gil and Dr. Swierkosz
- 1:35 Dr. Swierkosz
- 1:45 Tour: library (just show where it is)  
Taping room for practice interview, simulation lab
- 2:00 A.V.center(Terry)/ use of computer word processing, heart
- 2:10 Histology lab  
Gross Anatomy lab: introduction to the study of the  
cadaver, begin removal of the skin of cadaver.
- 3:40 LRC/Gigi&Gil  
Life as a 1<sup>st</sup> year med student/Gil  
Gigi/ using the armed services for education

### Tuesday, 11 July

- 1:30 LRC/Gigi Description of the superficial skeletal muscles
- 2:00 LRC/ Dr. Horvath: Careers in Allied Health
- 2:35 Suzy Conway: Introduction to the use of the library
- 3:25 Gross lab: Use of cadaver to ID skeletal muscles

### Wednesday, 12 July

- 1:30 Meet in LRC 103 to check on problems with paper
- 1:35 Suzy Conway: How to use the Index Medicus
- 2:25 Introduction to the Circulatory System/Gigi
- 3:00 Dissection of the cadaver to reveal heart and major  
vessels

### Thursday, 13 July

- 1:30 Dr. Billingsly: A career in medicine
- 2:00 Interviewing Skills and practice interviews
- 2:30 Gross Lab: finish heart, major vessels, muscles

Monday, 17 July

- 1:30 Histology: Heart, blood, blood vessels
- 2:00 The Electrical System of the Heart  
Computer program on the heart's electrical system/AV
- 2:30 Histo lab: The Brain/ Dr. Fischer
- 3:30 Library exercise, work on paper

Tuesday, 18 July

- 1:30 Suzy Conway: explanation of answers for library exercise
- 2:15 LRC/ Hypertension  
Blood Pressure Monitoring
- 3:00 LRC/ The G.I tract and its major blood vessels/ discussion
- 3:30 Gross anatomy lab

Wednesday, 19 July

- 1:30 LRC/ Practise interview
- 2:00 Gross anatomy lab: continue dissections
- 3:30 LRC/ Exercise on outlining  
Article on Hypertension

Thursday, 20 July

- 1:30 Taping room in LRC Taping of interview and feedback  
session
- 2:45 Gross lab: continue dissections

Monday, 24 July

- 1:30 LRC/ Wilbur Getting into Med School
- 1:50 Trip to Stephanie
- 2:15 Histology: G.I tract- liver, stomach, small intestine,  
large intestine
- 3:00 LRC/ Progress on papers being written, library and word  
processing

Tuesday, 25 July

- 1:30 LRC/ Experiment in digestion: amylase in saliva
- 2:15 Tour: Biochem and Physio Departments
- 3:00 Gross Anatomy lab: students quiz each other using cadaver

uesday, 26 July

1:30 LRC/ feedback on progress of papers

2:00 (nutrition?)

2:30 Gross Anatomy lab:instructors"quiz"students on all  
superficial skeletal muscles, heart, GI tract, major blood  
vessels, lungs

Skeleton: name the bones

Thursday, 27 July

1:30 LRC/Hand in papers

Histology: bone, tendons, ovary, uterus, testes, penis

2:30 Trip to hematology in hospital

3:15 Gross Anatomy lab:continue to dissect

Monday, 30 July

1:30 Gross anatomy- Dr. Comas: female reproductive system

Tuesday, 1 August

1:30 Gross anatomy lab- male reproductive system

2:45 LRC/ Cathy Wasur: Emergency childbirth

Wednesday, 2 August

1:30 LRC/ Gil Sexually transmitted diseases

Gigi Birth control

3:00 LRC/ feedback on papers

Thursday, 3 August

1:30 LRC/ Presentation of papers by student

Course evaluation by students



**CHAPTER 6 -- INDEX OF PROJECTS (in their order of appearance)**

<u>Name of Project/Resource</u>	<u>Year Submitted</u>	<u>Appendix</u>
Dear Fellow Students... (specialty choice bibliography)	91/92	NO
Specialty Seminars	90/91	NO
How To Choose the Right Medical Specialty	90/91	NO
M4/M3 Post Match Discussion	90/91	YES (N)
Future Choices Seminar	90/91	YES (O)
Strolling Thru the Match and Residency Fair	90/91	YES (P)
Residency Partners	90/91	NO

Dear fellow students:

91/92

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. Leverage, 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

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Ellen Elmore

School Name: Medical University of South Carolina (MUSC)

Home Address: 622A Windermere Blvd., Charleston, SC 29407

Home Phone Number: 803-769-0158

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.

Attachments: NO\*      Number of Additional Pages: 0\*

Abstract Author: Donna Quinn for Kevin Baskin

School Name: Creighton University

Home Address: 136 North 35th Street, Omaha, NE 68131

Home Phone Number: 402-422-1430

\* This 42-page document is on file with the OSR Staff Director at AAMC (202-828-0682).

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. (Sample of the hand-out is attached.)

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.

Attachments: YES      Number of Additional Pages: 4

Abstract Author: Becca Zinck

School Name: University of Missouri-Columbia School of Medicine

Home Address: 4824A Meadow Lark Lane, Columbia, MO 65201

Home Phone Number: 314-442-7762

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.

Attachments: YES      Number of Additional Pages: 3

Abstract Author: Amy K. Davis

School Name: University of Missouri-Columbia

Home Address: 1021 Ashland Road Apt. 401, Columbia, MO 65201

Home Phone Number: 314-443-1397

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.

Attachments: YES      Number of Additional Pages: 1

Abstract Author: David C. McClain  
School Name: Oregon Health Sciences University  
Home Address: 4910 S.W. 45th #18, Portland, OR 97221  
Home Phone Number: 503-245-5996

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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: B. Longmaid, M.D.  
School Name: N/A  
Home Address: 75 Wolcott Road, Brookline, MA 02167-3108  
Home Phone Number: 617-731-5982

# Attention M-3's

## Post Match Discussion

**Date:** Tuesday April 10th

**Time:** 7:00 pm

**Where:** MA 105

**Format:** Panel discussion with questions following

As everyone is keenly aware choosing a residency is just on the horizon. How does one know how to proceed with information gathering, writing your deans letter, CV, etc., interviewing, and the actual match process. This seminar is intended to provide you with some helpful information and to answer some of your questions. This will probably last 1 to 1.5 hours total. Handouts will be provided. Please plan to attend.

This event is sponsored by the class of 1990 and OSR. Special thanks go to Keith Kenter for organizing the panelists.

**To: All M3 Students**

**Fm: Amy Davis and Becca Zinck**

**Enclosed please find examples of a CV (Curriculum Vitae), personal statement, autobiography and a suggested "schedule" of when you need to start thinking about what regarding the match and your future, during your fourth year. These are for your perusal. Take them for what they are worth. We hope you find them useful.**



## FOURTH YEAR CHECK LIST

- APRIL - Obtain Faculty Advisor
- MAY - Mail Postcards to all interested programs
- JULY - Sign NRMP Agreement form and pay fee.  
- Ask Faculty for Letters of Recommendation (some take 2-3 months).  
- Begin to Apply to programs (includes Personal Statement, Autobiography, Curriculum Vitae, etc.)  
- When asked to see your Board Part I scores, send photocopy of official document to save time and money. Only send a Notarized copy when asked for one.  
- Check all of your transcripts for completeness. Fill out transcript request forms.
- AUGUST - Begin to schedule Interviews.
- SEPT. - Write Dean's Letter.  
- Boards Part II.
- OCT. - Turn in Dean's Letter to Committee.
- NOV. 1 - Dean's Letter goes out to programs.  
- Begin to Interview.
- DEC-JAN - INTERVIEWS. It may help to keep a working rank list while interviewing.  
- ALWAYS write Thank You Letters to the programs.
- FEB. - Turn in official Match List.
- MARCH - MATCH DAY!
- MAY - GRADUATION!

## CURRICULUM VITAE

COLUMBIA, MISSOURI 65201

SOCIAL SECURITY :  
PLACE OF BIRTH : St. Louis, Missouri  
DATE OF BIRTH : July 02, 1962  
MARITAL STATUS : Married, January 09, 1988

### EDUCATION:

Hillsboro High School, Hillsboro, Missouri. College Preparatory Diploma. June, 1980.

DePauw University, Greencastle, Indiana. Bachelor of Arts in Zoology with Minor degree in Physics. May, 1984.

St. Louis University, St. Louis, Missouri. Master of Science in Biology. May, 1986.

University of Missouri - Columbia, School of Medicine. Degree of Medicine expected in May, 1990.

### OCCUPATIONAL/EDUCATIONAL EXPERIENCE:

Educational internship with St. Louis-Clayton Orthopedic Group, Inc., John P. Arnot, M.D. January 1981.

Educational internship with Practice Limited to Pediatrics, Inc., Norton S. Kronemer, M.D. January 1982.

Mission work in Calcutta, India, Debbie Bhattacharyya, Ph.D., Department of Sociology, DePauw University. January 1984.

Camp Counselor for St. Louis Area of Retarded Citizens. 1984-1986.

Graduate Teaching Assistant, Department of Biology, St. Louis University. 1985-1986.

Senior Research Assistant, Sharin Devaskar, M.D., Department of Neonatology, St. Louis University. Summer 1986 and 1987.

### RESEARCH:

Histochemical study examining chondrogenesis and myogenesis in embryonic chick wing buds. DePauw University, Department of Biology. 1983.

## **RESEARCH:**

Examination of intracellular cAMP and GAG accumulation due to PGE2 stimulation in developing chicken osteocytes. St. Louis University, Department of Biology. 1985.

Qualitative and biochemical evaluation of Fetal Alcohol Syndrome using an Avian model. University of Missouri School of Medicine, Department of Anatomy. 1987.

In vitro examination of the affects of local anesthetics on human chondrogenesis. University of Missouri School of Medicine, Department of Orthopaedics. Currently.

Prospective study to begin in October, 1989 to examine the effects of treated hydroxyapatite with in vitro grown chondrocytes on fixed non-union long bone fractures. University of Missouri School of Medicine, Department of Orthopaedics.

## **AWARDS and HONORS:**

Alpha Omega Alpha Honor Society, 1989.

Outstanding Young Men in America, 1988.

Who's Who Among College Students, 1986.

Academic Excellence - University of Missouri School of Medicine:

Anatomy, Histology, Biochemistry, and Microbiology, Clinical Clerkship; Internal Medicine, General Surgery, Psychiatry, Orthopaedic Surgery, Primary Care Medicine.

DePauw University: Rector Scholar, Dean's List, Varsity Football Letterwinner.

## **ACTIVITIES and ORGANIZATIONS:**

Sigma Xi National Research Society

Sigma Pi Sigma National Physics Society

American Medical Student Association

Student Government Activity Committee, University of Missouri School of Medicine:

Secretary, Facility Improvement Subcommittee. Junior and Senior Years.

Medical School Class Vice-President. Freshman and Sophomore Years.

Smithsonian Institute of Washington, D.C.

Phi Delta Theta Fraternity

## **REFERENCES AVAILABLE UPON REQUEST**

## AUTOBIOGRAPHY

My interest to pursue a career in Orthopaedic Surgery began when I was introduced to an Orthopaedic Surgeon as a patient following a hockey injury during my teenage years. During an apprenticeship while in college, I had the privilege to observe several orthopaedic surgeries which further enhanced my curiosity. My experiences with medicine, thus far, have led to a better understanding of what being an Orthopaedic Surgeon really means which now logically supports my decision.

My education began at Hillsboro High School in Hillsboro, Missouri, a small rural community south of St. Louis. After High School I attended DePauw University in Greencastle, Indiana. There, I received a Bachelor of Arts in Biology with a minor degree in Physics in May of 1984. This schooling provided me with a strong liberal arts education. While at DePauw I was introduced to the excitement of Basic Science Research. I participated in an independent research project evaluating the histochemical aspects of chondrogenesis and myogenesis in chicken wing buds. My collegic career was highlighted by an educational apprenticeship with an Orthopaedic Surgeon and the unique experience in mission work in Calcutta, India with the Department of Sociology. I then returned to St. Louis and continued my interest in basic science research. At St. Louis University I had the opportunity to further my educational curiosity in Developmental Biology. My Thesis work was examining cAMP and GAG accumulation due to PGE2 stimulation in developing chicken osteocytes. In retrospect, I realize that I began to appreciate the need for methodical thinking as it forced me to keep data more organized and made decision making and problem solving easier. I received my Master of Science in Biology in the spring of 1986. I continued my research interests working as a Senior Research Assistant at St. Louis University, Department of Neonatology before matriculating at the University of Missouri School of Medicine in August of 1986.

During medical school I continued to have great interest in basic scientific facts and found it intellectually stimulating. I volunteered my time to help a faculty member in the Department of Anatomy studying the qualitative and biochemical effects of Fetal Alcohol Syndrome in an Avian model. I do realize that medicine is truly intellectually limitless and we can never learn all the facts; however, I believe that it is the physician's responsibility to pursue as much knowledge as possible, whether clinical thought or surgical procedure, in order for patients to fully benefit. In all the clinical clerkships I experienced, I found the surgical procedures to be the most appealing to me. My Orthopaedic Surgery rotations have allowed me to discover a very dynamic approach to problem solving and I found that most orthopaedic procedures appeal to me, whether caring for the postoperative ward patients, working in a routine outpatient clinic, evaluating acute care in the emergency room or assuming responsibilities for critical care. However, I still have a great passion for scientific research and feel that it should be a part of my duties to ensure a well rounded Orthopaedic training. I am presently involved in a project examining the effects of local anesthetics on human chondrogenesis with the Department of Orthopaedic Surgery.

Currently my interests are extreme and include trauma management, specifically pelvic and acetabular fractures and research in bone development both in utero and after fractures. Firstly, I am interested in the type of Orthopaedic cases experienced in trauma management because they give the physician the opportunity to treat both sexes and all ages and be exposed to a wide variety of problems requiring many different surgical techniques and procedures. Secondly, I have an interest in laboratory research because it allows me to investigate mechanisms of action in bone development and further explore scientific facts in order to keep abreast with current scientific literature. Ultimately, I would like to remain at a University hospital in an academic environment serving as clinical faculty. This would give me the opportunity to teach, perform Orthopaedic Surgery, and remain active in research projects.

## PERSONAL STATEMENT

My interest to pursue a career in Surgery began during my high school Biology courses. I was introduced to human anatomy and had the opportunity to dissect a fetal pig. During an apprenticeship while in college, I had the privilege to observe several orthopaedic surgeries which further enhanced my curiosity. My experiences with medicine, thus far, have led to a better understanding of what being a surgeon really means which now logically supports my decision.

My decision to enter medical school was based on personal experiences and the enjoyment I got from learning basic scientific facts. In my medical school applications I used my diabetic grandfather as an example of the intrigue I found learning about the disease process. The chronic sequela of his disease resulted in Charcot's foot and subsequently a below the knee amputation. During medical school I also had a great interest in basic scientific facts and found it intellectually stimulating. I realize that medicine is truly intellectually limitless and we can never learn all the facts; however, I believe that it is the physician's responsibility to pursue as much knowledge as possible, whether clinical thought or surgical procedure, in order for patients to fully benefit. In all the clinical clerkships I experienced, I found the surgical procedures to be the most appealing to me.

I personally find great enjoyment in the operating room but this is due to a combination of understanding basic human anatomy and the step-by-step approaches used to correct a surgically indicated problem. In retrospect, I realize that I began to appreciate the need for methodical thinking while completing my thesis work at St. Louis University. This forced me to keep data more organized and made decision making and problem solving easier. This type of thinking is paramount in the clinical arena as well. My General Surgery rotations have allowed me to discover a very dynamic approach to problem solving and I found that most surgical procedures appeal to me, whether caring for post-operative ward patients, working in a routine outpatient clinic, evaluating acute care in the emergency room, or assuming responsibilities for critical care. However, I still have a great passion for scientific research and feel that it should be part of my duties to ensure a well rounded surgical training.

Currently my interests are many and varied. These include trauma management and research in developmental and biochemical processes. Firstly, I am interested in the type of cases experienced in trauma management because, like General Surgery, they give the physician the opportunity to treat both sexes and all ages and be exposed to a wide variety of problems requiring many different surgical techniques and procedures. Secondly, I have an interest in laboratory research because it allows me to investigate problems more freely and further explore scientific facts which will help me understand clinical problems. Ultimately, I would like to remain in an academic environment serving on the clinical faculty. This would give me the opportunity to teach, perform surgery, and remain active in research projects.

The training and career I have outlined above is both variable and time demanding. Since my training will jeopardize my free time with my family and friends, there will be a greater need to perform with a high degree of efficiency. One must be self motivated and maintain a sense of intensity while still realizing the problems can occur requiring a display of patience. I feel that I am suited for a surgical profession because of my personality, energy level, and desire. I don't deny any naivete toward my future in Surgery; however, the evaluation of my strengths and weaknesses make this an exciting yet logical choice.

## FUTURE CHOICES - Time line and suggestions

1. Organizational Meeting
  - Decide which departments you would like to be represented
  - Decide who in the departments you would like to ask.  
We asked only department chairmen or residency selection directors.
2. Set up a blank schedule and reserve a room for the seminars. We tried to allow a full session for things like Medicine and Surgery so that they would have time to discuss fellowship training as well. The more specialized fields were scheduled for one half of a session.
3. 4-6 weeks prior to the starting time, send letters to the faculty members.
4. 3-4 weeks prior to starting, contact the faculty members by phone and fill in the schedule. You may want to schedule an extra day for some flexibility.
5. Mail letters to the students (M-1, M-2, M-3) explaining the program and including a complete schedule. We did this the week before knowing that they'd forget it we did it any sooner.
6. Make signs and post schedules at various places within the school where each of the classes are likely to see them. Ask a rep from each class to announce it if possible.
7. The morning of each seminar call the participant and remind them.
8. Finally, following each seminar send a thank you note to the faculty member to help assure future participation.

March 2, 1989

To: Department Chairmen / Residency Program Directors  
From: Ted Groshong - Associate Dean for Student Affairs  
Amy K. Davis and Carl Gold - Organization of Student  
Representatives

Subject: Future Choices Residency Seminars

In light of the success of past presentations of the Future Choices seminars, and the student demand for them once again, OSR and the Dean's Office would appreciate your participation in these weekly programs again this year.

As you may recall, these lunch-bag seminars are open to all medical students but are attended most heavily by M-1's and M-2's. They will be held from 11:40 to 12:30 on Tuesdays and Thursdays in room S-261 (Nursing Building). The first seminars will begin the week of March 21, 1989 and will end April 28, 1989 (in order to finish before finals and graduation). The exact date of your anticipated presentation is negotiable within this period of time.

This is an excellent opportunity for a much needed information exchange between those participating in the resident selection process and students. Guidelines for the discussion should include: career options in each specialty; elements of a residency; application process; suggested qualifications of an applicant; subspecialties/fellowships; and more. Following a brief presentation on these topics, a question and answer period will be afforded to address specific concerns of the students.

We will be contacting you in the next week to confirm the details. We appreciate your support and cooperation.



UNIVERSITY OF MISSOURI-COLUMBIA

School of Medicine

Office of the Dean  
Student Affairs

MA202 Medical Science Building  
Columbia, Missouri 65212  
Telephone (314) 882-2923

March 17, 1989

TO: ALL MEDICAL STUDENTS

FROM Organization of Student Representatives (OSR)  
Amy Davis, Junior Representative  
Carl Gold, Senior Representative

RE: FUTURE CHOICES SEMINARS

OSR and the Dean's Office have organized "Future Choices Seminars" which begin this week. These brown-bag, lunchtime seminars are designed so that individual departments may provide students with information concerning selection into residency programs. Guidelines for the discussions include: career options in each specialty; elements of a residency; application process; suggested qualifications of an applicant; and more. Following a brief presentation on these topics, a question and answer period will be afforded to address specific concerns of the students.

We hope that these seminars will help direct students to informed career decisions and avoid some of the last minute confusion that students may experience in making these decisions. Listed below is the schedule of speakers and the time and place for the seminars. SEE YOU THERE!

SCHEDULE ATTACHED!!!!!!!!!!



FUTURE CHOICES SEMINARS

TIME: Tuesdays & Thursdays 11:40 - 12:30 PLACE: S-261 (nursing)

<u>DATE</u>	<u>DEPARTMENT</u>	<u>SPEAKER</u>
March 23	Anesthesiology TO BE ANNOUNCED	G.W.N. Eggers, M.D.
March 28	Emergency Medicine Ophthalmology	Dean Nierling, M.D. Joseph Giangiacomo, M.D.
March 30	M4's	
April 4	Neurology Surgery/Orthopedic	William Crowley, M.D. Wm. C. Allen, M.D.
April 6	Dermatology To be Announced	Daphne Anderson, M.D.
April 11	Surgery/Urology Family Medicine	Gilbert Ross, M.D. Harold Williamson, M.D.
April 13	Child Health	Judith Miles, M.D.
April 18	Medicine	C. Stephen Brooks, M.D.
April 20	General Surgery	Michael Metzler, M.D.
April 25	OB/GYN	James Daly, M.D.
April 27	Pathology Surgery/ENT	Mitchell Rosenholtz, M.D. William Davis, M.D.

NOTE:  
Psychiatry and Surgery/Neuro to be announced.

/cb

# **Future Choices Seminars**

**Today: April 6, 1989**

**Dermatology/Radiology**

**Location S261**

Residency Program Career Counseling Survey Form

Residency Program \_\_\_\_\_

Department/Division \_\_\_\_\_ Telephone \_\_\_\_\_

Office Location \_\_\_\_\_

Faculty Resource Person \_\_\_\_\_ Title \_\_\_\_\_

1. How long (in years) is the residency in your specialty?
2. Are there program advisors available and prepared to counsel students about their specialty choice, selection, and location of programs? If so, please give name and extension number.
3. Does your specialty participate in the National Residency Matching Program (NRMP)?  
If not, please give the approximate dates of your match.
4. What is your specialty looking for in a graduating medical student?
5. What basic advice might you give a student considering applying to your specialty?
6. What are the steps students should follow to receive letters of recommendation from your faculty?

OHSU "Strolling through the match"

Residency Program Career Counseling Survey Form - Continued

7. What portions of a candidate's application and C.V. do you consider most important in ranking applicants?

8. What are you looking for in candidates during the interviewing process?

9. Comment on how competitive the residency programs are in your specialty area?

10. What are the short and long range outlooks for graduates of your specialty relative to supply, demand, and practice options?

11. If you were a student today planning on applying for a residency in your specialty, to which programs (besides your own) would you give serious consideration and why? Please list 5-10 individual programs.

12. Other comments:

OHSU "Strolling through the Match"

**CHAPTER 7-- INDEX OF PROJECTS (in their order of appearance)**

<u>Name of Project/Resource</u>	<u>Year Submitted</u>	<u>Appendix</u>
Medical Student Exchange: USF College of Medicine and Odessa Medical Institute	90/91	NO
Books for Development Project	90/91	NO
Foreign American Medical Experience (FAME) Organization at University of Pittsburgh	91/92	NO
Exchange Program with the Soviet Union	91/92	NO

Project Title: Medical Student Exchange: USF 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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Caroline Connor

School Name: University of Florida College of Medicine

Home Address: 2777-KK176 SW Archer Road, Gainesville, FL 32608

Home Phone Number: 904-371-6237

Project Title: Books for Development Project

ABSTRACT:

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

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Vicki Hendrick

School Name: UCLA

Home Address: 1528-A 17th Street, Santa Monica, CA 90404

Home Phone Number: 213-315-1908

**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.

Attachments: NO

Number of Additional Pages: 0

Abstract Author: Mark L. Mokrzycki  
School Name: University of Pittsburgh  
Home Address: 4508 Centre Avenue, Pittsburgh, PA 15213  
Home Phone Number: 412-687-4960

91/92



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.

Attachments: NO      Number of Additional Pages: 0

Abstract Author: Michael D. Geschwind  
School Name: Albert Einstein College of Medicine  
Home Address: 1935 Eastchester Road, 25B, Bronx, NY 10461  
Home Phone Number: 212-863-2908

91/92

**CHAPTER 8 -- INDEX OF PROJECTS (in their order of appearance)**

<u>Name of Project/Resource</u>	<u>Year Submitted</u>	<u>Appendix</u>
The Role of Student Representatives in the LCME Re-Accreditation Process: A Guide to Organizing Effective Student Participation	90/91	NO
OSR ACTION PACK	90/91	NO
OSR Legislative Call-To-Action	91/92	NO

DRAFT

**THE ROLE OF STUDENT REPRESENTATIVES  
IN THE LCME RE-ACCREDITATION PROCESS:  
A GUIDE TO ORGANIZING EFFECTIVE STUDENT PARTICIPATION**

Your medical school is up for re-accreditation by the Liaison Committee on Medical Education (LCME). What does this mean for you and for your school? What goes on during an accreditation, and what role can you play in the process? This introductory section is designed to give you an overview of the process and to describe the materials in this chapter. THE MAIN GOAL IS TO HELP YOU TAKE PART EFFECTIVELY IN THIS RARE OPPORTUNITY TO IMPROVE THE MEDICAL EDUCATION YOUR SCHOOL PROVIDES.

This chapter, from the ORGANIZATION OF STUDENT REPRESENTATIVES (OSR) RESOURCE MANUAL, has been written for students, by students who have been involved in LCME accreditation matters at either the local or national level. It has been reviewed by the two Co-Secretaries of the LCME for completeness and accuracy. Other chapters in the Resource Manual are written to help interested students work to solve a variety of the perennial problems of medical education.

This chapter is designed as a companion to the official LCME publication entitled, "The Role of Students in the Accreditation of U.S. Medical Education Programs," which describes the entire LCME accreditation process and the various involvements open to students. The LCME publication was recently revised to promote greater inclusion of students in the process. YOU MUST READ THE OFFICIAL LCME PUBLICATION IN ORDER 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, such as the Association of American Medical Colleges' Organization of Student Representatives (AAMC-OSR) and American Medical Association's Medical Student Section (AMA-MSS) representatives, prepare the students at their school to contribute effectively. It is constructed in 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 big commitment for a group of students to make. With this chapter, the official LCME publication, and the information provided to the OSR and MSS representatives at their regional and national meetings, you will be able to draw on the experience of many students who have been involved with LCME re-accreditations. Please take time to read the final section of this chapter about documentation, so others may gain from your experience.

AN OVERVIEW OF THE LCME ACCREDITATION REVIEW PROCESS

As students, we have the most direct contact with a school's educational program, and are uniquely sensitive to its strengths and deficiencies. In recognition of this potential to contribute, the LCME process is designed

to encourage student participation. The evaluation of the program is strengthened by effective student participation. At the same time, the process offers a powerful mechanism for students to raise their concerns with the school's administration and faculty.

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

#### EDUCATION OF PHYSICIANS

#### ADVANCEMENT OF THE STATE OF THE ART AND SCIENCE OF MEDICINE

Institutions elaborate on these goals in a variety of ways that distinguish them from each other. But in every instance, the IDEAL is for faculty and students to collaborate as a community for the attainment of these goals.

To help interested students participate in the re-accreditation, your school's representatives to the MSS and OSR are being offered systematic orientation at their meetings to the students' role and the resources available to assist them. This chapter contains the cornerstones of that information.

First, you should know what a re-accreditation IS NOT:

Your school is not in imminent danger of being put out of business.

Your medical degree is not in jeopardy.

And what OPPORTUNITIES an accreditation review provides:

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.

It is the time when schools are generally most active in addressing the problems facing their medical education programs. This applies to the period leading up to the site visit and production of the reports, as well as to the period after the LCME's report is issued and the school works to address the areas of greatest concern

You should also know what the LCME IS AND DOES:

It is made up of medical educators and staff from the AMA and the AAMC, hence the "Liaison" in the title.

It is the only congressionally authorized organization that maintains, through its accreditation powers, the standards of medical education in this country. The LCME is also involved in the process in Canada.

Due to some recent evolution in the leadership and basic philosophy of the LCME, it has become a strong proponent for improvement and reform in the short-comings of 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 inquire how the school has included students throughout the process. The actual LCME team focuses much of their attention on the student opinions contained in the reports and brought out during the formal interviews during the site visit. Well organized student input can concentrate the attention and reform efforts of the school and the LCME on the issues of greatest concern to the students.

And you should know what the LCME DOES NOT DO:

The LCME does not withhold accreditation from schools, except in EXTREMELY rare instances. Basically, every school is re-accredited. The main point of the re-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 what specific problem areas 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.

And you should know the BASIC MECHANISM of an accreditation review:

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

The LCME's basic guidelines for the evaluation of every school involve two main phases. First, the school performs an internal analysis and reports on its strengths and weaknesses. Then the dean appoints a

Self-Study Task Force and Steering Committee, which produces the school's Educational Database, the Institutional Self-Study Report, and the Executive Summary.

The Self-Study and Summary report form the starting point for the second phase where an LCME team of expert evaluators conducts a thorough external review of the school. This team reads the school's materials, visits the campus, conducts interviews, then drafts a final accreditation report for the LCME's consideration. The LCME finalizes the accreditation report, which contains a list of recommendations regarding problems that the 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 listing should be a basic function of an accreditation review.

Students should be included on the Task Force, Steering Committee, and subcommittees. Gentle persistence may be required to get the dean to appoint student members to these groups. The task of providing student input is large enough that the coordinated efforts of many other students will increase effectiveness. But most importantly, the students need to be well informed about the process and understand the role of representing student concerns, as outlined in the remainder of this chapter.

## CALENDAR OF EVENTS AND RELATED STUDENT ACTIVITIES

Using the calendar from the official LCME booklet as a template (see appendix), the following section reviews the expected chronology of the process, with emphasis on the important dates for initiation of involvement, on useful sources of 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 chapter will be sent to the representatives of these two organizations. A letter should then go from the OSR and the MSS representatives to the dean, indicating their willingness to be involved in the process, with specific reference to the Institutional Self-Study Task Force, the Task Force Steering Committee, and the various subcommittees in which the representatives have particular interest. The letter should indicate the specific exposure these representatives have had to the re-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:

- a. You are willing and interested, and
- b. 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,

We understand that the All-American School of Medicine has been scheduled for an LCME re-accreditation survey on February 29, 1989. As the representatives to the Organization of Student Representatives of the AAMC and/or the Medical Student Section of the AMA, we are interested in working on the behalf of student concerns in this process. Through OSR and MSS 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. This letter is to offer our help in any way we can.

Thank you for your assistance and your kind consideration.

Sincerely yours,

ss/Joe and Jean Cool, M5  
{AAMC/OSR 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.

Included in the initial materials going to the dean from the LCME, is a letter authored by the leaders of the OSR and MSS and the two Co-secretaries of the LCME (see appendix). (This letter still has to be developed with Drs. Jonas and Kassebaum.) The letter describes how the representatives are prepared to organize student participation and serve as student leaders in the process. Through this the dean is notified to expect further communication from the OSR and MSS representatives.

Although the dean is expected to alert the student body about the upcoming re-accreditation survey, the timing of this alert can vary considerably. The OSR and MSS will try to notify their representatives as soon as 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. An informational notice has been developed by student members of the LCME to go to the student body (see appendix). (We will insert the piece that Ross Schwartzberg, the OSR representative to the LCME, is writing in the appendix.)

When you are made aware that your school is up for re-accreditation, 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 represent student opinion productively, will increase considerably if you are a member of the Self-Study Task Force, and its 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 the time to meet with the medical student government to introduce them to the re-accreditation process, and to the various roles open to students.

One fundamental key to success for student participation in the re-accreditation 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. The best way to accomplish this goal is to work with the student leaders in your medical student government. While you are



working with the dean to obtain appointment to the Institutional Self-Study Task Force, arrange to put the upcoming re-accreditation 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 re-accreditation process as an OSR or MSS representative, including discussion sessions at regional and national meetings. Show them the official LCME publication and this chapter.
3. Stress the positive nature of the opportunity an accreditation provides for improving the education your school offers.
4. Briefly outline the history of the LCME in general, and the results of the previous LCME visits to your school in particular (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, as discussed elsewhere in this chapter.
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 (discussed below). Sample databases prepared by other schools, which are available from the MSS and OSR, will help illustrate the variety of approaches to this task.
7. At this time, begin identifying specific interested and responsible students who can:
  - a. assume responsibility for the preparation of various sections of the database, and
  - b. represent student interests on certain student oriented 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, and so on. The forest of information presented by each of these departments will quickly become an impenetrable jungle if you do not map out goals and strategies early on. As mentioned below in the guidelines for student participation, 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 the impact you have. Strict attention to this principle will help streamline your work and increase your effectiveness.
9. Emphasize the global objectives of student participation in the re-accreditation 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 areas in need of improvement.

When the student body and the student government have been informed of the upcoming accreditation review, you should schedule a meeting between the dean and interested student leaders and representatives. 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 re-accreditation process at your school;
2. Determination of the method by which the students who will meet with the LCME Site Survey team will be selected;
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 interim progress reports, with their lists of institutional strengths and weaknesses;
  - b. AAMC Graduation Questionnaire results, where the previous senior classes have given their assessments of your school;
  - 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 facing the involved students. It provides an opportunity for the students to analyze 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 Data Base, but there is considerable flexibility about what additional information may be included. Using available resources, and conducting whatever information gathering is necessary, students preparing the Data Base can assess a broad spectrum of student opinion and concerns.

Potential sources of information helpful in completing this database are described in the official LCME publication, which also presents samples of survey instruments other students have used with good results, and methods for gathering information which you may find helpful. The OSR and MSS also have examples of student databases from other schools' LCME reports, noted by the LCME teams to be extremely useful and effective.

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 for addressing 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 visit team. Re-evaluate 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.

STEP 4 Dean appoints members of the Institutional Self-Study Task Force and Steering Committee, including student representatives.

STEP 5 Self-Study Task Force establishes its objectives, scope of study, and sets sub-committees. 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 separate subcommittee reports 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 student success during this phase. If you have carefully outlined the students' goals and objectives for this process, you should know which of the subcommittees are likely to address concerns of interest to the students. Concentrate your efforts in these areas. Nevertheless, take the time

to identify active and responsible students and encourage their inclusion 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 these students through regular meetings. This will allow you to deal with issues as they arise.

**STEP 6** Dean collects completed Data Base forms and distributes copies to Self-Study Task Force and subcommittees.

**STEP 7** 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 on 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. Do not neglect to focus positive attention on 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, under STEP 11, for the students who will meet with the LCME site visit team. They are also 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 at the school limits our perspective on some of the longer-running issues. Some topics have caused dissention for decades and may require concerted effort for you to fully grasp. 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 of discussion. If you keep this in mind, you may be surprised how much you can accomplish.

**STEP 8** Institutional Task Force, as a whole, reviews reports of subcommittees; prepares detailed lists of strengths, weaknesses, and recommendations for improvement of the college of medicine and the educational program leading to the M.D. degree.

**STEP 9** 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 long range course your institution plans to follow in curriculum review and development, and in its relations with the various members of its constituency, including the students.

At this same time, the LCME recruits the five member survey team from medical educators around the country. This survey team will review all of the school's materials, visit the school, and write a draft report to the LCME. This draft will be considered by the LCME, modified as necessary, and issued as the final report on the accreditation of the school. The final report will contain the definitive conditions of accreditation for your school.

Because of the time constraints and size of the task, the members of the external reviewing team from the LCME will focus primarily on the issues raised by the school in the Executive Summary. The Summary will guide their discussions and review. For this reason, the wording of seemingly innocent phrases in the Summary can be crucial to how the LCME interprets the issues, and thus crucial to the recommendations made to your school in the LCME's final report.

Remember that 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 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, compromise a school's ability to educate its students.

Although you will have opportunities to express the views and desires of the student body during the actual site visit, and during the interim visits that may follow this accreditation review, 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 produce change. Issues which are successfully resolved at this stage will carry more weight in real accomplishment precisely because they have been accepted as 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 should never forget that you represent the students, your responsibilities to the institution at large should become an equally important part of your work.

**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.

In the process of assembling the reports and preparing to meet with the survey team, you may find that certain issues of particular student interest have not been adequately addressed, explained, or clarified. Or you may not have been sufficiently included in the school's official mechanism of assessment to raise student concerns effectively because of timing or other problems. However, you are welcome to write any supplemental student report to raise issues with the LCME. You may submit this report to the LCME with the school's Executive Summary or at the time of the actual site visit, if you feel this would be useful. 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.

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. Obviously, the greatest chance to have a positive impact comes with organized participation from within the institutional framework, so this independent effort should be a last resort.

**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 you have accomplished over the 18 months should pay a large dividend. Throughout the course of the Self-Study, you should have refined and updated the student database to emphasize the few key issues with the highest priority on the students' agenda. You should know how these items have been received by the administration and the members of the Task Force in general. And you should know whether and how these items have been incorporated into the Executive Summary, which by this point has been completed and mailed to the LCME Secretary.

Planning for the site visit interviews should begin at least two months in advance. The dean is requested by the LCME to select a group of students who represent a broad cross-section of interests and concerns to meet with the LCME site visit team. The dean makes the final

approval of which students are selected, but may ask the OSR and MSS representatives and other student leaders to assist in the selections. If the administration is choosing them, you may need to prompt the dean gently to get it done far enough in advance. If the student body or its leadership is making the choices, also help facilitate this at least one month before the site visit.

However they are selected, you should meet with these students at least one month prior to the interviews. It is extremely important that these students are well informed about the issues of prime concern to the rest of the student body. It is not important that these individuals represent a unified set of opinions. In fact, such a narrow perspective would defeat the purpose. However, it is important that the students understand the general goals and objectives of a re-accreditation survey, and that they are capable of presenting responsible opinions without "griping." They also need to be given sufficient time and preparation to assess the issues of prime concern to the student body and the work that has already been done eliciting and refining student input.

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

1. Personal opinions are fine, but keep in mind that you are the representatives of the student body at-large. As its voice, you are charged with the responsibility of knowing and reflecting the broad spectrum of student opinion to the LCME.
2. The above notwithstanding, focus attention on those few issues which are of greatest importance to the student body. Do not scatter your potency with a shotgun approach to your school's areas of concern. 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 (e.g. military, minority, or combined-degree medical students, etc.). Encourage the representation of their points-of-view. Remember, however, that these guidelines apply to all of those involved.
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. The LCME will not force your school to retire old Dr. Fussy, no matter how many years he has been droning out the same 15th century biochemistry in his unintelligible monotone.
6. Offer alternatives when you offer criticism. Say not only what you would like changed, but how.
7. Remember to also emphasize 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 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 sent to the school after the LCME's considerations, will include the list of Institutional Strengths and Weaknesses for the school just reviewed. This list dictates the level of response, expected by the LCME for the school to maintain its accreditation status, regarding each area of concern identified in the report. Some items of lesser concern will receive little attention between accreditations. Other issues may be satisfied with a follow-up report to the LCME from the school, detailing the progress made. 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.

A great deal can be accomplished with positive participation in this period after the LCME report is issued. 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 site visits. Questionnaires and other methods of assessing student evaluation on an ongoing basis can be very helpful during this 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 re-accreditations 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 in an ongoing manner, is a valuable legacy to the students who will follow you. It is much more difficult to build such a record in retrospect.

Additionally, these records serve a broader purpose. Medical students have not been this actively involved in the accreditation process before; we therefore stand to gain much useful information each time a new group of students becomes involved. By sharing our experiences, we can assist the LCME as they assess the expanded 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 the student activity in the accreditation review of your school. Logical choices for this position are the most junior of your OSR or MSS representatives, since these individuals may still be in school when interim visits occur and thus directly benefit from their efforts.



These representatives can also help coordinate communications among the many student leaders who will eventually become involved in the re-accreditation 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 which issues were felt to be resolved before the Survey Team visit occurred.
3. Issues that were raised by other interest groups within the school and what impact they had in areas of student concern, such as faculty concerns about a lack of emphasis on teaching ability in tenure decisions.
4. Issues that remained unresolved by the time the Survey Team visit occurred, and in what form they were presented to the Survey Team for consideration (or why the students may have chosen to defer consideration of certain issues).
5. The impressions of the students involved in the re-accreditation at the conclusion of the process, regarding their participation and the issues they had raised for consideration.
6. Finally, how the students would have done things differently, if at all, in order to have the most positive influence upon the eventual outcome of the re-accreditation process at the school.

#### AFTERWORD

We feel privileged to have had the opportunity to help organize student participation in the LCME re-accreditation 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 information contained in this guide will make it easy and enjoyable for you to contribute effectively during the re-accreditation of your school.

We welcome any comments or suggestions for the improvement of this chapter in future editions of the OSR Resource Handbook. For assistance or comments, contact your OSR or MSS Regional Chairpersons or the staff person for the Organization of Student Representatives at the following address:

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

**OSR ACTION PACK**  
**Student Financial Aid Issues**  
**April, 1990**

From: Krishna Komanduri, OSR Administrative Board  
To: OSR Representatives

Dear OSR Representative:

As you know, one of the primary goals of the administrative board this year was to find new ways to be responsive to and communicate with our OSR representatives and our medical student constituencies. We hope that this "Action Pack" on the subject of student financial aid issues will be a model of what OSR representatives can accomplish if they work together while trying to achieve an important goal; in this case, mobilizing medical students to write to our representatives in the U. S. Congress on financial aid issues.

As you may know, Congress eliminated the "student status" deferment on Title IV loans as a budget reduction measure as part of the Budget Reconciliation Measure of November, 1989. In the past few years, the elimination of tax deductibility of interest paid on student loans also struck a blow to indebted medical students, who are facing rapidly increasing debt averages year by year. (For more information on these issues, see the article by Sarah Carr, AAMC Legislative Analyst in the Winter, 1990 Progress Notes, enclosed). Because the Higher Education Act will be reauthorized within the coming year, now is a crucial time to mobilize medical students before hearings start on these issues in fall legislative sessions.

Due to the importance of this issue, we request that you take the following steps (based on actions which have been successfully used at other medical schools).

1. Circulate the enclosed petition (run off as many copies as necessary) to medical students, faculty members, and house staff organizations, if possible. Mail the completed petitions to your legislators with a cover letter, and mail one copy to Donna Quinn (address below).

Donna M. Quinn  
Staff Associate  
Section for Student and  
Educational Programs  
Association of American Medical Colleges  
One Dupont Circle, N.W Suite 200  
Washington, D.C. 20036

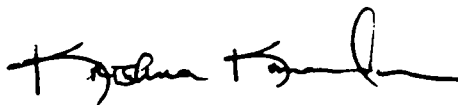
2. Stage an in-class letter writing campaign. Pass out sheets of blank paper and envelopes obtained from your dean of student affairs office and make a brief announcement before a lecture or between classes. Have students write a brief letter during class and tell them to mail them at home. (This really does work, and is great during a boring lecture!). Put up the enclosed transparency and write in names of your senators and representatives. The transparency outlines the ingredients of a successful letter on this topic.
3. Circulate copies of the enclosed page with Sarah Carr's article on financial aid issues which describes the loss of student status deferment more thoroughly and contains addresses of other key legislators to whom students may write on their own time.
4. Encourage students who are interested in helping with these issues to contact you, or sign-up on a list. Responses from students at other schools where these issues have been spotlighted in class announcements have been very favorable. Unlike many other student issues, the amount of money involved and the nature of financial aid woes have made this an issue where it is easy to get even the most apathetic students excited.

The above actions take relatively little time, are inexpensive, and can be enormously effective in educating and mobilizing students on this crucial issue. We hope that the idea of an "Action Pack" is one that can be used with other OSR projects in the future. If you have any questions about this project, please feel free to contact me at the following address:

433 South Seventh St. #1704  
Minneapolis, MN 55415  
(612) 375-9327

Good Luck! We look forward to seeing your petitions.

Sincerely,



Krishna Komanduri  
University of Minnesota Medical School

**Congressional Petition on Student Loan Issues  
Organization of Student Representatives,  
Association of American Medical Colleges**

We, the undersigned medical students, medical residents, and faculty members of United States medical schools are very concerned about the increasing burden of debt facing many medical students and residents. Recent congressional actions including the elimination of the student status deferment on Title IV loans and elimination of tax deductibility of interest paid on educational loans have worsened what is already a serious problem for many physicians in training. We are concerned that with rapidly increasing debt averages of graduating students, incentive to practice in primary care specialties and underserved areas will decline to an even lower level than at present. We are also concerned with the effect that this will have on the representation of minority and disadvantaged groups in the medical profession, as well as the impact these financial issues may have on the overall quality of future applicants to medical schools.

For the above reasons, we urge the Congress of the United States to take the following measures:

1. Lengthen to at least three years the current two-year internship deferment provided on Stafford and Perkins loans in Title IV of the Higher Education Act of 1965, as amended.
2. Restore the tax deductibility of interest paid on educational loans.
3. Increase the annual borrowing ceiling on Stafford Student Loans (G.S.L.) to \$10,000 from the current amount of \$7,500 in order to limit reliance on unsubsidized, market rate loans, such as the Health Education Assistance Loan, which exacerbate indebtedness.
4. Commission a General Accounting Office study of indebtedness among graduate and professional students to determine whether it is having adverse effects on educational and career choice, especially to disadvantaged and minority students.

Line 1: Name, position (e.g. internal medicine resident, 3rd yr med student)  
Line 2: Full Address, Date

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\_\_\_\_\_  
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**National In-Class Letter Writing Campaign  
Organization of Student Representatives, AAMC**

Dear Medical Student:

Thank you for participating in this national letter writing campaign on medical school financial aid issues. Please write a short letter to your senator or representative including the following points:

1. That you support the lengthening of the deferment period on Title IV Government Loans (including Perkins and GSL Loans) to at least three years. Currently, loans may be deferred for only two years, and the "student status" deferment for medical residents was recently eliminated by Congress as a loophole.
2. That you support an increase in annual borrowing limits for Stafford (GSL) loans to \$10,000, to reduce dependence on high-interest H.E.A.L. and other loans.
3. That you are concerned with the impact that the enormous debt burdens faced by medical students has a negative impact on career choice and on the presence of minority and underrepresented groups in medicine. Do stress that you are committed to repayment of your student loans, while emphasizing the burdens and pressures which will be placed on you without extended deferment.
4. Personalize your letter to your own circumstances. If you are interested in primary care or serving in an underserved area, mention this. You may wish to include statistics about indebtedness (among 1989 U.S. graduates, 81% were indebted, and their average debt was \$42,374).
5. Mention that residency training is essential, and that without deferment, the income to debt ratio during residency makes repayment very difficult during those years because of very low resident stipends.

Send Letters To:  
U.S. Senators:

\_\_\_\_\_  
\_\_\_\_\_

The Honorable John Doe  
The United States Senate  
Washington, DC 20510

Dear Senator Doe:

INCLUDE YOUR RETURN ADDRESS  
Representatives:

\_\_\_\_\_  
\_\_\_\_\_

The Honorable John Doe  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr./Ms. Doe:

## *federal update*

### **LOSS OF STUDENT STATUS DEFERMENT WHAT IT MEANS AND WHAT YOU SHOULD DO ABOUT IT**

As many of you know, Congress recently amended Title IV of the Higher Education Act to prohibit medical residents from being classified as students for the purpose of deferment. As of January 1, 1990, medical residents applying for deferment of Stafford (formerly GSL), SLS, and Perkins (formerly NDSL) loans will be eligible only for the two year internship deferment (in addition to the grace period). This change was part of a large deficit reduction measure entitled the Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239). It was enacted to close what Congress regarded as a loophole in the Higher Education law which allowed some residents to defer loan repayment beyond the two years provided through the internship deferment. Congress also enacted a "mandatory" forbearance provision which will enable any medical resident who has exhausted the two-year internship deferment to receive forbearance on loan repayment. During forbearance, loan payments are reduced or cease completely but the interest on the loan continues to accrue and will eventually have to be paid by the borrower. (During deferment the federal government pays the interest on behalf of the borrower.) This "mandatory" forbearance is renewable at one year intervals for the length of the residency period beyond the first two years. While forbearance may be helpful in avoiding default, it is costlier in the long run. Borrowers should think carefully before opting for this last-resort measure.

The OSR Administrative Board is encouraging students and residents who are concerned about the effects of the reduction in the deferment to write to federal legislators and the federal agency which administers federal education programs. Your letters should describe the size of the educational debt you are likely to incur (or have incurred) as well as the latest national average level of debt for medical students who graduate with debt. (Among

1989 graduates, 81 percent were indebted and their average debt was \$42,374.) You should briefly discuss why residency training is crucial to the practice of medicine. You should acknowledge that residents earn stipends during residency, but point out that the income to debt ratio makes loan repayment exceedingly difficult during those years. (The national average housestaff stipend in 1989-90 was \$24,288 for first year residents; sixth year residents earned an average of \$31,128. These figures vary considerably by region.) Most importantly, your letters should emphasize that you know you are responsible for repaying all your loans and that you have every intention of doing so. Your main message is to request that Congress consider lengthening the two-year internship deferment in order to ease the repayment burden you will have during your third year of residency and beyond. Letters to the Secretary of Education should request the Department's support for a longer internship deferment. Some reference to the disadvantages of forbearance should also be made.

Your letters should portray how the limitation on loan deferment will personally affect you in your efforts to become a well-trained physician and to honor the loan repayment obligations you have to the federal government. The letters can be hand-written or typed and should be no more than one page in length. They should include your return address so that your representative can respond to you. You should write to your own Congressman and the two Senators from your state as well as to the Secretary of Education. These are most important, but if possible you should also send letters to the five key legislators. Their names and addresses are listed below along with the Secretary of Education.

The Honorable Edward M. Kennedy, Chairman  
Senate Labor and Human  
Resources Committee  
632 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Claibourne Pell  
Chairman, Senate Subcommittee  
on Education, Arts and  
Humanities  
648 Dirksen Senate Office  
Building  
Washington, D.C. 20510

The Honorable Nancy Kassebaum  
Ranking Minority Member  
Senate Subcommittee on  
Education, Arts and  
Humanities  
727 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Pat Williams  
Chairman, House Postsecondary  
Education Subcommittee  
617 House Annex I  
Washington, D.C. 20515

The Honorable E. Thomas  
Coleman  
Ranking Minority Member  
House Postsecondary Education  
Subcommittee  
535 House Annex II  
Washington, D.C. 20515

The Honorable Lauro F. Cavazos,  
Ph.D.  
Secretary of Education  
400 Maryland Avenue, S.W.  
Washington, D.C. 20202

If you have any questions or need further information, please contact Sarah Carr in AAMC's Office of Governmental Relations, at 202-828-0525. In addition, please send to her copies of your correspondence and any responses you receive from your representatives, at AAMC, One Dupont Circle, Suite 200, Washington, D.C. 20036. ■

### **REAUTHORIZATION**

Mary Fenton, director of financial aid, St. Louis Univ. School of Medicine (and chair of the AAMC Committee on Student Financial Assistance), testified on behalf of AAMC and AADS at a U.S. Dept. of Ed. public hearing in regard to the Reauthorization of the Higher Education Act (HEA). Testimony focused on the escalation of debt among medical/dental students and its effect, particularly among minority and low-income students, on career/specialty choice, practice location and debt management. The AAMC made 11 recommendations for statutory or regulatory changes, including an increase in Stafford annual borrowing limits, expansion of the Perkins Loan program, longer loan deferments during residencies, and better communication between lenders, secondary loan markets and borrowers. ■



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW  
WASHINGTON, DC 20036  
TELEPHONE (202) 828-0400

Dear OSR Representative:

All the efforts during the previous legislative session failed to increase the length of the deferment period for repayment of medical education loans during residency. But, Representative Penny (D-MN) and Senator Cohen (R-ME) have re-introduced their bills in the present session. Representative Schulze (R-PA) has introduced legislation to allow interest paid on student loans to be deductible from taxed income. Title IV of the Higher Education Act, which provides, among other things, Stafford (GSL) loans, must be reauthorized this year or pass out of existence. Clearly, this is a time for us to make ourselves heard in an organized and cohesive manner.

We are working with other groups in the AAMC to coordinate meaningful efforts which can have an impact on the legislative process. At this time, we need you to do two things:

1. Please contact the senators and representatives from your state (see enclosed pink sheets for names and addresses) and ask them where they stand on: a) deferring loan repayment until the end of residency; b) raising the Stafford (GSL) limit for graduate students to \$10,000 per year; and c) making interest paid on student loans deductible for tax purposes. We think it will be very effective if, over the next few weeks, every member of Congress were asked, by student representatives in the state he or she represents, to take a position on these issues. If they favor such legislation, ask if they are co-sponsoring the bill already introduced or if they would be willing to introduce legislation to achieve our goals.
2. Since senior medical students typically gather as a class to open their envelopes on Match Day, we would like you to use this occasion to collect their signatures on a petition. If you are a senior, it should be a simple matter to circulate a petition on a clipboard at your class gathering. If you are not a senior, please contact the senior class officers to arrange this task. You will probably find your colleagues eager to cooperate since the topic is of such urgency. If it is convenient at your school to gather signatures from other classes as well, that is great, but this is probably our only chance to involve seniors in this important effort.

You should mail the petition to your own congressional delegation and **PLEASE MAIL A COPY OF THE PETITION TO JESSICA SUTIN at the AAMC, 1 Dupont Circle NW, Suite 200, Washington, DC 20036** so that she will have the whole "fist-full" when she needs them as our lobbyist in Washington. Make sure each name is accompanied by an address, as most congressional staff people will not count names without addresses.

Good luck organizing this effort on your campus! Stay tuned for further Action Packs as this session of the legislature progresses. Thanks!

Sincerely,

Anita Blosser  
University of Kentucky College Of Medicine

Linda Lorenzani  
SUNY-Buffalo School Of Medicine



## PETITION ON MEDICAL STUDENT LOAN ISSUES

We, the undersigned medical students, are concerned about the burden of debt which we and our colleagues will carry into residency. We are also concerned about the effect that higher debts have on the representation of minority and disadvantaged groups in the medical profession. We support the following measures:

1. Lengthen, to the completion of residency, the current two-year deferment provided on Stafford and Perkins loans in Title IV of the Higher Education Act of 1965, as amended.
2. Increase the annual borrowing limit on Stafford Student Loans (GSL) to \$10,000 from their current limit of \$7500 in order to minimize reliance on unsubsidized market-rate loans which exacerbate indebtedness.
3. Restore the tax deductibility of interest on student loans.

<u>Name</u>	<u>Position</u>	<u>Full Permanent Address</u>	<u>Date</u>
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Name

Position

Full Permanent Address

Date

Name

Position

Full Permanent Address

Date



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW  
WASHINGTON, DC 20036  
TELEPHONE (202)828-0400

## Reauthorization of the Higher Education Act -- Title IV

January 15, 1991

The Federal government plays a vital role in sustaining access to higher education for medical students through student financial assistance. Title IV programs (student assistance) under the Higher Education Act expire in FY 1991. In November 1989, the AAMC testified before the Department of Education highlighting issues of concern in the Title IV programs regarding medical education, and outlined suggestions to the Department that will benefit medical students and financing medical education.

The following are the student financial assistance programs utilized by medical students under Title IV. The federal government subsidizes the interest rate during the in-school and deferment periods on all the loans except the Supplemental Loans for Students (SLS) which requires the student to accumulate interest on the loan during the school and deferment period. The Title IV programs allow a two-year residency deferment period for medical students.

**Stafford Loan Limit.** The Stafford loan program (formerly the Guaranteed Student Loan program) allows medical students to borrow \$7,500 a year with an 8 percent interest rate for the first 4 years of repayment and a 10 percent interest rate after 4 years.

The AAMC will urge an increase in the Stafford loan limit from \$7,500 to \$10,000.

**Perkins Loan Limit.** The Perkins loan program allows medical students to borrow an aggregate amount of up to \$18,000. The interest rate on the Perkins loan is 5 percent, lower than the Stafford loan program. The Perkins loan is a revolving loan fund and is available to students with exceptional financial need. The FY 1991 federal capital contribution is \$156 million.

The AAMC supports an increase in funding for the Perkins loan program. The program has few administrative costs, and capital contributions and recycled funds go directly to student assistance. These terms are very favorable to medical students.

**Supplemental Loans for Students (SLS).** The SLS program allows medical students to borrow \$4,000 a year and an aggregate of \$20,000. The interest rate varies on the SLS program according to the rate of the federal Treasury Bill. In 1989-90 the rate was at 12 percent.

### **AAMC Issues for Reauthorization.**

**Internship and residency deferment.** Currently medical residents are allowed a two year deferment in Title IV student assistance programs. The AAMC supports an expansion of the two year deferment. In January, Rep. Penny introduced H.R. 179 and Senator Cohen introduced S. 102 to

extend the student loan deferment period throughout the duration of the residency training. Both Rep. Penny and Senator Cohen intend to use the reauthorization of the Higher Education Act as an opportunity to address the issue of student loan deferment for medical residents.

**Residency Recruitment Travel Expenses.** The Department of Education excludes "post-enrollment" costs in student aid budgets which prohibits medical students from using financial assistance to cover the cost of travel to residency and internship interviews. The AAMC will urge allowance of financial aid funds to be used toward these educational costs.

**Title IV Loan Consolidation.** The complexity of loan packages for medical students makes consolidation of loans unappealing. Currently, loan consolidation means higher interest rates, loss of deferment options, and minimum payment of no less than accrued interest. The AAMC will encourage a loan consolidation program that will be less of a burden on students as well as give students an incentive to participate in the program.

**Pell Program.** The AAMC supports an increase in the Pell program. Pell grants assist minority and disadvantaged students in financing undergraduate university or college education. The increasing indebtedness at the undergraduate level will only act as a further disincentive to the pursuit of medical education.

**Increase Funding for Title III, TRIO, and Title IX programs.** The AAMC supports an increase in these programs as a means to address the issue of early intervention at the undergraduate level to recruit and retain minority and disadvantaged students interested in the health professions. The grants provide enrichment programs, financial aid, community outreach efforts for early intervention programs, and support for historically black colleges and institutions serving minority students.

**Student Loan Interest Deductibility.** The Tax Reform Act of 1986 classified student loans as "consumer debt" and thus, phased out the tax deductibility of interest on student loans. While this issue does not fall under the jurisdiction of the 1991 Higher Education reauthorization, the AAMC supports a reinstatement of tax deductibility of interest on student loans. The ability to deduct student loan interest helps students manage debt, and would alleviate some of the financial burden of borrowing to invest in higher education.

For more information contact Leslie Goode or Jessica Sutin, Office of Government Relations, 202-828-0525.



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW  
WASHINGTON, DC 20036  
TELEPHONE (202)828-0400

## STUDENT LOAN DEFERMENT FOR MEDICAL RESIDENTS

**Background:** Current law, as specified in the Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239), states that medical residents are eligible for a two year deferment before beginning repayment of loans sponsored by the U.S. Department of Education, as authorized in Title IV of the Higher Education Act. P.L. 101-239 prohibits residents from claiming "student status," a classification that allows deferment to be extended. However, Congress included a provision in the same statute that allows residents to elect forbearance on Title IV loans for the duration of the residency period. Forbearance is renewable at one year intervals for the length of the residency period beyond the first two years. Forbearance is a costlier option than deferment because during forbearance interest that must be paid by the borrower accrues on the total amount of the loan.

The ability to defer loans during residency is a crucial benefit to medical residents because of the large educational debts they face upon graduation. Among 1990 medical school graduates, 81 percent borrowed to finance their medical education. Educational debts upon graduation averaged \$46,224 and can total more than \$100,000. Approximately 40 percent of medical students graduated with over \$50,000 in educational debts. Among underrepresented minority medical school graduates indebtedness levels are even greater. In 1990, the average debt of underrepresented minority graduates was \$50,944; 43 percent had debt above \$50,000.

Following four years of medical school, residents begin a long period of additional training lasting from three to seven years depending on the specialty. Residency training is required for licensure in all but two states and for certification in a medical specialty. Most residents (87 percent) continue training for at least three years. Along with advanced training in a chosen specialty, medical residents are engaged in the provision of clinical services to hospitalized and ambulatory patients. With the assistance of the Medicare program and, in some cases state resources, teaching hospitals provide residents with stipends in return for services. First year residents earn approximately \$25,770 and sixth year residents earn approximately \$32,660.

**Debt-To-Income Ratio:** It is important to emphasize that a resident's ratio of debt-to-income is what makes repayment during residency difficult. The ratio of the cost of loan repayment (debt service) to income is typically considered manageable if the debt servicing cost does not exceed eight percent of gross income. For many indebted medical residents, loan repayment costs exceed 12 percent of gross income and for the most highly indebted, these costs can be 25 percent and more of gross income. When the deferment on Stafford Student loans ends after the second year of residency training, the loan servicing costs become unmanageable for a significant number of residents.

**Social Implications:** Congress and the Administration should be concerned about medical student indebtedness and the effects of the deferment restriction for several reasons. Indebtedness can be a formidable barrier to medical education, especially for low-income and minority students, and it harms efforts to broaden access to the profession of medicine. In addition, debt is a factor in decisions about specialty choice and practice location. Debt burdens may discourage the pursuit of advanced training, create financial barriers to practicing in underserved and geographically remote locations, and exacerbate minority underrepresentation in medicine. The forbearance provision established by Congress last year is not a solution to this problem. Although it enables a borrower to reduce or cease payments while in residency, debt increases as interest on the loan continues to accrue and to compound. A longer deferment period will ease the indebtedness problem and, by so doing, help ensure access to medical education, eliminate the problems of specialty and geographic maldistribution, and better enable physicians to provide health care services to the nation's poor and underserved populations.

**Legislative Status:** In 1990, Representative Timothy Penny (D-MN) and Senator William Cohen (R-ME) introduced H.R. 4690 and S. 2796, to allow medical residents to defer repayment on Title IV loans throughout the duration of their residency training. H.R. 4690 and S. 2796 were not enacted during the 101st Congress.

In January 1991, Rep. Penny and Sen. Cohen reintroduced their legislation as H.R. 179 and S. 102. The bills address concerns about the effect of resident indebtedness on specialty choice and practice location, and are intended to "ensure that loan repayment obligations are not acting as a disincentive to advanced training and adversely affecting career choice and service to the poor and underserved by temporarily alleviating loan repayment requirements for borrowers serving internship and residency programs." Special emphasis is placed on assisting and ensuring minority representation in the medical profession through the extension of the deferment period. Rep. Penny and Senator Cohen intend to use the 1991 reauthorization of the Higher Education Act as an opportunity to address the issue of student loan deferment. Hearings for reauthorization in the House Education and Labor Committee begin in February/March 1991.

For further information, please contact Leslie Goode or Jessica Sutin, in the AAMC's Office of Government Relations, at 202-828-0525.

# United States Senate (102nd Congress)

**Notes:** (1) Building abbreviations are:

- DSOB = Dirksen Senate Office Building
- HSOB = Hart Senate Office Building
- RSOB = Russell Senate Office Building

(2) Use of ZIP+Four in mail to Senators' offices will expedite delivery. When writing, do not use room or building. The correct form is, e.g.:  
Honorable Brock Adams  
United States Senate  
Washington, DC 20510-4703

(3) Where provided by individual offices, facsimile (FAX) numbers are included below.

**102nd Congress**

**DEMOCRATS: 56**

**REPUBLICANS: 44**

**101st Congress**

**Democrats: 55**

**Republicans: 45**

Name	Location	ZIP+Four	Telephone	FAX Number
<b>A</b>				
Adams, Brock (D-Wash.)	SH-513 HSOB	20510-4703	224-2621	224-0238
Akaka, Daniel K. (D-Hawaii)	SH-720 HSOB	20510-1103	224-6361	
<b>B</b>				
Baucus, Max (D-Mont.)	SH-706 HSOB	20510-2602	224-2651	
Bentsen, Lloyd (D-Tex.)	SH-703 HSOB	20510-4301	224-5922	
Biden, Joseph R., Jr. (D-Del.)	SR-221 RSOB	20510-0802	224-5042	
Bingaman, Jeff (D-N.M.)	SH-524 HSOB	20510-3102	224-5521	
Bond, Christopher (Kit) (R-Mo.)	SR-293 RSOB	20510-2503	224-5721	
Boren, David L. (D-Okla.)	SR-453 RSOB	20510-3601	224-4721	
Bradley, Bill (D-N.J.)	SH-731 HSOB	20510-3001	224-3224	
Breaux, John B. (D-La.)	SH-516 HSOB	20510-1803	224-4623	
Brown, Hank (R-Colo.)	SH-717 HSOB	20510-0602	224-5941	
Bryan, Richard H. (D-Nev.)	SR-364 RSOB	20510-2804	224-6244	224-1867
Bumpers, Dale (D-Ark.)	SD-229 DSOB	20510-0401	224-4843	
Burdick, Quentin N. (D-N.D.)	SH-511 HSOB	20510-3401	224-2551	
Burns, Conrad (R-Mont.)	SD-183 DSOB	20510-2603	224-2644	224-8594
Byrd, Robert C. (D-W.Va.)	SH-311 HSOB	20510-4801	224-3954	224-8070
<b>C</b>				
Chafee, John H. (R-R.I.)	SD-567 DSOB	20510-3902	224-2921	
Coats, Dan (R-Ind.)	SR-407 RSOB	20510-1403	224-5623	
Cochran, Thad (R-Miss.)	SR-326 RSOB	20510-2402	224-5054	
Cohen, William S. (R-Maine)	SH-322 HSOB	20510-1901	224-2523	
Conrad, Kent (D-N.D.)	*SD-361 DSOB	20510-3403	224-2043	
Craig, Larry E. (R-Idaho)	†SH-708 HSOB	20510-1201	224-2752	
Cranston, Alan (D-Calif.)	SH-112 HSOB	20510-0501	224-3553	

\*Moving to SH-724, 3/9.

†Moving to SH-302, 2/23.

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Name	Location	ZIP+Four	Telephone	FAX Number
<b>D</b>				
D'Amato, Alfonse M. (R-N.Y.)	SH-520 HSOB	20510-3202	224-6542	224-5871
Danforth, John C. (R-Mo.)	SR-249 RSOB	20510-2502	224-6154	
Daschle, Thomas A. (D-S.D.)	SH-317 HSOB	20510-4103	224-2321	224-2047
DeConcini, Dennis (D-Ariz.)	SH-328 HSOB	20510-0302	224-4521	224-3464
Dixon, Alan J. (D-Ill.)	SH-331 HSOB	20510-1301	224-2854	224-5581
Dodd, Christopher J. (D-Conn.)	SR-444 RSOB	20510-0702	224-2823	
Dole, Bob (R-Kan.)	SH-141 HSOB	20510-1601	224-6521	224-8952
Domenici, Pete V. (R-N.M.)	SD-434 DSOB	20510-3101	224-6621	224-7371
Durenberger, Dave (R-Minn.)	SR-154 RSOB	20510-2301	224-3244	
<b>E</b>				
Exon, J. James (D-Neb.)	SH-528 HSOB	20510-2702	224-4224	
<b>F</b>				
Ford, Wendell H. (D-Ky.)	SR-173A RSOB	20510-1701	224-4343	
Fowler, Wyche, Jr. (D-Ga.)	SR-204 RSOB	20510-1003	224-3643	224-8227
<b>G</b>				
Garn, Jake (R-Utah)	SD-505 DSOB	20510-4401	224-5444	
Glenn, John (D-Ohio)	SH-503 HSOB	20510-3501	224-3353	
Gore, Albert, Jr. (D-Tenn.)	SR-393 RSOB	20510-4202	224-4944	
Gorton, Slade (R-Wash.)	SH-730 HSOB	20510-4701	224-3441	
Graham, Bob (D-Fla.)	SD-241 DSOB	20510-0903	224-3041	
Gramm, Phil (R-Tex.)	SR-370 RSOB	20510-4302	224-2934	
Grassley, Charles E. (R-Iowa)	SH-135 HSOB	20510-1501	224-3744	224-0473
<b>H</b>				
Harkin, Tom (D-Iowa)	SH-531 HSOB	20510-1502	224-3254	224-7431
Hatch, Orrin G. (R-Utah)	SR-135 RSOB	20510-4402	224-5251	
Hatfield, Mark O. (R-Ore.)	SH-711 HSOB	20510-3701	224-3753	
Heflin, Howell T. (D-Ala.)	SH-728 HSOB	20510-0101	224-4124	224-3149
Heinz, John (R-Pa.)	SR-277 RSOB	20510-3801	224-6324	
Helms, Jesse (R-N.C.)	SD-403 DSOB	20510-3301	224-6342	224-1376
Hollings, Ernest F. (D-S.C.)	SR-125 RSOB	20510-4002	224-6121	
<b>I</b>				
Inouye, Daniel K. (D-Hawaii)	SH-722 HSOB	20510-1102	224-3934	224-6747
<b>J</b>				
Jeffords, James M. (R-Vt.)	SD-530 DSOB	20510-4503	224-5141	
Johnston, J. Bennett (D-La.)	SH-136 HSOB	20510-1802	224-5824	
<b>K</b>				
Kassebaum, Nancy Landon (R-Kan.)	SR-302 RSOB	20510-1602	224-4774	
Kasten, Robert W., Jr. (R-Wis.)	SH-110 HSOB	20510-4902	224-5323	
Kennedy, Edward M. (D-Mass.)	SR-315 RSOB	20510-2101	224-4543	224-2417
Kerrey, J. Robert (D-Neb.)	SH-316 HSOB	20510-2704	224-6551	224-7645
Kerry, John F. (D-Mass.)	SR-421 RSOB	20510-2102	224-2742	224-8525
Kohl, Herb (D-Wis.)	SH-330 HSOB	20510-4903	224-5653	
<b>L</b>				
Lautenberg, Frank R. (D-N.J.)	SH-506 HSOB	20510-3002	224-4744	224-9707
Leahy, Patrick J. (D-Vt.)	SR-433 RSOB	20510-4502	224-4242	
Levin, Carl (D-Mich.)	SR-459 RSOB	20510-2202	224-6221	
Lieberman, Joseph I. (D-Conn.)	SH-502 HSOB	20510-0703	224-4041	224-9750

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Name	Location	ZIP+Four	Telephone	FAX Number
<b>L (cont'd.)</b>				
Lott, Trent (R-Miss.)	SR-487 RSOB	20510-2403	224-6253	224-2262
Lugar, Richard G. (R-Ind.)	SH-306 HSOB	20510-1401	224-4814	
<b>M</b>				
Mack, Connie (R-Fla.)	SH-517 HSOB	20510-0904	224-5274	224-9365
McCain, John (R-Ariz.)	SR-111 RSOB	20510-0303	224-2235	
McConnell, Mitch (R-Ky.)	SR-120 RSOB	20510-1702	224-2541	224-2499
Metzenbaum, Howard M. (D-Ohio)	SR-140 RSOB	20510-3502	224-2315	
Mikulski, Barbara A. (D-Md.)	SH-320 HSOB	20510-2003	224-4654	224-8858
Mitchell, George J. (D-Maine)	SR-176 RSOB	20510-1902	224-5344	
Moynihan, Daniel P. (D-N.Y.)	SR-464 RSOB	20510-3201	224-4451	
Murkowski, Frank (R-Alaska)	SH-709 HSOB	20510-0202	224-6665	
<b>N</b>				
Nickles, Don (R-Okla.)	SH-713 HSOB	20510-3602	224-5754	
Nunn, Sam (D-Ga.)	SD-303 DSOB	20510-1001	224-3521	224-0072
<b>P</b>				
Packwood, Bob (R-Ore.)	SR-259 RSOB	20510-3702	224-5244	
Pell, Claiborne (D-R.I.)	SR-335 RSOB	20510-3901	224-4642	
Pressler, Larry (R-S.D.)	SH-133 HSOB	20510-4101	224-5842	224-1630
Pryor, David (D-Ark.)	SR-267 RSOB	20510-0402	224-2353	
<b>R</b>				
Reid, Harry (D-Nev.)	SH-324 HSOB	20510-2803	224-3542	224-7327
Riegle, Donald W., Jr. (D-Mich.)	SD-105 DSOB	20510-2201	224-4822	
Robb, Charles S. (D-Va.)	SR-493 RSOB	20510-4603	224-4024	224-8689
Rockefeller, John D. (Jay) IV (D-W.Va.)	*SH-724 HSOB	20510-4802	224-6472	
Roth, William V., Jr. (R-Del.)	SH-104 HSOB	20510-0801	224-2441	
Rudman, Warren B. (R-N.H.)	SH-530 HSOB	20510-2902	224-3324	
<b>S</b>				
Sanford, Terry (D-N.C.)	SH-716 HSOB	20510-3304	224-3154	224-7406
Sarbanes, Paul S. (D-Md.)	SH-309 HSOB	20510-2002	224-4524	
Sasser, Jim (D-Tenn.)	SR-363 RSOB	20510-4201	224-3344	224-9590
Seymour, John (R-Calif.)	♦SH-902A HSOB	20510-0503	224-3841	
Shelby, Richard C. (D-Ala.)	SH-313 HSOB	20510-0103	224-5744	224-3416
Simon, Paul (D-Ill.)	SD-462 DSOB	20510-1302	224-2152	
Simpson, Alan K. (R-Wyo.)	SD-261 DSOB	20510-5002	224-3424	224-1315
Smith, Robert C. (R-N.H.)	†SH-825A HSOB	20510-2901	224-2841	
Specter, Arlen (R-Pa.)	SH-303 HSOB	20510-3802	224-4254	
Stevens, Ted (R-Alaska)	SH-522 HSOB	20510-0201	224-3004	
Symms, Steve (R-Idaho)	SH-509 HSOB	20510-1202	224-6142	224-5893
<b>T</b>				
Thurmond, Strom (R-S.C.)	SR-217 RSOB	20510-4001	224-5972	224-1300
<b>W</b>				
Wallop, Malcolm (R-Wyo.)	SR-237 RSOB	20510-5001	224-6441	224-3230
Warner, John (R-Va.)	SR-225 RSOB	20510-4601	224-2023	224-6295

\*Moving to SH-109, 2/27.  
 ♦Moving to SD-361, 3/20.  
 †Moving to SD-332, 3/6.

Name	Location	ZIP+Four	Telephone	FAX Number
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W (cont'd)

Wellstone, Paul David (DFL-Minn.)	*SH-123 HSOB	20510-2303	224-5641	
Wirth, Timothy E. (D-Colo.)	SR-380 RSOB	20510-0603	224-5852	

\*Moving to SH-702, 3/16.

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# United States House of Representatives (102nd Congress)

**Notes: (1) Building abbreviations are:**

- CHOB = Cannon House Office Building
- LHOB = Longworth House Office Building
- RHOB = Rayburn House Office Building

- (2) Use of ZIP+Four in mail to Representatives' offices will expedite delivery. When writing, do not use room or building. The correct form is, e.g.:**

Honorable Neil Abercrombie  
United States House of Representatives  
Washington, DC 20515-1101

- (3) Where provided by individual offices, facsimile (FAX) numbers are included below.**

**102nd Congress**

**DEMOCRATS: 271** (includes 3 nonvoting Delegates, 1 nonvoting Resident Commissioner)

**REPUBLICANS: 168** (includes 1 nonvoting Delegate)

**INDEPENDENT: 1**

**101st Congress**

**Democrats: 263** (included 3 nonvoting Delegates, 1 nonvoting Resident Commissioner)

**Republicans: 175** (included 1 nonvoting Delegate)

**Vacant: 2, as of 1/2/91**

Name	Location	ZIP+Four	Telephone	FAX Number
<b>A</b>				
Abercrombie, Neil (D-Hawaii, 1st)	1440 LHOB	20515-1101	225-2726	
Ackerman, Gary L. (D-N.Y., 7th)	238 CHOB	20515-3207	225-2601	
Alexander, Bill (D-Ark., 1st)	233 CHOB	20515-0401	225-4076	
Allard, Wayne (R-Colo., 4th)	513 CHOB	20515-0604	225-4676	
Anderson, Glenn M. (D-Calif., 32nd)	2329 RHOB	20515-0532	225-6676	225-1597
Andrews, Michael A. (D-Tex., 25th)	303 CHOB	20515-4325	225-7508	
Andrews, Robert E. (D-N.J., 1st)	1005 LHOB	20515-3001	225-6501	
Andrews, Thomas H. (D-Maine, 1st)	1724 LHOB	20515-1901	225-6116	
Annunzio, Frank (D-Ill., 11th)	2303 RHOB	20515-1311	225-6661	
Anthony, Beryl F., Jr. (D-Ark., 4th)	1212 LHOB	20515-0404	225-3772	225-3646
Applegate, Douglas (D-Ohio, 18th)	2183 RHOB	20515-3518	225-6265	225-3087
Archer, Bill (R-Tex., 7th)	1236 LHOB	20515-4307	225-2571	225-4381
Armey, Dick (R-Tex., 26th)	130 CHOB	20515-4326	225-7772	225-7614
Aspin, Les (D-Wis., 1st)	2336 RHOB	20515-4901	225-3031	
Atkins, Chester G. (D-Mass., 5th)	123 CHOB	20515-2105	225-3411	
AuCoin, Les (D-Ore., 1st)	2159 RHOB	20515-3701	225-0855	225-2707
<b>B</b>				
Bacchus, Jim (D-Fla., 11th)	431 CHOB	20515-0911	225-3671	
Baker, Richard (R-La., 6th)	404 CHOB	20515-1806	225-3901	
Ballenger, Cass (R-N.C., 10th)	328 CHOB	20515-3310	225-2576	225-0316
Barnard, Doug, Jr. (D-Ga., 10th)	2227 RHOB	20515-1010	225-4101	225-1873
Barrett, Bill (R-Neb., 3rd)	1607 LHOB	20515-2703	225-6435	
Bartlett, Steve (R-Tex., 3rd)	1113 LHOB	20515-4303	225-4201	
Barton, Joe (R-Tex., 6th)	1225 LHOB	20515-4306	225-2002	225-3052
Bateman, Herbert H. (R-Va., 1st)	1030 LHOB	20515-4601	225-4261	225-4382
Beilenson, Anthony C. (D-Calif., 23rd)	1025 LHOB	20515-0523	225-5911	
Bennett, Charles E. (D-Fla., 3rd)	2107 RHOB	20515-0903	225-2501	225-9635
Bentley, Helen Delich (R-Md., 2nd)	1610 LHOB	20515-2002	225-3061	225-4251
Bereuter, Doug (R-Neb., 1st)	2348 RHOB	20515-2701	225-4806	226-1148

Name	Location	ZIP+Four	Telephone	FAX Number
<b>B (cont'd.)</b>				
Berman, Howard L. (D-Calif., 26th)	137 CHOB	20515-0526	225-4695	
Bevill, Tom (D-Ala., 4th)	2302 RHOB	20515-0104	225-4876	
Bilbray, James H. (D-Nev., 1st)	319 CHOB	20515-2801	225-5965	225-8808
Bilirakis, Michael (R-Fla., 9th)	2432 RHOB	20515-0909	225-5755	225-4085
Blaz, Ben (R-Guam, Delegate)	1130 LHOB	20515-5301	225-1188	225-0086
Bliley, Thomas J., Jr. (R-Va., 3rd)	2241 RHOB	20515-4603	225-2815	
Boehlert, Sherwood L. (R-N.Y., 25th)	1127 LHOB	20515-3225	225-3665	225-1891
Boehner, John A. (R-Ohio, 8th)	1020 LHOB	20515-3508	225-6205	
Bonior, David E. (D-Mich., 12th)	2242 RHOB	20515-2212	225-2106	226-1169
Borski, Robert A. (D-Pa., 3rd)	407 CHOB	20515-3803	225-8251	225-4628
Boucher, Rick (D-Va., 9th)	405 CHOB	20515-4609	225-3861	
Boxer, Barbara (D-Calif., 6th)	307 CHOB	20515-0506	225-5161	
Brewster, Bill (D-Okla., 3rd)	1407 LHOB	20515-3603	225-4565	
Brooks, Jack (D-Tex., 9th)	2449 RHOB	20515-4309	225-6565	225-1584
Broomfield, William S. (R-Mich., 18th)	2306 RHOB	20515-2218	225-6135	225-1807
Browder, Glen (D-Ala., 3rd)	1221 LHOB	20515-0103	225-3261	225-9020
Brown, George E., Jr. (D-Calif., 36th)	2188 RHOB	20515-0536	225-6161	
Bruce, Terry L. (D-Ill., 19th)	419 CHOB	20515-1319	225-5001	225-9810
Bryant, John (D-Tex., 5th)	208 CHOB	20515-4305	225-2231	
Bunning, Jim (R-Ky., 4th)	116 CHOB	20515-1704	225-3465	225-0003
Burton, Dan (R-Ind., 6th)	120 CHOB	20515-1406	225-2276	225-0016
Bustamante, Albert G. (D-Tex., 23rd)	1116 LHOB	20515-4323	225-4511	
Byron, Beverly B. (D-Md., 6th)	2430 RHOB	20515-2006	225-2721	225-6159

**C**

Callahan, Sonny (R-Ala., 1st)	1330 LHOB	20515-0101	225-4931	225-0562
Camp, Dave (R-Mich., 10th)	511 CHOB	20515-2210	225-3561	
Campbell, Ben Nighthorse (D-Colo., 3rd)	1530 LHOB	20515-0603	225-4761	
Campbell, Tom (R-Calif., 12th)	313 CHOB	20515-0512	225-5411	225-5944
Cardin, Benjamin L. (D-Md., 3rd)	117 CHOB	20515-2003	225-4016	
Carper, Thomas R. (D-Del., At Large)	131 CHOB	20515-0801	225-4165	225-1912
Carr, Bob (D-Mich., 6th)	2439 RHOB	20515-2206	225-4872	225-1260
Chandler, Rod (R-Wash., 8th)	223 CHOB	20515-4708	225-7761	225-7762
Chapman, Jim (D-Tex., 1st)	236 CHOB	20515-4301	225-3035	225-7265
Clay, William L. (Bill) (D-Mo., 1st)	2470 RHOB	20515-2501	225-2406	225-1783
Clement, Bob (D-Tenn., 5th)	325 CHOB	20515-4205	225-4311	
Clinger, William F., Jr. (R-Pa., 23rd)	2160 RHOB	20515-3823	225-5121	225-4681
Coble, Howard (R-N.C., 6th)	430 CHOB	20515-3306	225-3065	225-8611
Coleman, E. Thomas (R-Mo., 6th)	2468 RHOB	20515-2506	225-7041	
Coleman, Ronald D. (D-Tex., 16th)	440 CHOB	20515-4316	225-4831	
Collins, Barbara-Rose (D-Mich., 13th)	1541 LHOB	20515-2213	225-2261	
Collins, Cardiss (D-Ill., 7th)	2264 RHOB	20515-1307	225-5006	225-8396
Combest, Larry (R-Tex., 19th)	1527 LHOB	20515-4319	225-4005	
Condit, Gary A. (D-Calif., 15th)	1529 LHOB	20515-0515	225-6131	225-0819
Conte, Silvio O. (R-Mass., 1st)	2300 RHOB	20515-2101	225-5335	
Conyers, John, Jr. (D-Mich., 1st)	2426 RHOB	20515-2201	225-5126	225-0072
Cooper, Jim (D-Tenn., 4th)	125 CHOB	20515-4204	225-6831	225-4520
Costello, Jerry F. (D-Ill., 21st)	119 CHOB	20515-1321	225-5661	225-0285
Coughlin, Lawrence (R-Pa., 13th)	2309 RHOB	20515-3813	225-6111	
Cox, Christopher (R-Calif., 40th)	412 CHOB	20515-0540	225-5611	225-9177
Cox, John W., Jr. (D-Ill., 16th)	501 CHOB	20515-1316	225-5676	
Coyne, William J. (D-Pa., 14th)	2455 RHOB	20515-3814	225-2301	
Cramer, Bud (D-Ala., 5th)	1431 LHOB	20515-0105	225-4801	
Crane, Philip M. (R-Ill., 12th)	1035 LHOB	20515-1312	225-3711	
Cunningham, Randy (Duke) (R-Calif., 44th)	1017 LHOB	20515-0544	225-5452	

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Name	Location	ZIP+Four	Telephone	FAX Number
<b>D</b>				
Dannemeyer, William E. (R-Calif., 39th)	2351 RHOB	20515-0539	225-4111	
Darden, George (Buddy) (D-Ga., 7th)	228 CHOB	20515-1007	225-2931	
Davis, Robert W. (R-Mich., 11th)	2417 RHOB	20515-2211	225-4735	225-3588
DeFazio, Peter A. (D-Ore., 4th)	1233 LHOB	20515-3704	225-6416	
de la Garza, E (Kika) (D-Tex., 15th)	1401 LHOB	20515-4315	225-2531	225-2533
DeLauro, Rosa (D-Conn., 3rd)	327 CHOB	20515-0703	225-3661	
DeLay, Tom (R-Tex., 22nd)	308 CHOB	20515-4322	225-5951	
Dellums, Ronald V. (D-Calif., 8th)	2136 RHOB	20515-0508	225-2661	225-9817
de Lugo, Ron (D-Virgin Islands, Delegate)	2238 RHOB	20515-5501	225-1790	225-9392
Derrick, Butler (D-S.C., 3rd)	201 CHOB	20515-4003	225-5301	
Dickinson, William L. (R-Ala., 2nd)	2406 RHOB	20515-0102	225-2901	
Dicks, Norman D. (R-Wash., 6th)	2429 RHOB	20515-4706	225-5916	
Dingell, John D. (D-Mich., 16th)	2328 RHOB	20515-2216	225-4071	225-7426
Dixon, Julian C. (D-Calif., 28th)	2400 RHOB	20515-0528	225-7084	225-4091
Donnelly, Brian (D-Mass., 11th)	2229 RHOB	20515-2111	225-3215	
Dooley, Calvin (D-Calif., 17th)	1022 LHOB	20515-0517	225-3341	
Doolittle, John T. (R-Calif., 14th)	1223 LHOB	20515-0514	225-2511	
Dorgan, Byron L. (D-N.D., At Large)	203 CHOB	20515-3401	225-2611	
Dornan, Robert K. (R-Calif., 38th)	301 CHOB	20515-0538	225-2965	225-3694
Downey, Thomas J. (D-N.Y., 2nd)	2232 RHOB	20515-3202	225-3335	226-1275
Dreier, David (R-Calif., 33rd)	409 CHOB	20515-0533	225-2305	
Duncan, John J., Jr. (R-Tenn., 2nd)	115 CHOB	20515-4202	225-5435	225-6440
Durbin, Richard J. (D-Ill., 20th)	129 CHOB	20515-1320	225-5271	
Dwyer, Bernard J. (D-N.J., 6th)	2428 RHOB	20515-3006	225-6301	225-1553
Dymally, Mervyn M. (D-Calif., 31st)	1717 LHOB	20515-0531	225-5425	225-6847
<b>E</b>				
Early, Joseph D. (D-Mass., 3rd)	2349 RHOB	20515-2103	225-6101	225-3181
Eckart, Dennis E. (D-Ohio, 11th)	1111 LHOB	20515-3511	225-6331	
Edwards, Chet (D-Tex., 11th)	425 CHOB	20515-4311	225-6105	
Edwards, Don (D-Calif., 10th)	2307 RHOB	20515-0510	225-3072	
Edwards, Mickey (R-Okla., 5th)	2330 RHOB	20515-3605	225-2132	
Emerson, Bill (R-Mo., 8th)	438 CHOB	20515-2508	225-4404	225-9621
Engel, Eliot L. (D-N.Y., 19th)	1213 LHOB	20515-3219	225-2464	
English, Glenn (D-Okla., 6th)	2206 RHOB	20515-3606	225-5565	
Erdreich, Ben (D-Ala., 6th)	439 CHOB	20515-0106	225-4921	
Espy, Mike (D-Miss., 2nd)	216 CHOB	20515-2402	225-5876	225-5898
Evans, Lane (D-Ill., 17th)	1121 LHOB	20515-1317	225-5905	225-5396
<b>F</b>				
Faleomavaega, Eni F.H. (D-Amer. Samoa, Del.)	413 CHOB	20515-5201	225-8577	
Fascell, Dante B. (D-Fla., 19th)	2354 RHOB	20515-0919	225-4506	
Fawell, Harris W. (R-Ill., 13th)	435 CHOB	20515-1313	225-3515	225-9420
Fazio, Vic (D-Calif., 4th)	2113 RHOB	20515-0504	225-5716	225-0354
Feighan, Edward F. (D-Ohio, 19th)	1124 LHOB	20515-3519	225-5731	226-1230
Fields, Jack (R-Tex., 8th)	108 CHOB	20515-4308	225-4901	
Fish, Hamilton, Jr. (R-N.Y., 21st)	2269 RHOB	20515-3221	225-5441	225-0962
Flake, Floyd H. (D-N.Y., 6th)	1034 LHOB	20515-3206	225-3461	226-4169
Foglietta, Thomas M. (D-Pa., 1st)	231 CHOB	20515-3801	225-4731	225-0088
Foley, Thomas S. (D-Wash., 5th)	1201 LHOB	20515-4705	225-2006	
Ford, Harold E. (D-Tenn., 9th)	2305 RHOB	20515-4209	225-3265	
Ford, William D. (D-Mich., 15th)	2371 RHOB	20515-2215	225-6261	
Frank, Barney (D-Mass., 4th)	2404 RHOB	20515-2104	225-5931	
Franks, Gary A. (R-Conn., 5th)	1609 LHOB	20515-0705	225-3822	
Frost, Martin (D-Tex., 24th)	2459 RHOB	20515-4324	225-3605	225-4951
Fuster, Jaime B. (D-P.R., Res. Comm'r.)	427 CHOB	20515-5401	225-2615	225-1959

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Name	Location	ZIP+Four	Telephone	FAX Number
<b>G</b>				
Gallegly, Elton (R-Calif., 21st)	107 CHOB	20515-0521	225-5811	
Gallo, Dean A. (R-N.J., 11th)	1318 LHOB	20515-3011	225-5034	
Gaydos, Joseph M. (D-Pa., 20th)	2186 RHOB	20515-3820	225-4631	
Gejdenson, Sam (D-Conn., 2nd)	2416 RHOB	20515-0702	225-2076	225-4977
Gekas, George W. (R-Pa., 17th)	1519 LHOB	20515-3817	225-4315	225-8440
Gephardt, Richard A. (D-Mo., 3rd)	1432 LHOB	20515-2503	225-2671	225-7452
Geren, Pete (D-Tex., 12th)	1730 LHOB	20515-4312	225-5071	225-2786
Gibbons, Sam M. (D-Fla., 7th)	2204 RHOB	20515-0907	225-3376	
Gilchrest, Wayne T. (R-Md., 1st)	502 CHOB	20515-2001	225-5311	
Gillmor, Paul E. (R-Ohio, 5th)	1203 LHOB	20515-3505	225-6405	
Gilman, Benjamin A. (R-N.Y., 22nd)	2185 RHOB	20515-3222	225-3776	
Gingrich, Newt (R-Ga., 6th)	2438 RHOB	20515-1006	225-4501	225-4656
Glickman, Dan (D-Kan., 4th)	2311 RHOB	20515-1604	225-6216	
Gonzalez, Henry B. (D-Tex., 20th)	2413 RHOB	20515-4320	225-3236	225-1915
Goodling, William F. (R-Pa., 19th)	2263 RHOB	20515-3819	225-5836	
Gordon, Bart (D-Tenn., 6th)	103 CHOB	20515-4206	225-4231	225-6887
Goss, Porter J. (R-Fla., 13th)	224 CHOB	20515-0913	225-2536	
Gradison, Willis D., Jr. (R-Ohio, 2nd)	1125 LHOB	20515-3502	225-3164	
Grandy, Fred (R-Iowa, 6th)	418 CHOB	20515-1506	225-5476	
Gray, William H., III (D-Pa., 2nd)	2454 RHOB	20515-3802	225-4001	
Green, Bill (R-N.Y., 15th)	2301 RHOB	20515-3215	225-2436	225-0840
Guarini, Frank J. (D-N.J., 14th)	2458 RHOB	20515-3014	225-2765	225-7023
Gunderson, Steve (R-Wis., 3rd)	2235 RHOB	20515-4903	225-5506	
<b>H</b>				
Hall, Ralph M. (D-Tex., 4th)	2236 RHOB	20515-4304	225-6673	225-3332
Hall, Tony P. (D-Ohio, 3rd)	2162 RHOB	20515-3503	225-6465	225-6766
Hamilton, Lee H. (D-Ind., 9th)	2187 RHOB	20515-1409	225-5315	225-1101
Hammerschmidt, John Paul (R-Ark., 3rd)	2110 RHOB	20515-0403	225-4301	
Hancock, Mel (R-Mo., 7th)	318 CHOB	20515-2507	225-6536	225-7700
Hansen, James V. (R-Utah, 1st)	2421 RHOB	20515-4401	225-0453	225-5857
Harris, Claude (D-Ala., 7th)	1009 LHOB	20515-0107	225-2665	225-0175
Hastert, J. Dennis (R-Ill., 14th)	515 CHOB	20515-1314	225-2976	225-0697
Hatcher, Charles F. (D-Ga., 2nd)	2434 RHOB	20515-1002	225-3631	225-1117
Hayes, Charles A. (D-Ill., 1st)	1131 LHOB	20515-1301	225-4372	225-7571
Hayes, Jimmy (D-La., 7th)	503 CHOB	20515-1807	225-2031	
Hefley, Joel (R-Colo., 5th)	222 CHOB	20515-0605	225-4422	225-1942
Hefner, W.G. (Bill) (D-N.C., 8th)	2161 RHOB	20515-3308	225-3715	225-4036
Henry, Paul B. (R-Mich., 5th)	215 CHOB	20515-2205	225-3831	
Herger, Wally (R-Calif., 2nd)	1108 LHOB	20515-0502	225-3076	
Hertel, Dennis M. (D-Mich., 14th)	2442 RHOB	20515-2214	225-6276	
Hoagland, Peter (D-Neb., 2nd)	1710 LHOB	20515-2702	225-4155	
Hobson, David L. (R-Ohio, 7th)	1338 LHOB	20515-3507	225-4324	
Hochbrueckner, George J. (D-N.Y., 1st)	124 CHOB	20515-3201	225-3826	225-0776
Holloway, Clyde C. (R-La., 8th)	1206 LHOB	20515-1808	225-4926	225-6252
Hopkins, Larry J. (R-Ky., 6th)	2437 RHOB	20515-1706	225-4706	225-1413
Horn, Joan Kelly (D-Mo., 2nd)	1008 LHOB	20515-2502	225-2561	
Horton, Frank (R-N.Y., 29th)	2108 RHOB	20515-3229	225-4916	225-5909
Houghton, Amo (R-N.Y., 34th)	1217 LHOB	20515-3234	225-3161	225-5574
Hoyer, Steny H. (D-Md., 5th)	1705 LHOB	20515-2005	225-4131	
Hubbard, Carroll, Jr. (D-Ky., 1st)	2267 RHOB	20515-1701	225-3115	225-1622
Huckaby, Jerry (D-La., 5th)	2182 RHOB	20515-1805	225-2376	225-2387
Hughes, William J. (D-N.J., 2nd)	341 CHOB	20515-3002	225-6572	226-1108
Hunter, Duncan L. (R-Calif., 45th)	133 CHOB	20515-0545	225-5672	225-0235
Hutto, Earl (D-Fla., 1st)	2435 RHOB	20515-0901	225-4136	225-5785
Hyde, Henry J. (R-Ill., 6th)	2262 RHOB	20515-1306	225-4561	226-1240

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<b>I</b>				
Inhofe, James M. (R-Okla., 1st)	408 CHOB	20515-3601	225-2211	225-9187
Ireland, Andy (R-Fla., 10th)	2466 RHOB	20515-0910	225-5015	
<b>J</b>				
Jacobs, Andrew, Jr. (D-Ind., 10th)	2313 RHOB	20515-1410	225-4011	
James, Craig T. (R-Fla., 4th)	1408 LHOB	20515-0904	225-4035	225-1727
Jefferson, William J. (D-La., 2nd)	506 CHOB	20515-1802	225-6636	
Jenkins, Ed (D-Ga., 9th)	2427 RHOB	20515-1009	225-5211	
Johnson, Nancy L. (R-Conn., 6th)	227 CHOB	20515-0706	225-4476	225-4488
Johnson, Tim (D-S.D., At Large)	428 CHOB	20515-4101	225-2801	225-2427
Johnston, Harry (D-Fla., 14th)	1028 LHOB	20515-0914	225-3001	225-8791
Jones, Ben (D-Ga., 4th)	514 CHOB	20515-1004	225-4272	225-8675
Jones, Walter B. (D-N.C., 1st)	241 CHOB	20515-3301	225-3101	
Jontz, Jim (D-Ind., 5th)	1317 LHOB	20515-1405	225-5037	225-5870
<b>K</b>				
Kanjorski, Paul E. (D-Pa., 11th)	424 CHOB	20515-3811	225-6511	
Kaptur, Marcy (D-Ohio, 9th)	1228 LHOB	20515-3509	225-4146	225-7711
Kasich, John R. (R-Ohio, 12th)	1133 LHOB	20515-3512	225-5355	
Kennedy, Joseph P., II (D-Mass., 8th)	1208 LHOB	20515-2108	225-5111	225-9322
Kennelly, Barbara B. (D-Conn., 1st)	204 CHOB	20515-0701	225-2265	225-1031
Kildee, Dale E. (D-Mich., 7th)	2239 RHOB	20515-2207	225-3611	
Klecza, Gerald D. (D-Wis., 4th)	226 CHOB	20515-4904	225-4572	
Klug, Scott (R-Wis., 2nd)	1224 LHOB	20515-4902	225-2906	
Kolbe, Jim (R-Ariz., 5th)	410 CHOB	20515-0305	225-2542	225-0378
Kolter, Joe (D-Pa., 4th)	212 CHOB	20515-3804	225-2565	225-0526
Kopetski, Mike (D-Ore., 5th)	1520 LHOB	20515-3705	225-5711	
Kostmayer, Peter H. (D-Pa., 8th)	2436 RHOB	20515-3808	225-4276	225-5060
Kyl, Jon (R-Ariz., 4th)	336 CHOB	20515-0304	225-3361	225-1143
<b>L</b>				
LaFalce, John J. (D-N.Y., 32nd)	2367 RHOB	20515-3232	225-3231	225-8693
Lagomarsino, Robert J. (R-Calif., 19th)	2332 RHOB	20515-0519	225-3601	
Lancaster, H. Martin (D-N.C., 3rd)	1417 LHOB	20515-3303	225-3415	225-0666
Lantos, Tom (D-Calif., 11th)	1526 LHOB	20515-0511	225-3531	
LaRocco, Larry (D-Idaho, 1st)	1117 LHOB	20515-1201	225-6611	
Laughlin, Greg (D-Tex., 14th)	218 CHOB	20515-4314	225-2831	
Leach, Jim (R-Iowa, 1st)	1514 LHOB	20515-1501	225-6576	226-1278
Lehman, Richard H. (D-Calif., 18th)	1319 LHOB	20515-0518	225-4540	
Lehman, William (D-Fla., 17th)	2347 RHOB	20515-0917	225-4211	225-6208
Lent, Norman F. (R-N.Y., 4th)	2408 RHOB	20515-3204	225-7896	225-0357
Levin, Sander M. (D-Mich., 17th)	323 CHOB	20515-2217	225-4961	
Levine, Mel (D-Calif., 27th)	2443 RHOB	20515-0527	225-6451	225-6975
Lewis, Jerry (R-Calif., 35th)	2312 RHOB	20515-0535	225-5861	225-6498
Lewis, John (D-Ga., 5th)	329 CHOB	20515-1005	225-3801	225-0351
Lewis, Tom (R-Fla., 12th)	1216 LHOB	20515-0912	225-5792	225-1860
Lightfoot, Jim (R-Iowa, 5th)	1222 LHOB	20515-1505	225-3806	225-6973
Lipinski, William O. (D-Ill., 5th)	1501 LHOB	20515-1305	225-5701	225-1012
Livingston, Bob (R-La., 1st)	2368 RHOB	20515-1801	225-3015	225-0739
Lloyd, Marilyn (D-Tenn., 3rd)	2266 RHOB	20515-4203	225-3271	225-6974
Long, Jill (D-Ind., 4th)	1513 LHOB	20515-1404	225-4436	225-8810
Lowery, Bill (R-Calif., 41st)	2433 RHOB	20515-0541	225-3201	
Lowey, Nita M. (D-N.Y., 20th)	1313 LHOB	20515-3220	225-6506	225-0546
Luken, Charles J. (D-Ohio, 1st)	1632 LHOB	20515-3501	225-2216	

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Name	Location	ZIP+Four	Telephone	FAX Number
<b>M</b>				
Machtley, Ron (R-R.I., 1st)	132 CHOB	20515-3901	225-4911	
*Madigan, Edward R. (R-Ill., 15th)	2109 RHOB	20515-1315	225-2371	
Manton, Thomas J. (D-N.Y., 9th)	331 CHOB	20515-3209	225-3965	
Markey, Edward J. (D-Mass., 7th)	2133 RHOB	20515-2107	225-2836	
Marlence, Ron (R-Mont., 2nd)	2465 RHOB	20515-2602	225-1555	225-1558
Martin, David O'B. (R-N.Y., 26th)	442 CHOB	20515-3226	225-4611	
Martinez, Matthew G. (D-Calif., 30th)	2446 RHOB	20515-0530	225-5464	225-5467
Matsui, Robert T. (D-Calif., 3rd)	2353 RHOB	20515-0503	225-7163	225-0566
Mavroules, Nicholas (D-Mass., 6th)	2334 RHOB	20515-2106	225-8020	225-8023
Mazzoli, Romano L. (D-Ky., 3rd)	2246 RHOB	20515-1703	225-5401	
McCandless, Al (R-Calif., 37th)	2422 RHOB	20515-0537	225-5330	226-1040
McCloskey, Frank (D-Ind., 8th)	127 CHOB	20515-1408	225-4636	225-4688
McCollum, Bill (R-Fla., 5th)	2453 RHOB	20515-0905	225-2176	
McCrery, Jim (R-La., 4th)	429 CHOB	20515-1804	225-2777	
McCurdy, Dave (D-Okla., 4th)	2344 RHOB	20515-3604	225-6165	
McDade, Joseph M. (R-Pa., 10th)	2370 RHOB	20515-3810	225-3731	225-9594
McDermott, Jim (D-Wash., 7th)	1707 LHOB	20515-4707	225-3106	
McEwen, Bob (R-Ohio, 6th)	2431 RHOB	20515-3506	225-5705	225-0224
McGrath, Raymond J. (R-N.Y., 5th)	205 CHOB	20515-3205	225-5516	225-3626
McHugh, Matthew F. (D-N.Y., 28th)	2335 RHOB	20515-3228	225-6335	
McMillan, Alex (R-N.C., 9th)	401 CHOB	20515-3309	225-1976	
McMillen, Tom (D-Md., 4th)	420 CHOB	20515-2004	225-8090	
McNulty, Michael R. (D-N.Y., 23rd)	414 CHOB	20515-3223	225-5076	
Meyers, Jan (R-Kan., 3rd)	1230 LHOB	20515-1603	225-2865	225-0554
Mfume, Kweisi (D-Md., 7th)	217 CHOB	20515-2007	225-4741	
Michel, Robert H. (R-Ill., 18th)	2112 RHOB	20515-1318	225-6201	225-9461
Miller, Clarence E. (R-Ohio, 10th)	2308 RHOB	20515-3510	225-5131	225-5132
Miller, George (D-Calif., 7th)	2228 RHOB	20515-0507	225-2095	
Miller, John (R-Wash., 1st)	322 CHOB	20515-4701	225-6311	
Mineta, Norman Y. (D-Calif., 13th)	2350 RHOB	20515-0513	225-2631	
Mink, Patsy T. (D-Hawaii, 2nd)	2135 RHOB	20515-1102	225-4906	
Moakley, John Joseph (D-Mass., 9th)	221 CHOB	20515-2109	225-8273	225-7804
Molinari, Susan (R-N.Y., 14th)	315 CHOB	20515-3214	225-3371	
Mollohan, Alan B. (D-W.Va., 1st)	229 CHOB	20515-4801	225-4172	225-7564
Montgomery, G.V. (Sonny) (D-Miss., 3rd)	2184 RHOB	20515-2403	225-5031	
Moody, Jim (D-Wis., 5th)	1019 LHOB	20515-4905	225-3571	
Moorhead, Carlos J. (R-Calif., 22nd)	2346 RHOB	20515-0522	225-4176	226-1279
Moran, James P. (D-Va., 8th)	1523 LHOB	20515-4608	225-4376	
Morella, Constance A. (R-Md., 8th)	1024 LHOB	20515-2008	225-5341	
Morrison, Sid (R-Wash., 4th)	1434 LHOB	20515-4704	225-5816	225-9293
Mrazek, Robert J. (D-N.Y., 3rd)	306 CHOB	20515-3203	225-5956	225-7215
Murphy, Austin J. (D-Pa., 22nd)	2210 RHOB	20515-3822	225-4665	225-4772
Murtha, John P. (D-Pa., 12th)	2423 RHOB	20515-3812	225-2065	
Myers, John T. (R-Ind., 7th)	2372 RHOB	20515-1407	225-5805	225-1649
<b>N</b>				
Nagle, David R. (D-Iowa, 3rd)	214 CHOB	20515-1503	225-3301	225-9104
Natcher, William H. (D-Ky., 2nd)	2333 RHOB	20515-1702	225-3501	
Neal, Richard E. (D-Mass., 2nd)	437 CHOB	20515-2102	225-5601	225-8112
Neal, Stephen L. (D-N.C., 5th)	2463 RHOB	20515-3305	225-2071	225-4060
Nichols, Dick (R-Kan., 5th)	1605 LHOB	20515-1605	225-3911	
Norton, Eleanor Holmes (D-D.C., Del.)	1631 LHOB	20515-5101	225-8050	
Nowak, Henry J. (D-N.Y., 33rd)	2240 RHOB	20515-3233	225-3306	225-3523
Nussle, Jim (R-Iowa, 2nd)	507 CHOB	20515-1502	225-2911	

\*See page iii.

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Name	Location	ZIP+Four	Telephone	FAX Number
<b>O</b>				
Oakar, Mary Rose (D-Ohio, 20th)	2231 RHOB	20515-3520	225-5871	225-0663
Oberstar, James L. (DFL-Minn., 8th)	2209 RHOB	20515-2308	225-6211	225-0699
Obey, David (D-Wis., 7th)	2462 RHOB	20515-4907	225-3365	
Olin, Jim (D-Va., 6th)	1410 LHOB	20515-4606	225-5431	225-9623
Ortiz, Solomon P. (D-Tex., 27th)	1524 LHOB	20515-4327	225-7742	226-1134
Orton, Bill (D-Utah, 3rd)	1723 LHOB	20515-4403	225-7751	
Owens, Major R. (D-N.Y., 12th)	114 CHOB	20515-3212	225-6231	
Owens, Wayne (D-Utah, 2nd)	1728 LHOB	20515-4402	225-3011	225-3524
Oxley, Michael G. (R-Ohio, 4th)	2448 RHOB	20515-3504	225-2676	

**P**

Packard, Ron (R-Calif., 43rd)	434 CHOB	20515-0543	225-3906	225-0134
Pallone, Frank, Jr. (D-N.J., 3rd)	213 CHOB	20515-3003	225-4671	225-9665
Panetta, Leon E. (D-Calif., 16th)	339 CHOB	20515-0516	225-2861	
Parker, Mike (D-Miss., 4th)	1504 LHOB	20515-2404	225-5865	225-5886
Patterson, Elizabeth J. (D-S.C., 4th)	1641 LHOB	20515-4004	225-6030	225-7664
Paxon, Bill (R-N.Y., 31st)	1314 LHOB	20515-3231	225-5265	225-5910
Payne, Donald M. (D-N.J., 10th)	417 CHOB	20515-3010	225-3436	225-4160
Payne, Lewis F., Jr. (D-Va., 5th)	1118 LHOB	20515-4605	225-4711	226-1147
Pease, Don J. (D-Ohio, 13th)	2410 RHOB	20515-3513	225-3401	
Pelosi, Nancy (D-Calif., 5th)	109 CHOB	20515-0505	225-4965	225-8259
Penny, Timothy J. (DFL-Minn., 1st)	436 CHOB	20515-2301	225-2472	225-0051
Perkins, Carl C. (D-Ky., 7th)	1004 LHOB	20515-1707	225-4935	
Peterson, Collin C. (DFL-Minn., 7th)	1725 LHOB	20515-2307	225-2165	
Peterson, Douglas (Pete) (D-Fla., 2nd)	1415 LHOB	20515-0902	225-5235	
Petri, Thomas E. (R-Wis., 6th)	2245 RHOB	20515-4906	225-2476	
Pickett, Owen B. (D-Va., 2nd)	1204 LHOB	20515-4602	225-4215	
Pickle, J.J. (D-Tex., 10th)	242 CHOB	20515-4310	225-4865	
Porter, John Edward (R-Ill., 10th)	1026 LHOB	20515-1310	225-4835	225-0157
Poshard, Glenn (D-Ill., 22nd)	314 CHOB	20515-1322	225-5201	225-1541
Price, David E. (D-N.C., 4th)	1406 LHOB	20515-3304	225-1784	225-6314
Pursell, Carl D. (R-Mich., 2nd)	1414 LHOB	20515-2202	225-4401	

**Q**

Quillen, James H. (R-Tenn., 1st)	102 CHOB	20515-4201	225-6356	225-7812
----------------------------------	----------	------------	----------	----------

**R**

Rahall, Nick Joe, II (D-W.Va., 4th)	2104 RHOB	20515-4804	225-3452	225-9061
Ramstad, Jim (R-Minn., 3rd)	504 CHOB	20515-2303	225-2871	
Rangel, Charles B. (D-N.Y., 16th)	2252 RHOB	20515-3216	225-4365	
Ravenel, Arthur, Jr. (R-S.C., 1st)	508 CHOB	20515-4001	225-3176	225-4340
Ray, Richard (D-Ga., 3rd)	225 CHOB	20515-1003	225-5901	
Reed, Jack F. (D-R.I., 2nd)	1229 LHOB	20515-3902	225-2735	
Regula, Ralph (R-Ohio, 16th)	2207 RHOB	20515-3516	225-3876	225-3059
Rhodes, John J., III (R-Ariz., 1st)	326 CHOB	20515-0301	225-2635	225-0985
Richardson, Bill (D-N.M., 3rd)	332 CHOB	20515-3103	225-6190	
Ridge, Tom (R-Pa., 21st)	1714 LHOB	20515-3821	225-5406	225-1081
Riggs, Frank (R-Calif., 1st)	1517 LHOB	20515-0501	225-3311	
Rinaldo, Matthew J. (R-N.J., 7th)	2469 RHOB	20515-3007	225-5361	
Ritter, Don (R-Pa., 15th)	2202 RHOB	20515-3815	225-6411	225-5248
Roberts, Pat (R-Kan., 1st)	1110 LHOB	20515-1601	225-2715	225-5375
Roe, Robert A. (D-N.J., 8th)	2243 RHOB	20515-3008	225-5751	225-3071
Roemer, Tim (D-Ind., 3rd)	415 CHOB	20515-1403	225-3915	
Rogers, Harold (R-Ky., 5th)	343 CHOB	20515-1705	225-4601	225-0940
Rohrabacher, Dana (R-Calif., 42nd)	1039 LHOB	20515-0542	225-2415	225-0145
Ros-Lehtinen, Ileana (R-Fla., 18th)	416 CHOB	20515-0918	225-3931	
Rose, Charlie (D-N.C., 7th)	2230 RHOB	20515-3307	225-2731	225-2470

Name	Location	ZIP+Four	Telephone	FAX Number
------	----------	----------	-----------	------------

R (cont'd.)

Rostenkowski, Dan (D-Ill., 8th)	2111 RHOB	20515-1308	225-4061	225-4064
Roth, Toby (R-Wis., 8th)	2352 RHOB	20515-4908	225-5665	
Roukema, Marge (R-N.J., 5th)	2244 RHOB	20515-3005	225-4465	225-9048
Rowland, J. Roy (D-Ga., 8th)	423 CHOB	20515-1008	225-6531	
Roybal, Edward R. (D-Calif., 25th)	2211 RHOB	20515-0525	225-6235	226-1251
Russo, Marty (D-Ill., 3rd)	2233 RHOB	20515-1303	225-5736	225-0295

S

Sabo, Martin Olav (DFL-Minn., 5th)	2201 RHOB	20515-2305	225-4755	
Sanders, Bernard (Ind.-Vt., At Large)	509 CHOB	20515-4501	225-4115	
Sangmeister, George E. (D-Ill., 4th)	1032 LHOB	20515-1304	225-3635	
Santorum, Rick (R-Pa., 18th)	1708 LHOB	20515-3818	225-2135	
Sarpalius, Bill (D-Tex., 13th)	126 CHOB	20515-4313	225-3706	225-6142
Savage, Gus (D-Ill., 2nd)	2419 RHOB	20515-1302	225-0773	225-8608
Sawyer, Thomas C. (D-Ohio, 14th)	1518 LHOB	20515-3514	225-5231	225-5278
Saxton, H. James (R-N.J., 13th)	324 CHOB	20515-3013	225-4765	225-0778
Schaefer, Dan (R-Colo., 6th)	1007 LHOB	20515-0606	225-7882	225-7885
Scheuer, James H. (D-N.Y., 8th)	2221 RHOB	20515-3208	225-5471	225-9695
Schiff, Steven H. (R-N.M., 1st)	1427 LHOB	20515-3101	225-6316	225-4975
Schroeder, Patricia (D-Colo., 1st)	2208 RHOB	20515-0601	225-4431	225-5842
Schulze, Richard T. (R-Pa., 5th)	2369 RHOB	20515-3805	225-5761	
Schumer, Charles E. (D-N.Y., 10th)	2412 RHOB	20515-3210	225-6616	225-4183
Sensenbrenner, Jim, Jr. (R-Wis., 9th)	2444 RHOB	20515-4909	225-5101	
Serrano, José E. (D-N.Y., 18th)	1107 LHOB	20515-3218	225-4361	
Sharp, Philip R. (D-Ind., 2nd)	2217 RHOB	20515-1402	225-3021	
Shaw, E. Clay, Jr. (R-Fla., 15th)	2338 RHOB	20515-0915	225-3026	225-8398
Shays, Christopher (R-Conn., 4th)	1531 LHOB	20515-0704	225-5541	225-9629
Shuster, Bud (R-Pa., 9th)	2268 RHOB	20515-3809	225-2431	
Sikorski, Gerry (DFL-Minn., 6th)	403 CHOB	20515-2306	225-2271	225-4347
Sisisky, Norman (D-Va., 4th)	426 CHOB	20515-4604	225-6365	226-1170
Skaggs, David E. (D-Colo., 2nd)	1507 LHOB	20515-0602	225-2161	
Skeen, Joe (R-N.M., 2nd)	2447 RHOB	20515-3102	225-2365	225-9599
Skelton, Ike (D-Mo., 4th)	2134 RHOB	20515-2504	225-2876	
Slattery, Jim (D-Kan., 2nd)	1512 LHOB	20515-1602	225-6601	
Slaughter, D. French, Jr. (R-Va., 7th)	1404 LHOB	20515-4607	225-6561	
Slaughter, Louise M. (D-N.Y., 30th)	1424 LHOB	20515-3230	225-3615	225-7822
Smith, Christopher H. (R-N.J., 4th)	2440 RHOB	20515-3004	225-3765	225-7768
Smith, Lamar (R-Tex., 21st)	422 CHOB	20515-4321	225-4236	
Smith, Lawrence J. (D-Fla., 16th)	113 CHOB	20515-0916	225-7931	225-9816
Smith, Neal (D-Iowa, 4th)	2373 RHOB	20515-1504	225-4426	
Smith, Robert F. (Bob) (R-Ore., 2nd)	118 CHOB	20515-3702	225-6730	225-3129
Snowe, Olympia J. (R-Maine, 2nd)	2464 RHOB	20515-1902	225-6306	
Solarz, Stephen J. (D-N.Y., 13th)	1536 LHOB	20515-3213	225-2361	225-9469
Solomon, Gerald B. (R-N.Y., 24th)	2265 RHOB	20515-3224	225-5614	225-1168
Spence, Floyd (R-S.C., 2nd)	2405 RHOB	20515-4002	225-2452	225-2455
Spratt, John M., Jr. (D-S.C., 5th)	1533 LHOB	20515-4005	225-5501	225-0464
Staggers, Harley O., Jr. (D-W.Va., 2nd)	1323 LHOB	20515-4802	225-4331	225-2962
Stallings, Richard H. (D-Idaho, 2nd)	1122 LHOB	20515-1202	225-5531	225-2393
Stark, Fortney H. (Pete) (D-Calif., 9th)	239 CHOB	20515-0509	225-5065	
Stearns, Cliff (R-Fla., 6th)	1123 LHOB	20515-0906	225-5744	
Stenholm, Charles W. (D-Tex., 17th)	1226 LHOB	20515-4317	225-6605	225-2234
Stokes, Louis (D-Ohio, 21st)	2365 RHOB	20515-3521	225-7032	225-1339
Studds, Gerry E. (D-Mass., 10th)	237 CHOB	20515-2110	225-3111	
Stump, Bob (R-Ariz., 3rd)	211 CHOB	20515-0303	225-4576	225-6328
Sundquist, Don (R-Tenn., 7th)	230 CHOB	20515-4207	225-2811	225-2814
Swett, Dick (D-N.H., 2nd)	128 CHOB	20515-2902	225-5206	

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Name	Location	ZIP+Four	Telephone	FAX Number
<b>S (cont'd.)</b>				
Swift, Al (D-Wash., 2nd)	1502 LHOB	20515-4702	225-2605	
Synar, Mike (D-Okla., 2nd)	2441 RHOB	20515-3602	225-2701	225-2796
<b>T</b>				
Tallon, Robin M. (D-S.C., 6th)	432 CHOB	20515-4006	225-3315	225-2857
Tanner, John (D-Tenn., 8th)	1232 LHOB	20515-4208	225-4714	225-1765
Tauzin, W.J. (Billy) (D-La., 3rd)	2342 RHOB	20515-1803	225-4031	
Taylor, Charles H. (R-N.C., 11th)	516 CHOB	20515-3311	225-6401	
Taylor, Gene (D-Miss., 5th)	1429 LHOB	20515-2405	225-5772	225-7074
Thomas, Craig (R-Wyo., At Large)	1721 LHOB	20515-5001	225-2311	225-0726
Thomas, Lindsay (D-Ga., 1st)	240 CHOB	20515-1001	225-5831	
Thomas, William M. (R-Calif., 20th)	2402 RHOB	20515-0520	225-2915	
Thornton, Ray (D-Ark., 2nd)	1214 LHOB	20515-0402	225-2506	
Torres, Esteban Edward (D-Calif., 34th)	1740 LHOB	20515-0534	225-5256	225-9711
Torricelli, Robert G. (D-N.J., 9th)	317 CHOB	20515-3009	225-5061	225-0843
Towns, Edolphus (D-N.Y., 11th)	1726 LHOB	20515-3211	225-5936	225-1018
Traficant, James A., Jr. (D-Ohio, 17th)	312 CHOB	20515-3517	225-5261	225-3719
Traxler, Bob (D-Mich., 8th)	2366 RHOB	20515-2208	225-2806	
<b>U</b>				
Udall, Morris K. (D-Ariz., 2nd)	235 CHOB	20515-0302	225-4065	
Unsoeld, Jolene (D-Wash., 3rd)	1508 LHOB	20515-4703	225-3536	225-9095
Upton, Fred (R-Mich., 4th)	1713 LHOB	20515-2204	225-3761	225-4986
<b>V</b>				
Valentine, Tim (D-N.C., 2nd)	1510 LHOB	20515-3302	225-4531	
Vander Jagt, Guy (R-Mich., 9th)	2409 RHOB	20515-2209	225-3511	
Vento, Bruce F. (DFL-Minn., 4th)	2304 RHOB	20515-2304	225-6631	225-1968
Visclosky, Peter J. (D-Ind., 1st)	330 CHOB	20515-1401	225-2461	225-2493
Volkmer, Harold L. (D-Mo., 9th)	2411 RHOB	20515-2509	225-2956	225-7834
Vucanovich, Barbara (R-Nev., 2nd)	206 CHOB	20515-2802	225-6155	225-2319
<b>W</b>				
Walker, Robert S. (R-Pa., 16th)	2445 RHOB	20515-3816	225-2411	225-2484
Walsh, James T. (R-N.Y., 27th)	1238 LHOB	20515-3227	225-3701	225-4042
Washington, Craig A. (D-Tex., 18th)	1711 LHOB	20515-4318	225-3816	
Waters, Maxine (D-Calif., 29th)	1207 LHOB	20515-0529	225-2201	
Waxman, Henry A. (D-Calif., 24th)	2418 RHOB	20515-0524	225-3976	225-4099
Weber, Vin (R-Minn., 2nd)	106 CHOB	20515-2302	225-2331	225-0987
Weiss, Ted (D-N.Y., 17th)	2467 RHOB	20515-3217	225-5635	225-6923
Weldon, Curt (R-Pa., 7th)	316 CHOB	20515-3807	225-2011	225-8137
Wheat, Alan (D-Mo., 5th)	1210 LHOB	20515-2505	225-4535	
Whitten, Jamie L. (D-Miss., 1st)	2314 RHOB	20515-2401	225-4306	225-4328
Williams, Pat (D-Mont., 1st)	2457 RHOB	20515-2601	225-3211	225-1257
Wilson, Charles (D-Tex., 2nd)	2256 RHOB	20515-4302	225-2401	225-1764
Wise, Bob (D-W.Va., 3rd)	1421 LHOB	20515-4803	225-2711	225-7856
Wolf, Frank R. (R-Va., 10th)	104 CHOB	20515-4610	225-5136	225-0437
Wolpe, Howard (D-Mich., 3rd)	1535 LHOB	20515-2203	225-5011	225-8602
Wyden, Ron (D-Ore., 3rd)	2452 RHOB	20515-3703	225-4811	
Wylie, Chalmers P. (R-Ohio, 15th)	2310 RHOB	20515-3515	225-2015	225-7548
<b>Y</b>				
Yates, Sidney R. (D-Ill., 9th)	2234 RHOB	20515-1309	225-2111	225-3493
Yatron, Gus (D-Pa., 6th)	2205 RHOB	20515-3806	225-5546	225-5548

Name

Location

ZIP+Four

Telephone

FAX Number

*Y (cont'd.)*

Young, C.W. Bill (R-Fla., 8th) .....	2407 RHOB ..	20515-0908 ...	225-5961 .....	
Young, Don (R-Alaska, At Large) .....	2331 RHOB ..	20515-0201 ...	225-5765 .....	

**Z**

Zeliff, Bill (R-N.H., 1st) .....	512 CHOB ..	20515-2901 ...	225-5456 .....	
Zimmer, Dick (R-N.J., 12th) .....	510 CHOB ..	20515-3012 ...	225-5801 .....	

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**MEMBERS OF THE HOUSE EDUCATION AND LABOR COMMITTEE  
102ND CONGRESS**

[List compiled January, 1991. Those asterisked (\*\*\*) were members of the Postsecondary Education Subcommittee in the 101st Congress. Final Committee assignments will be made in February. However, the membership is not likely to change significantly. The selection of Rep. Ford as Postsecondary Education Subcommittee Chair, and Tom Wolanin as Staff Director, are not yet official.]

Rep. Cass Ballenger (R-NC)  
U.S. House of Representatives  
218 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-0316

Rep. Steve Bartlett (R-TX)  
U.S. House of Representatives  
1113 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-4201

Rep. William L. Clay (D-MO)  
U.S. House of Representatives  
2470 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-2406

Rep. E. Thomas Coleman (R-MO), Ranking Minority Member\*\*\*  
Postsecondary Education Subcommittee  
U.S. House of Representatives  
2468 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-7041

Rep. Harris W. Fawell (R-ILL)  
U.S. House of Representatives  
318 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-3515

Rep. William D. Ford, (D-MI), Chairman\*\*\*  
House Education and Labor Committee and  
Chairman, Postsecondary Education Subcommittee  
U.S. House of Representatives  
239 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-6261

Rep. Joseph M. Gaydos (D-PA)\*\*\*  
U.S. House of Representatives  
2186 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-4631

Rep. Bill Goodling (R-PA), Ranking Minority Member\*\*\*  
House Committee on Education and Labor  
2263 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-5836

Rep. Fred Grandy (R-IA)  
U.S. House of Representatives  
418 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-5476

Rep. Steve Gunderson (R-Wisc)\*\*\*  
U.S. House of Representatives  
227 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-5506

Rep. Charles A. Hayes (D-ILL)\*\*\*  
U.S. House of Representatives  
1028 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-4372

Rep. Paul B. Henry (R-MI)\*\*\*  
U.S. House of Representatives  
215 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-3831

Rep. Jim Jontz (D-IND)  
U.S. House of Representatives  
1039 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-5037

Rep. Dale E. Kildee (D-MI)  
U.S. House of Representatives  
2239 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-3611

Rep. Nita M. Lowey (D-NY)\*\*\*  
U.S. House of Representatives  
1313 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-6506

Rep. Matthew G. Martinez (D-CA)  
U.S. House of Representatives  
240 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-5464

Rep. Kweisi Mfume (D-MD)

U.S. House of Representatives  
128 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-4741

Rep. George Miller (D-CA)\*\*\*  
U.S. House of Representatives  
2228 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-2095

Rep. Patsy T. Mink (D-HA)  
U.S. House of Representatives  
1725 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-4906

Rep. Austin J. Murphy (D-PA)  
U.S. House of Representatives  
2210 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-4665

Rep. Major R. Owens (D-NY)\*\*\*  
U.S. House of Representatives  
114 Cannon House Office Building  
Washington, DC 20515  
TEL. 202/225-6231

Rep. Donald M. Payne (D-NJ)  
U.S. House of Representatives  
417 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-3436

Rep. Carl C. Perkins (D-KY)\*\*\*  
U.S. House of Representatives  
1004 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-4935

Rep. Thomas E. Petri (R-WISC.)  
U.S. House of Representatives  
2443 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-2476

Rep. Glenn Poshard (D-ILL)\*\*\*  
U.S. House of Representatives  
1229 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-5201

Rep. Nick J. Rahall (D-WV)  
U.S. House of Representatives  
2104 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-3452

Rep. Marge Roukema (R-NJ)\*\*\*  
U.S. House of Representatives  
303 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-4465

Rep. Thomas C. Sawyer (D-OH)  
U.S. House of Representatives  
1518 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-5231



Rep. Jose E. Serrano (D-NY)  
U.S. House of Representatives  
1107 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-4361

Rep. Jolene Unsoeld (D-WA)  
U.S. House of Representatives  
1508 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-3536

Rep. Peter J. Visclosky (D-IN)  
U.S. House of Representatives  
420 Cannon House Office Building  
Washington, DC 20515  
Tel. 202/225-2461

Rep. Craig Washington (D-TX)  
U.S. House of Representatives  
1631 Longworth House Office Building  
Washington, DC 20515  
Tel. 202/225-3816

Rep. Pat Williams (D-MT)\*\*\*  
U.S. House of Representatives  
2457 Rayburn House Office Building  
Washington, DC 20515  
Tel. 202/225-3211

#### KEY EDUCATION STAFF OF HOUSE EDUCATION AND LABOR COMMITTEE

##### Majority:

John (Jack) Jennings, Education Counsel  
House Education and Labor Committee  
2181 Rayburn House Office Building  
Washington, D. C. 20515-6100  
Tel. 202/225-4527

Tom Wolanin, Staff Director  
Postsecondary Education Subcommittee  
617 House Office Building Annex I  
Washington, D. C. 20515  
Tel. 202/226-3681

##### Minority:

Andrew Hartman  
Minority Staff Director  
2174 Rayburn House Office Bldg.  
Washington, D. C. 20515  
Tel. 202/225-6910

Michael Lance  
Minority Professional Staff for  
Postsecondary Education  
House Office Building Annex II, H2-535  
Washington, D. C. 20515  
Tel. 202/226-3110

**MEMBERS OF THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE  
102ND CONGRESS**

[Those asterisked (\*\*\*) were members of the Subcommittee on Education, Arts and Humanities in the 101st Congress, and it is believed that they will remain on the Subcommittee in the 102nd Congress, as all who were up for re-election in 1990 were re-elected.]

Sen. Brock Adams (D-WA)  
U.S. Senate  
513 Hart Senate Office Building  
Washington, DC 20510  
Tel. 202/224-2621

Sen. Jeff Bingaman (D-NM)\*\*\*  
U.S. Senate  
524 Hart Senate Office Building  
Washington, DC 20510  
Tel. 202/224-5521

Sen. Daniel R. Coats (R-IN)  
U.S. Senate  
411 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-5623

Sen. Thad Cochran (R-MS)\*\*\*  
U.S. Senate  
326 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-5054

Sen. Christopher J. Dodd (D-CT)\*\*\*  
U.S. Senate  
444 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-2823

Sen. Dave Durenberger (R-MN)  
U.S. Senate  
154 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-3244

Sen. Tom Harkin (D-IA)  
U.S. Senate  
316 Hart Senate Office Building  
Washington, DC 20510  
Tel. 202/224-3254

Sen. Orrin G. Hatch (R-UT)\*\*\*  
Ranking Minority Member,  
Senate Committee on Labor and Human Resources  
135 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-5251

Sen. James M. Jeffords (R-VT)\*\*\*  
U.S. Senate  
530 Dirksen Senate Office Building  
Washington, DC 20510  
Tel. 202/224-5141

Sen. Nancy Landon Kassebaum (R-KS)\*\*\*  
Ranking Minority Member,  
Education, Arts & Humanities Subcommittee  
U.S. Senate  
302 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-4774

Sen. Edward M. Kennedy (D-MA), Chairman  
Senate Labor and Human Resources Committee  
315 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-4543

Sen. Howard M. Metzenbaum (D-OH)\*\*\*  
U.S. Senate  
140 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-2315

Sen. Barbara A. Mikulski (D-MD)\*\*\*  
U.S. Senate  
320 Hart Senate Office Building  
Washington, DC 20510  
Tel. 202/224-4654

Sen. Claiborne Pell (D-RI), Chairman\*\*\*  
Subcommittee on Education, Arts & Humanities  
U.S. Senate  
335 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-2315

Sen. Paul Simon (D-ILL)\*\*\*  
U.S. Senate  
462 Dirksen Senate Office Building  
Washington, DC 20510  
Tel. 202/224-2152

Sen. Strom Thurmond (R-SC)\*\*\*  
U.S. Senate  
217 Russell Senate Office Building  
Washington, DC 20510  
Tel. 202/224-5972

Senator Paul David Wellstone (D-MN)  
U. S. Senate  
123 Hart Senate Office Building  
Washington, D. C. 20510  
Tel. 202/224-5641

**KEY EDUCATION STAFF OF SENATE LABOR AND HUMAN RESOURCES COMMITTEE**

**Majority:**

**Mr. Terry Hartle**  
Staff Director, Education Office  
Senate Labor and Human Resources Committee  
SD-428, Dirksen Senate Office Building  
Washington, D. C. 20510-6300  
Tel. 202/224-5501

**Ms. Amanda Broun**  
Chief Education Counsel  
Senate Labor and Human Resources Committee  
SD-428, Dirksen Senate Office Building  
Washington, D. C. 20510-6300  
Tel. 202/224-5501

**Mr. David Evans**  
Staff Director  
Education, Arts & Humanities Subcommittee  
SD-648 Dirksen Senate Office Building  
Washington, D. C. 20510  
Tel. 224-7666

**Minority:**

**Ms. Laurie Chivers**  
Minority Education Policy Director  
Senate Labor and Human Resources Committee  
SH-835 Hart Senate Office Building  
Washington, D. C. 20510  
Tel. 202/224-3491

**Ms. Susan Hattan**  
Minority Staff Director  
Education, Arts & Humanities Subcommittee  
SH-727 Hart Senate Office Building  
Washington, D. C. 20510  
Tel. 202/224-2962