Tracking Innovations IN Medical Education (TIME Project)
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(§ - Indicates TIME Projects featured in the Innovative Programming Showcase during the AAMC-OSR Annual Meeting)

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Project S.O.A.R. (Successfully Overcoming Adversity with the Help of Role Models)
Albany Medical College

OBJECTIVES/GOALS
Albany, NY has one of the lowest high school graduation rates in the country. Many families in the area lack the resources to help guide the children to success. Our mission is to provide a program to identify gifted inner city youth and provide them with the resources to succeed academically while instilling a love for, and a commitment to, service to improve their community. The vision is to assist a group of talented inner city youth who will excel academically and become leaders in their professions. Community service will be encouraged so as to make it a part of the “DNA” of participants, thus helping to transform the inner city environment. Medical students are epitomes of what hard work, compassion, and persistence can take someone. Since Project SOAR’s debut in 2007, the children of Project SOAR have already developed essential life skills that they could take with them wherever they go. With the guidance of medical students, the children of Albany can have positive role models to look up to as well as the motivation to succeed in more ways than they ever imagined.

PROGRAM DESCRIPTION
The young students are chosen in fourth grade by recognition from their teachers as students who can benefit or are suitable to become leaders among their peers. First year medical students serve as mentors and are chosen on a volunteer basis. They are paired with one of the fourth graders and continue mentoring them for the next four years, until the mentees finish 7th grade and the mentors finish 4th year. Typically, there are 12-16 mentor/mentee pairs each year. Mentors and mentees meet on average 2-3 times per month for the medical student’s school year (Sept-May usually) for two hours at a time, after school. Meeting places include the elementary school for the fourth graders and a local clinic/community center for the middle school students. A typical meeting consists of a set amount of time devoted to homework/tutoring, followed by a group activity that either builds leadership skills, teamwork or community appreciation. Examples include building a device to house and protect an egg from a two story drop, taking turns to lead blindfolded peers through an obstacle course, or creating greeting cards for local nursing homes. Field trips are also taken from time to time (group apple picking, bowling, and college visits).

As this program is only in its third year and the number of participants continues to increase, funding has been different and increasingly more difficult each year. The first year was accomplished through personal donations by mentors. Last year, Project SOAR received a $2500 grant from AMC, which has been stretched to cover this upcoming year as well. A strong effort will be made this year to address future funding. Another addition will be made to the program this year: an annual community service project in which all participants take part in, organized by the older mentees to develop.

UNIQUE CHARACTERISTIC TO PROGRAM
Project S.O.A.R. targets children at the elementary/middle school level, whereas most after school programs in the Albany area are offered in late middle school or high school. By offering this earlier, it is the hope that the program can foster leadership skills and motivation at the kids’ more impressionable age and at a time when they are developing their personality and independence that will govern their future decisions and directions in life.

The program continually attracts medical students because they can truly see the impact they are having on their mentees, since they see their mentees for four continuous years. By the end of the four years, the mentor and mentee would gain a close relationship. Many of the family members that the medical students interact with are not college-educated. Many of them are extremely content with a high school diploma. This is something that medical students, especially, may take for granted, because for many of
us, high school and college are in the distant past. The appreciation of the whole picture will only benefit a future physician and inadvertently make them incorporate this attitude into their medical practice.

**STUDENT COMMENTS**

**Anhare, 6th grade, 3rd year in Project SOAR**
What’s her favorite part about Project SOAR? “Being around everyone that cares.”
About her mentor, second year Ashley Delgaudio: “I know that when I can’t go to my mom, Ashley is always there for me to talk to.”

**Johnny, 6th grade, 3rd year in Project SOAR**
His favorite activities included the egg drop project, in which the children teamed up and created a box which would protect a falling egg from cracking. He also liked our thanksgiving project where we made turkey using apples, raisins and marshmallows. He and his mentor, second year Ryan, are very close; Ryan went to his first communion, and Johnny referred to him as “like a taller sibling.”

**Jasmine, 6th grade, 3rd year in Project SOAR**
Jasmine also likes projects in which she can create; her favorite one was building a gingerbread house. When her class took a field trip to a nursing home in Latham, she graced all of the residents with a song, bringing a smile to all of their faces! She views her mentor, second year Jill Gasiewicz, as someone who can always help her solve any problems she may ever face.

**Jamie Laubisch, PROGRAM CREATOR, AMC Class of 2009**
“I just wanted to say that it was Dr. Bob’s idea to make a difference in the community in a way that involved the youth he was seeing have no interest in their education at a very young age. The program has been successful through the endless hours and enthusiasm of the medical students and staff at Brighter Choice and KIPP Middle School who have been extremely supportive every step of the way. Ms. Morales and Miss Wallace make the program happen. I have seen the kids grow in their leadership skills as well as personally over the year and have continued to develop a sense of pride in their academics and outlook on the impact their education can have on their future. It has come to be something the kids look forward to and each medical student is a fantastic mentor and proof of where your education can take you.”

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EMERGING A CULTURALLY COMPETENT PHYSICIAN: SELF-AWARENESS & CULTURAL IDENTITY - Harvard Medical School

OBJECTIVES/GOALS
This elective class allows medical students and residents from all years to share their experiences in patient care, medical education, and otherwise surrounding cultural competency. Much of the class is devoted to exploring one’s own biases and how they play out in one’s everyday life. The point of class is not to rid oneself of one’s biases, but to learn what they are, how to recognize them when they occur, and how to avoid having them negatively influence one’s behavior, especially towards patients and colleagues.

PROGRAM DESCRIPTION
The class meets once a week for 8-12 weeks in the spring semester. It is open to medical students in all years at Harvard as well as residents at affiliated hospitals. Historically the class has enrolled 8-12 students. With at least four physician or doctorate-level degree holders in attendance weekly, the class meetings are intimate and considered a safe haven for students and faculty to be honest about biases. The class is funded by a private donor dedicated to improving cultural competency amongst the next generation of physicians.

The class begins with each participant creating a cultural genogram, highlighting for each person what he or she thinks has defined his or her family. Each subsequent week, the group discusses one general area of potential bias (e.g. sex, race, religion). Directions include how group members think this bias plays out in the medical arena, how this bias evolved historically, and one’s own experience with the bias (as a recipient, bystander, harbinger, or otherwise). Usually, the faculty bring in other media (pictures, videos) to illustrate points or ideas. At the conclusion of the 8-12 weeks, each participant revisits his or her cultural genogram to reflect on how his or her interpretation of his or her family may have changed.

UNIQUE CHARACTERISTIC TO PROGRAM
This program is unique because it forces students to reflect on their own biases and how they are being played out in students’ everyday interactions. Many classes at Harvard emphasize the importance of cultural competency, but none really show how to achieve it, or at least head in that direction. This class brings a framework and structure into how to begin to develop cultural competency for oneself, and also in understanding what biases one’s patients and colleagues may be harboring during interactions.

STUDENT COMMENTS
“The cultural competency class was the first time we were formally given the opportunity to reflect on ourselves in a supportive environment. I think this is the true future of “teaching” cultural competency. I know that I am definitely much more attentive to my treatment of those who may seem different than me because I took this class. I take care to reflect on my own preconceived ideas and biases before I jump to conclusions about anything regarding another person.”
- HMS M1 Student

“My ability to self-reflect was infinitely better and more nuanced after taking the cultural competency class. I am consistently more aware of the biases I hold not only in interacting with patients, but also during my daily interactions as I move through my everyday motions. I try not to let those biases influence what I do or say as I’m interacting with the person(s) against whom I may hold a bias, and I find that my interactions are richer for it. I can’t stress enough the importance this class had in the way I approach people in general.”
- HMS M1 Student

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ROCHESTER EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH

Mayo Medical School

OBJECTIVES/GOALS

Mayo Clinic is a unique learning environment, drawing patients from around the world for specialty care. Unfortunately, there are still a number of patients who live just steps away who are unable to obtain healthcare at Mayo due to cost and lack of insurance. The REACH clinic allows students to serve those who would otherwise not receive care while also teaching students the realities of caring for those with complex social needs. In partnership with the Salvation Army, REACH expands the hours that services are available for this population. The same instructors who are teaching students how to take a history, examine patients, and come up with a plan of care on the wards are working with Mayo students in the REACH clinic. Additionally, having worked within the community in the early stages of planning for the REACH clinic, I know firsthand the importance that this outreach has for improving Mayo-community relations. Students can be a bridge between these entities when the institution as a whole can be hung up with administrative barriers. Our involvement sends a message to Mayo about the importance of serving our closest neighbors.

PROGRAM DESCRIPTION

The Rochester Education and Advocacy for Community Health (REACH) initiative is a partnership between the Rochester Salvation Army Good Samaritan Health Clinic, Mayo Medical School (MMS), and the Mayo Clinic. The REACH clinic is an integral portion of the MMS curriculum engaging students through all four years of their medical education at Mayo. During their first year at Mayo, students spend time in the classroom learning about non-medical determinants of health and visit with local community agencies cultural organizations, and religious institutions. The primary goal of the year one component of REACH is to educate students on the factors that influence health and quality of life. Throughout second year, students have an “Advanced Doctoring” course that runs concurrently with each six-week block of coursework. During this course, students practice their examination, history taking, and diagnosis skills, enhancing their clinical skills before entering third year clinical rotations. The REACH clinic is integrated into the Advanced Doctoring course. Each student visits the REACH clinic for two mornings during each six-week block of classes. The REACH clinic is open for two mornings of the week. Each of these mornings a total of eight students are present, rotating through different positions necessary to staff the clinic. Under the supervision of a Mayo physician, students staff the areas of reception, pharmacy, and serve as primary care providers for patients in the clinic. During third and fourth year, MMS students continue to volunteer in the clinic on a periodic basis while on their clinical rotations.

Since REACH is integrated into coursework, students have the same expectations as their regular courses. Feedback and suggestions for improvements to the REACH program are provided to administration by evaluations by students and faculty at the conclusion of each year. Patients are given the opportunity to complete surveys on their care through forms located online and in the clinic allowing for continuous patient centered improvement. Since REACH is a bridge between the Mayo Clinic and the greater Rochester community, it is upheld to the same standards of research, education, and clinical practice set forth by the Mayo Clinic.

The REACH clinic operates in medical space already provided by the Salvation Army Good Samaritan Health Clinic located just a few blocks from the medical school campus. Since clinical space is being provided by the Salvation Army this has greatly reduced funding costs. Physician time is paid through the medical school budget for the Advanced Doctoring course. The medical school provides information technology support to the clinic on a voluntary basis. The Salvation Army leadership is currently not charging the medical school for additional medical supplies and administrative support required by REACH. There are plans to have the Salvation Army purchase supplies in conjunction with Mayo to reduce costs. The REACH clinic addresses deficiencies in the MMS curriculum related to community engagement.
By integrating students through all four years of their medical education, MMS students are better equipped to handle issues of community health and advocacy in their future practices.

**UNIQUE CHARACTERISTIC TO PROGRAM** The idea for the Rochester Education and Advocacy for Community Health (REACH) clinic was developed in the fall of 2007. Research was conducted on community clinics located at medical school campuses across the country. All parties agreed REACH should not just be a clinic where students could volunteer, but rather an integral component of the MMS curriculum. Furthermore, it was believed that REACH should serve as a community health center distributing information on preventative health and screening to reduce morbidity and mortality in the diverse and low-income communities of Rochester.

What makes REACH unique is this 3-C approach to healthcare. The foundations of curriculum, community, and clinic are what REACH is founded upon. REACH is integrated into the first and second year medical school curriculum and continues to be a part of students’ clinical education during their third and fourth years. REACH is a healthcare center where students distribute information and resources to reduce morbidity and mortality through non-medical interventions. One example of how students do this is through a program known as smoking cessation, where students help patients quit cigarette usage. Most importantly, REACH is a clinic bringing the resources of the renowned Mayo Clinic to the Rochester community.

**STUDENT COMMENTS**

I think that there is an increasing national trend to shift the attention on medical education from passive, didactic lecturing and, instead, emphasize the importance of active learning in the form of clinical integration, small group discussion, and simulated patient interactions. The REACH clinic is a very illustrative example of this trend in the fact that it allows small groups of medical students the opportunity to work one on one with a diverse population of patients and coordinate their health care through close collaboration with a practicing physician. This not only allows the students to learn how to interact with patients and other health care workers in a professional setting, it gives the student the opportunity to learn a various number of valuable lessons all in one setting. In effect, the REACH clinic integrates classroom learning and clinical experience under the banner of volunteer work. It places social well-being alongside medical well-being in a way that the traditional classroom might struggle to do. In sum, the REACH clinic opens many doors for patients, physicians, allied health workers, and medical students in kind.

-2nd Year Medical Student

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COMMUNITY ADOLESCENT MEDICINE PROGRAM
SUNY Downstate

OBJECTIVES/GOALS
C.A.M.P., which began in fall 2007, is a partnership between medical students and the students, families and faculty of KIPP AMP Academy, a charter school serving grades 5-8 in Crown Heights, Brooklyn. This partnership is a multi-component education program focusing on key aspects of adolescent health such as nutrition, physical fitness, obesity, puberty, STIs and HIV/AIDs, and healthy relationship choices. Goals of the program are:
- Improve students’ knowledge, attitudes and behaviors (KAB) regarding puberty, sexual development, healthy relationship choices, abstinence, pregnancy, STIs and HIV/AIDs.
- Improve students’ KAB regarding nutrition and healthy food choices
- Improve students’ KAB regarding physical activity
- Increase students’ access to health care services
- Improve parents’ KAB regarding nutrition, physical activity, obesity, puberty, sexual development, healthy relationship choices, abstinence, pregnancy, STIs and HIV/AIDs, with a focus on improving communication with their adolescent children about these issues.
- Improve medical students’ knowledge and attitudes about adolescent health topics
- Provide community service opportunities in adolescent health for pediatrics residents

PROGRAM DESCRIPTION
The C.A.M.P. program has four main components:

Middle School Student Education
Adolescent Development – Medical students will teach 10-12 sessions (1.5 hours each) throughout the school year to 6th and 7th graders, providing education about the changes of puberty, sexual development, healthy relationship choices (including abstinence), pregnancy, STIs and HIV/AIDs, with a preventative focus.
Nutrition and Physical Fitness - Medical students will organize and facilitate an annual “Nutrition and Healthy Lifestyles” week, culminating in a community Nutrition Fair.

Parent Education
Periodic parent workshops mirroring the middle school student curriculum will be offered.

Improved Access to Health Care
Students and parents will be offered insurance screening, be provided with information regarding free/discounted health care for adolescents (particularly mental health and STI testing) and preventative programs offered in the community.

*Plans for evaluation (e.g. pre- and post-tests of knowledge and attitudes for all education components) and sustainability (e.g. targeted leadership recruitment) are currently in development.

STUDENT COMMENTS
Involved medical students are trained on the adolescent development curriculum. In teaching the sexual development sessions to the middle school, students, the medical school students develop comfort in discussing sexual health with adolescents. This is an age group that is often marginalized in our medical education and this interaction serves to fill this gap.

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Inter-professional Medical and Allied Groups for Improving Neighborhood Environments “IMAGINE”
University of Toronto Faculty of Medicine

OBJECTIVES/GOALS
IMAGINE aims to foster partnerships between students in healthcare professions and underserved communities in Toronto to deliver holistic care. IMAGINE will focus on the aboriginal, poor and homeless through seminars (IMAGINE Health Education) on health promotion, disease prevention, personal hygiene, health screening, chronic disease management, and immunization, clients will be empowered to understand and address their own health needs. Through clinical services (IMAGINE Clinic), patients will receive holistic services and have access to psychiatric assessments, harm reduction initiatives; social services for housing, and obtain government health cards. Through these efforts, IMAGINE will serve as a “gateway to health” and integrate clients into the health care system. IMAGINE also contributes to the students’ learning experience. IMAGINE involves students and preceptors from nine professions including Dentistry, Health Administration, Law, Medicine, Nursing, Occupational Therapy, Pharmacy, Physiotherapy, and Social Work, and will provide service-learning opportunities, promote inter-professionalism in healthcare delivery, and complement academic curricula. Students will also learn about barriers and inequities in access to health care and will enhance their understanding of advocacy, social accountability and civic engagement, tenets that guide the evolution of their professional lives.

PROGRAM DESCRIPTION
IMAGINE Clinic will provide hassle-free basic healthcare services to patients and IMAGINE Health Education will help clients manage their health while advocating and presenting public health approaches. IMAGINE has an executive comprised of students from nine faculties, as listed above. The executive is responsible for recruiting preceptors and student volunteers, raising funds, seeking and building community partnerships, establishing and implementing clinic operations/logistics, and developing and disseminating communication material. The program will run on Saturdays from 11am to 3pm at The Meeting Place (IMAGINE Health Education) and at Queen West Health Centre (IMAGINE Clinic). At Health Education workshops, an inter-professional team of students will present and discuss topics related to weather (ex: hypothermia, warm clothing), nutrition, alcoholism and, substance use focusing on harm reduction strategies. The Clinic will have two inter-professional teams of students supervised by preceptors from each profession. When a patient arrives at the clinic, two students will conduct a history and physical assessment, and present the case to the rest of the team (i.e., students and preceptors). The team will collectively determine on a) a treatment plan, b) follow up and monitoring, and c) the types of services the client will require. At the end of the clinic, the preceptors will hold a debriefing for all the students.

Through this program, we expect that marginalized clients will be able to form a trusting relationship with healthcare providers and access healthcare in an open, supportive, and non-judgmental environment. Through increased access, clients will learn to take charge of their health needs and concerns. We also expect that students will begin to understand determinants of health and the challenges faced by vulnerable populations. Such community-based experiences will complement curricular courses and help students understand the populations they will one day serve, protect, and advocate for. As IMAGINE is using an inter-professional model of healthcare delivery, students will learn about the expertise each profession offers to effectively address health needs, using a patient-centered approach.

Students from nine professions have been involved in the development, planning, and execution of IMAGINE. Student leaders, Deans, Alumni Associations, and Offices of Advancement from various faculties have enthusiastically supported IMAGINE; additionally, IMAGINE benefits from the advice of 10-15 faculty members from the different professions. IMAGINE acknowledges the generosity and volunteerism of community partners including: St. Christopher House, Queen West Health Centre, Downtown Legal Services, Wellesley Institute, Sherbourne Health Centre, Regent Park Health Centre, and mentors from
hospitals including The Hospital for Sick Children, St. Michael’s Hospital, Centre for Addiction and Mental Health, and Toronto Western Hospital. Fundraising efforts have been solely student-initiated with support from: Toronto Notes for Medical Students Inc., Faculty of Pharmacy Student Experience Fund, Faculty of Medicine Medical Society, Canadian Medical Association (CMA) Student Innovation Fund, Canadian Federation of Medical Students (CFMS), and Loblaw's, with pending applications at the Faculty of Medicine, Faculty of Nursing, and MD Management.

**UNIQUE CHARACTERISTIC TO PROGRAM**
IMAGINE is the first inter-professional medical school-initiated, student-run health clinic in the province of Ontario. It is unique in its development, structure and approach to patient care, providing inter-professional and team-oriented experiences for students. Recent advances in medical education (WHO and CAIPE) have prompted faculties to structure more inter-professional training in their curricula. In this context, IMAGINE complements such curricular advances and supplements the mostly didactic, highly facilitated, and simulated inter-professional education sessions with authentic, immersive, and situated inter-professional collaboration practices. Additionally, we have created a self-sustaining model of program development, financial independence, and student governance that students in other jurisdictions can use when establishing community programs. Furthermore, unique case presentations, student reflections on inter-professionalism, and recorded IMAGINE Health Education seminars will be shared globally through our website. In establishing IMAGINE, students will have gained a better understanding of how to become effective members and leaders of healthcare teams, solve clinical problems by working collectively, trusting and respecting other healthcare professionals, and understanding their roles, responsibilities and limitations. The skills, knowledge and confidence gained through debriefings and in working with preceptors, will enable students to improve the quality of their professional education and enhance the patient experience, as demonstrated.

“We believe this clinic has great potential. Students will gain practical experience in an interdisciplinary setting as well as first-hand experience with the social determinations of health and the development of socially responsive health promotion and care.” – Dr. W. Hindmarsh

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OPERATION BUSHMASTER
USUHS (Uniformed Services University of the Health Sciences)

OBJECTIVES/GOALS
Operation Bushmaster is a one-week practical field laboratory exercise (FLEX) that occurs during the last week of Military Contingency Medicine (MCM) course. The exercise is currently conducted at Camp Bullis TX.

The student detachment is a company of up to 72 individuals, which is further divided into three platoons and six squads [two per platoon]. A student chain of command operates throughout the operation. The established educational goals of Operation Bushmaster are:

1. Provide participants with an environment that simulates an overseas deployment, which can be used as a framework to achieve the specified learning objectives.

2. Allow senior medical students to make necessary decisions that affect mission accomplishment, casualty care, and a myriad of other actions without adverse consequences on actual operations or the health of real personnel.

3. Afford future military medical leaders with opportunities to see common and uncommon problems, try one or more solutions, and evaluate the consequences before they may be faced with similar real-world situations.

PROGRAM DISCRIPTION
The Operation is executed in four phases:

Phase 1: During the third week of MCM, students receive briefings specific to Operation Bushmaster and process through a "mobility line" simulating preparation for an overseas deployment. The briefings are designed to familiarize the students with the physical environment of Camp Bullis, describe all phases of deployment from an operational perspective, and share the criteria by which the students will be evaluated. The mobility line ensures students’ required documents (identification cards and tags) are current, financial and legal affairs are in order, medical qualifications for deployment (records, immunizations, etc.) are reviewed and updated. They are also introduced to the fictional country of Pandakar for which the operational scenario is based and pre-deployment resources (AFMIC, DIA/CIA reports) are made available to them.

Phase 2: Two days of training are allocated for review of specific field skills (land navigation, NBC decontamination), orientation to the site and as a transition/practice period from what they learned in the class room setting to what they will be graded on during the exercise (BAS set up, Triage).

Phase 3: The operational field problem begins on day 3. Students staff generic first- and second-echelon medical facilities in a simulated deployed setting for the next 72 hours. Students staff two Army Battalion aid stations, one Marine Corps Battalion aid station and one Army forward support medical company. This elaborate scenario involves strategic, operational, and tactical scenarios that develop over the course of 3 days. Solutions require knowledge of many aspects of the mission at many levels [including political], enemy intent and capabilities, friendly intent and capabilities [medical and non-medical], terrain and weather, time available, and considerations of how decisions affect noncombatants. Knowledge of all three service medical capabilities is essential to mission completion.

Phase 4: Recovery. At the conclusion of the field problem the students are allowed a rest period (6-8hrs) and then participate in the recovery operations. Formation on day 8 followed by redeployment to USUHS concludes the exercise.
**UNIQUE CHARACTERISTIC TO PROGRAM**

These field exercises are unique to USU’s medical school curriculum and are designed to ensure that USU graduates are well prepared to practice "good medicine in bad places." Students participating in the training will begin the exercise with the airlift from the campus to give them a better understanding of the limitations of medical care while in-flight.

**STUDENT COMMENTS**

Bushmaster has contributed more than 3,900 graduates to military medical service since that first evolution in 1979. However, as with any academic endeavor, Bushmaster’s most important legacy will remain the military medical intellectual capital created, nurtured, refined and expanded by the USU faculty responsible for this unique curricular element during the 27 years of its existence.

Sources:
-- History of Bushmaster, Part I, USU News
-- Course Description, USU MEM

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LOYOLA’S INTEGRATION OF CLINICAL SCIENCES IN THE FIRST TWO YEARS OF MEDICAL SCHOOL: PATIENT CENTERED MEDICINE
Loyola University Health System Stritch School of Medicine

OBJECTIVES/GOALS
Patient Centered Medicine, PCM, is a three year course that is integrated into the curriculum at Loyola. The goal of the course is to provide a clinical context to the basic science curriculum. The first year course ensures students have a solid base knowledge in Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Moral Reasoning, and Ethical Judgment, Clinical Skills and Patient Care, Lifelong Learning, Problem Solving and Personal Growth and, Social and Community Context of Health Care. By the end of first year students are proficient at taking histories and doing a physical exam. The teaching is done with demonstration videos that correlate with the physical science courses to establish a standardized flow of information.

Year two advances with many of the same objectives of PCM I but expands on the abnormal findings and experiences. One of the course’s main goals is to ensure students know how to read EKGs and Chest X-Rays by having 12 member small group meetings weekly, with attending physicians and MS4s, where 3 EKGs and 2 Chest X-Rays are read. Students are also required to take multiple histories and physical exams in the hospital and present them in the small group meetings. This course is crucial as it allows Loyola’s students to hit the floors with a running start.

PROGRAM DESCRIPTION
As outlined above, PCM focuses on a complete range of characteristics that are important to becoming a physician. In year one, students are given a taste of the clinical setting in a gradual manner. First, students are taught, via lecture and demonstration videos, on how to accomplish the basics of a HPI. Next, the small group consisting of eight to ten students have a standardized patient, SP, come in to a classroom setting to allow for practice. One of the more important facets of these small group SP exercises is the peer review that occurs. Students are able to pick up on what works well and what does not by observing peers and giving/receiving constructive feedback. The feedback comes first comes from peers, then from facilitators and then the SP.

The first year students also experience individual SP exercises in a mock clinical setting. The student has a peer that is also reviewing the encounter live from a remote location. After the encounter the student’s peer provides commentary on the encounter. The students have their exercises recorded and are able to sit down with their small group facilitators to review the exercise. This allows for a more focused and teaching experience. One specific exercise with a SP is to complete an HPI with the use the EMR. This experience provides a very realistic situation seen in the clinic. The SP provides feedback on how well the student was able to obtain the information and how well the student physician was able to incorporate the computer without causing a distraction or deterring from the interview.

On top of the mock exercises, students gain exposure to the clinical setting with shadowing experiences with their respective Physician, MS3 mentors, and the unique Chaplain mentor. The students are required to complete seven mentoring visits with each mentor, three the first semester and four the second semester. During these visits, the students have objectives to complete during their visits. Students are required to get an HPI from a real patient. First semester they are required to complete this with their MS3 and submit the write up to their small group facilitators, and second semester to accomplish the same with their physician mentors. Again, this allows for feedback from different perspectives.

Second year medical students are expected to press forward with all of the obtained knowledge from first year, but now are required use more clinical knowledge. Year two consists of lectures, demonstration videos, and workshops on key clinical aspects. There is an ongoing workshop, five times during the second year, on heart sounds where students listen to an electronic manikin, Harvey, to learn how to
recognize abnormal sounds. Students are then able to see corresponding EKGs to be able to use this skill in a clinical setting.

Second year students also have small group settings with physicians and MS4s that rotate through groups. These small groups focus on the physical examination. MS2s are taught how to complete a physical exam by MS4s with physician supervision. One emphasis of second year is learning how to read chest x-rays and EKGs, learning how to listen for abnormal heart and lung sounds, and to be able to complete a head to toe physical.

**UNIQUE CHARACTERISTIC TO PROGRAM**

While learning the physical exam steps each small group is broken down into two groups each having a MS4 helping to teach the steps, with attending oversight. The MS4 students are participating in a teaching elective, where they are learning how to teach the medical information. This offers a unique perspective for the both sets of students. Between the two groups of 6 students there is a physician that helps to teach the steps.

Although most schools offer shadowing experiences the first two years, PCM takes a distinct approach by making it a requirement. More importantly it provides a wide array of experiences by assigning attendings, MS3s, and chaplains to be shadowed. Loyola recognizes the difficulty in cardiac auscultation. Coinciding with the time that students learn heart physiology the PCM course uses its electronic manikin, Harvey, to help start teaching students how to recognize abnormal sounds during their first and second years of medical school. All of this teaching intentionally coincides with the material being taught in the physical science courses.

As many more academic medical centers are converting to an EMR Loyola introduces EMR use to first year students. Students have one standardized patient encounter in which they use the EMR during the encounter to type the history.

One crucial difference in Loyola’s curriculum is its emphasis on reading EKGs and chest X-Rays. In total students read about 50 EKGs and 20 chest X-rays with the help of physicians. This allows students a solid understanding how to use these tools in the clinic.

The other things that make PCM unique are the adviser program being "embedded" in the course, as well as our mentor programs. The PCM advisers from first year become your career development adviser that will continue to meet with you individually during your third and fourth year. These advisers are made available for the students to use to develop the balance between the profession and life outside of medicine. One of the main roles of the advisers is to help guide students in their residency selection.

**STUDENT COMMENTS**

“PCM helps us get a head start when we reach the floors. It gives us the opportunity to actually learn what we will be doing the rest of our lives.” - MS3

“It is awesome that we get to learn EKGs in depth. When other schools’ 4th year students do externships at Loyola it is fun to help and teach those students how to read EKGs.” – MS4

“I remember my first patient encounter in front of students. I asked all the wrong questions. It was great to get input from other students before physicians commented on my encounter.” – MS2

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TMedWeb AND MedSource: CALENDAR MANAGEMENT
Tulane University School of Medicine

OBJECTIVES/GOALS
Medical schools are trying to implement new technologies that facilitate student and faculty access to audio, video, handouts, and other media. However, these systems often have inconsistent user-interfaces and little centralization resulting in under-utilization. TMedWeb was created for students, by students, as one such technology that efficiently merges academic resources for both students and faculty of Tulane University School of Medicine. Currently, TMedWeb combines resources from Tulane University and other institutions that encompass all aspects of medical training including a clerkship, residency, and rotation review system, a medical curriculum specific wiki database, an RSS feed for class-specific lecture recordings, and the official academic and extra-curricular calendars for the student body. TMedWeb also provides a marketplace for the sale and purchasing of goods posted by students, housing options that are frequently updated by local renters, and student travel experiences. This site has proven to be an effective and useful tool for the Tulane medical community, with additional resources constantly being developed to ensure continued success. One of our latest advances is the incorporation of MedSource: Calendar Management System (CMS) which was developed by TMedWeb as a resource for professors to integrate course content directly into course calendars.

PROGRAM DESCRIPTION
In 2008, TMedWeb boasted 91,013 visits within six months, and in August of 2009, TMedWeb has already amassed 38,605 visits, a visits/month increase of nearly 154% within one year. The success of TMedWeb can only be attributed to the involvement of every administrator, faculty member, and student in the Tulane University School of Medicine community. TMedWeb first began with support and donation from the Medical Student Government (MSG) with funds allocated for student programming. TMedWeb requires approximately $50.00/month to operate through an independent server and back-up company, and the minimal sustainable costs are largely attributed to time volunteered by students. TMedWeb receives continuous financial support from MSG and now proudly receives additional support from the Office of Medical Education (OME).

The OME and course coordinators work directly with MedSource: CMS and TMedWeb to provide the core content material and accurate course calendars. The delivery of the content within the course calendar allows the material to follow the calendar when imported into the personal computers, phones, and devices of students and faculty members. MedSource: CMS also allows administrators to assign keywords to material that has potential for use in accreditation and subject searches of past material for more efficient board exam preparation. In addition, as Dr. Craig Clarkson proved through his Pharmacological Wiki, students are willing and should be given the opportunity to collaborate with professors in regards to medical course material (https://tmedweb.tulane.edu/pharmwiki/doku.php). What sets TMedWeb apart from traditional student portals, is the fact that that it offers a multitude of extra-curricular activities and university services portals. Students, faculty, and administrators can search housing and roommate options in the New Orleans area, and this has proven to be especially useful for incoming students unfamiliar with the city. In addition, third and fourth year students can access reviews provided by their peers about upcoming rotations while also contributing their own. Furthermore, the entire medical community has the option to post reflections, poetry, stories, and just about anything else in The Beat (http://tmedweb.tulane.edu/mu/thebeat/). The multifaceted services offered by TMedWeb are fully integrated into the culture at Tulane University School of Medicine.

The advent of MedSource: CMS has proven the potential of TMedWeb to supply much more than just a centralized calendar for students within the Tulane University community. With growing student, faculty, and administrative support and enthusiasm, the TMedWeb student development team expects to expand its resources into a package that can be offered to other institutions. TMedWeb is a fluid and dynamic site that constantly asks the question: "What's next?" TMedWeb looks to expand and apply its technologies
to medical students throughout the country and abroad with a goal of offering a vector for students to share medical school resources.

**UNIQUE CHARACTERISTIC TO PROGRAM**

TMedWeb initially began as a way for students to share experiences and academic resources. Through both objective (Google Analysis) and subjective analysis of multiple student portals provided by other institutions, including Vanderbilt CiM and NavyHPSP.net, TMedWeb has been able to capitalize on the successes and failures of other portals. Learning from the experience of other university student portals and combining it with the novel concept of TMedWeb has allowed for a more efficient and user-friendly product.

TMedWeb provides a generalized resource for all four years of medical school while maintaining specificity for its year-specific users (for both student and faculty). Students are able to easily and efficiently access a multitude of resources through TMedWeb, as well as collaborate with course coordinators and other students to provide each other with more accurate and extensive course material. This unique combination of resources which integrates curriculum content directly into the student course calendars provides Tulane University medical students with the means for a more successful medical school experience. TMedWeb fosters a collaborative and team-based learning environment that will impact their ability to provide patient care in the future.

**STUDENT COMMENTS**

"The medical school curriculum is downright daunting. Running from anatomy lab to biochemistry and back to an ER general interest meeting...all before lunch. Without TMedWeb I would not have found any of the resources that I am already comfortable with in only my 3rd week of school. This site gives me not only my calendar for the day, but expands into lecture notes, study guides, and guest lectures. It has helped me find everything from housing to my dissector, and has made medical school much more manageable."

- Jourdan Cancienne, Medical Student

Please view TmedWeb at http://tmedweb.tulane.edu

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THE STUDENT ADMISSIONS BOARD: A CASE STUDY ON ORGANIZED STUDENT INVOLVEMENT IN ADMISSIONS

Tulane University School of Medicine

OBJECTIVES/GOALS

The Student Admissions Board (SAB) serves the student body at Tulane University School of Medicine by formally extending to students the opportunity for participation in admissions. Students are invited by the SAB to participate during their first year and may continue to be involved throughout the duration of their time in medical school.

Students may become involved in any of six areas: hosting, greeting, interviewing, tours, as ambassadors, and supplying student members on the Admissions Committee. Data collected from the 2008-2009 academic year showed student participation in the Class of 2012 to be 66.1% from a class size of 177 students, an increase from 41.6% (class size 176 students) in the Class of 2011. In addition, more students are becoming involved in numerous ways, with 44% of those students in the Class of 2012 serving in multiple capacities, up from 36% in the Class of 2011.

The organizational structure of the SAB increases student investment within the institution and stimulates leadership by allowing students to take ownership in the admissions process. Efficient and reliable completion of these duties by students provides a valuable service to our institution and Admissions faculty, resulting in an effective partnership between students and faculty.

PROGRAM DESCRIPTION

The Student Admissions Board (SAB) is a completely student-run, learning organization operating in cooperation with our Office of Admissions and Student Affairs. Any funding for lunch meetings is provided by this office, which also supports all technology services used by the SAB. The following is a brief description of the organizational structure and responsibilities within the SAB, in addition to a chronological look at the opportunities to serve within the SAB during the four years of medical school.

The SAB is run by a third-year student as President and eight second-year students as Committee Co-Chairs, in addition to an ad-hoc group of student Ambassadors. The four committees are listed below and represent the main functions of the SAB in the applicant interview day.

Hosting Committee
- Match interviewees who desire a student host with a suitable host for the night prior to interview day

Greeting Committee
- Supply student greeters to provide a welcoming atmosphere with a Q&A session for interviewees first thing on interview day, as well as provide a tour of the Simulation Center

Interview Committee
- Supply quality student interviewers who conduct lunch interviews with candidates and then provide interview reports and scores in a timely fashion

Tour Committee
- Supply student tour guides who will lead quality, interactive tours of our downtown campus

Student Ambassadors
- Currently not an official SAB Committee, but functions alongside the SAB to provide online responses to applicants’ questions about the institution and the community, as well as serve in outreach initiatives led by the Office of Admissions and Student Affairs

As previously mentioned, students may begin participating in the SAB during January of their first-year of medical school and are welcome to volunteer with as many committees as they would like. During February and March, active first-year student volunteers are encouraged to apply for committee Co-Chair.
positions, in which they serve as second-year students for the following interview year. New Committee Co-Chairs are selected by outgoing Committee Co-Chairs.

In the interim between the end of interview season (spring) and the beginning of the next interview season (fall), under the direction of the President, Co-Chairs meet with each other as well as faculty Admissions officers to collectively construct the schedule for the following year’s interview day. Additionally, Co-Chairs recruit rising second-year student volunteers and lead training sessions. Throughout the interview season, Co-Chairs are charged with maintaining a reliable, responsible roster of volunteers who carry out his or her committee responsibilities on interview days.

During March of second year, active SAB Co-Chairs are encouraged to apply for the SAB President position, an automatic student member of the Admissions Committee. An open call is also solicited for interested second-year students to apply for 3 at-large student seats on the Admissions Committee. Interested applicants are interviewed and selected by a panel consisting of the outgoing President and the current student members of the Admissions Committee. Student positions on the Admissions Committee are two-year appointments, available only to third-year and fourth-year medical students.

**UNIQUE CHARACTERISTIC TO PROGRAM**

The Student Admissions Board at Tulane University School of Medicine is unique in that it systematically combines many of the elements where students can be involved in the admissions process and it positions students as the primary drivers in their delivery. Students work alongside Admissions officers to make the interview day run smoothly, and are trusted, respected members of the admissions team.

Additionally, valued student input stimulates a more comprehensive holistic review of applicants. Student involvement as interviewers and Admissions Committee members not only demonstrates an institutional atmosphere of student inclusion within important decision-making processes, but also allows for students to offer insight into the selection of their future classmates and colleagues.

Since students who are invested in their institution care about perpetuating its legacy, the student leaders of the SAB routinely monitor the progress of their committees and volunteers by collecting interviewee evaluations at the end of the interview day. The organization learns about itself through internal review, and benefits by stimulating long-term (up to three and a half years) commitments from students who become better leaders. Perhaps the best feature of the SAB is that this opportunity for students is so openly available and accessible to many.

**COMMENTS**

“All of our volunteers host at least once, with many of them doing so multiple times throughout the year. . . we do out best to match the host and interviewee based on a specific factor, be it same college, hometown, etc.” 2008-2009 Hosting Committee Co-Chair, Class of 2011

“The primary responsibility of greeting is to introduce interviewees to their day, help them relax, and make them feel welcome at the school.” 2009-2010 Greeting Committee Co-Chair, Class of 2012

“At the beginning of the interview season/semester, we hold a general meeting and invite the entire class to come to a training day in which we discuss all of the logistics for proper and successful student interviewing, including how to rate an applicant.” 2009-2010 Interview Committee Co-Chair, Class of 2012

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ACADEMIC ADVISORY DEAN PROGRAM
University of Louisville School of Medicine

OBJECTIVES/GOALS
The Academic Advisory Dean Program at the University of Louisville School of Medicine provides clinical faculty mentors to medical students. The Advisory Deans follow their assigned students throughout their four years of medical school, serving as advisors, advocates, mentors and career counselors. They afford students a direct, confidential contact that is readily available to help with serious and trivial concerns alike. Responsibilities range from telling the new-to-town first year the best restaurants to monitoring academic progress and interceding with appropriate counsel. Because Advisory Deans come from a diversity of specialties, students have an established network to seek first hand career advice. This enables students to make educated and informed decisions when choosing a residency. In conclusion, the Advisory Dean program has much to offer students and has proven invaluable to their satisfaction and success.

PROGRAM DESCRIPTION

Position Duties & Requirements
- Each Academic Advisory Dean is assigned as an advisor and mentor to 15 students from the first year class and follows their assigned students longitudinally throughout their four years of medical school
- Advisory Deans meet with students in small groups once a month, and individually at least once each semester
- Advisory Deans meet quarterly with the Senior Associate Dean for Students and Academic Affairs to discuss current issues and concerns
- Advisory Deans are expected to get to know their students; to understand each individual student’s family and background, goals, strengths and weaknesses and be aware of any ongoing concerns
- Advisory Deans understand the everyday lives of their students at all levels – formal curriculum, learning environment, and student support services (student health and wellness, academic support, career planning, financial aid)
- Advisory Deans track and communicate students’ academic and professional progress as well as student concerns
- Advisory Deans refer students to mental health professionals or student support personnel when indicated
- Advisory Deans work with the Director of Student Affairs to track progress if a student is on a leave of absence
- Advisory Deans attend special events such as the annual White Coat Ceremony, Student Clinician Ceremony, and Honors Convocations
- Advisory Deans participate in writing the Unique Characteristics section of the Medical Student Performance Evaluation
- Advisory Deans work with discipline specific career advisors and alert Student Affairs staff of early indicators for match risk

Reporting and Training
- Advisory Deans report to the Senior Associate Dean for Students and Academic Affairs and are trained by Student Affairs and Student Health Staff

Funding & Space
- Advisory Deans receive an annual salary supplement of $9000 and are expected to commit 2-3 hours per week to the program
- Office space is provided for Advisory Deans in the Student Affairs Office suite

UNIQUE CHARACTERISTIC TO PROGRAM
The Advisory Deans enhance the educational experience of each year of medical school. As the first years acclimate to the rigors of medical school, Advisory Deans serve as important outlets, addressing concerns and allaying fears. As the year progresses, they advise students on summer research, clinical and service
opportunities. While continuing to build on the responsibilities of the first year, mentors provide second years reliable advice on Step 1 study strategies and scheduling the clinical years. In addition, they facilitate clinical preceptorships for students to explore different career options. By the time of third year, student and advisor have typically fostered a close personal relationship. Mentors not only assist in finding students career advisors as needed, they help in writing the unique characteristics section of the Medical Student Performance Evaluation (“Dean’s Letter”). Advisory Deans are tremendous resources for fourth year students as they navigate the match and prepare for internship. Regardless of the year, the Advisory Deans provide important academic oversight, identifying at risk students before they lapse into deficiency and serve as a readily accessible advocate, advisor and confidante. Student evaluations indicate high satisfaction with the program.

STUDENT COMMENTS

“By working one-on-one with students across the curriculum I have been able to anticipate and prevent problems for individual students, as well as intervene immediately when chronic situations worsen to keep students safe. My students now feel that they have an ally in dealing with their problems as well as more direct supervision and accountability to a single person--no more “flying under the radar” or hoping that performance problems will slide through unnoticed. The cumulative knowledge about an individual student across settings is the most valuable asset of the program; it really addresses a need in our curriculum and demonstrates how consistent an individual student' strengths and challenges are across learning settings.”

--Amy L. Holthouser, MD, Advisory Dean and Internal Medicine Clerkship Co-Chair

“Meeting with my advisory dean throughout the year has been a great experience. While I know I am able to meet with him whenever I need to, having consistent meetings scheduled during the year helps to put both of us on the same page and helps me to focus on the ultimate goals in my career.”

--Amber Zimmer, Second Year Medical Student

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MITCHELL WOLFSON SR. DEPARTMENT OF COMMUNITY SERVICE (DOCS)
University of Miami Leonard M. Miller School of Medicine

OBJECTIVES/GOALS
As an organization founded with the mission of public service, DOCS is the model for multi-faceted community involvement. As its primary goal, DOCS was created for the purpose of providing quality medical screening for the underserved and underinsured populations of South Florida through the institution of screening health fairs held in the area’s most needy communities. By recruiting University of Miami Miller School of Medicine (UMMSM) medical students, physicians, educational specialists, and other health professionals, DOCS is able to unify the UMMSM community around the noble goal of advocating health for those without the means to access care. Thus, DOCS achieves the ancillary goal of strengthening the UMMSM community as well. DOCS promotes such values as peer teaching, by allowing students to practice physical exam skills with one another in preparation for upcoming health fairs, and student leadership, by affording students opportunities to participate in the organization, promotion, and execution of the DOCS health fairs. Accordingly, DOCS brings about social change not only within the UMMSM community, but across the South Florida community at large.

PROGRAM DESCRIPTION
The Mitchell F. Wolfson, Sr. Department of Community Service (DOCS) at the University of Miami Miller School of Medicine (UMMSM) aims to provide free health screening and education to various South Florida communities through student-run health fairs and clinics. Annually DOCS reaches more than 1,500 underserved Floridians. Over the last 40 years, DOCS has become a recognized community partner with the dual objective of encouraging leadership, training, and education amongst medical student volunteers while providing high-quality care to the underinsured and undeserved communities of the Broward, Miami-Dade, and Monroe Counties. Through continued development of projects and reputations, UMMSM medical students established a prominent presence within their surrounding communities leading to the founding of DOCS in 2000. This new, non-profit organization is entirely student run and endorsed by the UMMSM administration. In 2006, the organization was renamed the Mitchell Wolfson, Sr. Department of Community Service after a generous donation from the Wolfson Foundation, which continues to help fund the organization. The mission of DOCS to provide quality healthcare to the underserved populations of South Florida requires the collaborative efforts of volunteer medical students, physicians, nurse practitioners, health educators and translators.

The great majority of medical students enrolled in UMMSM volunteer at the ten annual health fairs and weekly clinics. These student volunteers are trained by their peer leaders to take patient histories and perform physical examinations. Students are intimately involved in direct patient care, documentation in patient charts, and in education and referrals for follow up care. Volunteer physicians representing a wide variety of medical specialties offer their time and skills to provide free care to DOCS’ patients while mentoring students as they progress through their training. DOCS’ health fairs also incorporate health education into the services offered. For example, Miami-Dade and Monroe County Area Health Education Centers (AHEC) are instrumental in providing community-based educational resources in child safety, sun protection, tobacco cessation, nutrition, domestic violence, and emergency preparedness.

In addition to the annual health fairs, DOCS also holds weekly clinics. The San Juan Bosco clinic is dedicated to providing free medical services to Miami-Dade’s uninsured population below the 200% poverty line. The clinic offers a variety of specialties and is held in the evenings to accommodate patients’ working schedules. Student-physician teams allow patients to receive free medical care over a broad range of specialties while students develop their teaching and teamwork skills and increase their clinical and cultural competency. In 2009, DOCS will support a new clinic at the Lotus House Shelter in Miami’s Overtown community. This clinic will focus on improving healthcare access for homeless women stricken by domestic violence, medical or mental illness, or unemployment.
DOCS’ future expectations include holding a medical student community service retreat for student leaders from other Florida medical schools with the goal to encourage the undertaking of similar endeavors at their home institutions. Other long term goals include coordinating follow up care resources, strengthening community partnerships, and expanding research opportunities, all facilitated by the establishment of a sustainable Electronic Medical Records system.

**UNIQUE CHARACTERISTIC TO PROGRAM**

DOCS is unique in that it was purely born of student initiative, and remains purely guided by students four decades later. The spirit of service seeded in the initial Big Pine Key project has taken root within the UMMSM student body. Over the years, DOCS has grown into an exceptionally organized, broad reaching organization that stretches all over south Florida in pursuit of its mission: serving the underserved. Secondarily, the organization has shaped the culture of the medical school, infusing values such as altruism, compassion, dedication and selflessness into those who whole-heartedly participate.

To the education of UMMSM students, DOCS contributes skills that are both medical and non-medical. Students that staff the clinics and health fairs develop a variety of important medical skills that include taking a history and physical exam, measuring vitalhs, drawing blood, performing male and female exams, and many others. Students that join the DOCS staff acquire a host of other skills that center on the planning, organization and execution of the many projects completed each year. Skills such as leadership, communication, and team management are but a few that UMMSM students develop as they work and grow within the DOCS community.

**STUDENT COMMENTS**

“They bring to the world the message of generosity and a humble commitment to a community in a way that is entirely depleted of selfishness.”  
Dean Pascal Goldschmidt, UMMSM

“It’s gratifying to see where they are today. If you look at the number of patients served, the kinds of problems detected, the follow up, and commitment year after year, it’s incredibly impressive.”  
Dean Mark O’Connell, UMMSM

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ACADEMIC SOCIETIES-PROJECT SERVE
University of Miami Leonard M. Miller School of Medicine

OBJECTIVES/GOALS
The Jay Weiss Center for Social Medicine and Health Equity Pathway students have paired with Academic Societies in a new program, Project Serve, to establish monthly dinners at our local Ronald McDonald House. The program was designed and initiated to open up an informative dialogue about the complex social issues that families face every day. Dedicated to improving medical education through teamwork and collaborative efforts, the program has served as a basis to encourage both socially and ethically competent physicians.

PROGRAM DISCRIPTION
Project SERVE was developed by the medical students of the Jay Weiss Center for Social Medicine and Health Equity Pathway in order to help address the disparity that exists in our own community. By serving monthly dinners at our local Ronald McDonald House, the University of Miami Miller School of Medicine students are given the opportunity to openly communicate with the families that reside here, sharing both ideas and concerns. Through this collaboration, we hope that the medical students and families can work together to cultivate a better understanding of the complex social medicine issues that exist today so as to more effectively address these matters.

In its pioneer year of operation, the students of the Jay Weiss Center partnered with an established entity on Miami’s campus, Academic Societies, to create a sustainable combination of funds and manpower to best serve the residents of the Ronald McDonald House. Academic Societies is also an innovative UMMSM organization that unites students and faculty with the goal of promoting teaching, learning, leadership, and professionalism. It has provided the infrastructure necessary to establish personalized student-faculty relationships and create a student-lead group to enhance medical education. Named after prominent features in medical history, the fifteen unique societies consist of medical students from all four academic classes. The students have designed and implemented projects including an anatomy tutoring program, a monthly student report, physical exam training and reviews, inpatient hospital sessions with first and second year students, and many more.

Academic Societies has always been dedicated to teamwork and is committed to promoting collaborative efforts aimed at solving problems and expanding medical education. This year’s focus has been on branching out and better serving our community at large. It began in partnership with the students of the Jay Weiss Center at the Ronald McDonald House. By creating this monthly community service event, we have opened up an environment to encourage communications about the barriers of today’s medicine. Perhaps even more importantly, this program provides students time to reflect on how the future generation of physicians can make a difference. Our hope was to extend the learning experience of Academic Societies to include regular community service and continued exposure to social medicine issues. With this, students at UMMSM can become more aware, and can lead medical education to encourage both socially and ethically competent physicians.

UNIQUE CHARACTERISTIC TO PROGRAM
The students at the University of Miami Miller School of Medicine have always had a passion for community service. Students have created, designed and implemented tremendous endeavors over the years, largely focusing on initiatives involving the science of medicine. We host monthly clinic nights and several health fairs throughout the year, we travel abroad to practice rural medicine, but we had yet to reach out to our local population and delve into the social medicine issues facing many today. Project SERVE has been a launching board for this practice and hopes to inspire many in its commitment to local service.

STUDENT COMMENTS
"It is easy to forget, between memorizing the complement cascade and understand pulmonary pressure-volume curves, why we all wanted to become doctors. Project Serve gave me the chance to spend time with patients and families, one-on-one, to hear their stories, concerns, and hopes. Over the course of a single evening, it reminded me of why I wanted to become a doctor. For this, I am grateful."

"I had a wonderful time. It was great talking to the families and playing with the kids, definitely a worthwhile experience."

“Humbled and blessed by the children. An amazing experience”

“I was deeply moved by the situation of these families. I think this program should be continued and expanded.”

“I sat to learn about one man's goals for his future. It was inspiring to hear all that he has gone through and still remain optimistic and hopeful for his future”

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STUDENTS PROMOTING ACTION, RESPONSIBILITY, AND KNOWLEDGE (SPARK)
University of Miami Leonard M. Miller School of Medicine

OBJECTIVES/GOALS
Students Promoting Action, Responsibility, and Knowledge (SPARK) is a student run organization that exists to provide a marketplace of ideas on health care policy topics, and to empower the student body to implement change. We registered over 400 voters for the 2008 election. We raised political consciousness through dissections of presidential healthcare platforms and by providing relevant electoral information. Policy leaders from both campaigns debated during a forum co-sponsored by SPARK and University of Miami President Donna Shalala. Since the election we concentrate on two goals: for the community, helping the uninsured get medical coverage; for the University, implementing healthcare policy courses into the curriculum. SPARK recently joined forces with the Department of Community Service (DOCS) to begin providing new services for patient health coverage at health fairs. Working with a variety of community and governmental organizations, SPARK began offering referral services and enrollment assistance to Medicaid qualified families in August 2008. We have since expanded these services to include all un or under-insured. Simultaneously, we are creating a Health Policy Pathway in conjunction with the Jay Weiss Social Medicine Pathway, which will provide interested medical students the opportunity to learn about legislation and experience lobbying firsthand.

PROGRAM DISCRIPTION
Logistically, SPARK’s internal organization is essential to our achievement. SPARK’s Executive Board oversees internal affairs, setting goals and choosing projects. Task-specific committees serve as the workforce that makes major undertakings manageable. The E-board works closely with the Council of Delegates on most missions. The Council of Delegates consists of representatives from medical school clubs that share an interest in SPARK’s endeavors. These partnerships are extended beyond the walls of the medical school by the Liaisons. The Community Liaison establishes contacts at healthcare-related organizations within the Miami area. The University Liaison is in charge of networking with clubs and faculty members from other schools within the University of Miami system. The Government Liaison is the main contact for communications with official representatives of government. The purpose of this tiered infrastructure is to facilitate collaboration and communication between campus and community organizations, maximizing student involvement and efficient utilization of resources.

Similarly, our funding is derived from a multitude of sources. We have a small fund from Student Government, grants from the community and faculty, and grants from national organizations related to Health Policy. For individual events we often seek sponsors from the community, from partnering clubs, or from University Departments.

One of our most successful collaborative endeavors exemplifies the expanses that can be helped when clubs, faculty, and community organizations unite their efforts to host a single event. SPARK recently championed the addition of a new station for patient health coverage information at health fairs organized by the University Of Miami Miller School Of Medicine’s Mitchell Hammond Department of Community Service (DOCS). DOCS health fairs have been a staple in Miami-Dade and Monroe Counties since 1971 and will continue for generations to come. We currently service over 2000 patients at 11 sites, with three new health fairs added last year. The majority of attendees has little to no health coverage and is in need of assistance to determine program eligibility and health insurance options. Miami-Dade County alone has more than 450,000 uninsured residents. The fragmented and confusing health coverage system overwhelms many individuals most in need of coverage. Working with DOCS and Florida Health Connect, a program designed to enroll uninsured children in government programs, the new station began offering referral services and enrollment assistance in 2008. We now offer services to include health coverage for refugees, undocumented workers, low-income households, and pregnant women. Some of the partnerships that make these services possible include: Area Health Education Centers, Children’s Medical Service, Department of Children and Families, and the Center for Medicaid and Medicare services.
Through our partners Serving Health Insurance Needs of the Elderly (SHINE), Cover Florida, and the Robert Wood Johnson Foundation, we offer health coverage assistance to the elderly and to the working uninsured. We hope to serve as a continuing source of information to direct patients to the resources they have available to them of which many are unaware. Even as health coverage options expand, dissemination of information and enrollment of those who qualify will continue to be a needed service we can now provide.

**UNIQUE CHARACTERISTIC TO PROGRAM**
We hope to provide students with the educational tools and inspirational motivation that empowers them to make a difference. Participation in legislation and advocacy will be an essential skill of the next generation of physicians; it is exceptionally important if doctors are to maintain control of the way we practice medicine. Through partnerships with local, state, and national leaders we created opportunities for students, developed relationships with dedicated faculty to serve as mentors, and procured funding for our curriculum. Within the organization, its unique infrastructure unites students from the law school, business school, and undergraduate campus to bring a variety of perspectives to its events. The organized collaboration of multiple student groups helps SPARK accomplish elaborate missions that wouldn’t be possible by a unitary club. By bringing together students from varying degree programs SPARK serves as a microcosm in which students appreciate the need within the macrocosm for a multidisciplinary approach to healthcare delivery in America.

**STUDENT COMMENTS**
"I love working with SPARK because they are a club that gets things done, instead of just talking about it."
-- Jatin Anand, CC3, Medical Student Section Representative, Florida Medical Association

"SPARK’s Dr. Brosco verses Dr. Lenchus [faculty] debates on healthcare policy topics are some of the most well attended student-run events each year; it’s good to see a club that actively tries to give real-world context to medical education."
-- Tyler Bevins, CC3, Assistant Director of Cushing Society, Academic Societies, University of Miami Miller School of Medicine

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SunSmart Sprint 5k RUN/WALK FOR MELANOMA AWARENESS  
University of Miami Leonard M. Miller School of Medicine

OBJECTIVES/GOALS  
This program is the first student initiated event that brings melanoma awareness to the greater south Florida community. It allows runners and local citizens to have a free skin cancer screening and be educated on the effects of UV radiation and sun damage.

PROGRAM DESCRIPTION  
The Melanoma 5K Run/Walk for Research, Awareness, & Prevention is a project initiated by two medical students to raise funds and awareness for skin cancer. This early morning run in association with free skin screenings is an educational event for adults and kids of all ages. These funds go directly toward patient care and research efforts being undertaken currently by the Department of Dermatology & Cutaneous Surgery at the University of Miami Miller School of Medicine. This student-led initiative is the first of its kind not only at the University of Miami, but also in the Miami-Dade community. This important, novel, fundraising, public health initiative is a community event branching out from the University that has grown each year. Every participant and community member who requests a skin screening receives one from a dermatologist that day, and is referred to a clinic where they can receive future follow-up care as necessary. Monetary and product donations were received from major corporations such as Neutrogena, Blue Lizard, Olay, Zinka, the UM Health Center, numerous local sponsors, and Stiefel Laboratories, our inaugural sponsor. pace is allocated for educational booths, sunblock face painting, and skin cancer screenings.

This family-friendly project has proven its potential as a great initiative for raising both community awareness of this devastating disease and funds necessary to find a cure. Many physicians, residents, medical students, and community volunteers commit their time, participation, and dedication to this project each year. With the help of these volunteers, as well as the Miami Dermatological Society, the South Florida community, and our sponsors, we as a team are able to educate the public and prevent future cases of skin cancers.

The inaugural run was a great success in which 400 runners registered, 150 people were screened for skin lesions, and $14,000 was raised for melanoma research and care. Numerous suspicious lesions were detected, many of which would have gone unnoticed had it not been for the free skin screenings. In fact, we had a runner who expressed his gratitude for the event in a letter to the Dept. of Dermatology in which he stated that an SCC was detected at the skin screening and would have been unnoticed otherwise. The second year was full of excitement following the success of the inaugural event. Despite difficulties due to the national economic crisis, $8,000 was raised, 250 runners registered, and 150 were screened. Now in its third year, the SunSmart Sprint has become popular with not only running enthusiasts, but also the entire South Florida community as an annual event essential to continuing health maintenance. Plans for the future include showcasing ongoing melanoma research and involving the new University of Miami Melanoma Program implemented by Dr. James Grichnik and Dr. Shasa Hu.

This targeted prevention effort has not only brought awareness for melanoma, but also for the cancer community as a whole. It is our hope that this type of endeavor and initiative may expand to other universities and communities in order to aid the promising research efforts that will enhance the quality and availability of dermatologic health care to all.

UNIQUE CHARACTERISTIC TO PROGRAM  
This program is unique as it is a solely student initiated event that caters to the entire south Florida community. It enhances my medical education as it allows me to incorporate and practice patient education skills and increases my fund of knowledge in the field of dermatology.
STUDENT COMMENTS
“The melanoma run is excellent! It serves a multitude of purposes, helping to fund melanoma research, raising awareness about melanoma and promoting skin cancer screening, all in the setting of healthy activities.”

“The SunSmart Sprint is truly an educational experience for all students and allows them to gain hands on experience in patient education.”

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INTEGRATED ULTRASOUND CURRICULUM
University of South Carolina School of Medicine

OBJECTIVES/GOALS
The integrated ultrasound curriculum (iUSC) is now in its fourth year at the University of South Carolina School of Medicine. Students are taught from the first week of school the fundamentals of bedside ultrasound. It has enhanced our ability to learn the basic sciences such anatomy and physiology and has proven invaluable on the clinical rotations as ultrasound is rapidly becoming a bedside tool to improve both patient care and patient safety. Using ultrasound to guide central line placement is considered one of the most important advances in patient safety in the last decade. The ultrasound curriculum has added energy, excitement, and pride to our school, our university, and our community. It has enhanced our recruitment of high quality students and faculty and has presented opportunities for research to improve the health of the citizens of our state. Through a research grant we have also introduced ultrasound to rural primary care physicians. The school has received a second grant to introduce ultrasound into our local Free Medical Clinic where students and faculty volunteer. In addition to ultrasound-guided procedures at the bedside, health care providers can quickly assess for gallstones, pericardial effusion, aortic aneurysms, heart function, carotid stenosis, pneumothorax, deep venous thrombosis, kidney stones, thyroid nodules, abdominal bleeding, just to name a few.

PROGRAM DISCRIPTION
At the University of South Carolina, ultrasound is integrated into the curriculum throughout the four years of education, giving students the opportunity to become knowledgeable and proficient in the use of ultrasound. During the first two years in gross anatomy, physiology, pathology, and physical diagnosis, first and second year medical students learn from a variety of interactive tools including classroom lecture, web-based learning modules, and laboratory scanning sessions. The ultrasound curriculum continues into the third year with "Gel" rounds at the bedside with an attending physician on the Internal Medicine Clerkship. Additionally, ultrasound is used as part of the OSCE in Internal Medicine, Family Medicine, OB/GYN, Pediatrics, and Surgery. In the fourth year, there is an opportunity to do a four-week Emergency Medicine Ultrasound elective as well as a one-week course in order to prepare students for FAST exams and ultrasound guided procedures they will use in residency. The program has been a success among students at USC and continues to add new aspects to its educational program. Much of the ultrasound program has been made possible through an educational partnership with General Electric Healthcare. GE Healthcare makes compact ultrasound units used in the curriculum.

UNIQUE CHARACTERISTIC TO PROGRAM
The integrated ultrasound curriculum across all four years of medical school is the first of its kind in the country. Ultrasound is being used as a teaching tool for the basic sciences and during the clinical years as a teaching and diagnostic tool. Practical focused ultrasound examinations are taught and tested such as screening for an aortic aneurysm in an elderly smoker on Family Medicine and determining the number of gestations, fetal heart rate, placental location, and fetal position on Ob/Gyn. The program has gained international recognition as described in the (British Medical Journal, see below), and the school has been asked to lead a team of international medical schools in developing an ultrasound curriculum for medical schools in developing countries, the first being in Mozambique. As ultrasound units become smaller and cheaper, they will likely become the stethoscope of the 21st century and used by almost every medical specialty. Pocket size devices have just been released by several companies. To enhance ultrasound education, our school has started the Society for Ultrasound in Medical Education (SUME). Students are welcome to join at: http://uscm.med.sc.edu/UME. The School of Medicine will be hosting the First World Congress on Ultrasound in Medical Education in April 2011.

STUDENT COMMENTS
Evaluations of the ultrasound program have been very positive from both students and faculty. Examples below are representative of the overall rating of the program.
The use of ultrasound in gross anatomy has enhanced my ability to learn basic anatomy. (94% “strongly agree” or “agree”). I found the ultrasound experience enhanced my medical education. (100% “strongly agree” or “agree”).

Ultrasound instruction has enhanced my understanding and skill of the physical examination. (88% “strongly agree” or “agree”). I found the educational experience in ultrasound enhanced my medical education. (86% “strongly agree” or “agree”).

Ultrasound enhanced my overall educational experience during my clinical clerkship. (91% “strongly agree” or “agree”). I would like to see more ultrasound training in the third-year curriculum. (92% “strongly agree” or “agree”).

Sample of Student Comments
“Ultrasound was a great way to reinforce the information learned in gross anatomy.”
“I absolutely loved ultrasound—it was probably my favorite part of the semester.”
“It’s the reason I chose to come here, and I have not been disappointed.”

Faculty Survey and Comments
Do you view the US program as a positive experience for our medical students? (100% yes) Should the ultrasound program be expanded? (100% yes)
“I think it truly sets us apart as an institution and makes us a leader in education innovation.”
“The program is a great opportunity for both students and faculty.”

Report in the British Medical Journal
Feature Article “Everyone's a radiologist now” BMJ 2008;336:1041-1043. 10 May “Everyone's a radiologist now”
Dr Giles Maskell, consultant radiologist at the Royal Cornwall Hospital in England, believes ultrasonography should be taught to everyone in medical school: “It is a fantastic tool and every medical student should be taught to use ultrasound like they are taught to use a stethoscope.”
“This is already happening at one medical school in the United States. The University of South Carolina is pioneering a project to train all medical students in ultrasonography.”

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TECHNOLOGY ACROSS THE MEDICAL SCHOOL CURRICULUM
Wake Forest University School of Medicine

OBJECTIVES/GOALS
The mission is “to provide the infrastructure within which faculty and students can effectively utilize technologies to augment the lifelong learning process.”

The use of technology in the Wake Forest University School of Medicine curriculum has shown tremendous benefits in increasing the speed, accuracy, and volume of medical information shared between and amongst students and faculty. By integrating technological tools into the medical curriculum, students have greater opportunities to collaborate and succeed. Recording and storing all lecture materials allows students to access basic science lectures in the clinical years with the click of a button. Real-time feedback during lectures allows lecturers to shift focus and respond to areas of misunderstanding prior to the end of lecture, thus conferring maximal efficiency during class-time. Wireless capabilities in the medical school and hospital contribute to the portability of medical information and knowledge and ultimately the ease and variety of environments to best facilitate learning. The accessibility of technology throughout the medical school curriculum translates to better transfer of medical knowledge and better patient care.

PROGRAM DISCRIPTION
This program begins in the first year, when entering students each receive a pre-programmed laptop computer through the Laptop Program (included in tuition). This contains all the medical and educational programs necessary during medical school, with the option to download additional programs or modules to suit his or her learning style. This laptop becomes property of the student upon graduation.

The “eWake” site is a web-based curriculum site, and essentially serves as each student’s homepage. The main page includes a daily calendar for pre-clinical students, with lectures color-coded based on topic and theme. Clicking on a given lecture block leads the student to a page devoted to that lecture, which includes the lecturer’s picture and contact information, lecture objectives, PowerPoint materials, audio recording, additional reading material and/or files such as demonstration videos, and a list of USMLE-style concepts covered in the lecture material. The USMLE objectives are searchable, as well, so any student may look back to identify a lecture in which a specific topic was covered, and access the pertinent PowerPoint presentation and audio to achieve that learning objective. The eWake site is customizable, and includes links to the MD student bulletin board, an interactive forum for posting files, surveying students, and participating in online discussions. There are also links to the library electronic textbook and journal resources, as well as other learning resources such as UpToDate, MDConsult, and PubMed. The utility of the site continues into the clinical years, as most of the clerkship materials and handouts are available to students on dedicated pages accessible through eWake. This site is managed by a well-trained team of analysts, programmers, and support staff.

Another significant technological integration is the Student Response System (SRS), a program often used during lectures. Since all students bring their laptops to our wireless classrooms to access slide sets and handouts during class, lecturers are able to develop questions to gauge student comprehension of a topic or concept, and gather real-time feedback. The response data is immediately available and may aid lecturers in guiding their instruction to correct misconceptions or further elucidate the answer to a question that many students answered incorrectly. The responses to these questions may be tracked for credit if the lecturer wishes.

School of Medicine faculty have embraced SRS and eWake and in fact have their own faculty portal, where they may upload and edit their lectures for students’ viewing, post SRS questions, and comment in discussion forums.
A few other ways that technology has been woven into the curriculum to foster greater interaction and collaboration between and amongst students and faculty include: participation in discussion forums for debates on ethical issues in healthcare during our professionalism course, flat-screen monitors for every station in the anatomy lab for viewing dissection guides and CT scans of our cadavers, and a pod-based classroom set up to facilitate working through clinical cases in a team-based approach.

**UNIQUE CHARACTERISTIC TO PROGRAM**

This program is unique due to the unified participation and support of students, faculty, and administrators. The technology has not been easy to institute and support, but the medical school has embraced it as a superior means of teaching and learning. The school has pioneered this level of technological integration within the curriculum, and has adapted to changing needs of medical education to offer excellent systems of record-keeping and resource distribution to the student body.

The technology program has enhanced medical education in countless ways. Specifically, the eWake site makes it easy and concise to access medical information 24 hours a day, 7 days a week. The SRS feedback system allows lecturers to conduct lectures in an efficient manner, by addressing areas of student confusion and summarizing areas of understanding. This program places Wake Forest University medical students at the cutting edge of technology, poised to enter residency programs and the workforce with a basic understanding with regard to the uses of technology, not only within education but also within the workplace.

**STUDENT COMMENTS**

“The eWake portal is revolutionary – it’s like one-stop shopping for all your curriculum needs.”

“I don’t know where I would be without eWake, and I don’t want to know. It has saved me countless hours pouring through foreign textbooks searching for unfamiliar information.”

“The SRS questions allow the professors to change the course of the lecture to address topics that the class identifies during the lecture itself. It gives them immediate feedback and lets them know how they are doing as a teacher.”

“The availability of lecture recordings allows me to revisit areas of the lecture I’m not comfortable with. It even lets me slow down the lecture speed and replay it so I can comprehend what is being said without worrying about transcribing everything the lecturer is saying.”

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Kevin Brewer
MERGING LONGITUDINAL ELECTIVES AND LEARNING COMMUNITIES
Saint Louis University School of Medicine

OBJECTIVES/GOALS
SLU-SOM approved the development of five “theme based” Learning Communities for the 2009-10 academic years. The development of learning communities is an initiative of the Associate Dean for Curriculum in response to the competition, pressure, and disconnection students are feeling from their peers as a result of the increased class size, combined with awareness that the current generation of students needs different and varied learning experiences from those traditionally available within the curriculum. The vision for SLU-SOM Learning Communities, mediated by community integration and peer support, is the development of healthier, more effective physicians who have developed skills and perspectives on medical care beyond the current academic experiences.

Specifically, the mission of the SLU-SOM Learning Community system is to:
• Better align student learning with the Jesuit tradition of educating the whole person - mind, body, heart - through activities involving inquiry and service to others
• Provide students with time and opportunities to engage in longitudinal service, research, wellness, and other creative activities
• Provide students with mentorship early in their medical education to increase the sense of connection with faculty and other students as well as decrease student’s perceived isolation under the pressure of the standard academic curriculum

PROGRAM DESCRIPTION
SLU-SOM approved the development of five student-driven Learning Communities for the 2009-10 academic years: 1) Service and Advocacy, 2) Wellness and Spirituality, 3) Global Health, 4) Academic Medicine, and 5) Medical Research. All four years of medical school student will be involved through participating in communities and connected electives. Second year medical students are responsible for spear-heading the organization of each Learning Community, along with a faculty mentor.

After finishing anatomy, first year medical students will have time to investigate Google Sites and learn about each Learning Community’s specific objectives. They will then choose one or more Learning Communities of which to be a “member”. Once these groups of faculty and students with common interests are aligned, students will have the opportunity to choose a longitudinal elective that supports the interests of the learning community in which he or she is involved; this elective will span the first two years of medical school. In order to allow time to engage in longitudinal electives and/or learning community activities, one full day every two weeks will be free of required activities. Electives are varied, but classroom based electives will only meet for half day, leaving the other half day open for time to engage in longitudinal projects that have been developed. Since electives are offered to all four years of medical students, there will be significant overlap between medical student classes, thereby strengthening the medical school community.

For each community, a faculty member has already volunteered to be the primary advisor. Although the definition and role of faculty members will evolve over the first year, the current role of faculty is to:
• Help develop the learning community that he/she is advising
• Advise and support students, using professional experience and relationships to identify partners, longitudinal projects or opportunities for students given the focus of the community
• Encourage and create opportunities with the students to meet the goals within each community and to sustain any relationships that are established in order to help future students
• Be the faculty advisor/sponsor for any electives created within that community
• Mentor student community leaders and assist them in clarifying goals, projects, speakers, etc.
• Use the faculty resources provided on the Google Sites to identify roles and responsibilities of being an advisor
There is currently no external funding for faculty; however, some faculty, such as the Service and Advocacy Learning Committee faculty have accounted for their time by using AHEC resources. Currently, negotiations are being made to get Learning Communities established within the medical school budget. In the mean time, communities or individual faculty have been applying to grants. Also, in two years, there will be money given to the departments sponsoring the Learning Community electives, and this money will be recycled to fund the learning communities. Money for traveling to meetings such as OSR will come from these Learning Community resources as they develop.

**UNIQUE CHARACTERISTIC TO PROGRAM**

Learning communities in themselves are not unique; however, SLU-SOM Learning Communities have several distinctive qualities geared to enhance our medical education:

- Students may “belong” to and participate in activities of more than one community.
- **Learning Communities are responsible for the identification and development of longitudinal experiences** (can be counted as electives during our first two years) that provide benefit to the St. Louis community while addressing various health and service needs unique to St. Louis.
- In addition to providing lunch-time or evening seminars and providing mentorship to students, learning communities are responsible for creating greater summer opportunities for students between the first and second year.
- **The development of web-based “Google sites” for each learning community will provide an organized and systematic way to make information and opportunities available to students and serve as a common location for students to share information and experiences. Student Groups such as OSR will be represented in the appropriate learning community.**
- The development of appropriate assessment and evaluation tools over the first year will evaluate the learning experiences of the medical students as well as the desired goals of student engagement, faculty mentoring, and community connections within these student-driven communities.

**STUDENT COMMENTS**

This curriculum change is unique because in addition to identifying non-academic interests and supporting those interests in our students, it is totally student driven!

---James Swierkz, PhD, Associate Dean for Student Affairs

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NURSE EDUCATOR PROGRAM
Southern Illinois University School of Medicine

OBJECTIVES/GOALS
The concept of using Nurse Educators (NE) was implemented across the Southern Illinois University School of Medicine curriculum in fall 2000 so they could serve in a number of capacities with medical students and faculty. In the new curriculum in 2000, the role of the NE was to include teaching physical exam and ward skills, serving as counselors and advisors, developing patient cases and problem-based learning modules, training standardized patients and preparing and administering Objective Structured Clinical Exams (OSCEs) and other performance-based examinations. NEs also accompany students on wards and teach clinical skills such as inserting IVs and NGs, facilitate access to ICU patients and read and interpret monitors, assess pre- and post-operative patients, and read and interpret charts. They are also available via pagers to serve as a resource for students who have questions in a patient setting or are uncertain about their role or assigned tasks. Overall, NEs play a critical role in assuring quality educational experiences for medical students throughout their four years at SIU-SOM.

PROGRAM DESCRIPTION
All NEs are required to hold a master’s degree and registered nursing license in the State of Illinois. The hiring process tends to favor nurses currently employed in hospitals as they know the hospital(s), staff, etc. and can open doors for students. NEs are typically assigned/associated with their area of expertise. For example, a nurse with infectious disease expertise is assigned to the Year 2 Infection Unit. A nurse with ICU experience is assigned to the Cardiac/Renal/Respiratory Unit in Year 2 and the Y3 Internal Medicine Clerkship. NEs also act as liaisons between students and faculty as well as basic science and clinical faculty. NEs enhance vertical integration by working with similar content in multiple years. NEs are also invaluable assets with implementing educational activities and performing educational research.

All NEs hold an Administrative/Professional position as Curriculum Development Specialist assigned to the Office of Education and Curriculum. In addition, the NEs hold an Adjunct Instructor faculty appointment in the Department of Medical Education. The original concept was that these positions would not necessarily be nurses but instead a team of healthcare professionals which could broaden the spectrum of educational opportunities for students: pathology technicians, clinical pharmacologists, physical therapists, physician assistants and nurse practitioners. For consistency across units, however, it was determined that specialty-specific nurses brought the most added value to the curriculum. Nurse Educators’ entry level salaries are approximately 10% below the entry level of the Assistant Professor and have been a cost effective addition to the educational team. The increased face time with students that NEs provide when faculty are unavailable has been highly valued by students.

Working with groups of students and one-on-one, NEs work closely with students, teaching them how to navigate patient care and the medical education system. Working with students on a daily basis, NEs develop insights regarding students’ skills and behaviors and often pick up problems before other faculty recognizes them. They review patient progress notes, make sure students understand instructions and procedures, and follow-up on deficiencies. They also sit in on tutor groups, coordinate schedules and guide and facilitate student activities, complementing faculty efforts. NEs also help to develop, train, and conduct standardized patients (SP) cases for both teaching and assessment purposes. Their background and expertise enable them to serve as both the “clinician” and the SP trainer in the development and training of the SP cases. The NEs combine their clinical experience and passion for teaching into a positive learning experience for students.

The NEs are also involved with the community. On several occasions, the NEs go to local high schools and middle schools to teach children proper hand-washing techniques or how to lead heart healthy lives. Several of the NEs are also members of various organizations, including the Association for Standardized Patient Educators, Sigma Theta Tau International Nursing Honor Society, and the American Association of
Critical Care Nurses (AACN). Their association with these organizations offers them constant intellectual stimulation, which in turn, help them to provide current and innovative information to medical students.

**UNIQUE CHARACTERISTIC TO PROGRAM**

In a program unique to SIU-SOM, NEs are valuable partners in helping to create and deliver a streamlined and effective education for medical students. Their SOLE job is the education of medical students. In that respect, they have the time and energy to devote to education that no one else does to such a full extent. Also, the NEs give a very important message to students early on – that not just physicians are part of the team, and not just physicians have something to teach.

For students, these nurses are the bridge between the medical texts and the hands-on work of caring for patients, and the glue that keeps students attached and focused on their studies. NEs provide individualized feedback that makes a huge difference for students’ progression throughout the four years. In addition, the NEs are generally more available and often act as liaison between students and faculty. They encourage students to share their feedback in order to make necessary changes. Their curriculum development and educational background allows them to critique the curriculum and make suggestions to faculty for improvement, which in turn, enhances the medical education of each student.

**STUDENT COMMENTS**

LCME was so intrigued by the NE program that they asked for a special meeting with the NEs during their recent site visit. They were so impressed they made special note of the program as an asset – their final report read “the extensive involvement of nurse educators in educational delivery represents a unique model for medical student education that enhances the quality of learning and effectively complements other instructional strategies.”

Quotes:

“Their (NE) dedication is always heartening to me, and I believe our students at SIU truly benefit from their presence and individualized attention. I do not think our clinical/Doctoring programs or our units in the Y2 year particularly, would run anywhere nearly as effectively or efficiently without them.” ..... Curriculum Dean

“They never get impatient; they keep showing me until I get it. They are invaluable to the SIU-SOM education system” ..... SIU-SOM alum, c/o ‘09

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PRITZKER COMMUNITY SERVICE FELLOWSHIP (PCSF)
University of Chicago Pritzker School of Medicine

OBJECTIVES/GOALS
Community service is an integral part of the medical school experience. In 2008, 31.3% of graduating Pritzker medical students were involved in “a field experience in community health,” comparable to the national average of 31.8%. (AAMC, 2008) Unfortunately, such opportunities are often relegated to the non-clinical years (i.e. the first two years of medical school), with little opportunity for sustained participation throughout medical school. Moreover, according to the AAMC, 13.5% of Pritzker graduates indicated that they had “worked on a project with a community-based multicultural group,” much lower than the national average of 24.5% (2008). In 2007, PCSF was founded by a small group of M4 students who felt there was a lack of long-term commitment to service in the community and perceived a need for a program to increase participation and community involvement. The objectives of PCSF are:
1. To create a community of students and faculty dedicated to lifelong service and advocacy in underserved areas, with specific focus on the communities of the Southside of Chicago
2. To develop leaders in public service and community health with focus on the following: mentorship, education and skills training and direct service

PROGRAM DESCRIPTION
Long-term service and advocacy in underserved areas is sustained through the following four program components: mentorship, education and skills training, direct service and evaluation. Faculty mentorship involves matching each student with a faculty mentor to expose students to how physicians integrate community service into their medical careers. Peer Mentorship aims to allow students with similar interests to “feed off” of the experiences of their fellow classmates from all 4 years of medical school. Lastly, Community Mentorship allows students to hear from medical and non-medical leaders working in the community.

Education and Skills Training provide PCSF fellows a structured environment for learning practical skills needed to participate effectively in community service projects and leadership skills to become advocates for change throughout their careers.

The Direct Service component supports student involvement throughout all four years and helps students remain enthusiastic about their original commitment to service. Each student is involved in a service project for the duration of medical school. During monthly meetings, students share experiences, discuss challenges, and offer advice to each other regarding their service projects. Direct service also supports the role of the four Pritzker career advising societies in community programming.

PCSF continues to focus on quality improvement within the fellowship as well as the generation of scholarly work to share with the medical community on the utility and impact of our program. Currently 53 student fellows are part of PCSF. Students are dispersed throughout the years, with: 15 MS10; 13 MS11; and 25 MS12. An additional 12 alumni have since graduated from Pritzker. Over the first two academic years PCSF has recruited >25 UCMC faculty to serve as mentors.

Sixteen separate education and skill sessions have occurred covering a wide range of topics including the following: The Role of the Community in the Academic Medical Center; Motivations and Challenges in Service; Asset-based Community Development Training; What Every Physician Needs to Know About Supportive Resources for Low-Income Families; Bed Geography and ED Transfer Programs; Providing Mental Health Services for the Underserved. Additionally, PCSF co-sponsored a University-wide screening of Unnatural Causes, a PBS documentary on the state of the U.S. health system, which drew 185 students, faculty, staff, and community members.
PCSF is supported by funding through the Pritzker Office of Medical Education and an Alpha Omega Alpha Medical Student Service Project Award.

**UNIQUE CHARACTERISTIC TO PROGRAM**

PCSF is pioneering the integration of service-learning within the medical school curriculum. Our program model emphasizes continued community involvement from students in all stages of medical training and creates a supportive network of medical students who collaborate to cultivate a culture of empathy, compassion and altruism within the larger medical school community. PCSF has built bridges to neighboring communities by establishing new partnerships between the Pritzker School of Medicine and two Southside Chicago communities—South Chicago and Greater Grand Crossing—to make service-learning more structured and integrated into the medical student experience and increase the impact of medical student service organizations on Southside communities. A Kick-off Day of Service event was held January, 2009, with approximately 60 student volunteers devoting 7.5 hours to either New Millennium School in South Chicago or the Gary Comer Youth Center in Greater Grand Crossing (450 total service hours).

PCSF has also contributed to the development of a service-learning track within the new medical school curriculum through work with University of Chicago faculty. Students will have the opportunity to conduct community-based research for academic credit under the guidance of faculty physicians as part of Pritzker curriculum Scholarship and Discovery track. These research projects may begin as early as the first year and will continue through the fourth year.

**STUDENT COMMENTS**

PCSF was featured in Pritzker School of Medicine’s publication, *The Pritzker Pulse*: http://pritzker.bsd.uchicago.edu/about/news/pritzkerpulse/2008fall/pcsf.shtml

The program also posts updates and announcements to a website at http://pcsf.uchicago.edu that includes a complete record of past events/activities and a directory of student members.

**References**


**STUDENT CONTACT**

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SUMMER SERVICE PARTNERSHIP
University of Chicago Pritzker School of Medicine

OBJECTIVES/GOALS
The Summer Service Partnership (SSP) was created to meet several objectives:
1. To impart into medical and high school students knowledge of asset-based community development and the social determinants of health by organizing, implementing, and evaluating sustainable community service projects.
2. To enable medical and high school students to implement community-based projects to address identified health needs of 2 neighborhoods near the Pritzker School of Medicine, the South Chicago and Greater Grand Crossing neighborhoods.

The overall long term goal of the Summer Service Partnership is to improve the long-term health of residents of the South Side of Chicago in two ways:
1. It aims to address the social determinants of health through service projects.
2. It should encourage Pritzker students and neighborhood high school students to consider practicing medicine in underserved communities on the South Side.

PROGRAM DESCRIPTION
The Summer Service Partnership (SSP) is a new nine week summer program for rising second year medical students at The University of Chicago, Pritzker School of Medicine that began in 2009. Six medical students were selected and assigned to one of two partner neighborhoods on the South side of Chicago: South Chicago or Greater Grand Crossing. We also included six students from high schools in these partner neighborhoods: New Millennium School of Health in South Chicago and Gary Comer College Prep in Greater Grand Crossing. The medical students began with a week of orientation that included training in Asset-Based Community Development. They created asset maps of each neighborhood by meeting with community residents and leaders of community organizations. Students then developed service-learning projects by balancing their interests with community needs. The entire group met weekly on campus for discussions with community leaders, faculty involved in community-based research and local and state politicians. They also participated in selected activities of the Chicago Academic Medicine Program (CAMP) and field trips to community organizations. All students completed a scholarly project related to their work during the summer. The medical students continue to provide ongoing mentorship to the high school students even after the end of the program.

This pilot program will continue as an integral part of the new Community Health track for the Scholarship and Discovery portion of the Pritzker Initiative. The Pritzker initiative is a curriculum initiative that is designed to “transform the program of medical education offered at the Pritzker School of Medicine to reflect the revolutionary discoveries of the last ten years and their application to patient care, while preserving the great traditions and core values of the school and its devoted teaching faculty.”

UNIQUE CHARACTERISTIC TO PROGRAM
This program is innovative and unique in several ways:
1. LONG-TERM NEIGHBORHOOD PARTNERSHIPS: We envision this as a long-term partnership that kicked off in early 2009 with a Day of Service and Reflection.
2. INVOLVEMENT OF HIGH SCHOOL STUDENTS: Each medical student was paired with a high school student from a public school in each of the two neighborhoods. All the high school students are members of under-represented minority groups and were selected based on an interest in attending medical school and a commitment to community service. The students were the experts on the neighborhoods and they helped the medical students orient to each community. After the summer ended, the medical students continued to mentor the high school students.
3. SCHOLARLY PROJECTS: Each medical-high school student pair completed a scholarly project at the end of summer.
4. **EVALUATION:** The program is currently being evaluated using a multi-pronged approach to assess changes in student knowledge, attitudes, career choice, and satisfaction with their training. In addition to short term outcomes that were assessed at the end of the summer, we also have plans for long term tracking using data available through the AAMC and our medical school.

**STUDENT COMMENTS**

High school student: "I really appreciate the summer with SSP. I gained a lot of knowledge while having fun. . . The people I worked with this summer really had an impact on the way I live my life and look at life. . . I love my med students!"

Medical student: "I had a wonderful, utterly enjoyable summer working with the high school students, other medical students, inspiring doctors, and the wonderful people in South Chicago. I gained insight into community health and life in a diverse community."

Medical student: "It is a great summer program outside the lab, engaging in the community in which we live/work, and it is enlightening to work so closely with high school students every day."

Medical student: "This was one of the best summers of my life—the people (high school students, community members, etc) were amazing, and I returned home uplifted every day."

Medical student: "This is a truly unique opportunity at Pritzker to learn about the people you serve in the hospitals in their home setting/neighborhood. To me that is a critical piece of the unofficial curriculum in medical school."

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FAMILY CENTERED EXPERIENCE
University of Michigan Medical School

OBJECTIVES/GOALS
The Family Centered Experience (FCE) program provides an opportunity for students to get to know a patient and his or her family in their home environment. Students see the full person and the full experience of dealing with illness rather than just the part in which the patient comes to clinic seeking care. Patient volunteers in the program offer students the chance at a transformative learning experience, where critical reflection on perceptions of illness can cultivate empathy. This personal reflection, combined with written essay assignments and small group sessions, helps students develop a foundation for humanistic morals and values that are crucial to the art of medicine and how physicians handle the personal aspects of illness. Empathy cannot be taught through a lecture, or even small group discussions alone, and the FCE offers an alternative.

PROGRAM DESCRIPTION
The FCE program has been a part of the University of Michigan Medical School’s curriculum since 2003. It began with the goal of increasing medical student awareness of a patient’s experience dealing with chronic illness, both in terms of daily life and interactions with physicians and the healthcare system. It is a longitudinal learning opportunity that spans the first and second years of medical school. Students are matched with volunteer patients and learn the story of a patient and his or her family as they go on three home visits each year (six in total). Different themes are emphasized as the focal point of conversations during each visit, including experiences with physicians, stigmatization of illness, and the breaking of bad news. Students also follow their volunteer on a clinic visit to gain a better understanding of the patient’s interactions with healthcare providers and the patient’s overall perspective.

Following each visit, medical students are asked to complete a short, reflective essay based on the theme of that visit. These essays are turned in to trained, faculty instructors for review and comments. Students then meet for small group discussions, which are facilitated by the faculty instructors. The groups and instructor remain together during the entire FCE curriculum. In these discussions, students have the opportunity to further reflect on their visits, incorporate personal values and perspectives into the patient stories they hear, and share thoughts and ideas with classmates in an open and respectful environment. Patient volunteers come from a variety of backgrounds, socioeconomic classes, cultures, and family types, and their stories are a rich source of discussion topics. Students are encouraged to consider not only what makes each patient’s experiences unique, but to look for key themes that can help guide their future interactions with patients. Supplemental social science readings may also be made available to students as foundational material.

At the end of the first year, students are paired with a classmate from their small groups and asked to complete an interpretive project. The project can use any media of the students’ choosing to express their understanding of illness from the perspective of a patient and his or her family. Patient volunteers and their family members are invited to a reception that includes an exhibit and presentation of the projects. Past projects have included sculptures, paintings, poems, songs, quilts, and photo collages.

In terms of logistics, patient volunteers do not receive monetary compensation for their time. Volunteers must meet several qualifications, and the program only recruits volunteers who: have a chronic medical condition that significantly impacts daily life, can commit to mentor for at least two years, agree to have students visit them in their homes, require regular physician visits for treatment, and live within 30 miles of the medical school.

UNIQUE CHARACTERISTIC TO PROGRAM
The frame shift in FCE, where the patient becomes the teacher, reinforces the idea that medical students and physicians always have something to learn from their patients. Conversations with volunteers and
their family members add depth and complexity to students’ understanding of illness and its definition as an experience versus a simply pathophysiological process. According to a focus group-based study, students completing the program had an increased awareness of the psychosocial dimensions of illness, the diversity of illness experiences, the significance of physician influence and bias, and the importance of empathic communication. Overall, through this narrative learning curriculum, students can make mental and behavioral changes that allow them to be open-minded when seeking to appreciate a patient’s background and point of view. Being able to view patient interactions from this context is important for developing strong and trust-based relationships between doctors and patients, and this concept is not always adequately addressed within medical school curricula.

**STUDENT COMMENTS**

“By keeping the students in touch with why they went into medicine in the first place through the FCE, their approaches to patients are actually more human and more relevant.”

---ArnoK. Kumagai, M.D.
Director, Family Centered Experience
Associate Professor of Internal Medicine

For more information on the program, examples of student interpretive projects, or to hear testimonials from students, program directors, and patient volunteers, please visit the program’s web site at: http://www.med.umich.edu/lrc/fce/

Published articles regarding the FCE program include:


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USING SMARTPHONES FOR IMMEDIATE FEEDBACK IN CLINICAL ENCOUNTERS
University of Michigan Medical School

OBJECTIVES/GOALS
Medical students on clinical clerkships are rarely observed performing basic history-taking and physical exam skills by faculty in busy clinical encounters, yet faculty are expected to evaluate and provide students feedback in these domains. This pilot project aims to combine the “Brief Structured Observation,” in which a faculty member observes a student’s encounter with a patient for 3-5 minutes, with video recording on smartphone devices in order to permit immediate post-encounter feedback and further self-assessment by students. Additionally, students are provided learning resources including physical exam videos on the smartphones for immediate learning opportunities while in clinic. The goals are to improve faculty observation and feedback of student encounters with patients, and to improve opportunities for students to self-assess their own performance in history-taking and performing a physical exam. Video recordings of patient encounters also open up possibilities for students for tracking their progress over time and comparing their performance in real patient encounters with their performance in standardized patient sessions, which are often already videotaped.

PROGRAM DESCRIPTION
Students see patients in clinic first on their own, as they would previously. They inform the patient that the faculty member may enter the room to record part of the visit with a camera for educational purposes and asks the patients if this is acceptable to them. If so, faculty can enter at any point to observe the student performing part of the history or physical exam. While in the room, faculty members record the part of the encounter they observe on a smartphone device. This comprises the “Brief Structured Observation,” and enables faculty members to observe a portion of a student’s encounter with the patient while still having time to complete other clinical responsibilities and permitting students more time with patients. Following the patient encounter, students and faculty can review the student’s performance together. Additionally, a self-assessment form can be filled out by the student after they have watched their own video, and compared to the assessment completed by the faculty mentor.

Requirements for this program vary by level of integration of smartphone devices into clinical and educational activities, but require at a minimum some sort of portable recording device and a means of playing back the video. Given the prevalence of smartphones with video recording capabilities and the many additional clinical and educational resources available on them, they are a logical choice. Ideally there should be a secure means of storing and accessing videos for future use by students or for teaching purposes. Standardized self-assessment forms for students and student assessment forms for faculty can improve the educational value of these recordings.

Faculty are expected to spend up to five minutes observing and recording a student’s clinical encounter, and 5-10 minutes reviewing that encounter with the student. Both faculty and student are expected to complete the assessment forms after viewing the video. Encounters can be performed as often as feasible given the clinical workload at each clinic.

UNIQUE CHARACTERISTIC TO PROGRAM
This program is unique in that it not only improves faculty observation and feedback of students’ clinical skills, by requiring short observations of students as they visit patients, but enables students to observe their own performance through the videos faculty take of the encounter. This enables students to ask faculty “what would you have done differently,” to better self-assess and improve their skills, and to follow themselves over time. The program better enables faculty to provide useful feedback and teaching points to students, and to better evaluate the students’ performance. For students, these brief encounters enable them more time being observed by faculty and to see exactly what it is faculty members comment on when reviewing their encounter. Overall this mix of technology and direct
observation of clinical encounters improves upon medical students’ opportunities to learn from themselves, their patients, and experienced faculty members.

**STUDENT COMMENTS**
Program is a pilot project at this time. Focus group information from the pilot clinics will be available at the 2009 AAMC National Conference in November 2009 for the poster session. Additional data collection is ongoing.

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PRE-ORIENTATION INTRODUCTION TO THE URBAN AREA
University of Minnesota Medical School

OBJECTIVES/GOALS
The Pre-Orientation Introduction to the Urban Area (IUA) program had several objectives, including:
- Introduce students to the geography and culture of the Twin Cities
- Give students an overview of the different patient subpopulations in the Twin Cities
- Introduce students to the barriers these subpopulations face when seeking healthcare
- Provide students with meaningful community service opportunities that benefit the community
- Allow students of the incoming class to build camaraderie and network
- Inform students of the community resources that exist for underserved populations
- Give students an appreciation of the everyday life of underserved populations

The IUA program was able to accomplish these goals, thereby benefitting the participants, the Medical School, and the local community. Furthermore, the participants were empowered to spread their knowledge to their classmates and to coordinate the program in future years.

PROGRAM DISCRITION
The IUA program was planned and facilitated by students with faculty and administrative support and input. Funding was secured through Medical School and University grants. Incoming first year medical students were informed of the program by email and all students had the option to submit an online application. Twenty-four students took part in the two-and-one-half day program immediately before their First Year Orientation.

The IUA program began with an introduction to the program and to the Twin Cities. The subsequent two days consisted of morning speakers followed by community service opportunities in the afternoon. Speakers provided overviews of the different patient populations, health disparities, community resources, and relevant research opportunities that exist in the Twin Cities. The community service portion allowed students to interact with community members in the Twin Cities by pairing them up with local community health sites. Students also shared a meal and conversed with community members at a local soup kitchen. Several second year medical students were involved in all aspects of the program to provide guidance and troubleshoot any problems that arose. The program ended with a formal dinner and discussion amongst participants.

UNIQUE CHARACTERISTIC TO PROGRAM
This program is unique because it is completely student-run and has the potential to become a more formal part of the curriculum at the University of Minnesota School of Medicine. Furthermore, at Minnesota there was not a formal introduction to the different subpopulations that reside in the Twin Cities area. The IUA program gave students a knowledge and experiential base that they can build upon for the rest of their medical education and beyond. At the end of the program students were motivated to continue learning about health disparities, investigate primary care careers, and convey their knowledge to the rest of their classmates.

STUDENT COMMENTS
The program was extremely well-received amongst participants, faculty, and administrators. The participants' overall satisfaction rating was a 9.1 on a 10 point scale. Further data was collected on which topics students found most valuable and how the program can be improved. Also, an IRB-approved survey of medical students' attitudes, skills, and knowledge toward the underserved was administered to IUA participants and their classmates.

STUDENTS:
"It was spectacular, from A to Z."
"Thank you so much - everyone should do this!"
"Every incoming student should participate!"
"Absolutely amazing! I feel so motivated."

FACULTY:
"Wow, I'm so impressed with what you and your colleagues accomplished. I'm looking forward to the program."
"Congratulations for putting together this program, impressive! This would be a great catalyst to stimulate and prepare the students for future engagement in improving the health of underserved communities. Don’t hesitate to let me know if our program could support your efforts in other ways. I look forward to participating."

ADMINISTRATION:
"Beautiful work. What a wonderful way to start medical school. Thank you and your classmates for this fine work."

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NEEDS ASSESSMENT AND CURRICULUM DEVELOPMENT IN GRIEF, LOSS, DEATH, AND DYING AND END-OF-LIFE CARE FOR MEDICAL STUDENTS

University of Minnesota Medical School

OBJECTIVES/GOALS

The fundamental aim of project is for students to gain understanding and insight into the relationship between grief and illness. In addition, students will gain skills in identifying and appropriately responding to patient’s grief. Students will also learn methods for delivering bad news, discussing advance directives and forming a therapeutic partnership. The context of death and dying education provides a great framework for medical students to learn about compassionate care, patient autonomy, effective patient interviews/counseling and our own grief. The first step of the curriculum development is to conduct an online survey to gather the familiarity, perceptions, and opinions of MS1-MS4 students at the U of MN with regards to the above topics. The curriculum is specifically for MS1 and MS2 students, with an elective clerkship rotation for years MS3/4.

PROGRAM DESCRIPTION

Design:

a. The curriculum is composed of two sections, one in first and second year. The first will be incorporated into the Gross Anatomy curriculum (core knowledge and attitudes). The goal of this section is for students to gain understanding in the way we (and our patients) approach death (or any type of loss) in terms of our own reactions, feelings and coping mechanisms. In addition, students will understand the core principles of grief in its relation to illness and death. The second year will be incorporated into a workshop the morning of our geriatrics rotation. This section will help students to gain clinical skills in delivering bad news, discussing advanced directives, identifying grief and appropriately responding to it.

2. MS1 Intended Learning Outcomes (format is a two hour workshop, with reflection paper or peer evaluation/feedback):

a. Students should be able to reflect on personal experiences of anatomy lab and understand how those experiences are related to our behaviors and interactions with patients
   i. Format: Directed self-reflection assignment
      1. How would you describe your “experience” of Anatomy lab?
         a. Beliefs, culture, relation to deceased and past experience.
      2. How did you handle your thoughts, feelings and reactions?
         a. Dual Process Model, how to work between objectifying the task at hand and the “experience” of gross anatomy.
      3. How did you talk about your experiences?
         a. With friends, family, classmates. Write a short reflection to relate coping mechanisms and practice describing an experience others can’t relate too (i.e. a family member dying of cancer.)
      4. In your own words, what is the purpose of the memorial service?
         a. Thank you, Saying Goodbye, Finding meaning
      5. Complete a “Loss Inventory” and understanding how past loss relate to patient interaction and coping mechanisms.
   ii. Assess: Self/peer assessment

b. Students will understand grief in the context of illness.
   i. Format: Lecture, reading (Ken Doka, “Grief, The constant companion of illness.”)
   ii. Assessment: Personal reflection paper on losses not related to death.
c. Students should be able to understand the core concepts of grief, bereavement and mourning.
   i. Format: Lecture, Visual and Video
   ii. Assessment: Peer reflection

3. Second Year Intended Learning Outcomes
   a. Students will understand the concepts of:
      i. “Where are we going?” (Breaking bad news (Buckman), trajectory/prognosis and its relation to patient EOL choices, ICU overuse and marginal treatment)
      ii. “What are we doing?” (Treatment options, discussing advanced directives, Patient’s wishes, forming a patient alliance/partnership) while working with dying patients.

   b. Students should be able to identify multiple manifestations of grief and appropriately respond (Buckman and Cassell).
      i. Format: Lecture, reading materials (Buckman), rotations at hospice/palliative care and long-term care
      ii. Assessment: Peer review

   c. Students should be able to understand the concepts of: “Therapeutic Distance” (Balancing empathy with objective caring)
      i. Format: Lecture and practice demonstrating skills
      Assessment: Peer and standardized patients

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HEALTH & ILLNESS IN CONTEXT: PRAGMATIC APPROACHES TO UNDERSTANDING AND ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND WELLBEING WITHIN AN URBAN SAFETY NET
Oregon Health & Science University School of Medicine

OBJECTIVES/GOALS
“Health & Illness in Context” provides a unique opportunity for medical, dental, nursing, pharmacy, and other graduate students to:

(a) Gain a nuanced understanding of how the articulation of social, economic, political, and cultural forces generate patterns of health and illness in an underserved urban setting,

(b) Learn about life on the streets, directly from those who are currently experiencing it or who have been there and back,

(c) Gain street-level, firsthand experience with some of the innovative local programs that constitute Portland’s downtown social safety net, and

(d) Help to identify gaps in local service networks and explore opportunities to address these.

This experiential elective represents the latest collaboration between Oregon Health & Science University (OHSU) and Central City Concern (CCC), an innovative and nationally-recognized Portland non-profit organization whose mission is to provide pathways to self-sufficiency through active intervention in poverty and homelessness. As such, it provides an important opportunity for students and the University to reach out to the local community and for local community service organizations to participate in and influence the education of young health professionals.

PROGRAM DESCRIPTION
“Health and Illness in Context” is the latest manifestation of an evolving partnership between Central City Concern (CCC) and OHSU’s School of Medicine and Global Health Center. The elective is offered in both the fall and spring and is designed to emphasize the complex and contextual nature of health and illness for those on the socioeconomic margin. Each class can accommodate five students.

Course Goals:
Through (i) structured experiences at local social service and health care organizations and (ii) probing discussions with their clients and staff, the course aims to provide aspiring physicians with the tools to both understand and address some of the root causes and consequences of social inequalities. In doing so, students will be challenged to further develop and apply an ethic of social responsibility and civic engagement, both while attending medical school and throughout their careers.

Specific Course Objectives:
The course is designed to meet the following objectives:

1) To increase students’ knowledge of the nature and extent of health disparities and health system gaps in their own community and the United States more generally

2) To develop students’ socio-cultural awareness and to improve attitudes and perceptions towards underserved populations and indigent health care through direct exposure to safety net health and social service organizations.

3) To promote experiential learning through Central City Concern and other safety net organizations, in order to foster an ethic of social responsibility and civic engagement among medical students.

4) To introduce students to innovative and effective approaches to working with underserved populations and the community-based agencies that serve them.
Ultimately, these and similar collaborations between OHSU and the community are intended to help produce a critical mass of clinicians and community leaders who will work to improve the health and health care of the poor and disenfranchised in Oregon and beyond.

**Curriculum Overview**
Schedule: Fridays 1:00 to 5:00 pm

- **Session 1:** Orientation: Views from the Street/Perspectives from Social Medicine
- **Session 2:** Nutrition & the Social Life of Food (Sisters of the Road)
- **Session 3:** Housing...Strategies, Options & Significance (Rescue Mission & CCC)
- **Session 4:** Surviving Addiction (Outside In)
- **Session 5:** Understanding Treatment & Rehabilitation (Hooper Detox. Center & CCC)
- **Session 6:** The Role of Health Care & Employment (Old Town Clinic & WorkForce)
- **Session 7:** Which Way Forward? Developing Pragmatic Strategies & Solutions

**Credit & Requirements:** This Two-credit elective requires attendance & journaling.

Each four hour session will include both experiential components at different community sites and small group discussions.

**Funding**
Funding has been provided by the OHSU School of Medicine and the OHSU Global Health Center. Course leadership is currently seeking additional, long term grant support for this elective and other components of the University’s fledgling social medicine/global health curriculum.

**UNIQUE CHARACTERISTIC TO PROGRAM**
Data from a recent survey of medical students at OHSU suggested several interesting trends. First, student dissatisfaction with and cynicism towards medicine were driven, in significant part, by (a) disappointment in the priorities and practices of member of the profession and (b) a perceived loss of efficacy and autonomy, both within the educational process, more narrowly, and the “broken” medical system, more generally. Second, student resilience to cynicism/dissatisfaction was strongly associated with a pragmatic, “eyes wide open realism” and a practical focus on “making a difference.” These observations directly informed the design of “Health & Illness in Context,” which aims to not only offer students opportunities to come to terms with, on both conceptual and visceral levels, the difficult realities facing disadvantaged patients, their health providers, and our society but to also link these experiences with (1) examples of successful efforts to address these challenges, (2) introductions to mentors whose personal commitments and career trajectories may be more closely aligned with students’ own aspirations, and (3) opportunities to nurture their own passions, values, and senses of agency and purpose. In this way, the course is designed to help students further develop and operationalize their passion for service and social justice.

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INTERDISCIPLINARY COMMUNITY HEALTH & EDUCATION EXCHANGE
Oregon Health & Science University School of Medicine

OBJECTIVES/GOALS
The OHSU Global Health Center’s “Interdisciplinary Community Health & Educational Exchange” (ICHEE) is an innovative elective that encourages students from different fields to engage with, support, and learn from each other and members of local refugee communities. Dental, medicine, nursing and pharmacy students develop multicultural knowledge and cross-professional skills while providing refugees with health information, physical check-ups, and referrals to low-cost clinics. At the same time, members of Portland’s refugee and other immigrant communities have the opportunity to share their stories, culture, and history with students and faculty, thereby shaping the knowledge-base, skill-sets, and personal commitments of aspiring health professionals who will one day serve and collaborate with their communities.

PROGRAM DESCRIPTION
ICHEE is organized around five community exchanges held at two locations in Southeast Portland, OR.: with African refugees at IRCO-Africa House and with African, Burmese, Hispanic, African American and European American at Esperanza and Kateri Park Community Center. These five-hour, health fair-like encounters are conducted on alternating Saturdays, with students organized into five multidisciplinary teams that are each assigned a particular set of evaluative or education goals. The project began in the fall of 2008 at IRCO-Africa House before moving to the Kateri Park community center in the spring of 2009. Directed by Valerie Palmer, Global Health Center (GHC) Senior Research Associate, with strong logistic support from Cate Bishop, GHC Coordinator, and the planning group brought together faculty and student representatives from the four OHSU schools, with the support of the respective deans, the Immigrant and Refugee Community Organization (IRCO), and Catholic Charities.

Since its inception, 82 students have participated in the ICHEE program: 30 from pharmacy (SOP), 28 from the nursing school (SON), 15 from the school of medicine (SOM) and 10 from the school of dentistry (SOD). The ICHEE program served 94 Burundian and Somali Bantu clients and referred 38 for clinical follow-up during the fall and winter quarters at IRCO-Africa House. At Kateri Park Community Center in spring 2009, ICHEE served 92 clients (including people from Burma, Cuba, Kenya, Somalia, Sudan and South America, as well as African and European Americans) and referred 34 for clinical follow-up with strong support from OHSU nursing students. Support for the course was volunteered by faculty preceptors who hailed from all four schools; members of the refugee community who provide interpreting services; and the staff of the Global Health Center who offer course leadership and administrative support.

Students are expected to attend and fully participate in a minimum of four of the five encounters. Dental and medical students receive two non-clinical elective credits; nursing students receive credit on other courses, and pharmacy students gain "community credit". Support for ICHEE takes the form of (a) donations of medical and other supplies by generous individuals and university departments, (b) financial support from the Global Health Center, and (c) a tremendous amount of volunteer time and energy on the part of course leadership, faculty preceptors, and community volunteers.

UNIQUE CHARACTERISTIC TO PROGRAM
ICHEE was OHSU’s first community-based, interdisciplinary educational program, and the first program that sought to directly engage the region’s diverse refugee communities. It also represents a unique experience-based, dialectical approach to developing “cultural competency” among aspiring health care professionals. Finally, ICHEE is one of two electives that offer students the opportunity to understand and practice global health in their own community.
“Our partnership with the OHSU nursing school and the Global Health Center has been incredible! They’ve held two Saturday sessions where they offer free health checks to all comers, and will do two more this month. So far, they’ve seen over 80 people, and the nurses do follow up with the ones that need referrals to further care. Some patients had health problems but no insurance: they learned where they could get treated at little or no cost. Some were wondering if they needed glasses: They got their eyes checked and were referred to low-cost eye clinics. Babies were brought in with eczema and dry skin; parents came in with medicines they didn’t understand. Kids got to show off how well they brush their teeth, and (my favorite!) got practice washing their hands after dipping them in a special liquid that shows up all the spots you missed under UV light. Pretty cool! One client told me he learned more about his health condition and what resources were available to him at this event than in 2 years of going to the doctor. In addition, the nursing students run homework club on Tuesdays and Wednesdays, and are right now working on a photo collage booklet to remind kids of proper tooth brushing.”

-- Elisabeth Gern, the coordinator of Kateri Park Community Center

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