Dean Fallon Visits Tuscaloosa Program
Curriculum Reform, Rewards for Teaching, Student Responsibility Stressed

University of Alabama School of Medicine (UASOM) Dean Harold Fallon, M.D., visited the Tuscaloosa campus in August. He met with administrators and faculty, addressed a faculty meeting, and was honored at a reception held by CCHS at the Warner Guest House.

In remarks to the faculty, Dean Fallon noted that curriculum review and reform is a high priority for the Dean's office. He said curriculum concerns are: who decides content, who monitors and evaluates, and who makes course adjustments. His prejudice, he said, was that medical students be viewed as "graduate students - with responsibilities, rights, and privileges - not high school students. They need to be empowered."

Accolades need to follow the educational mission of the medical school, he told faculty, and "a portion of our resources need to encourage faculty to spend time and energy in curriculum development," especially in the promotion and tenure process.

Dr. Fallon also sees a need for coordination between the basic sciences and clinical sciences in the education effort. He has appointed an associate dean to focus on bringing clinical medicine into the first two years of medical education. "We need to tie students to the reality of primary care medicine early in the process," he said. He will encourage the curricu

CCHS Nominees Appointed to Medical School Admissions Committee

Elizabeth Rand, M.D., Chief of Psychiatry for CCHS - the University of Alabama School of Medicine, Tuscaloosa Program, and Bradley Ware, M.D., a former faculty member and 1983 graduate of the CCHS family practice residency program, have been appointed to the University of Alabama School of Medicine Admissions committee for 1993-94. The appointments were announced by Harold Fallon, M.D., Dean, the University of Alabama School of Medicine. The two were nominated by Dr. Roland Ficken, Dean of CCHS and Associate Dean of the University of Alabama Medical School, Tuscaloosa Program.

The Deans both consider the Admissions Committee to be one of the most important medical school committees since the members interview, recommend, counsel, and jointly select medical students from among the many well-qualified applicants.

Last year there were 2,252 applications to the University of Alabama School of Medicine. There are 162 places in the class. 552 candidates were interviewed, usually three times. In addition, candidates are discussed by the entire committee after the interviews.

The Admissions Committee is a broadly based group including basic science and clinical faculty, practicing physicians, and representatives from the Huntsville and Tuscaloosa clinical campuses. Applicants are interviewed each Thursday from the third week of September through the third or fourth week of March on the Birmingham campus. Specific areas addressed in the selection process include overall grade point average and GPA in science and math courses; medical college admission test (MCAT) scores; extracurricular activities; medical-related experiences; minority and rural status; and evidence of leadership, personality, character, motivation, and other traits considered desirable for a physician. These are evaluated through

See Dean Fallon Visits, page 2
See CCHS Nominees, page 2
Chief Residents Enjoy Challenges of Leadership Role

Third year residents Craig Buettner, M.D., and Chris McGee, M.D., serve as liaison between residents and faculty and represent the residents' interests with administrators. As chief residents, they also schedule all of their colleagues - doctors who have completed their medical degrees and are now training in family medicine - in their assignments for hospital service. There are 36 residents and "it's tough at Christmas," says Dr. McGee.

When asked how they were chosen for their prestigious position, Dr. Buettner said they "were absent on the day the appointments were made," but actually the chief residents are elected by vote of the faculty and residents. The selection is based on performance during the first two years of residency, the ability to communicate well, and the confidence that peers and faculty have in their leadership and liaison skills. The hardest part of the job, says Dr. Buettner, is the paperwork - making out call schedules, night call and holiday assignments, and trying to keep everyone satisfied. The best part, he says, is "learning what it's like on both sides. Residents don't always know the faculty agenda. They are sometimes working toward long term projects as well as meeting the needs of this year's residents." He also felt that the experience as chief resident would help him as he negotiates for a fellowship next year in Ohio, Michigan, or California.

Dr. Craig Buettner with his wife Amy and son Jacob in a rare moment of relaxation.

Dr. McGee agrees that keeping 36 residents and the faculty doctors who rely on them happy is time-consuming and difficult at times, but he enjoys the opportunity to get to know the faculty and "see what they think about things." He feels he is in a position to make an impact on the program. He laughingly says, "They have to listen. They don't have to do anything, but there's a rule they have to listen!" Both doctors spoke very highly of the faculty they have had the chance to work with. They particularly appreciate Dr. Ireland's efforts to incorporate the business aspects of medical practice into their program, and the addition of more procedures into their clinic rotations with Dr. McKnight and Dr. Elizabeth Philip. Dr. McGee called Dr. James Philip "very resident friendly" and commended his continued efforts to improve the program and the position and education of the residents. "He will tell you this is a great program," said McGee, "but he is constantly looking for ways to improve it. And I think problem based learning (Philip's special interest) is the best thing to happen to medicine in a long time. It's much more effective than the cramming I used to do, and then forget to make room for the next course to be crammed in."

Dean Fallon Visits (continued from page 1)

On the impact of health reform, he warned that "we can't bury our heads in the sand" about the speed of the changes to come. "Most of our students will practice in a managed care environment, not a fee-for-service setting, for most of their careers," he pointed out. "Managed care is a chance to get patients back to having a primary care doctor who is their advocate." He also cited changes in the flow of funds for graduate medical education - half will be earmarked for generalists and half for all specialties combined. In addition, more funds will flow through medical schools rather than hospitals, he said.

CCHS Nominees (continued from page 1)

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college records, official test scores, letters of recommendation, and personal interviews.

Arrangements for student interviews and other Committee functions are handled through the Office of Dr. George S. Hand, Jr., Associate Director, Medical Student Services for Admissions, (205) 934-2330.

Dr. Rand served on the Admissions Committee last year and said she is pleased to be reappointed. "It is a valuable use of time, and I think it is important for us to be involved in selecting students who may eventually choose primary care as their career," Dr. Ware is now a family physician in private practice in Greene County, and he is aware of the needs of underserved rural communities and the importance of recruiting students who will return to these areas to practice. Dean Fallon expects him to "make a significant contribution to the overall functions of the Committee."
Marsh Joins Faculty Will Develop Neurology Rotation

E. Eugene Marsh, III, M.D., has been appointed Assistant Professor, Department of Psychiatry and Neurology and Department of Internal Medicine, College of Community Health Sciences - The University of Alabama School of Medicine, Tuscaloosa Program. He also conducts a private practice in Neurology with Neurology Consultants of Tuscaloosa.

Dr. Marsh was formerly Assistant Professor of Neurology, Director of Cerebrovascular Diseases, and Director of Ambulatory Care for Neurology at the University of Alabama School of Medicine in Birmingham. He graduated cum laude from The University of Alabama in 1975, he received an M.D. degree from the University of South Alabama College of Medicine, and he interned in Family Medicine at Eisenhower Army Medical Center in Augusta, Georgia. He completed a residency in Neurology at Walter Reed Army Medical Center in Washington, D.C., and served as a teaching fellow at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. Dr. Marsh studied cerebrovascular diseases as a Fellow Associate for two years at the University of Iowa Hospitals and Clinics in Iowa City, Iowa.

Dr. Marsh has had numerous publications and presentations. Those which have received the most acclaim deal with treatment and onset of Acute Ischemic Stroke. He also co-authored "Intraparenchymal Hemorrhage in Current Opinion in Neurology and Neurosurgery and Cerebral Infarction in Patients with Nephrotic Syndrome."

Dr. Marsh has been appointed as Liaison to the Alabama Affiliate of the American Heart Association for the Stroke Council. He will work with the Heart Association on public education and medical community education about stroke prevention and treatment. His CCHS work will focus on development of a neurology rotation for third year medical students. He said Dr. Rand, Chief of Psychiatry, has already done a great deal of the preparation for the new required neurology training, and he will be working with her to incorporate neurology into the psychiatric training component.

Dr. Marsh was born in South Carolina and spent part of his youth in Marion, Alabama, where he attended Marion Military Institute. Dr. Marsh and Karrey have an 11-year-old daughter. Dr. Marsh spends his free time working on his house and yard. He said he just put in a sprinkler system! He and his family enjoy Crimson Tide sports, especially football, basketball, and gymnastics.

Third Year Medical Students Begin Clinical Training at CCHS

The College of Community Health Sciences welcomes nineteen new junior medical students. Most students began their clerkships here in Tuscaloosa on June 28, 1993.

James R. Barton (Jim) of Jasper, Alabama, graduated from The University of Alabama in 1991 with a B.S. in Microbiology. His wife is Dottie.

Cynthia L. Blocker (Cindy) is from Sylacauga, Alabama. She received her B.S. from the University of Alabama at Birmingham in 1991. Cindy majored in Biology.

Hoyt A. Childs, III (Tres) of Fairhope, Alabama, graduated from The University of Alabama in 1991. He received his B.S. in Electrical Engineering.

Monica M. Colvin of Bessemer, Alabama, received her B.A. in French in 1989 from Amherst College.

Scott A. Drummond is from Jasper, Alabama. He received his B.S. in Microbiology from The University of Alabama in 1990.

Deanna V. Duncan of Chattanooga, Tennessee, graduated from The University of Alabama in 1991 with a B.S. in Economics.

Cheryl L. Gardner is from Andalusia, Alabama. She received her B.S. in Chemistry from Auburn University in 1991.

Heidi S. Gomes of Tuscaloosa, Alabama, graduated from The University of Alabama in 1992 with a B.S. in Biology.

Wilton Russell Holman, III (Russ) is from Dothan, Alabama. He received his B.A. in Economics from the University of Alabama in 1990.

Lawrence I. Lee (Larry) of Killingworth, Connecticut, received his B.S. in 1983 and his M.S., both in Microbiology from The University of Alabama. His wife is Charlotte, and they have one child.

Leroy Loving, Jr. of Fairburn, Georgia, graduated from Morris Brown College in 1972. He received his D.D.S. in 1976 from Howard University. Leroy also received a certificate in Oral Surgery from Howard University in 1979.

Clinton E. McIntyre, Jr. (Clint) of Dothan, Alabama, received his B.S. from the University of Georgia in Biochemistry in 1991. His wife is Kellee, and they have one child.

Tracey L. Miles is from Columbus, Georgia. She received her B.S. in Biology from Mercer University in 1991.

Edward B. Perry, Jr. (Ed) of Vicksburg, Mississippi, received his B.A. in Physics from the University of Mississippi in 1990.

James E. Pollard (Jim) of Vacaville, California, graduated from McNeese State University in 1973. He received his B.D.S. in 1979 from Louisiana State University. Jim completed an Oral & Maxillofacial Surgery Residency at King/Drew/UCLA Medical Center in 1987. His wife is Rosemary.

Joseph Scott Rayburn (Scott) is from Fayette, Alabama. He received his B.S. in Chemistry in 1991 from Birmingham-Southern.

Michael Neel Roberts (Neel) of Hartsville, Alabama received his B.S. in Chemistry/French from The University of Alabama in 1990.

Henry B. Townsend is from Tuscaloosa, Alabama. He received a B.S. in Microbiology from The University of Alabama in 1991.

John G. Wideman of Birmingham, Alabama received his B.S. in Biology from Birmingham-Southern in 1988. His wife is Nancy.

CCHS Center for Aging Sponsors National Conference Elder Abuse and Neglect Targeted

To help address the growing problem of elder abuse and neglect, The University of Alabama is sponsoring a National Conference on Elder Abuse & Neglect in February 1994.


There will be four workshop tracks: general, social, services, medical, and administrative. Legal issues will be addressed. A Congressional Hearing on elder abuse is planned.

The target audience for the conference includes social workers; nurses; hospital and nursing-home administrators; directors of social service agencies; attorneys, judges, and prosecutors; professional counselors and psychologists; home health providers; bank trust officers; educators, advocates, and researchers; elected officials; and area agencies on aging.

One to one-and-a-half million cases of elder abuse occur in the U.S. annually. These occur in both home and health care environments regardless of race or social status. Victims are often socially isolated, physically and mentally vulnerable, and dependent on relatives or caregivers. They may be unable or afraid to ask for help, and their doctors may be one of the few contacts they have and can trust.

Physicians are invited to join other professionals at the Perdido Beach Resort on the Alabama Gulf Coast for the Second National Conference on Elder Abuse & Neglect. Conference participants may reserve rooms for $62.00 per night. This rate is available for three nights before the conference and three nights after the conference. For hotel reservations, call 1-800-634-8001.

For more information about the conference program or arrangements, contact: the UA Center for the Study of Aging, Box 870326, Tuscaloosa, AL 35487-0326, (205) 348-1345.
Hefelfinger Kicks Off Pro Health Forums

Television and Children

Let me ask you a question: Would you like your children’s best friend to monopolize 3–4 hours of their time every single day? Do you encourage their participation in sports, prevent them from playing the piano or learning anything about music, interfere with their homework, and steal every book they might read?

Children in the United States spend more time watching television than they spend in school and, in fact, more than any other activity other than playing video games. In 1988, watched approximately 25 hours of television per week while children aged 6–11 watched 23 hours per week, and adolescents viewed 22 hours per week.

The average American 2-year-old spends 60 days a year in front of the television. By the time that same child finishes high school, almost 3 years have been spent watching television. Based on a current mix of programs that children watch, the average child annually sees 12,000 violent acts and sees or hears 14,000 references to sex. With some of these statistics it is hardly surprising that thousands of American children spell relief “R O L A I D S” or that children in a Maryland suburb (1992 statistics) identified more brands of beer than American presidents.

Because children in the United States spend so much time watching television and because television significantly influences health care behaviors, it is crucial for physicians and parents to become aware of the effects of television on children.

Physicians, psychologists, and educators who have become involved in assessing TV’s impact have expressed concern primarily about television violence. However, during the last decade three less well publicized areas of research have been developing. These areas include television’s influence on children’s attitudes toward the following:

1. Minorities and women
2. Reading ability & classroom behavior
3. Children’s health attitudes

Studies done by the Nelson Corporation show that 88.6 million people own television sets. The average household television set is turned on 6 hours and 55 minutes per day (1988 statistics). Households with 3 or more people use their televisions for between 4 and 77 minutes per week. The usage declined slightly as socioeconomic class increases. Older children (over 55 years) watch more than 41 hours of television per week.

Television Violence

American children watch over 1,000 rapes, murders, armed robberies, and assaults every year via their living rooms watching the television set. The amount of violence on standard television has remained fairly constant since 1967. However, the amount on children’s television has increased appreciably.

The epidemic of violence in the United States is one of the frequent causes of injury and death among children and adolescents. For example, in 1990, 10,000 children were among children aged 10–14 was caused by shooting. Among teenagers and young adults one out of every 4 deaths. The violence in our society among children aged 10–14 was caused by shooting. Among teenagers and young adults one out of every 4 deaths. The violence in our society appears to be driven by a variety of complex factors including drugs, poverty, and violence in the home. Given the epidemic of violence that is upon us, it may be reasonable to ask where children acquire their information about problem solving and coping, and why violence is the first response in lieu of an alternative selected. Although none of us would hold television solely responsible for the violence in our society, any discussion of violence in the USA must consider the influence of the television set. Television violence has a clear and reproducible effect on the behavior of children.

Television violence contributes to the climate in which we live, the frequency with which such violence is used to resolve conflicts, and the passivity with which violence is perceived. A perfect example could be related to the recent top box office movie Jurassic Park. I had the opportunity to discuss this movie not only with one of my children but with other children. What I was the most intrigued with in my discussion, was how desensitized young children are today to violence. It is common place for them. I was sweating and my muscles were contracted through the entire movie. Many are not necessarily frightened by a dinosaur biting and chewing off arms and legs with blood squirting all over the place. Have we become so desensitized to violence that it has become a common part of our society? Are not more people (children and adolescents) viewing television as a way in which to solve their own problems?

It should surprise no one that violence on television clearly provokes violence or aggressive behavior in children. The absence of consequences of the violence that they see and the repetitivity with which difficulties are resolved by the use of violence increases the likelihood that violence will be among the first strategies that a child selects rather than the last. Also the rewards that the heroes receive for the violent behavior legitimates and endorses violence as a means of solving problems. Finally, the frequency with which children view violence and the lack of long term consequences for the victims of violence desensitizes children and makes them less passive to these acts of violence and less likely to intervene when violence occurs. Recall, if you would, how people have just stood by and watched while someone was being mugged, robbed, or raped in some of our cities in the subway or on the streets.

It is unfortunate that violence is a major part of the fabric of America. In most other countries the content of programming for children is carefully designed to limit their exposure to themes felt to have an adverse effect on development. In Japan, for instance, televised violence occurs with a frequency comparable to the United States. However, television violence in Japan tends to be portrayed more realistically and the consequences are emphasized. The villains use violence more than the heroes and the benevolent suffer the consequences. Such portrayals are much more likely to provide children with an aversion to violence and reduce the likelihood that violence will be the first strategy they adopt to resolve conflict.

The American Academy of Pediatrics (AAP) supports efforts that provide parents the information they need to make television viewing choices for their children; however, we would urge that cartoons be rated as well as prime time programs. Cartoons today often contain the most frequent and extreme violence shown on television. It is portrayed as humor with no visible effect on the victim. Pediatricians should urge parents to limit the amount of television that children view, to monitor what they are watching, and to watch television with their children to help them learn what they see. It can be very useful to discuss a program with a child once it has been watched by the family.

The AAP strongly supports the Children’s Television Act of 1990. This law mandated that broadcasters must provide programs of educational or informational benefit to children as a condition of license renewal but a time requirement was not specified in the law. Unfortunately, the law did not stipulate that the time required with the bill’s mandate has been limited.

The AAP believes that broadcasters should now be required to produce one hour per day of educational and instructional programming for children.

The AAP agrees with the first amendment concerns that broadcasters must be able to create content for children in terms of content standards for the frequency or manner in which violence is portrayed on television. Scientific data that linked television violence to the behavior of children is compelling. It is more than coincidental that the data that link pornography or obscene speech to sexual crime. Shouldn’t we be as concerned about violent behavior as much as we are about dirty words or reputations?

Prejudice and Stereotypes

Another concern related to television is that minority group members are infrequently por...
FOR CHILDREN AND TELEVISION WATCHING

Children and parents about the influences of television. One major involvement by parents as well as critical television

ion to 1 - 2 hours per day. In addition, pediatricians and

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ourage to develop television substitutes such as

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care workers should continue to urge that sexuality be

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formed. Parents, rather than children, should determine what

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mote disease prevention.

ized violence as an essential step in the reduction of

Syntexed on television and when they are shown they tend to be in a stereotyped role. For example, the number of non-white characters on television has increased in the last decade but non-white characters tend to be depicted in smaller, less impor-

The statistics for female television characters is worse. There are fewer female characters than males in prime time and day time televi-

sion, on children's programs and public tele-

vision. An analysis of these roles revealed that women tend to be dominated by men. Women in traditional roles are presented more favorably. Single women are more likely to be portrayed as victims than as full time homemakers. Although there has not been a great deal of research in this area, the clinical impressions are that children learn these
c

s new roles as presented on television. These findings have important implications in the development of attitudes toward women and

majority group as opposed to spoonfeeding by the parent.

committee on Communications, American Academy of Pediatrics

_New York Times_ August 19, 1993

NOTE: Other Pro Health Forums scheduled are:

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by David C. Helfgott, M.D. Pro-Health Forum August 19, 1993

### Reading and Related Classroom Behavior

There has been a decline in children's reading scores nationwide with concern about short attention spans and lack of enthusiasm

in school. This has been widely blamed on television. Several hypotheses exist on this area. The most obvious is that television displaces reading time. Children have less incentive to read and spend less time reading. It is true that a great deal of time is spent watching television, reaching a peak of 3 - 4 hours a day at age

12. A child that spends at least 35 hours a week at school and 20 - 35 hours watching television will not have much time to read at home.

At the present time, television does not appear to have an impact on most children's reading abilities or classroom behaviors. There are anecdotal reports from teachers but no generally accepted studies. Research has focused on a sub-sample of the heaviest televi-

sion viewers might clarify the conflicting results.

### Advertising and Health Behavior

The average child watches more than 20,000 television commercials each year. Approximately 2/3 of these are for food, and most frequently high sugar foods. The children who watched more commercial programs made more requests for purchases.

Television is especially vulnerable to television commercial messages because they do not understand what a commercial is. Young children have difficulty distinguishing between program content and the commercial message. If somebody says something is good -- it must be true. They are easily influenced by the special effects and other techniques used to enhance the attractiveness of the product.

Excessive TV watching also appears to go hand in hand with elevated blood cholesterol. Researchers at the University of California Irvine matched more than 1,000 young children and adolescents' cholesterol measurements with their TV viewing habits and found that those who reported watching at least 2 hours of TV a day were twice as likely to have high blood choles-

terol -- above 200 mg/dl of blood as those who tuned in to the tube for less than 2 hours a day. Children who watched 4 or more hours a day were nearly 4 times as likely to end up with cholesterol of over 200. The AAP says that a child over 2 with even a cholesterol level of 175, a full 25 points less than 200 cut-off used in the study, is high enough to warrant treatment. Obesity has also been linked to directly too many hours of TV watching and seems to be one of the things contributing to the problem. Time spent in front of the TV set is time away from calorie burning, physical activities such as bicycling or ball playing. Children who watch a lot of television tend to exercise less after school than their peers who spend relatively little time with the television. They also are more likely to shun team sports.

In light of this evidence, parents whose youngsters spend hour after hour in front of the TV would do well to work on curtailing this habit.

### Sexuality

Nelson's data indicated that teenagers view just slightly less TV than younger children. Compared to the TV of 1950's today's shows give teenagers new insights into the formerly secret world of adult behavior in general. (consider Dallas, Donahue, Kojak, TV movies, soap operas.) Adult drinking behavior, business practices, leisure activities, courtship, divorce, patterns of friendship, and materialism are all accessible to anyone with a TV set.

The United States has the highest teenage pregnancy rate in the entire western world, despite the fact that the rate of sexual activity among American teenagers is no different than among western European or Canadian teens. In 1987 there was a peak one year over one million teenage girls became pregnant. Although the causes of adolescent pregnancy are multifactorial, there is little doubt in my mind that television is clearly implicated. American TV ranks as one of the most sexually suggestive media in the world.

Four small studies have examined the relationship

between the onset of sexual intercourse and television viewing. Among 75 adolescent girls, half of whom were pregnant, the pregnant girls watched more soap operas before becoming pregnant and were more likely to have had television relationships are real. Adolescents who selectively viewed more television with sexual themes and those with a preference for MTV were more likely to have begun having sexual intercourse. Boys who watched television the most had the highest prevalence of sexual experience and all television viewing, from an early age, on which was accompanied by

### Philp Attends Retreat on Medical Education

How to find, encourage, and enable medical students who are "self-motivated, self-sustaining, life-long learners" is what medical education must focus on, says James Philp, M.D., Associate Dean of CCHS. "These are the doctors who will keep themselves up to date because they have learned how to learn," he adds.

Problem-based learning (PBL) is the approach that the University of Alabama School of Medicine (UASOM) is moving toward. Prominent medical schools across the nation are initiating this method of training which requires more time and energy from students. "There is more accountability and responsibility on the part of the learner," says Dr. Philp. "It is not just chance that one meets with others to talk about "what we want medical education to be and how we will arrive," said Philp. The retreat was attended by representatives of major departments on all three UASOM campuses.

A major issue is finding funding for on-going traditional methods of teaching and evaluation, such as PBL and OSCE (Objective Strutctured Clinical Exams). According to Philp, 'funding patterns for clinical activities, while threatened, are well established. However, resources for medical education are more problematic.'

The central issue is whether new faculty should be recruited for education or for clinical and research faculty should be diverted from their present activities. A major issue to be confronted is evaluation of students, said Dr. Philp. "The students must learn to self-evaluate accurately, but until they do faculty must devote a great deal of time to evaluation. This is related to a second evaluation issue - how to evaluate the doctor's ability to reason and relate to the patient. These skills are less likely to be accurately assessed by multiple choice tests."

In Tuscaloosa, CCHS is preparing to become a "standardized test" for training. The tests simulate the symptoms of real patients after students are given the history and then are required to make the diagnosis and treatment plans. Faculty practice and psychiatric simulated patients are currently utilized for medical student and resident training.

"It is very meaningful for the 'patient' to tell a doctor how he is doing. Conversely even though it may be painful, hearing short-term comebacks from the 'patient' is very effective," said Dr. Philp.
The University of Alabama Hosts Rural Health Scholars Program

The Rural Health Scholars Program (R.H.S.P.) held last summer at The University of Alabama campus was made up of 25 high school students from 23 different rural counties in Alabama. The program was initiated by Dr. John Wheat, Assistant Professor of Behavioral and Community Medicine at CCHS, to fulfill the aims developed by W.I.F.E. (Women Involved in Farm Economics), A.F.P. (Alabama Farm Federation), and The University of Alabama to get more rural students interested in premedical studies at college.

Dr. Wheat, who specializes in Internal Medicine and Occupational Medicine, worked extensively with Dr. Robert Garner, assistant dean of Arts and Sciences and associate professor of Chemistry, and Cynthia Moore, assistant Health Professions advisor at The University to develop the program.

Moore coordinated the R.H.S.P. students’ daily activities. Four pre-med students lived in the dorm with the students and provided help and assistance as counselors in the program.

There were approximately 200 applications from students throughout rural Alabama. To get an even distribution statewide, the UA admission team divided the state into four quadrants and chose the six best students from each area. Many different criteria were used to choose the best 25 students, but the most emphasis was put on academics and extracurricular activities. A record 60 students academically had to have an above average grade point average (GPA), and a competitive ACT score. The students also had to demonstrate participation in various clubs and organizations.

One main criteria in choosing the students was their association with rural Alabama, and also letters of recommendation from various teachers. The administrators of the program emphasized choosing students from rural areas because these students, they felt, were most likely to return as physicians, nurses, or other health professionals and help make a difference in their home towns.

The R.H.S.P. students attended college-level classes, including chemistry and creative writing. Dr. Garner, the chemistry professor, taught so that students could understand how chemistry is widely used in the medical profession. The students also took a chemistry lab class to give them a hands-on application of chemistry processes. The creative writing class helped the students develop better writing skills and learn to express their personal feelings.

Both classes lasted for five weeks, with regularly scheduled quizzes and tests throughout, and at the end of the five weeks, the students took a comprehensive final. Students obtaining a “C” or better in these courses may choose to receive up to seven hours of college credit for this experience.

Besides classroom experiences, the students attended Tuesday and Thursday seminars covering a variety of topics. The guest speakers included physicians, hospital administrators, nurses, literary writers, extension service agents, and other promoters of the quality of rural life.

The students also participated in field trips, touring medical facilities in Fayette, Bibb and Pickens counties and also The University of Alabama’s Capstone Medical Center. In addition to these trips, on June 30 the students toured The University of Alabama School of Medicine in Birmingham. Mrs. Carol Howell, a certified paramedic from Bibb County, showed the students tapes of Anatomy and Physiology useful in the emergency setting.

The program is the first of its kind for high school, medical-oriented students from rural Alabama. The program has received extensive support from the UA College of Arts and Sciences and the UA College of Community Health Sciences. Drs. Wheat and Garner obtained funding for the program from the Alabama Family Practice Rural Health Board.

—Pete Rainwater

Pete Rainwater is a Junior Pre-Med student who served as a counselor on The University of Alabama Rural Health Scholars Program this summer. His home is Autauga County where his family lives on a farm. He hopes to become a family physician and return to practice near his home. He graduated from Autauga Academy in 1990 and was a Beta Club member. He attended George C. Wallace Community College in Monticello, Alabama on a baseball scholarship before transferring to The University of Alabama. He has been on Dean’s List each semester on The University of Alabama campus and was elected to the Pre-Med Honor Society in the spring, 1993.

Alum Tells How Staff Really Sees You

Louis H. McCormick, M.D., a 1979 graduate of the Family Practice Residency Program at CCHS, published the article “Find Out How Your Staff Really Sees You” in Medical Economics (October 5, 1992, pp. 171-174). Dr. McCormick is with Acadia Family Practice Associates, 1201 Bethia Street, Franklin, Louisiana 70538 (318) 828-3507.

On ROUNDS • 6
Jon Anderson
Gulf States Paper Corporation brought Jon Anderson to Tuscaloosa in 1965. He started as an Internal Auditor and since 1987 he has been Vice President and Treasurer. He was elected to the Board of Directors in 1991. He became interested in health care issues when Gulf States had to deal with rising health care costs. As an employer, he became active in a number of efforts to contain costs. He is the Chair of the Board of Directors of the Alabama Quality Assurance Foundation, an agency which conducts peer reviews of necessary medical services through a contract with Medicare. He also serves on the Board of Blue Cross/Blue Shield of Alabama and the Capstone Health Services Foundation, which oversees services at the Capstone Medical Center on the University of Alabama campus. He was appointed to the statewide Health Coordinating Council in 1987. His support for CCHS stems from his opinion that we must train and place more family physicians for the future.

He and his wife Marie share an interest in music. They occasionally travel to New York to the Metropolitan Opera, and they attend the symphony. They have a son who works for Price Waterhouse Public Accountants in Savannah, Georgia and a nine-month-old grandson whom they "don't get to see enough!"

Anderson enjoys tennis, golf, and swimming in his rare leisure time.

He said he agreed to serve on the Campaign Steering Committee to raise funds for CCHS because he believes we need more family doctors. They will be even more important as health care reform measures are put in place, he believes.

Jim Ford is president and chief executive officer of DCH Regional Healthcare Authority. He is also chairman of the Board of Directors of Blue Cross Blue Shield of Alabama and chaired the BC/BS Reimbursement Committee. Known as a leader in the health care field, he has served as president or chairman of a number of health associations and committees: Alabama Association of Hospital Executives; West Alabama Hospital Council; Birmingham Regional Hospital Council; Incentive Reimbursement Program Committee; and the Inpatient Task Force of the West Alabama Health Council Executive Committee.

He and his wife Peggy came to Tuscaloosa twenty-five years ago after he finished his residency in hospital administration at Good Samaritan Hospital in Cincinnati and received his Masters Degree in Hospital Administration from St. Louis University in St. Louis, Missouri. Ford is from Walden, a small town in north Mississippi, and he graduated from Memphis State University with a B.S. in accounting in 1953. His uncle was a doctor, but his interest in health care developed when, after a short stint in the U.S. Army and as a job as an auditor of West Alabama, the Spouse Abuse Network, the Chamber of Commerce, and United Way. He is a member of First United Methodist Church in Tuscaloosa.

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They play in the high school band, and after graduation he entered the U.S. Marines. He played trumpet in the U.S. Marine Corps Band during his three-year military service. He then went to Auburn University and graduated in 1959 with a B.S. in Business Administration specializing in Accounting. He was a public accountant with Ernst and Ernst and Peat Marwick Mitchell and Company, both in Birmingham, prior to coming to Gulf States.

He is a member of the American Institute of Certified Public Accountants, the Alabama Society of CPA's, the National Association of Corporate Treasurers, and the Financial Executives Institute.

Anderson is active in a number of civic activities and serves on the Board of Hospice for Sears Roebuck, he worked at Methodist Hospital in Memphis.

After six years at Methodist Hospital, he decided to get his masters degree. He is glad he did it, he said, but it was a "big decision" at the time since he and Peggy had children.

Family is extremely important to Ford. He speaks proudly of his closeknit Mississippi clan - his mother died recently at the age of 100 - and of his four children, now grown. Three attended The University of Alabama and two were members of the UA marching band, the Million Dollar Band. This link to The University makes him a supporter and he says he "believes in The University of Alabama but he 'really' believes in CCHS."

It is fulfilling its purpose. It is doing what it is supposed to do - train doctors for rural areas."

And he is pleased that DCH is part of this medical school's training effort. He feels that a teaching hospital - like DCH in its role as a clinical site for CCHS students, residents, and faculty - is the "cutting edge" of health care, participating in studies and staying up-to-date on the latest advances in medicine.

His support for health care training extends beyond the medical school. He works closely with the UA Capstone College of Nursing and Shelton State Community College to provide clinical training for nursing students, and he has organized the DCH School of Respiratory Therapy and School of Radiologic Technology. He also supports DCH residencies in pharmacy and nutrition for several universities.

With such a busy career and family life, it is almost remarkable that he has time to devote to community service. However, he is active on the Board of Directors for Boy Scouts of America; he is a past president of Phoenix House of Tuscaloosa, a half-way house for recovering alcoholics and one of the first to be accredited by JCAHO; and he has chaired the Board of the First United Methodist Church of Tuscaloosa.

Not surprisingly, he claims no hobbies. He enjoys local theater and music presentations, but says "my wife gets the tickets and I go where she says!"

Helping CCHS to raise funds to train doctors is just one more service by the man who "initiated the first computer-to-computer link for transmitting insurance claims in Alabama."

His vision for CCHS, his belief in its mission and a wealth of experience in health care management are invaluable contributions to the Campaign Steering Committee.

—Linda Jackson
Occupational Medicine Gets New Quarters
Wide Range of Services Offered

The Occupational Medicine Suite at the Capstone Medical Center has moved to a newly renovated space at CMC and is currently sharing quarters with Internal Medicine while the Internal Medicine Suite is remodeled. The Occupational Medicine unit is directed by Russ Anderson, M.D., and staffed by Jerry McKnight, M.D., and John Wheat, M.D. Dr. Wheat, an internist who also specializes in Occupational and Preventive medicine, is a faculty member in Behavioral and Community Medicine. Drs. Anderson and McKnight are on the faculty of Family Medicine. Dr. McKnight also sees his private family practice patients in this office. "This gives students and residents a chance to see family medicine and occupational medicine done together," says Dr. McKnight. "This is the way most of them will combine the two in small town medical practices."

Occupational medicine is preventive medicine applied to work force issues. Examples are OSHA (Occupational Safety and Health Administration) regulations, helping employers assess the health of workers, assisting companies in controlling health care costs, treating industrial injuries (a real overlap with primary medicine, says Wheat), and the diagnosis and therapy for industry-related illness and disability such as lung diseases caused by work-related pollution. Occupational Medicine is one of three subspecialties of preventive medicine, according to Wheat. The other two are aerospace medicine and public health.

According to Lynn Downing, who manages the Occupational Medicine office and schedules patients, the unit provides services for a number of employers in the area, including Phifer Wire, Gulf States Paper, Magnolia Methane, P.E. Lamoreaux Enterprises, Bryce Hospital, and Partlow State School. Faculty members lead field trips for students and residents to work sites such as logging areas, coal mines, and textile plants to teach occupational medicine. Clinic services offered include pre-employment physicals, blood tests, chest or other X-rays, skin tests for T.B., stool and throat cultures, vision and hearing screenings, pulmonary and breathing tests, fitness screening on the treadmill, drug tests, or other procedures as required by individual job duties; diagnosis and treatment of job-related illness or injuries, in-office minor surgery; and referrals for alcohol and personality disorders or stress and life management counseling. Orthopedic, internal medicine, and neurological clinics are also conducted in the Occupational Medicine Suite.

The Occupational Medicine unit was started in the 1980's by Terry Collins, M.D., and Bob Gloor, M.D., a professor emeritus in Behavioral and Community Medicine (BCM). Originally a part of BCM, the suite was next headed by Dr. Brad Ware of Family Medicine, who now practices family medicine at Dr. Sandral Hullett's Greene County Clinic.

CME Week to Feature Women

"Women in Medicine" is the theme of a continuing medical education (CME) special emphasis week scheduled for November 29 - December 3, 1993. The special lecture series is part of the Centennial Celebration at The University of Alabama of the admission of women to the University. The Centennial year is a campus-wide activity which was kicked off September 17.

Elizabeth H. Rand, M.D., Discipline Chief of the Department of Psychiatry at College of Community Health Sciences who chairs the CCHS "Women in Medicine" planning committee, says that prominent alumnae who have entered the field of medicine or women who have graduated from our UA Medical School are her top choices for speakers during the week. She has already confirmed presentations by anesthesiologist Pamela Varner, M.D., who will speak on the history of women in medicine, Sarah Finley, M.D., an endocrinologist (who will deliver the Bahar Memorial Lecture during this special week.), and Sandral Hullett, M.D., who will address health care reform. Dr. Alice Chenault will discuss medical student and resident involvement in organized medicine, and Dr. Bonnie Embry's topic on Friday is mammography.

Mon., Nov. 29 Pamela Varner, M.D., B'ham
Tues., Nov. 30 Alice Chenault, M.D., H'ville
Wed., Dec. 1 Sara Finley, M.D., B'ham
Thurs., Dec. 2 Sandral Hullett, M.D., Eutaw
Friday, Dec. 3 Bonnie Embry, M.D., B'ham

CME lectures will be held daily at 12:15 in the William R. Willard Auditorium, the UA Educational Tower, at DCH Regional Medical Center. Lunch will be served to the first 50 to arrive.

For more information, contact: Dr. Elizabeth H. Rand, 375 Nott Hall, 348-1325.