

**Handbook  
of Jefferson AΩA Chapter  
Service Projects, Member Selection...**

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## I. INTRODUCTION

This handbook was created to provide an overview of A A projects and procedures at Jefferson. Our chapter strives to catalyze and set an example of service to others and to foster our students to further develop leadership skills by coordinating 25-30 ongoing service and educational projects at Jefferson and in the community. Many of the projects may involve and most benefit many in the Jefferson community, not just members of A A.

We maintain an A A bulletin board outside the dean of students' office, on which projects open to all students and the A A coordinating students are listed.

The first section of the handbook reviews our projects and includes a "suspense list" for each project, which has a description of the project, student contact names, a timeline for conducting the projects, and key individuals to contact for help with the project. We hope you find these useful and helpful in considering projects at your school.

The second section explains our member selection process. Although it may seem complex at first, it is really quite simple to put into practice. Our main goal in member selection is to choose excellent students who also have a track record of service to others and who will continue and further develop our tradition of service. This process helps objectify selection and minimizes possible popularity contest distortions in the eyes of students and faculty making the decisions.

The third section details some history of A A and of our chapter.

We appreciate the help with this handbook and other A A activities provided by our A A members and by Dr. Thompson's administrative assistant, Florence Spencer, and Elaine Collins, who served in that position from 1992-2000.

Please contact us, or other students listed, to further discuss these topics.

Sincerely,  
Archana Saxena  
Medical Student President

Troy L. Thompson II, M.D.  
Councillor

## II. CHAPTER SERVICE PROJECTS

### A. Community Projects

## 1. UNDERGRADUATE ADVISING

### **Overview:**

The purpose of the undergraduate advising program is to have Jefferson medical students go to surrounding undergraduate colleges and universities to speak with interested pre-medical students. This has been an informal program, with students speaking briefly about their experiences in medical school and answering questions. Feedback has suggested that many college students want something more formal; therefore, this year, we will develop a more organized presentation to be given at the beginning of each session, with an informal question and answer session to follow. The presentations' goals will be to inform pre-medical students about resume building, the process of applying to medical school, to give an overview of the medical school experience, and to discuss alternatives to medical school, for those unsure of their career path. We maintain a list of pre-medical clubs/advisors at those colleges and pass that down from year to year.

### **Student Contacts:**

Allison Better	Allison.Better@Jefferson.edu; 215-413-8298
Beth Gadkowski	Lara.Gadkowski@Jefferson.edu; 215-413-9038
Laura Wright	Laura.Wright@jefferson.edu; 267-254-1215
Joanna Starrels	Joanna.Starrels@jefferson.edu; 215-735-2729

### **Time Line:**

May–August	Complete list of schools and contact persons
July	Review “core” talk
August	Solicit volunteers and schedule visits with schools
September–March	Visit schools

## 2. SPECIAL OLYMPICS

### **Overview:**

Special Olympics Philadelphia is an annual event that usually takes place on the first Saturday in May. It is held at Northeast High School (Cottman and Glendale). We advertise the games to the Jefferson community to help recruit volunteers. We receive a packet containing registration information, job descriptions, and volunteer registration forms. The goal is to have people sign up ahead of time for specific jobs and attend the volunteer training sessions. Volunteers also may just show up the day of the games and be assigned jobs which are open.

**Student Contacts:**

Kelly Malloy            Kelly.Malloy@Jefferson.edu; 215-629-1350  
Allison Better           Allison.Better@jefferson.edu; 215-413-8298

**Time Line:**

The registration packet should arrive in the winter. We will start to advertise the games after receiving the information packet. The games are always in May.

**Contacts:**

To get on the mailing list for Special Olympics, we can call (215) 351-7224, or send our address to:

Attn: May Games  
Special Olympics Philadelphia  
Stevens Administrative Center  
13<sup>th</sup> and Spring Garden Streets  
Philadelphia, PA 19123

### 3. DAFFODIL DAYS

**Overview:**

Daffodil Days is a fundraiser sponsored by the American Cancer Society that is held each March. A A students sell daffodils, which are provided by the American Cancer Society, for several days and at several locations in the hospital and medical school.

**Student Contact:**

Anitha Nimmagadda            anitha.nimmagadda@jefferson.edu; 215-413-3824

**Time Line:**

To organize our involvement in Daffodil Days, contact Marie Maikener in late April or early May and identify yourself as the A A contact person for the coming year. Then call her again in late January or early February to determine the exact dates of Daffodil Days, and start to organize a group of members who want to help sell the daffodils. Marie orders the daffodils and also handles the arrangement of the tables at which the daffodils are sold. Our roles are to recruit people to sell and ensure that they show up.

**Contacts:**

Marie Maikner (Contact at Jefferson)  
Phone: 215-443-8734 (home)

#### 4. ADOPT-A-GRANDPARENT PROGRAM

**Overview:**

The Adopt-a-Grandparent Program pairs medical students with geriatric residents of long-term care facilities who want or are in need of a visitor. Currently, thirteen students and seven residents are involved. The students contact their “adopted grandparent” and schedule times to visit and possibly help them run errands, read to or play cards with them, etc. Students are encouraged to visit as much as their schedule allows.

**Student Contact:**

Beth Gadkowski    lara.gadkowski@jefferson.edu; 215-413-9038

**Time Line:**

May —Contact Becky Levda, at the Philadelphia Senior Center regarding geriatric residents wanting a visitor.

Contact current medical students via email asking for volunteers to be involved in the Adopt-a-Grandparent Program.

Throughout the year, we continue this contact with Ms. Levda and medical students of the program to recruit new participants.

**Contacts:**

Dr. Arenson, Geriatrician, Department of Family Medicine, Jefferson Hospital  
Becky Levda, Social Worker, Philadelphia Senior Center, Jefferson Geriatric Society

#### 5. HIGH SCHOOL/MIDDLE SCHOOL/ELEMENTARY SCHOOL OUTREACH AND EDUCATION

**Overview:**

The goal of this project is to create and present several educational programs at local high schools, middle schools and elementary schools. The programs will address topics such as HIV/AIDS, Violence and Injury Prevention, Depression/Suicide, and Health (diet, exercise). Each program will have three versions, which will be age-specific and age-appropriate. To date we have contacts at William Penn High School. In the next few months, we will try to expand the program to include South Philly High School, Furness High School and Ben Franklin High School. Through our contacts at these schools, we will explore the possibility of speaking at the middle and elementary schools associated with these high schools. We currently have a well-developed HIV education teaching guide which includes hand-outs and slides. To develop the other programs, we will focus our efforts on contacting "experts" in the Jefferson community

who would be willing to assist us. Our goal is to hold as many sessions as possible and hopefully involve student volunteers from throughout the Jefferson community.

**Student Contacts:**

Allison Better      allison.better@Jefferson.edu; 215-413-8298  
Laura Bamford      laura.bamford@jefferson.edu; 215-985-1234  
Beth Gadkowski      lara.gadkowski@jefferson.edu; 214-413-9038  
Alan Long      alan.long@jefferson.edu; 215-629-2466  
Joanna Starrels      joanna.starrels@jefferson.edu; 215-735-2729

**Time Line:**

May-July: Contact schools and community experts and develop the programs. HIV program already completed.  
August: solicit and train volunteers to present workshops. Schedule dates for workshops with the various schools.

**Contacts:**

William Penn High School: Theodora (Teddi) Jordan, Chair of Physical and Health Organization.  
Work: (215) 684-8975  
Home: (215) 224-9679

## 6. COMMUNITY MEDICINE

**Overview:**

The Philadelphia community has many medical needs including more proactive public blood pressure and diabetes screening as well as, improved patient education on health maintenance, access, and available services. Therefore, this project will allow Jefferson students to actively educate patients while stressing the importance of public health and improving student-patient interactions. Students will also be able to practice their diagnostic skills. Projects will focus on large community events such as the “Unity Fair” and Sporting events. This should improve community health awareness, foster interest in under-served communities, and display Jefferson’s commitment to patient care.

**Student Contact:**

Stephen Spurgeon      Stephen.Spurgeon@jefferson.edu; 215-236-4224

**Goals:**

- The member in charge of this project should contact the city of Philadelphia to find out which community events we would be able to participate in.

- Find a sponsoring department at Jefferson to support A A with medical supplies and equipment.
- Prepare a patient education curriculum and handouts.
- Enlist volunteers from throughout the Jefferson Community to assist in the project and to go out to community events.

## B: Guides for Medical Students

## 1. A A GUIDE TO THE FIRST YEAR

### **Overview:**

At freshmen orientation, A A members give a short presentation of what services A A offers to students, such as mentoring and tutoring, and that all students are invited to participate in many A A projects. “**The Guide to the First Year**” is then distributed to the first year medical students to help alleviate some of the fears and anxieties they may have as they begin their medical career. This guide is written for students by students and is updated each year. Our purpose is to give our peers tips on how to approach the first semester classes.

### **Introduction**

CONGRATULATIONS ON THE START OF YOUR MEDICAL CAREER!  
WELCOME TO JEFFERSON! The following is a guide to the first semester courses of anatomy, biochemistry, and doctors in health and illness (DHI). It has been written by several members of A A and is updated annually. Studying in medical school is different for each individual and we encourage that each student develops his or her own system of learning. The following are some techniques that have worked in the past for Jefferson students. This can often be an overwhelming time and please know that there are resources available to you; for instance, A A provides tutoring gratis throughout the entire school year. To pursue the aforementioned simply consult the A A bulletin board outside of Solis-Cohen Auditorium.

#### a. Gross Anatomy

Anatomy is probably the course that most people associate with the first year of medical school, and for good reason. It is your introduction to understanding the human body and will serve as the foundation for your subsequent studies of its biochemistry, physiology and pathogenesis, as well as arm you with the necessary tools to evaluate and diagnose patients most effectively. In addition, it will consume the majority of your first semester at Jefferson. Although the volume may seem overwhelming at times, it is definitely doable and made easier if you are disciplined about keeping up with assignments and studying daily. Within 12 weeks you will be asked to master a vast amount of material; therefore, the pace is fast and furious.

### **EXAMS:**

It is very difficult to cram successfully for anatomy exams. Dr. Schmidt's weekly quizzes are helpful in the sense that they force you to keep pace with the presented material. The quizzes are usually given every Monday and cover the previous week's material. Ideally, the best way to study for anatomy is to read about the topics to be

discussed BEFORE lecture, attend lecture and take notes, and review your notes, text, and atlas at the end of the day. If you do this daily, it will make your preparation for the weekly quizzes much easier-you will actually be able to enjoy your weekends.

Interim exams are administered every 3-4 weeks, and there is a cumulative final exam before winter break. If you keep up with the work for the weekly quizzes, you should have no trouble with the interim exams. The final exam will take a bit of studying, but you will be surprised at how much anatomy you know and remember by December.

### **LECTURE:**

The Noteservice is also very helpful. You should probably subscribe to it, at least for the first semester, after which you can decide whether it is worth it or not. Backnotes are good for reviewing before each lecture. Since Dr. Schmidt has been teaching anatomy at Jefferson for more than 20 years, the lectures are fairly consistent from year to year. Therefore, students use the back notes as a template to add any new information from lecture to them. Others prefer to take their own notes and not rely on someone else's note taking ability. Lectures tend to proceed at a rapid pace, therefore frontnotes help catch things that you may miss on your own. Back exams are also very useful in assessing your knowledge base and preparation level before quizzes and exams. They can give you an idea of the type of questions you can expect to see.

### **TEXTBOOKS:**

The texts that are required are Moore's *Clinical Oriented Embryology* and Moore's *Clinical Oriented Anatomy*. These are both good texts and you should read them. Do not rely solely on lecture material for the tests. There is a lot of information to cover and it cannot all be presented in lecture. Dr. Schmidt expects you to read the textbooks and will ask you questions that are in the text and not covered in lecture. Pay special attention to the "**blue boxes**" in the textbooks. These are clinical correlation sections and are not only interesting because they correlate the anatomy to clinical scenarios, but are a favorite source of exam questions for Dr. Schmidt.

### **GROSS ANATOMY LAB:**

The gross anatomy lab is where you will spend a good portion of your time when you are not in lecture. You will be divided up, into groups of 5 or 6 assigned to one cadaver. Each group should share two or three dissecting kits along with a dissecting text and anatomy atlas. In addition, every student should have at least one anatomy atlas of his or her own. Netter is usually the most popular atlas among students, but Grant's and Clemente are also excellent. These consist of artist's illustrations and usually make it easier to learn the anatomy. But you have to realize that your cadaver's anatomy will not look exactly like the illustrations you study. For this reason, Dr. Schmidt recommends that each lab group have access to a photographic atlas, which consists of actual pictures of dissected cadavers. He will suggest which of these atlases are most useful. You will be using Grant's dissecting text along with a CD-ROM

dissecting program. You can buy the CD-ROM at the bookstore or view it in the learning resources center of the library. Either way, reviewing it prior to lab is an excellent way to prepare for that day's dissection. It is also helpful in studying for the practical, but should not be used in lieu of lab time. There is no substitute for performing the dissection yourself. Gross lab will also help you a great deal in studying for your written exams.

### **PRACTICAL EXAMS:**

There are four practical exams given throughout the semester that correlate with the material you are learning in lecture. There is no cumulative practical exam. The exams consist of mostly asking you to identify specific structures. There are occasionally secondary questions about a certain structure's function or embryological derivation. A A will put on a practice practical exam before your first practical to show you what to expect. You will find that the practicals are very fair. Dr. Schmidt typically dissects out surrounding structures of tagged items to give you a more optimal frame of reference. Suggested board review books that may help you during the course and will be very useful when it comes time to study for boards after second year are: *Chung for Anatomy* and *High Yield Embryology*.

### b. Biochemistry

Welcome to biochemistry! Biochemistry is taken along with Anatomy and DHI in the first semester of medical school. The first section begins with the study of molecular biology, including DNA, RNA, and proteins and is followed by the study of the metabolism of carbohydrates, proteins, and lipids. Many students question the practicality of learning all of the intricate pathways in biochemistry and this is understandable. It is essential, though, that every medical student understand human structure, function, and metabolism on the molecular level. Many of the new drugs on the market are genetically engineered proteins since more and more disease etiologies are being discovered through DNA cloning. Understanding human biochemistry is essential to being able to treat patients with high cholesterol, diabetes mellitus, infectious diseases, cancer, obesity, osteoporosis, etc. Biochemistry involves a lot of memorization. Emphasis is placed on learning the names of intermediates in certain pathways without needing to know most structures. While memorization is an important first step, understanding the material and being able to apply it and put it to use is the goal of the course. So how is this done? Learning is different for everyone and the following are some suggestions that may work for you.

### **LECTURES AND SYLLABUS:**

The two most important components of learning biochemistry are the syllabus and lectures. All material you will be tested on are in the syllabus and are reviewed in lecture. The biochemistry syllabus is one of the better and more consistent syllabi at

Jefferson. Many students find that reading it briefly the night before and then going to lecture improves understanding and retention of the material. Without reviewing the material prior to lecture, the lecture can go right over your head. During lecture, you should make any addition to the syllabus that helps you to understand the material. Going to lecture is critical because it helps illustrate an often dry syllabus. Another part of the course involves small group clinical correlations. These give you the chance to apply information learned in the syllabus to real clinical situations. These have been improved and expanded over the years.

### **TEXT:**

There is no required text in this course. As mentioned above, all testable material is found in the syllabus. If you have had a biochemistry course as an undergraduate, you probably will not find a text very useful. For those that have not seen any of this material before, there are several texts out there that can help your studies by supplementing the syllabus. The most preferred is Lipponcott's Biochemistry. It is a fast read, has great illustrations, and is useful for Step I of the boards. Another review book is BRS Biochemistry written by Marks. It's written in outline form and can also be used to study for the boards. There are two standard textbooks Biochemistry by Stryer and Clinical Biochemistry by Marks. These are useful as a reference for concepts that are unclear from just lecture and the syllabus. Check the 2<sup>nd</sup> Floor Reserve desk in Scott Library to see which books are on reserve. Often it is helpful to use the Stryer or another book for a difficult topic, but it is not worth purchasing. Don't fret if this is your first exposure to biochemistry, you can do very well; but, you will definitely have to be a tad more diligent than those who have had it multiple times in the past.

### **EXAMS:**

A final tool that is very useful for students is back exams. These are provided by the note service if you subscribe. As mentioned above, memorization is only the first step. Being able to use the material is essential for doing well on exams and retaining the material for use in the clinical years. Back exams give you a chance to practice using the information in different ways. These old exams will also show you the important material that is stressed on tests year after year. Through the years back exams have become more difficult to obtain. However, any review questions can be helpful. The bookstore has small, reasonably priced books available with just sample questions.

In conclusion, try to spend most of your energy on going to lecture and reading the syllabus. Additional supplementation with texts and back exams will help enhance your understanding. Dr. Ronner is also readily accessible if you need further clarification of material. Use his help, as he is a great resource.

### c. Doctor in Health and Illness (DHI)

Considered by many to be "less important" than other courses of the first year, Doctor in Health and Illness, a.k.a.. DHI, carries as much weight as Anatomy and Biochemistry on your transcript. The course, run by the departments of Psychiatry and Family Medicine, is designed to provide a basic overview of the medical interview, the doctor-patient relationship, stages of life (from birth to death), and several other topics that fall under the umbrella of the "behavioral sciences." It can heighten your sensibilities and be incredibly rewarding if you let it. All of the information presented in DHI will appear on the boards in some form or another, and the only other place you'll find the information presented together is in a board review book. We recommend *High-Yield Behavioral Science* by Fadem, or *Behavioral Science Review* by Fadem.

The course consists of lectures and small group sessions, both of which meet on Thursday afternoons. Many feel that lectures are "hit or miss," but favorites that you'll definitely want to make include; Dr. Akhtar and Dr. Weisberg. Small group sessions vary based on moderators and students in the group. Everyone's experience is different. There are several required texts for the course, but most of the material required for the "quizzes" has been, in years past, covered in the lectures. Also required are several short essays, which are graded by small group instructors. At the end of the year you receive one grade based on quiz performance (45%); two student practicums each valued at 15%(=30%); and office preceptorship assignment worth 15% and a pass/fail small group participation grade worth 10%). DHI has been improving every year and like all other courses you should attempt to get as much out of it as possible.

\* \* \*

That is all for the first semester of your medical school career. Remember, all that you are doing now, will help you in the future! Stay tuned for more survival guides from A A. If you have any concerns or questions, feel free to contact me, or our faculty advisor, Dr. Troy Thompson.

BEST OF LUCK!

Archana Saxena  
President, A A

## 2. A A GUIDE TO THE SECOND YEAR

### **OVERVIEW:**

This guide is given to students at the beginning of their sophomore year and is available to students on the web. This guide is written for students by students and is updated each year. Our purpose is to give our peers tips on how to approach the second year.

### **INTRODUCTION:**

The following is a guide to the first semester courses of microbiology , pharmacology, and pathology. Studying in medical school is different for each individual and we encourage that each student develop his/her own system of learning. The following are some techniques that have worked in the past for Jefferson students. But, always remember that there is help if it is needed. We, Jefferson's Chapter of A A, provide free tutoring throughout the year, and encourage you to contact us with any questions or concerns you are having, just consult the bulletin board outside of Solis-Cohen Auditorium.

Keep in mind that this year everyone will be talking about the Boards. The USMLE Step I Boards are a national exam that covers all of the material covered in the basic sciences portion of medical school (the first two years). Don't get overwhelmed by this! If you work hard this year, you will be set when you start reviewing for the boards. However, if it motivates you, the Boards is a national exam. In other words, residency programs use it as a standard of comparison for students. Of course it is not the only important thing in you application package, but it is important.

### a. Microbiology

This is the course where you will learn everything there is to know about the wonderful world of bugs. The course is broken into immunology and microbiology. The first exam will consist entirely of immunology and after that it's bugs the rest of the way.

**Immunology** probably has the best syllabus out of all the courses at Jefferson. If you know the syllabus, then you will ace the course. The diagrams in the syllabus are key, know the T cell and B cell receptors. There really is no need for any extra books or materials. Lecture in general is excellent; I would definitely look at the material the night before and go to class. Keep in mind that in order to really understand immunology, you need to be presented with all of it. Try not to get frustrated in the beginning. Just try and learn key points from the each lecture. Then at the end of all of the immunology lectures, things will start to connect together and make sense. Back exams are helpful in learning what material is stressed on exams.

The **Microbiology** syllabus is hit or miss. Some people used the Microbiology Companion in addition to the syllabus. It's great if you like tables where the organization helps put things in perspective. While you're using it, you can add notes in the margins and use it as one of your primary study tools. Many students like Appleton and Lange's Medical Microbiology and Immunology board review book. It is concise and to the point, with a 42 page summary in the back that is very useful for studying for Step I of the boards. It also has good exam questions that can solidify what you know. Reviewing the microbiology section in **First Aid for the Boards** (a must have book), along with the course will help when it comes to Step I. Learning the parasites is tough. It may be helpful to make tables so that you can compare and contrast them. Most students use back exams to evaluate their level of preparedness. Microbiology: Ridiculously Simple can break up the monotony and also provide a quick, but packed first perusal of the bugs at the start of each new section.

## b. Pharmacology

Pharmacology is an important course in the first two years of your basic sciences. It is essential not only for USMLE Step I, but also for your clinical rotations. While there are definitely mechanisms of actions to be understood, the material is largely learned through note memorization. The lectures in pharmacology are hit or miss. Professors tend to give groups of lectures on certain topics. Our suggestion would be to attend the first in a series of lectures and see if the style and presentation of the material is helpful to you. There were faithful lecture goers and then there were those who never attended lecture. As with other courses, you need to see how your time is best spent. The syllabus is a good outline of material to be covered; however, there are holes in it that are covered during lecture. The Pharmacology Companion, a flipbook of drugs, mechanisms of action, clinical uses, and side effects is an excellent text for this course. It is written by Jefferson students who have taken the course and is a clear and close representation of the Jefferson course material. Most of what you need to know is in this book. It is a great review book for boards as well. Some students find that Pharm Cards are helpful while others make their own notecards. Characteristics unique to a drug, whether in terms of mechanisms of action, clinical uses, or side effects are key to know. **Side effects in general are very important.** The exams are straightforward and without too many surprises. You need to know your stuff, and if you do, you will perform well. One thing to note is that frequently, questions are asked on the exams that have multiple choices right and you have to choose if the answer is a, a and b, or all of the above. Hence, it is important to learn minutia in Pharmacology. Lectures are most useful after you have read the chapter, or perused the back notes so try to go to lectures prepared.

### c. Pathology

The best strategy for doing well in pathology is to stay on top of your reading. Often this is hard because ICM is more interesting and appears more clinically relevant. However, try to read so that you have a particular chapter covered by small group seminar. You will be surprised how much hearing the material after you've read it actually helps reinforce what you read. After small group I would recommend revising the chapter again because the material is fresh in your mind. Focus on the classic presentations (both clinical and pathological) of each disease. Play word association games: for example, if someone presented you with a 35-year-old female with jaundice, pruritis, clay-colored stools, and xanthomas, you would think of primary biliary cirrhosis. Study in groups, this helps a lot especially when you are tired and need someone to motivate you. Finally, pathology always seems overwhelming, but study hard (and have fun too!) and you won't have any problems. It is straightforward material that will be very useful to you in the future. The good news about this course is that when it comes time to study for the Boards, you won't have to study pathology because you will already be prepared from the cumulative final.

**Small groups** are scheduled one afternoon every week. In small groups, a group leader will guide you through the chapter and outline important aspects of each disease process. Lecturers usually bring pathology slides to demonstrate the various pathognomonic features of the different diseases being discussed. The slides presented in the small group seminars are used for your practical examination so it's a good idea to attend these seminars. Also in the seminar you will have quizzes each week. These are generally only used for attendance, but they help focus your attention on important (testable) material. Similar quizzes can be found on the Jeffline website. There is also pathology Q & A on the Jeffline website which is very helpful for the exam and the quizzes. There are pathological slides on the web as well that often show up on the exam. All in all the Pathology portion of Jeffline is very important. Take a look at it early and incorporate it into your studying for EACH chapter. It is also a great relief from the books when you are tired. In seminar, you and an assigned partner will be required to give one slide presentation (they provide the slides) a particular (assigned) disease. These are usually very informal and low key. You should research your topic and be prepared to answer questions. Finally, seminars are a good place to ask questions and hear the important material reviewed. I highly recommend attending your small group sessions.

**Case studies** are usually scheduled the morning of your small group seminars. In case studies, five or six diseases are discussed in depth. The cases are usually presented in a grand rounds format, with the hypothetical patient's presenting symptoms being described first, then appropriate physical findings and lab values, followed by relevant pathologic results and the diagnosis. Again, many of these slides will reappear on your practical exam so it's a good idea to attend. Please note that the leaders of many case studies are often outside professors who travel a long way to teach you.

The required course text is Pathology by Emanuel Rubin and John Farber. I recommend reading the appropriate chapters in this book 3-4 times before an exam; but, that is impossible. I read the chapter once intensely, skimmed it a second and read outlined lecture notes sometimes 3 times before an exam. These handwritten outlines are passed down year-to-year, so hit your big sib up for them. I found them invaluable. They are also available at Creative Characters (the copy place on 10<sup>th</sup> street between Locust and Spruce) for around \$85. THEY ARE WORTH IT! You should focus on the signs and symptoms, physical findings, gross and microscopic pathology and complications of each disease. On your exams you will be given short clinical case scenarios and asked to pick the disease process from an extended matching list.

Supplemental Texts that you may find helpful include, Review of Pathology, by 1. Damjanov and E. Rubin, J.B., Histopathology: A color atlas and textbook, by 1. Damjanov and P. McCue, and Pathology: The NMS Board Review Series by A. Schneider and P. Szanto.

#### d. ICM—Introduction to Clinical Medicine

There is not much to say about this course. It is AWESOME! All of you will enjoy it because it is what you came to medical school for. It is intense and you must keep up. The lectures are great, but again, you must manage your time. Usually, the diseases you are learning about in ICM will coincide with the diseases you are learning in Pathology. The exams are intense. They are long and will take many of you the entire time, with some feeling like they could not finish. You will improve and you will have to know your stuff. Keep all your notes organized because you will use this information in your clinical years. You will also find that you will have to refer back to your physiology notes –do this! Be diligent and it will pay off!

\* \* \*

Finally, remember that there are always people to help you. Use this help and don't wait till the end at let things pile up. Just stay on top and at pace with the lectures and you will succeed in your second year of medical school!

**Best of Luck!**

### 3. A A GUIDE TO USMLE STEP 1

#### **Overview:**

The Guide to USMLE Step 1 is updated each year and distributed to second-year medical students towards the end of the school year. The guide answers many frequently asked questions about the boards and also provides a study schedule and suggestions for board review texts.

#### a. The Jefferson Medical College A A Guide to USMLE Step 1

OK, so you're approaching the end of your second year at Jefferson, maybe the most grueling part of your medical education. Having gone through about a thousand pages of Path, and countless lectures of ICM, you are so ready for a major break from the books, right? Well there's still one hurdle to cross before you reach the promised land of clinical medicine: Step I of the USMLE, or "the boards". Although this examination can seem pretty intimidating, a logical and well thought out approach to studying helps the great majority of students here at Jefferson to pass on their first try. So first and foremost, don't panic!

This guide is meant to provide a framework and some simple suggestions for studying for Step 1, with some tips tailored to Jefferson's curriculum and teaching style. Remember, these are just suggestions and no one approach to studying is right for everyone. The key to success is to think about the topics and issues that need to be covered, make a realistic study plan, and then do your best.

To organize this guide, we've separated it into 3 major sections. The first answers some commonly asked questions about the boards. The second section deals with scheduling your study time wisely and efficiently. Finally, the third section discusses the review books that are available within each major subject. Take a deep breath, and let's get started.

#### **Commonly asked questions about Step 1:**

##### **How important is the score anyway?**

For better or for worse, most residency programs do look at your USMLE scores as *part* of their evaluation of resident candidates. It is however just one aspect of your application, which will also include your clinical evaluations, letters of recommendation, basic science grades, and Dean's Letter. The more competitive the specialty (i.e., Neuro-surgery, ENT, and Ortho), the more likely the scores will be used to screen students for interviews. If you are leaning towards a particular field(s), ask residents or attendings about the relative importance of Step 1. Overall, just keep in mind that while your score does matter, it is only one of many criteria that will help

determine your success in matching at the residency of your choice, so keep things in perspective.

### **When should I start studying?**

The truth is that you started studying for Step I the first day of medical school, since this exam is basically a cumulative exam of the first two years. In terms of focused studying for the boards, however, most students find that 3-4 weeks is sufficient. Keep in mind that there are also many review courses (Kaplan, Princeton Review, etc.) that can help you organize your studying if you are willing to spend the time and money. If you feel you may benefit from a review course, the best thing to do is to ask someone who has taken these courses to see what they are really about.

### **What topics are more/ less emphasized on the boards?**

This question is so important, as it will determine how much time you should spend reviewing each subject. Generally, among first year classes, the most heavily emphasized is **Physiology**. There are also a fair number of questions in Neuroanatomy/Neurophysiology, Biochemistry and Behavioral Sciences, so spend a decent amount of time on these subjects as well (see scheduling section below for more detail). Anatomy, Histology, and Embryology are considerably less emphasized in Step 1, so spend less time studying them but please, please, please do yourself a favor and do not ignore any subject altogether.

As for second year courses, spend the most time with **Microbiology and Pharmacology**. Pathology is probably the most important single subject, since it ties in all of the other topics, but you really should not need to spend much time specifically reviewing pathology since your cumulative final should be fresh in your head. Don't forget the basics of Biostatistics, as *sensitivity and specificity* and *positive and negative predictive values* are favorites for the USMLE. Just knowing these will be worth several extra questions answered correctly.

### **How important are sample questions and practice exams?**

Generally speaking, doing practice questions and exams is definitely helpful for many reasons: it directs your emphasis towards certain topics, identifies your strengths and weaknesses, and gets you in the right frame-of-mind for taking this exam. Many people have found it helpful to do 25-50 questions each night to review the subjects they studied earlier in the day. As the test day approaches, it is probably a good idea to take some longer test blocks back to back to build up your mental stamina for test day. There are review books out there with practice exams, but none of them are exactly on par with the actual Step 1. Appleton-Lange tends to be more nitpicky, and NMS and Board Simulator Series are both a little more challenging than the boards. A disc containing a sample test is sent with your confirmation packet, and though reportedly slightly *less* challenging than the actual Step 1, it is *very* useful in preparing you for the computer format. Regardless of how you approach it, practice questions of the proper caliber will be a big help in your review, especially in regard to timing and mental

endurance. Also, if you count yourself among the computer-phobic, it may be wise to get some other computer testing resources just to get used to reading off a screen rather than a book. Other possible question sources include: Full Length Practice test for the USMLE by Stanley Zasler, Underground Step 1 questions, and NBME retired questions (which are generally distributed through the noteservice).

### **How has computer testing changed the exam?**

Many people have wondered about how administering the test on computers at Sylvan Learning Centers has changed the boards experience. Though there was much concern among students about the transition from paper to computer, there have been few complaints about the computer format. In fact, many find it much easier to point and click than to fiddle with finding the answer booklet and filling in the bubble. For those of you who like to circle every word in the question or cross off every wrong answer choice, you will be given a dry erase board, though you may be surprised at how readily you adjust to life without a pencil. There are also relatively easy mechanisms to review unanswered questions or to mark a question to which you want to return, and you should familiarize yourself with these beforehand by using the CD practice test and tutorial you will get in the mail. If you have had little experience with computers, it would probably be a good idea to use computer based testing resources in your studying so as to familiarize yourself with the basics of answering questions on the computer. Also, as mentioned already, the CD that comes with your packet mirrors the format of the exam and will help you be more comfortable as you approach the test. For the motivated or concerned among you, it is also possible to schedule a practice exam at the Sylvan Centers.

### **What is the testing day like?**

There is no denying the fact that the testing day is long. Just be sure to remind yourself that it used to be two days!! There are seven one-hour blocks of 50 questions, and you are allotted eight hours to complete the test. In addition to the exam blocks, your test experience begins with a 15 minute computer tutorial. However, this is identical to the one on the CD sent in your packet, so it is best to skip it on test day and take the 15 minutes as break time. If you do this, you begin with 1 hour of break time, which you are able to take between sections at any point during the day. Some people complete a couple of sections at a time and then take a prolonged break, while others choose to take a 5 minute break at the end of each section. You can always access a screen on the computer which tells you your total time remaining both for your current section and for the test day as well as how many sections you have left, so time management is not a major issue as long as you pay attention.

### **Putting Together a Schedule**

Generally speaking, Jefferson does well on the boards, and your two years of memorizing details will help most of you pass with just 3 solid weeks of study. Obviously, the more time you put into studying, the better the results you will most

likely see. So if you are organized enough and willing, spend as much time as you feel necessary, and simply alter the schedule we are suggesting based on your own desired preparation time.

Keep in mind that this time of studying is really just a comprehensive review of material that you already know. You will not learn many things for the first time, though you will notice that as you synthesize information they may seem new since you finally make sense of them! At first it may seem as though you need to go through everything again and this may very well be true, especially for biochem, but the rate at which you relearn things is quite rapid, so don't panic.

Can you make a prediction as to how you are going to do on the boards at this moment? A fair estimate is how well you have done in the first and second years, assuming you will maintain the same effort for your boards preparation as you did in class. Practice exams, particularly the shelf exam, can also give you an approximate indication of where you stand.

As you plan your study time, it is important for you to establish your goals for the boards—to borrow terms from *First Aid*, do you want to just pass, to beat the mean, or to go for the gold. Your decision will be important in deciding how intensely you approach your studies. The following is a schedule for someone who wants to do well, but who wants to have a reasonable study schedule for about 3 weeks.

Before we begin, let's just lay out a couple of general principles:

- Make your schedule and stick to it. Many have benefited from approaching studying for the boards as a job. Punch the clock for a set number of hours per day and then, provided you actually worked in that time, let yourself leave it behind when the time is up.
- Include breaks in your schedule. This can be a grueling month of studying, so schedule in a day off per week, an hour a day for exercise, time to hang with friends and family, or whatever else you want to do. Your motivation level and overall efficiency will be enhanced by adequate rest periods.
- Remember that *First Aid for the USMLE Step 1* is your gold standard! Before you study each subject, spend a brief time reading over the high yield facts in *First Aid*, and return to it again when you are finished to emphasize the important tidbits. In a survey of the class of 2002 asking for the greatest piece of advice they could offer future Step 1 takers, the most popular answer was “memorize First Aid.”
- If you used a review book during the class, use it now. There are so many books from which to choose, so if you have one with which you are familiar, use that one.
- Be sure to hit the large, important subjects (biochemistry, pharm, micro, and physio) more than once during your preparations. Hit them hard in the beginning for two days or so, then come back at some point in the last week for a 1 day speedy, thorough review. You will be amazed how much you pick up that second time through.
- As has already been said, use practice tests to your advantage. Schedule them into your evening time or use them whenever you get tired of studying during the day.

As the test approaches, try to do several back-to-back one hour blocks to ready yourself for the exam.

- Don't completely blow off any subject. It is silly to miss some easy points in something like Biostatistics when the information can be picked up in just a little bit of time. At the minimum, at least read the high-yield facts in *First Aid*.
- One last time for emphasis—especially during those last couple days, be sure to come back to *First Aid*.

Its Saturday, 1 PM, and you just awoke from the post-exam party last night. What was the exam on? It doesn't matter, put that behind you, and.....relax. Yes, relax. Should you start studying for the boards? Since you just finished finals (Congrats by the way), a day or two off probably won't make a world of difference. You deserve the break. See you Monday.

Monday morning: consider taking a practice exam to see where you stand. Pay special attention and note areas of obvious weakness.

Here is what we have to cover and how long it should probably take:

Topic	Estimated time	Comment
Behavioral Science	1 to 1.5 days	Actually tested and fairly easy questions you need to <b>cash in</b> on, but you have a book: Fadem which is short and has questions
Biochemistry	3-4 days	Perhaps the most tedious of the subjects review early (1-2 days) and late (1-2 days) saving the questions for the later time. Lippincott is a heroic effort, but an excellent resource particularly if you used it before.
Physiology	4 days	<b>High yield</b> . Perhaps the most important subject. Again, review early and late. Know Costanzo, shockingly effective.
Anatomy/Histology	1-1.5 days	Honestly low yield. Our anatomy was pretty strong, and the focus should be on clinically useful stuff: which fractures relate to which nerves, winging of the scapula, etc. Radiographic images can be emphasized but generally stick to the basics; i.e. you see an x-ray with fracture at the midshaft of the humerus, what nerve is at risk? KNOW the <b>basic</b> X-rays in High Yield Anatomy

Topic	Estimated time	Comment
Embryology	0.5 days	Don't neglect it, but don't blow it out of proportion. First Aid stuff high-yield.
Pharmacology	3-4 days	Enormous volumes of material. Remember to think categorically. You have to know your <b>autonomics</b> . Know major side affects if they are bad, i.e. agranulocytosis, cardiotoxicity. A lot of people applaud the flip book.
Microbiology	2-3 days	Sorry guys, it's in there, even the worms, but <b>not</b> enough to justify slaving over them. Know the parasites in First Aid. Try to combine micro with your antibiotics review, they are related in real life and surprisingly on the boards too.
Immunology	1-2 days	Fairly good yield. Glance over <b>immuno-deficiencies-in First Aid</b> the day before the exam. Principles more than details.
Pathology	1 day	Just long enough to remind yourself that you just took an exam on that whole book.

So, that is an approximate time schedule for the material you need to cover. Remember this is a test that reflects 2 years of hard work, so hours, though important, are of limited gain. Again, during the last couple of days, look at *First Aid*, review those areas with which you feel uncomfortable, take practice exams, or relax. If you have prepared diligently, your work is done. Rejoice, the end is coming.

### The Right Resources

As you embark on your studies for the USMLE Step 1, choosing the appropriate study materials is crucial to your success. There are tons of review books and sample test question books available for your preparation but money and time are two factors you must consider. Many of these review books cost over \$25 and take a significant amount of time to go through. As a second year, ideally it is nice to start studying for Step 1 well in advance of the exam, say March or April. This way you have ample time to go through several basic science review books and then do sample questions. Now let's get back to reality. Most students find they have the allotted time of 3-5wks. to study for the exam. So, here are some recommendations for books that may maximize your study success.

## General

### **First Aid for the USMLE 1 by Bhushan. Le, and Arnin (2001)**

We have listed only one reference in this section because this is the **best** single comprehensive reference for the boards. The book is separated into three sections: the guide to efficient exam preparation, database of high-yield facts, and database of basic science review books. The book was written by med students and continues to be updated every year by med students. *First Aid* will answer all your picky questions about the exam (# of questions, time per question, scoring, etc.). The high-yield section is very handy and is a great review of all the topics. Reading this section over for the second or third time days before the exam will definitely score you some points. Some students just use this for their preparation and get by on the exam. We recommend you use it as a supplement in your study effort. *First Aid* has no sample questions so other references are needed as well. Strong sections: **Micro, Pharm and Behavioral Sciences**. Many people also add important facts in the margins as they study subjects so that during the final few days *First Aid* becomes the only thing you need to read.

### **Sample Questions**

**Retired NBME Basic Medical Sciences Test Items by NBME (1991)**

**Review for USMLE I Step 1 Examination by NMS, Lazo (1998)**

**Appleton & Lange Review for the USMLE Step I by Barton (1999)**

**Full Length Practice Test for the USMLE by Stanley Zaslar**

**Board Simulator Series by Gruber (1997)**

If there is anything that really needs to be stressed in this study aid, then it should be **making time for sample questions** . It is imperative that you get the "feel" for exam questions. Do as many questions as you can and look at the explanations. You will learn that as you do more and more questions there are certain topics that are gone over multiple times. It is your duty to pay attention to these topics during your question taking and develop a firm understanding of them. As for the above references, they are all about the same. The Retired Questions are great to get a hold of because they are past Step 1 questions. These questions are out of print, but they are around, look for them. Jefferson's note service usually prints them every year. There is also an excellent book of answers that goes along with the Underground questions. The NMS book has longer questions simulating Step 2 a little, but nevertheless it is a good source of questions. The Appleton and Lange book is a solid source of questions that simulate Step 1. The board simulator series is excellent, but do not be discouraged by low grades!!

### **Anatomy/Embryology/Histology/Neuroanatomy**

**Anatomy: Review for the New National Boards by Johnson ( 1998)**

**High-Yield Anatomy by Dudek (1997)**

**High Yield Embryology by Dudek (1996)**

## **High-Yield Neuroanatomy by Fix ( 1999)**

After spending so much time studying anatomy during first year it is kind of disappointing to find out that anatomy is not really a big topic tested in Step 1. You can use this to your advantage by spending more time on other topics. *Stay away* from Chung and Moore. A great option is Anatomy: Review for the New National Boards by Johnson, which is easy to read, has tons of great pictures, and has many questions with great explanations. The book covers gross anatomy, histology, embryology, and neuroanatomy altogether for \$25. High-Yield Anatomy and Neuroanatomy are also great sources, quick to read, great pictures and cheap. We strongly suggest you review your neuroanatomy before Brainard's review session: it is a great session but don't worry if it scares you--it scared all of us.

## **Behavioral Science**

### **First Aid**

### **High-Yield Behavioral Science by Fadem ( 1997)**

### **Behavioral Science Review by Fadem ( 1999)**

We suggest High Yield Behavioral Science by Fadem. It is a clear, concise, and very quick review of behavioral science. Make sure you have a decent understanding of the main topics in **biostats**. Fadem's other review text Behavioral Science Review is a lot thicker, and gives more information than may be needed for the USMLE, but may give a more complete biostats chapter. KNOW THE FIRST AID CHAPTER.

## **Biochemistry**

### **Biochemistry by BRS, Marks (1998)**

### **Lippincott 's Illustrated Reviews: Biochemistry by Champe (1994)**

Biochemistry is a topic that is easily forgotten by the time boards roll around. Going back over all the major metabolic pathways will take time. Biochemistry by Marks is an easy-to-read review book that is in outline format and includes relevant clinical correlations at the end of each chapter. It is very helpful and will definitely prepare you for the exam. Lippincott's is an excellent review book for biochem but it is quite dense. We suggest if you are in a crunch for time, use the Marks book and study the pictures in Lippincott. Biochem is hit or miss on the exam nevertheless the NBME (National Board of Medical Examiners) always like to ask something about several of the metabolic pathways, esp. glycolysis, citric acid cycle, oxidative phosphorylation, fatty acid oxidation, glycogenolysis, and gluconeogenesis.

## **Physiology/Neurophysiology/ICM**

### **Physiology by BRS, Costanzo (1998)**

This is a **must read** book for the USMLE 1. Costanzo does an excellent job summarizing a topic that is high-yield on the boards. If you have a firm understanding of everything in the book you will definitely score solid points on the exam. The book is reader friendly and has great clinical correlations that briefly go over ICM topics. Definitely make time for this book!

### **Microbiology/Immunology**

**Medical Microbiology & Immunology: Examination and Board Review by Levinson**  
**Clinical Microbiology Made Ridiculously Simple by Gladwin (1999)**  
**Micro Companion**

These two topics are well liked by the NBME so it is to your advantage to have a decent understanding of all the bugs and weapons in the body used to fight them. It is important to choose a reference that has brief and concise descriptions of all the microbes so you don't waste your valuable time. We suggest the book by **Levinson**. At first glance, the book appears too detailed and dense but don't get discouraged. The 42 page *summary* of all the medically important organisms is all you really need in addition to the immunology section. If you are craving for questions to assess your micro knowledge, there are tons of questions in the back of the book that are helpful. The book by Gladwin is a very good chart-based review of micro. No immunology is covered, but if you like the Ridiculously Simple style then this book is worth your attention. Remember, if you have used a certain book before, stick to that.

### **Pharmacology**

**Lippincott's Illustrated Reviews Pharmacology by Harvey (1997)**  
**Pharm Cards: A Review for Medical Students) by Johannsen ( 1995)**  
**Pharmacology: Examination and Board Review by Katzung (1998)**  
**Pharm Companion**

The same said above with micro/immuno applies to pharm. You want a reference that doesn't waste your time but gets to the point as this topic is high-yield on the USMLE 1. Tables, outlines and index cards are very helpful in studying for pharm. Lippincott's has excellent illustrations and tables that are worth looking at. The book is cross-referenced to its brother, Lippincott 's Biochemistry. Johannsen's Pharm Cards are index cards highlighting the major drug/drug classes that are very useful. The index cards have great diagrams and charts. We recommend you use the pictures and tables in Lippincott's with Pharm Cards. If you are looking for good pharm questions, Katzung authors a board review book that has tons of them in the back. The text is good, but is too detailed and takes time to read. If you have been using the companion all year and are familiar with it, stick to it, it will be easy to go through what you've seen before.

## **Pathology**

**Pathology by BRS, Schneider ( 1993 )**

The last topic you should study for the boards is pathology. As a student at Jefferson Medical College, home of Rubin and Farber, you are well prepared for pathology. By the time you begin studying for boards you will still be recovering from dreams, better yet nightmares dealing with your practical and final exams! Pathology should still be very fresh in your memory banks, so look at pathology last. We recommend that if you do study pathology use Schneider's Pathology. It is an excellent review that has questions at the end of each chapter. We also recommend skimming through some of the pictures in your Rubin and Farber if you have some time. Others have recommended glancing through path slides on the computer when tired of studying other stuff. A solid glance through *First Aid* should be enough.

We hope this guide can be of some help as you make your  
first step of three to freedom!

**BE FOCUSED! BE CONFIDENT! BE SMART! DON'T WORRY!**

#### 4. A A POCKET GUIDE TO THE AFFILIATES

**Overview:**

In past years A has distributed pocket-sized lists of important phone numbers and extensions that may be useful for students rotating at Jefferson's affiliated hospitals. This year we plan to include information about parking, cafeterias, call rooms, scrubs, and other helpful facts. These elegantly-designed guides will be distributed at Registration in July and then will be available for students to pick up at the Student Affairs Office, the Registrar's Office, and on the A A Bulletin Board on the first floor of Jefferson Alumni Hall.

**Student Contacts:**

Joanna Starrels      joanna.starrels@jefferson.edu; 215-735-2729

**Time Line:**

Completed by early July

**Important Contacts:**

Sheryl High, JMC Registrar

A photocopier is available in Dr Thompson's office at 833 Chestnut St., 2nd floor

## 5. A A GUIDE TO RESIDENCY

### **Overview:**

The A A Guide to Residency is a handbook designed by outgoing fourth year members for the third year class. It includes information on the various specialties and the Match, sample personal statements and curriculum vitae, and information on the timeline for fourth year residency applications and interviews. Its intent is to assist students in determining their residency choice and present the details of the process of residency application in a user-friendly manner. The Guide is a way for graduating seniors to pass along their experience to the incoming group of fourth year students.

### **Student Contact:**

Kelly Malloy            Kelly.Malloy@jefferson.edu; 215-629-1350

### **Time Line:**

The Guide is revised each spring once the seniors are finished interviewing. Specialty descriptions can be completed in January/February, with the sections on the Match completed in March just after the event. The goal is to have the Guide completed by April so that printing and distribution can be assured by late spring of the third year. A copy of the Guide is slated to be on the A A web page this year, and this would be a goal for this year as well.

## 6. A A GUIDE TO THE CLINICAL YEARS

### **Overview:**

This project is designed to provide Jefferson medical students entering their third year clinical rotations with a document describing useful information about what they can expect from their required clinical rotations. It will also include suggestions for popular reference books, tables, and review books for clinical rotations, and a time line for the third and fourth years. It may also include student feedback about various affiliated clinical sites.

### **Student Contacts:**

Alan Long ae1001@jefferson.edu; 215-629-2466)

### **Time Line:**

This project has been initiated; the last version of the guide, from 1997, has been scanned and run through a character recognition program. It needs to be edited and updated and put into a format that is easy to modify. In the near future, an email will be sent to the class of 2002 asking for feedback about their various rotations. The Office of the Registrar will be contacted for information about the various clinical rotations. Two backups for information are the Office of Undergraduate Medical Education, and the Office of the Dean. The Office of Student Affairs will be contacted for information and possibly clerical or other support to produce this document. The document deadline will be May 30, 2001. The document will also be posted on the Jefferson student website.

### **Important People to Contact:**

TJU/JMC Office of the Registrar	215 503 8734
JMC Office of Student Affairs	215 503 7890

## C. Medical Student Advising

## 1. THIRD YEAR Q&A

### **Overview:**

This question and answer session is for second year medical students. Six to ten upper year students will be present to answer all questions. This is held in January/February because students must turn in their choices for their third year schedule by March. Frequently asked questions include:

### **1. Where should I do my core rotations?**

Students can choose the main hospital or one of the Affiliates to do their rotations. Older students will be able to guide students and tell them the advantages and disadvantages of the hospitals for each particular rotation.

### **2. What order should I do my rotations in?**

The core rotations include Psychiatry, Internal Medicine, Surgery, Family Medicine, Obstetrics and Gynecology, and Pediatrics. The order in which the rotations are done is based on student choice and availability. The older students provide suggestions as to what rotations are more helpful early on and what can be pushed off till later based on the students' goals.

### **Other commonly asked questions:**

Who do I get letters of recommendations from?

What is the grading system during the clinical clerkships?

What is expected of me during each rotation?

What books can I use during each rotation to help me learn the important topics?

Students have the opportunity to ask questions either in a large group, or individually.

### **Student Contact:**

Archana Saxena    axs007@jefferson.edu; 215-629-1220

### **Time Line:**

Reserve a room for this event in January after finding out when the second year students' selections are due. Send an e-mail out to the class three weeks before the event, and during the week of the event.

### **Contacts:**

Rooms are available for reserve through the Office of the Registrar at 215-503-8734

## 2. FOURTH YEAR Q&A

### **Overview:**

This question and answer session is for third year medical students. Six to ten upper year students, interested in pursuing various fields of medicine will be present to answer all questions. This is held in January because students must turn in their choices for their fourth year schedule by February. Frequently asked questions include:

### **1. What order should I put my schedule in?**

Depending upon a student's area of interest, or uncertainty in area of interest, there are various strategies for selecting the order of rotations. For instance, for students interested in Medicine, it is often suggested that the Outpatient Sub-I be done early in the year, as this is often an effective way to get a letter of recommendation. These questions will be answered on an individual basis.

### **2. Do I need to do away electives, and where and when should I do them?**

These questions can be specifically directed to 4<sup>th</sup> year students interested in the particular field that the student is asking about, as the answer differs, depending upon the field of interest.

### **Other commonly asked questions:**

Who do I get letters of recommendations from?

When should I take Step II?

How many programs should I apply to, and how do I decide where?

Students have the opportunity to ask questions either in a large group, or individually.

### **Student Contact:**

Allison Better      Allison.Better@Jefferson.edu; 215-413-8298

### **Time Line:**

Reserve a room for this event in January after finding out when the third year students' selections are due. Send an e-mail out to the class three weeks before the event, and during the week of the event.

### **Contacts:**

Rooms are available for reserve through the Office of the Registrar at 215-503-8734.

### 3. A A RESIDENCY FAIR

**Overview:**

The A A Residency Fair is a program held in the spring soon after Match Day. The purpose is to provide first, second, and third year medical students with an opportunity to talk to fourth years who have matched in the various specialties and can provide first hand advice about residency applications, interviews, and the Match. Every effort is made to ensure that every specialty is represented. When possible, A A members represent the specialty in which they have matched. If there is a specialty not represented by any of the A A members, other fourth year students are recruited to represent the specialty. Dr. Thompson usually begins the program by discussing residency, away electives, and the Match. Each specialty is then assigned a specific room and a time slot and that schedule is advertised both before and during the program so that students are aware of the different specialties represented and the times at which they are represented.

**Student Contact:**

Anitha Nimmagadda      anitha.nimmagadda@jefferson.edu; 215-413-3824

**Time Line:**

1. Soon after The Match in March, the A A member in charge of the residency fair should organize a list of fourth years willing to participate, ensuring that all specialties are covered, and then organize these specialties into a time schedule.
2. The member should also book several rooms in College and Curtis buildings in which these meetings may be held. This should be done 2-3 weeks prior to the scheduled date.

**Room Reservation:**

Rooms are available for reserve through the Office of the Registrar at 215-503-8734.

**Sample Schedule Sheet:**

**Room # in College or Curtis Building**

Time	203	206	207	213	214	215	216	218	219
5:20	IM	DERM	UROL	OPHTH	ORTH	OB	PSYC	FAM	RAD ONC
5:45	IM	DERM	DIAG RAD	ENT	PEDS	MED/PEDS	PSYC	SURG	NEU SURG
6:10	EM	TRANS	UROL	OPHTH	PEDS	OB	ANES	FAM	PLASTICS
6:35	EM	TRANS	DIAG RAD	ENT	ORTHO	MED/PEDS	PSYC	SURG	REHAB

## 4. A A MENTORS

**Overview:**

Mentors is a new program being developed to pair a member of the first-year class with a third or fourth-year medical student “mentor”. This program will be structured similarly to the Big Sibling program, and will provide new medical students with an additional resource and increase the support system available to first-year students. Due to schedule differences, first-year students rarely have the opportunity to interact with their peers in the third and fourth years. The Mentor system will help to increase contact between classes by assigning a member of A A or Medical Student Supporting Medical Students (MS<sup>3</sup>) to each member of the first-year class at Orientation. The first-year students can call their “mentor” with questions about exams, or simply meet them for coffee. The upper classmen involved in the Mentor system will also be aware of the support services available to students.

**Student Contacts:**

Beth Gadkowski      lara.gadkowski@jefferson.edu; 215-413-9038  
 Michelle Gale      teresa.gale@jefferson.edu) – Medical Students Supporting Medical Students

**Time Line:**

May	Contact Orientation Committee regarding pairing the first-year students with an A A/MS <sup>3</sup> member and scheduling time to present the program to the first-year students at Orientation.
	Meet with a dean in the Office of Student Affairs regarding support services available to medical students.
June	Pair A A/MS <sup>3</sup> with first-year student (approximately 20 first-year students per upper classman)
	Develop handout with support services/important phone numbers at Jefferson to give to first-year class at Orientation.
August	Orient participating upperclassmen to the program and go through available support system with them.
	Present the Mentor System at Orientation.

## D. MEDICAL EDUCATION

## 1. A A TUTORING

### **Overview:**

A tutoring is dedicated to providing free assistance to the first- and second- year students in need of academic help. This service is available to Jefferson Medical students during the entire school year. First year subjects include biochemistry, anatomy, histology, physiology, and neuroscience. For second-year students, tutoring is available in microbiology, pharmacology, pathology, and the introduction to clinical medicine course. Students who are in need of assistance in one or more subjects are encouraged to contact an A A tutor. A list of tutors is can be found on the first- and second-year bulletin boards and in the student affairs office.

It is then up to the student and prospective tutor to set up an appropriate tutoring schedule, which might include 1-2 hours a week, or every-other week depending on the availability of the tutor.

### **Student Contacts:**

Kelly Malloy            kelly.malloy@jefferson.edu; 215-629-1350  
Laura Wright            laura.wright@jefferson.edu; 267-254-1215

### **Time Line:**

Solicit A A members to volunteer as tutors shortly after selection to the honor society. Create a list of prospective A A tutors including name, email, and phone number. Post the entire list on first- and second- year bulletin boards in Jeff Alumni Hall and give 5 copies of the list to the student affairs office for posting in each of the dean's offices. In the past, A A posted only the chairpersons contact info and they were responsible for matching students to tutors, however, this was found to be too cumbersome and time-consuming for the chairs. In recent years, posting the entire lists of tutors has been found to work well. About 1-2 students ask for help per week. A A tutors are encouraged to be realistic with their own time constraints and availability. If a tutor is not available, they should refer the student to another tutor on the list. The student and tutor are responsible for determining both the time and place to meet and setting an appropriate tutoring schedule.

Periodically, the chairs should create a flyer promoting A tutoring to insert in front notes. The peak stress periods are a good time, including the first and second set of tests for first years, anytime during neuroscience, and, of course, prior to finals for both classes. Depending on tutor availability, A A may also choose to provide tutoring for boards. This may be discussed during a spring A meeting, and a notice may be included in A A's publication, "Guide to the Boards" that tutoring is available that year.

## 2. A A STICKS

### **Overview:**

A A Sticks is designed to give students in the second year or in the beginning of third year a chance to learn practical clinical skills in preparation for their clinical rotations. A A members, possibly in conjunction with other groups such as the Emergency Medicine Society will participate in teaching students such skills as scrubbing, inserting an NG tube, how to insert a foley catheter, IV placement, and blood draw technique. Students may also discuss how to write a thorough history and physical as well as a typical SOAP note. Sticks might also include a section on reading X-rays.

Sticks is typically offered twice a year, once in April prior to the start of third year but before finals and boards, and once in the fall. This year, a joint Sticks/blood draw clinic will be offered in conjunction with the Emergency Medicine Society early in the fall (September).

### **Student Contacts:**

Kelly Malloy	Kelly.malloy@jefferson.edu
Laura Wright	Laura.wright@jefferson.edu
Allison Better	Allison.better@jefferson.edu

### **Time Line:**

A A owns an IV dummy and some limited supplies. It is up to the chairpersons to obtain additional supplies. A good way to start is any connections in the ER or OR. We should try to have 1-2 foley catheter kits, 1-2 NG tubes, several boxes of various size gloves for blood draw, butterfly needles, several IV starter kits. Also make sure there are appropriate biohazard and sharps containers. If the event is held in conjunction with the Emergency Med Society, they can be responsible to dealing with all blood-draw related materials and teaching. The event is usually held in the Histology lab, available for reservation in Jeff Alumni Hall student activities office. Again, reserve the lab in February (for an appropriate April weeknight) and again in August (for a weeknight in September or early October) and begin to gather supplies. Send an email out to A A members to find interested volunteers to teach each skill. The event is usually broken down into stations for each clinical skill. Students are encouraged to break into groups and rotate around to each station. Sticks should last about 2 hours. Be prepared with enough supplies; some years have seen more than 100 people at each event.

### **Room Reservation:**

Reserve the Histology Lab through the student activities office in Jefferson Alumni Hall.

### 3. JOURNAL CLUB

**Overview:**

The goal of this year's journal club is to expose students to landmark studies, and to discuss the methodology and conclusions of those studies. We hope to prepare students for their upcoming rotations and internships. Also, our goal is to provide a foundation for an evidence-based approach to clinical problems that students can implement in their future careers no matter what specialty.

**Student Contacts:**

Archana Saxena      axs007@jefferson.edu; 215-629-1220  
Alan Long            ael001@jefferson.edu; 215-629-2466

**Time Line:**

Our goal is to hold a journal club every month to every other month. They will be held in the Curtis building. Rooms are available for reserve through the Office of the Registrar at 215-503-8734. Reservation of rooms will be done 3 weeks prior to the journal club.

**Some Faculty Discussion Leaders:**

Dr. Wender	Family Medicine
Dr. Underhill	Internal Medicine
Dr. Cheng	Family Medicine
Dr. Studdiford	Family Medicine
Dr. Kane	Pulmonology and Critical Care
Dr. Weitz	Cardiology
Dr. Shailen Shah	OB/GYN
Dr. Wolfson	Surgery
Dr. Thompson	Psychiatry
Dr. Pohl	Pediatrics
Dr. Gibson	Pediatrics

**Sample Articles:**

1. The PIOPED Study
2. United Kingdom Prospective Diabetes Study (UKPDS 33)
3. JNC-6 Guidelines to the Management of Hypertension

### 4. CLINICAL CASE CONFERENCES

**Overview:**

These conferences focus common clinical problems that clinicians face on a daily basis, as well as more involved diagnostic challenges and management issues.

Clinicians will provide open forum discussions on various topics. Specifically, discussions will also focus on work up, management, the changing economic environment of medicine, doctor patient relationships, and the role of the consultant versus the primary provider.

**Student Contact:'**

Stephen Spurgeon Stephen.spurgeon@Jefferson.edu; 215-236-4224

## 5. RESEARCH SEMINAR SERIES

**Overview:**

The purpose of the A A Research Seminar Series is to expose Jefferson students to ongoing research taking place throughout the university including, basic science and clinical research projects. Five to Eight speakers will give lectures throughout the year. The goals of this lecture series are as follows:

The goals of this lecture series are as follows:

1. Foster interests in research
2. provide insight into life as a medical researcher
3. reveal the importance of medical research
4. allow students to pursue research interests in Jefferson labs and/or hospitals. In the past, this series has led to a number of interesting and exciting research opportunities for Jefferson students.

**Student Contact:**

Stephen Spurgeon Stephen.spurgeon@Jefferson.edu; 215-236-4224

## 6. ANATOMY PRACTICE PRACTICAL EXAM

**Overview:**

The practice practical is designed to provide first year medical students with an opportunity to prepare for the often anxiety-provoking anatomy practical exams. About 2-3 days prior to each anatomy practical, 8-10 A A members will be present to help tag a subset of pertinent anatomic parts for examination. They will organize students into small groups for a mini-practical complete with buzzer and simulation of the actual test day. At the end of the practice, the correct answers are read, and students are able to assess their performance on the practice practical. Students should understand that the practice practical may not reflect the content of the actual exam. The practice is meant to help the student alleviate some of the fears associated with taking the time-limited exam and to help the student make a rough estimate of preparedness for the exam.

**Student Contact :**

Laura Wright      Laura.wright@jefferson.edu; 267-254-1215

**Time Line:**

In the fall, contact the student affairs office for a copy of the first year class schedule, which will have the dates of all anatomy practicals. Contact Dr. Schmidt to make him aware of our involvement and to discuss any pertinent issues. Practice practicals should occur 2-3 days prior to the actual test. First, solicit A A members via email a week prior to the practice for help. You may also contact members of the OB/Gyn society for help for the pelvic anatomy, neurology society for help with cranial nerves, etc. You may also want to contact members of the fourth year class who are doing anatomy advanced basic science for help. Email the students during the week of the practice practical with date and time. Come prepared with Netter, some push pins and string, and tag about 20-30 items. Be prepared for a large turnout; you will have to make groups of 6-7 students per body. Use a stop watch or buzzer if you can find it; each tagged item gets 60 seconds.

**Room Reservation:**

Not needed. Remember, the lab is closed at midnight the night before the test. It should be open in the evenings.

## 7. A A RADIOLOGY SESSIONS

**Overview:**

A A plans to organize several radiology teaching sessions intended to provide all interested medical students with an introduction to radiology necessary for all 3rd and 4th year clinical rotations and residency. These sessions will provide some basic knowledge on ordering appropriate radiological studies and interpreting X-rays, CT scans, and MRIs. The sessions will be divided by body system and presented by radiology residents and attendings.

**Student Contact:**

Laura Bamford      laura.bamford@jefferson.edu; 215-985-1234

**Time Line:**

July	introduction and imaging of thorax
September	abdominal imaging
November	pelvic imaging
January	CNS imaging
March	musculoskeletal imaging

## 8. WHITE COAT CEREMONY

### **Overview:**

The White Coat Ceremony is a Jefferson tradition designed to initiate incoming first-year medical students to the profession of medicine. Held each September, the ceremony involves inspiring speeches by weathered clinicians, students' first recital of the Hippocratic Oath and their first donning of the white coat. Jefferson A A members and other fourth-year student leaders initiate the coating of one first-year student at the beginning of each row of seats in a ceremonious passing-of-the-torch. We also assist in planning the event and ushering attendees to their seats.

### **Student Contacts:**

Laura Wright      [laura.wright@Jefferson.edu](mailto:laura.wright@Jefferson.edu); 215-413-5014  
Joanna Starrels      [joanna.starrels@Jefferson.edu](mailto:joanna.starrels@Jefferson.edu); 215.735.2729

### **Time Line:**

Planning occurs the spring and summer preceding each September.

### **Contacts:**

Mitch Cohen, MD, Dept. of Psychiatry      215-955-6592  
Charlie Pohl, MD, Student Affairs Office      215-503-6988

## 9. VENTILATOR TUTORIAL

### **Overview:**

Each year Jefferson A A organizes a Ventilator Tutorial to be held one evening on the Jefferson campus. It is an opportunity for students to learn more about that mysterious clinical entity; the ventilator. Led by a pulmonologist or pulmonary fellow, the tutorial focuses on indications, management, and complications involved in the use of assisted ventilation in the hospital setting. The tutorial was designed to fill a gap in our clinical education and continues to function to that end. In 2001 The Hobart Amory Hare Society organized a Ventilation Tutorial and perhaps in the future the two societies will join forces for this event.

### **Student Contact:**

Joanna Starrels      [joanna.starrels@jefferson.edu](mailto:joanna.starrels@jefferson.edu); 215-735-2729

### **Time Line:**

The tutorial usually happens in the spring although this is flexible.

**Contacts:**

Dr. Sandra Weibel - Pulmonary Medicine at Jefferson

Contact member from the Hobart Amory Hare Internal Medicine Honor Society (Fiona Pasternack JMC 2002)

## 10. JMC/CITY-WIDE MEDICAL JEOPARDY

**Overview:**

JMC Medical Jeopardy is a new project started at Jefferson this past year. The project involves creating a Jeopardy-like game which is played by medical students at Jefferson. This past year, there were two teams with each team containing a student from each of the medical school classes at Jefferson. The Jeopardy game was created via a power point presentation and then the game was run using a laptop provided by medical media services. The questions are written by the A A members in charge of the project. A professor is chosen to read the questions and play "Alex Trebec". Game buzzers were borrowed from the Department of Pediatrics at duPont Hospital. The buzzers were a part of a quiz machine from a company called Quizco, Inc. The losing team wins a \$15 gift certificate from the bookstore and the winning team gets a book of their choice donated by the bookstore.

**Student Contact:**

Anitha Nimmagadda (anitha.nimmagadda@jefferson.edu; 215-413-3824)

**Time Line:**

1. This event is held once a year in March or April.
2. Set the deadline for contestants to enter to 2 weeks prior to the event.
3. Reserve the Jefferson Alumni Hall Cafeteria are for this event.

**Contacts:**

Department of Pediatrics at Dupont

Quizco, Inc. (1-800-294-0494)

P.O. Box 44711

Boise, ID 83711

## 11. INTERN ON CALL SERIES

**Overview:**

The Intern on Call Series is a series of lectures given by A A honorary nominees from the Thomas Jefferson University Hospital housestaff. The purpose is to impart

information about urgent medical conditions commonly experienced as an on-call intern in medicine. Topics last year were Hypertension, Hypotension, Chest Pain, and Shortness of Breath. Possible additional topics include Tachycardia, Bradycardia, and Interactions with Patients and Their Family Members. Our mission is to support graduating Jefferson students in their transition into Internship and Residency.

**Student Contacts:**

Alan Long    ael001@jefferson.edu; 215-629-2466

**House Staff Participants:**

Nominees for Honorary House Staff A    A membership from TJUH

**Time Line:**

Our goal is to hold the four lectures held last year, and to offer additional lectures as resources permit. Lectures will be held in one of the two auditoriums in Jefferson Alumni Hall. Rooms are available for reserve through the Office of the Registrar at 215-503-8734. Reservation of rooms will be done 3 weeks prior to the meetings. The meetings will be scheduled for convenient times for third and fourth year students during the spring semester; specifically March, April, and May.

## 12. LITERATURE, THE ARTS, AND MEDICINE

**Overview:**

The goal of this year's Literature, Arts, and Medicine group is to explore the beliefs and presuppositions behind the practice of medicine historically and in the modern era. Short common readings may be shared on topics such as the use of language in literature and medicine, and depictions of medicine in classical literature of Herodotus, Shakespeare, or Tacitus. Trips may be arranged to museums in Philadelphia and New York to explore the relationship between emotion and medicine in art, and the depiction of traditional medicine in the arts of other cultures. Furthermore, the use of artistic images in the marketing of medical arts and pharmaceuticals to physicians and the public is a potential area of exploration. By design, the group will be flexible and open to suggestions and directions from the members.

**Student Contacts:**

Alan Long    ae1001@jefferson.edu; 215-629-2466

Lara Gadkowski: lara.gadkowski@jefferson.edu; 215 403-9038

**Possible Faculty Participants:**

Dr. Plumb – Family Medicine

Dr. Rosenzweig – Emergency Medicine

Dr. Brainard - Neuroscience

Dr. Pohl - Pediatrics

**Websites of Interest:**

<http://endeavor.med.nyu.edu/lit-med/lit-med-db/topview.html>

<http://www.china-guide.com/>

<http://143.206.107.71/www/litmed/events.html>

**Sourcebook:**

Medicine: A Treasury of Art and Literature, edited by Ann G. Carmichael and Richard M. Ratzan

**Museums:**

The Philadelphia Art Museum - Medieval, Indian, and European Sections

The Metropolitan Museum of Art - Egyptian, Greek, Roman, European and other section

**Time Line:**

Our goal is to hold a Literature and the Arts meeting bimonthly or more frequently when possible. They will be held Jefferson Alumni Hall, or at arts sites. Rooms are available for reserve through the Office of the Registrar at 215-503-8734. Reservation of rooms will be done 3 weeks prior to the Lit, Arts and Med meeting.

### 13. JEFFERSON A A WEBSITE

**Overview:**

The current Jefferson AOA website is <http://oac1.oac.tju.edu/~pierce/AOA>. The site contains the Guide to the Jefferson Affiliate Hospitals, the Guide to the USMLE, and a list of the A A members from the class of 2002. The website will also soon describe the history of A A nationally and at Jefferson, and will give a synopsis of the many activities organized by the Jefferson chapter of A A. When the website is completed and has been approved by our advisor, Dr. Troy Thompson, a link will be created between the Thomas Jefferson University Homepage and the Jefferson A A website. Our website is still in progress but we hope to have it completed by the end of the year.

**Student Contacts:**

Laura Bamford ([laura.bamford@jefferson.edu](mailto:laura.bamford@jefferson.edu); 215-985-1234)

**TIMELINE:**

Fall 2001: Update the website with the new members, history of A A and an overview of our chapter's projects.

Jan 2002: Link our website to the Jefferson homepage.

**JEFFERSON WEB DEVELOPMENT CONTACT:**

The contact person to link our website to the Jefferson homepage is saqueb.ali@mail.tju.edu.

### III. NEW MEMBER SELECTION PROCESS

## 1. TIMELINE OF THE SELECTION PROCESS

	<b>Spring Selection</b>	<b>Fall Selection</b>
Letter to registrar David Clawson	Late October	Late August
Notify candidates by e-mail	February 6	September 24
Due date for labels	February 14	October 5
Due date for CV	March 7	October 23
Send faculty evaluations	February 15	October 9
Due date for evaluations	March 5	October 25
Class vote via e-mail	February 12	October 1
Selection by A A	March 8	October 27
Notification of new members	March 8	October 27
Individual e-mail to other candidates	March 8	October 27
Letter to attendings	March 10	October 30
Notification to faculty and deans	March 10	October 30

## 2. OVERVIEW OF THE A A SELECTION PROCESS

### **The Selection Committee**

The selection committee consists of the four officers (Pres, VPRES, Sec, Treas), plus two members. Be sure to explain to potential members responsibilities and dates ahead of time. Then, one of the two non-officer members should be randomly assigned to be the non-blinded member, the only member who will have the key to identify candidates by their numbers. The blinded members are not to be made aware of these assignments. IT IS IMPERATIVE THAT MEMBERS OF THE SELECTION COMMITTEE BE KEPT SECRET. This is especially applicable during Senior selection, when you will be selecting members from your own class. Attempt to keep the selection as blind as possible as you will recognize many of your friends by their CV's. The Vice-President will be in charge of alumni, faculty and housestaff induction. All questions from candidates and other class members are required to be directed to the President in order to have consistency and fairness in answers. Make this clear.

### **Early August/Early December**

Request the registrar's list of the top 25% of the class. Currently, the registrar is Mr. David Clawson. You must make sure to mention that MD/PhD students, MBA, Pathology, and other students taking time off of study or those returning to medical school be considered in the list. Upon receipt of the registrar's list, prepare e-mails to be sent to the candidates and mailings to be sent to the attendings. The non-blinded

member will send notification e-mails to eligible students with their assigned numbers. The non-blinded member must make sure to tell each eligible candidate to respond back to the non-blinded member upon receiving their notification of eligibility e-mail. This is to ensure that each candidate that is eligible is notified. The CV's and personal statements should be due in 2-3 weeks, attending lists in 1 week, depending on time allowed. The candidates should blind their names from their CV's, personal statements and abstracts. They should use their assigned numbers. Send a cover letter and ballot to the remainder of the class via e-mail. Each student will be asked to vote for 10 members of their class.

### **Attending Lists**

Specifically mention to candidates in their e-mails that they are solely responsible for providing us with correct names and addresses of attendings with two sets of mailing labels. Otherwise you will spend wasted time obtaining them yourself. The non-blinded member should select 6 attendings listed by the student to request a completed evaluation form, selecting primarily from the core clerkships such as surgery, medicine, pediatrics, etc. Select attendings with discretion, especially to limit bombarding frequently listed physicians with evaluations (max = 3). Try not to use IDEPT attendings. Give the attendings 2-3 weeks to complete evaluations.

### **Curriculum Vitae**

Students are instructed via their e-mail with detailed instruction what to include in their CV. Ask for six copies of the CV from each candidate. Each of the blinded members should receive a copy from the candidates. There will be one extra set. You may choose to read them ahead of selection day, however, time constraints led us to believe that devoting one weekend day to selection accomplished our goals. Each of the blinded members should rank them from best to worst based on their own private criteria, while keeping in mind the various requirements asked of the candidates. We assigned importance to academics, leadership, community service and research. Keep in mind that leadership and involvement in extra-curricular activities is a highly valued characteristic. A A has many service projects that can only be upheld if the members are willing to get involved. Assign each CV a numerical score from 35 on down by half points, with 35 being the BEST CV. There can be only one CV per score. The second best is numbered 34.5, third best 34, etc. The highest and lowest scores for a single candidate should be eliminated and the remaining three averaged for the final CV score.

### **Personal Statement**

Again, candidates are given specific questions (4) to answer to in their personal statements (PC), listed in their packages. Assign a PS with a numerical score ranging from 15-25, with 25 being the best possible score. Obviously, many PS's can have the same score. In order to score a minimum of 19, the candidate must address all four questions. Drop the top and bottom scores for each candidate and average the remaining three for the final PS score.

## **Attending Evaluations**

The non-blinded member should collect these and score them as noted in the guide. Special instructions are also included in the guide for situations in which the applicant receives less than three evaluations.

## **Class Vote**

The secretary and the non-blinded member will be responsible for this. The secretary will compile the votes of the class and compile the total votes received by each candidate. The rest will be done by the non-blinded member. He or she will calculate the average score out of total votes cast, vote score and vote rank. The formula for class vote is included in the non-blinded member guide. So only the non-blinded member will know the results of the class vote. Often MD/PhD's votes will be low since they are rejoining class than they began with, but no alteration in formula is required as they have been members of their new class for at least 6 months.

## **Final Selection**

When all of the numbers are available for all markers, I recommend using an Excel program to do the final calculations. First, it is easy to make a mathematical mistake and secondly it is SO much faster. An example is included below. Before translating candidate numbers to names, you must review candidates +/- 3-5 from the cutoff number. Discuss and determine as a group whether or not to make adjustments to your final member list. If you need additional information you may then read attending comments listed below the evaluation and consider circumstances such as MD/PhD work, childbirth and health problems AND Remember, the CV has the most weight and therefore most importance in determining membership. Finally, translate the numbers to names to provide the final list to be reviewed by Dr. Thompson prior to notifying the new members of the class.

## **Letters after the Fact**

1. E-mail to new members in the fall, phone call to 10 new members in the spring.
2. Personal e-mail to those students not selected
3. Thank you notes to attendings who returned evals on time
4. Send a short letter to attendings who returned evals late or never
5. To Dean Nasca, Dr. Callahan, & Ms. Joan Regan of the alumni association.

Lastly, inform everyone to direct questions/comments about the selection process to the President or Dr. Thompson **ONLY** as to minimize confusion and conflicting answers. I cannot stress the importance of this more.

### 3. GUIDE FOR THE NON-BLINDED MEMBER OF THE A A SELECTION COMMITTEE

#### **Part One**

1. Obtain the top 25% Class Rank list from David Clawson at the Registrar's Office. The list may have to be faxed to Dr. Thompson because the registrar will not give out the list to students.
  - a. Confirm the top 25%
    - i. confirm the actual # via obtaining the total class number and multiplying by 0.25.
    - ii. verify the list with Dr. Callahan for accuracy of the rank, missing add-ins, discipline problems, etc.
  - b. Send the final list to Dr. Thompson, Florence Spencer, A A President and Secretary.
2. Randomly assign a candidate number to each eligible name. This number should be written next to their name on the candidate list and also on the top of their personal e-mail (notification of eligibility). Only you and Florence Spencer will have a copy of the candidate name and numbers.

\*\*\*\*\*DO NOT LOSE THIS LIST\*\*\*\*\*

#### **Part Two**

1. Send out the eligibility letter, via email, to each candidate including:
  - a. letter (notification of eligibility)
  - b. sample attending list/ label format
  - c. deadline checklist
  - d. reminder to each candidate to respond back to the non-blinded member who sent the letter (notification of eligibility).
2. Attending list and labels due after two weeks; CV/Personal Statement due after four weeks.
  - a. Any candidate not turning in their labels or application on time will be disqualified from the A A selection process.
3. Attending evaluations (30%)
  - a. Make copies of faculty letter and evaluation form in Florence Spencer's office.
  - b. Obtain envelopes from Florence Spencer.
  - c. ASAP: Arrange a date for the A A group to meet, stuff and send attending letters.
    - i. Include in the attending mailing: attending letter and candidate evaluation form
  - d. Keep track of persons who did not adhere to deadlines.
  - e. Keep a box at Florence Spencer's office to store the returned faxed evaluations.
  - f. Faculty Evaluation Scores
    - i. question #2 answer must be a 4 or higher for consideration (or the eval is discarded)

- ii. values for the remainder of the questions (except #2) averaged. The average is then multiplied by 30 for the final eval score.
- iii. For example: Cand #9 had 5/6 faculty evals whom all answered question # 2 >4.

$$70/77 = 0.909 \times 30 = 27.27$$

$$62/77 = 0.805 \times 30 = 24.15$$

$$61/77 = 0.790 \times 30 = 23.76$$

$$61/77 = 0.790 \times 30 = 23.76$$

$$73/77 = 0.940 \times 30 = 28.44$$

$$-----$$

$$\text{total} = 127.33/5 = 25.46$$

- iv. If a candidate receives less than 3 evaluations, this must be noted.
- v. If a candidate receives either positive or negative faculty comments, this must be noted.
- vi. If one of the eight questions (1 a-g, 3) is left unanswered, then average the remaining categories and use that as your eighth score. If more than one category is left blank, the evaluation is discarded.

**Remember, the non-blinded member should select 6 attendings listed by the student to request a completed evaluation form, selecting primarily from the core clerkships such as surgery, medicine, pediatrics, etc. Select attendings with discretion, especially to limit bombarding frequently listed physicians with evaluations (max = 3). Try not to use IDEPT attendings. Give the attendings 2-3 weeks to complete evaluations.**

\*\*\*\*\*Mail the attending letters ASAP.\*\*\*\*\*

\*\*We give them approximately two weeks to reply, so every day counts.\*\*

### **Part Three**

#### 1. Class Vote (20%)

- a. Class Vote Score= (#votes for the candidate/ total # votes cast) x 20
- b. Assign a vote rank to each candidate based on the class vote score.

#### 4. LETTER TO THE OFFICE OF THE REGISTRAR

David R. Clawson  
Associate University Registrar, G-24  
Thomas Jefferson University  
Philadelphia, PA 19107  
david.clawson@mail.tju.edu

Dear Mr. Clawson,

The biannual process of A A new member selection has begun. We look forward to honoring new members who have shown excellence in academics, leadership, and community service. We would like to request a list of the students in the top 25% of the class of \_\_\_\_\_, after completion of the third year core-clerkships. This list should include MD/PhD, MBA, and Pathology students, and those students who have taken time off, but will be graduating in the year \_\_\_\_\_.

Please fax this alphabetical list to Dr. Troy Thompson, Department of Psychiatry, at 215-503-2853.

We sincerely thank you for your prompt assistance in this process.

Sincerely,

Archana Saxena  
President, A A

## 5. NOTIFICATION OF ELIGIBILITY LETTER

Candidate #45

Dear

Congratulations! We are writing to let you know of your academic eligibility to be considered for selection to the Pennsylvania Alpha Chapter of the Alpha Omega Alpha Honor Medical Society. According to National A A criteria, academic eligibility is based on being in the top 25% in GPA of your class. Jefferson's Registrar has provided us with an alphabetical list of that group; therefore, we are not aware of the actual class rank of the candidates. National A A guidelines also state that only one sixth of each class may be selected, with one quarter of that number selected in the spring of the junior year. At Jefferson the remaining three quarters are selected in the fall of senior year.

The items below are used by a Jefferson A A committee in the final selection process. If you wish to be further considered for A A selection, please complete the steps below.

### **1. Curriculum Vitae:** Given a relative weight of 35% in selection.

Your CV is to include the following:

- A. Awards, Honors, Activities, and Leadership roles in college. Community service, sports and personal commitments that required a significant amount of time and effort. Employment, research and other responsibilities also may be listed. If desired, an abstract of published papers may be enclosed with your application. Please blind these abstracts by covering your name throughout the manuscript.
- B. Awards, honors, activities, and leadership roles at Jefferson, with the same items emphasized as above. You must note any repeated Jefferson courses and any type of academic and disciplinary problems.
- C. USMLE Part 1 Scores (3 digit score only).
- D. Clinical Honors to date.
- E. Other interests, hobbies, travel, special talents, etc.

### **2. Faculty Recommendations:** Relative weight of 30%.

Complete a list of your attending physician (whoever knew you best) for each of the third year rotations that you have completed. Residents are not to be listed. If your exposure to attendings was sparse, list the course coordinator.

For an IDEPT, only one attending (or a course coordinator) is to be listed for the block. For internal medicine, a different attending should be listed for each 4-week block.

You are responsible for obtaining each physician's complete mailing address, including zip code, and sending us two sets of mailing labels with the name and complete address of the attendings listed. Return these lists and labels to Dr.

Thompson's office, 833 East Chestnut, suite 210, by Friday, February 16, by 5pm. Please do not have attendings contact us or write a letter on your behalf.

**3. Class Vote:** Relative weight of 20%.

Each member of your class is asked to vote for candidates from the list of eligible students, based upon who best demonstrates leadership, integrity, scholarship, dedication, and other attributes.

**4. Personal Statement:** Relative weight of 15%.

A one-page statement to include, but not limited to the following:

- A. Your understanding of A A nationally and at Jefferson.
- B. How you would like to assist in Jefferson's A A activities.
- C. Any new ideas you have for A A activities.
- D. Any explanations of information on your CV.

To help with your personal statement, an A A student information folder is available at the circulation desk on the 2nd floor of the Scott Library.

To keep the selection process as unbiased as possible, each candidate is assigned a confidential A A candidate number (see top margin of your letter). Please use this number on your CV and personal statement – do NOT put your name on these items. Your attending list, of course, must have your name on it so the attendings will know who they are evaluating.

**Six copies of your CV and Personal Statement must arrive at Dr. Thompson's office, 833 Chestnut East, Ste. 210, no later than Wednesday, March 14. Key aspects of selection will occur the next day.**

Candidates will be notified when the selection process is completed, which should be by the end of March.

Again, our congratulations on your academic eligibility and our best wishes for success with the remainder of the selection process.

For any questions concerning this process, please contact me.

Sincerely,

Archana Saxena  
President, A A  
(215) 629-1220  
axs007@jefferson.edu

a. Candidate Checklist

Please note that all deadlines must be met no later than the dates provided below. If at any time you fail to meet a deadline, your application will automatically be removed from the selection process. This checklist is for your personal use only.

	<b>Due</b>	<b>Returned</b>
Attending list and labels		
Class ballot		
Curriculum vitae		
Personal statement		

b. Attending List from 3<sup>RD</sup> Year Rotations

Return by \_\_\_\_\_ to 833 Chestnut Building, Suite 210. Remember to also submit 2 sets of mailing labels for each attending.

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

Block	Specialty	Attending	Full Mailing Address
1			
2			
3			
4			
5			
6			

\* IDEPT courses only require one attending

\*\* An attending should be listed for each completed four-week block on internal medicine

\*\*\*Do not list any attending twice or if you have had vacation during the above blocks

## 6. LETTER TO ATTENDINGSGS

Dear

The Jefferson Chapter of A A Honor Medical Society is again in the process of selecting students as members. We are writing to request your help in that process as an attending of \_\_\_\_\_ with whom you worked during block\_\_\_\_\_. It is important that you respond by the deadline because we rank attendings' evaluations very highly among our selection criteria. To be eligible for selection to A A, a student must be in the top 25% of the class based on grade point average. Only 1/6 of the class may become members, and \_ of those are elected during the junior year. Therefore, please base your evaluation on comparing this student with other outstanding students you have taught.

Please fill out the enclosed form on behalf of\_\_\_\_\_

**Please return this form no later than \_\_\_\_\_**, since selection will occur the next day. We prefer that you fax it to Dr. Thompson @ (215) 503-2853 to ensure that we receive it by the deadline. Please call me, or Dr. Thompson @ (215) 955-6188 if you have any questions or comments. Thank you for your prompt attention.

Respectfully,

President, A A

7. CANDIDATE EVALUATION FORM

**Please Fax reply to Dr. Thompson (215) 503-2853** (Do not sign this page or return cover page)

**CONFIDENTIAL ATTENDING PHYSICIAN EVALUATION  
for Medical Student A ΩA Selection**

Please answer the following questions regarding: \_\_\_\_\_

1. Compared to other medical students in the TOP 10 PERCENTILE of those you have taught, how do you rate the above student in the following categories (90<sup>th</sup> percentile to 100<sup>th</sup> percentile):

PLEASE DO NOT SCORE STUDENTS WITH 98's, 99's and 100's unless THEY ARE ONE OF THE TOP 2 or 3 STUDENTS you have ever taught. Not having a good distribution of scores disrupts the fairness and validity of this process for other top students.

A. Medical knowledge and judgment:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90	91	92	93	94	95	96	97	98	99	100

B. Dedication:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90	91	92	93	94	95	96	97	98	99	100

C. Leadership:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90	91	92	93	94	95	96	97	98	99	100

D. Integrity:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90	9	92	93	94	95	96	97	98	99	100

E. Relationship with instructors:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90	91	92	93	94	95	96	97	98	99	100

F. Attitude towards patients:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90	91	92	93	94	95	96	97	98	99	100

G. Ability to work as part of a team:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90	91	92	93	94	95	96	97	98	99	100

2. On a scale of 1 - 7, how well do you remember/know the candidate?  
(1-not at all, barely remember; 7-very well, very friendly, had him/her to my home)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

- 3 Compared to other TOP 10 PERCENTILE STUDENTS, how do you feel about this candidate being elected to A A.

(1-average among excellent students; 7-absolutely one of the best across the board I've ever known)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

Please use the space below for any additional comments about this student. Thanks for your help.

## 8. CLASS VOTE E-MAIL

Dear Member of the Class of 2002:

The biannual process of selecting members of your class to A A is now underway. This letter reviews that process and requests your input as a classmate into who is selected. As you probably know, A is the honor medical society which has chapters in most U.S. medical schools and a few in Canada.

To be eligible, a student must be in the top 25% of their class in grade point average; those individuals are invited to apply. However, only 1/6 of each class may be elected, with 1/4 of that number being elected in the spring of junior year. Junior year GPA eligibility is determined by first and second year grades. The remaining A A members from the class are selected during the fall of senior year after the top 25% in GPA is again determined, incorporating junior clerkship grades and weighing those equally to grades from the basic science years.

Selection among those applying is based on: curriculum vitae (35%), attending physicians' evaluations (30%), class vote (20%), and personal statement detailing the candidate's ideas related to A A projects, if selected (15%). Please vote by replying to this email and marking an X in front of the names of the people you wish to vote for. You may vote for only 10 classmates at this time, and each student is only allowed to vote once. Duplicate or late ballots and ballots with more than 10 votes will be discarded.

The criteria that we would like you to use in making your selections include scholastic excellence, integrity, capacity for leadership, compassion, fairness, motivation, dedication, and service to school and community. Our A A members carry out a number of service projects at Jefferson and in the community, and new members are expected to be individuals who will want to participate in such projects. Please submit your vote by March 14, 2001. If you have questions or comments, please contact A A President, Archana Saxena, or the faculty Councillor, Dr. Thompson. Thank you for your help.

Archana Saxena, President  
Allison Better, Vice President  
Anitha Nimmagadda, Secretary  
Kelly Malloy, Treasurer

**LIST NEW MEMBERS HERE**

## 9. ANNOUNCEMENT OF NEW MEMBERS

Date \_\_\_\_\_

Thomas J. Nasca, M.D., F.A.C.P.  
Dean, Jefferson Medical College

Dear Dr. Nasca:

As President of Jefferson's chapter of Alpha Omega Alpha Honor Medical Society, I am pleased to inform you that our selection committee has completed their review of A A eligible students from the Class of \_\_\_\_\_. All of the applicants had impressive credentials and recommendations. Therefore, the 26 students that were selected represent some of the best Jefferson has to offer.

The following students from the Class of \_\_\_\_\_ were selected to A A this fall:

### **NEW MEMBERS**

Please make appropriate note of this accomplishment in each student's permanent record. Thank you very much for your assistance.

Sincerely,

Archana Saxena  
President, A A

IV: A BRIEF HISTORICAL OVERVIEW OF THE  
ALPHA OMEGA ALPHA HONOR MEDICAL  
SOCIETY, INCLUDING AT JEFFERSON  
MEDICAL COLLEGE

# A BRIEF HISTORIAL OVERVIEW OF THE ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY, INCLUDING AT JEFFERSON MEDICAL COLLEGE

Frederick B. Wagner, Jr., M.D.\*

## **INTRODUCTION**

In 1902, William Webster Root and five other medical students at the University of Illinois School of Medicine (then called the College of Physicians and Surgeons of Chicago) organized the Alpha Omega Alpha Honor Medical Society. Its purpose was to foster high ideals of scholastic excellence and moral conduct in medical schools. While directly promoting these lofty goals, it was also indirectly protesting a common notion at that time which associated medical students with "rowdyism, boorishness, immorality and low educational ideals."

At the turn of the century, medical education and practice in the United States was in a state of ferment and change. A decade earlier, in 1890, the Johns Hopkins Hospital and Mayo Clinic had opened. Aseptic principles of surgery were becoming entrenched and rubber gloves were introduced. Early operation for appendicitis, improved herniorrhaphy, and more radical surgery for cancer were practiced. Experimental pancreatic diabetes was produced. Many psychiatric conditions were beginning to be recognized as medical, brain disorders. The scientific age of medicine was gaining momentum.

## **JEFFERSON MEDICAL COLLEGE**

Jefferson Medical College was also experiencing many changes. The year 1895 marked the end of proprietary status (that is, students had paid the professors directly to attend their classes and to apprentice with them) at Jefferson Medical College, which had pertained from its founding in 1824, and was superseded by control of the Medical School by the Board of Trustees of the Medical College Hospital. Medical education at Jefferson was no longer of direct financial interest to the professors and tuition fees were paid directly to the administration.

Although the Jefferson admission requirements did not change at this time, there were increasing numbers of matriculants possessing more than minimal qualifications, such as dentistry, pharmacy, baccalaureate, and even M.D. degrees from other institutions. The basic high school or academy education was still acceptable as was a "Certificate from Examiners of a County Medical Society." An entrance examination was also an option.

In the 1890's, there were five clinical lectureships at Jefferson in the evolving specialties of orthopedic surgery, laryngology, children's diseases, dermatology, and renal diseases. Instruction was also given in the use of the laryngoscope and ophthalmoscope. In 1895, the four-year curriculum became a requirement for the M.D. degree at Jefferson. The curriculum was established in detail for each of the four years

and classes were divided into sections for laboratory and clinical teaching. These changes occurred before Abraham Flexner recommended this basic model for medical education across the country in the well-known "Flexner Report," which was completed about a decade later.

By this time, many Jefferson alumni had distinguished themselves nationally and internationally. In 1894, the first full length bronze statue in the United States to be erected in honor of a physician was dedicated in Bryant Park, New York City, to J. Marion Sims (JMC, 1835), the "Father of Modern American Gynecology." The second was in 1897 in honor of Samuel D. Gross (JMC, 1828), the "Emperor of American Surgery of the Nineteenth Century," in Smithsonian Park, Washington, D.C.

The most physical evidence of Jefferson's progress during this period was the opening of the New Medical College Building on October 2, 1899, at the northwest corner of Tenth and Walnut Streets. This six-story commodious structure complied with the most modern requirements of medical education from both theoretical and practical standpoints. An adjunct six-story laboratory building provided ten large laboratories for students and 17 smaller private rooms for individual research. Excellent facilities were also established for pharmacology, medical chemistry, toxicology, physiology, normal and pathological histology, anatomy, bacteriology, and for recitations. Mr. Louis C. Vanuxem, a Board member, equipped the physiology laboratory, at his own expense, in a manner that placed it in the first rank of such laboratories. One hundred and fifty microscopes of the most recent make as well as an electric lantern projector were also provided for student use. Demolition of the old Medical College at Tenth and Sansom Streets provided space for construction of a new Main Hospital that opened in 1907.

### **THE JEFFERSONIAN AND OTHER STUDENT ACTIVITIES**

In 1899, the students launched a publication, *The Jeffersonian*, which was issued monthly until 1916. In addition to recording student life and medical center events, it provided a communication channel between students and faculty. By 1902, there were more than a dozen student societies and other organized student activities at Jefferson. These included the Hobart Amory Hare Medical, J.C. Wilson Medical, W.W. Keen Surgical, Orville Horwitz Surgical (Urological), E.P. Davis Obstetric, E.E. Montgomery Gynecologic, F.X. Dercum Neurologic and Psychiatric, W.M.L. Coplin Pathological, and H.C. Chapman Physiological Societies and the Ptolemy (Masonic), Forbes Anatomical League, and The Academy (comprised of students with college degrees). There was a Young Men's Christian Association, Medical College Orchestra, and football and basketball teams that competed with other local and regional colleges.

### **ΑΩΑ AT JEFFERSON**

It is probably evident from the above that Jefferson Medical College was active in many areas and well poised at that time to join the national Alpha Omega Alpha Honor Society; Jefferson enthusiastically became the Alpha Chapter of Pennsylvania in 1903, first of the eventual seven chapters in this State. The Α Α motto, "To be worthy to serve

the suffering," was very appropriate for the many activities occurring and the spirit of the students and faculty at Jefferson.

The earliest medical schools to join the Alpha Omega Alpha were the University of Illinois in Chicago, as mentioned earlier, and the University of Chicago in 1902; Northwestern, Case Western Reserve, Jefferson Medical College and the University of Pennsylvania in 1903; Washington University in 1905; Harvard Medical School, Johns Hopkins, the University of Toronto, and the University of California, San Francisco, in 1906; Columbia University College of Physicians and Surgeons and the University of Michigan in 1907; and the University of Mississippi in 1908.

A short article appeared in The Jeffersonian in April, 1903, which stated "Alpha Omega Alpha Honorary Fraternity is an organization which stands in the same relation to the medical college as the Phi Beta Kappa Honorary Fraternity does to the literary college. It differs from the latter, however, in its' methods of election to membership. Jefferson has recently received a charter for a chapter, which will be the Alpha Chapter of Pennsylvania. This honorary fraternity does not make class standing, as to grade, the only qualification for membership, but considers the moral character of a man in its broadest sense, his conduct and deportment in college life, as well as the interest he manifests in his chosen profession. Membership in this society is conferred by the active members, who are Senior students, upon other students, of the Senior and Junior classes -- the latter at the end of each year -- who are deemed most worthy. "

Another reference to Alpha Omega Alpha was made in The Jeffersonian in January, 1908: "This is a non-secret Medical Honor Society, membership to which is based upon scholarship and moral qualifications being satisfactory. It was organized at the College of Physicians and Surgeons of Chicago, August 25th, 1902, and is the only society of its kind in medical schools on this continent. Chapters are limited to medical schools of the highest standing."

## **HISTORY OF AΩA**

"This organization, while possessing exclusive features as regard scholarship and other high standards of membership, adds to these the definite mission to encourage high ideals of thought and action in schools of medicine and to promote that which is highest in professional practice. As students, members are to avoid that which will make them unworthy of their calling and to further the same spirit among their fellow students. As practitioners they are to maintain and encourage the lofty ideals set before them by the revered father of medicine, Hippocrates; to show respect for other members of their calling; to advocate high requirements for entrance to the course in medicine and for graduation; in short to do what they can to exalt and to ennoble the profession. A commercial spirit and all departures from medical ethics are to be avoided, and the purely scientific, the philosophical and the poetical features of the profession are to be cultivated."

"Students are eligible as active members, subject to the following conditions:

- (a) Scholarship
- (b) Strength of character, individuality and originality

(c) Moral character in the broadest sense, including: unselfishness, respect for one's self and for others, combined with lofty ideals."

"Scholarship is considered the most important qualification for election, but no man, however brilliant in scholarship, is eligible if he does not conform to the requirements above set forth."

"The insignia of the Fraternity is in the form of a key, made of gold, and worn as a watch charm. It is designed after the manubrium sterni. On the obverse side are the three Greek letters and the date of the organization. On the reverse side, the name of the school, the name of the member owning the key, and the date of his election."

### **MEMBERS OF THE JEFFERSON AΩA CHAPTER**

Since Jefferson Medical College did not admit its first women students until 1961, it can be understood that the articles quoted above referred only to men students. However, more than one third of the students at Jefferson are now women, and they have recently won more than their mathematical proportion of A A membership and prizes at graduation and many have become quite active and distinguished members and officers of our Alpha Omega Alpha Chapter.

Willis Fastnacht Manges in the Class of 1903 was the first member of Alpha Omega Alpha at Jefferson. He became involved in the new science of radiology and, as a pioneer in this field; he ultimately was elected President of the American Roentgen Ray Society and became the first Chairman of Radiology at Jefferson. His two sons, Willis Edmund (JMC, '42) and W. Bosley (JMC, S'44) were also members of Alpha Omega Alpha at Jefferson, and the latter was A A President during his senior year.

### **HONORARY FACULTY MEMBERS**

A list of the Honorary Faculty Members who had been elected to A A appears in the Jefferson Medical College yearbook, *The Clinic*, in 1923. Those selected are outstanding in the history of Jefferson and of Philadelphia and American medicine and exemplify the distinction of being so honored. They are William W. Keen, James C. Wilson, E.E. Montgomery, W.M. L. Coplin, R.V. Patterson, E.P. Davis, Hobart A. Hare, F.X. Dercum, J. Chalmers DaCosta, Thomas McCrae, and J. Parsons Schaeffer. This tradition of honoring faculty members continues today as new faculty members are elected each year.

### **THE AΩA CHAPTERS OF THE UNITED STATES OF AMERICA & CANADA**

As of 1988, there were 123 A A Chapters, including 3 in Canada at the University of Alberta, the University of Toronto, and Dalhousie University. A small number of accredited U.S. schools, including the University of California at San Diego and the University of Massachusetts, do not have chapters. The chapters at Harvard, Stanford, and McGill were dropped because in the 1980s, a number of students from these schools took the position that A A was an "elitist" organization, and, ostensibly for that reason, they did not wish to maintain their chapters. In a consecutive five-year period,

each of these schools failed to elect students to membership which, according to a statute of the Society, required an automatic revocation of the chapter charter. This sad action had to be taken in 1990, despite a more positive point of view by many faculty and alumni A A members of these schools. According to Robert J. Glaser, M.D., former National Executive Secretary and himself an A A graduate of Harvard Medical School and a former Dean of the University of Colorado School of Medicine and of the Stanford Medical School, who also directed the Henry J. Kaiser Family Foundation and is Trustee and Director for Medical Science of the Lucille Markey Charitable Trust, "It is paradoxical that students who take a negative position about A A seem not to take the same position about Phi Beta Kappa, even though Phi Beta Kappa and Alpha Omega Alpha are clearly comparable in terms of the values for which they stand." It is hoped that at a later date the students in these schools will have a change of heart and take steps to reactivate their chapters.

### **JEFFERSON FACULTY ADVISORS**

The Faculty Advisors for the Jefferson Chapter have served for varying lengths of time and the exact tenure of each is not recorded. Their order of succession, however, has been as follows: William M.L. Coplin, J. Parsons Schaeffer, Thomas A. Shallow, Kenneth E. Fry, John H. Hodges and Frederick B. Wagner, Jr. (Co-Advisors), Warren R. Lang, Bruce Jarrell, and Troy L. Thompson II, since 1990. These advisors, in addition to encouraging enthusiasm among the members, have also encouraged the support of other faculty and alumni members and provided support to the A A students in their many service projects.

### **THE JEFFERSON CHAPTER**

Alpha Omega Alpha members elected at Jefferson in recent years have been actively engaged in aiding their fellow students and the institution and community as a whole through many projects. Some of the projects include clinical workshops, journal club, first and second year tutoring, high school teaching focusing on preventive health, residency program interview guidelines, literature discussion group, an annual A A lecture sponsorship, clinical years manual, pre-med counseling, helping with 3rd/4th year scheduling, Anatomy laboratory aid, clinical correlation in reading of radiographs, introduction to clinical medicine case presentations, and several other projects. The A A Jefferson Chapter has become one of the most active, productive, and respected in the country.

Through the years the lofty standards of this organization have never faltered at Jefferson. While every member is not expected to achieve the pinnacle of clinical and academic success, the pursuit of medical excellence and practice of highest ethical standards should continue throughout life. Election to membership should not engender arrogance and feelings of superiority, but humble one to the ongoing challenge of being "worthy to serve the suffering" and to maintain and further the high A A standards that have existed at Jefferson for almost 100 years.

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\*Dr. Wagner (1916-) is a 1937 Phi Beta Kappa graduate of the University of Pennsylvania and a 1941 JMC graduate (A A, 1940). He was the Second Grace Revere Osler Professor of Surgery (1978-82) and Acting Chairman of the Department (1977-78), and became Professor Emeritus in 1982. He retired from the practice of surgery in 1984 and since then has served as Jefferson's first University Historian.

His later writings relate primarily to Jefferson's rich history and include editing *Thomas Jefferson University: Tradition and Heritage*, Lea and Febiger, Philadelphia, 1989, and *Thomas Jefferson University: A Chronological History and Alumni Directory* (with J. Woodrow Savacool), 1992.

He has also lectured on history of medicine topics at Oxford, the University of Dusseldorf, and at many meetings of the American Osler Society. Dr. Wagner is also an accomplished organist who plays at numerous University functions.

This article was originally written by Dr. Frederick Wagner in June 1993. It is revised each year by the current A A members. The last revision was in May 2001.