Dear US ELAM Students and Graduates,

It is amazing how this summer has flown by! We had a very busy and productive summer here at MEDICC - reconnecting with students and mentors, facilitating summer placements and supporting students as they studied for board exams. We are looking forward to working with all of you in the coming academic year and invite you to read the latest newsletter (in our new format!) to find out what's new.

Best,
Rachel True, MPH
Academic Program Director

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### 1. MEDICC Resource Updates

#### Summer 2011 - Evaluation of Summer Placements

This summer MEDICC assisted 20 students with observational or clinical rotations in 14 different sites around the country. The response from students and site directors alike was overwhelmingly positive:

- 83% of students and 75% of preceptors said the experience met or surpassed their expectations
- 75% of students performed physical exams and 100% of students observed surgical procedures
- 100% of ELAM students were rated as excellent or very good in professionalism, oral presentations skills, patient communication and their overall performance
- 100% of preceptors said they would write a letter of recommendation for their student
- 83% of students rated instruction by clinical staff as excellent or very good and 100% said they would recommend the site for future ELAM students

We look forward to continuing and expanding this program next summer. Information and applications for 2012 placements will be available in January or February.

#### Kaiser Oakland Clerkship Opportunity with Stipend for 5th year students

MEDICC is pleased to announce an excellent, **paid clinical clerkship opportunity** at Kaiser Oakland for next summer. The application timeline for this is EARLY **(January - February)**, so 5th year students will need to move quickly to secure a spot.

**Details:**
What is it and what is included?
• 4-6 week, clinical clerkship in Internal Medicine (general medicine or critical care), with a $3,000 stipend. No housing is provided. All clerkships must start in August and run at least 4 weeks (Kaiser does not offer clerkships in July). For more information, visit their website here.

Who is eligible?

• You must have completed your 5th year and passed at least Step 1 to be eligible. There are up to 3 spaces available to ELAM students, though you will be in a pool of applicants from all over the US.

How do I apply?

• There is a brief application form which does not need to be filled out online, but should be typed. Applications should be submitted between January 1 - February 15. You will need a letter from the Dean, transcripts (this may be negotiable if it is impossible to get them from ELAM) and written proof of TB screening and vaccinations for Rubella, Rubeola and Hepatitis B. You can purchase liability insurance individually to satisfy that requirement since ELAM does not provide it. You may complete the HIPAA requirement on the first day of your clerkship.

Kaiser has asked MEDICC to help facilitate the application process (online applications, mailing forms from the US, etc). I will be working with the head of graduate medical education at Kaiser to help ensure that ELAM students who apply get a spot, so PLEASE let me know if you plan to apply.

Medical Journals available on Infomed via HINARI and EBSCO

For many years, MEDICC has sponsored a subscription to the HINARI and EBSCO databases at all the medical faculties in Cuba, including ELAM. EBSCO and HINARI are online databases of high quality, timely, relevant biomedical and social science journals. As students with access to Infomed, you can use this database for your research. To access these journals follow these simple instructions:

Log in here.

On the left hand menu, select "HINARI" or "EBSCO", then follow the prompts.

You MUST enter through the site, or else you will not have access. If you try to enter from their yahoo or other accounts, you won't be successful.

Please let us know if there are any problems accessing these databases. We hope they are useful and accessible!

2. Regulatory & Residency News

2011 NRMP Program Directors Survey - Data by specialty available in PDF

As mentioned in the July Newsletter, the 2011 National Residency Match Program (NRMP) Program Directors Survey has a wealth of information on what selection committees look for in potential applicants. Program Directors were asked to rank how they assess applicants based on target board scores, letters of recommendation, MSPE, personal statement, and many other factors. Not surprisingly, the results vary considerably by specialty. The report itself is massive - 164 pages - and not easily downloaded without a very fast connection. Please contact Rachel if you would like a specific section emailed to you. Available sections include:

• Introduction
• All Specialties
• Emergency Medicine
• Family Medicine
• General Surgery
• OB/GYN
• Pediatrics

ECFMG 2012 Information Booklet and Applications now available
The ECFMG 2012 Information Booklet and the 2012 exam application materials are now available on the ECFMG website [here](#).

For Step 1/Step 2 CK, you can use the 2012 materials to apply for:

- Available Step 1/Step 2 CK eligibility periods ending in 2011 (September 2011-November 2011 and October 2011-December 2011)
- All Step 1/Step 2 CK eligibility periods ending in 2012, beginning with the November 2011-January 2012 eligibility period.

For Step 2 CS, you can use the 2012 materials to obtain a 12-month eligibility period that begins on the date that the processing of your application is completed.

### 3. Clinical Resources

**AAMC Choices Newsletter**

MEDICC recently discovered the AAMC Choices Newsletter. This is a great resource for students and graduates as you get closer to graduation and begin to think about finding a residency program that fits you, your interests, and your skills. You can find the newsletter [here](#) and you can subscribe to receive quarterly updates by emailing: subscribe-choices@lists.aamc.org

Relevant topics in the most recent issue include:

- Spotlight on Specialties: Obstetrics-Gynecology
- Ask the Advisor: How to choose residency programs that best fit
- Match Corner: Cleaning up the Scramble with SOAP
- CiM Toolbox: Expanded information about careers in academic medicine

**New online video resources for Step 2 CK & CS preparation**

MEDICC has received good reviews from graduates and medical educators about two new online video resources for Step 2. Both require high speed internet, so are best suited for students who are home for the summer, or graduates who are working to complete remaining board exams.

  
  The USMLE Step 2 CK Online Course contains 45 lectures (75 hours in duration) hosted by Brian Jenkins, MD. Students receive a supplemental guide including notes, daily quizzes and review questions.
  
  "Of all the materials that I used for the exam, the most helpful was definitely the Doctors In Training (DIT) videos. They closely follow the Step Up To the Boards textbook for Step 2 CK. I thought that these videos were very helpful in studying for the exam and did not require the extensive time commitment that the Kaplan videos require."
  
  - Dr. Marco Perez, Class of 2010

- **Step 2 CS - CSE Videos** ([csevideo.com](http://csevideo.com)) $70-$120
  
  The CSE Videos include 48 full cases of simulated patient encounters. They are 15 minutes or less and presented as a whole case. Simulated patients include both males and females with a wide range of chief complaints, challenging questions and a variety of attitudes and personalities. In addition, they offer study guides to help you become well-equipped in mastering data gathering, patient notes and communication.

  "I definitely recommend the CSE videos. They're relatively inexpensive and very practical. Those videos along with having a someone to practice cases on, are more than enough to do well on this test. The videos include sample cases, reviews for different signs and symptoms, videos of the physical exam for this test (concise) AND a mini practice test for writing patient notes."

  - Dr. Mena Ramos, Class of 2011

### 4. Health Policy
Budget Cuts Threaten Funding for Primary Care Residency Training and Medicare

As part of ongoing debate on deficit reduction in Washington, President Obama recently announced a proposal to cut $320 billion from the projected spending on Medicare and Medicaid in the next 10 years.

This proposal would create obvious negative consequences for poor, elderly and chronically disabled patients whose premiums would rise and whose benefits would diminish or disappear. However, it also threatens the residency training programs that produce the doctors who provide the bulk of care for these populations - primary care physicians. According to American Academy of Family Physicians (AAFP) President Roland Goertz, MD, MBA, "Family medicine [and other primary care specialty] residency programs rely on GME funding more significantly now because so many are located outside of academic centers in community teaching hospitals." Academic centers will also be affected, but are better equipped to absorb the loss of federal funding. The fear among many in the field is that the budget cuts will deepen the primary care workforce crisis, especially in rural and underserved communities.

There are numerous articles and commentaries about the issue available on the web. A good summary of the issues can be found here. The text of the letter sent to the Obama Administration by the ACGME (Accreditation Council for Graduate Medical Education) which details their opposition to the proposal can be found here.

Medicine and Social Justice blog by MEDICC Mentor Josh Freeman

One of our MEDICC Mentors, Dr. Joshua Freeman, Professor and Chair of the Department of Family Medicine for the University of Kansas School of Medicine, writes a blog on Medicine and Social Justice in the US. It includes interesting comments on issues related to the intersection of medicine and social justice from the perspective of a primary care physician involved in academic medicine. Recent posts have examined disparities in unintended pregnancies; balancing the individual patient with the need to conserve resources in the health system; and an argument for single payer healthcare. The blog is well written, thoughtful and thought-provoking. If you have the chance, it's worth following.