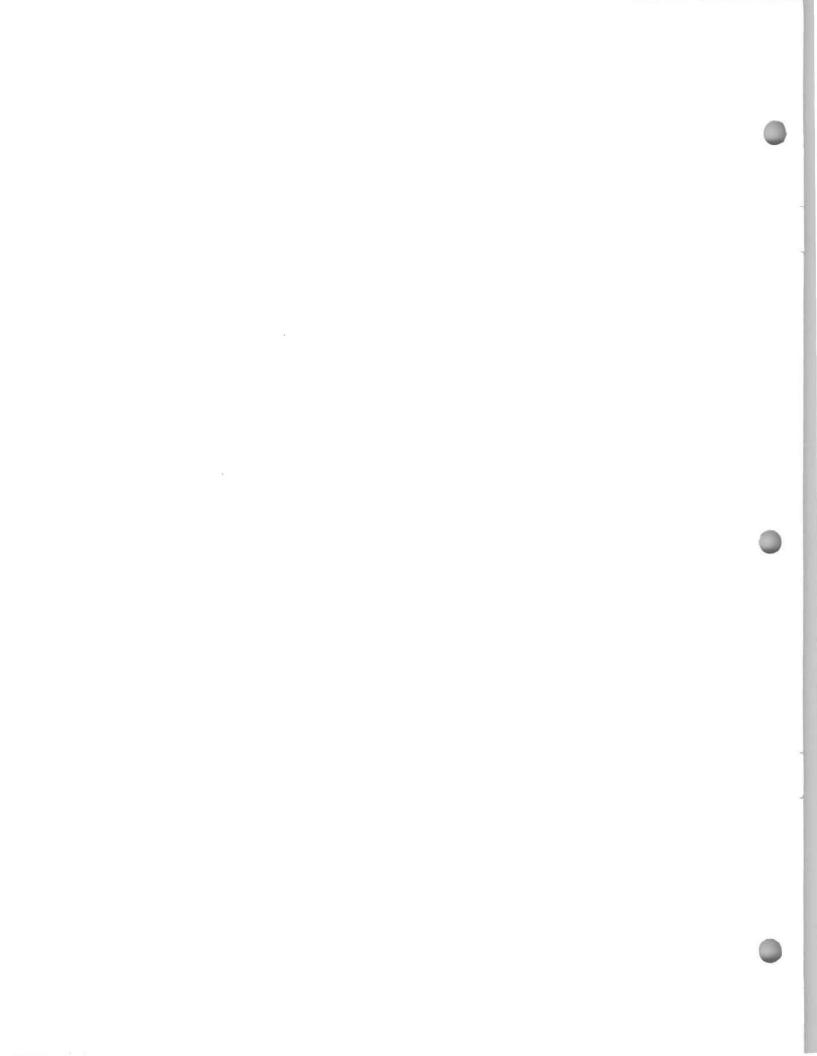
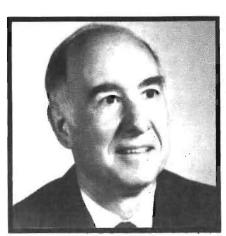


CUMBERLAND AREA HEALTH EDUCATION CENTER

ANNUAL REPORT 1987-1988



The Chairman's Message



Thomas B. Cumiskey

Persistent. It's a great word to summarize characteristics of the Cumberland AHEC, its staff and supporters. The 1987-1988 fiscal year presented many challenges. Each of these "opportunities" was met with a persistent inspiring spirit of commitment, creativity, and enthusiasm. The results of these efforts are evident in the new Center facilities, current and future programming plans, outreach educational efforts, student enrollment statistics, and the continued ability to act as a builder of relationships between institutions for the community's betterment.

This is my last chairman's message. As I step down from this rewarding position, I am pleased to use this opportunity to announce the awarding of a Health Careers Opportunity Program Grant to the Cumberland AHEC by the Bureau of Health Professions, U.S. Department of Health and Human Services. During my tenure as chairman, it was my privilege to work with the staff in submitting this grant four times. We are told we are the first AHEC center to receive a Federal HCOP award.

Persistence also was required in seeking new facilities for the Center. Again, the results are very positive. Now, staff and students interact in modern, well-equipped offices and residential space. Much thanks goes to the Board, to Barbara Fridinger—the developer—and to UMAB for the help, advice and support during those most hectic and trying times.

Recruiting efforts are showing positive results. Some of the placement program enrollment projections reflect an increase of over 50%. The Center's work in geriatrics and toxicology, supported by federal AHEC special initiative funds, continues to impact our region. Many calls are received from AHECs and educational institutions across the country seeking information about the innovative and dynamic education and change processes initiated by the Cumberland AHEC.

I feel proud of the accomplishments that took place during my chairmanship. The director and staff have given me support and laughter during our long association. I wish my successor a rewarding and successful tenure.

Thomas Remidery

DIRECTOR'S

AHECs: The Concept

Area Health Education Centers began as an idea expressed in a Carnegie Commission Study issued in the fall of 1970. The concept, although simple, has proven to be a "keeper." The AHEC vision is as alive today as it was almost two decades ago.

If there were a brief instuction manual for implementing AHECs it might read:

- 1. Emphasize professional health training in community-based settings, as well as at medical centers.
- 2. Relate to areas or populations who are medically underserved.
- 3. Be interdisciplinary in your participation and in your services.
- 4. Promote basic ideas such as nutrition, prevention, extender personnel.
- 5. Let the resources of a university relate to off-campus support of both student participants and to health professional growth and development.

Results:

- See if there isn't a change in the students who return to campus after working with preceptors in the community. Notice if there is a tendency toward integration of their academic experience, a clearer sense of professional direction, greater savvy about health care, interest in practicing in less populated locations.
- Check too to see if in the community there isn't a greater sense of connectedness with the university, involvement in unmet needs, and communication among health professionals.

AHECs: The Reality

AHECs work. They are working in western Maryland, in western North Carolina, in western Texas, in western Massachusetts, and in more than 25 other states around the country.

Although these concepts are proven, it is always the "AHEC type" of people that make AHEC's vital. These are people who are not afraid to be idealistic, who want to help make health care healthier, and who are willing to live somewhat on the frontier of different experiences and new questions. This sometimes requires a willingness to go beyond the stockade of conventional health care economics with a willingness to stick one's neck out for extra meetings, extra time serving as a preceptor, a teacher, or a volunteer, and extra effort coping with the unexpected.

AHEC: Western Maryland

We are very fortunate to have such people in the Maryland AHEC program both at UMAB and in the service region. The Cumberland AHEC would not be celebrating a new center were it not for the vision, the hard work and the consistent support of UMAB officials and many regional people who keep the Center moving, exploring, nurturing, creating.

REPORT

The other vital dimension of support is the partnership between the University and the Federal AHEC program. This support is indispensable in enabling the Cumberland AHEC to work on new concepts in professional education and for developing new resources in local professional education and clinical services.

The Cumberland AHEC Board, under the superb direction of Tom Cumiskey, the Interdisciplinary Health Education Council, under the leadership of Tim Nissen, and the six Caucuses did an outstanding job in keeping the organization on course during the transitions of the past two years. This report reflects some of the work and dedication which these and many persons contributed to the Cumberland AHEC in this past year. Our staff persons did a beautiful job in supporting this work and in en-

abling the organization to look ahead with much hope to expanding services to the region and to the University.

One final comment about our new Center. We are most fortunate to have a place where we can integrate office, library and conference facilities with residences. This type of facility contributed greatly to the organization's past effectiveness, and we are most appreciative of the leadership of Dr. John Dennis of the University of Maryland School of Medicine and of Barbara Fridinger, a long term friend of the Cumberland AHEC, for helping the dream become a reality. Everyone worked hard to help transform a problem into an asset. We all look forward to enioving the expanded service which the new Center affords and to being able to devote prime staff time to program rather than site visits and packing boxes!

Donald L. Spencer Executive Director



New Facilities—The offices and residence facilities of the Cumberland AHEC are located in the Columbia Building. The move to the newly renovated building was completed in November of 1987.

PROGRAMS

The IHEC -Timothy Nissen, PhD, Chair

Program responsibilities in the Cumberland AHEC organization are delegated to the Interdisciplinary Health Education Council. This body oversees the formulation, implementation and the assessment of all Cumberland AHEC services and maintains regular communication with the Board of Directors and the six Caucuses. The Board of Directors retains accountability for all major policy decision making.

The organization's programming and work is guided by four program objectives developed in 1986. These guidelines were developed to provide direction and continuity in services through 1990. The progress on these objectives during the year was substantial in spite of the facility-related concerns which the organization addressed.

Geriatrics

Geriatric programming continues to be a major focus with the implementation of the two year "Rural Initiatives in Preventive Care for Older Adults" program funded by the Federal AHEC office. This program is providing a regional opportunity for renewed study, educational research and work on geriatric concerns as well as an important opportunity to focus interdisciplinary attention on primary, secondary and tertiary prevention concepts. A description of this program is presented in a following section.

PROGRAM OBJECTIVES 1986-1991 CUMBERLAND AREA HEALTH EDUCATION CENTER

- Serve as a regional, interdisciplinary training center through which students and residents can learn about clinical care, health services, and public health policy in a rural or small city location.
- 2. Provide resources and coordination to enable local health professionals and organizations to respond to health issues of current concern.
- Give priority to geriatrics in the development of continuing education programs, special training programs, learning resources and service plans.
- Support regional recruitment and training for priority health professions by serving as a linkingagent for inter-institution academic services.

Interdisciplinary Student Training

A priority during the year was strengthening and expanding the organization's clinical placement program. To accomplish this objective, the Board authorized the employment of a clinical education coordinator, and the production of a new series of recruitment brochures. They also encouraged renewed contact with various university health education programs. Enrollment in placement programs for the next fiscal year reflects more than a 50% increase over 1987 levels.

Other projects involved revamping placement curriculum materials, adding new programs in pharmacy and recreation therapy with the Finan Center, and working with Frostburg State University toward the establishment of an Occupational Therapy Program. The first step towards the OT program was accomplished with the establishment of a two year pre-professional OT program at FSU.

AND SERVICES

Issues of Current Concern

Toxic exposure and AIDS were the two principal activity areas classified as issues of current concern. During this fiscal year the organization completed the one year Federal AHEC special initiatives program entitled "Toxic Exposure Training Initiatives in Rural Health Care." This program afforded an opportunity to help formulate and begin to address many educational and planning issues relating to exposure conditions, incidents, and training. These issues are of critical importance for industry, commercial interests and government agencies. A more detailed summary of this initiative also follows in this report.



Hats off to IHEC members (left to right) Mary Schipper, MD, Gene Makela, PharmD, Sandi Geiger, RN, EdD, Bill Allen, Jr., DDS, Timothy Nissen, PhD, Chair, and all our IHEC members for their skill and dedication in guiding the CAHEC programming in 1987-1988.

During the year, the Cumberland AHEC applied for funds to continue the Toxic Exposure Program in 1988-1989.

After an AIDS workshop co-sponsored by the organization in 1987, an Allegany County Task Force on AIDS was organized. The Cumberland AHEC continues to support this effort and assisted the Task Force in setting up and promoting an Allegany County AIDS Education and Assistance Fund. In 1988 the Cumberland AHEC also worked with the Sacred Heart Hospital Medical Education Committee in organizing the medical symposium entitled, "AIDS Update in the Community and Office Setting." This event will be the first regional medical education event on AIDS in the tri-state area.

Recruitment and Training for Priority Professions

Several health professions are in short supply throughout the AHEC service region. The organization continues to support outreach education by the University of Maryland for area nurses. In addition the Cumberland AHEC prepared and submitted for the fourth time an application for Health Career Opportunity Program funding in order to develop a three state, nine county health personnel development program which will help encourage and support qualified, disadvantaged high school students to become trained in such careers as physical therapy, occupational therapy, radiation therapy, medical social work, pharmacy, dietetics, etc. Notification was received in May that this application for a three year program was approved.

The Cumberland AHEC is keenly aware of numerous opportunities for expanded services in all phases of its work. One of the objectives for 1988-1989 will be expanding its organizational base for responding to increased requests for services. With its new Center, the organization is in a position to embark upon new directions in its services to Western Maryland.

Expanded summaries of current programs and services follow.

PROGRAMS AND SERVICES (continued)

RURAL INITIATIVES IN PREVENTIVE CARE FOR OLDER ADULTS

TOXIC EXPOSURE EDUCATION PROGRAM

As of October 1, 1987 the Cumberland AHEC began implementation of a two year special initiatives grant from the federal AHEC program to provide training to primary care physicians and health promotion program providers in preventive care of geriatric patients.

Gerlatric Roundtable on Preventive Cardiology held at CAHEC. (left to right) Roger Sherwin, MD, Sue Davis, Education Coordinator, Gene Nallin, MD and Sue Coyle, RN, MS, Health Education Consultant.

To achieve the objective of providing primary care physicians information on preventive measures, the staff determined it was necessary to discover the perceptions on prevention of academic specialists, regional specialists, and regional primary care physicians. Multidisciplinary roundtable seminars were chosen as the format to discover this information. Professionals from the targeted health fields and the AHEC caucuses gathered for a formal and informal exchange of ideas and needs.

The roundtable format yielded significant information about geriatric preventive measures which can be employed in each of six special-

On October 31, 1987 the Cumberland AHEC completed a one year special initiatives grant from the federal AHEC program to provide training in toxicology and hazardous materials for health professionals serving the population in the three county service region. The program also made possible ongoing training for stu-

dents rotating through the Cumberland AHEC Placement Program. The programs provided training for 884 health professionals and 50 students. The title of the grant sponsored education series was "Toxins: Assessment and Management of Risk". It incuded seminars, workshops, videotape education, exhibits and information sheets.

Two booklets entitled Health on the Job: A Reference Guide for Social Workers an Health on the Job: A Reference Guide for Nurses were compiled by Susan O. Davis, MEd, with the help of consultant Carolyn Needleman, PhD from Bryn Mawr College. These guides were distributed throughout the region to increase health professionals' awareness of

occupational health issues and information sources.

A videotape on *Occupational History Taking for Physicians* is scheduled for release in the summer of 1988. James Keogh, MD from UMAB, Occupation Health Project, is the author of the tape and presenter.

On October 3, 1987, Cumberland AHEC organized a conference on "Toxic Health Risks" which was co-sponsored by Allegany Community College, American Lung Association of Maryland, University of Maryland, Appalachian Environmental Lab and the Department of

Preventive Care Program (Continued from Page 6, Column 1.) Toxic Program (Continued from Page 6, Column 2.)

ties: gastroenterology, rheumatology, pulmonology, cardiology, neuropsychiatry, and oncology. Continuing education programs also were suggested to achieve these goals. Strategies to employ the suggestions into the community or into private practice were developed and suggestions were provided for practice based educational research projects.

Many of the suggested topics for practicebased educational projects with the physician as the principal investigator are already being implemented by local physicians. Some of these projects will help provide solid evidence as to whether or not health promotion programs will increase the quality of life of older adults or significantly reduce the cost of long term care.

A directory of health promotion programs for Older Adults in the Western Maryland region is nearing completion. The information is being gathered by members of the Advisory Council in Health Promotion for Older Adults which was formed to expedite the objectives of this grant. The Advisory Council is noting programming gaps and will make recommendations for future community programming and for training programs that the Cumberland AHEC might provide.

In the field of neuropsychiatry the primary preventive strategy is early assessment of dementia. Washington County Hospital received a grant from the Maryland State Department of Health to begin a dementia program. The timing of this program coincides with the funding of our grant. Therefore, the Cumberland AHEC is helping to inform physicians and other health professionals in Garrett, Allegany and Washington Counties as to the purposes and services of the dementia program as well as to distribute educational information to the public.

Environment. Topics covered were chemical transportation emergencies, community "Right to Know" law, indoor air pollution, occupational lung diseases, occupational cancers, radon, potential hazards to the water and hazards in the home. The keynote address was given by Katherine P. Farrell, MD, Chief, Division of Environmental Disease Control, Maryland Department of the Environment.

Susan O. Davis, Education Coordinator, continues to serve on the local Planning Committee for Hazardous Material Incidents of Allegany County. Several educational programs were conducted for the committee as well as for first responders. One more program on reporting hazardous material to local planning committees will be held for industry.

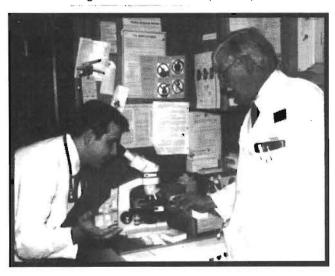
Donald L. Spencer, Executive Director, and Davis presented a paper at the American Public Health Association meeting in October, 1987 on "Emergency Response Plan for a Hazmat Incident: A Model".

Cumberland AHEC applied for an expansion of the Toxic Exposure Rural Training Initiative Grant. If approved, the funding will begin October, 1988. This program builds on the generated awareness of toxicology related concerns and moves on to focus on toxicity issues in clinical practice. In this program the participants will learn: how to incorporate occupational and environmental assessment and diagnostic procedures into primary care practices; what types of information are available from various databanks relating to chemicals and toxic exposures; what the law says about reporting occupational disease and how this should be done in Western Maryland; and what the latest information is on pesticides and their impact on patient care.

PROGRAMS AND SERVICES (continued)



Students don hard hats at CSX Transportation tour site. (Left to right) medical students Gloria Reckrey, Stephen Elksnis, Jeff Rosensweig, Stuart Belenker, CSX plant representative.



Medical student Stephen Elksnis works with physician preceptor Victor Mazzocco, MD. Each student on placement at CAHEC works on a one-to-one basis with a preceptor.

Placement Program

The Cumberland AHEC placement program provides students with a unique opportunity usually not available in campus based professional school curricula. Students come to this area to work with individual preceptors, learn about health care policies, systems and procedures, and participate in interdisciplinary activities. With the opening of the new residence, students also have the opportunity to share residential and library facilities with other students.

During 1987-1988, 68 area health professionals served as preceptors for 36 students in the placement programs.

Several placement program additions occurred in the past year. Ruth Wood, BSN, MS, was hired as Clinical Education Coordinator with the specific task of increasing the number of students doing their placements in Western Maryland in health career shortage areas.

As a first step towards this goal several brochures were compiled to detail placement possibilities in pharmacy, medicine and physical therapy. Additional brochures are planned for dentistry, nursing and other student programs. In addition, several recruitment trips were done to make the University staff and students more aware of placement opportunities in Western Maryland.

A Lichtenstein Scholarship brochure was also developed to make students aware of available funds to pursue a pharmacy major at UMAB.

Continuing Education

Most of the Center's continuing education programs were thematically focused on the special initiative grant supported topics of geriatrics and toxicology. These programs are detailed in a separate section of this report. "Other" CE programs conducted during the fiscal year were: Good Food for Good Health —cosponsored with Sacred Heart Hospital and numerous area health agencies; Lupus and Arthritis Update coordinated with the Maryland Lupus Foundation, Memorial Hospital and Medical Center, and the American Red Cross; Update: Cancer Treatments and Dental Care Implications with Sacred Heart Hospital and the Allegany/Garrett

County Dental Society; *Managing Your Practice Like a Business* with Allegany Community College and the Allegany/Garrett County Dental Society.

Numerous health professions continuing education programs are being coordinated in Allegany County by Allegany Community College. Because the Cumberland AHEC maintains an excellent rapport with the various health professional groups in the region through its caucuses, ACC and the Center are working together to strengthen the health professions offerings in the region through a more coordinated working relationship.

Health Promotion

This fiscal year, the Cumberland AHEC facilitated the transfer of the Allegany County Health Fair to Allegany Community College (ACC). The decision to enlist another agency as primary Health Fair coordinator was made by the IHEC in the Fall of 1986. The switch was to enable the Cumberland AHEC to progress more rapidly with program development relating to the three-county service area. A consensus of the major Health Fair participants viewed ACC as the one community agency with the much needed resources and skills to continue to coordinate a countywide health promotion event. ACC'S President Donald Alexander agreed.

Cumberland AHEC initiated the Health Fair in Allegany County in 1981. Each year, the agency fostered the continuation and development of the concept. The Center continues to fully endorse the Health Fair concept for all counties in its service region.

Two display activities were sponsored by the Center for the Allegany County Health Fair. They focused on health career recruitment and geriatric health promotion programs. The information proved of interest to a great many Fair goers.

In celebration of the City of Cumberland's bicentennial, the Allegany County Medical Society and its Auxiliary sponsored a Bicentennial Health Festival. The Cumberland AHEC was an active participant in the Festival which charted the history of health care in this county. The booth presented the local AHEC's history and program development, showed videotapes on toxic exposure issues and made additional exposure information available on toxic resources. The Center also helped the Society coordinate Allegany County health care agencies and institutions participation in the Bicentennial parade.

AIDS is a serious health issue that must receive more local health profession and Cumberland AHEC attention in the next fiscal year. In 1987-1988 even with limited time and resources, the Cumberland AHEC was available to help with some local AIDS education efforts. Don Spencer served as a founding member of the Allegany Task Force on AIDS and is currently active on the planning committee for the area's first medical conference



Free oral screenings for children and adults were offered at the Allegany County Health Fair. Fred Klemle, DDS examines one of the many children who took advantage of the exam.

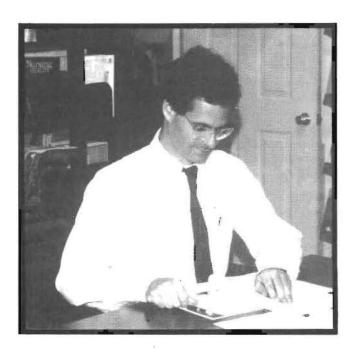


Reverend Phil Jamison and Don Spencer, Executive Director of CAHEC are two founding members of the Allegany Task Force on AIDS.

on AIDS being sponsored by Sacred Heart Hospital in mid-June. The Center also was instrumental in the establishment of the Allegany County AIDS Education and Assistance Fund. As the new year begins, the Center will look for additional methods to help promote AIDS education among the area's health professionals and residents. The Cumberland AHEC emphasizes the pivotal role that the County Health Departments serve in AIDS education in part of our service region. The AHEC staff will continue to encourage use of Health Department resource persons in the development of AIDS education programs.

There are many health promotion ideas on the back burner for the AHEC. In the coming years, as time and funding allows, new programs and commitments will be forged.

PROGRAMS AND SERVICES (continued)



The Learning Resource Center is a great spot for private or group study.

(Above) Ambulatory care student Jeffrey Rosensweig uses the LRC's journal collection to keep abreast of medical news.

(Below) CAHEC students Kim Pfister, Lorraine Fertsch, Chris Foster meet with Deborah Hartman, Coordinator of Hospice Volunteers, Sacred Heart Hospice, for an interdisciplinary student seminar.



Learning Resource Center

A new location, increased services, additional resources, and expanded networking highlight the Learning Resource Center's (LRC) accomplishments in fiscal year 1987-1988.

The new LRC, located in the center of the new Cumberland AHEC facilities, is double the size of the previous space. The LRC is easily accessible for staff, for rotating externship students who have living quarters on the second floor of the Columbia Building, and for the University of Maryland School of Nursing Outreach Program students.

The convenient location increased the use of the LRC by staff, students and area health professionals. Use of current journals and reference books continues to be the service most in demand. The use of audio-visual materials and computer on-line time are gradually increasing as awareness of the technology and availability of resources increase.

The acquisition of books on toxicology, safety in the work place, and geriatrics increased Cumberland AHEC holdings. These and additional resources were acquired through Cumberland AHEC purchases, grant money and gifts from area health professionals. Our holdings currently include over five hundred books, forty-one journals on a current subscription list, and eighty journals on an inactive and/or gift list. Over thirty software programs are available for the Apple computer, and more than fifty audio-visual materials.

Added to these resources will be the regional instructional resources of the American Lung Association of Maryland (ALAM). The LRC has agreed to serve as a repository and distributor of ALAM materials in Western Maryland.

With the vast amounts of and constantly changing information in the medical field, the cost of maintaining large numbers of current resources is prohibitive. A feasible alternative, which is working well for Cumberland AHEC and is used extensively by many libraries, is the inter-library loan process. The large number of inter-library loans (ILLs) processed by the LRC documents the use of the system as a cost-effective method for obtaining and providing medical information.

Most ILLs are generated by computerized literature searches through the National Library of Medicine's MEDLARS system.

Cumberland AHEC also is working with regional, state, and area health agencies to provide areater access to information through networking systems. The LRC is a member of the Maryland Health Systems Library (MAHSL) network, the Maryland Interlibrary Organization (MILO), and the Region 2 Southeastern/. Atlantic Regional Medical Library Service of the National Library of Medicine (SEA). The MAHSL network consists of over sixty-seven institutions in Maryland with holdings for 3,215 different journals. The MILO network expands these resources by adding materials available through the Enoch Pratt Free Library, State Library Resource Center. SEA is a network encompassing eleven states in the eastern United States.

Since time is a factor in networking processes, the LRC is currently cooperating with the Region 2 SEA representative in an attempt to reactivate the Potomac Highlands Information Network (PHIN), which includes Western Maryland and parts of West Virginia. The SEA representative also is assisting the LRC to develop a Western Maryland Consortia in order to coordinate and make readily available all resources in our region for all our health professionals.

With the many modifications in the delivery of health care, in the regulatory provisions, in quality assurance requirements, and in continuing education needs, quick delivery of information is a critical issue in the delivery of quality health care. LRC is changing and plans to continue changing to improve both the types of services and delivery of services to Western Maryland and the Tri-State area.



(Left to right) Nanette Kelly and Rena Litten are recent graduates of the Nursing Outreach Program.

OFF-CAMPUS EDUCATION

The Cumberland AHEC serves as a support system for University of Maryland off-campus professional health education programs in Western Maryland. The most active outreach effort in our region is coordinated through the University's School of Nursing Outreach Program. Gail Mazzocco, EdD, and Susan Coyle, RN, MS, are the program's Allegany County coordinators and faculty. In Washington County, Joan Creasia, PhD is the site coordinator.

In Allegany County, sixteen registered nurses completed their degree requirements for a baccalaureate degree in nursing in May of 1988; approximately twenty new students will enter the program in September of 1988. In addition, fourteen registered nurses completed the Nursing Concepts Transition Course in May; six of these students will be joining the fall Outreach class. Although the Hagerstown program was inactive this fiscal year, approximately twenty nurses will be enrolled in the baccalaureate program in September of 1988.

Interest in a Master's Degree Outreach Program resulted in the submission of a grant for funding. Thirty baccalaureate-prepared nurses from the area are waiting to hear the outcome of that grant application submitted by Dr. Helen Kohler, UMAB. Classes will begin in the fall of 1989 if funding is approved.

PLACEMENT PROGRAM

University of Maryland at Baltimore

July 1, 1987 - June 30, 1988

SCHOOL OF MEDICINE Ambulatory Care Program

Preceptor	Student	Location
Dr. Juan Arrisueno	Stuart Belenker Stephen Elksnis Wolfgang Lohrmann	Emergency Room Emergency Room Emergency Room
Dr. Michael Beck	Gloria Reckrey Daniel Fang Curtis Stokes Jeffrey Rosensweig Mark Titi	Emergency Room Emergency Room Emergency Room Emergency Room Emergency Room
Dr. Gregory Beyer	Daniel Fang Mark Titl	Emergency Room Emergency Room
Dr. Anthony Bollino Dr. Robert Brodell Dr. Mary Jo Cannon Dr. Jeffrey Cook	Stuart Belenker Jeffrey Rosensweig Lorraine Fertsch Curtis Stokes	Private Practice Private Practice Emergency Room Emergency Room
Dr. Jeff Davis Dr. Albert Delnegro	Mark Titi Stephen Elksnis Stephen Elksnis Wolfgang Lohrmann	Emergency Room Emergency Room Private Practice Private Practice
Dr. Thomas Devlin Dr. Mark Dominick Dr. Gordon Earles Dr. V. Raul Felipa Dr. Jane Fiscus	Mark Titl Hollis Bell Lorraine Fertsch Fernando Ferro Jeffrey Rosensweig	Private Practice Emergency Room Emergency Room Private Practice Health Department
Dr. W. Guy Fiscus Dr. Paul Flink Dr. Robert Goralski Dr. Sunil Gupta Dr. Royce Hodges	Curtis Stokes Daniel Fang Wolfgang Lohrmann Lorraine Fertsch Gloria Reckrey Stuart Belenker	Health Department Private Practice Private Practice Private Practice Private Practice Private Practice Private Practice
Dr. Sandra Howard Dr. Thomas Johnson Dr. Mary Kashurba Dr. William Kellermeyer Dr. Vernon Kemerer	Fernando Ferro Wolfgang Lohrmann Hollis Bell Gloria Reckrey Stuart Belenker Mark Titi	Emergency Room Emergency Room Private Practice Private Practice Private Practice Private Practice
Dr. Myung-Sup Kim Dr. Isagani Laurencio	Stephen Elksnis Stuart Belenker Stephen Elksnis Gloria Reckrey Wolfgang Lohrmann	Private Practice Emergency Room Emergency Room Emergency Room Emergency Room
Dr. B.S. Mahal Dr. Giovanni Mastrangelo Dr. Victor Mazzocco	Stephen Elksnis Wolfgang Lohrmann Stephen Elksnis Stephen Elksnis Wolfgang Lohrmann	Private Practice Private Practice Private Practice Private Practice Private Practice

Dr. Michael McCagh	Hollis Bell Stephen Elksnis	Private Practice Private Practice
	Fernando Ferro	Private Practice
	Wolfgang Lohrmann	Private Practice
Dr. Curtiss Merrick	Daniel Fang	Private Practice
Dr. Margaret Merrick	Jeffrey Rosensweig	Private Practice
D. D MIII-	Mark Titi	Private Practice
Dr. Dan Miller	Lorraine Fertsch	Private Practice
Dr. William Moore	Stephen Elksnis	Emergency Room
	Stuart Belenker	Emergency Room
Dr. Maril Muara	Gloria Reckrey	Emergency Room
Dr. Mark Myers	Stuart Belenker	Emergency Room
	Daniel Fang Gloria Reckrey	Emergency Room Emergency Room
	Curtis Stokes	Emergency Room
	Mark Titi	Emergency Room
Dr. Joe Othman	Stuart Belenker	Private Practice
Di. 000 Oli li li di l	Gloria Reckrey	Private Practice
Dr. Donald Pepper	Daniel Fang	Emergency Room
Dr. Don Richter	Lorraine Fertsch	Private Practice
Dr. Ken Roberts	Fernando Ferro	Private Practice
	Jeffrey Rosensweig	Private Practice
	Mark Titi	Private Practice
Dr. Clinton Rogers	Mark Titi	Private Practice
Dr. Mary Schipper	Jeffrey Rosensweig	Private Practice
	Mark Titi	Private Practice
Dr. Richard Schmitt	Wolfgang Lohrmann	Private Practice
Dr. Philip Schroeder	Daniel Fang	Private Practice
Dr. Karl Schwalm	Hollis Bell	Private Practice
	Lorraine Fertsch	Private Practice
Dr. Wayne Spiggle	Wolfgang Lohrmann	Private Practice
Dr. Uriel Velandia	Fernando Ferro	Emergency Room
Dr. Robert Welik	Fernando Ferro	Private Practice

SCHOOL OF PHARMACY Professional Experience Program

Preceptor	Student	Location
John Balch Gerald Beachy Jim Crable	Jennifer Snyder Ivette Eisler Lisa Milliren	Bedford Road Pharmacy Beachy's Pharmacy Finan Center
Steve Hospodavis	Leo Chan Carroll Ramos	Steve's Pharmacy Steve's Pharmacy
Gene Makela	Arthur Lemmons Lisa Milliren	Finan Center Finan Center
Robert Martin, Jr. Richard Ottmar	Amy Smith Jeff Beck Anne Dailey Lisa Milliren	Finan Center Potomac Valley Pharmacy Sacred Heart Hospital Sacred Heart Hospital

SCHOOL OF NURSING

Preceptor	Student	<u>Location</u>
Anna Clauson	Becky Mallara Aaron Ira Schneiderman	Allegany Co. Health Dept. Allegany Co. Health Dept.



The AHEC interdisciplinary placement program fosters both formal and informal student interaction through the use of weekly seminars, pizza suppers and the communal sharing of kitchen and lounge areas. (Left to right) CAHEC students Stuart Belenker, Stephen Elksnis, Gloria Reckrey, Rena Litten, Nanette Keily.

Participants from Other Programs

Preceptor	<u>Student</u>	University/College/Program
Lydia Martin	Kristin Biagi Joy Pepmeier Amy Seifrit Chris Zielinski	Elizabethtown-Occ.Therapy Elizabethtown-Occ.Therapy Elizabethtown-Occ.Therapy Elizabethtown-Occ.Therapy
	Cheryl Kibler	Mt. Aloysius-Occ.Therapy
	Teri Pineno Jenine Shoop Mary Jo Walther	Towson-Occ.Therapy Towson-Occ.Therapy Towson-Occ. Therapy
Ellie Booth	Randal McCarthy	Duquesne-Pharmacy
	Neo Sebele	Duquesne-Pharmacy
Joann Hafer	Neo Sebele	Duquesne-Pharmacy
Harold Harrison	Bobbi Tunall	Duquesne-Pharmacy
Steve Hospodavis	Kim Pfister	Duquesne-Pharmacy
Gene Makela	Paul Fraundorfer	Duquesne-Pharmacy
Robert Martin, Jr.	Chris Foster	Duquesne-Pharmacy
	Randal McCarthy	Duquesne-Pharmacy
Inning Mal/annin	Neo Sebele	Duquesne-Pharmacy
Janice McKenzie	Chris Foster	Duquesne-Pharmacy
	Randal McCarthy Neo Sebele	Duquesne-Pharmacy
Suanne Ostendorf	Chris Foster	Duquesne-Pharmacy Duquesne-Pharmacy
Sudiffie Osferidori	Randal McCarthy	Duquesne-Pharmacy
	Neo Sebele	Duquesne-Pharmacy
Ray Spassil	Valerie Vescio	Duquesne-Pharmacy
Mike Stevens	Chris Foster	Duquesne-Pharmacy
	Randal McCarthy	Duquesne-Pharmacy
	Neo Sebele	Duquesne-Pharmacy
Fran Williams	Chris Foster	Duquesne-Pharmacy
Patricia Wright	Julie Longenecker	WVU-Social Work

CAUCUS REPORTS

Dental Caucus Frank LaParle, DDS

Provided advocacy with the University of Maryland for the reestablishment of a Dental Externship Program in Western Maryland.

Reestablished contact with the WVU School of Dentistry in an effort to incorporate WVU dental student participation in the Cumberland AHEC Interdisciplinary Program.

Designed a two week community-based Dental Practice Management Externship Plan as a summer elective for second and third year dental students.

Provided review of the Preventive Care for Older Adults Program and designated Caucus representatives to participate in a round-table seminar on gastroenterology.

Developed a denture marking program for nursing homes for implementation in the fall of 1988.

Planned a seminar on Promoting Geriatric Dental Care for the fall of 1988.

Cosponsored with the Allegany Garrett Dental Society continuing education seminars on "Update: Cancer Treatment and Dental Care Implications" and "Managing Your Practice Like a Business." These seminars were conducted in September of 1987 and May of 1988.

Planned with Dr. Mark Wagner of the UMAB Dental School a four week community based elective to be initiated in July 1988.



V. Raul Felipa, MD



Frank LaParle, DDS, Chair of the Dental Caucus, confers with Don Spencer, Executive Director of CAHEC and Bill Allen, Jr., DDS, Caucus member.

Medical Caucus V. Raul Felipa, MD

Reviewed the Preventive Care for Older Adults special initiatives program and made recommendations for physician representatives to participate in the six roundtable seminars.

Reevaluated the structure of the medical student rotations and established guidelines for implementation.

Generated new brochures for the UMAB Ambulatory Care and residency programs and authorized recruiting initiatives at UMAB.

Authorized the organization of resident elective options at the request of the Sacred Heart Hospital medical staff.

Provided linkage between Sacred Heart Hospital medical staff and the Interdisciplinary Health Education Council for Cumberland AHEC participation in the planning of the AIDS conference for physicians on June 11.

Provided preceptor services for 13 UMAB medical students in 1988-1989.

Nursing Caucus Reece T. Conley, Jr., RN, MSCS

Studied the viability of supporting the establishment of a BSN program at Frostburg State University.

Directed the distribution to area nurses of the Cumberland AHEC toxic education brochure entitled, "Health on the Job: A Reference Guide for Nurses."

Reviewed and expanded Caucus membership.

Identified recruiting of elementary and secondary school students for nursing careers as a Caucus priority in 1988-1989.

Coordinated planning of events and information dissemination with the District Nurses Association.

Received reports on AIDS education in the Allegany County School System.

Formulated recommendations on AIDS education for the Interdisciplinary Health Education Council.

Directed planning for the Geriatric Nurse Certification preparation course utilizing the tape series coordinated by Cumberland AHEC in the Geriatric Update Special Initiatives program.

Provided recommendations on the implementation of the "Preventive Care for Older Adults" program and identified recommended participants for the roundtable series.

Incorporated in Caucus meetings the ACC-Cumberland AHECs' newly established coordinated continuing education planning arrangements.

Reviewed arrangements for two UMAB nursing students doing preceptorships in public health in Allegany County.



Students from the Nursing Outreach program gathered in the CAHEC classroom and library every week for instruction, research and camaraderie.

Psychology Caucus Spencer Deakin, PhD

Reviewed and augmented plans for implementing the "Preventive Care for Older Adults" program. Designated various members to attend six roundtable seminars.

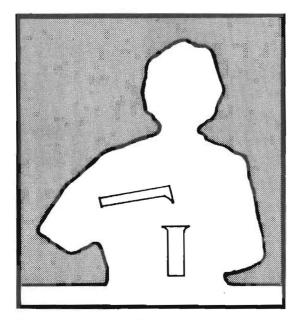
Designated two Caucus members to serve on the Advisory Council for Health Promotion.

Agreed to assist with the evaluation of practice based research education and research projects which are planned as part of the Prevention Program.

Identified needs and options for regular continuing education offerings to allow licensed psychologists to have area access to Category A and B units.

Revised and updated Caucus membership.

Developed a process for promoting more extensive referral between physicians and psychologists.



Five pharmacy recruiting brochures were developed to promote extern placements in Western Maryland. Programs are offered in hospital pharmacy, community pharmacy, psychopharmacy, geropharmacy and nursing home pharmacy.

Pharmacy Caucus Robert Martin, Pharm BS

Supervised the preparation of the brochures for required rotations in hospital and community pharmacy and for elective rotations in psychopharmacy, geropharmacy and nursing home pharmacy.

Reviewed plans for the implementation of the "Preventive Care for Older Adults" program and assigned representatives to participate in round-table discussions.

Explored the feasibility of supporting a brown bag medication assessment project.

Identified a need for continuing education in geriatric pharmacy services.

Provided preceptor services for 16 students from UMAB and Duquesne Universities.

Initiated the preparation of a brochure on the Lichtenstein Scholarship Fund to encourage additional students from the Allegany County area to consider pharmacy careers.

Made trips to Baltimore to recruit pharmacy students for Cumberland AHEC area pharmacies.

Social Work Caucus Maryjean Trenter, LGSW

Developed plan for distributing to area social workers a toxic education pamphlet prepared by Cumberland AHEC through its toxic special initiatives program and entitled, "Health on the Job: A Reference Guide for Social Workers."

Provided review and recommendations of plans for the special initiatives program "Preventive Care for Older Adults."

Recommended social workers from Garrett and Allegany Counties to participate in the roundtable seminars.

Maintained contact with the UMAB and WVU Schools of Social Work and generated lists of social work field work placement opportunities in the organizations' service area.

Provided supervision and curricular support for one MSW candidate completing field work requirements in Allegany County.



Ruth Wood, BSN, MS Clinical Education Coordinator.

STUDENT COMMENTS

Every student who participates in the Cumberland AHEC placement program is asked to comment on the the experience. The reviews are very positive. Here is a sampling of this year's comments:

"This rotation gave me the most realistic view of medical practice. It went much further than any rotation that I have had in helping me become prepared to practice."

"I got more than what I expected. I felt involved with the local medical community. I enjoyed working with patients in this area. They seemed more conscientious, more personable and more responsible than those I am accustomed to." (continued on page 19.)

"My placement was an outstanding experience. In addition to learning fundamental skills and concepts, I was introduced to important economic and social aspects of community pharmacy."

"Because of the large number of patient cases (as compared to inpatient medicine) I got to review a lot of different subjects. I also learned how minor problems are handled in the real world versus the book."

"This is my most valued and enjoyable rotation so far."

Few opportunities exist in medical school to see how a private practice functions and to learn how to meet the expectations and needs of non-hospitalized patients. The rotation did just that.

One of the nice things out here is that everyone knows everyone else and what they can expect from each other. There is a personal relationship dimension in professional practice and I enjoyed just that.

"The most useful benefit of this rotation was that my confidence level was increased with respect to my ability to function effectively as a pharmacist."

"There definitely isn't anything that can compare to hands on experience. It was great being able to use the knowledge that I've learned at school."

"It has helped to put into perspective rural health care needs by noting the geography, economics and lifestyles of persons in the area."

"The rotation was better than I expected, greater diversity and an excellent learning experience."

"This smaller bed hospital was a great learning experience because my preceptor had time for me."

"My experience was wonderful. Excellent support from preceptors and local health personnel."

"The flexibility was great. I wasn't forced into doing routine or mundane things. I was able to control my time and pick appropriate learning experiences."

"Because of the beauty of the location, the supportiveness of the community and the need, I will definiteiy consider this as a possible place to practice."

"The volume and diversity of the patients allowed me to develop new distinctions about the diagnosis and treatment of many medical problems."

"The experience here is more encompassing than the other ambulatory care sites."

"It has been one of my better rotation sites to have experienced."

To all of our students and preceptors—THANKS! YOU'RE GREAT!

FINANCIAL PROFILE

July 1, 1987 - June 30, 1988

Income

Maryland Statewide Medical Education and Training System	\$180,000
Health Professions Education Assistance (Federal AHEC Funds: Toxic Exposure Training Preventive Care for Older Adults)	12,730 49,140
	\$241,870

Line Item Expenditures

Personnel and Contractual Salaries	\$148,350
Communications	8,741
Printing and Supplies	21,388
Equipment and Equipment Contracts	12,105
Office Operations	13,150
Travel	5,601
Placement Program	27,500
Continuing Education	1,950
Learning Resource Services	3.085
	\$241.870

Expenditures by Functional Category

Placement Program	77. 4 00
Continuing Education	65,310
Administration - Cumberland AHEC	36,280
Program Development	29,020
Learning Resource Services	15 <i>4</i> 60
Board, IHEC and Caucus Activity	7,040
Off-Campus Program Support	4,840
Public Information	3,630
Community Health Education	2,410
Career Recruitment	<u>480</u>

\$241,870

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Nursing: Pharmacy: Primary Care:

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Care: Mohamed Al-Ibrahim, MD

Marguerite Moran, MD

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Social Work:

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Maryland Statewide Medical Education and Training System



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Columbia Building 11 Columbia Street Cumberland, Maryland 21502 (301) 777-9150 Non-Profit Organization
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