
THE

WESTERN MARYLAND

AHEC



ANNUAL REPORT
1992 - 1993

Cover Photos from left:

Pharmacy preceptor Robert Martin, Jr., RPh, of Potomac Valley Pharmacy.

Tonya Toye, Radiology Department, The Memorial Hospital and Medical Center of Cumberland, Inc., with HCOP student Jennifer Reckley.

Michael Stasko, fourth year UMAB medical student, and medical preceptor Raul Felipa, MD.

Chairman's Report

As the call for national health care reform is resounding through Congress, it is appropriate to reflect on the original and visionary reasons for establishing an Area Health Education Center in Western Maryland. AHECs were conceptualized in the 1970s and activated through local community, state, and federal partnerships to help ease the maldistribution and shortage of qualified physician, nursing, and allied health personnel throughout the nation. AHECs were designed to link the resources of a community and major academic health care institutions to address these issues.

The Western Maryland AHEC is very proud of the University of Maryland at Baltimore's (UMAB) commitment to health care training and professional education in our region. Since 1976, our AHEC with UMAB has successfully promoted the partnership of community, state, and federal resources to address the health professional development and education needs of Western Maryland. All of the AHEC programming is designed to make Western Maryland a desirable region for health care practitioners and to provide access to quality health care for area residents.

The maldistribution of health professionals, first identified in the early 1970s, has not been fully resolved in the nation or in Western Maryland, but much has been achieved regionally. The achievement in a large measure is due to the work of the AHEC. Today, the need for continuing education opportunities, access to health care literature, recruitment and training of new health care professionals, and professional dialogue is more urgent than ever in our rapidly changing health care environment. The need for an AHEC to advocate on behalf of our community continues.



Scott Burleson, MBA
Chair, Board of Directors

The Western Maryland AHEC must continue to be a leader in all phases of health professional development and education. The Center must help our region focus on interdisciplinary, primary care, and public health issues and help provide a community forum for discussion of health care issues for the three western counties in Maryland plus adjacent counties in Pennsylvania and West Virginia.

The coming years for the AHEC will continue to involve change. In an era of shrinking federal and state dollars, the AHEC will need to approach users of information and services to help fund special offerings while continuing to serve as an educational resource for all the region's health care professionals. I am confident that the University of Maryland at Baltimore will continue to recognize the excellence of the Western Maryland AHEC and that the organization will continue to serve the region.

A handwritten signature in dark ink, which appears to read "Scott Burleson". The signature is fluid and cursive, written over a white background.

Director's Report



Donald Spencer
Executive Director

When there is an active partnership between a community and a university, there is not only diversity; there also can be listening, feedback, resource sharing, power sharing, supportive ownership, advocacy...

Leadership of institutions of higher education is extremely difficult. Early in my career I learned that frequently a higher education institution has a very limited capacity to change by itself. In spite of extraordinary assemblages of insightful minds, fresh spirits, and keen perceptions, universities are down right clumsy in their ability to change.

Each university department - like other organizational entities - can become preoccupied in its own thinking and justifications. It can be so absorbed in its own course of action that it barely has time to communicate with other departments or other professions let alone its own alumni, its public constituencies, or the individuals who utilize the expertise which the department generates. It takes commitment, work, time, and thoughtfulness to keep in touch with others.

If higher education is to make responsive internal changes and transcend its own internal competitions, keeping in touch with non-university persons and communities is not a nicety: it is an essential component of change. Just as individuals often change through interacting with others, educational institutions usually change most when they interact with forces outside of the institution itself.

Academic centers need to be able to transcend their own issues, precedents, and procedures by providing community service on the terms of the community. They must invite non-institutional people into their planning and evaluation, their priority setting, their instruction, and their research so they can develop a comprehensive mission plan that

addresses both community and institutional priorities.

The founders, sustainers, and supporters of our nation's Area Health Education Center programs know that working on community needs through a partnership with an autonomous body of university community representatives often empowers changes. When there is an active partnership, there is not only diversity; there also can be listening, feedback, resource sharing, power sharing, supportive ownership, advocacy... The community becomes an alter ego and a means by which the university can become less fragmented and more resourceful. In return the university can enable the community to grow through its contact with higher education resourcefulness.

For UMAB, the Western Maryland AHEC services represents its primary investment in rural professional health education and its formal partnership with one region of the state. There is an active exchange of ideas and prodding for excellence in both directions. For example, this year began with the AHEC Medical Caucus writing a letter of concern to the UMAB Medical School about the

status of primary care in general and the lack of new physicians entering primary care medicine. The AHEC is able to accomplish its advocacy for health professional development and program activities with the support of UMAB and with the strong participation of local volunteers, the active leadership of the Interdisciplinary Health Education Council, the solid contributions of caucuses and task forces, and the work of an able and dedicated staff.

There will need to be many changes in professional education as well as in community health care delivery in the coming decade. It is important that UMAB and our Western Maryland communities work together in addressing these changes.

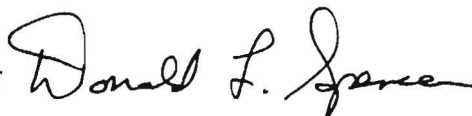
How will AHEC activity be supported to participate in future change? Will it be through federal grants, expanded state support, or local institutional cooperative support?

Because of the nature of the current state and national economies, I believe that the future support will have to come from all three.

This year the Board of Directors gave strong support toward developing our local support base. In

the year ahead we will need to work closely with UMAB to support their movement toward strengthening primary care and expansion of off-campus programs. We also will need to pull together in the region served by the AHEC to continue the progress of developing and maintaining library and information services.

The need for AHECs is perhaps even more clear today than it was when AHECs were initiated 20 years ago. The major challenge in Western Maryland and elsewhere will be keeping together the financial resources to enable AHECs to sustain and even to expand on the work they have begun through vital partnerships with universities.



IHEC Synopsis of AHEC 1993 Program Activities

- Developed five year goals and objectives
- Coordinated 109 clinical education rotations in Western Maryland
- Provided Learning Resource Services to regional health professionals
- Conducted 10 continuing education seminars
- Supported initiation of a Master of Social Work Outreach Program in Western Maryland using interactive television
- Prepared and submitted five grant proposals
- Received approval of the *Proposal for Geriatric Educational Program Development* with the GGEAR program of the University of Maryland at Baltimore to begin July of 1993
- Began implementation of the *Access Computer Technology/Information Outreach Network (ACTION)* project awarded to the AHEC by the National Library of Medicine
- Developed and implemented HEALTHPRO
- Developed proposal seeking institutional support for learning resources project continuation
- Initiated the AESOP program for University of Maryland students studying in Western Maryland
- Developed a Physical Therapy Task Force
- Assisted in establishing a Rehab Club at Frostburg State University
- Implemented a fifth year of the Eastern Alleghenies Health Careers Opportunity Program with a new cycle of federal funding
- Completed the two year project *Rural Training Initiatives in Adolescent Health*
- Helped implement the Western Maryland component of *Physicians' and Dentists' Knowledge and Behavior Related to Oral Cancer: A Needs Assessment and Education Program* with the University of Maryland's Baltimore College of Dental Surgery, Dental School
- Supported the University of Maryland Nursing Outreach Program and the introduction of interactive television as a teaching tool
- Worked with the Allegany County Task Force on AIDS in sponsoring a project to develop a community consensus of opinion on how AIDS will be treated and dealt with in our communities
- Worked with the six caucuses to achieve their health professional development goals



Braddock Medical Group's Dr. Wayne Spiggle and Carol Kenney, medical assistant, review the GRATEFUL MED software provided to them by the AHEC through the *Outreach Pilot Project*. They are among the more than 3,000 Western Maryland health professionals that the AHEC has introduced to computer access to the latest medical information.



(Third from left) Dr. Bob Flaherty of the Montana AHEC conducted a seminar on the benefits of telecommunications networks for health professionals. AHEC Board members, Patricia Lund, EdD, RN, and Delegate Betty Workman, as well as Nursing Caucus member Gail Mazzocco, EdD, RN, were in attendance to learn the many applications that can be developed for the local network, HEALTHPRO.

IHEC Report

Reviewing the work of the Interdisciplinary Health Education Council (IHEC) during the last year has reminded me of how busy we were and are. My thanks to the staff at the Western Maryland Area Health Education Center (AHEC) and to the volunteers who serve on the IHEC, the various caucuses, and committees. Thanks as well to Jan Chippendale, whom I followed as chair of the IHEC, for an easy transition into this position.

In April of 1992, the IHEC held a planning retreat. From this meeting a blueprint outlining planning and operational priorities for the next five years was developed. This blueprint is divided into five areas: recruitment, off-campus education, clinical education, continuing education, and learning resource services. Throughout this year, the blueprint has guided and focused the IHEC, the staff, and caucuses in setting and achieving specific goals. A common thread among all areas is identifying new sources of funding for the projects.

The Board of Directors and the IHEC have identified several AHEC services to be marketed to health care institutions and professionals on a fee basis. Executive Director Donald Spencer, with staff support, is presenting such a proposal to area health care institutions. This proposal offers continued access to the skills of a medical librarian in using learning resource services developed under the ACTION and Outreach projects, assistance in meeting library and information service standards of the Joint Commission Accreditation Healthcare Organization, and use of HEALTHPRO.

HEALTHPRO is a service being developed by the AHEC for health professionals and their institutions that offers networking with



Michael Levitas, MD
Chair, IHEC

colleagues through an electronic bulletin board with general and private conferencing areas, a continuing education calendar, and courses for continuing education. HEALTHPRO use also will include a listing of regional health care position vacancies and access to resumes on candidates looking for career opportunities in Western Maryland. Development of these services is being accomplished through the ACTION and Placement grants. Continuation of the services however is linked to community support.

The AHEC continues to be an innovative leader in developing programs and using new technologies such as interactive television to meet the health professional educational development needs of the region. The list of the AHEC accomplishments in 1993 is very long. I encourage you to read the program reports that follow. Your support is needed to continue the breadth of programming that the AHEC offers.

Michael A. Levitas MD

Clinical Education Program



(Right) Preceptor Dr. Victor Mazzocco of the Braddock Medical Group in Cumberland and fourth year UMAB medical student Matthew Park review a patient file. Dr. Mazzocco has served as an AHEC preceptor since 1979.

The Clinical Education Program continues to grow in its role as the principal rural health training program in the State of Maryland. Working in cooperation with the University of Maryland at Baltimore and the Maryland Statewide Medical Education and Training System, the program provides an educational experience that cannot be duplicated on campuses or at large university hospitals.

The dedicated health care professionals of Western Maryland who give unselfishly of their time as preceptors to provide practical, "hands on," experience in the delivery of health care in small city and rural health practices make the program successful. During fiscal year 1993, seventy-three preceptors worked with students from twelve health care disciplines to complete 109 clinical education rotations.

Students from thirteen educational institutions have chosen to experience rural

health care in Western Maryland. The number of educational institutions desiring affiliation with the AHEC's Clinical Education Program continues to grow as personal endorsements spread.

Nineteen of this year's clinical education students are native to the Western Maryland region. Fields of study represented by the area students are: three in medicine, eight in pharmacy, two in physical therapy, and one each

in counseling psychology, medical technology, occupational therapy, physician assisting, emergency health services, and pastoral care.

Clinical education opportunities exist in all three Western Maryland counties. Housing in Allegany County is available at the AHEC for 12 students; a private home owned by Manning and Kathy Smith in Oakland provides a unique small town experience for students in Garrett County; and housing in Washington County is provided courtesy of the Washington County Hospital Association.

An interdisciplinary curriculum, including living with students training for other health professions, provides an added program dimension. Orientation, tours, elective site visitations, case presentations, and weekly seminars foster student awareness and knowledge of the ways in which the community and its environment influence health care and illness. Through these shared experiences with health professionals and interdisciplinary interactions, students gain increased insight and appreciation of the effect of attitude, behavior and responsibility of the functioning of an interprofessional team.

Clinical Education Program Rotations by Discipline *July 1, 1992 to June 30, 1993*

Ambulatory Care/Medicine	20
Counseling Psychology	1
Dentistry	1
Emergency Health Services	1
Health Education	1
Medical Technology	1
Pastoral Care	4
Pharmacy	46
Physician Assisting	5
Physical Therapy	20
Occupational Therapy	8
Social Work	1
Total	109

Student Comments

1992-1993



(Right) Preceptor Richard Ottmar, RPh, Sacred Heart Hospital Pharmacy, and clinical education student Bob Pohler, UMAB Pharmacy School.

This rotation enabled me to see the people side of medicine...

I was exposed to many aspects of health care that I had never experienced before either academically or practically. It was a wonderful experience, much more than I had ever anticipated.

My most interdisciplinary experience was at the T. B. Finan Center. There the patients and staff were in constant contact with the clergy, social workers, psychiatrists, physicians, nurses, occupational therapists, physical therapists, and pharmacists. This was a great experience for a student, to see all of the professions working together so well!

My preceptor's receptiveness and attitude towards me as a fellow physician rather than a student not only encouraged me to learn, but provided me with the best experience of my med school career.

My fieldwork experience in Western Maryland has enabled me to build rapport with patients, a task with which I was previously very uncomfortable. I now feel at ease and confident...

I truly enjoyed my experiences in interdisciplinary care outside my profession. For instance, I was able to see pre-hospital care by riding with the local ambulance crews for two nights and I visited an outpatient physical therapy clinic. These experiences are not ones that a pharmacist usually gets, and they really increased my appreciation for what those health care professionals do on a daily basis.

This rotation has given me an education that cannot be taught in any classroom or book. In adult day care I had the opportunity to really talk with elderly patients and make significant contacts with them, not just "small talk." This experience will never be forgotten.

I learned a lot about dealing with patients and addressing more than just their medical concerns. For instance, my preceptor did a great deal of counseling patients and their families, a heavy dose of patient advocacy, and served as a mentor for several young professionals.

Everything about this rotation was probably the best clinical experience I've had throughout my med school career.

My placement was beneficial in that I have experienced growth both in clinical dentistry as well as in my management skills.

The trips I was able to make with visiting home health care nurses gave me a glimpse of living conditions in a rural area. I learned about the distances and other traveling difficulties involved in getting medical help. I also learned that the responsibilities placed on the nurses were most difficult (such as when to admit a patient to hospital), but they do a great job!

I was able to go out into patients' homes with home health care nurses and to attend adult day care with the elderly. I was exposed to patient interaction frequently. It was also extremely beneficial to be able to discuss individual patient medications with nurses and patients.

My preceptor not only taught me the important technical skills that I need to practice, but she also challenged my thought processes as well. She was an excellent role model!



(Left to right) Ken Feese, an occupational therapy student at Towson State University, completed a clinical education rotation at the Finan Center under the guidance of preceptors Lydia Martin, MS, OTR/L, and Laura Robinson, OTR/L.

Clinical Education Program

University of Maryland at Baltimore

July 1, 1992 - June 30, 1993

School of Medicine Ambulatory Care

<u>Preceptor</u>	<u>Student</u>	<u>Location</u>
Paul Anderson, DO	Susan King	Private Practice
Edward Anderson, MD	Shellie Sasscer	Antietam Family Practice
Anthony Bollino, MD	Jonathan Weinstein	Private Practice
	Brian Bloom	
	Susan Rothbauer	
	Adam Soloman	
Thomas Chappell, MD	Donna Harrison	Braddock Medical Group
Antonio DeMunecas, MD	Adam Soloman	Allegany County Health Department
Raul Felipa, MD	Helen Nitsios	Private Practice
	Michael Stasko	
Martin Gallagher, Jr., MD	Barbara Alexander	Antietam Internal Medicine
	Chad Hoyt	
	Susan Rothbauer	
Michael Gayle, MD	Susan King	Berkeley Springs Medical Associates
Margaret Kaiser, MD	Michael Audon	Private Practice
	Michael Gallagher	
William Kerns, MD	Nicolette Pesik	Smithsburg Family Practice
Myung-Sup Kim, MD	Michael Stasko	Sacred Heart Hospital
William Lamm, MD	Brian Bloom	Private Practice
Michael Levitas, MD	Maria Delgiorno	Children's Medical Group
	Debra Hurtt	
Victor Mazzocco, MD	Matthew Park	Braddock Medical Group
Margaret Merrick, MD	Debra Hurtt	Children's Medical Group
Eugene Nallin, MD	Samuel Hsu	Hyndman Area Health Center
Susan Nuber, MD	Maria Delgiorno	Children's Medical Group
	Debra Hurtt	
Martha Riggle, MD	Shellie Sasscer	Antietam Family Practice
	Jonathan Weinstein	
Karl Schwalm, MD	Lore Wooton	Garrett Medical Group
Richard Schmitt, MD	Michael Stasko	Private Practice
Wayne Spiggle, MD	Donna Harrison	Braddock Medical Group
	Matthew Park	
Andrew Stasko, MD	Michael Stasko	Private Practice
Todd Tritch, MD	Lore Wooton	Garrett Medical Group
Gary Wagoner, MD	John Glorioso	Private Practice

School of Medicine Department of Medical and Research Technology

Joseph Litten, PhD

Donald Karlowa

Memorial Hospital Laboratory

School of Medicine Department of Physical Therapy

<u>Preceptor</u>	<u>Student</u>	<u>Location</u>
John Dickerhoff, PT	Lisa Akers Cindy DePasquale Debbie Taylor	Memorial Hospital Physical Therapy
Chris Evans, PT	Lisa Akers Brett Clark	Garrett Co. Mem. Physical Therapy
Theresa Hannibal, PT Donald Heare, PT	Greg Salfia Lisa Akers	Garrett Co. Mem. Physical Therapy Progressive Physical Therapy

Baltimore College of Dental Surgery, Dental School

Lynne Brodell, DDS John Davis, DDS Michael Granet, DDS Paul McAllister, DDS Howard Strauss, DDS	Kevin Resh Kevin Resh Kevin Resh Kevin Resh Kevin Resh	Private Practice Private Practice Private Practice Allegany County Health Department Private Practice
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School of Pharmacy Professional Experience Program

John Balch, RPh	Teresa Schweiger Regina Varkus Alicia Winfield	Bedford Road Pharmacy
Gerald Beachy, PD Jeffrey Beck, RPh	S. Brian Toth Tom Morgan Robert Pohler	Beachy's Pharmacy Thrift Drug Braddock Square
John Beckman, PD Thomas Bolt, PD Leon Catlett, RPh James Crable, PD Monte Festog, PharmD	Letitia Wright Jodi Morgan Lisa Schultz Regina Varkus Tom Morgan Barbara Ransel Helen Roczics Michelle Santora Lisa Schultz Regina Varkus Tom Morgan Matt Smith	Greene Street Pharmacy Medicine Shoppe Eakle's Pharmacy Thomas B. Finan Center Washington Co. Hospital Pharmacy
Jon Hann, RPh	Alicia Winfield Debbie Blamble Karen Mochinal	Revco Drug Store
Harold Harrison, RPh Gerard Herpel, PD	Ann Thai Glenn Wright Nancy Best Brooke Eisenhower Michael Barton Yunga Chang Tim Keller	Frostburg Hospital Pharmacy Deep Creek Pharmacy
Stephen Hospodavis, PD	Robert Pohler	Steve's Pharmacy
Heidi Leuking, RPh	Joe Glass Lisa Schultz Corey Zimmerman Matt Smith Kelly Stemmer	Garrett Co. Memorial Hospital
Robert Martin, Jr., RPh		Potomac Valley Pharmacy
Richard Ottmar, RPh Carol Ritchie, RPh David Russo, RPh		Sacred Heart Hospital Pharmacy Thomas B. Finan Center Medicine Shoppe Medicine Shoppe Memorial Hospital Pharmacy Medicine Shoppe
Jerry Stewart, PD Jodie Thomas, RPh		

Clinical Education Program-*cont.*

University of Maryland System

Bachelor of Social Work

<u>Preceptor</u>	<u>Student</u>	<u>University/College/Program</u>
Robert Jones, MSW	John Wooton	Univ. of Maryland Balt. County

Emergency Health Services

Dave Ramsey, MBA	Eric C. Chaney	Univ. of Maryland Balt. County
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Health Education

Glen Besa, JD	Ruth Chidester	Towson State University
Becky Harvey, RN, MBAC	Ruth Chidester	Towson State University
Julie Longenecker, LCSW, ACSW	Ruth Chidester	Towson State University
Jane Miller, RN	Ruth Chidester	Towson State University

Occupational Therapy Program

Lydia Martin, MS, OTR/L	Ann Haddaway	Towson State University
Laura Robinson, OTR/L	Kristin Allen	Towson State University
	Ken Feese	Towson State University
John Stuckey, MS, OTR/L	Kristin Allen	Towson State University
Nancy Watson, OTR/L	Ken Feese	Towson State University
	Ann Haddaway	Towson State University

Physical Therapy Program

Chris Evans, PT	Scott Nerses	Univ. of Maryland Eastern Shore
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Participants from other Programs

Counseling/Psychology

<u>Preceptor</u>	<u>Student</u>	<u>University/College/Program</u>
Conrad Cole, PhD	Antoinette Wiseman	West Virginia University

Occupational Therapy

Lydia Martin, MS, OTR/L	Pam Brunner	University of Pittsburgh
	Cathi Carroll	University of Pittsburgh
	Stephanie Turnbull	Elizabethtown College
Laura Robinson, OTR/L	Joyce Fisher	Elizabethtown College
	Sherry Johns	Mount Aloysius College
John Stuckey, MS, OTR/L	Pam Brunner	University of Pittsburgh
	Stephanie Turnbull	Elizabethtown College
Nancy Watson, OTR/L	Joyce Fisher	Elizabethtown College

Pastoral Care

Gene Gall, DMin	Cheryl Houser	Wesley Theological Seminary
	Lindsay Robinson	Virginia Theological Seminary
	Jo Morris Scherer	Wesley Theological Seminary
	Jack Weir	Virginia Theological Seminary

Participants from other Programs continued

Pharmacy

<u>Preceptor</u>	<u>Student</u>	<u>University/College/Program</u>
John Balch, RPh	Kathy Schwartz	Duquesne University
Gerald Beachy, PD	Stephanie Shaffer	Duquesne University
	Lynn Caccamese	Duquesne University
	Jeff Richman	West Virginia University
	Cynthia Sterling	Duquesne University
John Beckman, PD	Laurie Dellarose	Duquesne University
Patricia Blackburn, RN, MSN	Kathy Schwartz	Duquesne University
	Stephanie Shaffer	Duquesne University
Carolyn Brown, RN	Lynn Caccamese	Duquesne University
	Jeff Richman	West Virginia University
	Cynthia Sterling	Duquesne University
Cathy Chapman, RN, BSN	Jeff Richman	West Virginia University
	Kathy Schwartz	Duquesne University
	Stephanie Shaffer	Duquesne University
Harold Harrison, RPh	Kelly Leccese	Duquesne University
	Pam Pappas	Duquesne University
Becky Harvey, RN, MBAC	Jeff Richman	West Virginia University
	Kathy Schwartz	Duquesne University
	Stephanie Shaffer	Duquesne University
Janice McKenzie, RN, BSN	Lynn Caccamese	Duquesne University
	Jeff Richman	West Virginia University
	Kathy Schwartz	Duquesne University
	Stephanie Shaffer	Duquesne University
	Cynthia Sterling	Duquesne University
Robert Martin, Jr., RPh	Jennifer French	Duquesne University
Sharon Metz, RN	Lynn Caccamese	Duquesne University
	Jeff Richman	West Virginia University
	Kathy Schwartz	Duquesne University
	Stephanie Shaffer	Duquesne University
	Cynthia Sterling	Duquesne University
Richard Ottmar, RPh	Pam Pappas	Duquesne University
Jerry Stewart, PD	Jeff Richman	West Virginia University
	Adrienne Smith	Duquesne University
Linda Valentine, RN	Lynn Caccamese	Duquesne University
	Jeff Richman	West Virginia University
	Kathy Schwartz	Duquesne University
	Stephanie Shaffer	Duquesne University
	Cynthia Sterling	Duquesne University

Physical Therapy

John Dickerhoff, PT	Jenny Raibel	Duquesne University
Chris Evans, PT	Paula Johnson	West Virginia University
Donald Heare, PT	Jackie Blake	Wheeling Jesuit College
	A. J. Convery	West Virginia University
	Lisa Shimberg	Shenandoah University
	Justin White	Shenandoah University
Michael Staggers, MS, PT	Jeff Ashton	West Virginia University
	Joseph LaNeve	West Virginia University
	Jeannette Shannon	West Virginia University
	Vicky Wilkins	West Virginia University
	Joe Wood	West Virginia University
Bucky Whiteman, PT	Cari Fato	Wheeling Jesuit College

Physician's Assistant

Michael Gayle, MD	John Roney	Duquesne University
Lawrence Greenspoon, MD	Virginia Bialick	George Washington University
	Donell Deremer	George Washington University
	Dana Seidensticker	George Washington University
Michael Levitas, MD	Randy Stroup	George Washington University

Student Comments

1992-1993

The need for primary care internists and family practitioners was made painfully obvious during my rotation. Unfortunately, we live in the age of "the specialist." Things must change or a health care crisis will happen even sooner than we expect.

The most frustrating part of my placement was the fact that it was not longer. I hated to leave!

The placement allowed me to see and experience the interactions of a small town physician and his patients. I noted how he spent more time with the patients, the way he followed up with returning patients, and saw the long term relationships in place and growing.

I most enjoyed being in an area where everyone is very receptive to students and interested in enabling you to achieve your scholastic needs/pursuits.

I think this rotation in geropharmacy should be required by the School of Pharmacy. It showed different points of view that a pharmacy student would never get to see, things like: how medications are instilled in an oncology unit, how patients are evaluated in the Alzheimer's unit, observing foley catheters being inserted.

Outpatient medicine was so completely different from anything I'd done so far in medical school! Treating minor problems, judging when someone needs to be admitted to the hospital, and on-the-spot decision making was all foreign to me prior to this rotation.

My preceptor provided me with the practical model that I will use for outpatient care. My experience was invaluable.

I really enjoyed the opportunity to get to know patients personally...

The placement has greatly expanded my understanding of health needs in a rural area. Prior to this rotation, I had essentially no experience working with a rural population.

This placement deepened my appreciation of the human service professions. The complexity of human needs requires dedicated professionals willing to give back to the community. I think the rural setting is better able to allow someone to have a sense of community because each individual can have the sense that s/he can really make a difference for others.

My preceptor devoted much time to me and included me in all that he accomplished. He had great patience, was friendly, warm, and a wonderful teacher. He was the best!

I learned and reviewed a lot of common medical conditions in the adult and elderly population. I learned how to efficiently incorporate preventive medicine into routine acute care outpatient visits.

I appreciated being treated as a mature and competent individual and was not doubted in my ability to provide opportunities for effective therapy for patients. I also enjoyed learning about the lives of these patients, many of their illnesses were chronic. Collectively they have enhanced my understanding of mental illness.



(Right) Tom Morgan was one of six UMAB pharmacy school students to be precepted this fiscal year by Monte Festog, PharmD, Washington County Hospital Association pharmacist.



AHEC Clinical Education Program students Bob Pohler, UMAB Pharmacy School, Tom Morgan, UMAB Pharmacy School, Cathi Carroll, Univ. of Pittsburgh Occupational Therapy Program, and UMAB fourth year medical students Brian Bloom, Debra Hurtt, and Mike Stasko.

Placement Initiatives

Ten new health professionals were welcomed to Western Maryland by August of 1992 as the results of the AHEC's *Educational Placement Initiatives to Support Rural Care*. An occupational therapist, a recreational therapist, a dentist, a master level social worker, and six pharmacists chose the Western Maryland health professional community above all other practice location offers.



George Lauder, a pharmacist at the Bedford Road Pharmacy in Cumberland, was one of ten new health professionals who started their professional careers in Western Maryland with the support of the AHEC placement initiatives in 1992.

Before the initiatives expire in October of 1993, the project's goal is to place an additional 20 new health professionals in regional health care facilities and practices; all at no cost to the professional or the placement site. The Placement Program is a regional service of the AHEC which is designed to meet the health care needs of the community.

Working with graduating students and their faculty through recruitment efforts at career fairs and with placement office staff at 16 colleges and universities, the AHEC is generating significant interest in the region. There is a growing list of new health professionals interested in working in Western Maryland, and a shrinking list of chronically open positions. This candidate list which contains detailed information on each candidate's skills and preferences will be a useful resource for area personnel recruiters at hospitals and health care facilities for many years to come.

The two year initiatives are funded by the DHHS Public Health Service, Bureau of Health Professions, Federal AHEC Program. Working only in the academic setting, the AHEC uses personal relationships to encourage new graduates of health professional programs to select Western Maryland as a practice option. Follow-up and responsiveness to the professional's request and interests are key to stimulating and maintaining interest in our rural region's opportunities.

Because the AHEC seeks to represent the many diverse health professional communities in our service area, a regional approach is used for the recruitment activities. The brochures, posters, slide show, and display that attract attention to the life and career opportunities of Western Maryland reflect the diversity of professional opportunity available in the region.

The initiatives were developed around a needs assessment of the personnel and recruitment challenges faced in Western Maryland. Physical therapy was persistently identified as being a chronic shortage area not only for Western Maryland, but also for the nation. A fall 1992 workshop *The Crisis in Rural Physical Therapy* brought together educators, physical therapy practitioners, and legislators in an effort to examine the issues. As a result of this daylong workshop, a physical therapy task force was created to explore long term solutions to the regional and national dilemma.

Another daylong fall workshop is being planned with the Medical Caucus. Topics under discussion include issues surrounding primary care.

The AHEC is working with the health professional community in exploring ways to keep this project viable after the federal support ends this fall.

HCOP

*G*rowing Our Own Health Professionals is the essence of the AHEC's Eastern Alleghenies Health Careers Opportunity Program (HCOP). It is being accomplished by:

- ◊ informing high school students about health career opportunities,
- ◊ fostering relationships between high school students and health professionals,
- ◊ creating opportunities to observe and work in health care settings,
- ◊ providing educational and personal support needed for success in training programs,
- ◊ encouraging students in training to complete clinical experiences in Western Maryland,
- ◊ helping new health professionals identify career opportunities in their home communities.

HCOP is a long term investment plan for the tri-state region's health care future. In its fifth year of service, the investment is reaping dividends. Begun in 1988 and followed by four years of nurturing, some HCOP recruits are now working as health professionals. HCOP has fostered the career of a respiratory therapist currently working in Hagerstown, three EMTs who work locally while in college, and a fourth EMT in the military. A radiologic technologist and a social worker are embarking on their careers this summer. Most HCOP



HCOP provides area students with a peek into the health care world. During a hospital tour, Jennifer Reckley of Calvary Christian Academy examines a slide in a hospital hematology department.

summer program graduates are still in training for careers in: physical therapy, occupational therapy, medicine, EMT, pharmacy, dental hygiene, pre-veterinarian medicine, biomedical engineering, clinical psychology, and other health fields.

In reviewing the results of the HCOP program, it is important to remember two things. First, that the time needed for undergraduate and graduate training in a health profession can be as short as two years beyond high school or as long as twelve or more years. And second, that the program's impact on health careers really goes beyond the number of students who are being tracked.

HCOP tracks only the career paths of the graduates of its yearly summer program (87 to date, with 18 just graduating this year from high school). The summer program is only one component of the yearly health career recruitment activities conducted throughout the region. In five years, HCOP

has provided health career information and counseling to 6,100 students, while only 87 students could be admitted to summer programs. Many of the 6,100 students also have chosen health careers.

The program received financial support from the Department of Health and Human Services, Bureau of Health Professions, Division of Disadvantaged Assistance from September of 1988 through August of 1991, and is again funded from September of 1992 through August of 1995. From September of 1991 through August of 1992 the program was maintained solely on the momentum of community support and resources from the AHEC. The interim year required some ingenuity and entrepreneurial skills in rearranging the program to keep its essence in light of very limited funding.

The residential aspect of the HCOP summer program was suspended during the interim

year, and was replaced with a commuter program. The new cycle of federal support allows the residential component of the 1993 summer program to be reinstated for five weeks. The on-campus residential experience is very useful to the students in preparing for the transition to college life. For one week preceding the 1993 summer residential experience, students will be placed with health professionals in hospitals and community practice settings to observe health careers in action.

HCOP is successful only because of the overwhelming support of the educational and health professional communities. More than 200 serve as health site preceptors; Sacred Heart Hospital and The Memorial Hospital and Medical Center of Cumberland are two of eight hospitals which offer their facilities and staff to help HCOP participants explore careers: Twenty-two schools from seven counties in Maryland, Pennsylvania and West Virginia open their doors to the HCOP program activities. Allegany Community College, Frostburg State University, and Potomac State

College of WVU lend their expertise in educational planning. All contribute to help the students explore their educational and career options for a rewarding future.

HCOP students are supported in their career path by the AHEC's Clinical Education Program and the Placement Program.

Health Career Recruitment Activities September 1992 - August 1993

Schools visited	22
Class presentations	86
Students reached	1,650
Student requests for health career information	1,050
Participants in hospital tours	150
Participants in individual job shadowing	70
Summer program application requests	250
Students selected for 1993 summer program	20



This academic year, seventy students participated in individualized career shadowing of health professionals through HCOP. Jennifer Paruch, occupational therapy assistant for Allegany Rehabilitation Associates, shows Robert Trimmer of West Virginia's Hampshire County High School how to use a sling.



HCOP helps students learn about a wide variety of allied health professions through career presentations and tours. Bonnie Miller, Blood Bank supervisor at Memorial Hospital and Medical Center of Cumberland, explains blood typing and matching to a group of HCOP students.

Learning Resource Services

The AHEC is in a leadership role in guiding area health care practitioners and hospitals and libraries into the electronic age of health care information access. The grant supported *Outreach Pilot Project* conducted from 1990 to 1992 and the current National Library of Medicine's *Access Computer Technology/Information Outreach Network*

(ACTION) helped the AHEC provide area health care practitioners and educational institutions with the equipment, software and training necessary to begin using the new electronic information technologies.

Over 3,000 health professionals were introduced to the benefits and growing wonders of electronic information exchange through the *Outreach Pilot Project*. Over 400 presentations, demonstrations and training systems were used to develop regional familiarity with GRATEFUL MED, LOANSOME DOC, and to build a support network for accessing health science information. This groundwork was enhanced by the National Library of Medicine's approval of the ACTION project.

The ACTION project allowed the AHEC to equip a tri-state network of 19 institutions (health, academic and public libraries), with computers,

modems, computer software, facsimile machines, and the training to provide access to electronic information technology to an even broader base of health professionals. ACTION also facilitated the hiring of Claire Meissner, medical librarian, as the newest member of the AHEC informational support staff.



Health professionals in practice, students in training, and even some of their young family members are taking advantage of the electronic learning resources training sessions being conducted by the AHEC staff (left) Michele Beaulieu, Library Associate, and (right) Kathleen Lese, LRC Programs Coordinator. This presentation was made to Frostburg State University Rehab Club members.

The Learning Resource Center expanded area health professionals' options for gaining medical information by adding several new literature retrieval options this year: BRS, DIALOG, VICTOR and ILIS. On-line linkages through BRS and DIALOG provide access to over 400 databases including Sociological Abstracts, PsychINFO, Grants and Foundation information, CINAHL, FDC Reports, and Consumer Drug Info. VICTOR is the University of Maryland's Online Catalog, which also offers connection to additional databases such as ERIC

(educational info), Government Publications and Choice Book Reviews. ILIS, the Integrated Library Information System of the Health Sciences Library at UMAB provides access to the Library's catalog. These new retrieval options are in addition to the GRATEFUL MED, LOANSOME DOC, and DOCLINE services utilized by

area health professions. And, there is more growth projected for the coming years.

The AHEC is working with the SURAnet regional computer network to plan INTERNET access for area health science institutions through a National Science Foundation grant. INTERNET, the fiberoptic network that is crisscrossing the nation, is predicted to cause a tremendous

explosion in interactive information technologies.

An electronic information project being implemented on a local scale by the AHEC is HEALTHPRO. HEALTHPRO is a computer service for health professionals that can provide: networking with colleagues through a bulletin board format with public and private conferencing areas; continuing education programs that can be downloaded to your computer complete with pre and post test measures; listings of regional continuing education courses; journal clubs; and state

legislative updates. The service also can offer listings of regional health care position vacancies, access to resumes of candidates looking for health career opportunities in the region and much more. Development of the service is being accomplished through the ACTION and Placement grants. A proposal for community support of HEALTHPRO and many of the learning resource services developed through the grant is being presented to area health care institutions.

The growth in the Nursing Outreach Program and the addition of the MSW Outreach Program had a significant impact on the number of interlibrary loans performed this year. As of April, the statistics reflected a 150% increase. The breadth of access to electronic information also is helping the Learning Resource Center broaden the services it can offer to the UMAB clinical education

and off-campus education students studying in Western Maryland. Through a program called AESOP (Area Education Student Outreach Project) these students have free access to the University of Maryland Health Sciences Library materials from four different access sites in our service region. AHEC's students from other universities also can access the UM library resources but must pay the on-line charges of the UM system.

Quick access to the most current medical literature is vital to the on-going education of health professionals and to the delivery of quality health care. The AHEC Learning Resource Center is equipped to help the region's health care community maximize the use of the newest electronic technologies in delivering quality health care.



The AHEC staff with the help of Earl Beeler, computer consultant, installed computer equipment at the ACTION consortium members' sites. The nineteen institutions participating in the project also received a printer, modem, fax machine, and supplies. The AHEC staff is providing training and support services to members of the consortium on electronic access to learning resources.

ACTION Consortium Members

Allegany Community
College

Allegany County
Health Department

Allegany County
Public Library System

Frostburg Hospital, Inc.

Garrett County
Health Department

Garrett County
Memorial Hospital

Hampshire
Memorial Hospital

The Memorial Hospital
and Medical Center of
Cumberland, Inc.

Memorial Hospital
of Bedford County

Meyersdale
Community Hospital

Potomac State College
of WVU

Potomac Valley Hospital

Sacred Heart Hospital

Somerset Hospital
Center for Health

Thomas B. Finan Center

Tri-State Community
Health Center

Washington County
Health Department

Washington County
Hospital Association

Western Maryland Area
Health Education Center

Adolescent Health Initiatives

Although the official ending date for *Rural Training Initiatives in Adolescent Health* was July 30, 1992, its spirit and many of its program efforts continue. The three Adolescent Health Coalitions created during the two year grant program remain active and committed to promoting adolescent health in Allegany, Garrett and Washington counties. The program's accomplishments were noted by the Maryland Governor's Council on Adolescent Pregnancy which appointed Susan O. Davis, AHEC Director of Educational Program Development and the program's coordinator, to its council.

The last six months of program activities emphasized evaluation of the demonstration School Health Services that were held in four high schools from September, 1991 through June, 1992. There were 10,011 student visits to the health services in the four schools which had a combined student population of 4,042. In three schools where all students needing attention for health matters were triaged through the school nurse, approximately 70% of the student body used the health service in one year. At one high school where students seeking attention for health matters were triaged through the school secretary, the health service saw 34% of the school's students.

Injury was cited as the the most frequent and chief complaint of the students that presented at the health services. Gastrointestinal problems and emotional problems tied for second. Many students presented with headaches or other minor central nervous system problems. Frequently these symptoms were determined to be caused by other underlying problems.



Susan O. Davis, Director of Educational Program Development, was appointed to the Maryland Governor's Council on Adolescent Pregnancy because of her coalition building efforts in Western Maryland through the AHEC special initiatives project *Rural Training Initiatives in Adolescent Health*.

The School Health Services were located at Southern Middle and High School in Oakland, at Northern Middle and High School in Accident, at Beall High School in Frostburg, and at South Hagerstown High School in Hagerstown. The Frostburg service was funded by the AHEC's adolescent health initiatives. The health service at South Hagerstown High School was funded by an incentive grant from the Maryland Governor's Council on Adolescent Pregnancy, and the Garrett County services were funded by a Drug and Alcohol Prevention Grant and the Garrett County Board of Education.

The results of a faculty evaluation and a student survey at Beall High School show that the School Health Services were used and enthusiastically supported in concept and practice. In response to their long term health needs at school, the students' greatest concerns were: 1) the nurse should be retained in the health room in subsequent years, 2) length of the nurse's day should be longer, 3) there should be more space for the health service, and 4) the nurse should be able to dispense aspirin and Tylenol.[®]

Even with these positive results and support of the faculty and students, the full time nurse at Beall High School was released after the grant funds terminated. Neither the AHEC nor the Allegany County Health Department which employed the school nurse using AHEC special initiatives funds was able to secure funding to continue the service. The Governor's Council continued funding the South Hagerstown School Health Service for another year, and the Garrett County School Health Service is still in operation and funded from the same resources.

The Office of Technological Assessment of the US Congress recommends that several strategies can improve access to health services for adolescents. One is to empower adolescents to gain access to health services by locating one in every school. There is important legislation being considered by Congress to implement these strategies. Hopefully, the Western Maryland communities can soon find additional funds to offer these essential services to our adolescents.

Rural Training Initiatives in Adolescent Health was funded by the Dept. of Health and Human Services, Public Health Service, Bureau of Health Professions, federal AHEC office.

Continuing Education

The availability of quality health professional education programs is a key issue in the retention of health professionals and in providing quality health care. During fiscal year 1993, the AHEC was involved with many types of educational activities.

Ten continuing education seminars were sponsored with the caucuses, the IHEC, and the community. A new education project, *Physicians' and Dentists' Knowledge and Behavior Related to Oral Cancer: A Needs Assessment and Education Program*, is being implemented with the UMB Baltimore College of Dental Surgery, Dental School. The staff also was active in providing educational activities that encourage health professionals to use GRATEFUL MED and other computerized literature access systems (see Learning Resource Center Report).

The AHEC also worked with the Allegany County AIDS Task Force to organize an *AIDS Consensus Planning Workshop* held in May. The workshop was held to help health practitioners, health care institutions, and community agencies address the need for a community plan that addresses all care aspects, physical, social, and spiritual of persons with HIV/AIDS. This major undertaking initiated dialogue between various caregiver components of the community and will result in many additional education seminars.

During the past year, Susan O. Davis, was named Director of Educational Program Development. In this role she is able to foster and encourage



The Crisis in Rural Physical Therapy, a daylong seminar, brought together educators, physical therapist practitioners and legislators. Program coordinators and presenters included (left to right) Donald Spencer, MPA, Executive Director AHEC; William Pfeifle, EdD, Associate Dean University of Kentucky; Glenna Burkhart, PT, Director Dept. of Physical Therapy Washington County Hospital and The Rehab Center; Ruth Wood, MS, RN, former AHEC Director of Clinical Education and Placement; Clarence Hardiman, PhD, Dean School of Physical Therapy, Univ. of Maryland; and John Dickerhoff, PT, Administrative Director of Physical Medicine and Rehabilitation Memorial Hospital and Medical Center, Inc.

caucus discussion concerning the most pressing issues surrounding health care in Western Maryland and to help caucus members monitor legislative issues relating to health care reform and its impact on health education. The caucuses and the IHEC use the results of these discussions to authorize and develop new interdisciplinary educational programs.

One issue that arose from the caucus discussion during the year is the need for additional off-campus educational programs to be held in Western Maryland. A grant application was submitted in the fall of 1992 requesting funds for the beginning of off-campus courses for clinical nurse rehabilitation specialist, master of social work, master of physical therapy, and bachelor of occupational therapy.

Another grant application was prepared to request funding for

the equipment to provide some of the courses through interactive telecommunications. This equipment also is designed to provide grand rounds for physicians from teaching hospitals in urban areas.

Overall, five grant applications were processed for competitive review in 1993. The AHEC was awarded \$35,000 for the proposal, *Geriatric Education Program Development with the GGEAR Program of the University of Maryland*. The project will begin in the next fiscal year. Despite an excellent effort by staff and volunteer advisors, two grant applications were turned down, and the staff is awaiting word on two. Competition for grant award money is intense, and our proposals were given high marks. The IHEC may elect to modify several applications and resubmit in upcoming competitive grant cycles.

Nursing Outreach



The 1992 Western Maryland BSN Outreach graduating class of the University of Maryland School of Nursing (front row, left to right) Lisa Clarke, Connie Skelley, Elissa Parrish, Linda Rice, and Katherine McKenney; (middle row, left to right) Carolyn Ross, Judy Loff, Mollie Musso, April Moreland, Midge Maloney, and Norma Brown; (back row, left to right) April Chaney, Brenda Henry, Karen Shaffer, Clara Wilson, and Cinda Wiland. Missing from the photo is Donna Shulte.

The cooperative relationship between the University of Maryland School of Nursing and the Western Maryland AHEC is flourishing. The Nursing Outreach Program is in its eighteenth year of service to the nursing community. The program continues to evolve to meet area undergraduate and graduate nursing education needs by using many different and new educational techniques. This year the introduction of interactive television (ITV) as a new educational tool improved access to educational offerings for all off-campus nursing students.

ITV is playing a significant role in both the graduate and undergraduate programs. In the graduate program, ITV is being used in two ways. One method allows the School of Nursing to transmit to the site at Frostburg State University a course such as a nursing administration, for which the off-campus students are the primary audience. A second method allows for classes at both ends of the network, as was used with a physiology class offered this spring.

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The first class of the UMAB MSW Outreach Program in Western Maryland (front row, left to right) Keith Hoffman, Jane Delaney, Stephanie Andrews, Tina Keating, Fred Tola; (back row, left to right) Robin Storms, Charlie Breakall, Sue Dotson, Jackie Morrissey, Rebecca Teets, Julie Rush, Professor Julia Rausch of the UMAB School of Social Work at UMAB, Renee Harris, Ann Pittman, Melissa Doyle, and Clint Lepley.

MSW Outreach

The University of Maryland School of Social Work initiated an outreach graduate program in Western Maryland in September 1992. Responding to a program proposal developed by members of the Western Maryland AHEC Social Work Caucus and AHEC staff, Dr. Jesse Harris, Dean of the School of Social Work, and Associate Deans Lily Gold and Tom Vassil are guiding the implementation of the program. The program reflects the University of Maryland administration's commitment to ensuring access to quality educational opportunities across the state. Janice Chippendale, LCSW, serves as the local program coordinator.

This outreach program allows a student to complete 40 of the required 58 credits in Western Maryland, including field instruction. Upon completion of the foundation curriculum locally, students move on to the advanced curriculum

Programs

The undergraduate nursing outreach program is using a different approach to ITV this academic year. ITV is used to transmit one-third of the classes from Baltimore to Cumberland, while the remainder are presented either by a faculty member on-site or by guest lectures or videotapes. The ITV classes are diversifying the educational experiences available in Western Maryland and are being enthusiastically received by the students.

The graduate nursing outreach students are midway through their program, aiming for a 1995 degree completion date. While the majority will be able to complete the entire graduate program in Cumberland, a few have selected majors which require that they "run the road" for particular courses. Even the winter's snow did not deter two hardy travelers, who drove to Baltimore each Thursday of the semester.

In September, the undergraduate nursing outreach program welcomed new classes in both Cumberland and Hagerstown. The group of 36 has completed two support courses, the first of their clinical courses, and are halfway through

the program. For the first time, several new students will join the group in September. A change in course sequence has made it possible for students to enter the undergraduate program each fall. The increased flexibility should make it easier for students to enter the program.

The Nursing School, in its continuing efforts to promote the outreach program, held several on-site undergraduate recruitment sessions at the AHEC Center. The AHEC provides on-site support to the Nursing Outreach Programs. Support staff, office space, telephone, copier, fax, as well as student and staff access to the Learning Resource Center are all part of Western Maryland AHEC's contribution to nursing education in our region.

A final program note is a salute to Gail Mazzocco, EdD, RN, Coordinator of the Nursing Outreach Program in Western Maryland, who was cited by the Maryland Senate and House of Delegates "in recognition of her expertise and leadership in nursing education" and received the outstanding nurse education award from the Maryland Nurses Association.

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Program

within their chosen specialization, consisting of 18 credits of coursework on the UMAB campus. Fifteen students are currently enrolled in the program.

An interesting component of this program is the use of interactive television (ITV). ITV enables an instructor teaching a class at one site to concurrently teach a classroom of students at another site with two-way visual and audio communication. The ITV equipment is housed locally at Frostburg State University. Classroom instruction in the MSW program has been transmitted both from UMAB to Frostburg and from Frostburg to UMAB. In addition to actual course offerings, interactive video is expected to be a supportive tool for outreach education by allowing access to seminars and meetings typically available only on the main campus. Other courses in the program are taught by

UMAB faculty traveling to Western Maryland and by credentialed local professionals. Classes meet weekly in the evening or on the weekend to accommodate non-traditional students.

The AHEC provides support services to the program, including office facilities for the on-site coordinator, Learning Resource Center services for the faculty and students, support staff, and the use of the AHEC facility as a classroom site. Frostburg State University also has lent support to the program in the form of library staff assistance, classroom space, and telecommunications staff support.

The foundation curriculum for the MSW program will be offered on a two-year cycle in Western Maryland. The next class of students will be admitted for the fall of 1994.

Caucus Reports



Dental Caucus

Frank LaParle, DDS

Precepted a Baltimore College of Dental Surgery, Dental School student.

Redesigned a geriatric dentistry application for the Federal AHEC Special Initiatives competition.

Cosponsored two CE events, *New Horizons in Dental Bonding* and *Sealant Utilization* and arranged for CEUs from the Academy of General Dentistry.

Implemented with UMAB a program to update physicians and dentists on oral cancer detection.

Guided a UMAB needs assessment survey process on oral cancer from dentists and physicians in Western Maryland.

Met with representatives of the Baltimore College of Dental Surgery, Dental School to orient new staff on dental externship opportunities in Western Maryland.

Received reports on of HEALTHPRO and assessed potential utilization by dental professionals.



(Third from left) Howard Strassler, DMD, Assoc. Professor and Dir. of Operative Dentistry at the Baltimore College of Dental Surgery, Dental School, conducted the seminar *New Horizons in Advanced Bonding*. The seminar was cosponsored by the AHEC Dental Caucus and the Allegany/Garrett Dental Society with the help of area dentists (left to right) Dr. Frank LaParle, Dr. Timothy Longest, and Dr. John Davis.

Michael Stasko, a fourth year medical student at UMAB, was one of nineteen area residents who returned to Western Maryland to complete a portion of their clinical education training through the AHEC. Dr. Raul Felipa served as preceptor to Stasko.

Medical Caucus

V. Raul Felipa, MD

Provided preceptor services for 20 medical students through the contributions of 30 physicians.

Developed a letter of concern to UMAB School of Medicine regarding lack of support for primary care emphasis in medical education and medical practice.

Authorized discontinuation of payment of stipends for medical preceptor services.

Explored plan for establishing an internship/residency program in region.

Reviewed program on the establishment of a family medicine residency program in Washington County.

Assisted in the development of a medical plan for responding to persons with AIDS in Allegany County.

Received program reports on feasibility studies to establish a Johns Hopkins Outreach Master in Public Health program in Western Maryland.

Provided input on the planning of conferences on *Medical Overview of Eating Disorders* in Allegany and Washington counties.

Participated in the advisory process for Developing and Evaluating Methods to Promote Ambulatory Care Quality (DEMPAQ) with Delmarva and Harvard Medical School.

Reviewed program plans to establish off-campus degree programs in physical therapy, occupational therapy, and rehabilitation nursing.

Received progress reports on efforts to establish school-linked clinics in Washington, Garrett, and Allegany counties.

Received reports on the planning of HEALTHPRO electronic bulletin board for professional education.

Nursing Caucus

Patricia Lund, EdD, RN

Conducted monthly caucus meetings.

Continued planning the coordination of regional continuing education resources of area health institutions and health agencies for use on HEALTHPRO.

Provided extensive input and oversight of the design of plan and format for processing CE information for the HEALTHPRO network.

Maintained contact with the HCOP to support 144 area high school students interested in nursing careers.

Developed a strategy for recruiting young persons to nursing education opportunities by planning a Nursing Advisory Day for November 1993.

Assisted in the planning of the rehabilitation nursing component of the *Western Maryland Interdisciplinary Health Care Training Program* grant application.

Developed a nursing component for the Allegany County AIDS consensus planning workshop process.

Assisted in the planning of seminar entitled *Medical Overview of Eating Disorders*.

Participated in nursing receptions at the AHEC hosted by the UMAB School of Nursing for alumni and prospective candidates for outreach programs.

Participated in the AIDS Consensus Planning Workshop.



The University of Maryland School of Nursing held several open house recruitment sessions for the BSN Outreach Program in Western Maryland. (Left to right) Joan Creasia, PhD, RN, Director, Statewide Programs Chair, RN-BSN Program University of Maryland School of

Pharmacy Caucus

Robert Martin, Jr., RPh

Provided preceptor services for 35 students from UMAB, Duquesne, and West Virginia Schools of Pharmacy.

Evaluated implications of new curriculum at UMAB on preceptor services in Western Maryland.

Developed a pharmacy component for an Allegany County consensus planning workshop on AIDS.

Received progress reports on the planning of HEALTHPRO and the potential benefits for pharmacists.

Provided direction for placement program staff to recruit pharmacy students to serve in Western Maryland.

Recommended that the AHEC seek accreditation with ACPE to facilitate authorization of planning continuing education events.



(Right) Harold Harrison, RPh, Frostburg Hospital, Inc., served as preceptor to Kelly Leccese, a Duquesne University pharmacy student. Thirty-five students were precepted by the Pharmacy Caucus members since July of 1992.

Psychology Caucus

James Orth, PhD

Met quarterly throughout the year.

Surveyed area psychologists on continuing education preferences for planning new seminar series and for addressing networking needs.

Sponsored a day long seminar in cooperation with the Laurel Mountains Psychological Association on *Crisis, Loss and Grief*.

Supported a symposium on industrial psychology at FSU.

Sponsored a day long seminar on *Ethical and Legal Dilemmas in Contemporary Mental Health Practice* at ACC.

Assisted in the planning and support of the seminars on *Medical Overview of Eating Disorders*.

Developed a professional plan for psychological services relating to the care of persons with AIDS for Allegany County.

Developed a caucus membership application to assist in communication and CE planning and to enable the development of a membership directory.

Received progress reports on the establishment of HEALTHPRO.

Advocated for the inclusion of psychological services in new health insurance planning in conjunction with state and national associations.

Provided preceptor services for a counseling/psychology student.



Weekly interdisciplinary seminars are an integral part of the Clinical Education Program. Students Eric Chaney, a UMAB Emergency Health Services student, and Cheryl House, Wesley Theological Seminary Pastoral Care student, meet with Lee Ross, PhD, after the seminar on Critical Incident Stress. Dr. Ross, a Professor of Psychology at Frostburg State University, also is a member of the Psychology Caucus and serves on the AHEC Board of Directors.

Social Work Caucus

Arleen Isaac, LCSW

Dorothy Strawsburg, LCSWC

Supported the organization of a Washington County unit of the Social Work Caucus and its completion of its first program year.

Conducted regular meetings in Allegany and Garrett counties and provided information programs on local services.

The Allegany-Garrett and the Washington County units together developed and approved new bylaws to be submitted to the AHEC Board of Directors for approval.

Provided support for the implementation of the UMAB Western Maryland MSW program.

Received and critiqued proposed state standards for continuing education and advocated for revisions.

Participated in the development of conferences on Eating Disorders.

Developed a plan for social worker response to AIDS service needs in Allegany County.

Followed progress on accreditation of the FSU Social Work program.

Received a report on the School of Social Work continuing education program opportunities being developed at UMAB.

Provided support for continuing education events on *Crisis, Loss, and Grief, Family Therapy, and Sexual Abuse and Satanic Worship*.

Received progress on State Health Reform Bills.



University of Maryland School of Social Work Associate Dean Dr. Tom Vassil addressed the opening class of the MSW Outreach Program in Western Maryland.

Program Financial Profile

July 1, 1992 - June 30, 1993

Income

Maryland Statewide Medical Education and Training System	\$324,493
Health Careers Opportunity Program (Federal HCOP Grant): Eastern Alleghenies HCOP	119,479
Regional Medical Library Outreach Pilot Program Continuation	5,354
Health Professional Education Assistance (Federal AHEC Funds): Rural Training Initiatives in Adolescent Health	20,260
Health Professional Education Assistance (Federal AHEC Funds): Educational Placement Initiatives to Support Rural Care	116,833
Information Access Grant National Library of Medicine Grant: Access Computer Technology/Information Outreach Network	<u>176,476</u>
	\$762,895
	=====

Line Item Expenditures

Personnel and Contractual Salaries	\$500,720
Communications	14,970
Printing and Supplies	33,190
Equipment and Equipment Contracts	92,334
Office Operations	32,147
Travel	17,382
Student Programs	58,980
Learning Resources	<u>13,172</u>
	\$762,895
	=====

Expenditures by Functional Category

Placement Program Support	\$123,372
Adolescent Program Support	40,883
Career Recruitment	159,757
Clinical Education Program	60,080
Learning Resource Services	244,657
Administration	34,374
Public Information	17,905
Continuing Education	31,880
Off-Campus Program Support	12,041
Board, IHEC, and Caucus Activity	16,175
Community Health Education	<u>21,771</u>
	\$762,895

The Program Financial Profile is unaudited. Audited financial statements are available in late summer.

Directory

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Kevin Peterson, EdD
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Joann Sensabaugh, MEd, MS

Professional School Liaisons University of Maryland System

David Stewart, MD
Gary Colangelo, DDS
Patricia Alt, PhD
Karen Adams, BS
Helen Kohler, PhD, RN
Marvin L. Oed, BS Pharm
Cheryl Spezzano, RPT
Mohamed Al-Ibrahim, MD
Iona Hiland, DSW

Ambulatory Care
Dental
Health Education
Medical Technology
Nursing
Pharmacy
Physical Therapy
Primary Care
Social Work

Nursing Outreach Program Staff

Gail Mazzocco, EdD, RN
Mary Ann Bloom, MS, RN
Barbara Dobish, MS, RN

Coordinator/Faculty Member
Faculty Member
Faculty Member

MSW Outreach Program Staff

Janice Chippendale, LCSW

Coordinator

Maryland Statewide Medical Education & Training System

Donald E. Wilson, MD
Dean, UMAB School of Medicine

James I. Hudson, MD
Associate Dean for Administration,
UMAB School of Medicine
Project Director, Maryland AHEC Program

AHEC Staff

Donald L. Spencer, MPA
Executive Director

D. Michele Beaulieu, RN
Library Associate

Deborah M. Bradley, MEd
HCOP Program Coordinator

Mary Clites
Custodian

Susan O. Davis, MEd
Director of Educational Program Development

Robin M. Deter, AA
Bookkeeper

Suzanna S. Dotson, MEd
Health Careers Education Specialist/Program Associate

John Landrum, MS
Clinical Education Coordinator

Kathleen A. Lese, MT, MA
LRC Programs Coordinator

Bonnie M. Lewis
Secretary

Marylne McGlinchey, MT, MEd
Dir. of Clinical Education and Placement Services

Claire Meissner, MLS
Medical Librarian

Nellie Mock
RSVP Volunteer

Pamela S. Patch, AA
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