

A Newsletter of the Minority Premedical Student Network



The Voice



Michigan State University College of Human Medicine

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Personality Profile: Karen P. Williams, Ph.D.

On July 3, 2001 the Cultural Diversity Research Experience teed off. Just as the second session ended, this interview with Karen Patricia Williams, Ph.D., Assistant Professor of Obstetrics, Gynecology and Reproductive Biology, College of Human Medicine, Michigan State University, was underway.

Sitting in one of the Radiology Building's classrooms and belying an "eeky feeling" earlier in the day, Williams was upbeat as always. "It was so nice," she complimented this writer, "to view your work on the Center of Excellence website on a large screen. It was marvelous."

Interestingly, Williams' background spans different areas: a first degree in journalism, from Temple University, in 1984; a master's degree in education, from MSU, in 1993; and a doctorate in resource development, with a dissertation titled "An Analysis of Community Development Approaches to Cardiovascular Disease Prevention Projects for African Americans."

Williams teaches two classes, *Women in Medicine* and *Human Development and Behavior in Society*, among other things.

From May 1994 to the present, Williams has held the Coordinator position for COE, a Center that coordinates a federally funded grant with an annual budget of \$5 million that addresses minority health research, medical school recruitment and retention. In this post, she has designed and implemented a non-academic retention model (Cultural Diversity Program) for medical students of color that connects first, second and third year medical students with seasoned physicians within Ingham county. She has also designed and is responsible for implementing a premedical honors program for underrepresented minority students — LANE (Leaders Achieving Notable Education) Premedical Society, among others.

Williams has held numerous other professional positions between 1984 and now, including a one year reporting stint with the *Jackson Citizen Pa-*



triot, Jackson MI.

Her research experience includes being the principal investigator in three projects, one of which is *Healthy African American Women's Perspective on the Use of Complementary and Alternative Medicine (CAM) for Cancer Treatment and Prevention*, a pilot study that investigated the understanding and definition that educated black women have about complementary and alternative medicine.

During the interview, Williams touched on a myriad of issues, thus:

Q: The LANE program, when did it start and what are the achievements?

KPW: Our first group was in 1997. Dr. Wanda Lipscomb (COE Director) had the vision to make sure that our students of color have access to faculty and information regarding medicine and their desire to go to medical school.

They have to have at least a 3.0 GPA; most are at 3.5 and above. Our first group (10 initially) graduated in 2000. And three of them are in medical school, two of whom here at MSU. One is in dental school. We lost two. And then we just graduated another group last year and I'm not sure whether we had anybody come to our medical school from that group. One of them, Brandy Watson, received MSU's Outstanding Senior Award and has been accepted into the postbac research program for infectious diseases at the National

Center of Excellence
Life Sciences Building
College of Human Medicine
Michigan State University
East Lansing, MI 48824
Phone: 517/355-2404

Fax: 355-3305

<http://www.msu.edu/~coemmeh>
<http://www.msu.edu/~hcop>

Make your voice heard in *The Voice*;
whether it is ideas, articles or pictures,
your contribution is welcome.

*Wanda Dean Lipscomb, Ph.D., Assistant Dean and Director,
Center of Excellence in Minority Medical Education & Health*

Karen Patricia Williams, Ph.D., Asst. Professor & Coordinator

Ike Val Iyioke, Editor/Information Resources Coordinator

Lillian Arganian, Secretary, Proof Reader

Photos, layout design, stories & editing by Ike Val Iyioke, contact: ike@msu.edu

Institutes of Health. She is in the process of applying to medical school. In all, our students are good; even if they come out and they don't go directly to medical school, they're looking at staying in some type of health studies.

Q: So in a word has it been helpful?

KPW: It's been very successful. What it does is it helps them to be around like-minded people. They usually motivate each other and that's important. So there's a camaraderie that develops with each cohort. And they try to help the next ones that are coming behind them.

Q: Next, the Cultural Diversity, how long have you been piloting it and what have been the milestones here?

KPW: Well, Cultural Diversity has taken a couple of different turns as well. When you have programs that are lodged within a grant that is as large as the COE, it allows for a lot of flexibility and fluidity. And with Cultural Diversity, one of the challenges that we've had is our medical school students used to have to go almost all summer long. This year is the first year that the classes ended in June so we have Cultural Diversity primarily for the month of July. And we rely on our faculty who are doing research in the medical school to be mentors. So there's a mentor/protégé relationship with the student and the faculty who are engaged in research. It's also important because it deals with minority health research. So while the faculty member does not have to be a faculty of color, they need to be flexible enough that whatever they're researching that they will allow the student to do a project that focuses on the minority aspect of that bigger project.

Right now, the way that the program is structured, students come out with a paper, a literature review. In times past, we have tried to engage them in research projects and it's come like trial-and-error, because six weeks is not a long time.

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“The bottom line is that 42% of the American public uses CAM. And they're doing it in addition to spending about 22 billion dollars out-of-pocket (in medical bills).”

Some of the students have developed very good relationships with their mentors in that they have stayed with their mentors well into the semester. They've become graduate assistants with those researchers that they've worked for. So it's turned out well.

Q: You organized the first conference in the State of Michigan focusing on the health of women of color?

KPW: It was the first, and Dr. Lipscomb and I served as co-chairs. And the timing was so fantastic because the State of Michigan was doing what they called the Year of the Women's Health Initiative in 1996. And we had our conference in June of 1997. At that time, the minority health month was in June. The statewide initiative wanted local groups to do different things for that whole year to heighten the awareness of women's health. So we brought together women from across the state who were in higher education, in community-based organizations, and in government, to form a committee and plan the two-day conference.

On the first day, we celebrated women who had overcome illness like cancer and tuberculosis, and with flowers we recognized them publicly.

Then on the next day, we brought in Billie Avery, who is internationally known with the Black Women's Health Project, and other speakers like Dr. Verne Davis Anthony. One of the things we did was to look at the issues of the day. And women were able to rank how they thought about the issues. What's the most important one that we should tackle? So it was designed to encourage women and look at these issues and take them back to whatever group that they felt comfortable with and do some thing regarding

health.

Q: How did it impact the people?

KPW: One of the things that I'm doing now, I have funding to look at policies regarding the State of Michigan women's health policies. I'm starting from that Year of the Women's Health Initiative of '97 and I'm moving forward. And I'm going to be looking at their policies to see how they fare. Our objectives were to make people aware of the issues. Whether it was cardiovascular disease, whether it was breast cancer—what do we as women of color see when we're looking at the radar screen?

Q: You did a pilot study on complementary and alternative medicine?

KPW: Yes. I will be presenting the findings at the American Public Health Association meeting in October.

When we think about women of color and we think about empowerment, one of the ways that we empower ourselves as women when we're looking at health is kind of taking charge of our own health. So complementary and alternative medicine is almost like a next step, or a continuation of it. When I looked at the literature I saw that we as women of color were not included, black women in particular. And this was kind of strange to me because we know that, we use it. But what we found is that the way that we describe it is different from the intellectual terms.

They just knew that they worked every day and just as they'd go to get their hair done, and their nails, you know, “I deserve to have a massage; you know, pamper myself a little bit.” They didn't view it as a therapy for stress. I mean they knew that, but they didn't think of

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□ West

□ Oneese

□ Lee

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Research Experience to Remember

Students, speakers and mentors agree: this year’s Cultural Diversity Research Experience had an edge to it.

A retention model, the Cultural Diversity program engaged first, second and third year medical students of color in mentored research with a faculty investigator and also provided students with brief, intensive workshops on aspects of research design and conduct.

Each student was paired with a faculty person who closely matched the student’s research and primary care interests. This approach was necessitated by the brevity of the time available in summer. Students aimed to gain in-depth understanding of the minority health topic they will be investigating by conducting a literature review. This foundation step in the research process is expected to help them to relate the topic to the larger ongoing dialogue in the literature regarding that topic and it will provide a framework for establishing the importance of the study with other findings.

Immersed in the six-week experience were **Waseya Cornell, Hilda Ferrarer, Andrea Francis, Michele Lee, Justin Oneese, Stephanie Scott, TaLawnda Thompson and Markeeta West**; with Karen P. Williams, Ph.D., coordinating.

John Coffey, Clinical Center librarian who, for the third consecutive time, directed some training sessions, describes the group as “bright, inquisitive, and highly motivated.” Coffey led the students through the use of the Internet, especially search engines and caveats in identifying web-based health information, and the use of the MSU Libraries electronic resources, including MAGIC, MEDLINE, MDConsult, and others.

For Nigel Paneth, M.D., another speaker, it was “most enjoyable to meet a group of spirited and intellectually lively students. I think they appreciated hearing about the public health perspective in medicine, and could see the relationship between epidemiology and public health and concerns about the

health of people of color.” Paneth is Professor and Chairman of the Department of Epidemiology and Associate Dean for Research, MSU CHM.

Janet Osuch, M.D., a Professor of Surgery and a mentor in the program, says that, “One of my greatest joys is mentoring young physicians and physicians-to-be. I very much enjoyed working with Andrea and TaLawnda during this experience. Both of these gifted young women are bright, articulate, and willing to communicate their need for help and direction.”

Assessing his own part of the presentation, Dr. Brian E. Mavis, Asst. Professor of Medical Education Research and Development, and a speaker on Biostatistics, thinks that participants learned “an appreciation for the structure of a research paper, the elements of a good paper, and some of the questions they can keep in mind when reading a paper.” Acknowledging that participants come to the sessions with very different levels of experience and training, Mavis feels that “this approach helps all of them improve their critical reading of research literature.”

Ihuoma Eneli, M.D., a mentor and an Asst. Professor of Pediatrics and Human Development, notes that, among other things, “the result of participating in this experience is that the enthusiasm of the student helps in rejuvenating the mentor’s research idea, which is always a great plus.”

One speaker, Howard Brody, M.D., is rather curious to know the students’ reactions. “I came prepared to discuss some very basic issues in the ethics of research on human subjects, but the questions asked by the students showed that they already grasped a lot of the basics and were asking very sophisticated and advanced questions. They might have found the session not very useful because it was too basic for them, or they might have found that the session was helpful because of our informal discussion of their questions.”

Commenting on what he gained from the speakers, Justin Oneese, second year medical student, says that, “The presentations were much needed because they gave a brief introduction to academic research and ter-

minology necessary to understand articles and ways of thinking about disease.”

To TaLawnda Thompson, a first year medical student, all the presentations were very helpful but “The library search seminars were particularly helpful,” among others. On a different stroke, Makeeta West, first year, enjoyed especially the talk on epidemiology. “It was presented in a way that gave me new understanding of the field. I also enjoyed the talk on research in general and the various types of research that are available for clinicians to practice. It helped me to realize that I could be actively involved in research while still remaining a full-time physician.”

Waseya Cornell, second year, saw the presentations a little differently. “The speakers were not as helpful for me as I am sure they were to other students. However, they were all interesting and enjoyable. I did especially benefit from the presentations on literature searches, which helped to refine my skills in that area.”

Clearly, the refrain in most of the student responses was about the knowledge gained in the seminars that dealt with the search for literature materials. Beyond that, Mr. Coffey and Miss Stephanie Scott, first year student, seem to capture the import of the whole exercise in their responses.

Coffey says, “I would also like to mention that a personally

gratifying result of my involvement in the program is the name and face recognition that I achieve with the students in the program.” Because first and second year medical students are usually memorizing mounds of text based information, he adds, “there is little opportunity for them to get to know the librarian assigned to the College. This program enables them to become familiar with me as well as the many medical information resources available to them through the MSU Libraries. It is also very pleasant for me to know and recognize them as we encounter each other through the subsequent terms.”

Scott: “When I ran into problems with my literature search, I knew right where to go. By meeting Mr. Coffey through the program, I found that it was nice to have a familiar face that I could work with to get the help I needed. I feel that it saved time because I was not shuttled from person to person and he knew what he was doing.”

Wrapping it up, Karen P.

Williams, Ph.D., coordinator of the program, says, “Cultural Diversity fills a critical gap in the College of Human Medicine. It allows medical students and faculty to dialogue about racial and ethnic health disparities as well as to identify the limitations of the current body of knowledge. Although not all faculty are engaged in minority health research, they understand and welcome the opportunity for a student to conduct a literature review on an aspect of their research from a minority perspective. The significance of this program cannot be overstated”



You can request a detailed report of the 2001 Cultural Diversity Research Experience from the Center of Excellence Room B211 Life Sciences, College of Human Medicine, Michigan State University, East Lansing, MI 48824; Phone: 517/ 355-2404.

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□ Thompson
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□ Cornell



□ Scott



□ Ferrarer

The 2001 Premedical Achievement Program (PAP) started on Sunday June 24, when the participants checked in, followed by an orientation the next day. The activity-packed one-and-a-half month program ended on Saturday August 11. It consisted of a series of science classes and personal development sessions intended to assist the students in their preparation for the Medical College Admission Test (MCAT) exam which comes up on August 18, 2001.

In all, 12 students participated. They are **Ucbenna Aguwa, Solomon Awusab, Craig Bailey, Tammy Houston, Obianuju Nnama** and **Eurice Paige**. Others are **Joi Perry, John Saenz, Monica Summers, Edmund Tillett, Aniema Ubom and Damilola Walker**.

Premedical Achievement Program is a CHM-sponsored summer program aimed at minority and disadvantaged students that are interested in pursuing a career in the health profession. This seven-week enrichment program is designed to provide juniors, seniors and recent



Primed for 2001 MCAT

graduates with an intensive science course review to enhance their preparation for the MCAT. The PAP incorporates structured activities of a commercial MCAT review program with standard lectures that cover basic science concepts in areas like organic and inorganic chemistry, biology, and physics.



“Medicine is not merely a science but an art. The character of the physician may act more powerfully upon the patient than the drugs employed.”

Paracelsus [1693-1541 (1525?)] *Archidoxies*

Williams

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it as something that could lower blood pressure, for example.

Q: Do you plan to incorporate some of the Native American, Asian or maybe African practices?

KPW: That’s a really good point that you make because when they look at different systems, other than the Western medical paradigm, they look at the Oriental paradigm, they don’t look at the African system of practicing medicine. There are only a couple that they’ll accept, like acupuncture. And that was one of the criticisms.

So as black women, we shouldn’t have been out of the literature, because we know we came here on slave ships, we know that people were doing this, and they continue to practice this in various countries in Africa, South America,

the Caribbean, all over, wherever we are as well, indigenous people. They kind of left us out. And some of those same traditions have followed us and we’ve kept them up. So at this point, I’m interested in just finding out what they’re doing and at what point are they doing it? Are they using it to prevent the illness, are they using it because they think it cures some illness. Or are they telling their physician about it? If they are using it to cure the illness, do they think it works?

The bottom line is that 42% of the American public use it. And they’re doing it in addition to spending more than about 22 billion dollars out-of-pocket. This is not insurance. So something is happening. And they’re doing it because they want to take more control over their health. It’s not like they’ve abandoned the current medical system, but they just want to have more con-

trol. I think it might be the baby-boomers who don’t want to get old (laughs).

Q: A mother, a university teacher, and much more, how do you spend your leisure time?

KPW: Well, there are certain things that I enjoy. I’m very active in the community and that’s my area of expertise: community development. I go to church and that’s a stress-reliever for me. And I do go to the MAC (Michigan Athletic Club), but not as much as I need to be going. That is a really good source as well, because I enjoy getting into the steam room and just relaxing.

Also I like being with friends. I do play golf a little bit. Not well. I have to keep the day job (laughs). There are different activities I love that we don’t have a lot of here, it is the arts. I love the theater, I like museums and I like going to jazz concerts.



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Career Affairs: Transition to Medical School

*M*aking the actual transition to medical school is a move that involves almost every aspect of your life. No matter how well you prepare, there will be a number of surprises and glitches that will come to alter even your best-laid plans. Here is how you can avoid being overwhelmed:

Finding a home

The first step to happiness in medical school is finding the right place to live. This is where you will eat, sleep, study and hang out. However, no matter how balanced you are before you enter medical school, you are bound to feel medical studies taking over your life.

Conquering the basic sciences

Understanding the basic sciences is an important part of medicine. But how much science is enough? First, it depends on your professors and, importantly, on who sits on your course curriculum committee. Second, it is up to you to strike a balance between basic science knowledge and clinical relevance. In part, this will depend on your priorities and interests in medicine.

Learning medicine – What will it be like?

- “ *A Lifetime of Learning:* In medicine, you commit yourself to a lifetime of learning. The material that you study for exams is also the basis of your future practice as a physician.
- “ *Cooperative Learning:* In a pass/no pass grading system, students are more inclined to work together and to share information and ideas and resources, rather than compete for grades.
- “ *Managing the Information Overload:* Learning in



medical school is like taking sips from a fire hydrant. The more you take in, the more you realize how much you have yet to learn. You must develop the ability to distinguish what is *most important* from an overwhelming mass of details.

Methods for learning

- “ *Lectures:* Each student will need to develop his/her own approach to lectures – attend for a certain class, select for the best professors, or follow your mood at the moment (a hit-or-miss approach).
- “ *Studying:* Regardless of whether you are faithfully present at each lecture or only show up for exams, you will study a lot. You have several resources for studying such as lectures, tutorial groups and courses, textbooks and journals, and your classmates.



Staying whole

- “ *Keep tabs on your Emotional Well-Being:* It's no secret that medical school can be extremely stressful. Family and friends may provide emotional support or a safe place to blow off steam.
- “ *Academic Expectations:* For students who have always excelled in academics, the pressure to keep up a high level of academic achievement can be immense. If you are having academic difficulty, you shouldn't deny the situation.
- “ *Surviving the Wards:* On the wards, you will assume the role of a doctor in training. You must learn to function just as well in a competitive, highly academic, tertiary care center as you would in a laid-back community clinic.
- “ *Maneuvering in the Medical Hierarchy:* You will run into sticky situations and your nemesis may include professors, impossible residents (doctors just out of medical school for a specialty) or attendants (doctors in practice). Try to get along. Remember that you are entering a profession where tact is everything, not only with patients but with your peers and your teachers.

Once you manage the basic aspects of survival in medical school, you will appreciate the experiences of these years: studying the anatomy of the pelvis at 3 A. M. before the exam, comforting a young girl after her amputation, or breaking into tears in front of your psychiatry small group.



This fall watch out for our maiden edition of *Faculty Forum*, a publication of CHM minority faculty..



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