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# f focus

amsa

newsletter  
of the american  
medical student  
association

## amsa calendar

**World AIDS Day**  
December 1

**Patient Safety and Quality  
Leadership Institute**  
January 14–16, 2011  
Philadelphia, Pennsylvania

**AMSA's 61st Annual  
Convention**  
March 10–13, 2011  
Washington, D.C.  
[www.amsa.org/conv](http://www.amsa.org/conv)  
Early-bird rates until  
January 7, 2011

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SONIA LAZREG

This fall, in four cities across the United States, hundreds of future physicians met at AMSA Conferences, which featured residency and pre-health fairs as well as grassroots, conflict of interest, integrated medicine and advocacy-themed workshops. Students met colleagues and networked in Las Vegas, Nashville, Providence and Chicago.

“AMSA Conferences are ‘must-attend events’ for those students who are serious about becoming physicians,” says Sonia Lazreg, AMSA health justice fellow.

## “Next Top Doc” Launches Second Season

ReachMD XM Satellite Radio, in partnership with AMSA, is launching the second season of “Next Top Doc.” The tournament-style game show allows medical students from across the country to compete for the title of “Next Top Doc” and a total of \$8,000 in educational scholarships from ReachMD. Season two premiered October 25 on ReachMD’s XM Satellite Radio Channel 160.

The show tests the knowledge of medical students and covers a variety of topics, from medical school curricula to the latest medical advances. ReachMD’s Dr. John Armstrong, an assistant professor of surgery at the University of Florida College of Medicine and an

attending trauma surgeon at Shands Hospital, serves as the “Next Top Doc” host.

AMSA selects the third- and fourth-year medical student contestants from its membership and hosts the taping of the competition at its regional meetings across the country. The programming and editorial team at ReachMD developed the concept and questions for the show, and spent many months refining and testing before finalizing the format.

“Partnering with AMSA on the development and production of ‘Next Top Doc’ gives medical students, and all of our listeners, the opportunity to test their knowledge and continue learning,” says Gary Epstein, CEO of ReachMD.

“We are proud to work with ReachMD to offer ‘Next Top Doc’

as an opportunity for our AMSA members to showcase their knowledge,” says Carol Williams-Nickelson, Psy.D., AMSA’s executive director. “In season two, we hope that everyone enjoys the show and gains a greater appreciation for the truly incredible physicians-in-training who will soon be providing compassionate medical care to us and our loved ones.”

### New Work-Hour Rules for Residents

This past September, the Accreditation Council for Graduate Medical Education (ACGME) announced new rules for first-year interns. A new limit has cut their hours from 24 hours to 16 hours per day. However, the maximum shift length remains 24 hours for residents in their second year of training and beyond.

The revisions “will require small changes in some programs and large changes in others, all with the goals of ensuring patient safety, that the next generations of physicians are well-trained to serve the public, and that residents receive their training in a humanistic learning environment,” says Dr. Thomas Nasca, CEO of the ACGME.

“The ACGME recommendations are a good step toward establishing evidence-based work-hour scheduling for resident physicians that optimizes the quality of patient care, resident education and safety,” says John Brockman, AMSA national president. “However, even though these recommendations will undoubtedly improve working conditions for many, we must remember that many residents continue working

in excess of 80 hours per week on a regular basis.

“AMSA advocates for an improved working environment that ensures patient and physician safety without compromising medical education,” continues Brockman. “The ACGME recommendations would be stronger if the 16-hour shift applied to all residents. We hope that the ACGME continues to monitor, enforce and update work-hour regulations so that U.S. medical schools can maintain the highest standards of learning and self-care.”

At *WakeUpDoctor.org*, the public can get background information about the correlation between physician sleep deprivation and patient safety, share stories and sign on to a letter expressing support for regulations to reduce the number of work hours and enhance supervision of resident physicians.

“For residents, the possibility of harming a patient is a constant worry,” says Sonia Lazreg, AMSA health justice fellow. “As physicians and future physicians, we have a duty to protect patients. With safer schedules and improved transfer-of-care protocols, our patients and our medical system will be better off. The fight for safer work hours is not over.”

### Sexual Health Scholars Chosen

The AMSA National Sexual Health Scholars Program (SHSP) is pleased to announce the 18 competitively selected scholars for the 2010–2011 SHSP.

SHSP was created to carry out AMSA’s commitment to comprehensive sexual health education. Most schools lack adequate

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**Register by January 7, 2011, for AMSA’s 2011 Annual Convention!**  
 Visit [www.amsa.org/AMSA/Homepage/Events/Convention.aspx](http://www.amsa.org/AMSA/Homepage/Events/Convention.aspx) for updates and an online registration form.



### Sexual Health Scholars, 2010–2011

- Sara Abbott**, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University
- Farah Ahmed**, Albert Einstein College of Medicine
- Teresa Bair**, University of New England College of Osteopathic Medicine
- Nicola Brodie**, Ben Gurion University of the Negev, Medical School for International Health, in collaboration with Columbia University Medical Center
- Andrea Clark**, University of Iowa Carver College of Medicine
- Jennifer Kaiser**, University of Chicago Pritzker School of Medicine
- David Kawior**, Ben Gurion University of the Negev, Medical School for International Health, in collaboration with Columbia University Medical Center
- Nilofer Khan Habibullah**, American International School of Medicine (Guyana)
- Haleigh Kotter**, David Geffen School of Medicine at UCLA
- Dara Mendelsohn**, University of Rochester School of Medicine and Dentistry
- Robyn Monckton**, Florida International University
- Chinenye (“ChiChi”)** **Onyemaechi**, University of Sint Eustatius School of Medicine
- Kyle Ragins**, Yale University School of Medicine
- Shanthi Ramesh**, Wright State University Boonshoft School of Medicine
- Bethany Rommel**, Jefferson Medical College
- Remigio Roque**, University of Maryland School of Medicine
- Arija Weddle**, University of Connecticut School of Medicine
- Amy Woods**, Keck School of Medicine of the University of Southern California

sexual health education, and SHSP is working to fill that gap. Only in its second year, SHSP has already created a buzz on the blogs of sex educators and others.

SHSP is an online webinar course featuring lectures by cross-disciplinary experts, discussions facilitated by graduate students in human sexuality from Widener University, in Chester, Pennsylvania, and student-developed collaborative

projects. The program aims to increase student knowledge and skills and assist students in examining their own attitudes toward sexuality. These objectives are intended to help students develop into physicians who feel confident about including sexual health care as part of overall quality health care.

Additionally, SHSP is more than just a scholars program. It developed to

help broaden sexual health knowledge for all AMSA members.

You can view projects created by last year's scholars by visiting [www.amsa.org/gender/scholars.cfm](http://www.amsa.org/gender/scholars.cfm).

### Medical Students Nationwide Observe World AIDS Day

Currently there are 33 million people living with HIV.

PEPFAR II (President's Emergency Plan for AIDS Relief) was passed into law in July 2008. It commits \$48 billion to HIV/AIDS relief and related relief work, such as the President's Malaria Initiative and programs to combat tuberculosis. The money is conferred to 15 focus countries around the world. Wealthy countries of the world recognize that addressing the epidemic is a global responsibility and have joined to form The Global Fund to Fight AIDS, Tuberculosis and Malaria.

On the domestic front, HIV/AIDS is increasingly taking a toll on your community. The estimated number of people in the United States living with HIV/AIDS as noted by the Kaiser Family Foundation in 2007 was 1.2 million. Access to medicines in the United States has been effective at reducing AIDS-related mortality to 70 percent of what it was prior to antiretroviral therapy.

World AIDS Day is observed every year on December 1. The World Health Organization established World AIDS Day in 1988. "World AIDS Day is a day on which we, as a global community, stand in solidarity to halt the devastating effects the current pandemic has had on people, communities

and nations," says Merrian Brooks, AMSA AIDS Advocacy Network co-chair. "AMSA members will rally across the country to bring education and activism to bear in the fight against HIV/AIDS."

For World AIDS Day 2010 information and project ideas, please visit [www.amsa.org/AMSA/Homepage/Events/WAD.aspx](http://www.amsa.org/AMSA/Homepage/Events/WAD.aspx).

### Chartering an AMSA Chapter

Chartering an AMSA chapter is a simple process. There are three easy steps:

- Recruit at least five AMSA members.
- Submit an application and a copy of your Constitution and Bylaws.
- Pass a chartering resolution at AMSA's Annual Convention.

Let AMSA National help with recruitment and the process of applying for a charter, which must be completed by January 3, 2011, in order for your chapter to be approved at Convention.

For more information, visit [www.amsa.org/AMSA/Homepage/Chapters/OfficerResources/CharteringAMSAChapter.aspx](http://www.amsa.org/AMSA/Homepage/Chapters/OfficerResources/CharteringAMSAChapter.aspx).

## AMSA Academy: Upcoming Events

### Patient Safety and Quality Leadership Institute

**JANUARY 14-16, 2011**  
**Philadelphia, Pennsylvania**  
**Application deadline: December 13**

*Hosted by the Jefferson School of Population Health*

The third annual Patient Safety and Quality Leadership Institute (PSQLI) is a three-day, intensive interprofessional leadership training program for medical students, residents and students of allied health professions from across the nation. The PSQLI will offer interactive training on the historic significance as well as current methods, terminology and innovation in the field of quality, safety and knowledge.

### Community and Public Health Institute

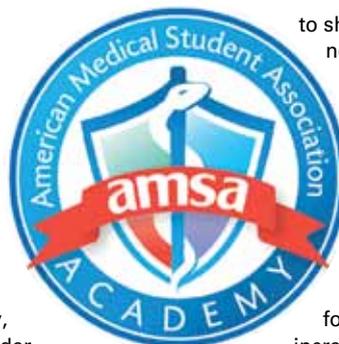
**JANUARY 27-30, 2011**  
**AMSA National, Reston, Virginia**  
**Application deadline: December 27**

As the longest running AMSA institute, the Community and Public Health Institute has imparted necessary public health skills to many future physicians-in-training. The time for health care reform is upon us, and this institute will instill an understanding of the integral role that public health plays in our health care system.

### Women's Empowerment Institute

**FEBRUARY 3-6, 2011**  
**AMSA National, Reston, Virginia**  
**Application deadline: December 20**  
*Co-sponsored by American Medical Women's Association*

The Women's Empowerment Institute (WEI) is an intensive leadership development experience that provides an opportunity for a diverse group of female physicians-in-training



to share experiences, raise awareness and build solidarity among those who demonstrate a commitment to leadership in medicine. Participants will have the opportunity to learn and take action as they participate in educational seminars, skill-building workshops and a lobby day on Capitol Hill. As the need for female leaders in medicine increases with the rising number of women in the medical profession, WEI offers a unique opportunity for students to grow as leaders in their local and national medical communities.

### AIDS Leadership Institute

**FEBRUARY 10-13, 2011**  
**AMSA National, Reston, Virginia**  
**Application deadline: January 10, 2011**

The AIDS Leadership Institute (ALI) affords AMSA members from across the country to gather together at the national office and become immersed in HIV/AIDS advocacy. Participants learn models of grass-roots organizing to develop creative and efficient means of communicating and recruiting large groups of people. Local activists from D.C., congresspersons from Capitol Hill, physicians and nonprofit community workers have all been guests in previous years, and their knowledge and expertise in the realm of fighting the HIV/AIDS epidemic is purely enlightening. At the conclusion of the weekend, participants will be equipped with innovative campaign strategies, grass-roots organizing skills and lasting friendships. Participants of the ALI will also be charged with the task of developing their own projects at their schools, and members of the AIDS Advocacy Network will serve as mentors for continued support and success.

## President's Column: The Global Challenge of Nutrition

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In the American lexicon, we often use the words “international” and “global” interchangeably. We think of global and international health as the same thing, when in reality they are not. The term “international” focuses on the external perspective—everything that is happening outside the borders of the United States. The term “global” is not limited in its scope, as it refers to the entire earth. It encompasses everything from events continents away to what is going on at the local free clinic.

This distinction is not an academic one. Depending on which word is used, the focus of debate and the issue at hand can be markedly different, with malnutrition serving as an excellent example. According to the World Health Organization, malnutrition is the leading factor of childhood mortality, being present in more than half of these cases. A statistic like this conjures up images from medical school in which the lecturer points out the child that is emaciated as having marasmus and a similarly heart-wrenching picture of a child who is bloated and edematous as having kwashiorkor. However, these images are truly international ones, as these pathologies are rarely found here in the United States.

It is folly, though, to then say that there is no malnutrition here at home. Instead of children being undernourished, pediatric obesity is a growing problem. Malnutrition isn't just an international problem in the developing world, but it is a global problem, only with different manifestations based on the development of the area in question.

Over the past two decades, the prevalence of children who are obese has doubled, while the number of adolescents who are obese has tripled. The National Health and Nutrition Examination Survey found that 31.9 percent of children and adolescents were overweight, and 16.3 percent were obese. In addition to all the physical health problems, like diabetes, hypertension, high cholesterol,

sleep apnea and orthopedic problems, there are emotional health problems, too: low self-esteem and depression along with social health issues like bullying, discrimination, stigma and social marginalization.

Pediatric obesity here and undernourishment abroad are essentially manifestations of the same problem—a lack of access to quality food. At its heart, pediatric obesity is in large part a social justice issue, as poverty is at the foundation of the problem.

While talking to one family during my pediatric clerkship about what their child ate, the mother remarked that to get fresh fruits and vegetables, it would take two bus transfers and a little over an hour each way, which is to say nothing of the added cost. This isn't an isolated incident either. It is easy to take simple things like having an apple for granted, but in reality, assuring that kids get the proper nutrients is no easy task.

Eating right isn't the only piece of the puzzle. I can recall going on house calls with a family practitioner when I was a first-year. As we pulled into the neighborhood, he pointed out that it was 4:30 on a school afternoon and not one child was outside playing. The problem was not that the children were lazy, but that their parents were afraid to let them run around like kids because of safety issues.

This is a critical health issue, and we, as future physicians, need to take a leadership role. Pediatric obesity and undernutrition are issues that go beyond partisan politics and span borders. While they may seem different at first, they both stem from the same root—poverty. This issue requires advocates and educators, policymakers and humanitarians, patients and providers. No matter your interest, whether it is at the local health care setting or in international health, there is a place for you in the fight against childhood malnutrition.

JOHN BROCKMAN IS A FOURTH-YEAR AT CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE IN CLEVELAND, OHIO.

John Brockman