



December 5, 2008
Volume 1, Issue 3

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Notes from the HPAO Staff

This is the last newsletter before the break. Our next newsletter will come out at the end of January and will feature the 2010 application cycle. In the meantime, 2009 applicants should be well into the cycle now. Here are a couple of pointers for the coming couple of months:

- Remember to follow up appropriately post-interview. A thank-you note to the admissions office and to the faculty/students who interviewed you is appropriate. Personal notes sent through the mail on professional stationery are best for the admissions office and the faculty. Emails are appropriate for students.
- Send fall transcripts to all schools at which you are still being considered and send relevant updates regarding new clinical, community service or research experiences.
- Letters of interest are the new hot recommendation on <http://www.studentdoctor.net>. Medical schools have not confirmed that these add any value to your application. It is appropriate, if placed on a waitlist, to follow up with a brief thank-you for the continued consideration and any relevant updates and an expression of continued interest.
- Continue to use ELMS to locate UMD alumni currently attending professional schools in the U.S. and abroad. They can offer advice about the interview process and share their experience attending the school you have been invited to interview with.
- Please feel free to come in and speak with Wendy or Nick if you have questions or concerns about how your applications are going. We should certainly talk by the end of January or February if you have not received any offers by that point.



Wendy Loughlin, Director, Reed-Yorke Health Professions Advising Office
Nick Celedon, Pre-Health Advisor
Ahsan Karim, UMD Class of 2010
Ekta Taneja, UMD Class of 2010

Important Dates:

- America Reads/America Counts Application due Friday, December 5th
- FR/SO Pre-med/Pre-dental workshop on Dec. 10, 1-2 p.m. (EGR 3114)

AMCAS MCAT Review

The AAMC (Association of American Medical Colleges) announced that it was launching its fifth comprehensive review of the Medical College Admission Test (MCAT). An advisory panel of 21 medical education, student, and undergraduate representatives from the United States and Canada has been appointed by the association to conduct the review. Charged with reviewing the current content of the MCAT and recommending changes that are likely to increase its usefulness to medical school admissions committees, the Committee will consider the knowledge, skills, and other characteristics that admission committees look for in applicants. They will examine these attributes in the context of information that is already available to admissions committees through applications, transcripts, letters of recommendation, interviews, and other sources.

Upcoming HPAO Events

Pre-Med/Pre-Dental Workshop: FR/SO “So, You Want to Be a Doctor or a Dentist?” (Wednesday, Dec 10, 1-2 p.m., EGR 3114)

- Suggestions for academic planning
- Clinical, research, and community service opportunities
- The medical and dental school application process

Spring workshops will be posted by mid-January and will include a new series of “So You want to be a Doctor or Dentist” Workshops with Nick and Applicant Cycle Workshops with Wendy. Students entering the 2010 applicant cycle must plan to attend one of the Applicant Cycle Workshops.

The HPAO office will be closed all day on Tuesday, December 9 due to a staff retreat. Nick’s walk-in hours will also be cancelled that day.

Medicare—Part A

Part A of the Medicare program is mandatory for all citizens eligible for and enrolled in Medicare. The 44.8 million subscribers of the program consist of around 43.6 million enrolled in Part A. Medicare subscribers under Part A receive services including in-patient hospital care coverage, skilled nursing facility care, home health agency care, and hospice care, among other select benefits.



In-patient hospital care includes an initial one-time deductible payment of \$1,028 per benefit period, as of 2008; a benefit period spans 60 days. The initial payment is based off of the average calculated cost of one day in the hospital. Between 61-90 days, the patient pays a co-payment of a quarter of the hospital cost, approximately \$256 per day; between 91-150 days, the patient pays \$512; after 150 days, the patient bears the full brunt of the hospital stay.¹ In general, insurance companies and hospitals work out flat rates, as per Diagnosis Related Groups (DRGs). DRGs are based on standard ICD diagnoses and procedure classifications; hospitals are paid a flat rate depending on the diagnosis, no matter what procedures are used. Coinsurance at a skilled nursing facility for between 21 and 100 days for each benefit period is \$128.

“[Medicare] Part A is financed almost entirely by the FICA tax, plus money that comes from...the HI trust fund.”

Generally, subscribers of Part A are free of payment, since they or their spouse has already paid through payroll taxes; Part A premiums are not paid by 99 percent of the subscribers. For the remaining one percent, the monthly premium is \$233 for those with 30-39 quarters of Medicare-covered employment, and \$423 per month for those with under 30 quarters. The program is financed almost entirely by the Federal Insurance Contributions Act (FICA) tax, plus money that comes from slight interest, Part A premiums and deductibles, and income taxes on Social Security benefits – this money collectively is referred to as the HI trust fund. Employees and employers are each taxed 1.45% on their payroll that goes towards Medicare.

All numbers are as of 2008.

Human Anatomy for Undergrads @ JHU

The ninth annual summer course in Human Anatomy for Undergraduates will be offered by the Johns Hopkins University School of Medicine this year. The course will run for four weeks in June 2009 on the Medical School campus in Baltimore, and will include both lectures and demonstrations using human cadavers. Applications will be accepted from all currently enrolled undergraduates who have completed their sophomore year of college. Total tuition for the course will be \$3800. All course materials, including the textbook and an atlas, are included in the tuition.

Four (4) academic credits will be awarded upon successful completion of the course. Accommodations are available on the main undergraduate campus of Johns Hopkins University. A completed application form, a non-refundable application fee of \$50, and supporting materials (college transcript, letter of recommendation from an academic advisor) are due by March 15, 2009. Successful applicants will be notified by April 1, with full tuition due by May 1. More course details, including a downloadable application form, can be found on the Internet at: <http://www.hopkinsmedicine.org/FAE/anatomyinstitute>. For further information, please contact Ms. Arlene Daniel at adaniel@jhmi.edu.

Volunteer Opportunity: Unite for Sight

The Unite For Sight programs are a unique opportunity for students to connect their academic studies with intellectually stimulating and high-impact volunteering abroad, and many students also pursue research and academic credit while volunteering

Volunteer Abroad, Be Part of Global Problem Solving

Unite For Sight: Recruiting and Training New Leaders in Global Health

<http://www.uniteforsight.org/volunteer-abroad>

Unite For Sight has been featured weekly on CNN International and in The New York Times

Unite For Sight engages, inspires, and trains volunteers to support and assist eye clinics globally. Volunteers receive hands-on training in international community-based eye care, public health, and international development.

With the assistance of volunteers like you, Unite For Sight has restored sight to 18,500 patients and provided eye care to more than 600,000.

- ⇒ Experience the thrill of contributing to change on the highest level
- ⇒ Be part of global problem solving
- ⇒ Receive training in community-based program delivery
- ⇒ Be immersed in effective global health and eye care programs
- ⇒ Be inspired to become a leader in global health
- ⇒ Join a movement of social innovators committed to global health and sustainable development
- ⇒ Be engaged in ethical, high quality and high impact volunteerism
- ⇒ Student volunteers are encouraged to coordinate academic credit with their universities and pursue research studies

Contact: volunteers@uniteforsight.org or visit <http://www.uniteforsight.org/volunteer-abroad>

Community Service: Community Council for the Homeless

Mission Statement: To enable people in the upper Northwest area of the District of Columbia who are, or have been, at risk of homelessness to rebuild their lives with the involvement of the community.

Community Council for the Homeless at Friendship Place works to:

- ⇒ Identify, reach out to, and build a trusting relationship with men and women who live on the streets.
- ⇒ Assist them in accessing and utilizing public benefits and [resources](#).
- ⇒ Provide health care and addiction and [mental health](#) evaluation and counseling.
- ⇒ Support the opening and operation of small congregation-based shelter programs.
- ⇒ Develop and manage [transitional and permanent housing](#) in our community and offer supportive services to the men and women living in the housing.
- ⇒ Remain a resource for homeless and formerly homeless individuals who rely on CCHFP to maintain their stability in the community.
- ⇒ Educate civic, religious, commercial and educational entities in our community about the issues confronting their homeless neighbors.
- ⇒ Advocate for policies and resources to combat homelessness in our community and citywide.
- ⇒ Enable [community volunteers](#) to participate in assisting the people CCHFP serves.
- ⇒ Bring together neighborhood groups, congregations, businesses and other local entities with service providers, municipal agencies and concerned citizens in public/private collaboration to plan, deliver and support necessary services.

<http://www.cchfp.org/volunteer.html>

Clinical Opportunity: Unity Health Care

Unity Health Care serves individuals and families in all 8 Wards of the District of Columbia through its network of medical and social services that reach homeless and residents.

Nearly 57,400 residents — working men and women, uninsured, immigrants, and homeless — benefited from Unity Health Care services in 2004. Virtually all of Unity Health Care's patients live at or below the federal poverty level. Regardless of their ability to pay, Unity Health Care continues to provide each patient with a primary care provider who offers referrals to a specialist when needed. For those who can pay, a sliding scaled based on family size and income is used to determine the appropriate amount. Unity Health Care accepts Medicaid, Medicare, [Health Right](#), Managed Care Organization, [DC Healthcare Alliance](#), and most private insurance plans.

Unity Health Care provides quality care through the services of a skilled, compassionate, multicultural professional staff of physicians, nurses, medical and dental assistants, pharmacists, and social workers. We are able to provide patients access to high-quality, comprehensive care, by working with a range of health care providers throughout the District of Columbia.

http://www.unityhealthcare.org/volunteer_opportunities1.htm

Clinical Opportunity: NAAHP: International Service Learning

International Service Learning

National Association for the Advisors of Health Professions (NAAHP) has travel dates available for Quarter and Semester schools.

TWO NEW LOCATIONS!

*Dominican Republic on the historical Island of Hispanola.
Peru – exploring the Amazon and serving the Boras Indians.*

Offering clinical experience in general medicine and public health.

NAAHP is also looking for students interested in becoming Campus Representatives for ISL. This is an excellent way to reduce their cost for the trip. Anyone interested in reducing their cost in this way please contact Kyle Winston at kyle@ISLonline.org or Pepper Tucker at pepper@ISLonline.org.

The 2008-2009 Schedule is available on NAAHP's website at <http://www.ISLonline.org>. Just click on Team Schedule. Teams are scheduled throughout the year.

Thanks to students helping staff these teams, NAAHP estimates it'll be serving approximately 35,000 of the underserved with varying levels of health care.

ISL sends medical/dent/opt/public health/PT/vet/pharmaceutical teams to countries in Latin America, Central America, and Africa. NAAHP includes pre-health students on teams as a way of preparing the next generation of international medical caregivers. Students receive supervised hands-on experience, health related seminars, and financial sponsorship.

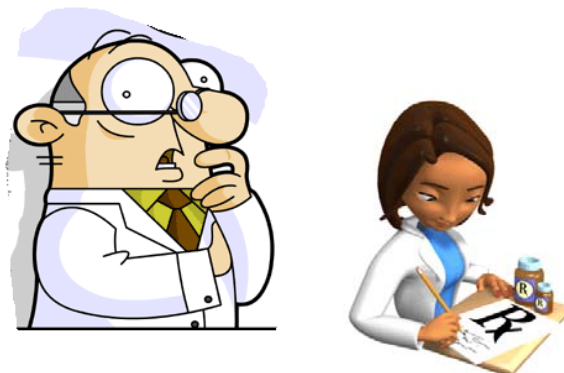
Listings of university, professional, and student references available upon request. Over a 14-year period, the organization has fielded over three hundred teams and annually provide health care for 15,000 of the underserved.

Clinical Shadowing Opportunity

Are you looking to get some clinical shadowing experience over the winter break?

Dr. Unger - internal medicine - is looking for 2-3 pre-med students to come shadow either all day or 1/2 day in his office, located in Bethesda, MD. If you are interested, contact Mary Phillips, who is in charge of scheduling, for more information:

Mary Phillips
maryp@umd.edu
678-231-4077



December 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5 <i>America Reads/Counts App DUE</i>	6
7	8	9 <i>HPAO office closed</i>	10 <i>FR/SO Workshop</i>	11	12	13
14	15 <i>First day of finals</i>	16	17	18	19	20 <i>Last day of finals</i>
21 <i>First day of break!</i>	22	23	24	25 <i>Merry Christmas!</i>	26	27
28	29	30	31 <i>New Year's Eve</i>			

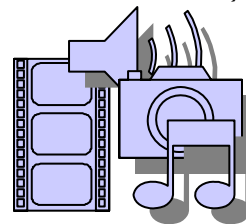
UMD Film Festival

Submit to the UMD Film Festival and win!

Do you love making youtube videos? Playing around with iMovie? Have great footage from a trip you took? The UMD Film Festival wants YOUR submissions!

Movies will be screened at the Hoff Theatre and winning entries can win \$\$ prizes. Movies can be anywhere up to 20 minutes in length and will be judged within four categories:

1. Comedy/Drama
2. Documentary
3. Social Advocacy
4. Shorts



Submissions open on January 26th, so use your winter break to work on your movies. Proceeds will go to Refugees International. Email info@umdfilmfestival.org for more information. This event is hosted by Tzedek Hillel.

Question of the Week

What is a genetic counselor and how do I become one?

What is a genetic counselor?

Overview:

Genetic counselors are health professionals with specialized graduate degrees and experience in the areas of medical genetics and counseling. Most enter the field from a variety of disciplines, including biology, genetics, nursing, psychology, public health, and social work.

Genetic counselors work as members of a health care team, providing information and support to families who have members with birth defects or genetic disorders and to families who may be at risk for a variety of inherited conditions. They identify families at risk, investigate the problem present in the family, interpret information about the disorder, analyze inheritance patterns and risks of recurrence and review available options with the family.

Genetic counselors also provide supportive counseling to families, serve as patient advocates and refer individuals and families to community or state support services. They serve as educators and resource people for other health care professionals and for the general public. Some counselors also work in administrative capacities. Many engage in research activities related to the field of medical genetics and genetic counseling.

How do I become a genetic counselor?

GPA and GRE:

Programs are looking for students that have a well-balanced application. GPA and GRE scores are indications of past academic performance and potential graduate school success. In general, successful applicants have a minimum GPA of 3.0. GRE scores in the 70th percentile range or above are considered competitive. Some programs require the GRE specialty exams as well.

Advocacy Experience:

Advocacy experiences are an important aspect of the application. Advocacy experiences usually allow the applicant to obtain training in interpersonal and communication skills as well as providing an opportunity to work with the public and people in a one-to-one setting.

There are numerous avenues in which qualified applicants have obtained advocacy experiences. These include, but certainly are not limited to, volunteering with a crisis hotline service, working with a pregnancy center, volunteering at shelters for domestic violence or homeless individuals, working with individuals with mental or physical disabilities, providing respite care or working in research settings interviewing participants. These are only a few such experiences that allow the applicant to appreciate the needed communication skills to work with individuals from many different backgrounds.

Shadowing Experience and Internships:

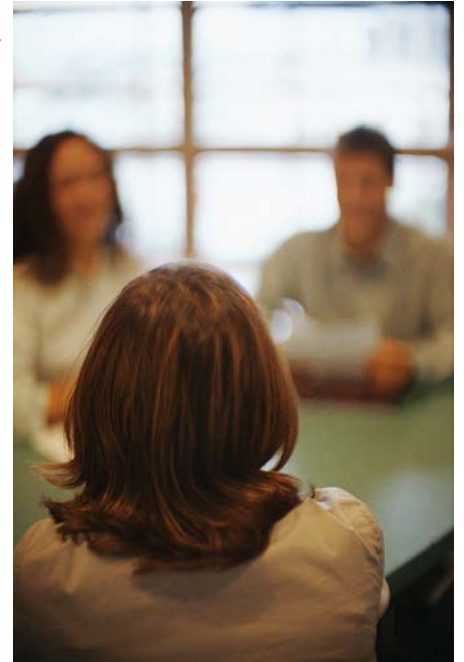
Observing and/or interning with a genetic counselor is always an ideal. Genetic counselors listed at <http://www.nsgc.org/resourcelink.cfm> may offer internship opportunities or be aware of various community organizations of interest. If, however, you are unable to intern with a genetic counselor, you should at least interview several counselors to obtain an understanding of their roles and responsibilities.

What Next?

Make sure you have arranged to have good letter of recommendations written for you as well as a very well-written personal statement. These two items will really speak for who you are and why you want to be a genetic counselor.

Genetic Counseling Accredited Graduate Programs

Once you have the recommended experience and feel you are a competitive applicant, you can apply to one of the 33 American Board of Genetic Counseling Accredited Graduate Programs. For more information on the programs, click:



Article Review

“Policy Profile, HIV Prevention and Women’s Rights: Working for One Means Working for Both”

Family Health International

By Jane Kiragu, J.D.

Given that World Aids Day has just passed on Monday, December 1st, it is important to consider some of the factors that keep the HIV virus around. As you likely know, HIV is the virus precursor to AIDS. The United Nations, under their year 2015 Millennium Development Goals, hopes to reverse the AIDS epidemic. However, accomplishing such a feat is no easy task. Sub-Saharan Africa is one of the most heavily infected regions of the world with HIV, where more than 7 million women alone are infected.

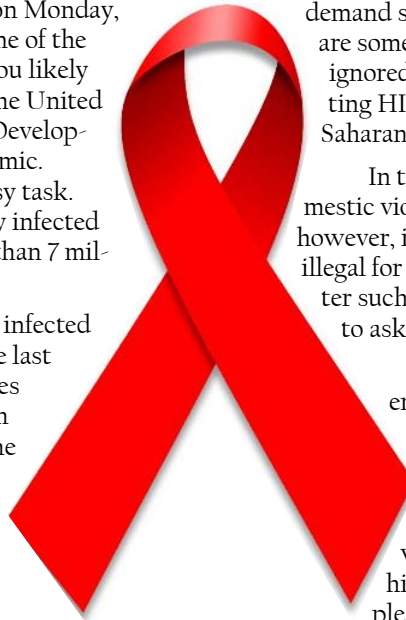
Strikingly, the ratio of males to females infected with HIV has significantly increased over the last ten years from 10:1 to nearing 1:1. Many studies have found a strong correlation between high HIV risk and diminished women’s right as the culprit, specifically women who lack basic rights, including the right to control their own bodies, the right to choose their own partners, the right to own and inherit property, among others.

Three main factors keeping women’s rights suppressed in Sub-Saharan Africa include dependence on men

due to lack of economic opportunities available for women. The interest of these men rarely coincide with the interest of women to protect themselves from HIV. Secondly, depriving women of the right to autonomy and control over their own bodies also deprives them of their right to refuse sex and to demand safer sex practices by men. In addition, there are some cultural practices that are either protected or ignored by law that increase the risk of women getting HIV. Some accounts of the horrors in Sub-Saharan Africa follow.

In the Luhya community of western Kenya, domestic violence in the form of wife beating occurs. This, however, is culturally considered a sign of love, making it illegal for authorities to infringe on familial matters. After such a horrific event, a woman is not in a position to ask for safer sex practices or to refuse having sex.

Another horror is marital rape. It is considered the woman’s job to please her husband and she can therefore not refuse having sex. A growing problem in Sub-Saharan Africa is the fidelity of married men, who often engage in extramarital affairs. The married women cannot refuse sex, and thus are at a high risk of contracting HIV. Numerous examples of the horrors occurring in the region are outlined in the article and should absolutely be read.



<http://www.fhi.org/en/hiv aids/pub/archive/articles/aids captions/volume2no3/cap2313.htm>

Please e-mail us with any comments or questions you would like to see addressed in the HPAO Newsletter!

Prehealth7805@gmail.com

Find us online!

<http://prehealth.umd.edu>

Health Professions Advising Office Mission

The mission of the undergraduate Health Professions Advising Office supports the overall objectives of the University of Maryland, particularly its commitment to health care education and the training of health care professionals for the 21st century and beyond.

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