

2011-2012

DIVISION OF MEDICAL EDUCATION AND STUDENT AFFAIRS

The Division of Medical Education and Student Affairs is responsible for all undergraduate education programs in the College of Medicine. Reorganization of the structure of this office occurred over the past year. Three new Assistant Deans were appointed in the Division of Medical Education. The responsibilities of these new administrators focus on Educational Strategies and Faculty Development, Curriculum Assessment and Evaluations, and Curriculum Integration.

Activities in the Division of Medical Education and Student Affairs are accomplished through offices in the Medical Sciences Building and Mastin Building.

Student Affairs

The Medical Association of the State of Alabama once again sponsored Match Day festivities, which were held at the Renaissance Riverview Plaza Hotel in downtown Mobile on March 16. The Match results were impressive and included Cardiothoracic Surgery at University of Southern California Medical Center in Los Angeles, Orthopaedic Surgery at the Cleveland Clinic, Orthopaedic Surgery at Emory, and Dermatology at the University of Wisconsin. Two students will be going to Vanderbilt, one in Emergency Medicine and one in Pediatrics. Five of the students matched at the Greenville Hospital System of the University of South Carolina and other schools within the southeast. Fifteen students matched here at USA.

Honors Convocation for the College of Medicine was held Friday evening, May 11, 2012, in the Mitchell Center on the USA campus. Dr. Charles B. Rodning, Professor in the Department of Surgery, was selected as the faculty speaker by the Class of 2012 and Stephen Marbut was selected to be the class speaker. Awards for academic achievement and community service were announced and the Hippocratic Oath was administered. Graduation was held at 2 p.m. on May 12, 2012.

Freshman orientation in August 2012 was extended to include additional sessions, which focused on issues that will allow students to be successful in the integrated curriculum. The Professionalism session was modified into an active learning exercise to take advantage of the new active learning center. Based on the data from the post-orientation questionnaire, students were very satisfied with orientation.

The number of visiting medical students who participated in Senior elective courses at USACOM in 2011-2012 is outlined below:

	2007-	2008-2009	2009-2010	2010-2011	2011-2012
Total Visitors	26	19	19	16	24
From LCME Schools	10	8	10	7	9
From Osteopathic Schools	5	4	2	5	12
From Foreign Schools	11	7	7	4	3
Completed Paperwork, but Cancelled Visit					
From LCME Schools	4	6	3	3	3
From Osteopathic Schools	2	2	1	2	0
From Foreign Schools	3	2	6	3	4
Disciplines in which Electives were taken					
Anesthesiology	0	1	4	0	0
Clinical Pharmacology	0	0	0	0	0
Emergency Medicine	5	2	0	1	1
Family Medicine	4	4	1	2	0
Internal Medicine	11	9	8	1	6
Medical Genetics	0	0	0	0	0
Neurology	3	2	0	1	0
Neurological Surgery	1	0	1	0	0
Obstetrics/Gynecology	1	2	2	0	0
Ophthalmology	0	0	0	0	0
Orthopedics	4	1	5	4	8
Pathology	4	1	0	0	0
Pediatrics	4	2	5	2	5
Psychiatry	1	0	0	0	1
Radiology	2	2	0	2	1
Surgery	2	2	3	4	3

Months Electives Taken

	2008-2009		2009-2010		2010-2011		2011-2012	
	American	Foreign	American	Foreign	American	Foreign	American	Foreign
January	3	3	1	0	1	2	1	0
February	2	1	0	0	1	0	0	0
March	0	0	0	0	0	0	0	0
April	1	1	0	0	0	0	0	0
May	0	0	0	0	0	0	0	0
June	0	0	0	1	0	0	0	0
July	1	0	0	0	2	0	3	2
August	2	0	4	1	1	1	4	2
September	2	0	3	2	3	0	7	0
October	1	3	4	2	2	1	5	0
November	3	3	0	5	3	0	1	1
December	1	0	0	2	0	0	0	0

Letters of evaluation (Dean's Letters) were written for each of the 78 seniors, who graduated in May, 2012. Students applied to 2744 residency programs through the AAMC Electronic Residency Application Service (ERAS).

Seventy-two (72) of the seventy-eight (78) students matched for residency positions. Seventy-four (74) of the May graduates used the NRMP as their primary means of obtaining residency and four (4) graduates used the Military Match. Five (5) students secured a residency training position in the "scramble" that followed the match.

	Number of Graduates	Match Utilized	
		NRMP	Non-NRMP
2008	65	61	4
2009	63	59	4
2010	66	62	4
2011	69	67	3
2012	78	74	4

**University of South Alabama Seniors
Residencies Received by Discipline**

	Class of 2008		Class of 2009		Class of 2010		Class of 2011		Class of 2012	
PRIMARY CARE:	26	40%	30	48%	28	42%	29	41%	32	42%
Internal Medicine	12	18%	15	24%	15	23%	20	29%	14	18%
Family Medicine	8	12%	2	3%	1	1%	6	9%	9	12%
Pediatrics	4	6%	10	16%	8	12%	0		6	8%
Med/Peds	2	3%	3	5%	4	6%	3	4%	3	4%
Anesthesiology	3		1		3		4		3	
Child Neurology	0		0		1		0		0	
Dermatology	1		0		0		1		0	
Emergency Medicine	4		3		1		5		6	
Int. Med./Dermatology	0		0		0		0		1	
Neurology	4		3		3		3		3	
Neurological Surgery	0		1		0		0		0	
OB/Gyn	6		5		4		5		7	
Ophthalmology	0		0		1		0		0	
Orthopedics	4		4		3		7		4	
Otolaryngology (ENT)	0		0		0		0		0	
Pathology	2		3		5		0		3	
Physical Medicine & Rehabilitation	2		1		0		1		0	
Psychiatry	1		0		3		4		4	
Psychiatry/Neurology	0		0		0		0		0	
Radiology	4		6		6		3		6	
Surgery – General	5		4		4		6		6	
Surgery – Preliminary	0		0		4		0		0	
Surgery – Thoracic	0		0		0		0		1	
Transitional	2		2		0		2		7	
Urology	1		0		0		0		0	

**University of South Alabama Seniors
Residencies Received by State**

	Alabama		USA Hospitals (Mobile)	Out-of-State		Number of Different States
2008	30	46%	22	35	54%	17
2009	16	25%	11	47	75%	20
2010	33	50%	23	33	50%	14
2011	28	40%	16	42	60%	19
2012	24	31%	15	53	69%	18

Seventy-eight seniors received the Doctor of Medicine degree at Commencement on May 12, 2012. On the evening of May 11, the College held its thirty-seventh Honors Convocation, which took place in the Mitchell Center. Dr. Charles Rodning addressed the class and Stephen M. Marbut responded for the graduates. Prior to hooding the graduates, the following awards were presented:

- Dean's Award – Travis Hunt Harris
- Merck Award – Richard William Gurich, Jr. and Phillip Dale Bates, Jr.
- Leonard Tow Humanism in Medicine Award – Dianna Marie Thomas and T. J. Hundley, M.D.
- Medical Alumni Leadership Award – Kacie Jackson Saulters
- Medical Assurance Award – Charles Caleb Butts
- Community Service Award – Cody Hunter Penrod and Britni Marie Bardshaw
- SNMA Leadership Award – Antwan Jerrod Hogue
- Outstanding Student in the Anatomical Sciences – Travis Hunt Harris
- Charles M. Baugh Award in Biochemistry – Travis Hunt Harris
- William A. Gardner, Jr. Pathology Award – Travis Hunt Harris
- Charles W. Urschel Achievement Award in Physiology – Travis Hunt Harris
- Pharmacology Achievement Award – William Maurin Perez
- Microbiology and Immunology Achievement Award – Travis Hunt Harris
- Neuroscience Achievement Award – James Gibson Pennington
- Hollis J. Wiseman Award for Excellence in Pediatrics – Thomas Cooper Wilson
- Samuel Eichold Award – Ryan Smith Weldon
- Lewis Anderson Medical Student Achievement Award – Margaret Elizabeth Saverino
- John W. Donald Memorial Award in Surgery – Richard William Gurich, Jr.; Erin Michele Thompson; and Thomas Cooper Wilson
- H. C. Mullins, M.D. Award – Ashleigh DeAnna Butts-Wilkerson
- Obstetrics/Gynecology Award – William Ray Stroud III
- Excellence in Emergency Medicine Award – Hannah Marie Eason and Jay Drennen Crim
- American Academy of Neurology (AAN) Award – Drew Ryan Uhrig

Grade Distribution 2011 - 2012 Academic Year

	A	B	C	D	F	GPA
Freshman Courses Average GPA: 3.44						
Biochemistry	44	27	3			3.55
Developmental Anatomy	29	35	7	2	1	3.20
Fundamentals of Doctoring I	146	2				3.99
Gross Anatomy	21	37	10	4	2	2.96
Histology	21	37	11	5		3.00
Intro to Clinical Medicine I	57	17				3.77
Public Health	69	5				3.93
Physiology	20	41	13			3.09
Sophomore Courses Average GPA: 3.55						
Fundamentals of Doctoring II	108	29	5	2		3.69
Intro. To Clinical Med. II	63	8				3.89
Microbiology	26	34	8	4	1	3.10
Neuroscience	39	21	7	4		3.34
Pathology	53	19		1		3.70
Pharmacology	46	22	3			3.61
Integrated Case Study	36 students received Honors/35 students Passed					
Junior Clerkships Average GPA: 3.64						
Family Medicine	73	3				3.96
Internal Medicine	32	44				3.42
Neurology	66	9				3.88
Obstetrics/Gynecology	42	34				3.55
Pediatrics	26	34	3			3.37
Psychiatry	43	29				3.60
General Surgery	52	23				3.69

Academic Progress of Medical Students
Source: Part II of LCME Annual Medical School Questionnaire

	2008	2009	2010	2011	2012
Initial Students in Class	67	70	75	76	74
Graduates	65	63	66	69	78
True Attrition (will not receive M.D. in any year)	2	3	7	*	0

	2007-08	2008-09	2009-10	2010-11	2011-12
Dismissed					
Freshmen	1	0	2	1	0
Sophomores	1	0	0	0	0
Juniors	0	0	0	0	0
Seniors	1	0	0	0	0
Placed on Leaves of Absence (LOA)					
Freshmen	0	0	0	0	1
Sophomores	2	5	4	0	1
Juniors	7	9	9	6	11
Transferred to Another Medical School	0	1	0	0	0
Withdrew	2	1	0	1	2
Admitted with Advanced Standing or Re-entered from Graduate School	2	0	0	2	1
Deceased	0	0	0	0	0
Repeated All or Part of the Year	4	3	2	8	11
Enrolled on a Decelerated Schedule	0	0	0	0	0

Minority Students (Black, Native American, Hispanic)	2007-08	2008-09	2009-10	2010-11	2011-12
Total	26	24	24	21	18
Freshmen	6	6	3	7	4
All Other Classes	20	18	21	14	14

**United States Medical Licensure Examination (USMLE) Step 1
First Time Takers**

	2007	2008	2009	2010	2011
Number of Students	69	67	72	72	75
National Overall Mean	222	221	221	222	224
USACOM Overall Mean	221	215	219	220	218
Failure Rate – National	6%	7%	7%	9%	6%
Failures at USA	3%	7%	8%	4%	8%

Minimum passing score = 176 in 1997; 179 in 1998-2000; 182 beginning in 2001; 185 in 2007; 188 in 2010

**United States Medical Licensure Exam (USMLE) Step 2
First Time Takers**

	2008	2009	2010	2011	2012
Number of Students	65	63	66	71	77
National Overall Mean	226	229	230	233	237
USACOM Overall Mean	216	227	225	236	234
Failure Rate – National	4%	4%	3%	3%	2%
Failures at USA	9%	3%	0	3%	1%

Minimum passing score = 170 for Class of 1997-2000; 174 beginning with the Class of 2001; 182 beginning with the Class of 2004; 184 beginning with the Class of 2008; 189 beginning with the Class of 2011

United States Medical Licensure Examination (USMLE) Step 3

	Class of 2005	Class of 2006	Class of 2007	Class of 2008	Class of 2009
National Percentage Passing	96	96	95	95	96
USA Percentage Passing	96	92	95	95	98
USA Number of Students	56 (a)	50 (b)	63 (c)	65 (d)	59 (e)

- (a) 56/59 students had taken Step 3 as of 6/10
- (b) 60/60 students had taken Step 3 as of 6/11
- (c) 63/63 students had taken Step 3 as of 12/11
- (d) 65/65 students had taken Step 3 as of 12/11
- (e) 59/63 students had taken Step 3 as of 12/11

**Evaluation of Student Performance
in the First Postgraduate Year***

The questionnaire adopted by the Curriculum Committee in 1990-91 for assessment of graduates of the College of Medicine was sent to the Directors of the PGY-1 programs of our 2011 graduates. A total of 54 responses were received out of 69 requests. Below is a summary of the responses to the four major areas that were assessed.

	Class of 2008	Class of 2009	Class of 2010	Class of 2011
Medical Knowledge				
Top Fifth	21%	30%	16%	31%
Upper Middle Fifth	39%	46%	40%	43%
Middle Fifth	27%	22%	31%	20%
Lower Middle Fifth	11%	1%	11%	2%
Bottom Fifth	2%	1%	2%	4%
Data Collection				
Top Fifth	22%	27%	22%	30%
Upper Middle Fifth	42%	49%	36%	44%
Middle Fifth	32%	24%	34%	18%
Lower Middle Fifth	4%	0%	6%	6%
Bottom Fifth	0%	0%	2%	2%
Clinical Judgment and Skills				
Top Fifth	27%	24%	17%	31%
Upper Middle Fifth	38%	55%	40%	43%
Middle Fifth	28%	20%	37%	22%
Lower Middle Fifth	7%	0%	4%	2%
Bottom Fifth	0%	1%	2%	2%
Professional Attitudes				
Top Fifth	36%	51%	37%	58%
Upper Middle Fifth	41%	31%	30%	28%
Middle Fifth	20%	17%	27%	8%
Lower Middle Fifth	3%	0%	4%	4%
Bottom Fifth	0%	1%	2%	2%

*Evaluated by Residency Program Director and/or Faculty

CURRICULUM COMMITTEE

In 2011, the College of Medicine at the University of South Alabama revised the educational program by developing a new competency based curriculum across the four years. The first two years of medical school were redesigned from discipline-specific courses to an integrated organ systems-based curriculum with enhanced integration for the third and fourth years. The goal of the new curriculum is to provide medical students with a fully integrated educational experience by utilizing the core competencies established by the Accreditation Council for Graduate Medical Education as a platform. These competencies are *medical knowledge, patient care, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice*. While allowing students to acquire a comprehensive and clinically relevant medical education, the new competency based curriculum also will facilitate the educational continuum and aid in graduate's transition into their residencies. The revision of the educational format occurred under the leadership team in the Division of Medical Education, the Curriculum Committee and with the enthusiastic support of both basic science and clinical faculty in the College of Medicine.

Students will begin the new curriculum with the **Foundations of Human Health** module, which introduces principles of basic and clinical sciences, and sets the foundation for medical practice. It provides students with tools to effectively master application-based material in the subsequent system based modules. Learners identify key principles of human health and disease in both the internal biologic milieu and external environment. Basic mechanisms of human biology, psychology and social systems are developed, as all are essential to clinical reasoning, problem solving, patient-centered care and system-based practice. Throughout this and subsequent modules, students will engage in lectures, active learning sessions (primarily team- and case-based), independent study and clinical experiences. Learners are introduced to reflective writing exercises. These activities will provide students with opportunities to strengthen communication skills, observe and participate in systems-based practice, and exercise practice-based learning techniques in a variety of settings that require and foster professional behavior and personal integrity.

Placement of **Hematology and Host Defense** ahead of the remaining modules is based on content relevance of the hematologic and immune systems to normal function and disease processes affecting all other organ systems. The module focuses on normal development, structure and function of the hematologic and immune systems, how they interface with infectious agents, and the etiology of related disorders, e.g. anemias, cancer, immunodeficiency, allergy, autoimmunity and infection. Upon conclusion of the module, students will understand the cellular and molecular mechanisms underlying clinical disorders explored in subsequent organ system modules and be able to apply their knowledge to appropriate patient care through proper diagnosis, treatment, management and prevention of these diseases.

The **Cardiovascular System** module is designed to provide students with an in-depth multidisciplinary survey of the system in health and disease. Each week is topically focused and framed by an introduction and discussion of relevant clinical vignettes. Development and aging in the cardiovascular system, cardiac function and rhythmicity, regulation of blood pressure, vascular function and dysfunction, risk factors for and epidemiology of cardiovascular disease, basics of clinical treatment strategies, and disparities in access to health care will be discussed.

Students will gain experience in taking and interpreting a patient history, as well as basic clinical skills relevant to assessment of cardiovascular function.

The **Respiratory System** module introduces students to the anatomy, physiology, and pathophysiology of the respiratory system with a particular focus on the lung's central role in gas-exchange and fluid balance. Normal and abnormal anatomy from the sinuses, nasopharynx, and upper airways to the lower respiratory tract, including the structures of the chest wall and thoracic cavity, will be presented through the combined use of pro-sections and radiologic imaging. The mechanics of breathing as well as the impact of diseases of the airway, interstitium, and pulmonary circulation on respiratory function, will be taught using lecture, patient-oriented active learning, clinical skills labs, and independent learning. Students will be taught the cellular and molecular mechanisms involved in a broad category of lung diseases including obstructive disease, restrictive disease, pulmonary vascular disease, lung cancer, and infections of the upper and lower respiratory tract. How these disease processes interact to alter gas-exchange leading to hypoxemia, hypercarbia, and respiratory failure will be an integral part of this course. Students will also gain experience in the proper diagnosis, treatment, and prevention of these respiratory diseases. The social impact of chronic respiratory disease on patients and their families, particularly for those with advanced disease, will also be highlighted during interactions with actual patients and in active learning sessions within small groups.

The **Renal System** module concludes year 1 and covers the kidneys and the urogenital system, including ureters, urinary bladder and prostate. Instruction begins with the normal development and structure, moves into the normal physiology of the kidney, introduces the action of pharmacological agents relevant to renal function, and concludes with introduction of pathological processes of infectious, oncological, and immune injury. Throughout the module, students are engaged in learning activities that challenge them to explore further the mechanisms of disease, the application of basic principles of organ structure and function to disease states, and approaches to problem-solving in the consideration of ethical and medical issues confronting patients with kidney disease. Students will be schooled in the evaluation of renal diseases through direct patient evaluation as well as the radiological and laboratory evaluation of kidney and urogenital structure and function. Through both directed and independent learning venues, students will have the opportunity to foster life-long learning skills, develop effective communications skills, and practice the cooperative skills needed to address the complex modes of effective delivery of medical care expected in the future. In sum, students will be given a foundation of basic medical knowledge spanning cellular to organ levels and the means to apply their knowledge of function and pathophysiology to the care of patients with urogenital disease.

Beginning Year 2, **Gastrointestinal System and Nutrition** focuses on the mastery of clinical and scientific principles involving the normal anatomic and physiologic functions of the mouth, esophagus, stomach, small and large intestine, along with the role of the pancreas and hepatobiliary tree. Secretory, motility, and absorptive functions throughout the upper and lower GI tract are a major focus of study. Students will also develop an understanding of nutritional and metabolic disorders as secondary complications of gastrointestinal and/or hepatobiliary disorders. Integration is achieved across all major medical basic science disciplines, as studies proceed throughout different portions of the digestive system at all levels, from molecular to cellular, to tissue, organ and organ system. Throughout the module, mechanisms of normal function involving metabolism, nutrition

and the normal microflora are studied in contrast with abnormal or disease states, in order to develop the foundation for understanding pathophysiologic mechanisms. Teaching methods include large group/lecture, small group, case based, learning activities, laboratories, computer simulations, self-study and experiences that foster the development of clinical skills and professional attitudes involving contact with patients in the clinic and hospital, and with simulated patients.

Reproduction and Endocrinology will enable students to acquire and apply knowledge of human development, internal homeostasis and reproduction from the human genome to clinical situations. Learners will develop an understanding of the embryological, physiological, and anatomical development of the reproductive tract, and how to evaluate the clinical presentation, prevention and treatment of male and female reproductive disorders, sexually transmitted infections, and breast diseases. Students will participate in active learning exercises focused on human sexuality. They will also develop their clinical examination skills, working with instructors who are trained in teaching female pelvic and breast exam and male genital examinations. Additionally, students will apply knowledge of endocrinology to discuss the role of hormones in development, growth, and metabolism.

Musculoskeletal System and Skin will cultivate the student's ability to describe and diagnose conditions of the skin and the musculoskeletal systems. Students will learn how to apply their emerging knowledge of normal and abnormal, structure & function of these tissues and systems in order to recognize, and ultimately treat, conditions associated with injury and/or illness. The modules will begin with an introduction to dermatology by using a series of illustrative cases that portray the role of skin in normal physiology, development and aging, and disease. Through interaction with integrated, clinically relevant content in areas of head and neck and extremities anatomy, students will study the structures of the musculoskeletal system, in both the normal and diseased states.

Neuroscience and Behavior is designed to provide students with the knowledge and skills to understand and evaluate normal function, disease processes, injuries and psychiatric disorders of the human nervous system. Prior knowledge of other organ systems gained in previous modules enhances the conceptual understanding of clinical examinations skills used to measure neural function. The first 10 weeks focuses on the anatomy, biology and function of the central and peripheral nervous systems as students learn the diagnostic methods and criteria, pathophysiology and treatments of prevalent and prototypical neurologic injuries and disorders. Training shifts in the final two weeks to behavioral science as students learn about the classification, clinical presentation, psychopathology and treatment of prevalent psychiatric conditions. Upon completion of the module, students will have a fundamental understanding of the structure and function of the human nervous system, the clinical presentations, physical findings or laboratory findings of common neurologic and psychiatric disorders, and treatments for these conditions. Students will learn to take an accurate neurologic history, conduct the essential elements of the neurologic exam, perform a psychiatric assessment, and develop interpersonal skills and professional attitudes expected in the practice of neurology and psychiatry.

The final module, **Integrated Case Studies**, was originally developed as a USMLE Step 1 review course and requires students to raise their level of clinical reasoning and problem solving skill to consider multiple dimensions of illness or injury, in preparation for their transition to the practical world of clerkships. Students will consolidate basic skills in recognizing and describing clinical findings and develop skills in interpreting and communicating more complex clinical situations.

EXECUTIVE COMMITTEE OF STUDENT ASSEMBLY

As set forth in the Student Handbook, the Student Assembly addressed issues affecting student life. The officers for 2011-2012 were President – William Kilgo, Vice President – Benjamin Shepherd, and Secretary/Treasurer – Amanda Schnee. The Faculty Advisors were Dr. T. J. Hundley and Dr. Anthony Gard.

ISSUES ADDRESSED BY THE STUDENT ASSEMBLY

- 1) On May 2, 2011, there was a special student assembly meeting called with Dr. Gard and Dr. Hundley to discuss the upcoming new curriculum changes. The Committee was made aware of the changes being made for Fall 2012 in detail by the Curriculum Committee with regular updates from Dr. Gard and Dr. Hundley.
- 2) The Student Assembly explored the idea of having the USACOM Residency Fair in the Spring annually rather than in the fall. Lack of response forced the issue to be tabled for next year. The Residency Fair was taken over from AMWA and Student Assembly is in charge of sponsoring and organizing it beginning in 2012-13 academic year.
- 3) Efforts were made to increase attendance by medical students at the “Conversations with the Dean” lectures.
- 4) The Halloween Party was held on October 28, 2011 at the Corner Bar.
- 5) Parking concerns for medical students at Children’s and Women’s Hospital were addressed by the creation of a flyer that clarified many of the recurrent problems that have caused confusion in the past.
- 6) The Christmas Party was held on December 9, 2011, at the Alabama Music Box.
- 7) A debt seminar was held on February 23, 2012, for interested 4th year students.
- 8) The Aesclepien Ball was held on March 3, 2012, at the Mobile Carnival Museum.
- 9) Match Day was held on March 16, 2012, at the Renaissance Riverview Hotel.
- 10) The Gumbo Chili Showdown was held in order to raise funds for the Regan Robinson Memorial Fund. The date of the event was March 24, 2012, at its new location, Ladd-Peebles Stadium, prior to the University of South Alabama Spring Football game.
- 11) Student Assembly officers elected for 2012-2013 are President – Kasey Gardner, Vice President – Mary Walker, and Secretary/Treasurer – Alicia Glass.
- 12) Fourth year students held a yard sale on April 21, 2012, in the parking lot at Grace Community Church.
- 13) Skit Night was held on May 4, 2012, at the Mobile Convention Center.

OFFICE OF FINANCIAL AID

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Total Financial Aid	\$8,800,872	\$8,863,202	\$9,758,827	\$10,505,628	\$11,440,138
Students on Aid	267	250	264	273	277
Loans					
Perkins	0	0	0	0	741,272
Direct Subsidized	1,842,228	1,791,132	1,962,148	2,024,937	2,075,554
Direct Unsubsidized	5,537,603	5,770,917	6,245,368	6,928,397	7,170,930
DirectGrad Plus	1,198	40,095	151,801	211,635	125,861
Outside Private Loans	25,677	0	0	0	17,000
Total Loans	\$7,406,706	\$7,602,144	\$8,359,317	\$9,164,969	\$10,130,617
Scholarships					
University Sponsored	517,640	500,529	777,563	689,669	713,230
Outside Sponsored	580,790	427,982	342,364	393,442	239,834
Military – Army	0	17,790	38,439	22,953	48,592
Military – Navy	64,377	36,429	58,994	66,922	72,591
Military - Air Force	146,501	180,524	97,988	68,335	131,874
Alabama Medical Board Scholarship	45,000	50,000	35,000	35,000	15,000
Alabama VA Benefits	39,858	47,804	25,460	32,969	23,650
Post 9-11 GI Bill	0	0	23,702	31,369	61,352
Faculty Staff Reimbursement	0	0	0	0	3,398
Total Scholarships	\$1,394,166	\$1,261,058	\$1,399,510	\$1,340,659	\$1,309,521
Average Indebtedness of a Graduating Senior					
	\$137,418	\$130,890	\$133,227	\$127,659	\$136,604

An Emergency Loan Fund is available to medical students. Loans of up to \$500 may be obtained by students through a fund administered by the Office of Student Affairs and Medical Education for a period of up to 60 days for the purpose of alleviating an unanticipated financial need. There is no interest charged. During the period August 1, 2011, through July 31, 2012, four (4) emergency loans were approved for a total amount of \$2,500.00. During that period, seven (7) payments totaling \$4,000.00 were paid back into the loan account.

OFFICE OF EDUCATIONAL ENRICHMENT

Diversity, Recruitment, and Enrichment for Admission into Medicine (D.R.E.A.M.)

The summer of 2012 marked the twenty-sixth (26th) year of the summer recruitment and enrichment program at the University of South Alabama College of Medicine. Over this period of time, the program has served a total of 262 students.

Recent University budget challenges has made it necessary to reduce the number of program participants, for the fourth year in a row, to the original number, seven (7), accepted when the program first began in 1986. However, in the year 2012, consideration is being given to an increase to 10-12 participants.

The focus of the D.R.E.A.M. continues to be promoting diversity within our college giving primary consideration to educationally and economically disadvantaged candidates to facilitate their dreams of becoming physicians. The envisioned outcome is that these students will remain in the state and return to their communities to serve underserved populations and help eliminate health disparities within our state and the nation.

Phase II

There were six of seven students who successfully completed Phase I of the program in the summer of 2011. Five (5) returned in 2012 for Phase II, and one (1) student from Prairie View A&M chose to attend another program. The 2012 Phase II students represent four (4) different institutions:

Alabama A&M..... 1
Alabama Huntsville.....1
Alabama State.....2
University of Florida.....1

Two (2) of the five (5) Phase II students are Alabama residents; one (1) is a resident of Anchorage, Alaska, one (1) is a resident of St. Martinville, Louisiana, and one (1) is a resident of Palm Coast, Florida.

A 2012 curriculum change from a series of departmental/discipline-specific topics focused on first year medical school preparation taught by ~50 different faculty and graduates to a curriculum that focuses on four scientific disciplines (i.e., biology, general chemistry, organic chemistry, and physics) that are tested by the Medical College Admissions Test (MCAT) was instituted. A Speed Reading/Comprehensive course was also enhanced in the 2012 curriculum to include Critical Thinking and Medical Vocabulary. To test these changes, the DREAM Committee decided to eliminate Phase I for this summer and allow the Phase II cohort to finish the program. Therefore, there were no new students accepted into the program. The MCAT sciences were taught by five second year medical students who were chosen based on their high achievement on the MCAT. The Speed Reading course was taught by a doctoral candidate from the College of Education. Students were required to take a different practice MCAT every Saturday, participate in a formal medical issue debate, do two mock medical school interviews, and attend seminars on AMCAS application, financial aid, and medical school coping strategies presented by our students.

The 2012 program was radically different but the students clearly understood what was being done differently and became fully engaged. To date, two of the five students have notified us that they have achieved MCAT scores qualifying them for admission and one has already submitted a primary application. Achieving acceptable MCAT scores does several things; it assures the Admissions Office that the applicant has a predictable chance of graduating in four years, and more importantly, it forces an acceptance of a style of standardized test taking in which complex materials can be tested in short amounts of time (~72 seconds per question). Mastering this technique is useful throughout medical school.

Admission

In August of 2012, one (1) male and two (2) female D.R.E.A.M. students entered the University of South Alabama College of Medicine freshman class. The new students represent Alabama A&M, Auburn University, and the University of South Alabama. The students are residents of Andalusia, Alabama; Columbus, Georgia; and Pascagoula, Mississippi.

Other Recruitment

In 2011, the Office of Educational Enrichment made recruitment trips to two (2) colleges and universities: Tuskegee and the University of North Alabama. Presently, three (3) recruitment trips are scheduled for 2012: Stillman, University of Alabama, and Alabama State University.