

7-20-1985

Deborah Richardson interview (3) conducted on July 20, 1985 about the Boonshoft School of Medicine at Wright State University

Deborah Richardson

James St. Peter

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WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: July 20th, 1985

Interviewer: James St. Peter

Interviewee: Deborah Richardson

[Beginning of Recorded Material]

James St. Peter: My name is James St. Peter and this is the third of a series of interviews with Ms. Deborah Richardson second year medical student in the Wright State University School of Medicine. The date is July 20, 1985. The time 2:00 pm and Ms. Richardson and I are in room 437, in Millet Hall, at Wright State University. Ms. Richardson in our last interview we covered your first year of work as a medical student. What was the [unintelligible] feeling that you had after the first year, when your first classes were over and you start looking at you first summer?

Deborah Richardson: Extreme relief was, I think, probably my first feeling. Then, it kind of sunk in that I had gotten through the first year. I was pretty eased, I think, to see that I could stick it out and make it through one year of medical school. I didn't really have a lot of time to think about having completed the first year. Soon, after we finished finals I did a self initiative selective where I went to Michigan and worked with a group of other health care providers and lay people from the church that were going too. We provided health screenings, for different populations like migrant farm workers, rural people, and inner city people so, I was very busy with that and I didn't really have time to think too much about what I had just accomplished. Then, when I came back from Michigan I started working on research with Dr. Miles and Dr. [Godsall] from the physiology department and so, I never really stopped and really ruminated so much about it. It was just kind of a continuous flow, but I think that by the time fall quarter rolled around, I realized what I had accomplished and that I could probably make it since I was able to get through the first year.

J.P.: What about the self initiative selective? How did you get that set up?

D.R.: I heard them make an announcement one Sunday when we were at church about the health fair, the [annual] health fair that they were starting to plan and this was probably March or April when they started planning it, I think, could have been early February. Anyway, I expressed an interest to see if there was anything I could do to help and one of the physicians that I had known, from before that goes to the same church, so I talked to him about it to see if he thought I should be involved. He strongly encouraged it. He thought it would be an excellent [money] opportunity. So, I gathered as much information, as I could, about the health fair, about previous health fairs that the group had been involved in. I went to [Dr. Reese] and told him what I would like to do and all about it. The reason that I needed to do it as a student initiative selective is because the trip to Michigan was during the selective period and we're required to take selectives every selective period. So, if I was gonna take part I was gonna have to do it and

get credit for it. I worked closely with Dr. Reese and writing up what needed to be written up, the proposal and everything. Then, I had to go before the selectives committee and give them my proposal and all that kind of stuff. I had to find a department that would sponsor me.

J.P.: Did you?

D.R.: Yes, the department of community medicine was very happy to sponsor me. [Dr. Alter] liked the idea. He thought it was good educationally and practically, also.

J.P.: Did you have [unintelligible]? Was there an written evaluation on what you did?

D.R.: Yes. I had to come up with specific objectives. I had to do some preparatory reading in advance. I worked with two preceptors physicians because there wasn't just one physician that would be there the whole time so; they kind of split the responsibilities. Then, afterwards they wrote up an evaluation of my performance and what they thought I got out of it and everything.

J.P.: What specific types of things did you do in [unintelligible] selective?

D.R.: In preparation for it I tried to read as much as I could find about migrant farm workers because that was our main target population. There was very little information to find. We did a [unintelligible] research and there was just nothing on those so, I did read what was available to try and find out what specific health problems they might have as compared to the normal population and also, to learn how to relate to them appropriately. Although, I'm from Texas originally so, I'm familiar with people of Mexican religion. Also, I tried to read about general health screening and what's recommended at different stages in a person's life when you're working like that. [Dr. unintelligible] was also real interested in this project and he was very helpful. He loaned me reading materials to read about those particular things health screenings during a person's lifetime so, I read up on that. Then, for the actual trip up to Michigan the things that I did I spent time at the blood pressure station taking blood pressures until my ears hurt. I also spent time at the blood sugar and hemoglobin and hematocrit station. Where we would just do a finger stick and then test for people's hematocrit and hemoglobin and blood sugar. Basically, myself and two other medical students and a nursing student, the four of us kind of split those responsibilities between those two stations. So, those are the main things that I did. I observed at other stations, but other people were responsible for performing and there was an optometrist who checked their eyes and checked for glaucoma. There was a dentist who would check their teeth. We also, had people like there was a dental assistant who helped with the dentist. There was also another nursing student. There was another nurse who did a variety of things. We kind of tried to help each other out. I filled in at other things, but those were my mine responsibilities. We just all worked together and tried to get everybody done. It was all day every day. We were up there for a week. It was a lot of fun.

J.P.: So, I take it [unintelligible] successful?

D.R.: Oh very. Yes, I got a lot out of it in a lot of ways. I got to see health screening first hand. I got to see interesting patient populations. I think what, kind of, hit me the most was the day we spent in [Shabbona] an inner city setting. That was very educational because I hadn't had a lot of

exposure to inner city patients or people, in general. So, I learned a lot from that experience. I learned not only from doing the specific procedures and learning about what needs to be done at what point and time, but I learned about just interacting with people. I learned a lot about that and that was really helpful because that's a lot of our job right there is being able to communicate effectively.

J.P.: Did you receive any written evaluation from the School of Medicine [on this elective]?

D.R.: From the School of Medicine itself, no. I don't believe I did.

J.P.: So, there's no grade?

D.R.: Oh well, I passed. Selectives are on pass fail basis. So, if you fulfill the objectives that you set out for yourself and if your preceptor agrees you fulfilled the objectives then, you pass.

J.P.: How relevant are the objectives that you laid out actually fit in with what you were doing?

D.R.: [Fit in a lot if I remember correctly] like I said I don't remember specifically what my objectives [were in some many words]. I generally, wanted to learn as much as I could about migrant farm workers and as much as I could about health screening throughout the life cycle, which I did.

J.P.: What were you involved with after you came back from that?

D.R.: I worked with Dr. Miles and Dr. Godsall on several different things. We originally had submitted a proposal to do some dog studies for, one of them was trying a new respirator what they called "jet something or other," anyway and another that was to be about a new way to monitor cardiac output. All of the funding didn't come through so, we didn't do those two specific projects. We did other things that were related. I keep saying we, another student and I [name] worked together with Dr. Miles and Dr. Godsall during the summer. We spent just about every morning out at Children's Medical Center. We were in the newborn intensive care unit. We would go with the physicians and the residents on rounds and we would listen to the presentations that were made. We learned a lot from those, from that exposure. It was excellent. Then, we did different things in the afternoons. We spent some time working on a project that Dr. Sherry Courtney, at Children's was working on. Then, we go into the intensive care unit where they were comparing the effectiveness of different ways of monitoring respirations, on newborns and [Lane] and I worked with one of the respiratory technicians, on that project for several weeks. I also, kind of had a [unintelligible] project of our own where we were learning how to use the equipment that Dr. Miles and Dr. Godsall are designing and creating to monitor cardiac output, in [sick moments] so, that was ongoing. Then, we also did a lot of reading and discussion with Miles and Godsall where we read about different [morricone emesis] that sick newborns can have and what's done to [remove everything]. So, we did a lot. We learned a lot.

J.P.: Was this the same kind of format as a selective?

D.R.: No. I was supported by a grant from the American Heart Association.

J.P.: So, this wasn't a part of your actual curriculum?

D.R.: Right

J.P.: [Unintelligible] type project.

D.R.: Yes, correct.

J.P.: So, you didn't have to set up any objectives or be evaluated by the School of Medicine?

D.R.: No. We did have to submit a proposal to American Heart Association to get the grant and that was accepted and there was a monetary reimbursement or whatever you would like to call it. I'm sure that my ability or whatever has been evaluated somewhere, but I don't know.

J.P.: [Unintelligible]

D.R.: Probably so, but I don't have a grade or anything like that for that.

J.P.: In relation to the start of the next year, where was this at, in terms of time?

D.R.: This was, in July and August. So, this was before I started school again.

J.P.: When did your next year start?

D.R.: Well, it officially, the second year classes started, in the middle of September, but I started a little bit earlier than everybody else because I took a selective that started right before school which is only offered once a year. I took introduction to sports medicine.

J.P.: Was the selective so hard to what you did after going through the first year? Did you have to prepare objectives or were they already prepared?

D.R.: They were already prepared. This was a normally offered selective, introduction to sports medicine. They offer it, in the end of August because that's when most of the areas football teams are starting to train, but part of our learning is done working with area trainers and seeing what they do, in the schools. It was fun; it was a lot of fun. I learned a lot, also.

J.P.: How long was the selective?

D.R.: Two weeks.

J.P.: Two week selective instead of one week is normal?

D.R.: Yes. See they vary. They are anywhere from seven to ten school days depending on what amount of time they have to work with. So, it was pretty normal length of time.

J.P.: You mentioned earlier, in our first interview that you had taken part in this last years' orientation for students.

D.R.: Right. A little bit.

J.P.: Okay. Did the second year students plan the orientation itself?

D.R.: Yes, that is kind of tradition at Wright State. The new second year class plans and puts together and runs the orientation for the incoming first years'. We started planning that in June and there were a few planning meetings. I had originally intended to serve as a group leader and then at the last minute I was able to get into this sports medicine selective and they had enough spare people that I could back out. So, all I ended up doing with the orientation was being one of the speakers.

J.P.: And what did you speak about?

D.R.: Being a women in medicine.

J.P.: At what point in the orientation did you speak?

D.R.: The second day of orientation.

J.P.: What type of things did you tell the medical students? Were your remarks necessarily directed all to the women?

D.R.: No, not by any means.

J.P.: What kind of things did you highlight? Did you talk about the problems of being a woman in medical school or the advantages of?

D.R.: I tried to highlight the positives, but make them aware that negatives are there and you just have to learn to deal with whatever may happen. I was really careful naturally, and I didn't want to be real negative because there aren't a lot of problems being a woman in medicine. Every now and then you run into someone who has never met you before, but they have prejudices about women in medicine and so, you can feel it, you can tell. They're just outwardly open about it, not belonging in medicine, but generally speaking, that is not a problem. I really tried to highlight all the positive aspects of being in medicine. I tried to do it in a humorous way. One statement that I made was that "if you came to marry a doctor there is easier ways to do it." I kind of tried to come up with different myths that people have and address as is appropriate. I think I addressed a little bit the pros and cons of being a married woman versus being a single woman, I'm not sure, I think that I probably mentioned that at least it's been a while I don't remember the content exactly.

J.P.: Let's talk about your thoughts on the orientation process itself.

D.R.: Okay.

J.P.: How do you feel watching somebody else go through what you was just going through only a year before? Did you feel any sympathy?

D.R.: Yes. I felt a little sorry for them because they didn't know what they were in for. You never wanna be negative. You don't wanna tell people well you're gonna be sorry because that's not true. It's just really tough and it takes a lot of adjusting, but if I can do it they can do it. So, you try and be as positive as you can and as supportive as you can and I related a lot because they all looked so lost and that's how I had felt "What am I doing?" Yea there was some sympathy there and I related real well.

J.P.: Did it help you adjusting though going into your second year?

D.R.: It was a part of the overall feeling. I think starting my second year, I don't know what it is, there's a general phenomenon and our instructors had warned us that this would take place, but we didn't believe them, but second years' in general act like they know everything and I think I kind of did that too. I just felt like I can do anything, I know everything, nothing can get me now.

J.P.: You survived the worse and.

D.R.: Yea, right. I was very kind of on top of things there at the beginning of the second year.

J.P.: When did you come back down to earth, at what point?

D.R.: Probably not too long after that because ya know you have to dive right in again and get back into the swing of things. I have a tendency to stay very busy so, I can't walk around with my head in the clouds, too much.

J.P.: Was there a great deal of academic preparation for going into your second year?

D.R.: I'm not sure what you mean.

J.P.: Did you have to study during the summer? Like refresh yourself? Reorient yourself?

D.R.: I didn't. Some people did study ahead for pathology because you hear all kinds of horror stories about pathology. Some people worked during the summer on pathology. I was not one of those people. I don't know, if it would have been better or worse to have done that because if I just kind of think about the people that did study ahead versus those of us that didn't, I don't believe there is a big change in the ultimate outcome. You have to want it sometime, whether you start early or not. You have to learn it all anyway. I don't know that there would have been any advantage to studying ahead. You might have felt a little more comfortable starting the year, but it would ultimately catch up with you anyway and then you'd feel behind, which is a terminal problem in medical school. You always feel behind because you usually are, but that's just

reality. You have to deal with it and you have to try as hard as you can to at least get close to catching up.

J.P.: What kind of classes did you encounter in your second year and how are they different or were they different from the classes in your first year? Degree of difficulty?

D.R.: The first quarter my second year we took general pathology and microbiology, introduction to clinical medicine, behavioral science and I think that's all. That's all that's coming to mind so, that must be all we took. We took a few less hours fall quarter then, we had been taking first year so, that was nice. The classes second year seemed to be a little more clinically orientated then, the classes first year. You're just learning the basic general stuff first year and then, you [unintelligible] on that. So, there were more clinical associations or they would try and bring in clinical associated things whenever they could. It was still all class work and lab work, but it was really better. As far as difficulty, I don't really think it's any harder or easier, but you feel like it's easier because you've got the first year behind you so, you know you can do it. You still have to work just as hard, I think. I don't know I vacillate on how to present that because I did better that quarter then, I had done before and I don't quite know why. I don't really think that the material was easier, I think it's just that I had a better handle on how to deal with it and how to study.

J.P.: Did you find yourself falling back in with familiar study habits?

D.R.: Yea, but to tell ya the truth I have tried just about every method of study that has ever been created these past two years and I never up to this point have found one that I prefer over any others. I have to alternate in my means of study so; I don't get bored out of my mind for one thing.

J.P.: For example?

D.R.: Naturally, you have to read the material, you have to go to the lectures, at least make an attempt to go to as many of the lectures as you can get to. If there are old notes, old exams, see some classes make up a new exam every time. So, they have old exams available for you to see what kind of questions are asked. So, if there are old exams available those are helpful to kind of get a handle on what's expected of you so, it's a combination of studying your notes from class, studying the text, going through old test, discussing things with other people, asking questions if you have questions. Those kind of things. It's a combination of those things.

J.P.: Was your second quarter the same as your first? Do you feel degree of success? What were you taking the second quarter?

D.R.: Second quarter we started taking pharmacology and we started doing the organ system pathology. Both of those were ultimately two quarter courses and winter quarter we also took behavioral science, introduction to clinical medicine.

J.P.: Two quarters counted with the first quarter?

D.R.: Right, more of the same. We also took genetics. I know I forgot that we took biometrics fall quarter. That is kind of a statistics course, which was fun. Winter quarter was more difficult for me, for some reason and I'm not quite sure why, could have been a combination of a lot of things. I had started studying somewhat for [boards] fall quarter, but not in depth and I don't think it had really sunk in that I needed to start studying. Winter quarter I started getting a little more serious, still not serious enough, but I did study somewhat more winter quarter [for boards.] Genetics was a very difficult class. The others kind of go without saying that pharmacology and pathology are difficult. There's a lot of material and it's really hard to keep all the information straight, but genetics was pretty tough.

J.P.: Did you find pathology as tough as people had said?

D.R.: Yes, it was very difficult without a doubt. It required a lot of study time and you spend time in lab looking at slides and looking at specimens and everything, which helps correlate. I also studied in a group for pathology, which helped a lot to be able to discuss things and clarify things with each other. I imagine it was probably as difficult as people said it would be and that really all of the things that we have taken are important, but you really need to know your pathology because that's what you're looking for when you're doing your history and physical is something pathological. So, you need to understand, you need to not only to know what to look for, but you need to understand what it is that makes whatever that sign or symptom is pathological. It's real important for physicians to understand the whys behind the way things are. It was a very difficult class, very difficult.

J.P.: Did you find yourself in any activities, clinical activities [for a specific course?]

D.R.: No.

J.P.: Did that clinical activity increase or stay the same during the spring quarter?

D.R.: Yes, actually. I forgot about the activity that we had that was clinical related. In conjunction with introduction to clinical medicine we had to take several different little activities. One of which, was what we fondly called dog lab. It was technical skills where we spend six Friday afternoons learning how to do [suturing], learning how to start IVs, to [intubate], to insert venous catheters, to insert chest tubes, things like that and I'm [unintelligible] that I had done that during fall quarter. So, that's another activity I had fall quarter which, was interesting and fun. It was fun. Then, the other activities that we did, it's difficult to generalize because in those classes they split us up into smaller groups that are more manageable. So, different people do them at different times of the year. The order I did them, I did technical skills fall quarter. Then, winter quarter I did family practice which, you spend three Friday afternoons going to the V.A. to their outpatient clinic and you work with a preceptor and you do a history and physical on someone. So, that's just getting more practice doing history and physicals. That was fun. I learned a lot from that. Also, we had to do three Friday afternoons of pediatrics. We would go to Children's and we worked with a preceptor and do a history and physical on a child. I enjoyed that, also. That was fun. Spring quarter I did, they call it obstetrics, but in reality what you're learning is how to do a prenatal pelvic exam and a male genital and rectal exam. That was very well done, very well done. They used teaching associates who are

trained specifically in teaching this to medical students and everything. They were excellent. Very sensitive and they explained things well. The handouts that you get are very detailed and I feel well prepared because it's my understanding that not all schools get really good training and how to do a health exam well and how to do an oral and rectal exam well. I feel like I was well trained. It was very well handled.

J.P.: So, you would give the teaching assistants high marks?

D.R.: Very high marks. They were excellent.

J.P.: What kind of course subjects did you take, in spring quarter? You continued your organ system pathology?

D.R.: Right. I continued pharmacology and we had more behavioral science and more introduction to clinical medicine and I can't think of anything else, I think that was all. That was enough because we were studying for boards, in depth by that time, very intensely. That was the most difficult thing about second year as a whole was trying to balance your study for the general classes that you're taking versus the study you need to do for boards. So, that was really tough and I don't think I ever did find a happy medium. I just spent as much time as I could studying for boards and as much time as I could squeeze in for the classes. I never felt like I was studying enough for either one, but I guess that's to be expected.

J.P.: I wanna discuss your National Boards in depth, but before we go into that there's two other things I would like to cover.

D.R.: Okay

J.P.: One is leadership. In your second year you got position of leadership within the School of Medicine by the student body. How'd that affect your course work and your overall time?

D.R.: It affected it a great deal without a doubt. I was student government representative for the School of Medicine and it was a very big responsibility. I took it very seriously. We had at least one meeting per week, every week of every quarter. We met a few times during the summer last summer and we would meet a few times, as needed, over breaks. Fall quarter things seemed to run real well and I don't think that it adversely affected my course work at all. Overall, I enjoyed the experience and I got a lot from it.

J.P.: What were the responsibilities [Unintelligible]

D.R.: The basic responsibility of the student government representative is to obtain the monthly meetings of the Medical School student council.

J.P.: What was your position in regards to the Medical School were you a member of the student council?

D.R.: No, I was not considered a member. I was almost the same as a member. I had been, on the Medical School student council my first year as a representative, for the first year class and I knew most of the people that were, on it again last year and I worked very closely with all those people, a lot of them good friends of mine. I didn't have a vote, but it didn't really matter because I was free to voice my opinion, on anything that they were discussing. I went to all the meetings. I did miss one or two, but I went to almost all the meetings that they had and stayed, in close touch with them and I reported, on anything that would be of interest to the medical students. I also, took back their feedback back to the student government. Things that were particularly urgent I didn't wait for the student council meeting. I would go and speak to the first and second year classes when they were, in their large groups for lectures. I would go and speak and try and get feedback, if there was an issue I needed feedback on. I would try and remind them anytime there was a special vote being taken and encourage them to vote and tell them where to get them and everything. I tried to be accessible and to stay, in touch with them as much as I possibly could. It's difficult, in medical school to get them interested and the issues that I was dealing with, in student government because most of us medical students get really wrapped up, in their course work, naturally. The outside world doesn't even seem to exist. It was very difficult and frustrating at times, but I gave it my best effort to keep them informed. I feel like I did keep them well informed. I always got at least a little bit of feedback. It wasn't always overwhelming. It did take up a lot of time. With our particular group of government members we had some difficult issues that we dealt with. I would imagine that there was a price I paid.

J.P.: Did you deal with any faculty or staff, in the School of Medicine, in regards to your responsibilities as student government [leader]? Did you have any [unintelligible] student development or [unintelligible]?

D.R.: Well, yes I had worked real well with Dr. [Unintelligible] and with the office staff there in the office of student affairs. I had worked with them on projects that I had worked on first year and so, they knew me and I knew them and the one project that I worked with Dr. [unintelligible] on this year was the originating of a new group called [victim support] resources and that come to think about it I had forgotten that really did take a lot of time. The original thought for victim support resources came up during winter quarter. [Gaven Gorphan] the School of Professional Psychology representative and myself we too discussed this and did our own private research on the need for victim support group here on campus. We discussed with different professional in our two schools, to try and determine if there was a need and then kind of took it from there and tried to grow up support from the appropriate people at our two schools. In the course of that I did talk with Dr. [Seriano] and explain the project to him. He was extremely supportive. He thought it was an excellent idea and he thought it was an excellent project for medical students to be involved in. so, he supported us totally. Since then, the group has grown and moved on. So, we have an advisor now with the school of medicine and we're seeking an advisor from the School of Professional Psychology.

J.P.: It sounds like your leadership activities took a pretty big [toll] on your time and your effort.

D.R.: Without a doubt.

J.P.: Do you think [you could use something] from that?

D.R.: Yes. Another thing that I did that I keep forgetting I also had been trained as a counselor for the youth intervention program and that takes up a lot of time also. I didn't do any weekends spring quarter. I did some weekends during the summer, during the fall quarter and during winter quarter, that's a big commitment right there, but it's an excellent experience. I have learned so much from learning that. So, I have totally missed your question now.

J.P.: [Unintelligible] Are you allowed to discuss the [unintelligible]

D.R.: I have gotten so much out of doing those things. I don't know how other people feel about doing things like that, but personally I get a great deal of satisfaction out of working with people. All of those activities, in one way or another, have been working with people trying to do positive things for people, in general and for specific populations, on occasion depending, on the activity and I get a lot of personal satisfaction out of it. Just to be real honest I enjoy it. It's something that I like to do and so, I do it and I've learned from every single experience, I have learned from. I have learned about leading a group for instance. I have learned about interacting, in a governmental situation where you have to deal with equals. I have just learned so, much it's unbelievable. I can't even put into words all the things I have learned.

J.P.: Would you do it over again?

D.R.: Sure would

J.P.: In every respect?

D.R.: I must admit that at times the work that I did and some of the things that went, on with student government were very difficult, very taxing physically and emotionally. I probably would do it again though. I know now that I would be better prepared and I might be able to deal more appropriately with certain things. I'm not sure. I don't know, but I probably would have done it again. I really am glad that I did all the things I did.

J.P.: As far as your home life goes, [things] away from school [unintelligible] did you find yourself adjusted to the usual? Had you established some kind of routine with your husband?

D.R.: I don't think, in my house that there is any such thing as the word routine, but I think my husband had adjusted better. I think we had improved our own communication with each other better. I think he dealt with it better or I dealt with it better or we as a group dealt with it better, but it did seem to be better, yes. As far as routine though, there wasn't anything routine. If we're both at home at the same time and it's time to eat we will eat together, but if that's not the case then each of us takes care of feeding our own mouth and then when the other one gets home they worry about that. You have to be really flexible. Least that's what's gotten us through. Just being real flexible and try and communicate to each other as rather you'll be home or not. Naturally, it's nice to know if the other person expects to be home so, you can wait a little while if you want to or if the other person won't be home until midnight then, you need to know that too so, that

the other can make whatever arrangements need to be made or do something with other friends or whatever. [There's never] a routine, in my house.

J.P.: You mentioned in our second interview about support groups that developed in your first year and study groups. Did these carry over to the second year or did you find yourself developing new groups?

D.R.: Well, we made a [conserve] effort to continue getting together as a support group, in the second year, but it was next to impossible to find the time to get together. Each of us had different commitments to other groups and to family and things like that. Other outside interest and we managed to get together a total of two or three times the whole year. So, it was much, much more difficult the second year. We still are very supportive of each other and are kind of tuned into each other because we know each other so well. I think we make a little more effort to get in touch with each other every now and then. Make sure everybody's getting along ok and managing, but as far as getting together in a supportive atmosphere it was almost impossible. We were just all too busy.

J.P.: Let's talk about the national boards.

D.R.: Do we have to?

J.P.: Did you start in your second year thinking about the national boards or did it hit you somewhere in the middle of fall quarter, "hey I have to start thinking about this important examination coming up?"

D.R.: Well, I always talked about it. I mean probably beginning in spring of the first year and during the summer. I started trying to think about how I would study, how I should approach it. I wouldn't get very far with it during the summer. Four or five of us started getting together in the fall quarter once a week to review different topics we had gone over the first year and that worked out really well until it came time for a midterm or a final exam and then, we just couldn't get together. The few occasions we got together it did help and the group changed a little bit and we continued that the next two quarters and got together just as often as we could. Again, we had the problem of all four of us having such different schedules and different responsibilities that it was difficult to find the time, but we managed to find at least some time to get together. The way our group did it was too, we used the same text books to study. All four of us would have the same book and we would plan for the next week what we wanted to go over and two of us would volunteer to go over whatever material it was we would go over the next time, out loud. So, those of us that was going to go over it would be the best prepared and ideally everyone would get a chance to at least read through the material before the next time. Sometimes that didn't work out, but we would try and all be prepared so, that we could discuss it as we were going through it the next time. That seemed to be the best way to do it for us anyway. It was pretty good towards the end anyway.

J.P.: Did your faculty instructors mention the boards at anytime?

D.R.: Yes, actually that was a lot of the emphasis was learning stuff for the boards because at Wright State you have to pass boards to progress to third year. In fact, we should be [getting those scores back] any day. So, everything was geared toward passing boards. The tests are almost 100 percent board format. So, you get used to taking tests that are board format. The material is aimed at covering the types of things that have been on previous boards. Instructors of Medical Schools are sent information about what questions are on boards and also, some type of read out sheet about how the class does, on different topics so that the instructors can use that information for when they are teaching the next class. So, they use the information and they try and prepare us as well as they possibly can. Some people have a problem with that approach because they think that you aren't really learning what you need to learn, you're just preparing for the boards. I look at it a slightly different way. I think if you're prepared enough to pass boards then, you obviously know enough. You've learned it somewhere and so you know enough to go on and to become a good physician because the people that put together the boards go through a lot of trouble to see that the material is representative of what really needs to be known. So, I don't think it's done in a [fibulas] way and if you can pass boards then, you're well prepared.

J.P.: At what point did you, when you were preparing for the boards did you feel did you set deadlines for covering material, objectives? Did you meet those objectives?

D.R.: No. Yes, I set objectives and no I didn't meet them. So then, I would set a new set of objectives and try and meet those and after a while I would change them again. You just have to adjust because I think most of us would set objectives that we couldn't possibly meet and so then, we would have to adjust them as we went along. There was just so much that needed to be done, you wanted to try and do it all and you can't. You have to just try and hit the high spots, try and get through the material as quickly and efficiently as you can. You do try and set objectives because you want to try and be organized about it, but it's not any big tragedy if you don't meet your specific objectives. You have to just recognize it soon enough and make adjustments in your time schedule.

J.P.: Did you get antsy as boards approached?

D.R.: Ask my husband that question. Yes, I would say I got antsy or spacey or whatever you want to describe it as. It was no doubt that there was pressure. You could feel it among the class members. Everybody got antsy. I cannot think of anyone that was not affected at least to a degree and most of us were affected to a great degree.

J.P.: Did the faculty provide any special help for people who were studying for boards besides making the classes fit the examinations? Special study groups set up or place set aside?

D.R.: Yes, to both questions. The faculty members made themselves available to assist with studying if there were questions. The faculty for behavioral science were excellent. They prepared a study packet and got together with us once or twice and made specific recommendations for our study. Also, first year when we finished biochemistry our director of that department had put together a packet; to not only help us study for the final in biochemistry last year, but it was also recommended that we refer to it when we studied for boards. So, most

of them were very helpful. There was also or were also rooms set aside. All the rooms on the second floor were set aside for our use, for study groups, for boards. I thought that was very thoughtful.

J.P.: When were the boards scheduled?

D.R.: June 11 and 12 it's burned into my brain.

J.P.: What was the board experience like, taking the board? What did you feel like?
[Unintelligible]

D.R.: Well we took our finals for spring quarter about two and a half weeks before boards were scheduled and that was purpose. That was done intentionally so that we would have time to study for boards. Each of us studied in our own way and dealt with it in our own way.

J.P.: How'd you deal with it?

D.R.: Up until then when I felt a lot of pressure about a midterm or a final it would be helpful for me to go study in a group or go study in a vicinity with other people that were studying also. I needed a supportive environment. So, that's the way that I dealt with it. I started feeling pressure soon after we finished finals. I tried a few times to go study like I had before in a supportive environment with other people studying and I found that I was too nervous and upset and also the other people were too nervous and upset for me to study effectively. So, what I ultimately resorted to doing was studying by myself. I just isolated myself from everyone. I avoided contact with anybody else because I just knew that everyone else was so nervous and upset that even though that I might be calm going into the situation I would leave being upset again. So, I just [unintelligible] myself entirely.

J.P.: How did your husband react to that?

D.R.: He was understanding and supportive. I tried to spend time with him in the evenings or on the weekends as much as I could, but I also made it clear that it was very important that I study as much as I could and he was very supportive and as understanding as anybody could be. He was a little frustrated because it seemed like I had a lot of free time and I should be able to spend it with him, but I can't. I tried to strike a happy medium. I would spend a little bit of time with him when he was available. Then, I wouldn't feel so guilty about studying all the time. He was very supportive, in general. He knew to leave me alone too because I was real grouchy.

J.P.: Did you pull any all nighters before [unintelligible]?

D.R.: No, I must have out grown the ability to study all night. I am just not capable of doing that and then still being able to function the next day. I used to be able to do that. In fact, when I was in nursing school I used to do it all the time and it worked fine. At the stage I am now I don't know if it's my age or if I've been going to school for so long or what it is, but I will study until twelve or one maybe a little bit longer and I just get to a point where I'm just staring at the page and nothing is happening and there's no point in staying up. I might as well just go to bed. So, I

didn't myself pull any all nighters. Other people might have. I don't know. There are younger people in the class than myself. So, they could probably handle it.

J.P.: Did you have any strategies to help when you went into the national boards?

D.R.: Yes, I guess I did. The most important thing that I saw for myself was to remain as calm as I possibly could because there's a potential for getting just unbelievably nervous and if I'm that nervous I can't function and I cannot think clearly. I worked really hard on remaining calm and I also had to work on remaining calm due to prior to that because every now then I would be studying and I would start basically panicking because I would realize how much material I still needed to cover and that it was an impossible task and then it would just go from there. So, I really worked a lot on maintaining calm so that I was functional. Also, my basic strategy was to work as quickly and efficiently as I could. I would read the question and look at the answers. If it was something I was familiar with I would give it a few seconds to try and come up with the best guess, the most appropriate answer and put down my best guess, put that on the answer sheet and then go on, but I didn't want to spend a lot of time because there timed tests. So, you don't want to get all bogged down on any one question. If I would come to a question that I had no earthly idea of I would skip it and go on and just be sure I went back over it before the time period was up. Every now and then I did come across that I knew the answer to. So, that was real easy you just put the answer down then. That was my basic strategy. They write little pamphlets on how to take boards and how to take tests that are structured like boards are. They give you percentages on what answers are more common so you know what to guess, what a good guess would be. So, I used those strategies also every now and then, if I needed to they were there in the back of my mind available to me. I didn't really have to resort to that a lot.

J.P.: What were the sections of the national boards?

D.R.: It's not divided up in any particular subject matter. It's not divided by subjects, that's what I'm trying to say. They give you a section of 181 questions for instance and you have an hour and a half to complete it. That's just for example. It's a mixture of all topics. A lot of the time three or four questions would all be related together, but there was anatomy, biochemistry, physiology, pathology, microbiology, immunology, pharmacology it was all mixed up. There was a lot of behavioral science on our particular test, I think. A lot of introduction to clinical medicine type questions too. It wasn't divided up into sections as far as subject go, but you do get an hour and a half to complete 120 questions and 170-180 to complete in two hours, something along those lines [rambling]. There were always more questions then you had minutes so you had to work fast. I think it boils down to about 45 seconds a question. So, you had to work fast. You couldn't be slow. Actually, I'm not sure what everyone else's attitude going into the boards was, but I had heard so many things from people in the upper classes about boards that I really expected the worst as far as what my own performance would be like on the boards. I expected to go into the boards and not recognize anything, not know anything. I really was pessimistic about it going into it. Actually, afterwards I felt [compartely] good because when I took boards I really recognized most things and I had a fairly good idea of what I was talking about on most of the things; at least I thought I did. So, I guess I came out of boards with the hope that "I might have passed." That's kind of the contrast to the attitude of a lot of the other people after boards because I think most people were more optimistic than I was going in. They

felt like it was going to be something that was doable and then when they got through it, it was really hard. So, they were experiencing for the first time the reality that they might not pass. Whereas I had been expecting for two or three weeks that I wouldn't pass and this was gonna be a horrible torture experience. So, that's why I felt [impartially] good afterwards because I knew more than I expected to know. Of course that would depend on my results when I get those back, but I did feel [pretty] good.

J.P.: It's a two day process, right?

D.R.: Correct.

J.P.: Did you feel any better during the second day than you did during the first?

D.R.: Not really. Once you have taken the first set and seen what the first set is like the rest of them are pretty comparable. There was a little difference. I think one or two of the sessions seemed to be a little easier than the others and I do remember that we all came out of one session that was particularly difficult, but basically overall they're pretty comparable. I guess I felt real hopeful and more hopeful than I had expected to feel like maybe I'm not as dumb as I thought I was. We'll have to see.

J.P.: What is the goal when you take the boards? Simply pass the boards or is there a certain percentile that you must achieve?

D.R.: You have to achieve a certain percentile in order to pass. It's scored in some way so that the total possible score is like 800 and you have to get 380 to pass. So, that's the general goal is to get a 380 which works out to be making somewhere around 65 percent correct, something like that. So, your instructor tells you that ahead of time. I think they do that so you won't be so depressed. So, you'll be more hopeful. At least you don't have to get 95 percent to pass or anything like that. Not only is it important to pass and this is something they don't tell you quite as often, it is important to do well on the boards because some residency programs will look at your score on the first set of boards and will consider that score in deciding rather to accept you or not and they don't talk about that a lot when you're preparing for boards. I think probably for good reason because we put enough pressure on ourselves as it is without someone else putting that pressure on us, also. You want to go into it and do the best you possibly can, basically. The basic goal is to pass so that you can go on to the third year, but it would be nice to do really well and I'm sure that there are some people in the class that are going to have done very well because they're very bright and they studied very, very hard. They studied day and night it seemed. I expect to fall somewhere in the middle. So, we'll have to see what happens. It does make a difference how well you do, but at this point I have no control over that, that's already done.

J.P.: [When you talk about something you say you have on the] satisfaction level and that's the weekend intervention program.

D.R.: Yes.

J.P.: Are you required to participate in the weekend intervention program?

D.R.: Well, yes. Each medical student at Wright State University is required to observe for one weekend at the weekend intervention program. It's a part of the curriculum. I did that one weekend last summer and I liked it. So, I chose to be trained as a counselor which involves observing for two more weekends and working closely with other counselors. Having them train you and there are things that you can read to learn more about the topic of chemical abuse and chemical dependency. Then I've worked four other weekends. So, I think I have done a total of seven [rambling]. It's been a while because I chose not to do any spring quarter and I haven't done any since then either. So, it's been a while since I done one, but the information is still there and it's something that's very important to me. I think that's an important thing for all health care personnel to know about and understand about. I'm sure that the knowledge that I have and the experience that I have will be helpful to me in the future. I plan to do more [with] weekends once I get a little more time, but it's very difficult to fit them in now because we're so busy. You have to go in Friday afternoon and you're tired up until Sunday afternoon basically. So, it's a lot of time, but it's an excellent experience, excellent learning experience, learning how to function as a group leader. You also do individual interviews and assessments and stuff like that. It's very, very educational for me. Not everyone chooses to become a counselor, but a few of us do. Those of us that have I think have benefited from the experience without a doubt. I think it is positive that each medical student was required to observe because I think at least most of us have gotten something out of the weekend. There are always going to be a few that just go because they have to and they don't really get anything out of it. It doesn't really sink in. Most people get something out of it and are touched by it and recognize the importance of the issues involved and the importance of their awareness for their own future practices. It's so important for us to be aware of the problem and to be able to recognize it in a primary care setting.

J.P.: What do you anticipate in your next year?

D.R.: A lot of fun.

J.P.: [Are you going to] have more time?

D.R.: Not really. No, I will probably have less time when you get right down to it because in the clinical rotations the general rule is that you'll be on call every fourth night and we have to take in hospital call. So, we don't even go home for 36 hours or so. Leave one morning and come back the next night. There are exceptions to that. Outpatient pediatrics you don't take as much call. Family practice and psychiatry you don't take as much call. Generally speaking you have call every fourth night and the days you aren't on call you are still very long. I anticipate a lot of hard work, but a lot of fun because I really, really love interacting with patients and their families. That's why I'm doing this. That's why I went to Nursing School. That's why I went on to Medical School because I just personally get a lot of satisfaction from doing something for people. So, I expect it to be very positive. It's going to be hard work because there's a lot to learn. Just unbelievable volumes of information and some things you just don't learn without getting the experience. I will probably be tired when I haven't gotten any sleep for 36 hours, but anybody would be.

J.P.: [Unintelligible] or like type of medicine you wanna?

D.R.: I came into this anticipating doing something in primary care. My definition of primary care would be family practice, pediatrics, internal medicine, obgyn. One of those things where they do office visits and they also have patients in the hospital every now and then. So, that's what I have gone into it expecting. I'm really trying to keep a very open mind this year to try and soak up as much information as I can and to get a feel for what I really enjoy. I worked as a labor and delivery nurse before and I really enjoyed that. So, I expect to enjoy my obgyn rotation. I'm currently really enjoying my pediatrics rotation. So, what I've been told by people in classes ahead of me is if you go through and you enjoy all of them then the only choice is family practice because that's the only place you get them all. So, I'm just going to wait and see. I'm gonna try and keep an open mind.

J.P.: Well I'd like to thank you for taking all the time that you have to talk to me about this. It's been a unique vantage point for us to look at medical education and I wish you a lot of luck in the next years that you have left.

D.R.: Thank you.

J.P.: I hope that you have as much fun as you anticipate.

D.R.: Thank you.