

oriented policies, in order to enable students and faculty to become more knowledgeable about the cultural diversity of Asian-American students and patients.

S. David Lo
Judith A. Richman, PhD
Joseph A. Flaherty, MD
Kathleen M. Rospenda, MA

Mr. Lo is a third-year medical student; Dr. Richman is associate professor of epidemiology in psychiatry; Dr. Flaherty is professor and deputy head of psychiatry; and Ms. Rospenda is senior research specialist in psychiatry; all at the University of Illinois College of Medicine at Chicago.

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A Second Minority Mentorship Program

I read with intense interest about the mentorship program for minority students at Wright State University School of Medicine.¹ This prompted me to describe the program established at our institution in 1991-92 for African-American students, who constitute 5% of the medical school enrollment. The program was created to help these students to cope with the demands and stress of professional education. In contrast to the program at Wright State, at the Medical College of Georgia School of Medicine we use our full-time faculty; all 13 are African-Americans and many are members of the Stoney Medical, Dental, and Pharmaceutical Society, a local professional organization. All these faculty are clinical faculty, which is not surprising, given the national paucity of underrepresented minority faculty in the basic sciences.

In the program's first year, the mentors were assigned to any student from the first through the third year of school. The associate dean for minority affairs was assigned to all the fourth-year students. During the second academic year of the program, 1992-93, faculty were assigned to entering students only. To date, 37 students have participated and 11 have graduated.

Students value their mentors and appreciate the fact that the mentor has a vested interest in the educational process. The mentors are most important in fostering professional socialization. Based on our short experience, it seems that the ideal minority mentor program is one that exposes the student to a combination of basic and clinical science faculty and community-based physicians.

Louis L. Cregler, MD

Dr. Cregler is associate dean for minority affairs and director of the Student Educational Enrichment Programs, Medical College of Georgia, School of Medicine, Augusta. He is also associate professor of medicine (in cardiology) at that school.

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Fostering Surgery Residents' Learning in an ICU Rotation

We would like to share with the journal's readers an innovation we have made in our surgery residency at MetroHealth St. Luke's Medical Center, a university-affiliated teaching hospital in Cleveland. As part of the residency, we provide two-month rotations in the surgical intensive care unit (SICU) during each resident's first two years. Our goals for this training are to teach residents the physiologic concepts, special technologies, therapeutic intervention techniques, and procedural skills needed to care for patients in the SICU.

The program focuses on hands-on bedside instruction supplemented with tradition learning material. What distinguishes this program from others is the variety of learning resources it uses. Residents have access to a dedicated SICU library, an SICU orientation manual, and an SICU pharmacy, and input from a wide variety of health professionals on rounds. These resources help residents as they develop the knowledge-based decision-making skills and confidence necessary to manage patients in the SICU.

We approach learning from a student-centered perspective. We have found that guiding residents to analyze systemically, to learn by making decisions, and to understand responsibility improves their learning skills, which means they retain more information and make fewer errors.

The residents' learning is assessed by their cognitive, psychomotor, and attitudinal responses to our teaching techniques, as presented in the instruction manual for advanced cardiac life support.¹ Also, we have developed quality assurance checklists using recommended admission and discharge criteria.² Those scoring systems have been incorporated into the educational framework to measure residents' judgments of illness severity and their selections of therapeutic interventions.

Bedside rounds, walk rounds, and conferences form the core of the teaching process. The division chief, director of surgical education, and attending surgeons conduct the rounds. In addition, we invite radiologists, anesthesiologists, pharmacists, pathologists, and nutritionists to participate in rounds. Their contributions help residents interpret physiologic abnormalities, address the appropriateness of the diagnostic flow, and analyze therapeutic alternatives, contrasting and comparing them with the present clinical management. This access to a variety of information and ideas enables the physician-student to better organize physiologic concepts, probe a topic at greater length for comprehension, and develop sounder insights for standards of care.

Each week during rounds, the residents present topics related to critical care medicine. To help them prepare presentations, we have an SICU library with journals, reference articles, textbooks, and audio- and videocassette tapes focusing on critical care. The library occupies a section of the SICU conference room.