



TIMELY TOPIC: A book by DMS's Dr. Dennis McCullough, on caring for elderly relatives, got a glowing *New York Times* review that was one of the *Times's* most-e-mailed health articles for a whole week. See page 62 for more on McCullough's concept of "slow medicine."

Student programs: Supportive *and* sustainable

Patients who rely on the Good Neighbor Health Clinic for free medical care have been able to get everything from acupuncture to immunizations. Now, thanks to four of DMS's 2007-08 Albert Schweitzer Fellows, the clinic—located in White River Junction, Vt., and staffed almost entirely by volunteers—can help uninsured and underinsured patients who lack enough to eat or who have mental-health problems.

Help: "Good Neighbor is gung-ho about advocacy for its patients," says second-year Duncan Meiklejohn. He and classmate Jennifer Bentwood developed a two-question survey to identify Good Neighbor patients without a steady food supply. To those who want help, Bentwood and Meiklejohn offer information

about local organizations that provide food, as well as advice on applying for federal aid.

"We've had some really interesting responses," says Bentwood. "Some people don't have a food need but want to know more about food resources." Others admit to a need but don't want help. "It's really hard for people to accept charity," says Bentwood, "but they know the people at Good Neighbor, and I can't imagine we'd have a better response rate by surveying somewhere else."

Even if patients prefer to remain anonymous, the aggregate survey results can help local organizations apply for grants and determine how best to allocate their food supplies.

Good Neighbor is also benefiting from the efforts of second-

years Leslie Morris and Lucinda Leung, whose Schweitzer project focuses on unmet mental-health needs. Last year, only one psychiatrist volunteered every other week. So Morris and Leung figured out a way to support patients with mild mental-health problems. They started by approaching psychiatrists, psychiatry residents, and clinical psychology graduate students and asking them to volunteer. Next, they designed a program to train fellow medical students in the clinical management of patients with mild depression and anxiety disorders.

Students can "listen to the patient; assess the symptoms, medications, and self-care plans; and be a liaison between patient and primary-care physician," says Morris. This kind of support actually provides more continuity in care than volunteer physicians can offer. "We're trying to look at depression as a chronic disease," explains Morris.

Feedback: Leung and Morris did a presentation on their project at a recent meeting of the northeast chapter of the Society of Teachers of Family Medicine. "We got a lot of positive feedback," says Morris. "It doesn't sound like it's being done elsewhere."

The criteria for a Schweitzer Fellowship—200 hours on a project designed to be sustainable—are appreciated at Good Neighbor. "Sometimes someone does a project, . . . but when they leave the project falls apart," says the clinic's nurse manager, Ceil Furlong. These students intend to see that doesn't happen.

AMANDA THORNTON

The local free clinic "is gung-ho about advocacy for its patients."

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1958-59 DMS bulletin:

"It is almost impossible for a student to engage in outside remunerative employment during the school year. . . . The student who is unable to pay the complete cost of . . . at least the first year is advised to withhold registration until he [sic] can arrange for sufficient funds. . . . Financial aid is available through . . . a limited number of scholarships."



\$1,170

Annual DMS tuition
in 1958-59

\$38,000

Annual DMS tuition
in 2007-08

50%

Percentage of the student
body that today receives
scholarship funds

LAUREN WOOL



Leung and Morris, left, and Bentwood and Meiklejohn, right, at Good Neighbor.