



1 (from left)
Jack Mbabuike
2
Kelly Maurelus
3
Anthony Isenalumhe, Jr.

youngster fired back the same question, Anthony told him that he wanted to be a doctor. “Why would you want to be that?” the boy replied.

Anthony was stunned but not surprised. He had, after all, attended South Shore High School in the Canarsie section of Brooklyn, a world of metal detectors, armed security guards, and too few dreams. Having dodged its perils and pitfalls, Anthony enrolled at the Sophie Davis School of Biomedical Education in Harlem. Established by the City University of New York to improve access to medical and health training for youths, particularly underrepresented minorities, the highly competitive five-year program integrates an undergraduate liberal arts education with the first two years of medical school. The remaining two years are spent at one of six other institutions. NYU has partnered with Sophie Davis since its inception in 1973, viewing the program as a model for increasing diversity and ad-

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dressing healthcare disparities. Graduates pledge two years of service as a primary-care physician in an underserved area.

At the Sophie Davis School, Anthony thrived: he was awarded a scholarship, made the Dean’s List, and graduated magna cum laude. But many young black males don’t fare quite as well. Few pursue careers in medicine, and the number applying to medical schools has been declining. At the same time, studies show that, as a group, black Americans receive substandard healthcare, resulting in higher infant mortality rates, increased rates of preventable diseases, and shorter life expectancies.

“By the time young black males get to high school, there’s a lot to make up for,” explains Mekbib Gameda, assistant dean for diversity and community affairs and adjunct assistant professor of social medi-

Great Expectations

Medical students take on one of healthcare’s most daunting disparities.

Anthony Isenalumhe, Jr. (’08), remembers a conversation he once had with a nine-year-old boy he was tutoring as part of a program for children of incarcerated parents. “What do you want to be when you grow up?” Anthony asked him. “A rapper,” the boy responded. When the

By Patrick Haggie

From Medical Students to WISE-MDs

“We will now use a right-angle instrument to fully come around the adrenal vein so that it is nicely isolated and easily clipped,” says Dr. Mary Ann Hopkins in a voice-over of a split-screen video of adrenal adenoma surgery being viewed by a medical student. On the right is a

glimpse of the actual surgery: a bewildering jumble of bloody tissue. On the left is a vivid view of the same landscape — animated. It shows a retractor holding up the adrenal vein, which will be cut to allow the adrenal gland (located to the right of the instrument above) to be removed.

For his part, Anthony devised a plan to help his peers succeed. In 2006 he teamed up with several fellow students at Sophie Davis, including future NYU classmates Kelly Maurelus ('08) and Jack Mbabuike ('08), to launch the Black Male Initiative (BMI). BMI stresses the importance of personal role models and proudly reminds students that the first physician in history known by name — Imhotep (27th century B.C.), the second king of Egypt's third dynasty — was a black man.

The program provides a comprehensive approach to academic and social support, sponsoring study groups, personal coaching, conferences, and other activities. Just one year after its creation, BMI was awarded a \$40,000 grant to expand its programs. A spinoff for female students, Sisters of Sophie, was recently formed. Underlying the camaraderie, however, is a message of tough love. “As black males, we are constantly the center of attention,” says one member. “Not only must we learn to think like doctors, but to look and act like doctors as well. Our image is one that will inspire others to follow our lead.”

Anthony and his fellow Sophie Davis alumni — NYU accepts about five each year — have fostered the same spirit of solidarity and outreach at the School of Medicine, encouraging their peers to tutor underclassmen and classmates alike, regardless of race. “As a young black male,” he says, “you're expected to be cool. Needing, or even sharing, information is uncool. BMI removes you from that environment so that you can be real and true to yourself — true to your self-expectations as well as your deficits. We push each other to become the best we can be.”

After a residency in anesthesiology, Anthony plans to work toward his goal of one day establishing a state-of-the-art hospital in his native Nigeria, where his father, a nurse with a Ph.D. in public health, ran a hospital. “NYU,” he says, “has helped me realize the impact I can make on the world.” ●

glimpse of the actual surgery: a bewildering jumble of bloody tissue. On the left is a vivid view of the same landscape — animated. It shows a retractor holding up the adrenal vein, which will be cut to allow the adrenal gland (located to the right of the instrument above) to be removed.

“With 3-D animation, what is very obscure in the operating room suddenly becomes very clear,” explains Dr. Hopkins, assistant professor of surgery and co-editor of WISE-MD, which stands for Web Initiative for Surgical Education of Medical Doctors. WISE-MD is a series of online physician-narrated videos that walk medical students through cases, teaching them how to diagnose and treat some of the most common surgically related diseases. Eight videos, or modules, are available, and 25 are expected to be completed by 2012.

The project has been funded by some \$2.5 million from individual donors. The National Libraries of

Medicine recently awarded a grant of more than \$2 million to Adina Kalet, M.D., M.P.H., associate professor of medicine and surgery, to study the educational value of such costly computer-assisted learning tools. Dr. Kalet, an expert in clinical teaching and learning, says the grant will enable the School of Medicine to strengthen its research collaborations with colleagues at NYU's Steinhardt School of Culture, Education, and Human Development and Courant Institute of Mathematical Sciences.

WISE-MD's chief architect is Thomas S. Riles, M.D., associate dean for medical education and technology, who assembled the team of collaborators, including physician-educators

and technology experts. Among them was Martin S. Nachbar, M.D., director emeritus of the Division of Educational Informatics.

Animation makes the modules dazzling, but perhaps their greatest virtue is the fact that the surgery is presented within the context of how the doctor interacts with the patient. Surgery often occurs in an outpatient setting or is followed by a brief hospital stay, making it all but impossible for medical students to observe the full continuum of care.

WISE-MD fills in the gaps. “When I'm in the operating room,” explains Baruch Fertel ('09), a third year student in the middle of his 8-week surgery clerkship, “all I see is the operation itself. But with this program, I see how

the patient has presented to the doctor, what complaints the patient had, how the doctor examined the patient, what laboratory and imaging studies the doctor did, what notes the doctor took, how the doctor made the decision to go to surgery, and how the doctor counseled the patient on the risks and benefits of surgery. Then I see the surgical procedure itself, as well as the post operative care. The program teaches you how to think like a doctor.”

Produced in collaboration with the American College of Surgeons and the Association for Surgical Education, WISE-MD has become a national curriculum adopted by more than two dozen top medical schools in the U.S. ●

