Student National Medical Association

Health Professions Recruitment & Exposure Program (HPREP)

National Protocol Training Manual

Exposure

Awareness

Service
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Introduction

The aim of the HRPEP program is to provide an added foundation and experience to those students interested in pursuing a career in the health professions. By seeing and hearing minority physicians lecture on issues at the forefront of medicine, as well as having minority medical students interacting with them, high school students would have essential role models and interaction opportunities rarely experienced by the minority high school student. The exposure to the educational institution and hospital would allow the student to envision him/herself within a setting of this nature 6-7 years ahead into the future, encouraging him/her to overcome the academic challenges and hurdles that he/she will encounter. The counseling and interaction with successful minority medical students will also help the high school students avoid the academic pitfalls suffered by many talented high school students in their first year of college.

This program is not an educational remedial program that would provide assistance with course work. This program targets underrepresented minority high school students (grades 9-12) who have demonstrated an ability to perform satisfactorily in their course work as well as shown an interest in the sciences.

Program Goals

The Health Professions Recruitment & Exposure Program is designed:

1. To promote interest and increase awareness in the health professions among under-represented minority high school students.
2. To increase the number of minorities entering the health professions, allied health fields and graduate sciences.
3. To facilitate interactions between under-represented high school students, medical students and faculty of health science institutions.
4. To increase high school student awareness of the unique needs of the minority and economically disadvantaged communities.
5. To strengthen high school student's knowledge base of scientific, sociopolitical and cultural factors that affect health.
6. To counsel serious college bound minority high students on college survival skills and the premedical curriculum.
Suggested Chapter Approaches for Implementation of HPREP

1. The Chapter should designate approximately six dedicated persons comprising an Executive Committee (i.e. 2 administrative coordinators, 2 school liaisons, 2 curriculum coordinators) and other individuals of the chapter(s) serving as counselors.
   a. The Executive Committee will develop the program format and oversee contact between the SNMA/MAPS chapter(s) and targeted schools.
   b. This committee may review applications and help to enforce guidelines and/or penalties.
   c. The committee should create and approve a budget for the program. Consider writing letters to different drug companies, foundations, etc. or apply to SNMA grants to fund programs and events.
   d. The committee, in coordination with targeted schools, should try to prepare a chapter protocol with curricular elements, sample letters and a list of contacts for subsequent programs.

2. Seek support from the SNMA/MAPS chapter faculty mentor, school Dean or Minority Affairs Office in utilizing phones and using the office as a base to receive any incoming messages concerning the project. Consider setting up a unique email address for contact as well.

3. Contact the local schools and school districts to pitch the program and solicit support via financial assistance, transportation, and increased student participation. See the PMI Handbook or contact PMI leadership for a sample partnership inquiry letter.

4. Once you’ve gotten commitments in writing from the school, a parents meeting should be held to orient the parents to the program and establish contact.
   a. Parents should be an integral part of the program; each member of the executive committee should have a parent that they keep in touch with on a regular basis.
   b. You may designate one parent as the parent liaison. This person will serve as a chaperon on the trips, and will also coordinate involvement from the parents.

5. Prepare a specific agenda of the program to be mailed out to students and parents upon acceptance
   a. Identify your workshop speakers, faculty mentors and student member counselors and invite them to participate.
   b. Make room reservations for the desired dates. Dates should try and be in compliance with first and second years' schedules, since they will probably make up the majority of the counselors.
   c. Make arrangements for catering during the program, provided that funds are
available.

d. Develop mechanisms for receiving feedback and tracking students after they complete the program. Feedback and tracking is essential to program design.
   i. Documenting the planning, implementation, and results of this program will allow for: 1) improvement of the program; 2) evidence of the project value; and 3) fulfillment of sponsor requirements for documentation of effort/expenditures.

6. Host programs and arrange an awards banquet
   a. Have certificates printed for distribution to participants who complete the program.
   b. Take pictures at each session to be used for recruitment the following year and also for the displays at the SNMA AMEC. Provide copies of all pictures, essays, and statements to your regional community service liaison for record keeping purposes.

7. Collect feedback and initiate systematic tracking (survey, email and/or telephone) to monitor their progress during and after the program.

Suggested Programmatic Elements

- After school or Saturday program consisting of 7-10 sessions for approximately two (2) hours each.
  ○ In one of the sessions, a local college recruiter from a 4-year college with a premedical curriculum should be invited to distribute information concerning how to apply for college, financial aid, interviewing and application skills, etc. This would be a great opportunity to invite a Kaplan or Princeton Review representative to provide ACT/SAT prep info and practice exams.
- Participating students will be required to write a 3-5 page paper on any issue in medicine. The papers need not be graded but must be handed in to certify completion of the program. Some chapters may want to create an opportunity to have oral presentations or arrange for special awards for writings.
- Mandatory attendance of participants is required and will be enforced with sign-in sheets. A student who misses more than two sessions will not be eligible for a certificate and may be up for dismissal. This must be made known to participants in the beginning.
- SNMA/MAPS member counselors should make the same type of commitment.
- At the end of the program, students will receive a certificate commending them on participation and completion of the program. This can be an opportunity for a reception where parents are invited.
Suggested Program Timeline

September 15: Form Executive Committee, sign-up counselors, and identify local high schools. Notify PMI Committee, regional director, regional community service liaison, regional MAPS liaisons/pre-medical representatives.

November 1: Information letters and applications should be mailed to high school guidance counselors, science teachers and principals.

September-December: Executive committee should plan the 7-10 sessions to take place in the months of Jan, Feb, Mar, April and May, if necessary, according to local chapter schedule. Topics and speakers should be decided upon. Try to work with school's resources to assist the program's objective in any way.

December 1: Deadline to receive application, after which the Executive Committee will review and accept students.

January 1: Deadline to notify accepted and non-accepted participants in writing with local SNMA/MAPS chapter letterhead. Also send out program agendas.

January-May: Conduct HPREP sessions. May vary schedule by having every other week to accommodate test periods. When programs end, write post-activity reports and send them to the PMI Committee. Be sure to write thank you letters to all speakers, administrators and faculty who helped with the program either financially or logistically.

June-September: Review program evaluation forms to assess any improvement in the program and needs for funding.

Suggested Session Structure

45 Minutes: Didactic Lecture

The lecture topic should incorporate elements pertinent to minority communities. Lectures may be presented by SNMA/MAPS members or invited guest speakers. Recommended topics include:

- Introduction to Minority Health
- What is a Community/Academic Physician?
• Introduction to Allied Health Professions: Examining Scope of Practice and Working in Interdisciplinary Teams
• History of Blacks in Science
• HIV/AIDS
• Teenage Pregnancy and Contraception
• Sickle Cell Anemia
• Hypertension in Blacks (teach how to take blood pressure in 2nd hour)
• Nutrition and Diabetes
• Ethical issues in Medicine
• Substance Use and Addiction: Physiological Effects and Prevalence
  ○ Tobacco and vaping
  ○ Alcohol
  ○ Cannabis
  ○ Illicit substances
• Gross Anatomy (tour gross lab/basic dissections in 2nd hour)
• Sexually Transmitted Diseases
• Tours of Hospitals and Major Diagnostic Equipment
• Interviewing and How to Complete Applications
• Introduction to various health care professions (nursing, dentistry, public health, etc.)

1 Hour: Interaction and Small Groups

Each group should be pre-selected with assigned counselors. Encourage participants to "brainstorm" about issues and to have prepared questions for the session to be covered in the group. This can also be used for hands on activities (i.e. CPR workshop, vitals, histology/pathology workshop)

15-20 minutes: Decompression and Debrief

Have participants complete feedback forms at the end of each session and upon completion of the program to measure the effectiveness of the agenda and the appeal to the students. Medical students who participate may also be required to complete evaluations. Optional time for grounding or breathing exercises.

Reporting

Chapter Report Forms (CRFs) should be completed online for review by the National Board of Directors and Pipeline Mentoring Institute Committee. CRF templates can be found
CRFs will be due on January 15, April 15, July 15, September 15 to report on the 3 months prior to the due date. Reports should include:

- number of students who applied
- number of participants accepted
- racial breakdown of participants
- description of sessions
- funding used
- dates of the program
- thoughts, comments and concerns about activity (can include medical student feedback forms)

Evaluation research will provide the best opportunity to judge the effects of this educational and motivational intervention as well as to generalize the findings of this project. Documenting the planning, implementation, and results of this program will allow for: 1.) improvement of the program; 2.) provide evidence of the project value; and 3.) fulfill sponsor requirements for documentation of effort/expenditures.
Appendix A. Application Template

STUDENT NATIONAL MEDICAL ASSOCIATION HEALTH PROFESSIONS RECRUITMENT EXPOSURE PROGRAM (HPREP)

The Student National Medical Association (SNMA) was established because of a need to produce an increasing number of particularly sensitive and excellent physicians to serve minority and indigent communities. The communities suffer disease, illness and deprivation which, in comparison to the majority community, is both appalling and unacceptable. From the realization of the unique concerns, generally non-academic, endured by minority medical students, and the lack of a mechanism by which to address these problems, the SNMA was generated.

In light of this, the SNMA chapter of [YOUR SCHOOL NAME] is searching for motivated minority high school students (9th through 12th grade) who are interested in the sciences to participate in its Health Professions Recruitment Exposure Program. The Program consists of [NUMBER] 2-hour seminars once a week during the months of [DATES]. During this time, students will hear lectures on different issues in medicine, participate in group activities and discussions, and receive information concerning college and other program opportunities. Participants will also be required to write a 3-5 page paper and give an oral presentation on any issue in medicine, and cannot miss more than two (2) sessions to avoid being dismissed from the program.

To apply, please send the following application materials by [DEADLINE] to the address below:

- Application page
- ≤300 word essay
- Signed contract agreeing to comply with program requirements
- Copy of high school transcript (if applicable)
- Signed liability waiver to be completed by parents and students
- Letter of recommendation from a teacher or counselor
Name of Student Participant: ______________________________

Phone number: (___) ___-_____ □ home □ cell □ other: ____________

Email Address: ______________________________

School Grade for [SCHOOL YEAR]: ________

Date of Birth: ____________________________

Ethnicity: □ Hispanic □ Non-hispanic

Race (select all that apply):

- Black
  □ African-American □ African □ Afro-Caribbean □ Other: __________

- Native/Indigenous
  □ Native American □ Pacific Islander □ Native Hawaiian □ Other: __________

- Latinx
  □ Mexican □ Puerto Rican □ South American □ Central American □ Other: __________

- White

- Asian
  □ East Asian □ Southeast Asian □ South Asian

□ Other/Not Listed

□ Prefer Not to Say

Gender: ______________

Hobbies and Interests (please include all extracurricular activities):

____________________________________________________________________
____________________________________________________________________

For high school participants, list Current Classes, place (*) next to two favorite courses.

____________________________________________________________________
Please tell us why you are interested in participating in this program. Attach an additional sheet if necessary. (≤300 words)

Please attach a Letter of recommendation from teacher or school counselor and current High School transcript.

I realize that HPREP is a program that requires my full participation. I commit to attend all
scheduled meetings unless extenuating circumstances prevent my attendance. I promise to put forth a great effort to get the most out of this unique, worthwhile experience.

Student Signature: ________________________________

I understand the effort and time commitment required of my child and I give permission for him/her to participate. I will see to it that he/she attends all of the required sessions.

Parent/Guardian Name (print): ________________________________

Parent/Guardian Signature: ________________________________

The application and materials may be emailed to [MEDICAL STUDENT OR ADMINISTRATIVE CONTACT EMAIL] or mailed to:

Student National Medical Association

[SCHOOL ADDRESS: STREET #, STREET NAME, CITY, STATE, ZIP CODE]

ALL APPLICATIONS MUST BE POSTMARKED BY [DEADLINE].

Health Professions, Recruitment and Exposure Program

LIABILITY WAIVER, PROMOTION RELEASE AND EMERGENCY CONTACT FORM

I, (Name of Releaser), the parent and/or guardian of __________________________, hereinafter referred to as “WE” and/or “US”, hereby acknowledge that WE have voluntarily agreed to participate in activities or events which are sponsored, authorized or run by Health Professions Recruitment and Exposure Program and Education and/or Student National Medical Association hereinafter referred to “HPREP” and “SNMA”, respectively. These events and activities may include but are not limited to the following: training or instruction, meetings and all activities and functions of any kind or manner which are sponsored, operated, managed or promoted by HPREP and/or SNMA before, during, and after the Annual Medical Education Conference to be held in San Francisco, CA.

1. Indemnification: In consideration of being permitted by HPREP and SNMA to participate in the activities and functions of the event, the UNDERSIGNED AGREE TO HOLD HARMLESS, RELEASE, DEFEND, AND INDEMNIFY HPREP, SNMA, and any of their affiliated organizations,
subsidiaries, insurers, officers, directors, shareholders, employees, agents and volunteers (each hereinafter “RELEASED PARTIES”) from ANY AND ALL LIABILITY and/or claims arising from injury or death to persons or damage to property arising from my participation in the activities, including those injuries and damages caused by any RELEASED PARTIES alleged or actual NEGLIGENCE OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY.

2. Food: We are aware that certain food will be provided at the conference and that it is our responsibility to ask about ingredients in all food we choose to ingest. We acknowledge and understand the WARNING (that in the preparation of said samples or foods, items may be used which could cause an allergic reaction) concerning the risks of known and unknown food allergies. It is our responsibility to inquire about the ingredients before sampling and such items or foods. Adults bringing minors are responsible for the above as it relates to all accompanied minors.

3. Promotional Use: We irrevocably grant HPREP, without any compensation being due to us, the right of publicity (including but not limited to print, radio, television, and web promotions), resale and the right to own, copyright and use any representation of us (with or without captions or credit), audio and/or visual, in any medium (including film, videotape and/or still photographs) while attending and or participating in any activity sponsored, operated, managed or promoted by HPREP.

We expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and as inclusive as is permitted by the laws of the State of California and/or the State of Maryland, and that if any portion of it is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect. We further agree that ANY AND ALL CLAIMS for injury and/or death arising from our participation in the activities shall be GOVERNED BY MARYLAND LAW and any claim shall be in the DISTRICT COURT where the alleged incident occurred or in the FEDERAL COURT FOR THE STATE OF MARYLAND. (We hereby acknowledge that our association with HPREP does not in any way include or guarantee to us any insurance coverage of any kind.)

1. We authorize any RELEASED PARTIES and/or their authorized personnel to call for medical care for the participant or to transport the participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. We further agree that upon transport to any such medical facility, HPREP and SNMA will have no further responsibility to me and will not be responsible for any costs associated with treatment received by me or the participant.

2. If I am signing this liability release on behalf of a minor less than eighteen (18) years of age (the “minor”), I represent that I am the parent and/or legal guardian of such minor; I understand that I am waiving certain legal rights on behalf of the minor that the minor might otherwise have. I accept responsibility for all of the minor’s medical expenses incurred in connection with any related events or activities sponsored by HPREP and/or SNMA. Furthermore, I agree to indemnify HPREP and SNMA for any and all claims brought by the minor and I agree to indemnify HPREP and SNMA for any and all claims brought by a third party arising in connection with the minor.

3. By execution of this release, the undersigned AGREES TO DEFEND AND INDEMNIFY EACH RELEASED PARTIES from any and all claims and/or any third party claim(s) arising from my
participation in the activities.

WE HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS, AND ARE AWARE THAT WE ARE RELEASING CERTAIN LEGAL RIGHTS THAT I AND/OR MY MINOR CHILD MAY HAVE. I CONSENT TO ALLOW MY MINOR CHILD TO PARTICIPATE IN THIS PROGRAM.

Printed name of participant and/or Minor: ____________________________
Signature of participant and/or Minor: ____________________________ Date: __________________

Printed Name of parent/guardian: ____________________________
Signature of parent/guardian: ____________________________ Date: __________________

Printed name of participant and/or Minor: ____________________________

Emergency Contact Info:

_______________________________
Name

_______________________________
Phone Number Email Address
Appendix B. Workshop Feedback Form

This form should be collected after every workshop session.

SNMA HPREP WORKSHOP FEEDBACK

Session Date: ___________

Session #: ______

Subject: ______________________________________________________________________

Lecturer: _____________________________________________________________________

Please answer the following questions as completely as possible so that we may incorporate your suggestions in the planning of future sessions.

Did you find today's lecture informative? (Yes/No) If yes, what did you learn?

Did you find the group discussion informative and productive?

If you had to rate today's session on a scale from 1 (poor) to 10 (excellent), how would you rate it?

1  2  3  4  5  6  7  8  9  10

What changes would you recommend in today's session, if any?

Do you recommend that this lecture/activity be conducted again? (Yes/No) Why or why not?
SNMA HPREP: Medical Student Questionnaire

Session Date: ____________

Session #: ______

Subject: ______________________________________________________________________

Lecturer(s): ____________________________________________________________________

Please answer the following questions as completely as possible so that we may incorporate your suggestions in the planning of future sessions.

1st Hour Please describe strengths/weaknesses of lecture:

2nd Hour Group Discussion: Please describe activities of high school students, enthusiasm, and the nature of the interaction, as well as strength and weaknesses of the sessions.

Please comment on the overall productivity of today's session:
Appendix C. Pre- and Post-Program Questionnaires

SNMA HPREP: Pre-Program Questionnaire

Please answer the following questions. Be as complete as possible.

What type of job or career would you like to do when you finish school?

Have you participated in any activities related to the above job/career?

Do you have any concerns as to whether or not you will be able to reach your goal?

What do you see yourself doing 15 years from now?
SNMA HPREP: Post Program Questionnaire

Please answer the following questions. Be as complete as possible. Thank you.

What type of job or career would you like to do when you finish school?

Do you have any doubts or concerns as to whether or not you will be able to reach your goal? Why/why not?

What do you see yourself doing 10 years from now?

Has this program benefited you in any way with regard to information, role models, goals? (Yes/No) Please describe.

Would you recommend that this program continue next year?

Do you recommend any suggestions for changes and/or improvement of the HPREP program?