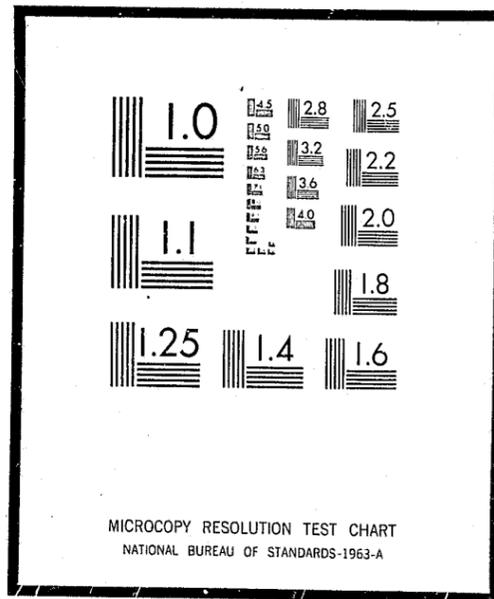


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MEDICAL STUDENT EXTERNSHIP PROGRAM
IN THE
TEXAS DEPARTMENT OF CORRECTIONS

RESEARCH REPORT (RR) NO. 20
JANUARY 1974



TEXAS DEPARTMENT OF CORRECTIONS
TREATMENT DIRECTORATE
RESEARCH AND DEVELOPMENT DIVISION
HUNTSVILLE, TEXAS



TEXAS
DEPARTMENT OF CORRECTIONS
HUNTSVILLE, TEXAS 77340

January, 1974

Dear Reader:

I endorse herewith the program described in the attached publication "Medical Student Externship Program in the Texas Department of Corrections." This publication documents the program from its inception through the development, implementation, and evaluation of the first summer program.

My colleagues and I are proud to have had the opportunity to participate in this program. I personally feel the program reflects credit upon each of the participants and the Texas Department of Corrections.

We very much appreciate the response and assistance we received from every quarter of TDC during the course of directing this program and look forward to continued progress in the summers to come.

With kindest regards,

A handwritten signature in cursive script that reads "Ralph E. Gray, M.D.".

Ralph E. Gray, M.D., F.A.C.S.

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ABSTRACT

Swinburn, Woods C. and Dabaghi, Rashad, Medical Student Externship Program in the Texas Department of Corrections. Research and Development Division, Texas Department of Corrections, Huntsville, Texas, Research Report 20, January 1974.

PURPOSE

The purpose of this study was to (1) describe the Medical Student Externship Program which was conducted in the Texas Department of Corrections (TDC) during the summer of 1973, (2) evaluate the program from the perspectives of student participants and TDC, and (3) make recommendations which might improve future summer programs.

METHOD

In order to achieve the above mentioned goals, a thorough study of the structure and activities, both scheduled and non-scheduled, of the program was made and reported. In addition, two questionnaires were administered to each of the seven medical student participants and one questionnaire was administered to each of the seven individuals who participated as preceptors. Many observations were made and information was gathered by interviewing participants. All of these elements of the methodology were employed to describe and evaluate the program.

FINDINGS

Seven medical students from three medical schools, in as many states, participated in the 1973 Medical Student Externship Program sponsored by the Texas Department of Corrections (TDC). The program, designed and directed by Ralph E. Gray, M.D., F.A.C.S., TDC Medical Director, was scheduled to last 12 weeks - however, students were allowed to participate from 8 to 12 weeks, depending on the amount of time their school schedules would allow.

The basic structure of the program included five service rotations (general medicine, psychiatry, surgery, x-ray, and medical laboratory) in which the students were expected to participate. The students spent varying amounts of time in each of the above rotations, depending on personal interests. Other elements of the program were: (1) visits to outlying TDC Unit Dispensaries and clinics, (2) visits to the University of Texas Medical Branch at Galveston, Texas, (3) visits to local physicians' offices and practices and to the local city hospital, (4) numerous individual projects, such as teaching TDC hospital stewards a first aid course; assisting the Research and Development Division in investigating medical research being conducted in TDC using inmates as human subjects; and developing instruments to measure student participation in programs.

Students were allowed to assist TDC physicians and visiting physicians in all areas of medical care, from examination

to treatment and surgery. With no exception, students reported they valued the experiences, some more than others, which were afforded them during their externships.

Findings made during the evaluation of the program substantiate that the goals of TDC and of student participants were accomplished. Further, the program was discovered to be sufficiently worthwhile to warrant its continuation in future summers.

Some modifications are suggested which are intended to improve the program.

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CHAPTER 1
INTRODUCTION

Prison health care is an area of great concern to correctional institution administrators. This concern is derived from the knowledge that if inmates are to be rehabilitated, the whole person must be treated. Therefore, if the goals of rehabilitation are to be met, prison health care services of sufficient quantity and quality must be provided to complement the other treatment programs offered the inmate.

It is evident, as one surveys inmate populations, that the incidence of medical problems is disproportionately high in correctional institution settings. The Texas Department of Corrections (TDC), therefore, provides a relatively comprehensive program of medical services. A description of this program will be given later in this paper.

Because TDC administrators are cognizant of the medical needs of inmates they are concerned not only with the situation as it is today, but also where it will be tomorrow. For this reason, TDC administrators were very receptive to the idea of sponsoring medical students in a summer externship program during the summer of 1973.

The program, designed and directed by Ralph E. Gray, M.D., F.A.C.S., TDC Medical Director, sponsored seven students from three different medical schools this summer. A list of students who participated, the schools they were from and other pertinent information may be found in Appendix A.

The remainder of this paper will document, discuss, and evaluate the program.

IMPETUS OF THE PROGRAM

The 1973 National Medicolegal Symposium, co-sponsored by The American Medical Association and the American Bar Association, was held in Las Vegas, Nevada from March 22nd through 25th. In a presentation titled "Penal Reform," Joel Baker, M.D., Chief of Surgery at the Mason Clinic in Seattle, Washington, stressed the inadequacies of prison health care at the state level. At the same symposium Jesse L. Steinfeld, M.D., Surgeon General of the United States, emphasized the need for more health professionals in the federal correctional system. Both felt that improved medical care in correctional institutions would result in more successful rehabilitation efforts.

Attending this symposium were representatives of the Student American Medical Association (SAMA). Rashad Dabaghi, a third-year medical student from Southwestern Medical School in Dallas, Texas, was one of these representatives. Mr. Dabaghi, having served an undergraduate summer internship in TDC 4 years ago, was familiar with the correctional institution system in Texas. It then occurred to him that a medical student externship might be implemented in TDC. He discussed his idea with William J. Mangold, then the SAMA Speaker of the House and member of the SAMA Executive Committee, and received Mr. Mangold's encouragement.

Subsequently, he discussed the idea with and received support from SAMA national officers George Blatti of the University of Minnesota Medical School, then president of SAMA, and Daniel J. Ostergaard of Southwestern Medical School, the Region IX Trustee and member of the SAMA Executive Committee.

At that time, Mr. Dabaghi drafted Resolution No. 28, "Externship Program for Medical Students to Work in Prison Health Care," (Appendix B) for presentation at the SAMA National Convention to be held in May.

In the meantime, Mr. Dabaghi contacted Dr. George Beto, former Director of the Texas Department of Corrections, former president of the American Correctional Association, and present professor of Criminology and Corrections in the Institute of Contemporary Corrections and the Behavioral Sciences, Sam Houston State University, Huntsville, Texas, and met with him. He then met with Dr. George Killinger, Director of the Institute of Contemporary Corrections and the Behavioral Sciences, regarding his proposed Resolution No. 28. As a result of those meetings, both Dr. Beto and Dr. Killinger enthusiastically approved and supported the proposed program.

Mr. Dabaghi then met with Dr. Don Kirkpatrick, Assistant Director for Treatment at TDC, and discussed his proposal. Finally, he met with Dr. Ralph Gray, Medical Director, and Mr. A. P. Manning, Personnel Director, to discuss his proposal. As a result of those meetings, the decision was made to establish a pilot Medical Student Externship Program in TDC for the summer of 1973.

Therefore, by the time the SAMA National Convention convened May 4th - 6th, 1973, an externship program for which Resolution No. 28 had been written had already been conceived. The presentation of the resolution before the Health Manpower Committee and its subsequent approval, with minor changes by the SAMA House of Delegates, was helpful in gaining the support of SAMA. SAMA later provided valuable assistance in dispensing information about the program at TDC and lending assistance in its evaluation.

PROGRAM OBJECTIVES

The objectives of this program must be discussed from two perspectives -- that of TDC and that of program participants.

TDC Perspective

The Texas Department of Corrections' objectives which supported sponsoring the Medical Student Externship program were three-fold in nature. TDC's first objective was that the program be mutually beneficial to TDC and the student participants. TDC would provide room and board in addition to paying each participant a salary of \$468.00 per month. In return, students would assist TDC medical staff in providing medical services to inmates. Hence, students would be able to practice, under the watchful supervision of an experienced physician, some of the skills they had learned. TDC physicians, in turn, would be assisted by bright, energetic medical students

A second objective TDC had was to provide future physicians with an experience in prison medicine, which, hopefully, might generate an interest in this field. It was hoped that these young professionals would, in the future, be responsive to the medical needs of correctional institutions.

The third objective was simply to enlighten a sample of future professionals to what goes on in correctional institutions today. It was felt that giving the externs the opportunity to spend some time working behind the walls and fences of correctional institutions on a daily basis would dispel some of the traditional myths which plague the discipline of corrections.

Program Participant Perspective

The objectives of program participants, as stated in SAMA House of Delegates Resolution No. 28, were also outlined as being three-fold. They were: (1) to create among the participating medical students a greater awareness of the health problem in prisons; (2) to develop insight into the causes for gaps in prison health care; and (3) to stimulate interest in prison health care such that participating students and the health professionals they influence will later contribute to the improvement of prison health care.

Thus, the original intent of the program was not to effect an immediate change in prison health care. It was realized that medical students do not, at this time, have the professional expertise or influence in the correctional power

structure to effect such change. The final objective was, however, that the program either directly or indirectly be influential in the future in recruiting health manpower for correctional institutions.

BACKGROUND OF THE STUDY

The Texas Department of Corrections is composed of one central administrative building and a system of 14 units located throughout an area extending from south of Houston, Texas, northward for approximately 200 miles. All units, while alike in many respects, are unique in some respects. All units house convicted adult felony offenders sentenced to terms of imprisonment. For example, one of the units houses only female offenders, another, only youthful (17-21 years old) first offenders.

Throughout the system on some of the units, crops are grown and cattle, swine, and fowl are raised which support the food needs of the system. Other units provide industrial programs which serve the objectives of providing suitable opportunity for vocational training of inmates in Texas prisons. These programs utilize the labor of inmates: (1) to further promote self-maintenance, (2) to provide a measure of reimbursement for funds expended as a result of crimes, and (3) to offer a considerable monetary savings to other governmental entities of the State which use prison-produced products.

These industrial programs are: Furniture Refinishing Plant, Records Conversion Program, Sign Shop, Garment Factory,

Mattress Factory, Textile Mill, Brush Factory, Mop and Broom Factory, Soap and Detergent Factory, Shoe Shop, Dental Laboratory, Tire Retread Plant, Print Shop, Cardboard Box Factory, and License Plate Factory.

In addition to the job opportunities provided at the various units which allow inmates the opportunity to learn trades and skills, TDC offers a number of treatment, educational, and recreational programs. Examples of these programs are, in addition to the medical services and psychiatric treatment center, religious programs administered by full-time Catholic and Protestant chaplains assisted by chaplain interns, and an education program consisting of a non-graded and non-geographical education program -- Windham School District -- fully accredited by the Texas Education Agency and totally supported by the Minimum Foundation Programs which operate within the confines of the TDC system. Within this framework, an inmate might begin and complete his formal academic training through the high school level. Besides academic training, the Windham School District offers an extensive vocational education program.

Should an inmate have or acquire a high school diploma or a General Educational Development (GED) certificate, he may participate in the College program. This program will allow him to earn an Associate of Arts Degree from any one of four junior colleges which participate in this program.

Other treatment-related programs include: a large number of athletic recreation programs, piddling shops where the

inmate may work on wood and leather crafts, bands, choirs, work release programs, a pre-release program and services rendered by the Texas Employment Commission.

Additionally, there is an Alcoholics Anonymous program on each unit in TDC, social service organizations and explorer scout posts on some units, and psychologists and other professionals who serve the inmates' needs for counseling and problem solving.

These programs represent efforts by the Texas Department of Corrections to provide opportunities that will assist the inmate in his rehabilitation process.

MEDICAL FACILITIES AND STAFF

The Texas Department of Corrections operates a 209-bed hospital at the Huntsville Unit. Staffing this hospital are: Director of Medical Services, Dr. Ralph E. Gray; Chief of Dental Services, Dr. B. W. Coker; Hospital Administrator, Mr. E. L. Driver; 3 full-time physicians, 8 part-time physicians; 13 hospital security personnel; and 15 inmate hospital stewards.

The hospital has a medical laboratory, an x-ray department, a surgical suite with two operating rooms, and a dental operatory. Clinics are held in ophthalmology; optometry; ear, nose, and throat (E.N.T.), general medicine; physiotherapy; plastic surgery; podiatry; and artificial limbs.

The Psychiatric Treatment Center is also located at the Huntsville Unit. Under the direction of Dr. Gray, the

Treatment Center is staffed with a team of one senior psychologist, two psychologists, two psychology interns, four psychiatrists from the teaching staff of Baylor Medical School - who each work one day a week, one chaplain intern, three medical (custodial) officers and two inmate bookkeepers. This component is responsible for the custody and treatment of inmates who need intensive psychiatric care.

Each of the remaining units, with the exception of the Wynne Unit, has a first aid station, dispensary, and a unit hospital which serves both in-patients and out-patients. These are each staffed with medical assistants and inmate stewards.

Any medical problems which cannot be handled at the unit dispensaries are transferred either to the Huntsville Unit Hospital or the John Sealy Hospital in Galveston (a part of the University of Texas Medical Branch). In cases where an emergency situation requires it, inmates may be transferred to other civilian hospitals.

EVALUATION METHODOLOGY

With few exceptions, programs can be improved if they are properly evaluated; hence, in addition to determining whether or not a program is achieving its goals, it is equally important in an evaluation to find out reasons why a program may not be getting desired results and to determine methods which would enhance the attainment of the program objectives.

Because no program evaluations were found which would serve as a precise model for evaluating the Medical Student Externship Program in a correctional setting, the author, in collaboration with Mr. Dabaghi, one of the medical student externs, designed a methodology to measure the success and utility of this program.

It was clear from the outset that the evaluation had to be constructed from a dual perspective. Consideration should be given to the benefits and liabilities both to the student participants and to TDC. Likewise, the evaluation should be divided into both objective and subjective portions.

Mr. Dabaghi secured copies of forms used by SAMA in evaluating its Medical Education and Community Orientation (MECO) and Appalachian projects in a free-world community. These instruments were modified so that they would be appropriate to use in the prison program. With these alterations and modifications, three instruments were generated which were approved by the TDC Research and Development Division for use in the evaluation project. Two of these questionnaires were given to each of the seven student participants and the third was given to each of the seven TDC employees who acted as preceptors for the program (Appendix C).

It should be noted here that the questionnaires administered to students were given to them after the program had been in progress for 7 weeks. This was done because some students were scheduled to depart the following week, and since

the questionnaires were somewhat lengthy, the evaluators wanted to allow the students ample time to complete and return them to the Research Division. Also, it was felt that all students should be asked to respond to the questionnaires after having spent the same amount of time in the program -- since there was a total of only seven students -- which would preclude comparing groups, statistically, on a time variable.

Responses to some of the questions were factual, such as the amount of time students spent on various rotations. Opinions were solicited by other questions such as, "Based on your prison health experience, would you be interested in returning to this state prison system to practice medicine?"

Because answers to questions, either factual or opinion types, is limiting to some extent in describing the amount of participation in a program such as this and the degree of interest one actually had, other elements were included in an effort to more accurately measure the program. An example of this is a discussion describing extra-curricular activities the students participated in.

Because, as stated earlier, there were only seven student participants and seven TDC preceptors, a statistical analysis of findings will not be appropriate. Observations of consensus of opinion with respect to some variables may be considered significant. Likewise, when there is a great amount of disagreement regarding particular questions, this may be considered significant.

The findings will be found in Chapter 3 of this paper, where a discussion, in terms of significance, will accompany each group of variables.

CHAPTER 2

DESCRIPTION OF THE MEDICAL STUDENT EXTERNSHIP PROGRAM

The setting for the 1973 summer Medical Student Externship Program was centered primarily at the Huntsville Unit and other correctional institution units in the Huntsville area. It should be noted at this time that participants also had opportunities to observe procedures at the Huntsville Memorial Hospital, arranged by Dr. H. R. Conwell, a local physician who does contract medical care for women inmates of the Department of Corrections. Participants also had, and took advantage of, opportunities to visit other more distant correctional units.

The program, designed and directed by Dr. Gray, although intentionally structured so as to permit a maximum amount of flexibility, suggested the following course: rotations in the (1) Phyciatric Treatment Center, (2) surgical component of the Huntsville Unit Hospital, (3) general medicine, (4) medical laboratory, and (5) X-ray department.

Participation in the various rotations allowed students to observe and assist medical personnel in conducting treatment and procedures. In order to facilitate maximum benefits to the students, they were scheduled to rotate through each service either singularly or in groups of two.

SCHEDULED ACTIVITIES

Following is a brief description of each of the five major rotations designed by Dr. Gray and recommended by him to constitute the core of the medical student extern program.

The amount of time students actually spent in these rotations will be reported in Chapter 3 - FINDINGS. Also a discussion of the amount of time students indicated they would have liked to spend in these rotations will be discussed.

Psychiatric Treatment Center

The rotation in the Psychiatric Treatment Center was scheduled to last 2 weeks per student. During his rotation, the student was allowed to monitor individual and group counseling sessions and toward the end of the rotation, take an active part in these sessions as he saw fit. Also, during this rotation, students were allowed to review case histories of patients, participate in the administration and interpretation of various psychological inventories and tests, and attend staff meetings. In addition to these activities, students had the opportunity to monitor chemotherapy and observe some of the effects drugs had on inmates with particular behavioral disorders. Because the physician in charge of the Treatment Center resigned during the summer, some of the scheduled activities in this rotation were somewhat limited.

Surgery

The surgery rotation, likewise, was scheduled to last 2 weeks per student. During this rotation, the student was expected to spend most of his time at the Huntsville Unit Hospital. Here he had the opportunity to observe: (1) the physician and patient pre-operative relationship including

diagnosis, the doctor's interaction with the patient, doctor-patient discussion of the case, and answering of the patients' questions; (2) surgical procedure; and (3) post-operative care of the patient. The student was encouraged to take an active part in this rotation experience and allowed to scrub in and assist on cases in general surgery, eye surgery, E.N.T. surgery, plastic surgery, and such emergency surgery as amputation of digits, etc. These procedures were performed either by a TDC staff physician or residents from the University of Texas Medical Branch at Galveston, Baylor College of Medicine, or St. Joseph Hospital in Houston.

General Medicine

Students rotating through the general medicine service initially began their rotation with Dr. J. A. Astone, TDC staff physician. Dr. Astone allowed students to observe and assist him in his duties which included conducting morning sick call 5 days a week. Twice weekly he conducts hospital rounds at the Huntsville Unit Hospital. Additionally, he conducts sick call at the Ellis Unit and two afternoons each week he conducts physical examinations on incoming inmates at the Diagnostic Unit. This rotation, too, was scheduled to last 2 weeks for each student.

Medical Laboratory and X-ray Department

The rotations in the medical laboratory and the X-ray department, both conducted at the Huntsville Unit Hospital,

were scheduled to last a week each. In the laboratory, students worked under the direction of the laboratory technician. Inmate assistants perform many of the tasks in this department and proved to be able and willing instructors to the students who wished to learn the mechanics of many of the routine tests performed.

Likewise, inmates perform in the X-ray department and were again helpful instructors, teaching the students various techniques used in a variety of X-ray examinations. Three times a week a consulting radiologist visited the unit to read X-rays. This afforded students the opportunity to test what they gathered from looking at the X-rays against a professional's reading and diagnosis.

NON-SCHEDULED ACTIVITIES

Activities not included in the structured rotation at the Huntsville Unit Hospital but which were available to the students included: plastic surgery clinic, E.N.T. clinic, eye clinic, dental clinic, podiatry clinic, and cardiology clinic.

Plastic Surgery Clinic

The plastic surgery clinic is held on Monday and Thursday mornings. Plastic surgery is done on those respective afternoons. These services are provided by three plastic surgery residents. Students are allowed to monitor the clinics and scrub in with the physicians during operations.. Between June 11 and August 10, 1973, during which time externs

were rotating through this clinic, 38 plastic surgery procedures were performed. There were 19 different types of surgical procedures performed.

Ear, Nose, and Throat (E.N.T.) Clinic

The E.N.T. clinics are held Tuesday and Friday mornings with surgery being done on those afternoons. Again, students were allowed to monitor clinics and scrub with the two resident physicians who provide these services. During the period of June 11 to August 10, 1973, there were 31 separate procedures, including 7 different types of procedures, performed in E.N.T. surgery.

Eye Clinic

Eye clinics are held by two ophthalmologists and one optometrist. Ophthalmology clinics are held by residents from the University of Texas Medical Branch of Galveston all day on Tuesday and Wednesday and on Thursday morning. Students were allowed to assist doctors in conducting examinations and to observe the doctors do refractions and measure intraocular tension. The doctors are amenable to answering any questions the students may ask and are quick to point out any unusual pathology or physical abnormalities.

Dental Clinic

In the dental clinic, two dentists and several dental interns hold dental sick call 5 days a week either at the Huntsville Unit or at one of the outlying units. Besides

doing routine examinations, the dentists perform extractions and take impressions for dental prostheses. Also, dentists and technicians clean teeth. The medical students were allowed to observe and ask questions in the dental clinic.

Podiatry Clinic

The podiatry clinic is held once a month. Mornings are devoted to clinical evaluations while afternoons are spent in surgery. Students were allowed to participate in this clinic, as in others, by observing and by asking questions during morning clinical exams. During the afternoons, students were allowed to scrub and assist in surgery.

Cardiology Clinic

On alternate Tuesday afternoons, Dr. Fred C. Turner from Freeport, Texas, holds cardiology clinics at the Huntsville Unit Hospital. Students were allowed to watch him conduct examinations and were offered considerable opportunities to listen to normal and unusual heart sounds, read electrocardiograms, and ask any questions which they might have.

In addition to the above, students had other opportunities to participate in a variety of activities. Many of these were projects which only one or two students were interested in; others, though not scheduled, were of interest to all students and gained wide support in terms of student participation. These activities will be discussed in another section of this paper.

CHAPTER 3

FINDINGS

The findings made during the course of this evaluation will be discussed in three parts. First, findings made from responses to the two questionnaires (Appendix C) administered to student participants will be reported and discussed. Second, findings made from observations by the investigators regarding the program and concerning students' participation will be reported. Third, findings made from the preceptors evaluation forms will be reported and discussed.

PARTICIPANT RESPONSES TO QUESTIONNAIRES

As mentioned in the methodology, questionnaires included both factual and opinion type questions. Responses may have been recorded by: (1) filling in a blank, (2) checking an appropriate space on a continuum, (3) selecting the most appropriate of several choices, or (4) writing a narrative comment or discussion to an open-ended question. Hence, interpretation by the authors was sometimes necessary.

Objectives

The objectives of the program from the participants' point of view, were threefold in nature. According to the participants, the program was quite successful in achieving the first two objectives (Table 1). These two objectives were primarily educational in nature. The third objective, however, did not seem to be accomplished to such a high

TABLE 1

Level of Achievement of Program Objectives
As Perceived by Student Participants

| Program Objectives | Level of Achievement | | | | |
|--|----------------------|---|---|---|---------|
| | 1(low) | 2 | 3 | 4 | 5(high) |
| 1. To create among the participating medical students a greater awareness of the health problem in prison. | 1* | 0 | 1 | 4 | 1 |
| 2. To develop insight into the causes for gaps in prison health care. | 0 | 1 | 2 | 3 | 1 |
| 3. To stimulate interest in prison health care such that the participating students and/or the health professionals they influence will later contribute to the improvement of prison health care. | 0 | 2 | 3 | 2 | 0 |

* Number of students responding at the low level of achievement for program objective #1.

degree. This objective covered future recruitment of health care manpower for correctional institutions.

Activity in Major Rotations

There were five rotations at the Huntsville Unit in which externs could participate. To a large extent each student chose how much time he would spend in a particular rotation. Therefore, there was considerable variability in the amount of time students actually spent in a particular rotation. Table 2 shows the percent of time externs actually spent in rotations. It also shows the amount of time they would like to have spent in those rotations. Notice the total percentages do not necessarily total 100 percent, because some students may have spent, or may have wanted to spend, time in activities other than one of the five major rotations.

Five of the seven students reported they would have preferred to spend almost twice as much time as they actually spent in the General Medicine rotation. The remaining two were satisfied with the amount of time they spent. The range in time spent was 5 percent to 60 percent of their time. The mean amount of time actually spent was 21.5 percent, but the mean amount of time they would have liked to have spent was 30.5 percent.

Of the seven students, four were satisfied with the amount of time they spent in the surgery rotation. Two indicated they would have liked to have spent 5 percent less

TABLE 2

Time Externs Spent and Time They Would Have Liked to Spend in Rotations

| Extern | Percent of Time Spent In Major Rotations | | | | Percent of Time Would Like to Have Spent in Major Rotations | | | |
|--------|--|-------|--------|-----------|---|-------|--------|-----------|
| | Gen.Med. | Surg. | Psych. | X-ray Lab | Gen.Med. | Surg. | Psych. | X-ray Lab |
| 1 | 5.0 | 75.0 | - | 10.0 | 10.0 | 70.0 | - | 10.0 |
| 2 | 12.5 | 37.5 | 25.0 | 12.5 | 25.0 | 37.5 | 12.5 | 12.5 |
| 3 | 8.3 | 25.0 | 16.7 | 8.3 | 16.7 | 25.0 | 8.3 | - |
| 4 | 20.0 | 20.0 | 20.0 | 10.0 | 20.0 | 20.0 | 20.0 | 10.0 |
| 5 | 20.0 | 30.0 | 25.0 | 10.0 | 35.0 | 35.0 | 15.0 | 5.0 |
| 6 | 60.0 | 20.0 | 2.0 | 10.0 | 60.0 | 20.0 | 2.0 | 5.0 |
| 7 | 25.0 | 25.0 | 37.5 | 12.5 | 47.0 | 20.0 | 33.0 | 5.0 |

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time, and one reported he would have liked to have spent 5 percent more time in the surgery rotation. The mean amount of time spent was 33.2 percent -- the mean amount of time students would have liked to have spent was 32.5 percent.

One extern reported he did not spend any time in the psychiatric rotation. Further, he would not have changed his decision. Four of the remaining six externs felt they spent more time in this rotation than they would have liked to. The remaining two externs were satisfied with the amount of time they spent in this rotation. The mean amount of time actually spent was 21.0 percent -- the mean amount of time students reported they would have liked to spend was 15.1 percent.

All but one extern spent time in the x-ray rotation. They ranged spending from 5.0 percent to 12.5 percent of their time in this rotation. The range of how much time they would have liked to spend was the same. However, the mean amount of time they spent was 9.7 percent, slightly more than the 7.9 percent mean amount of time they would have liked to have spent.

Similarly, all but one extern spent time in the medical laboratory. The range of time spent was 8.3 percent to 12.5 percent, while the range of time they would have liked to have spent was 5.0 percent to 12.5 percent. Means were 10.1 percent for time spent and 9.5 percent for time they would have liked to have spent.

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Participation in Clinics

An overview of clinics the externs spent time in, as well as units they visited, follows.

All seven externs accompanied a TDC staff physician to the Diagnostic Unit and assisted him in conducting physical examinations on incoming inmates. It should be noted here that all newly arriving inmates come first to the Diagnostic Unit where they are initially processed. This processing includes having interviews with custodial staff and sociologists; being given a battery of tests including educational achievement, psychological, and aptitude tests; processing through an identification section; and processing through medical and dental examinations.

All seven externs accompanied a TDC contract (part-time) physician to the Goree Unit, the TDC unit for female inmates, and assisted him in conducting sick call and performing physical and pelvic examinations on newly arrived female inmates and others for whom examinations were indicated.

Six externs worked in the cardiology clinic with a TDC contract cardiologist.

Five externs rotated through the ophthalmology clinic at the Huntsville Unit Hospital, some more than once.

Five externs accompanied a TDC staff physician to the Ellis Unit on his twice-weekly sick calls.

Four externs visited the dermatology clinic at the Darrington Unit. This clinic, held twice weekly, is conducted by resident physicians from the University of Texas Medical Branch at Galveston.

Two externs accompanied TDC physicians to the Eastham Unit.

One student spent some time in the ear, nose, and throat (E.N.T.) clinic at the Huntsville Unit Hospital.

Participation in Activities Outside of TDC

In order to measure the success of their experience in the surrounding community in terms of increasing their general knowledge of medicine, students were asked to score a questionnaire chart (Appendix C, p. 11, No. 8). Out of 42 possible responses which might have ranged from "very unsuccessful" to "very successful" (on a 6 place continuum), there were 13 very successful, 21 moderately successful, 5 slightly successful, none slightly unsuccessful, 1 moderately unsuccessful, and 2 very unsuccessful responses. If these responses were dichotomized, there would be 39 "successful" responses and only 3 "unsuccessful" responses.

Participants' Judgments

A number of questions were included on the questionnaires which asked the students to make judgments on many aspects of the program, their experience during the course of their participation, and other elements which related to the program. Appendix C, pp. 9-10, question number 7 asks, "How successful was your prison health project in terms of increasing your knowledge about . . . (several variables)." These variables were divided into 13 questions, all of which

elicited a response from each of the seven students. Responses ranged from very successful to very unsuccessful along a 6 place continuum. This means there was a total of 91 responses. Of these, 82 responses were on the positive side of the continuum. All seven students responded that the program was successful in terms of increasing their knowledge about:

1. Social, cultural, economic, and political determination of prison health and illness
2. The organization and operation of prison health care institutions
3. Patterns of prison health and delivery
4. Inmates in general
5. Prison physicians in general
6. Prison medical practice in general.

Six of the seven students responded that the program was successful in terms of increasing their knowledge about:

1. The nature of prisons
2. Prison administrators
3. Prison custodial staff
4. The different specialties in medicine
5. The functions and skills of allied health.

Five of the seven medical students responded that the program was successful in terms of increasing their knowledge about:

1. Clinical aspects of medicine
2. Technical aspects of medicine

Question number 8 (Appendix C, p. 11) asked students, "How successful was your experience in the surrounding community

in terms of increasing your knowledge about: . . . (six variables)." This means that 42 responses were elicited. Of these, 39 responses considered the experience as successful, 3 responses considered it unsuccessful.

Each of the seven students considered the experience as successful in terms of increasing his knowledge about:

1. Medical practice in general
2. Family medicine
3. Clinical aspects of medicine
4. Technical aspects of medicine.

Six of the students considered the experience as successful in terms of increasing their knowledge about:

1. Different specialties in medicine

Five of the students considered the experience as successful in terms of increasing their knowledge about:

1. Functions and skills of allied health professionals.

Question number 9 (Appendix C, p. 11) asked students, "How successful was your prison health project in terms of clarifying your preference for: (a) a speciality, (b) a work setting, e.g., hospital, office, institution, and (c) a type or size community in which to practice?"

Five students considered the project a success in clarifying their preference for a speciality and all seven students considered the project as successful in clarifying their preferences for work setting and the type or size of

communities in which they would like to practice.

Students were asked to respond to a series of "yes or no" questions. Responses to these questions indicate that externs were pleased with the program. All seven externs indicated they would recommend the Prison Health Project to female medical students, two with the condition that some changes in the program be made.

Six of the students responded "yes" when asked if the summer's Prison Health Project was helpful in terms of career goals. Four students said they would be interested in returning to a prison to establish a health professional practice either part-time or full-time. Likewise, four of the students responded "yes" to the question, "Would you be interested in participating in the development and administration of the 1974 program as Student Area Coordinator, recruitment, etc.?" Three of the externs reported they would be interested in participating in the Prison Health Project next year. Three reported they would be interested in returning to TDC to practice medicine.

A series of dichotomous questions were included on the questionnaire administered to participating medical students. Some of these questions were asked for the purpose of fact finding. Others were included in an effort to determine the reliability of responses to questions which were asked, unobtrusively, in other sections of the questionnaire.

Because the number of participants was small, statistical analysis was not appropriate. However, one may arbitrarily consider response ratios of 7-0, 6-1, or 5-2 (or their reciprocals) to constitute a consensus and consider response ratios of 4-3 or 3-4 as meaning no consensus.

Using this rationale, there was an affirmative consensus among respondents to the statements:

1. I suggest the prison health care project be used as an elective by medical schools.
2. I would recommend the prison health project to others.
3. I consider the program to have been helpful in terms of career goals.
4. Upon arriving in Huntsville, I was told by those in charge of the program why I would be here.

For some questions, a 4-3 or 3-4 ratio of responses was significant. Such questions as those regarding opinions generated as a function of a student's participation in the programs are examples of significant 4-3 or 3-4 ratio responses.

Three externs responded in the affirmative to the questions:

1. Would you be interested in participating in the prison health project next year?
2. Would you be interested in returning to this prison system to practice medicine?

Four externs responded in the affirmative to questions:

1. Would you be interested in returning to a prison system to establish your health practice either

part-time or full time?

2. Would you recommend this program as it currently exists to a female medical student?
3. Based on my experience in the surrounding community, I would be interested in returning to a similar community to practice medicine.

Several assumptions were made regarding some of the reasons students chose to come to TDC for this program. These assumptions were tested by listing them and asking externs to check "reasons" which prompted or supported their decision to come to TDC. Responses were as follows:

Six students indicated they came:

1. For the salary, room and board
2. To increase their knowledge of the technical and/or clinical aspects of the practice of medicine
3. To better understand the prison environment, i.e., the inmate, custodial staff, prison physicians, prison administrators, etc.

Five of the students indicate they came:

1. To better understand the problems in prison health care

Three students indicated they came:

1. To directly contribute to the improvement of prison health care

Two students indicated they came:

1. Because of the salary offered

An open-ended question was included asking students to indicate other reasons they came. Responses were:

1. To develop new working tools
2. To get away from medical school environment

3. To become familiar with administrative procedures

Students were asked to comment on why they felt TDC financed the medical student externship program. Only four blank spaces were provided for response to this question; hence, this may have contributed to the briefness in responses received. Following are the seven responses elicited to this question, preceded by the number of students issuing those replies.

1. 4 - for public relations
2. 4 - as a recruitment tool
3. 2 - to provide students an educational experience not available to them at medical school
4. 2 - so institutional medical staff can get new ideas from younger medical professionals
5. 1 - to help students out financially
6. 1 - in order to give students feedback for their training
7. 1 - to give students technical knowledge about prison medicine

When asked, "Which students could best benefit from this program?," six of the students answered, "Those who have completed 2 years of medical school." One student felt that any student who had completed at least 1 year of medical school would benefit sufficiently to warrant his participation.

Four of the students felt that those with clinical training would benefit most. The remaining three students

did not feel this was a significant criterion.

Six of the students felt that in the future an equal number of students with only pre-clinical training and those with at least 1 year of clinical training should be selected in order that students with clinical training might act as preceptors for those without clinical training. One student felt that students should be selected completely at random.

Obstacles and Deficiencies of Program

The question, "As an instructional/educational process, could your summer have been improved?" was included on the second questionnaire administered to the students. Two of the students responded "no" to this question. Of those who responded "yes", the following comments were given in explanation of their replies:

Three students commented:

1. The program, as a whole, might have been better had it been more organized.
2. Would have preferred more organized instructions.

Two students commented:

1. The program would have been better if more material and books would have been available.

One student, each, made the following comments:

1. I think we should have been given more responsibility.
2. We were slighted because the psychiatrist resigned early during the course of the program.

"What was the least valuable part of your summer experience?" was asked on the second questionnaire. Following is a summary of replies.

1. One of the students reported that he did not consider any part of his experience as valueless.
2. Two students felt that having to comply with the ridiculous "short haircut regulation" was the least valuable experience.
3. Two of the students felt their experience in the medical laboratory and X-ray was the least valuable.
4. One student considered being hassled by security personnel as his only negative experience.
5. One student considered answering some of the questions on the evaluation form as being a valueless experience.
6. For another student, the lack of opportunity to spend a sufficient amount of time on some of the other units constituted an inadequacy in his total experience.
7. And one student said, because the physicians were overworked, as a result of the hospital being understaffed, the physicians were unable to spend enough time with the students, a situation which he considered a distinct disadvantage.

There were 11 statements listed which depicted possible obstacles to health care delivery to inmates. Students were asked to check those which appeared to be the seven most important. Of the 11, all agreed that insufficient professional health manpower was a contributing factor. Six of the students considered inadequate health care prior to prison confinement as another important limiting factor. Five of the students considered the tendency of inmates to exploit the health care system available to them as an obstacle to the delivery of prison health care.

Four students considered the following as obstacles:

1. Shortage of health care facilities in the prisons
2. Inefficiencies of the prison system bureaucracy
3. Prison health professionals' attitude toward the inmates.

Other contributing factors were checked, but not frequently enough to be considered as constituting any sort of consensus among respondents.

The findings reported in the above section, though loosely structured and somewhat lacking in cohesiveness, are important ingredients to note in an evaluation which has the two primary goals of (1) measuring the degree to which the program accomplished its objectives, and (2) discovering the good points, shortcomings, problems, and objections to the program. The facts and impressions depicted in these findings will give justification for the value the program receives and for changes which will later be recommended.

SUMMARY OF THE PARTICIPANTS' EXPERIENCE

As noted by the authors, one of the evaluators of the Medical Student Externship Program was a medical student. The other evaluator was a staff member of the Research and Development Division of TDC.

The program structure was generated by Dr. Gray, as discussed earlier in the paper, which gave direction to the activities participants were expected to take part in. It was also noted in that discussion that Dr. Gray created a flexible

program so that students could pursue their individual interests. Observations of what students did with this opportunity will further document the significance of this attribute of the program.

One of the most impressive observations the evaluators noted was the amount of time students, some in particular, spent on the units. It was not at all unusual to see one or more of the students at the Hospital or somewhere else on the Huntsville Unit late at night or on weekends, times when students were not scheduled to be on the unit. On one occasion, an evaluator spent from 5:00 p.m. to 10:00 p.m. in the surgery suite at the Huntsville Unit Hospital. When he arrived there were two students scrubbed in on surgical procedures. When he left at 10:00 p.m., the same two students were scrubbed for a major emergency which was expected to last 2 or 3 hours. They remained on the case until surgery was completed.

Students were expected to work a 5-day, 40-hour week. This they did without exception. Sometimes this did not mean students were expected to be on TDC property that many hours per week. For example, when students were moving between units, it was acceptable for them to do it on "company time." Likewise, when students were guests of Dr. Conwell and other local physicians, this was considered a legitimate part of the program experience and they were not expected to make up this time.

Another example of students spending far more time than was expected of them on a project not delineated in the tentative schedule was given by two students who designed and implemented a first aid course for inmate hospital stewards. Together, the two students conceived the idea, wrote a proposal for how it might be executed, and submitted their proposal to Dr. Gray, Medical Director, for his comments and approval. Dr. Gray sanctioned the proposal and offered his assistance to the students, who wrote a special text to be used with the course. The students also presented their idea and a rough draft of their text to Mrs. A. P. Manning, R.N., head nurse at the Huntsville Memorial Hospital. Mrs. Manning, too, was helpful in suggesting some improvements to the text and offered to lend the students a life-sized mannequin which could be used for demonstrating some of the techniques the students proposed to teach.

Another example, which showed the positive attitude of students about the program, was the participation of one in a project conducted by the Research and Development Division. This project was concerned with exploring the moral, ethical, and legal considerations as well as inmates' attitudes about medical research as it applies to the use of inmates as subjects. The student who became involved with this project, in addition to contributing a substantial amount of his free time conducting a review of the literature in this, spent one entire day in the company of three researchers interviewing

inmates who had participated in TDC approved medical research programs. It was unanimously felt, by the three researchers, that the student's involvement and knowledge contributed to the success of the project.

Several of the students indicated an interest to tour the Pre-Release Center at the Jester Unit near Houston. Arrangements were made with Warden Jacka, of the Jester Unit, and his medical officer, Captain Floyd, for the students to visit the unit. The students traveled to that unit and toured the entire facility. With no exception, students were impressed with what they saw, and one of the students saw fit to write up a summary of the experience, which he submitted to the evaluators for their consideration.

As noted earlier in this paper, each student participant had the opportunity to accompany Dr. Conwell to the Goree Unit (for female offenders). Dr. Conwell, in addition to his responsibility for the 600 female inmates' health care, has a private practice in Huntsville. In addition to allowing each student to assist him in the examination, diagnosis, and treatment of patients at the Goree Unit, Dr. Conwell invited students to accompany him for clinical experience in his office practice, on hospital rounds and in surgery. Dr. Conwell also arranged for students to observe surgery performed by other private physicians at the Huntsville Memorial Hospital. As stated earlier, each of the students accepted Dr. Conwell's invitation and spent from 1 to several days in

Dr. Conwell's company. Because of this participation, a series of questions was included in one of the questionnaires requesting the students to rate the success of their community experience. Table 3 shows responses to those questions.

Still another example of student participation in an extra-TDC experience was a trip to the John Sealy Hospital in Galveston, the major referral center for TDC inmates. Four students made arrangements to tour that facility.

Reports from students who took that tour were satisfying to the evaluators in that students said that, in addition to the scheduled tour, personnel there extended themselves by making the tour comprehensive of that entire facility. Of particular interest to all of the students who attended was a special side tour through the famous burn clinic at John Sealy.

The activities discussed in this section have been factual, yet a means of measuring the worth on an empirical scale is impossible. That the experiences were, in fact, worthy of the time students spent is undeniable -- using the participants' testimony as criteria for worth.

Finally, the last source of input to the value of the program must come from those TDC personnel who daily worked with and supervised, in their respective areas, the student externs. These individuals, referred to as "preceptors," had much to say.

TABLE 3

Success of Experience in the Community

| In Terms of Increasing Knowledge About: | -Successful- | | | -Unsuccessful- | | |
|---|--------------|------------|----------|----------------|------------|------|
| | Very | Moderately | Slightly | Slightly | Moderately | Very |
| 1. Medical Practice in General | 4 | 3 | - | - | - | - |
| 2. Family Medicine | 2 | 4 | 1 | - | - | - |
| 3. Clinical Aspects of Medicine | 2 | 4 | 1 | - | - | - |
| 4. Technical Aspects of Medicine | 1 | 5 | 1 | - | - | - |
| 5. Different Specialties in Medicine | 2 | 3 | 1 | - | - | 1 |

PRECEPTORS' IMPRESSIONS OF THE PROGRAM

As noted on the Preceptor's Program Evaluation Form, "preceptor" is a general term denoting part-time or full-time TDC employees who in some way participated in the externship program.

Seven preceptors were given an evaluation form and asked to answer all questions, both multiple choice and open-ended, so their judgments might be used in evaluating the 1973 Medical Externship Program at TDC. Those preceptors asked to thus help the evaluators were:

Ralph E. Gray, M.D. F.A.C.S., TDC Medical Director
William G. Streete, M.D., TDC Staff Physician
Joseph Astone, M.D., TDC Staff Physician
H. R. Conwell, M.D., TDC Physician Consultant
John Marshall, TDC Psychologist
Frank McKinney, TDC Senior Psychologist
Henry A. Wiley, TDC Medical Laboratory Director

According to responses on the preceptor's evaluation form, the majority of preceptors agreed:

1. The program should be continued next summer.
2. The students' summer needs to be more structured.
3. There was not enough pre-program factual material available for the students and preceptors.
4. The project should become more service oriented.
5. The project should be continued on a year-round basis. (This would depend on medical school schedules.)
6. The project should be primarily the concern of the Medical Director of TDC.
7. The recruitment of students should not be limited to Texas medical schools.

Included in the preceptors' evaluation form was a list of the stated program objectives of the 1973 Prison Health Project at TDC. Preceptors were asked to rank the extent to which these objectives were achieved on a 5-place scale. The stated objectives were:

1. to create among participating medical students a greater awareness of the health problems in prison
2. to develop insight into the causes for gaps in prison health care
3. to stimulate interest in prison health care such that participating students and/or the health professionals they influence will later contribute to the improvement of prison health care

Data regarding this section may be found in Appendix C, p. 2. As may be noted, the consensus of responses was on the high end of the scale, indicating that preceptors felt that the program accomplished the above stated goals.

When asked to rank the educational value of the program, the majority of respondents ranked it as high, with the remaining ranking it as average.

Two of the respondents ranked the program as exceptional in terms of having value for the preceptor; three ranked it high and two ranked it average.

Six of the seven preceptors indicated they would be interested in participating as preceptors in the 1974 Prison Health Externship Program. The same six said they would be interested in the development and administration of the 1974 program in a consultant or advisory capacity and would recommend

the program to other health professionals or students they know.

Of the seven preceptors, only one acknowledged that he had preconceived expectations that were not fulfilled during his participation in the Prison Health Externship Program. The preceptor who thus responded was not a medical officer. His comment was that he expected the externs to have taken a more active part rather than limiting their participation to observing.

In addition to the above questions, many open-ended questions were included on the "Preceptor's Program Evaluation Form."

Some of these comments were:

"First year medical students are not ready for the shock therapy a prison environment affords. I believe second and third year students would be more mature and would, therefore, benefit themselves and preceptors more. Also, a more knowledgeable student would keep preceptors more on their toes."

"Students should be taught an even balance between 'Compassion and Punishment' not just containment."

"Correctional rehabilitation without the medical profession is impossible."

"I approve and will help further the good aims of this program."

"Might send Medical Director or one of his assistants to medical schools to meet with prospective externs."

"I consider the program as being high in terms of a recruitment program -- only time will tell."

"In view of the fact that we had very little time to design the program prior to implementing it, I feel we did a good job and I was happy with the results. Given more time for next year, I feel certain we will do better."

"The externs were of great assistance to us here at TDC in numerous ways."

"Feel that we should remunerate students for the time they spend and the jobs they do with more pay."

"This program provided students with good practical experience."

"I think the program should not be limited to medical students, but extended to all the allied health professionals."

SUMMARY OF PRECEPTORS' IMPRESSIONS

The preceptors (those who organized, administered, and were responsible for the program) were highly satisfied with the program. The consensus was that shortcomings of the program were minimal and can be resolved easily. Preceptors were impressed with the caliber of students, the roles they played, the enthusiasm with which they executed their jobs and their overall demeanor. They supported the program and expressed an eagerness to continue to further develop the program.

CHAPTER 4

SUMMARY AND RECOMMENDATIONS

SUMMARY

The Texas Department of Corrections (TDC) sponsored a pilot Medical Student Externship Program during the summer of 1973. Five students who had completed 1 year, and two students who had completed 2 years of medical school, representing three medical schools from as many states, participated in the program.

Designed by Ralph E. Gray, M.D., TDC Medical Director, the program was structured to allow students to rotate through five services. These were: the psychiatric service provided at the Huntsville Unit Psychiatric Treatment Center and four services provided at the Huntsville Unit hospital. Numerous other opportunities were offered which the students were allowed to participate in as they saw fit or as their interest dictated. These included: participation in clinics, visits to other TDC units and the major referral center at the John Sealy Hospital in Galveston, in-patient and out-patient care at the Huntsville Unit, and the opportunity to actively assist physicians in the Huntsville Community in their private practices.

The program was quite successful in accomplishing many of the objectives both of TDC and those enumerated in the Student American Medical Association (SAMA) House of Delegates Resolution Number 28 -- which, in part, gave impetus to the program.

The TDC objectives were (1) to provide medical students the opportunity to practice some of what they had learned under the watchful eye of an experienced physician. Such an opportunity was expected to benefit students by giving them practical experience and to benefit TDC by providing additional manpower in the medical service to inmates. This objective was successfully accomplished, as is documented in Chapter 3 of this paper.

Another TDC objective was (2) to provide a program which might generate an interest in prison medicine among future physicians to the extent that when they completed their training, students, and those professionals they influence, will become active in prison medicine either on a full-time or part-time basis.

TDC's last formally stated objective was (3) merely to allow a particular group of future professionals to become acquainted with the operations of a correctional institution. It was felt that this type of experience would further the efforts to dispel many of the traditional myths people have about prisons.

Students' objectives, as outlined in the SAMA Resolution Number 28, were also three-fold. They were (1) to become more aware of the health problems in prisons. This was achieved to a great extent merely by the fact that students worked in a prison setting for 8 to 12 weeks. The extent to which the students became aware of the problems,

though, was directly proportional to their willingness to learn.

Another student objective was (2) to develop insight into the causes for gaps in prison health care. Again, this objective was achieved to a degree by the fact that students spent a given amount of time in the prison setting. The extent to which participants were allowed to, and did, become involved in the program was a function of the success which the program enjoyed.

The third formally stated objective of students was (3) to stimulate interest in prison health care such that the participating students and/or the health professionals they influence will, in the future, contribute to improvement of prison health care. This objective could not be measured by the end of the program. Indications, gained from students' responses to questions regarding their intention to return to this or other correctional institutions in the future on either a part-time or full-time basis, were positive.

The positive elements generated by this program were numerous. Chapter 3 documents many of the experiences which externs and preceptors both felt and thought were beneficial to students and TDC alike. One consideration which was not documented, primarily because no problems occurred regarding it, was security. Needless to say, security is of primary importance in a correctional institutional setting. One of the externs, as mentioned earlier in the paper, had done an

internship as an undergraduate in TDC. Hence, he was not subject for concern in terms of not understanding the ramifications of loose security. The remaining six student externs were advised of TDC policy and were instructed regarding the importance of security. Each of the students grasped and executed TDC policy and regulations without difficulty.

Findings made during the course of the evaluation, mainly from responses to questionnaires administered to both externs and preceptors, revealed factual and subjective information. Examples of factual information were: types of rotations particular students participated in and the amount of time they spent in each, other activities externs participated in and amount of time they spent in each, types of procedures externs had the opportunity to observe as well as types of procedures they did not have the opportunity to observe. Subjective information, that involving opinions, etc., of externs and preceptors, was also revealed by responses to many of the questions they were asked. Examples of some of these were: "Did you spend enough time in particular activities?" and, "How could the program be improved?"

As a result of the questionnaires, observations made by the evaluators, and information gained from interviews with program participants, many elements of the program were determined to be beneficial and some elements, or the lack of them, appeared to detract from the possible benefit of the

program. The few elements which appeared to be lacking in one way or another can probably be enhanced with minimal modification in most instances. Certain elements which are lacking may, for the most part, be easily added. Also changes in schedules and slight alterations of the structure used during the 1973 pilot program should enhance future programs considerably.

The remainder of this paper will address the areas and elements of the total program for which changes and additions are recommended.

RECOMMENDATIONS

The following recommendations are not issued with the expectation that each will be followed, to the letter, when the program is developed for the summer of 1974. Certainly Dr. Gray and his staff will see imperfections in some of the suggestions made for restructuring the program. It is hoped, however, that the recommendations listed below will assist those who design, develop, implement, direct, and evaluate next year's program.

1. Continue the Medical Student Externship Program -- with modifications.
2. Design and implement a more refined program to recruit participants.
 - A. Provide each medical school with a description of the program in booklet or pamphlet form. This description should include a detailed account of the program elements and the program schedule.

- B. Recruit from all medical schools and from each class level.
 - C. Begin recruitment for the following summer program as early in the fall as possible.
 - D. Explore the feasibility of recruiting women medical students.
 - E. Designate who will be responsible for the recruitment program. (This should be the responsibility of the TDC Medical Director or his appointees.)
 - F. Formulate and adopt a standard set of criteria for selecting applicants. (This task should be delegated to the TDC Medical Director and his professional staff.)
 - G. Design and attach an additional form to the application for employment sent to medical schools requiring students to provide TDC with additional information such as: amount of clinical training, previous medical experience, and other employment experience.
 - H. Continue the program on the same scale -- seven student participants per summer session.
 - I. Continue the same schedule that was used for the 1973 summer program -- allowing students to participate from 8 to 12 weeks, depending on what their personal schedules will allow.
3. Offer prospective candidates more incentives.
- A. Provide better living accommodations in the future than were previously provided.
 - B. Provide living accommodations which would allow married students, who are accepted into the program, to be accompanied by their wives.

- C. Remunerate externs at the salary scale of Class I custodial officers (\$517.00/month).
 - D. Continue to allow externs to eat at no charge in the officers dining room.
 - E. Continue to provide haircuts and laundry service to externs at no charge.
4. Restructure the program using the following guidelines.
- A. Maintain the rotation concept but alter the amount of time to be spent in the specific rotation areas.
 - B. Schedule the program more tightly, but do not make it entirely rigid.
 - C. Organize specific tours of all TDC units.
 - D. Arrange a tour to the John Sealy Hospital in Galveston where some inmates are transferred for various medical services.
5. Provide a methodology to evaluate the Medical Student Externship Program.
- A. Assign the task of evaluating the program to the research section of the Research and Development Division. Make this assignment prior to the time the program is implemented so that an appropriate evaluation design may be generated to measure the effectiveness of the program.
 - B. Report the findings made by the evaluation to the TDC Assistant Director for Treatment and the Medical Director for their information.
 - C. Document the findings in a formal report.

Because the program discussed in this paper was a pilot project formulated very late in the spring and implemented early in the following summer, certain aspects of the program

suffered. Those aspects, however, did not impair the program to an appreciable degree. The program was considered a success both by TDC administrators and student participants -- such a success that continuing the program is definitely urged. It is felt that this program warrants the continued support of TDC, medical schools, and SAMA. Local physicians in Huntsville likewise endorsed the program and pledged continued support for this worthwhile program.

APPENDIX A

STUDENTS WHO PARTICIPATED
in the
1973 MEDICAL STUDENT EXTERNSHIP PROGRAM
at the
TEXAS DEPARTMENT OF CORRECTIONS

| <u>Name of Student</u> | <u>School</u> | <u>Classification</u> |
|------------------------|---|-----------------------|
| Rashad E. Dabaghi | Southwestern Medical School Dallas, Texas | Junior |
| Tommy Neel | Southwestern Medical School Dallas, Texas | Sophomore |
| Reynaldo Rodriguez | Southwestern Medical School Dallas, Texas | Sophomore |
| Carlos B. Ortiz, III | Southwestern Medical School Dallas, Texas | Sophomore |
| Jesus Roel Garza | Southwestern Medical School Dallas, Texas | Junior |
| Vernon Nelson | University of Nevada Medical School Reno, Nevada | Sophomore |
| Paul Allen Thompson | Creighton University School of Medicine Omaha, Nebraska | Sophomore |

APPENDIX B

STUDENT AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 28

Introduced by: Rashad E. Dabaghi, Southwestern Medical School

Subject: Externship Program for Medical Students to Work in Prison Health Care

Referred to:

1 WHEREAS, medical care in our state and federal prisons
2 is inadequate for the following reasons: insufficient
3 funding, insufficient numbers of qualified physicians, lack
4 of public interest, and
5

6 WHEREAS, adequate medical care is essential before pro-
7 grams of rehabilitation can be truly tested in our prisons,
8 and
9

10 WHEREAS, improvement in rehabilitation programs and
11 consequent reduction in recidivism is essential in dealing
12 with the problem of crime in the United States, and
13

14 WHEREAS, physicians have the professional expertise
15 and potential public leadership to deal with the afore-
16 mentioned inadequacies of prison health care, and
17

18 WHEREAS, physicians and professionals in the field of
19 corrections and rehabilitation must cooperate in order to
20 develop an adequate system of health care, therefore be it
21

22 RESOLVED, that SAMA establish a committee to study the
23 feasibility of a program in which medical students during
24 the vacation periods or elective periods after their pre-
25 clinical training can work as "externs" in the prison
26 systems which are receptive to such a program, and be it
27 further
28

29 RESOLVED, that the medical students respect the limit-
30 ations in which correctional institutions work considering
31 their primary obligations to the public, and be it further
32

33 RESOLVED, that the objective of this program be not to
34 effect an immediate change in prison health care but for
35 medical students 1) to have a broadening human experience
36 which will enable them to better understand the nature of

37 the problem, and 2) to stimulate interest in prison health
 38 care among the participating students and their present
 39 and future colleagues--the ultimate goal being that the
 40 participating students or those people that they influence,
 41 may later, with professional expertise and understanding of
 42 the nature of the problem, offer a worthwhile contribution
 43 to the improvement of prison health care.

Submitted in support of this resolution are articles from the "Symposium--Prisoners' Rights" in the Journal of Criminal Law, Criminology and Police Science, and from The New England Journal of Medicine.

1. "...An unpublished paper by the author, comparing official statistice of New York's maximum security prisons with national figures, indicates that the per capita amount spent on medical care for all citizens is from five to eleven times the amount spent on prisoners, depending on how the figures are interpreted. New York budgeted one half of one percent of total prison expenditures for medical care, while Americans spend approximately six percent of disposable income after taxes on personal health care goods and services." (Zalman, Marvin, "Prisoners' Rights to Medical Care", The Journal of Criminal Law, Criminology and Police Science, Vol. 63, no. 2, pp. 196-197.)
2. "A political solution, in the form of a radically altered public attitude to criminal justice in general and prisons in particular, is the most important and least likely to occur. The figures from New York show that the public, or those who control the public purse, are not willing to spend as much on prisoners for medical care as is spent on the average citizen." (Zalman, pp. 196-197.)
3. "Prisoners as Patients," The New England Journal of Medicine, Vol. 287, July 13, 1972, pp. 101-102.
4. A quote from Justice Burger: "...Without effective correctional systems an increasing proportion of our population will become chronic criminals with no other way of life except the revolving door of crime, prison and more crime." (Edwards, George, "Forward--Penitentiaries Produce No Penitents," The Journal of Criminal Law, Criminology and Police Science, Vol. 63, no. 2, pp. 158.)

DELETIONS AND SUBSTITUTIONS RECOMMENDED

FOR RESOLUTION 28

Line 5-6, Change to: Whereas "medical services must also contribute to the rehabilitation and discharge of a healthy, productive, well-adjusted citizen." (The New England Journal of Medicine)³

Lines 8, 9, and 10, Change to: Whereas, improvement of rehabilitation programs in our prisons is essential in dealing with the problem of crime in the United States,⁴ and

APPENDIX C

Student's Questionnaire #1

PROGRAM CHARACTERISTICS FORM: PRISON HEALTH PROJECT
AT THE TEXAS DEPARTMENT OF CORRECTIONS

1. a. Please indicate the following rotations in which you participated by a check alongside the appropriate rotations.

_____ General medicine

_____ Surgery

_____ Psychiatry

_____ X-Ray

_____ Lab

- b. Please indicate by a check the following in which you participated

_____ Ophthalmology clinic

_____ ENT clinic

_____ Cardiology with Dr. Turner

_____ Dermatology clinic at Darrington Unit

_____ John Sealy tour

_____ Physical examination at Diagnostic Unit

_____ Accompanied physician to following units:

_____ Ellis

_____ Clemens

_____ Ferguson

_____ Jester

_____ Ramsey

_____ Central

_____ Darrington

_____ Coffield

_____ Goree

_____ Eastham

_____ Retrieve

_____ Diagnostic

_____ Wynne

c. Please indicate by a check the following units which you visited, e.g., tour of Pre-Release Center at Jester Unit.

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Ellis | <input type="checkbox"/> Clemens | <input type="checkbox"/> Wynne |
| <input type="checkbox"/> Ferguson | <input type="checkbox"/> Jester | |
| <input type="checkbox"/> Ramsey | <input type="checkbox"/> Central | |
| <input type="checkbox"/> Darrington | <input type="checkbox"/> Coffield | |
| <input type="checkbox"/> Goree | <input type="checkbox"/> Eastham | |
| <input type="checkbox"/> Retrieve | <input type="checkbox"/> Diagnostic | |

2. What was the duration of your prison health project?

_____ weeks

3. Please rate the adequacy of the orientation you received at your institution with respect to:

| | Very Inadequate | | Satisfactory | | | Extremely Well Done |
|---|-----------------|---|--------------|---|---|---------------------|
| a. Clarity in specifying goals of program | 1 | 2 | 3 | 4 | 5 | 6 7 |
| b. Clarity in specifying roles you would play or duties you would perform | 1 | 2 | 3 | 4 | 5 | 6 7 |
| c. Overview of institutional operation | 1 | 2 | 3 | 4 | 5 | 6 7 |
| d. Specifying who you were to go to for information and assistance | 1 | 2 | 3 | 4 | 5 | 6 7 |
| e. Introducing you to other staff with whom you would work | 1 | 2 | 3 | 4 | 5 | 6 7 |
| f. Showing the relevance of your program to your future role as a physician | 1 | 2 | 3 | 4 | 5 | 6 7 |
| g. Legitimizing your presence at the institution (unit) | 1 | 2 | 3 | 4 | 5 | 6 7 |
| h. Specifying your schedule of activities | 1 | 2 | 3 | 4 | 5 | 6 7 |
| i. Others (specify) _____ | | | | | | |

4. With regard to the supervision you received during your prison health experience:

a. How frequently did your program director meet with you to discuss your experiences and progress?

Daily Weekly Bi-weekly
 Monthly Less than monthly

b. On those occasions when you met with your program director, approximately how long did you meet?

15 min. or less 30 min.
 One hour More than one hour

c. How many other individuals at your correctional institution substantially assisted you in the conduct of your project? _____

d. In terms of your own goals, how productive were your meetings with your program director and/or other supervisors?

Not at all productive, a waste of time
 Mostly unproductive
 About what can be expected
 Quite productive (with a few exceptions)
 Extremely productive and enriching

e. The range of topics discussed in these meetings was (indicate degree of appropriateness of one adjective in each pair):

broad _____ narrow
 interesting _____ dull
 practical _____ theoretical
 individually oriented _____ socially oriented
 hard _____ easy
 deep _____ shallow
 old _____ new

e. (Continued)

clinical _____ technical
 biological _____ behavioral
 patient-oriented _____ disease-oriented

f. The style or "atmosphere" of these meetings was predominately:

tense _____ relaxed
 ordered _____ chaotic
 clear _____ muddy
 informal _____ formal
 rigid _____ flexible
 oriented to student projects _____ oriented to a list of topics

5. Listed below are several "rotations" in which prison health project participants have spent time. Under each of the major headings are listed specific "units" which might be considered to fall into the major category. Please estimate (1) the percent of your total prison health project time which was spent in each of the major rotations; (2) within a major rotation, the percent of that time devoted to each unit listed below it (e.g., you could have spent 16% of your time on psychiatry and 80% of that time conducting your own group therapy sessions); and (3) the percentages of time you would like to devote to each major rotation and unit if you were in the project again. The percentages need not total 100% since many activities in which you may have been involved are not listed.

PERCENT TIME ACTUALLY SPENT PERCENT TIME I WOULD LIKE TO SPEND IN

Major Rotation Unit Major Rotation Unit

A. General Medicine Rotation

1. Percent of time
 a. Emergency care _____
 b. Sick call _____
 c. Hospital rounds _____

PERCENT TIME ACTUALLY SPENT PERCENT TIME I WOULD LIKE TO SPEND IN

Major Rotation Unit Major Rotation Unit

d. Physical examination at Diagnostic Unit
 e. With physician at Ellis _____
 f. With physician at Goree _____
 g. With physician at other units (specify) _____
 h. With cardiologist (Dr. Turner) _____
 i. Hospital operation
 1. Administration procedures _____
 2. Admissions procedures _____
 3. Referral procedures _____
 4. Medical Staff Committees _____
 5. Pharmacy _____
 6. Dietary _____
 7. Social services _____
 8. ICU _____
 j. Other (specify) _____

2. Number of weeks on rotation _____
 3. Time spent on this rotation. Circle one Too little
 Appropriate Too much
 4. Recommended changes (Use back of sheet if necessary).

B. Psychiatry Rotation

1. Percent of time
 a. In group therapy sessions _____
 b. On ward observing and talking with inmates _____

| | PERCENT TIME ACTUALLY SPENT | | PERCENT TIME I WOULD LIKE TO SPEND IN | |
|---|-----------------------------|-------|---------------------------------------|-------|
| | Major Rotation | Unit | Major Rotation | Unit |
| c. Reading literature - psychological, pharmacological, etc. | | _____ | | _____ |
| d. Researching interesting cases at Treatment Center, e.g., reviewing psychiatric records, etc. | | _____ | | _____ |
| e. Conducting your own group therapy sessions | | _____ | | _____ |
| f. Talking to psychiatrist about patients and care at night | | _____ | | _____ |
| g. Talking with psychologists about patients and care at night | | _____ | | _____ |
| h. Time spent at other units, e.g., Goree | | _____ | | _____ |
| i. Other (specify) | | _____ | | _____ |
| 2. Number of weeks on rotation | | _____ | | |
| 3. Time spent on this rotation. Circle one: Too little Appropriate Too much | | | | |
| 4. Recommended changes (Use back of sheet if necessary). | | | | |
| C. Surgery Rotation | | _____ | | _____ |
| 1. Percent of time | | | | |
| a. Sick call and post-operative evaluation | | _____ | | _____ |
| b. Observe general surgery | | _____ | | _____ |
| c. Observe specialty surgery (e.g., ENT or plastic surgery) | | _____ | | _____ |
| d. Actual suturing | | _____ | | _____ |
| e. Hospital operation | | | | |
| 1. Administrative procedures | | _____ | | _____ |
| 2. Admission procedures | | _____ | | _____ |
| 3. Referral procedures | | _____ | | _____ |

| | PERCENT TIME ACTUALLY SPENT | | PERCENT TIME I WOULD LIKE TO SPEND IN | |
|--|-----------------------------|-------|---------------------------------------|-------|
| | Major Rotation | Unit | Major Rotation | Unit |
| 4. Medical staff committee | | _____ | | _____ |
| 5. Pharmacy | | _____ | | _____ |
| 6. Dietary | | _____ | | _____ |
| 7. Social services | | _____ | | _____ |
| 8. ICU | | _____ | | _____ |
| f. Other (specify) | | _____ | | _____ |
| 2. Number of weeks spent on rotation | | _____ | | |
| 3. Time spent on rotation. Circle one: Too little Appropriate Too much | | | | |
| 4. Recommended changes (Use back of sheet if necessary). | | | | |
| D. Laboratory Rotation | | _____ | | _____ |
| 1. Percent of time | | | | |
| a. Microbiology lab | | _____ | | _____ |
| b. Hematology lab | | _____ | | _____ |
| c. Biochemistry lab | | _____ | | _____ |
| d. Pathology lab (tissue studies) | | _____ | | _____ |
| e. Blood bank | | _____ | | _____ |
| f. Other (specify) | | _____ | | _____ |
| 2. Number of weeks on rotation | | _____ | | |
| 3. Time spent on rotation. Circle one: Too little Appropriate Too much | | | | |
| 4. Recommended changes (Use back of sheet if necessary). | | | | |
| E. Radiology Rotation | | _____ | | _____ |
| 1. Percent of time | | | | |
| a. Taking X-Rays and learning technique | | _____ | | _____ |
| b. Reading literature, e.g., radiology books, technique books, etc. | | _____ | | _____ |

| | PERCENT TIME ACTUALLY SPENT | | PERCENT TIME I WOULD LIKE TO SPEND IN | |
|--|-----------------------------|------|---------------------------------------|------|
| | Major Rotation | Unit | Major Rotation | Unit |

c. Researching interesting cases _____

d. Other (specify) _____

2. Number of weeks on rotation _____
3. Time spent on rotation. Circle one: Too little
Appropriate Too much
4. Recommended changes (Use back of sheet if necessary).

F. Various Clinics _____

Note: At the TDC, the clinics did not constitute an entire rotation. Therefore, if you spent time at a particular clinic, quantify this by percent of day spent--one day being equivalent to an eight-hour work day.

1. Percent of time _____
- a. ENT _____
- b. Ophthalmology _____
- c. Dermatology, Darrington Unit _____
2. Was attendance at these clinics worthwhile?
Circle one: Yes No
3. Recommended changes (Use back of sheet if necessary).

G. Other rotation than a through f above (specify) _____

1. Percent of time _____
- _____
- _____
- _____

| | PERCENT TIME ACTUALLY SPENT | | PERCENT TIME I WOULD LIKE TO SPEND IN | |
|--|-----------------------------|------|---------------------------------------|------|
| | Major Rotation | Unit | Major Rotation | Unit |

2. Number of weeks on rotation _____
3. Time spent on rotation. Circle one: Too little
Appropriate Too much
6. How much opportunity did you have during your prison health project to observe and discuss:

| | None | A Little | A Fair Amount | A Lot |
|---|-------|----------|---------------|-------|
| a. The organization of medical practice in the prison setting | _____ | _____ | _____ | _____ |
| b. Roles of the practicing prison physician | _____ | _____ | _____ | _____ |
| c. Prison health care patterns | _____ | _____ | _____ | _____ |
| d. Attitudes of practicing prison physicians | _____ | _____ | _____ | _____ |
| e. Prison health care issues | _____ | _____ | _____ | _____ |
| f. Relations of the prison hospital to prison community | _____ | _____ | _____ | _____ |
| g. Allied health roles | _____ | _____ | _____ | _____ |
| h. Prison medical staff structure | _____ | _____ | _____ | _____ |

7. How successful was your prison health project in terms of increasing your knowledge about:

| | VERY SUCCESSFUL | MODERATELY SUCCESSFUL | SLIGHTLY SUCCESSFUL | SLIGHTLY UNSUCCESSFUL | MODERATELY UNSUCCESSFUL | VERY UNSUCCESSFUL |
|--|-----------------|-----------------------|---------------------|-----------------------|-------------------------|-------------------|
| Social, cultural, economical, and political determination of prison health & illness | _____ | _____ | _____ | _____ | _____ | _____ |

| | VERY SUCCESS- FUL | MODER- ATELY SUCCESS- FUL | SLIGHTLY SUCCESS- FUL | SLIGHTLY UN- SUCCESS- FUL | MODER- ATELY UN- SUCCESS- FUL | VERY UN- SUCCESS- FUL |
|--|-------------------------|------------------------------------|-----------------------------|------------------------------------|---|--------------------------------|
| b. The organization & operation of prison health care institutions | _____ | _____ | _____ | _____ | _____ | _____ |
| c. Patterns of prison health & delivery | _____ | _____ | _____ | _____ | _____ | _____ |
| d. The nature of prisons | _____ | _____ | _____ | _____ | _____ | _____ |
| e. Inmates, in general | _____ | _____ | _____ | _____ | _____ | _____ |
| f. Prison physicians, in general | _____ | _____ | _____ | _____ | _____ | _____ |
| g. Prison administrators, e.g., wardens, Assistant Directors such as Kirkpatrick | _____ | _____ | _____ | _____ | _____ | _____ |
| h. Prison custodial staff | _____ | _____ | _____ | _____ | _____ | _____ |
| i. Prison medical practice, in general | _____ | _____ | _____ | _____ | _____ | _____ |
| j. Clinical aspects of medicine | _____ | _____ | _____ | _____ | _____ | _____ |
| k. Technical aspects of medicine | _____ | _____ | _____ | _____ | _____ | _____ |
| l. The different specialties in medicine | _____ | _____ | _____ | _____ | _____ | _____ |
| m. The functions & skills of allied health personnel | _____ | _____ | _____ | _____ | _____ | _____ |

8. How successful was your experience in the surrounding community (e.g., with Dr. Conwell) in terms of increasing your knowledge about:

| | VERY SUCCESS- FUL | MODER- ATELY SUCCESS- FUL | SLIGHTLY SUCCESS- FUL | SLIGHTLY UN- SUCCESS- FUL | MODER- ATELY UN- SUCCESS- FUL | VERY UN- SUCCESS- FUL |
|---|-------------------------|------------------------------------|-----------------------------|------------------------------------|---|--------------------------------|
| Medical practice in general | _____ | _____ | _____ | _____ | _____ | _____ |
| Family medicine | _____ | _____ | _____ | _____ | _____ | _____ |
| Clinical aspects of medicine | _____ | _____ | _____ | _____ | _____ | _____ |
| Technical aspects of medicine | _____ | _____ | _____ | _____ | _____ | _____ |
| Different specialties in medicine | _____ | _____ | _____ | _____ | _____ | _____ |
| Functions & skills of allied health professionals | _____ | _____ | _____ | _____ | _____ | _____ |

9. How successful was your prison health project in terms of clarifying your own preferences for:

| | VERY SUCCESS- FUL | MODER- ATELY SUCCESS- FUL | SLIGHTLY SUCCESS- FUL | SLIGHTLY UN- SUCCESS- FUL | MODER- ATELY UN- SUCCESS- FUL | VERY UN- SUCCESS- FUL |
|---|-------------------------|------------------------------------|-----------------------------|------------------------------------|---|--------------------------------|
| A specialty | _____ | _____ | _____ | _____ | _____ | _____ |
| A work setting, e.g., hospital, office, institution | _____ | _____ | _____ | _____ | _____ | _____ |
| A type or size of community in which to practice | _____ | _____ | _____ | _____ | _____ | _____ |

10. I would suggest this prison health project be used as an elective by my school. YES NO
11. Based on my prison health experience, I would be interested in returning to this state prison system to practice medicine.
12. Based on my experience in the surrounding community, I would be interested in returning to a similar community to practice medicine.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 13. I would recommend the Prison Health Program to others. | — | — |
| 14. Once you arrived in Huntsville, do you think it was made clear by those in charge of the program why you would be here? | — | — |
| 15. Do you think it was clear in the application form and description of the program why you would be here? | — | — |
| 16. I participated in this prison health project because (check all which are appropriate): | | |
| a. <input type="checkbox"/> salary offered | | |
| b. <input type="checkbox"/> salary plus room and board offered | | |
| c. <input type="checkbox"/> to increase my knowledge of the technical and/or clinical aspects of the practice of medicine | | |
| d. <input type="checkbox"/> to better understand the prison environment, e.g., the inmate, custodial staff, prison physicians, prison administrators, etc. | | |
| e. <input type="checkbox"/> to better understand the problems in prison health care | | |
| f. <input type="checkbox"/> to directly contribute to the improvement of prison health care | | |
| g. <input type="checkbox"/> other reason and/or reasons (specify) | | |
| (1) _____ | | |
| (2) _____ | | |
| (3) _____ | | |
| 17. If this program, as it currently exists, were repeated next summer, what would you recommend for the appropriate length of time for the student to participate in the program (in weeks)? | | |
| 18. Concerning the length of your externship, it was: ___ Too long ___ Just right ___ Too short | | |
| 19. Would you recommend this program, as it currently exists, to a female medical student? | — | — |
| 20. If your answer to number 19 is "no", are there any changes that can be made to offer this experience to a female student? | — | — |
| 21. If your answer to number 20 is "yes", please list those recommended changes: (Use back of sheet if necessary) | | |
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

- | | | |
|---|---|---|
| 22. If this program, as it currently exists, were repeated next year, what would be, in your opinion, the ideal number of students? _____ | | |
| 23. Concerning the number of medical externs this summer, there were (circle one): Too many Just right Too few | | |
| 24. Do you think that assignment to prison units other than the Huntsville Unit in the TDC would create a problem in the recruitment of medical students for a future program of a similar nature? <u>YES</u> <u>NO</u> | — | — |
| If your answer is "yes", please check these reasons below which are appropriate: | | |
| a. <input type="checkbox"/> social | | |
| b. <input type="checkbox"/> cultural | | |
| c. <input type="checkbox"/> educational | | |
| d. <input type="checkbox"/> other reason and/or reasons: (Use back of sheet if necessary) | | |
| (1) _____ | | |
| (2) _____ | | |
| 25. Was the "social" life in the community of Huntsville satisfactory to you? _____ | | |
| If your answer is "no", is the problem sufficiently severe that you would not recommend the program to another medical student? _____ | | |
| 26. How many years of medical school training do you have? _____ | | |
| 27. Have you had any training in physical diagnosis? _____ | | |
| Was this a handicap to you? _____ | | |
| 28. Why do you think this prison system helps to finance this medical extern program? (Use back of sheet if needed) | | |
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |
| 29. The following medical student could best profit from this prison health care program: (check only one) | | |
| a. <input type="checkbox"/> student with one year of medical training | | |
| b. <input type="checkbox"/> student with two years of medical training | | |
| 30. The following medical student could best profit from this prison health care program: | | |
| a. <input type="checkbox"/> student with only pre-clinical training | | |
| b. <input type="checkbox"/> student with clinical training | | |

31. The following medical student could best profit from this prison health care program: (check only one)
- a. student with two years of training
 - b. student with three years of training
 - c. student with four years of training
 - d. student with either three or four years of training
32. The following selection of medical students would be more favorable for future prison health care programs: (check only one)
- a. random selection of medical students
 - b. equal number of students with only pre-clinical training and those with at least one year of clinical training in order that the clinical student could be like a "preceptor"
33. Do you think your most valuable experiences in this program, if any, were offered in the prison environment or were they found elsewhere (e.g., family medicine, with Dr. Conwell)? Circle one: Prison environs Elsewhere Both
If your answer is "both" or "elsewhere", would you explain briefly. (Use back of sheet if necessary)

34. Did you live in the TDC dorms? YES NO
35. Were your living conditions satisfactory?
If your answer is "no", please list your major complaints: (Use back of sheet if necessary)
- a. _____
 - b. _____
 - c. _____
 - d. _____
36. After your participation in this project, do you have () more concern, () less concern, or () about the same amount of concern for the inmate and his health needs?
37. If there are comments about the program which the above questions did not elicit, would you please make them in the space provided below:

CONTINUED

1 OF 2

1973 PRISON HEALTH PROJECT

OF

TEXAS DEPARTMENT OF CORRECTIONS

Participant's Name _____

Participant's Medical School _____

Placement Location Texas Department of Corrections, Hunts-
ville Unit

1973-74 Address _____

INSTRUCTIONS: Please read and respond to each question in this evaluation. Please reply to the open ended questions in as much detail as you feel will be helpful in evaluation your summer experience. Do not hesitate to use the back of this evaluation instrument if more space than provided is needed.

Thank You

-
1. In terms of career goals, has your experience in this summer's Prison Health Project been helpful to you (please indicate the areas and degree of benefits experienced.)

2. The following are the stated program objectives of the 1973 Prison Health Project. Please rank by degree the extent to which you personally feel these objectives were or can be achieved through your summer experience. Place a check on the scale in the right column from 1 to 5 opposite the stated objectives indicating your perception of its success. Please indicate (in the left column) your ranking of the specific objectives which you feel were of greatest fulfillment, #2 next, #3, etc...

| Ranking in Terms of Greatest Value (1 to 3) | Achievement Scale |
|---|---------------------------|
| | Stated Project Objectives |

c) After this summer's experience and taking into consideration your health science education to date, what specific deficiencies are there in your curriculum as it relates to the actual practice of your health profession as you observed it this summer:

d) If so, do you feel these deficiencies are important enough to change your current curriculum? Yes () No ()

If so, how? _____

e) Based upon your experience this summer, do you feel an immediate emphasis should be put on continuing education for the practicing professional in the field of your discipline? Yes () No ()

If so, can you point out any specific areas of need or suggest any methods for implementation?

8. Below are listed 16 statements depicting possible obstacles to health care delivery. Please check and rank the seven greatest obstacles to health in the prisons as perceived by you through your summer experience (rank from 1 to 7 with 1 being the greatest obstacle perceived.)

- ____ Prior to prison confinement, inadequate health care over which inmate had little control, e.g., health care in county and city jails, etc.
- ____ Insufficient professional health manpower (i.e. doctors, dentists, etc.); consider also professional health manpower on units other than where main prison system hospital is located
- ____ Lack of adequate health care facilities in the prisons

- ____ Unresponsive political and economic system of the American society to health care needs in the prisons, e.g., funding and other incentives
- ____ Unresponsive prison system to health care needs in the prisons
- ____ Inefficiencies, etc., of the prison system bureaucracy
- ____ Inmate health education
- ____ Conflicts among and between health care organizations and prison health professionals
- ____ Conflicts between non-professionals involved with prison health care and prison health professionals
- ____ Lack of inmate initiative to seek health care
- ____ Tendency of inmate to exploit health care systems available to him
- ____ Inadequate organization of prison health care system and resources
- ____ Prison health professionals' attitude toward inmate
- ____ Consumer's value system (i.e., low priority given to health prior to prison confinement)
- ____ Transportation facilities within correctional system
- ____ Communications among prison personnel involved with prison health care system (e.g., in referral system to medical center)

9. Based upon your experience this summer would you:

- a) Be interested in participation in the Prison Health Project next year (1974)? Yes () No ()
- b) Be interested in participating in the development and administration of the 1974 program as Student Area Coordinator, recruitment, etc. Yes () No ()

c) Be interested in returning to a prison system to establish your health professional practice either part-time or full-time. Yes () No () Please point out any specific reasons you have for responding.

d) Recommend participation in the Prison Health Project to classmates and to future health science students? Yes () No ()

10. General Comments and Recommendations. (Please indicate the areas you feel should be strengthened or deleted from the Prison Health Project in order to better meet the stated objectives and to make the Project a more meaningful experience in future years).

PRECEPTOR'S PROGRAM EVALUATION FORM

Preceptor's Name*: _____

(Your name is needed only to check the completed questionnaire against the list of project preceptors. All individual replies will be held in strictest confidence and are to be used for research purposes only).

Placement Location: _____

INSTRUCTIONS: Please read and respond to each question in this evaluation. Please reply to the open-ended questions in as much detail as you feel will be helpful in evaluating the summer project. Do not hesitate to use the back of this evaluation instrument if more space than provided is needed. Thank you.

1. The following are the stated program objectives of the 1973 Prison Health Project at the Texas Department of Corrections. Please rank by degree the extent to which you personally feel these objectives were or can be achieved by this summer's project.

Place a check on the scale in the right column from 1 through 5 to indicate your perception of the success of the project objectives.

*In this questionnaire form "preceptor" is a general term including every TDC part-time or full-time employee--whether administrator, physician, or psychologist--who in some way participated in the externship program.

STATED PROJECT OBJECTIVES

Ranking in terms of greatest value (1 to 3)

Achievement Scale

a. To create among participating medical students a greater awareness of the health problems in prisons. Low High

b. To develop insight into the causes for the gaps in prison health care. Low High

c. To stimulate interest in prison health care such that participating students and/or the health professionals they influence will later contribute to the improvement of prison health care. Low High

2. Please offer specific comments, criticisms, suggestions you may have pertaining to the feasibility of these goals. (For example do you feel they are realistic and obtainable and do you think the program should have additional objectives?)

Five horizontal lines for writing comments.

3. a. Please assess the educational value of the program based upon your students' summer experience. Indicate by a check in the appropriate blank. Comments: None Low Average High Exceptional

Three horizontal lines for writing comments for item 3a.

b. Please assess the value the program has for the preceptor (i.e. educational, personal, etc.) Indicate by a check. Comments: None Low Average High Exceptional

Three horizontal lines for writing comments for item 3b.

c. Please assess the value the program has for your community, area, and profession as a health manpower recruitment program. Indicate by a check. Comments: None Low Average High Exceptional

Three horizontal lines for writing comments for item 3c.

4. Below is a list of short statements related to the general administration and basic design of the program. Please respond to those on which you have an opinion.

| | <u>Agree</u> | <u>Disagree</u> | <u>No Opinion</u> |
|--|--------------|-----------------|-------------------|
| a. The program should be continued next summer. | _____ | _____ | _____ |
| b. The student's summer needs to be more structured. | _____ | _____ | _____ |
| c. Students should be recruited only from Texas medical schools. | _____ | _____ | _____ |
| d. Not enough pre-program factual material is available for the student and preceptor. | _____ | _____ | _____ |
| e. The project should become more service oriented (i.e. performing more definite services within the prison health care system. | _____ | _____ | _____ |
| f. A plan should be worked out to continue the program on a year-round basis. | _____ | _____ | _____ |
| g. All preceptors should have greater voice in program, administration and policy (i.e. design, recruitment, selection, etc.) | _____ | _____ | _____ |
| h. This project should be primarily the concern of the Medical Director of the Texas Department of Corrections. | _____ | _____ | _____ |

Comments and/or Recommendations: _____

5. Do you feel that you had preconceived expectations which were not fulfilled during your summer participation in the Prison Health Externship Program? Yes No

Comments: _____

6. Based upon your experience this summer, would you:
- a. Be interested in participating as a preceptor in the Prison Health Externship Program next year, 1974?
_____ Yes _____ No
 - b. Be interested in participating in the development and administration of the 1974 program in a consultant or advisory capacity?
_____ Yes _____ No
 - c. Recommend participation in the Prison Health Externship Program to other health professionals or students you know?
_____ Yes _____ No

Name: _____ Name: _____
Address: _____ Address: _____

Upon completing this questionnaire, if you find that areas were not covered on which you would like to make comments, please feel free to add additional sheets.

END