

## ALBANY-AREA

### MSM ALUMNI & AFFILIATES

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## How to Develop Your Test-Taking Tactical Advantage: “10 Things You Gotta Know”

**Keisha R. Callins, M.D., MPH**

Here are 10 things you really need to know to improve your test taking success:

- 1. Know your style:**  
Learn about the best techniques and conditions for your learning.  
Howtolearn.com, mindtools.com, learning-styles-online.com
- 2. Know the test:**  
Collect information about the actual test.  
Try to understand how you are graded and how the test is administered.
- 3. Know your time:**  
Write out a timeline for your study plan.  
Your test preparation should be organized.
- 4. Know your plan:**  
Acknowledge your limitations and work smart.  
Practice, practice, practice.
- 5. Know your priorities:**  
Know your strengths and weaknesses.  
Postpone or eliminate activities that will distract you.
- 6. Know your partners:**  
Understand the difference between study friends and study enemies.  
Get a mentor who can encourage and become a resource.
- 7. Know your frustrations:**  
Be honest, acknowledge your fears, and admit what can be improved upon.  
Let your frustrations be your fuel.
- 8. Know your prayers:**  
“Commit to the Lord whatever you do, and your plans will succeed”. (Proverbs 16:3)  
The Lord’s prayer (Psalm 23)
- 9. Know your health:**  
Do not forsake your minds – schedule sleep and do daily puzzles and brain teasers.  
Do not forsake your body – good nutrition, regular exercise, and avoid substances.
- 10. Know your progress:**  
Re-assess and update your action plan as needed.  
Schedule treats and allow time for review.



MOREHOUSE SCHOOL OF MEDICINE  
Alumni Learning Community

Volume 1, Issue 2  
December 2015  
Alumni Learning Community  
(Highlighting our  
Albany Learning Community)

### UPDATES FROM THE MSM ALUMNI LEARNING COMMUNITY OF ALBANY

On behalf of the Morehouse School of Medicine (MSM) Albany Alumni Learning Community (ALC), it is with pleasure that we introduce our endeavors and activities to the broader community. Our institution’s President, Dr. Valerie Montgomery Rice, developed the idea behind the ALCs. The purpose of this outreach initiative is to have MSM alumni serve as a conduit for a student pipeline to encourage and mentor potential candidates from southwest Georgia to consider and pursue careers in health professions and biomedical sciences. The ultimate goal is to encourage these future health professionals to provide services to those who need healthcare within the state of Georgia. Currently, our student mentees attend various Albany high schools and Albany State University. Our intent is to follow these students until they matriculate into health professions schools.

Historically, the Greater Albany region produced agents of change with regard to the development of MSM. These pioneers include one of the founders of the institution and our first President and Dean, Dr. Louis Sullivan, former United States Secretary of Health and Human Services from Blakely, Georgia. Colonel W. Carl Gordon, M.D. was also instrumental in lobbying the state government to provide major financial support for Morehouse School of Medicine.

Currently, the MSM Albany alumni have provided leadership for the Southwest Georgia region. Dr. Jacqueline H. Grant served as Medical Director for the S.W. Georgia Public Health District for over a decade. Dr. John Marshall from Americus, Georgia served as local NAACP President for 14 years and owns The Americus Sumter Observer. Dr. Keisha Callins, an OB-GYN physician, now serves as board member of the Georgia Composite Board of Medicine. Many MSM graduates in Southwest Georgia are making a difference.

In closing, as you read further, you will hopefully appreciate the work we are doing through our alma mater Morehouse School of Medicine. We welcome all members of the Greater Albany community to partner with us as we continue our mission to pursue knowledge, wisdom, excellence, service, integrity and innovation.

Sincerely,

Edward K. Bass, III, M.D.  
Immediate Past-President, MSM National Alumni Association  
Diplomat, ABFM



*Get involved or  
become a mentor:*

Contact Jacqueline Thrash  
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TO OUR GENEROUS  
CORPORATE SUPPORTERS,  
**THANK YOU.**



# The Importance of Black Male Physicians

John Macon, M.D.

## The paradigm of medicine

has shifted in recent years from a male conservative society of physicians to a more liberal, gender accepting field where opportunity is beginning to be equal among genders. A large majority of physicians in this country are of Caucasian origin, with the majority being male. This is a composition that has changed over the last 50 years with more women going into the field of medicine. However, the number of black male physicians has lagged behind black women physicians for several years.

In the short time that I have been practicing medicine as a resident physician, I have noticed huge disparities in ethnicities among physicians who I interact with daily. Almost daily I will encounter a white counterpart without question. It is not that often that I run across someone who looks like me; chances are if I do, it is a female physician. I am extremely proud of the increase in African American females in the workforce of medicine. However, I am dissatisfied in the lack of black male physicians in this country. As an African American male who was raised in Georgia, went to a predominantly white undergraduate institution, and then studied at a Historically Black Medical College, I have been aware of this disparity for quite some time.

According to 2012 Physician Specialty Data Book, published by AAMC (Association of American Medical Colleges), male physicians make up 69.9% of active physicians today. The Diversity in the Physician Workforce: Facts & Figures 2010 reports that

**African Americans make up only 6.3% of total physicians, with 44.7% being of male gender.**

It stands to reason that there is a significant lack of Black male physicians in America. One may wonder if this is an issue worth noting, and quite frankly I feel that it is very concerning.

African Americans have considerably higher mortality rates for almost all the chronic diseases that I treat every day. Yet, most African Americans see doctors who do not look like them nor understand their demographic. This idea of the “white physician” has transformed generations of black people into believing that a career in medicine is something that is not for them and is for the Caucasian race only. It has gotten to the point that when people meet me, they cannot believe I am a physician, until they see me with a white coat on. Society has somehow brainwashed our younger generations of black Americans into believing that black men do not become doctors. Instead most black males want to pursue a career in sports or entertainment. Black females, on the other hand, have advanced in many areas of medicine overtime, and are comparable to the national average based on gender alone. Blacks as a whole are misrepresented in general, however.

In addition to African Americans having the highest mortality for most chronic diseases,

**it has been shown through research that black Americans and other minorities are less likely to see the doctor because of a lack of interpersonal connection.**

According to the Journal of General Internal Medicine article, “Understanding African Americans’ Trust in Physicians”, physician trust is a combination of compassion, reliability, dependability, interpersonal competence, and technical skill. Point blank, people want to see a doctor who understands their daily struggles to a degree and can offer some type of empathy to their situation, all while giving the best medical care possible. Patients are unhappy with “cold” doctors who do not even say hi or spend only a few minutes in the examination room. Black patients sometimes feel disconnected with their physicians because of the

lack of rapport or bedside manner, even if the physician is very competent.

## Another fear among minorities

that prevents active involvement in pursuing the best for one’s health is the thought of being an experiment for research, or even worse, medical mismanagement. Some minorities feel that they cannot question a physician’s management because a worse outcome may ensue, including death. Historically, the Tuskegee experiment, an unethical clinical trial in which physicians in Alabama were treating black patients who had syphilis with a placebo to investigate the chronic changes that occur with the disease rather than treating them when a cure was available, has left a negative stigma for black people and medical care. It makes sense that there would be an avoidance of medical care and treatment amongst this group.

The presence of a black physician to a person of ethnic background is calming to some degree and eases the anxiety of having to see the doctor. I am often reminded by my patients that they just feel more comfortable in expressing themselves, their concerns, and even telling me personal information that they would have otherwise hid from another physician. As all physicians know, careful history and physical examination are the cornerstone for establishing diagnosis, and without honest and truthful information, diagnoses can be missed or delayed in treatment for this very reason.

In conclusion,

**it is extremely important that more black male physicians graduate from medical school** to take care of the vast amounts of African Americans who may be avoiding the doctor. Not only that, but a stronger presence would influence younger generations of blacks into believing that a career in medicine is possible for them as well. If we want to see a change in the morbidity and mortality of African Americans and other minorities, we have to understand that this is a compounded issue. Yes, there exists socioeconomic barriers and cultural beliefs that may affect overall care. However, if blacks simply had more male physicians that could identify with them, understand them, and ultimately form relationships of trust, then a change in outcome would be more likely.

## Become a mentor or volunteer.

For more information on how you can become a volunteer, please contact:

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## LENDING A HELPING HAND

### Bridgette Sands

There is a need for service in all communities, whether it is feeding the homeless, assisting the elderly, or being a mentor for youth. Getting involved in one’s community can leave a lasting imprint on the lives of many people. I first began volunteering in my community when I was 12-years old. My first community service project was to paint a historic landmark in Savannah, Georgia. At a young age, I learned the value of putting others before myself. Community service has a unique way of helping one realize how significant life is and the importance of selflessness. Community service and volunteering creates opportunities to network and discover personal identity. People who have never considered community service should ask themselves this: Do I want to be known for something greater than myself? If the answer is “yes,” taking small steps toward getting involved should definitely be considered.