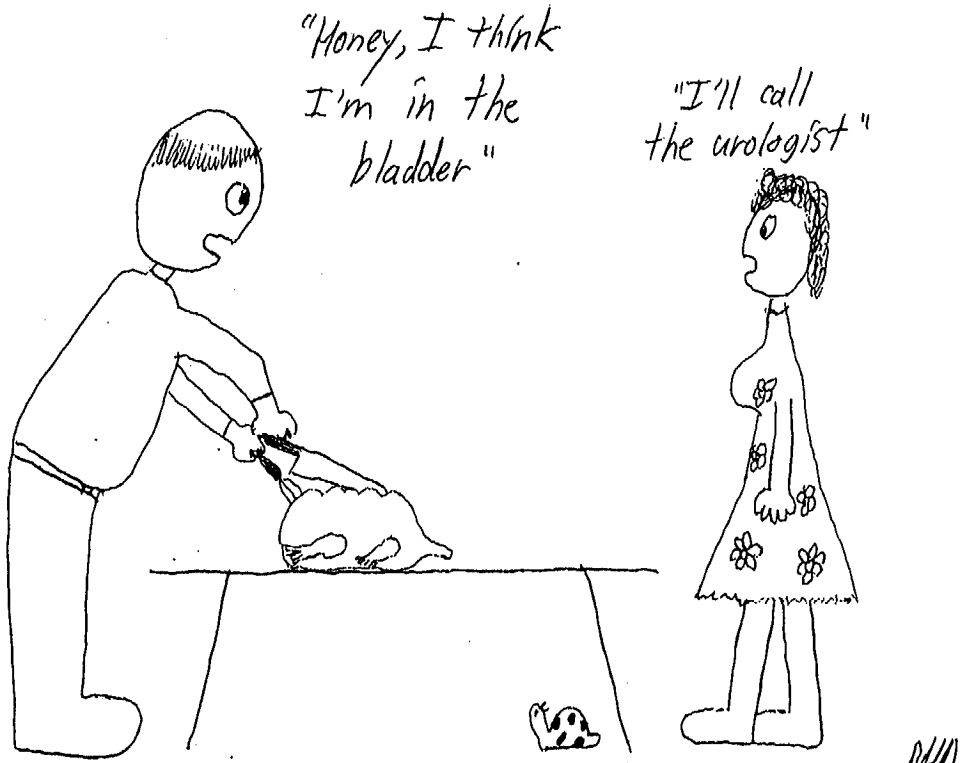
Shifting Bullness

The "be Thankful you're not an MSI (unless you are an MSI)" issue

November, 1997



The gyn surgeon's Thanksgiving

Inside this tryptophan-filled issue:

Pleural Effusions

Jeff Drayer

"You should hire a secretary." Those words still ring in my ears with the same level of truth as "you should attend microbiology" or "you should take the hamster out of the microwave." They were the parting words of one of my friends a year ago, on his way to do his internship. I heard him, but as with most advice given to me by someone other than my astrologist, I didn't listen. After all, I reasoned, I had completed a medicine subinternship. I had proven I could do secretarial work with the bet of them. And so, though historians may debate for years just how much damage I did to my chances of acceptance, it was of my own volition that I set about to undertake the residency application process all on my own.

Besides, I figured, how hard could it be? Just type your name and address, print out your personal statement, and send it on in. No problem. Of course, first I would have to write a personal statement.

This, of course, is much easier said than done. Because, of course, the purpose of the personal statement is to tell the residency committee about yourself in as bland and undescriptive a manner as possible, so as not to insult anyone. Now, bland and undescriptive happen to be two of my specialties, but nevertheless, I simply couldn't seem to put one together that didn't sound, well, stupid. No matter what I said, or how I put the sentences together, it still always came across as having been written by someone who didn't really want to be a dermatologist, whose medical school record showed not a single piece of evidence suggesting that he ever wanted to be a dermatologist, yet trying desperately to sound as if he wanted to be a dermatologist.

Finally, though, the personal statement was complete, which led me to the next step— creating a curriculum vitae, which is Latin for "Sheet of Lies." Yes, suddenly, miraculously, I had become about the most well-rounded, extracurricularly active person anyone had ever met. People were, understandably, skeptical, since most of my time in med school has been spent, well, asleep. But I assured everyone that, indeed, I was Duke's representative to the United Legion of Medical Centers, and I was, in fact, the president of the North Carolina Future Skin Care Providers Association. And if my lawyer knows as many stalling tactics as he promised, Match Day will have come and gone before anyone can prove differently.

So, with these two major obstacles overcome, it was finally time to put together the actual applications. First, of course, there was the matter of typing my name, address, birthdate, social security number and past legal offenses on each one of the 36 applications. Each one wanted exactly the same information, of course, but that was of no matter. So, 36 times I typed out such basic information as my mother's maiden name and my reasons for being thrown out of the military, each time either slightly above or slightly below the line indicated for each piece of information, since typewriters tend to throw letters wherever the hell they feel like it, despite my constant attempts to line everything up just perfectly.

Then came the next part of the application, which says that even though they realize that I just spent all my free time and sweat over the past month coming up with a personal statement that doesn't sound entirely fake and a

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Shifting Dullness

"All the opinions that are fit to print"

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Produced with the aid of Dolby sound

Shifting Dullness is NOT a Duke University production. All of the opinions contained herein, even the good ones, in no way reflects upon Duke, the Medical Center, blah blah blah.

If you wish to submit something, anything, please leave a 3.5" disk in the box outside of M133 Davison, where it will be picked up by computer elves and will then somehow, magically, appear in the next issue. However, do not expect the editors to edit, or even read, your submission. They just throw it on in.

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significantly exaggerated, and sometimes outright flase, CV, they would still like me to answer, in the (three lines of) space provided, questions such as where I see myself in ten years, what sorts of honors I've received and why I had to repeat the sixth grade.

This, of course, only took another several weeks, including the time it took for programs to send me another application because I misjudged just how few words actually fit in the space provided, and therefore could not squeeze in that I was vice-president of the National Academy of Egyptian Medical Students.

Next, I had to go about getting some transcripts, which included first selling off my car and taking out another loan to pay for them, and then picking them up, only to find that some of my second-year clerkship grades were still pending, and that the course director was still working on it. Fortunately, my OB/Gyn grade was there. This only took several weeks to straighten out, as various administrators continued their seemingly unending campaign to prevent me from doing a residency.

As I was getting this taken care of, though, I suddenly realized that I needed a new personal statement just to send to my preliminary year internal medicine programs. After assuring them that I was very interested in obtaining a strong background in internal medicine, I printed these out, thinking I was finally finished. But, of course, what I hadn't realized was that transitional year programs were on the new coputerized system called ERAS, whose motto is "we can lose your completed application faster than the U.S. post office." So, I got the computer disks, familiarized myself with the 284-page instruction booklet, typed in all my information, including a new personal statement explaining how excited I was to get a good, well-rounded preliminary year that was more than just internal medicine, and sent that off, only to find that I had screwed half of it up, and would have to type a lot of it over again. I happily did this, interspersed with the occasional phone call to my research preceptor to remind him that he was now two weeks late in getting his letters of recommendation out and that if this continued I would indeed be doing my residency at St. Horatio's Community Herbal Medical Institute of Akron, Ohio.

Finally, though, I had everything neatly stacked in about 17 different piles, and after spending eight hours figuring out how to make mailing labels on the computer, was ready to put all my envelopes together and send everything off. Five grueling hours later I held in my hand 36 sweat-streaked, blood-soaked manilla envelopes, each filled with a different combination of papers which said exactly the same thing. And so finally, after countless late nights and entire weekends were devoted to putting together a bunch of applications which will boil down to, basically, my board scores, as far as determining where I get an interview or not, I dropped them all in the mail, never to see any again, except Yale, who gave me the wrong mailing address.

So now I can sit back and relax with a senseless feeling of accomplishment. After all, all I did was apply to residencies— I didn't yet actually get one. Indeed, just the fact that I was able to meet UCSF's stringent application specifications made me feel as if I actually had taken great strides toward completing a dermatology residency there, even though all I really did, in 267 easy steps, was tell them that I'm interested in their program. But still, somehow, I feel as if I've overcome a great hurdle and that, having accomplished now what I have, there's nothing that can stop me from getting the residency I want. And I think it's important to have that sort of attitude as we head into the interviewing season, because that kind of confidence becomes evident to everyone around you, and can only reflect on you positively. So, having given up most of my fall to putting together these applications, I now can close my eyes and peacefully wait for the interview invitations to come rolling in. But if I had to do it all over again, I sure would get a secretary. ■

The Last of the Mohicans

Cameron Dezfulian, MSIII

Recent events (i.e. the coming of the enw class) have led me to recall the day when I had just graduated college. There I stood proudly with my diploma (a BS in BS) from the nation's greatest football school (the Florida Gators for those unaware) pondering my future. I had my acceptance in hand from Duke Med and knew that my dream since first grade to be a doctor would eventually be a reality. I also knew that if I wanted to take a year off, that acceptance would still be valid.

So I considered my many bountiful options. There was the bartending job at the Sloppy Joe on Duvall Street in Key West just waiting for me. And then there was that opportunity to be the SCUBA instructor for Royal Caribbean cruise line. All these jobs payed better than Med School and the fringe benefits were out of this world. But I had a dream and a strong drive to speedily achieve it. And I really didn't see the sense of putting it off a year. I mean what could I possibly gain from starting a year later? A laptop computer? An end to Clinical Arts? Don't be silly.

How young and naive we were, that entering class of 1995. Yet like those who had preceded us, we were strong. We toughed it through the days when CTL's computer lab was a bunch of Commodore 64s hooked up to tape recorders. When the great blizzard of Winter 1996 came, we were expected to be in class and even if it meant braving the sleet and hail, we made it. When Dr. Steinbergen (pathology) told us to do two autopsies, we said "Thank you sir, may we have another." Every day during the scorching summer of 1996, we trekked through the subsaharan streets on our exodus from PG3 to the hospital. And when Hurricane Fran took out the roads and our power, we still came into the hospital every day to assist with patient care.

That was the day. A time when Duke taught its medical students to be tough, to sacrifice it all for the cause and to find a way over seemingly insurmountable obstacles. A time when Frank Ennis considered the disc herniating seats of the Duke South Amphitheater a luxury. When Aftab Kerhani in retrospect considered the stench of his second autopsy a fine fragrance compared to Matt Williams' laundry pile (which still sits in the middle of the room). That was a time when you had to be tough to survive. That is a time now past.

The softening began last year. Like an ice cream cone starting to drip, it quickly turned into a puddle of softness. It started with the abolition of the most tortuous class in the curriculum-- Clinical Arts. Then they decided to get all the new kids laptops, so they wouldn't have to drive all the way to the library on their weekends. Then they got rid of one of the path autopsies. Next, the bleeding hearts decided the walk from PG3 was cruel and unusual so they moved this year's class to PG1. And now they've phased out one of the biochem exams and one of the quizzes.

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"Children Are Not Supposed to Die"

The following excerpts were taken from an article in the November/December issue of the North Carolina Medical Journal. The article was a written transcript of a recent Pediatric Grand Rounds held here at Duke. I found it incredibly moving. I hope you do as well.

Nate Mick

Reverend James Travis, Director of Chaplaincy Services:
Today we address a topic that poses a tremendous challenge to all: severe illness and death in children. We will pay particular attention to the views and needs of caregivers: physicians, nurses, social workers and chaplains.

Dr. Edward Halperin, Professor and Chair, Department of Radiation Oncology, Professor, Department of Pediatrics:
The case for this morning is that of Jessie, a 6-year-old girl who developed nauseau and vomiting in May 1995. Her primary care physician treated her for a presumed viral gastroenteritis, but occipital headaches ensued, accompanied by ataxia. A CT scan showed a large posterior fossa tumor. On May 19, 1995, a glioblastoma multiforme was removed, but posterior MRI showed residual tumor in the operative bed without drop metastases in the neuroaxis. She developed a pseudomeningocele and CSF leak, and underwent a dural repair one month after the initial operation.

Cyclophosphamide was begun on June 21, 1995. One month later she was clearly worse. Neuroimaging studies showed enlargement of the tumor. The patient developed bilateral 6th and unilateral 7th cranial nerve palsies, and increasing irritability and weakness. A VP shunt was placed because MRI suggested an increase in intracranial pressure. There was minimal clinical improvement, then her condition worsened again. Radiation therapy was begun, but cranial CT showed that the tumor had enlarged into the pons.

After a total dose of 60.5 Gy, radiotherapy concluded on September 1, 1995. The child got no better. She died of progressive brain tumor five months after she first complained to her mother of nausea and four and a half months after the intitial operation. She had undergone three neurosurgical procedures, and endured high-dose cyclophosphamide therapy, intubation, mechanical ventilation, and radiotherapy.

Physicians use several defense mechanisms in dealing with adults with cancer. Faced with someone with advanced bronchogenic carcinoma physicians may say to themselves: "It's a terrible case. The prognosis is grim. But look at the patient's history of cigarette smoking." This rationalization somehow eases the pain the physician feels in the suffering of a fellow human. Or faced with a patient with advanced carcinoma of the cervix, physicians think: "Look at the behavioral risk factors and multiple infections that preceded the tumor."

When etiologic rationalization defenses don't work, the doctor may turn to the age defense: "The patient is 85 years old and no one lives forever." I appreciate that this rationalization won't work with 40-year-olds with widespread metastatic breast cancer, but it may help the physician get through the day.

Rationalization defenses based on age or etiology break down when we face a child with malignancy. We have nothing and no one to blame for Jessie's glioblastoma multiforme and subsequent death. There is no rationalization.

Dr. Iley B. Browining III, Assistant Professor, Pulmonary Division, Department of Pediatrics:
I was involved in Jessie's care. As she was nearing her death it was decided that she should go home to die. I helped arrange getting her home. It was a very difficult case and it brought a lot of questions to mind.

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Death and dying in pediatrics can be difficult to discuss in a large group because it is ultimately a personal issue. One of the reasons that I was attracted to pediatrics was that death was not as routine as in internal medicine. Sick children who got better still have potential for a good life. I still believe that. I now temper my views, however, with reality and experience.

Children are not supposed to die. As caretakers we are conditioned to believe this to be true. We feel that death is a failure on our part. I would not begin to suggest that it is to be accepted easily, but unfortunately it is often the end result no matter what we do. The question that remains is how to deal with it.

I have seen individual residents and medical students praised highly as caretakers by parents who have lost children. What makes a difference is personal care. We sometimes forget that these are children, not representations of cystic fibrosis, glioblastoma multiforme, or congenital heart disease. If you remember this, people will respect you no matter where you stand in the chain of decision-making. They become your patients because they want your care and attention.

A member of the audience:

In medical education, we convey the message that physicians are supposed to know all of the answers. No place along the line do we address when to say, "I don't know." There may not be an answer to a family's questions. I think that one of the fundamental aspects in chronic care involves saying, "I don't have an answer. We will make you comfortable and give you as good a quality of life as we can give."

A member of the audience:

You constantly hear about genes being discovered and cures that are just around the corner. The public comes to the hospital feeling that we are performing an exact science. They expect to find answers, but we have chronic diseases because we don't have answers. Over time you establish a relationship that allows the patient to accept ambiguity. If you don't have a good relationship with a family it is very hard for them to accept ambiguity. They will look at you as if maybe there ought to be someone smarter around.

A member of the audience:

We don't cure many diseases. What we do is teach people how to try to deal with them. I think that what people want, more than anything else, is a belief that they are not being acted upon without a response. A response may be difficult, it may be time-consuming, but it is often the one thing that patients have to hold on to. If you convey the message that you are going to go down fighting, then that can be a remarkable gift. We underestimate the power of the mind.

Dr. Deborah Kredich, Professor, Department of Pediatrics:

One of the most powerful experiences I ever had was in caring for a girl from the time she was five until her death at 14. Two days before she died she said to me, "Are you going to be mad if I give up now?" Not only do we have to fight the good fight, but we have to know when the fight is over. We must help people to understand that they are not disappointing us.

A fellow in pediatric hematology:

During my residency, I had an exceptional mentor who was our director of critical care. We were all to spend one night with a dying child, and come to terms with the encounter. He used to tell us, "Enter into a child's life and realize that you are in a holy place." To give of yourself, that's the difficult part. He also said, "As a physician, my goal is to cure, my passion is to care."

Literature Cited

Halperin, E.C. et al, Children are not supposed to die: combined pediatric and radiation oncology grand rounds addresses severe illness and death. North Carolina Medical Journal, 58(6); 445-448, 1997. ■

The President's Corner

Mike Bolognesi

How many of you have ever asked the question, "Just what does the Davison Council do?". Most of you probably think that we just take your dues and spend them on keg parties at the home of Mike Morowitz and David Zidar. Maybe you feel that we just sit around and do nothing once elected to office. You might think that we only accepted the positions when we realized that such extracurricular activity is looked upon favorably by residency directors. I can not blame any of you for having these thoughts. Up until now you really have not had any means of learning about our activities. I hope that this column will help to spread the word about what we have done, are doing , and will do.

When we have our meetings we usually start off talking about current projects and issues and then move on to committee reports. This format works well in the meetings so I figure it probably will work for a column. If that is not the case I am sure Jeff Drayer and Nate Mick will edit me appropriately.

Current Projects: Thanks to the hard work of Mike Morowitz MSIV, one of our alumni representatives, we recently made an agreement with the Alumni Office to begin a student lecture series in the spring. It will be a yearly event hosted by the Davison Council and we will select a speaker based on student interest and input. Our past work with the Alumni Office was integral toward the approval of the new workout center for house staff and students under PGII. We have another proposal in to the Alumni Office for a computer room to be located in the sixth floor North lounge. We have also been working to support the student initiative that is developing the new third year pathophysiology course. We are always addressing student concerns as they arise and we try to deal with those that do as effectively as possible. Please continue to make these concerns known to us and we will act accordingly.

Social: Our social chairman, Sunil Sudarshan MSIII, is doing a great job keeping the med school involved on the social scene. Although we should probably give an honorary thank you to Cameron Dezfulian MSIII for his efforts. By the time you read this I am sure we will be status post a great med school-house staff-canned food drive mixer. Sunil has already planned a great evening for us all at the Bradford's home for the Share Your Holiday party. Plans are underway for the second annual school wide Super Bowl party as well as our biggest social event of the year, the Davison Ball. If anyone is interested in hosting a party for the school please contact Sunil and he can help you with the details.

Service: Jacob Laubach MS III, our service chairman, has been working closely with Sunil to make sure that the Share Your Holiday program is a success. He was also the driving force behind the canned food drive at the med school-house staff mixer. Jacob heads up the rest of our service efforts and he is always looking forward to hearing about new ways that the medical school can serve the community.

Elections: Elections chair,Tracy Whitener MSIV, has had a busy year running the elections for the new first year representatives as well as all the teaching awards that we have given out. She is getting ready to be busy again. We will elect new officers fairly soon. There will be a nomination period beginning in December and lasting through January, with elections to follow. The new officers, a group which will include a replacement for me, will take office in March. She has informed me that we will begin the nomination period for new class representatives in February. We will also be electing the new representatives to the special committees (Alumni, IRB, GPSC, Financial Aid, Judicial Board, Admissions) sometime in the

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new year.

Budget: Trip Meine MSIV, acts as our treasurer and he does a fine job by me. I especially appreciate it when he passes a little cash my way towards the end of the month. I'm only kidding. Trip controls all of our money and has the difficult job of deciding the amount of money that each student group will receive.

Intramurals: Nate Mick is our IM chair. It worries me sometimes that a stature challenged red-headed Irish lad is our Lord of Athletics. In all seriousness, Nate has done a good job in making sure we are fielding teams in most of the competitive sports. It does sadden me that we have not returned to the Flag Football finals since the Zonula Occludens (the current MSIV's old team) era. I am sure that Nate is talking with Dr. Armstrong and, in the old Fighting Irish Tradition, trying to bend some rules to bring in some good recruits.

Facilities: Keith Berry MSIV has been our spokesman here. His current efforts have been focused on getting a bike rack placed on campus for students, hot water in the North Lounge, and ESPN 2 in the North Lounge. So, if those showers are still cold please give Keith a call.

Publications/Information Technology: We have a new webmaster! His name is Tony Moody MSIII and he is ready to get our Home Page up and running again. He has a lot of great ideas and we are all looking forward to seeing where he goes with the Page. For those of you that have not checked out the page yet give it a look at http://www.duke.edu/web/medstudent.

Career Development: Hunter Cherwek MSII, has promised me that the new data for the Career Development section of the Home Page is almost ready and will be downloaded as soon as possible.

We are actually doing a little work but at the same time we are always looking for new things to do. If you have an idea or a concern please do not hesitate to contact me or one of your class representatives. Please let us know if you are interested in helping out in any way. We need to maintain a good line of communication in order to be effective. So, use your class representatives and make them work for you. That's what they are there for. Keep an eye out for this column in the next issue.

Mike Bolognesi
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Dezfoolian, continued from page 5

What's next? Undisclosed sources reveal this is only the beginning. Some say there are plans to phase out the test files and just give everyone the actual test the weekend before. Others claim overnight call on Labor and Delivery will soon be a memory. I hear that even now the surgeons are letting the students walk the floors in scrubs.

In a way I'm thankful to have had the experience I did. I'm sure it will make residency seem easier. But I can't help but shed a tear at the thought that all that remains of Duke's hard core tradition is what's left of the third and fourth year classes. We're a dying breed, but we'll die gracefully and with dignity. ■

The opinions in this article do not represent those of Shifting Dullness or, for that matter, any really sane person.

Ever feel like you have a bunch of stupid opinions, but nobody seems to want to sit and listen to them? Well, you're right. Which is why you should write them down. On a macintosh disk. And leave it in the box in the Davison area where the candy jar used to be. Now.

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no-win situation. Nurses just aren't interested in us. We are several rungs down on the food chain from the residents, who we all know are nurses favorite targets. Women medical students, on the other hand, are fair game for residents, fellows, and attendings alike. Many of you may be saying to yourself, "Why, that seems like a blatant double standard when it comes the social hierarchy of the hospital," and indeed you would be right. The only consolation I can offer is that your time too will come, someday you will be that resident or attending, shamelessly hitting on medical students half your age.

After learning these cruel lessons, many students then resort to being set up on blind dates in the hopes of finding that special someone. Once again, allow me to use personal experience to illustrate a point. That point is.....blind dates SUCK!!! I don't know how many times I have had friends come up to me and say, "I know someone perfect for you. She is short and even though she doesn't exactly have red hair, its close." Do people really think that I want to date someone who looks exactly like, well, me? I might as well ask my mother out. I am waiting for someone to set me up with some woman who is intelligent, funny, motivated, likes the outdoors, beer and atheletics and has the Notre Dame leprechaun tattooed on her right butt cheek. Now that is the perfect person for me!

If all this fails to garner you the woman, or man of your dreams, I urge you to have patience. In a few short years you won't just be Joe Blow, you will be Joe Blow, M.D. If any of you out there doubt the power of those two letters, you only have to see the pictures of Drayer and the Hooter's waitresses from his recent "rotation" at Baylor. Those letters transform an ordinary guy into an extraordinary guy, a nobody into a somebody, a geeky med-student into a hunk of burning love (and earning potential).

A word of caution though, the effect of being a doctor is much more noticeable in an area where there aren't 170 physicians per square inch. Walking into Top of the Hill on a Thursday night like you own the place isn't cool when every member of the Duke House Staff is already there.

So there you have it, a quick tour through the maze of dating options available to you here at Duke Med. Take this into account this year, especially with numerous activities planned between the Medical Students and the Duke House Staff. And if all else fails and you find yourself facing the prospect of another lonely holiday season, you can always call up a Physical Therapy Student, that is, if you can wrestle one away from Cameron. ■

You've Heard About It for Years and Now it is Finally Here.....The 1998 Student-Faculty Talent Show.

"STAR WARDS"

Auditions:
Date: January 12, 13, 15 1998
Time: 6:30-9:00 PM
Place: 428 CTL
Any questions? Call Wendy Taylor (wlt@acpub.duke.edu) or Betty Tong (bct2@acpub.duke.edu)

My Personal Statement

by Jeff Drayer

For all of my life, I've always wanted to be a dermatologist. I first became aware of skin at a very early age. It seemed to me, at the time, that nearly everybody had some. Little did I know then how true that really was. And as I experienced various rashes during my youth, I realized that what I really, truly needed to do in life was cure disorders of the skin. Of course, my interest in skin, much like a junctional nevus, blossomed during adolesence, often aided through the use of various magazines. And looking back now I realize that the psychiatrists had all been wrong—it was clearly a tribute to how fervently I wanted to perform shave biopsies that I kept cutting my arms with those razor blades. Of course, ever since then my zeal for dermatology has continued to grow and become firmer each day, not unlike an actinic keratosis.

But why dermatology? Many people believe that it is because dermatologists have easy hours, almost no call, no weekends, make lots of money, don't deal with sick people, rarely have to think, have patients who can actually pay, don't need to know much about medicine and get to take long vacations. As evidenced by the other fields I originally considered—ophthalmology and radiology—nothing could be farther from the truth. But what is it then? Maybe it's the morbid obsession with warts that haunts and plagues me each night as I attempt to sleep. Perhaps it's my disgust for ugly people. Whatever it is, though, I know that, like a blue nevus, it is something deep within me, as one can plainly see through my extensive research dealing with hard-to-detect pulmonary nodules. During this experience I learned not only how to appreciate the scientific method, but also how to alter my data imperceptibly so as to make it coincide with my hypothesis, a skill which I believe will serve me well in my many future research endeavors.

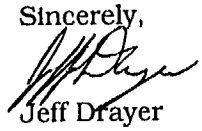
There are many things that make me perfect for the field of dermatology. The aforementioned interest in skin, I believe, makes me highly qualified for this demanding area of expertise. Furthermore, my ability to describe things as "erythematous" or "macular" certainly meets or exceeds that of my peers. In addition, I truly dislike dealing with sick people, or any of their fluids, and I feel that dermatology will give me the opportunity to care for patients who don't really have anything medically wrong with them. Also, I find I am much more coherent and tend to make far fewer mistakes after having eleven hours of sleep each night, which is why I have not pursued my true love, vascular surgery. And let's face it, having uncontrollably shaky hands is far less dangerous during a skin biopsy than a femoral bypass. Moreover, since at some point I'm going to have to swear something about doing no harm or whatever, I think a field that only involves choosing the right steroid cream for each patient affords me the least likelihood of getting sued.

Personal Statement, continued from page 11

So, in conclusion, I would like to say that I realize that dermatology is perhaps the hardest specialty to match in. Nevertheless, I have worked very hard over the past four years, in ways that may not come across well in things such as "grades," or "letters of recommendation." Where I think I stand out is in the intangibles, like my ability to gain a rapport with patients by first making fun of their skin disorder, but then slowly coming to appear to accept them, so as to alleviate their fears. I can also play the Star Spangled Banner on the kazoo, with my nose.

I submit, then, my application to your esteemed program in dermatology. I sincerely look forward to having the chance to work with you and your residents in your fine department, as well as being able to learn Spanish, if you are one of the programs in the Carribean to which I am applying. I happily anticipate an interview, so I can better get to know and appreciate your program and is residents. Just please do not schedule me for the week of January 3-10, as I will be busy helping certain friends of mine carry some items very legally across the Mexico-Texas border.

Sincerely,



Jeff Drayer

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spun off on the rumor mill — funny how things get blown out of proportion.

Apparently the director thought I wasn't ugly enough, or tall enough, or short enough - hell, I just didn't get the part. And after taking this roller-coaster ride several more times, on several other callbacks, I started to think that perhaps this acting thing wasn't for me. The rejection alone is enough to kill you, nevermind the cost of getting started in the business. But then I came across something that sounded like a sure bet (if you couldn't tell from my stint at Café 44, I like gigs like that). The ad read 'Actors wanted for role play at medical school.' Hence, my introduction to standardized patients.

I won't go into that experience in this dialogue (check out next issue for the discussion), but suffice it to say that it changed my life. This was my first experience with medicine outside of going to the doctor and being poked and prodded. I learned a lot about clinical practice and about myself. Being on stage gave me such a high that I was unaware of how unfulfilled I was. Something was missing. I had a strong desire to help people and had never before thought about going into medicine. But here I was sitting on the examining table, letting a bunch of 20-year-olds poke and prod me, them pretending to be doctors and I thought, 'I could do this.' A few months later, I was back in school, finishing up my BS.

Do I miss the bright lights, the great performances, the cheering crowds - yeah. But I wouldn't change a thing. The best decision I ever made was to become a student of medicine. Even as a first year student, I am reaping benefits, although these are few and far between. I love putting on that white coat and parading around in the hospital - what a rush!! And to think it will only get better.

Yet, there are still times when I go to a Broadway show or see a great movie, that I sit and feel the tears well up in my eyes and I think, 'that could've been me.' ■

How It Happened

By Karen Marie Winkfield

It was the allure of fame and fortune that brought me bright-eyed and bushy-tailed into the heart and soul of the entertainment world - The Big Apple. At age 23, I had finally gathered enough courage to venture forth into the arts Mecca of the world. How was I to know that my longing to make it big on Broadway would eventually bring me to a sleepy little town called Durham, NC?

After getting my headshots done and registering in some acting classes, I put on my walking shoes and hit the streets of Manhattan in search of a gig. Every Wednesday I'd check out The Voice for casting calls and send out my photo and resume in response. Things were moving slowly on the acting tip so I decided to do some singing until my big break came along. Café 44, on the corner of 44th Street and 9th Ave., was an easy target - they'd sign you up even if you sounded like a toad!! But singing there took care of my performance bug for a while.

Eventually, the mass-mailings paid off: I got a hit — my first callback!! I was ecstatic. Now mind you, I was being cast as a strung-out prostitute in a two-bit film called Under the Bridge, but I thought this was going to be IT! Cigarette in hand (used only for the role, of course), I walked the few blocks from my job on 45th and Broadway (I was working as a legal secretary to pay the bills) to the studio for my first audition. Man was I pumped!! I can still feel the energy when I think about that night.

I climbed the stairs to the third floor where a line of would-be prostitutes hung out waiting for their 5 minutes of fame. I sized up each of the girls - I was a much better "ho" than all of them put together, but just to be sure, I went into the closet-sized restroom and "fixed" my make-up. With the finishing touches done, my hair tousled to perfection, I stepped boldly into the waiting area.

The actors tried not to look at each other; everyone pretended to be "getting into character." After what felt like an eternity, my name was called. The 20' X 17' room was empty except for a table to the left of the door with stacks of photos piled haphazardly on top. My shoes made a hollow sound on the bare floor as I crossed the room to shake hands with the person who was to audition me. I felt like a child on the first day of school — I was terrified. The large window on the right was beckoning me: maybe if I run fast enough I can crash through the glass, down to the blackened streets below, back into anonymity.

A man of 30-something, sporting a goatee and a balding scalp interrupted my daydream. 'He looks friendly enough,' I thought. He began to explain the film and put things into context for me; he handed me a script and gave me a few minutes to look over lines. 'This is cake' I said (to myself, of course). Then the woman at the table who I'd barely noticed before decides to inform me of the selection criteria for the part. In typical New York style she says, "yeah, we tried to pick people we thought we could make look ugly." Great. And happy days to you too, lady.

The camera rolling, I said my lines in response to the lackluster dialogue issuing forth from said woman's mouth. I guess they purposely read without feeling so as not to give you any idea about what they're looking for, but it was pissing me off. 'I can't work like this.' But, I kept doing my thing and it was over before I could blink. "Thank you. We'll call you." Yeah, right. I left the studio with a mixed bag of feelings: elated that it was over, confused about how it had gone, angry about that "ugly" comment, but overall, grateful for the experience. Never did I imagine that I would get the callback. But I did!! They actually liked me. I was a great drug-addict!! Of course I called every person I'd ever met and told them about the callback. Everyone was so excited: "she did it; she's actually going to be in a movie!!" That was the message that

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IN MY VIEW
by
Nate Mick

The American Heritage Dictionary defines the word compete as "to strive with another or others to attain a goal." Furthermore, it tells us that the word comes from the Latin *competere*, which means to strive together. But to the medical student, especially the Duke medical student, to compete is synonymous with "to win." Anyone who doubts the truth of this, has only to watch a team of medical students play intramural basketball. One of the third year teams, runs mandatory practices two times a week and anyone who doesn't show, doesn't play. Another team is so busy recruiting "ringers" that pretty soon they will be able to field an excellent and comptetive team of players while the original members watch from the sidelines. What started out as a chance for a group of friends to get together for some exercise has turned into a win at all costs fiasco.

All throughour our formative years, we are taught to "keep our noses to the grindstone" and that "second place is just the first loser." We have terms like "cutthroat" and "gunner" to characterize people who are highly motivated to succeed. This theme dominates our educational lives until we reach medical school, where for the first time, we come face to face with the reality that medicine is a team enterprise. Once the basic science first year is over, you will forever be working integrally with others. Whether you are in the operating room, on a general medicine ward or in the emergency room, you will be a part of a team. Yet despite this, some medical students continue to try and look good in front of superiors by making classmates look bad. It makes me want to vomit.

I have often wondered how the face of medical education would change if the part of the application process that dealt with extracurricular activities was given as much weight as grades and MCAT scores. I would be interesting to see what would happen if Duke only actively recuited folks that had demonstrated the ability to work well with others toward a common goal. The best four weeks I had during second year was on the Pediatric Inpatient service. I had outstanding House Staff people to work with, but more than that I was surrounded by a great group of classmates. I learned more in four weeks than I thought humanly possible and I am convinced it was due in large part to the atmosphere of teamwork that pervaded our group. I don't think it was a coincidence that one of the students on my team, a guy who really helped make the rotation what it was, was also a former Division I athlete in a team sport. Besides a brilliant mind, he brought to the table the ability to work well with others.

About a month ago, Coach K gave a talk at surgical grand rounds. If you are like me, you are thinking to yourself, what in the hell could a basketball coach teach a group of the world's premier surgeons. You guessed it, he talked about teamwork. We in medicine are already way behind the business world when it comes to this issue, and, Lord knows, I hate losing to a bunch of accountants and desk jockeys. Just something to think about. ■

A new research study is starting soon at the medical center and they are looking for healthy volunteers to participate. It requires an initial medication history and physical exam and then two follow up visits to Duke South for blood sampling. Pays $100. Contact Nate Mick at nwm1@acpub.duke.edu for details.

Shifting Dullness

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IRISH AND PROUD

BY NATE MICK

In response to popular demand, this month we will again revisit that hopeless abyss that is "singles life at Duke Med." I know you may be tired of hearing about the utter lack of dating oppotunities in the triangle area, but I think it is important to engage these issues in open dialogue in the hopes of improving the dismal conditions that exist.

Medical school is extremely grueling and it takes a toll on even the most rampant libido, so students invariably try the same tired ploys to get dates. At first, feeble attempts are made to date the residents that you encounter during your second year rotations. I don't think I would be exaggerrating if I said that I had a crush on the whole Ob-Gyn deparment at one point or another during my second year. In fact, when asked to evaluate one resident who I thought was particularly groovy, I gave her 5 stars and wrote "She makes being up at 4:30 AM on labor and delivery a dream." Yep, I had it bad!!! But after coming to the realization that the residents see medical students as asexual blobs of scutable protoplasm, I quickly passed into the second stage of med-school dating, the nursing staff phase.

Trying to ask a nurse out as a medical student is the dating equivalent of the Alamo; a

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