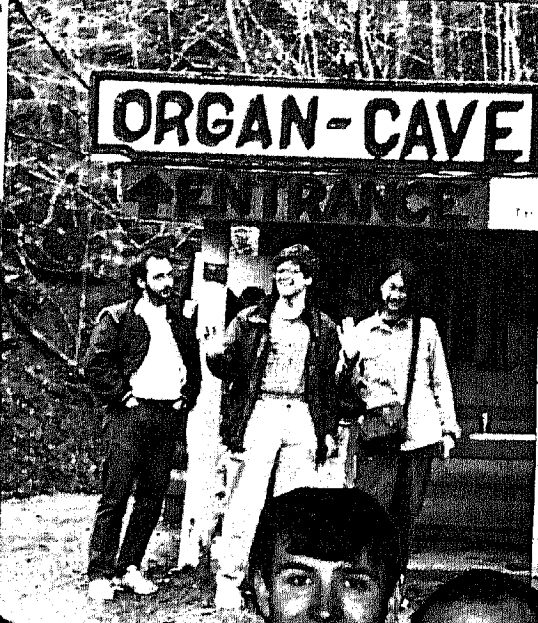




← Marlinton
Med. School →
Lewisburg →

ORGAN-CAVE
ENTRANCE



March 1990
**Shifting
Dullness**

Homecoming

what they call
the land of the long leaf pine
among other things
home honey
azaleas flaming in the long-legged shade
around the big brick graciousness
and lawns as slick as sweet talk

lemme sweeten up that drink a little and come on
over here and here's
and when's the last time you saw
well! aren't you just the

if I could just
lean down slow
over cool
juniper water
and wash my smile

on the lawn the haw-haw boys
pink and smoothe with piety and deals
jingle pocket change and keys
rock back on their wing tips and
check ass

which comes with bare tan arms
chunky gold and bright hairdos just
so and through good connections has
all these perfectly adorable children
you know?

if I could just
lean down slow

things look real good here
nice and sharp and
neat honey you leave
something hanging
loose somebody's liable
to just
snip
it
off

Florence Nash
5/80

Reprinted courtesy of *Razz-Ma-Tazz* magazine, Palo Alto, Ca.

A Tribute to Florence Nash

Kenny Boockvar

This past February the School of Medicine's Assistant to the Dean and unofficial cultural activities coordinator, Florence Nash, left her position in the Dean's Office. The editors of *Shifting Dullness* would like to express particular regret at her departure. Ms. Nash played an important role for the publication: two years ago she helped revive the newspaper, which had not been published for several years. She has been a faithful supporter of and contributor to it ever since. In addition, at her departure, many medical students lost a good friend in the Dean's Office: a friend in conversation, a friend of the arts, and a humanitarian influence in the sometimes chilly "administrative suite." Fortunately, Ms. Nash has not moved very far from the Dean's Office. At the moment she is working in the Medical Center's Cultural Services Program, and she plans to remain in Durham for some time to pursue her interests in writing and music. She also plans to continue to attend Friday literary lunchtimes (Stellar Stories and I Want to Read You a Poem) in the Dean's Conference Room.

When Ms. Nash advertised cultural opportunities for medical students—endlessly urging, coaxing students to take advantage of campus activities and events, she was speaking from an intimate love of the arts. She herself sings and plays piano, and reads and writes poetry. She recently sang with the Durham Civic Chorale Society in a performance of Carl Orff's *Carmina Burana*, at Page Auditorium. She has also published poems, for which she has won a few awards. It bothered her to see rare extracurricular cultural opportunities neglected by medical students, though she understood the burden of curricular demands on them. To her, the arts are not a medicine that one should force oneself to swallow, but something that anyone with curiosity can enjoy, something that can provide as good an escape from medical school as an evening at *Satisfaction's*, and even give someone new inspiration for pushing through medical school.

So if you're one of us who will miss Florence Nash, look for her downstairs at Duke South in the Cultural Services Office, or at local poetry readings, plays and concerts, either in the audience or on the stage. She was a unique person in the Dean's Office, someone with whom you could talk about something beyond medicine. We hope the Dean's Office is working to find someone to take over her role as advocate of the arts in the School of Medicine, and we hope that Ms. Nash enjoys and succeeds in her new endeavors.

Second Opinions

Christian Dialogues in Medicine

Matt Roe

After the first presentation of the month-long lecture series "The Ends of Medicine: Christian Dialogues on Biomedical dilemmas," a discussion arose about what role physicians should play in counseling their patients about complex medical dilemmas like deciding whether or not to abort a genetically malformed fetus after amniocentesis. A physician's approach in such a situation will have a powerful impact upon the decisions of patients and their families since most patients are not well versed in the intricacies of medical care. But, physicians face a conflict in counseling patients because they must balance their professional duty to act in their patients' best interests against their own moral and theological beliefs about the issues involved.

A classic example of the conflicts facing physicians occurs when a patient seeks a physician's advice about having an abortion. Abortion is an emotionally charged issue in our society and most people have very strong views on whether or not abortions should be performed. When a physician belonging to a religious sect which denounces abortion sees a patient who is considering having an abortion, should he objectively list the risks and benefits of abortion to the patient or should he try to convince his patient that having an abortion would be wrong? While the patient could always be referred to another physician, the issue which cannot be avoided is whether a physician can or should maintain professional objectivity in such interactions with patients.

While professional objectivity is a desired goal, it is often hard to achieve in clinical practice. Each physician is shaped by his or her own personal and religious experiences and brings those experiences into his or her care of patients. Some physicians are motivated to enter the profession based upon past experiences so asking them to deny beliefs which lead them into medicine would be unreasonable. However, medicine is a service oriented profession and the best interests of patients should always come first. So then, what can physicians do?

Each clinical situation is a little different from the next, but by considering what it would be like to be in the patient's shoes, physicians might be more objective in dealing with their patients while not compromising

their own beliefs. Everyone is entitled to his or her own beliefs, but medical matters often have a significant impact on someone's life so a physician's personal beliefs must not prevent the patient from receiving quality care. In the end, patients and their families will make the ultimate decision about what course of care to pursue. In helping patients to make decisions, physicians will be most effective if they guide their patients through all the possible options of care rather than persuading them either inadvertently or openly to come to a certain decision. Hopefully, by following this course, the patient's best interests will be served without compromising the physician's beliefs.

Cover credit - MS1 ski trip. Photos by Jill Levy. Design by Holly Lisanby.

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Davison Council

Clubs Med

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“‘She’ll love it just the same.’

‘More, usually.’”—wrote William Carlos Williams, referring to a mother’s feeling for her terminally ill child. Thus, out of the stark realism of Williams’ story “The Girl with the Pimple Face” arises this concise teaching. A mother will love her child without qualification. Williams’ story is a wisened man’s anecdote, an experience from which Williams learned about himself and from which he wants us, the readers, to learn about the relationships among mothers, children and doctors. The story as a whole is a teaching about the dilemmas of doctors and people—relevant to anyone who cares about people who suffer.

Williams’ didactic goal was taken up by the School of Medicine and the Medical Center Cultural Services Program in their dramatic production of Williams’ story (re-entitled “Doctors’ Dilemmas”), performed on February 13 in the Duke South Amphitheater, as well as earlier in the month at the undergraduate Arts dorm, the Durham County Public Library, and at the Raleigh women’s correctional center. According to director Ann Shepherd, both cast and audience were to be transformed by the play, either by living it (as actors), or by watching it (as an audience), experiences more vivid than anyone’s solitary reading. Thus, the enactment would become an experience in medicine for the participants, eventually a memory from which they could improve their understanding of the people they meet.

The skit portrayed a doctor who could not communicate to a mother that her baby had an incurable heart defect. The doctor perceived that the mother neglected the child, and since he was powerless to help the child, he too neglected her and instead devoted his attention to an older sibling, a fifteen year old girl to whom he was physically and emotionally attracted. Yet the mother evidently did care for the baby, since she took her out of the hospital where she was living in filth, and called the doctor, promising that she would pay him anything if he could make her baby well.

Williams’ true-to-life dialogue and the cast’s convincing portrayal of the characters drew the audience into the world of the realistic drama. Like any real plot, the story did not end, it just broke off abruptly. Not only was there no resolution, but also the characters’ idiosyncracies seemed to deter anyone from making generalizations from the story. The genius of Williams’ anecdote is that it is possible to discuss the roles of mothers and doctors from the story. After the February

13 production, with the help of two moderators, Asst. Dean Andrew Puckett and anthropologist Nancy Sheper-Hughes, the audience discussed several emotional and ethical issues with regard to the play.

At least two important points were made about the needs of patients in their relationships with doctors. First, patients need to retain their dignity. In the play, the mother took her baby out of the hospital because she felt the child was not being treated humanely. Doctors today, privy to the intimate lives of patients, must be sensitive to their patients’ self-esteem. In addition, modern science tends to portray people as organ systems and metabolic pathways. Doctors must remember that patients are people, not just “findings.”

Second, in any examination the doctor must find out what the *patient’s* concerns are in order to truly help the patient. In Williams’ story the mother believed that her child’s main problem was diarrhea. At first she did not seem to understand that her baby had a heart problem. Hence, the doctor attended to the baby’s diarrhea. It is as important for the doctor to alleviate the patient’s concerns and fears—as irrelevant as they may be to the central illness—as it is to treat the patient’s central illness. In order for the doctor to be successful in this respect, he must speak to the patient in a manner which the patient can understand. Furthermore, doctors must remember that technical descriptions, especially today, are cryptic to most people.

Finally, in the discussion after the performance of “Doctors’ Dilemmas,” the question arose as to whether the mother in Williams’ story really neglected her child, and if so, why. Ms. Sheper-Hughes seemed to believe that poor mothers, especially in the Third World, become desensitized to sickness and death since it occurs so frequently; also, mothers do not allow themselves to become overly close to their children because they expect many of them to die, and to grieve over each one would be emotionally exhausting and impractical. Ms. Sheper-Hughes grounds her views in her experiences with mothers in poor areas in Brazil. However, many anthropologists and many mothers would contest Sheper-Hughes’ view. Certainly in Williams’ story the doctor and his wife thought that a mother would care *more* for her sick child than for a healthy child. Avoiding the debate about whose fault infant sickness is in poor communities, I think it is safe to say that care on the part of the doctor and love on the part of the mother are important prescriptions for young children and for people of all ages. Williams seems to plead for this love in his story “The Girl with the Pimple Face.”

This Month in Medical History

Chris Tharrington

• On March 3, 1905 Fritz Schaudinn demonstrated the existence of *Treponema pallidum* in samples from primary and secondary syphilitic lesions to his peers at the Imperial Board of Health in Berlin. Over the next two months Schaudinn published a paper on his findings and gained confidence in his theory of the link between *T. pallidum* and syphilis. Unfortunately, he was less than convincing in subsequent addresses to the Berlin Medical Society, and his initial reports were viewed with deep skepticism. However, other researchers soon confirmed his findings; by December of the following year, 750 papers had been published on *T. pallidum* and syphilis. Further developments in the diagnosis and treatment of syphilis followed in short order.

• On March 7, 1515 St. Aquinas Day, the doctor of surgery degree was conferred for the first time on a surgeon who was not fluent in Latin. This important victory in the barber surgeons' fight for recognition and education took place in Padua, although much of the progress in this area had been occurring over the previous century in the south of France.

• On March 18, 1718 Lady Mary Wortley Montague had her son inoculated for smallpox in Belgrade. The practice of inoculation had been known and used for centuries in the Near East (for example, to preserve the complexions of women to be married or sold into slavery). Lady Montague, whose husband was the British ambassador to Turkey at the time, wrote of inoculation "house parties" at country homes in Turkey. On her return to England, she made the practice fashionable there as well, in opposition to both the Church and organized medicine. By 1840 vaccination had replaced inoculation as a safer method of preventing smallpox, and inoculation was outlawed.

• St. Benedict, patron saint against poisons and kidney stones, died on March 21, 543.

• On March 24, 1345 a conjunction of Mars, Jupiter, and Saturn occurred. Many attributed the suffering of the Black Plague of 1348-1354 to this celestial occurrence. As a result of the growing pandemic, the first recorded board of health was established in Venice in March of

1348. The first quarantine (from the Italian *quaranta*, "forty") was enforced in Venice at that time as well. The standard isolation period of 40 days was based on Christ's desert sojourn rather than any sort of scientific analysis.

• Robert J. Graves, leader of the Dublin school of diagnosis, was born March 27, 1797. As a medical student, Graves experienced an eventful continental tour, subduing a mutiny on his ship during a storm in the Mediterranean, and undergoing arrest as an alleged German spy while in Austria. Back in Ireland, Graves reformed the treatment of hospital patients and was a progressive force in medical education: he lectured in English rather than Latin, emphasized clinical observation, and allowed advanced students to perform supervised diagnosis and treatment of ward patients. Graves initiated the practice of timing the pulse by watch, and gave the classic description of exophthalmic goiter, now known as Graves' disease. In complete opposition to both folklore and his medical predecessors, he also introduced a radical new treatment for patients with elevated temperatures; later, Graves facetiously suggested that his epitaph should read,

"He fed fevers."



Great moments in medical history

Davison Council

Diane DeMallie

The most exciting news this month is that Dr. Schanberg, the Chairman in charge of curriculum changes, attended a Davison Meeting on February 28.

February has been a month for Davison Council parties! We combined with the business and law schools on Feb. 16 for a wild bash at MetroSport, which was rivalled on the same night by a jungle house party. The Medicine/Radiology Renewal of Systems is still being planned. A party is already planned at the "Lonely Guys" house on March 10. The one disappointment for the social scene was that the ski trip to Wintergreen, VA, had to be cancelled due to lack of interest.

Plans for the Student Faculty show are moving along smoothly. All songs and almost the whole script have been completed. More than 35 people tried out during auditions. But never fear, the show still needs help, and is especially looking for people to play in the band! See Debbie Shih, Susan Blackford, or Joe Micca if you know someone who plays an instrument.

The service committee of the Davison Council received a thank-you note from the Share-Your-Christmas group, to thank us for the money and the Christmas tree we donated to a needy family in Durham.

Plans are already underway for Davison Council Elections for next year, to be held at the end of March. This year, nominees for top offices will have a brief bio included on the ballot. Many notices will be sent out prior to elections so that all students will know when to nominate people for offices and when to vote.

MSII Class News -Herb Chen

Congratulations to Alisa who will be married on April 29. Those of you going on the ski trip to Dave A.'s house, have a good time. Everyone enjoy your four days off!

MSI Class News -Lyndon Jordan

The deadline for getting a date for the big April 7 bash is drawing near. Keep working on it, everyone.

Prenatal Screening

To the editors:

The topic of prenatal screening raises important and interesting issues of ethics. In the February issue of *Shifting Dullness*, Scott Palmer links this procedure with undesirable changes in people's attitudes towards genetic selection, and with declining federal support for families with retarded children. I emphasize, however, that the questionable ethics of prenatal screening is not at the root of the problems that Mr. Palmer addresses.

Attempting to resolve the moral dilemmas with restricted use of screening could actually exacerbate them, while failing to underscore more important issues in health care: preventative medicine and education of the public. Control of screening will not in itself enhance the rights or self-esteem of retarded people. Why should we deny the lack of desirability to produce an abnormal person while ignoring our abilities to reduce suffering and medical cost to society? It is more humane to accept each other as we are and try to improve the next generation than to pretend that we really want to take *whatever* we get. If I had a severely

disabling illness, I would want to take all possible measures to prevent it from occurring in my children.

Mr. Palmer also states that abortion of children with Down's Syndrome may shift incidence of retarded children to poorer families, thus reducing our government's incentive to provide support. Rather than exercising control of prenatal screening, we should consider stronger lobbying for financial and personal resources, including the education of lawmakers about the nature and burdens of certain diseases. We could also try to eliminate other causes of retardation among the poor, such as lead poisoning.

Finally, Mr. Palmer discusses the ethics of voluntary controlled genetic selection. The solutions to this most difficult issue may indeed lie in restricting the most "sensitive" tests. Perhaps more important, however, is providing proper guidelines and information regarding topics such as health during pregnancy, basic human values, and the importance of genetic diversity. Even with laws that apply to medical procedures, we must not deny our progress in the pursuit of knowledge. Rather, we must adjust our ways in order to live with that knowledge.

Sincerely,
Michael Weiner, MS1

①



March Calendar

Films

Freewater Films - 7 & 9:30pm, Bryan Ctr. Free with ID

- Mar1 A Streetcar Named Desire
- 2 Parallax View (midnight)
- 3 Peter Pan (10:30am)
- 6 Crime & Punishment
- 8 Viva Zapata!
- 13 Letters from a Dead Man
- 22 Julius Caesar
- 23 Do the Right Thing (midnight)
- 27 Blue Angel
- 29 The Wild One
- 30 Little Vera (midnight)

Quad Flix - 7 & 9:30pm, Bryan Ctr. \$3

- 3,4 Mississippi Burning
- 24,25 Sea of Love
- 31-Apr1 Casualties of War

Documentary Films - Duke U. Museum of Art, 7:30pm

- 7 *Movies of Local People*, dir. H. Leo Waters; *A Singing Stream*, dir. Tom Davenport
- 21 *You Got to Move*, dir. Lucy Massie Phenix and Veronica Selver; *Coalmining Women*, dir Elizabeth Barrett
- 28 *Cabin in the Sky*, dir Vincente Minelli

Theater

Broadway at Duke, 8pm, Page Aud.

- Mar 4 Big River
- 27 ISO (I'm So Optimistic) Dance Theater
- 28 ISO & The Bobs

Dance

- Mar 1,2 Duke Artist Series: NC Dance Theater, 8pm, Page Aud. \$20,17, and 14. call 684-4444
- 23 Dance Black Concert, 8pm, Page Aud.

Music

Mar 9 NC Symphony Orchestra: Nicholas Kitchen, violinist, 8pm, Page

13 Durham Symphony: Dr. Michael Cerveris, pianist, Dr. John Grimes, flutist, Anita Burroughs Price, harpist, 8pm Page, \$10

17 Chamber Arts Society: Joshua Bell, violinist, 8pm, Reynolds Theater, call 684-4444

22 NC Symphony Orchestra: Mozart Festival, Philippe Entremont, pianist, 8pm, Page

29 Chamber Arts Society: Kronos String Quartet, 8pm, Reynolds, \$8 for students

30 Duke Wind Symphony, 8pm Baldwin Aud.

Art

- Duke U. Museum of Art now until Mar 11 SOHO at Duke, Barbara Kruger
- Mar 23-May 20 The Blues Aesthetic: Black Culture and Modernism
- Mar 23, 6pm Lecture by Richard Powell, curator for the Blues Aesthetic
- 7-9pm Reception and Jazz Concert by the Paul Jeffrey Quartet

• Mars Display Case, Duke Hospital North

Mar 1-19 Nutrition Exhibition

Mar 19-Apr16 Paintings by Sarah Kimborough

• Duke South Lobby Display Case

Mar 2-Apr 2 Paintings by Jeff Hawkins

Rauch Display Case, Morris Bldg.

now until Apr 9 Ceramic by Mary Wade

Special Events

Mar 30 Spike Lee, Page Aud, time TBA

Announcements

1990 Student Faculty Show BACK TO THE SUTURE II Cast List

Deaver Cleaver: Mike Eng (MSII)
Didi Dubowitz: Katrina Stidham (MSI)
Tim E. Traveler (Trav): Eric Bachman (MSIII)
Metz: Paul McDermott (MSIII)
Balm: Keith Walter (MSII)
MRI Tech#1: Brian Bowman (MSI)
MRI Tech#2: Catherine Walsh (MSIII)
Radiologist: Jason Dimsdale (MSI)
Surgery Residents: Scott Buchanan (MSIII)
(Future) Steve Stasheff (MD/PhD)
Chris Stille (MSIII)
Shafquat Shah (MSIII)
Surgery Residents: Jordan Hsu (MSI)
(Past) Andy Alspaugh (MSIII)
Bruce Klugherz (MSII)
Joe Micca (MSIII)
Pediatric Residents: Rowena Dolor (MSIII)
Debbie Shih (MSII)
Susan Blackford (MSIII)
Saralyn Hawkins (MSIV)
Med Studs: Neil Roth (MSIII)
Jim O'Brien (MSIII)
Rosemary Hunter (MSI)
Diane DeMallie (MSIII)
Diane Zipprich (MSI)
Jason Dimsdale (MSI)
Elizabeth Whitaker (MSI)
Pediatric Nurse: Ann Deuce (MSII)
Scrub Nurse: Lisa Maier (MSIII)
ER Nurse: Jenny Gage (MSIII)
Dorothy: Martha Ehrmann (MSIII)
"Look at Me" Singers: Bruce Klugherz (MSII)
Martha Ehrmann (MSIII)
Scott Buchanan (MSIII)
Chris Stille (MSIII)
Saralyn Hawkins (MSIV)
"Those Magic Pink Sheets" Brian Bowman (MSI)
Herb Chen (MSII)
Steve Stasheff (MD/PHD)
Rowena Dolor (MSIII)
Dancers and Supporting Cast: Wendy Olivier (MSIII)
Cheryl Johnson (MSIII)

Lisa Maier (MSIII)
Phyllis Chang (MSI)
Natalie Cvijanovich (MSII)
Sarah Weiss (MSII)
Lauri O'Brien
Cindy Karfias (MSIV)
Ann Sharpe (MSIII)
Herb Chen (MSII)
Choreographers: Wendy Olivier
Cheryl Johnson
Lisa Maier
Directors: Joe Micca
Susan Blackford
Producer: Debbie Shih
Faculty and Staff: TBA
Business Managers: Ann Sharpe
Rowena Dolor

The first cast meeting will be held Thursday, March 1 at 7:00 p.m. in CTL. **Band/pit orchestra members are greatly needed!!!** Please contact Joe Micca (682-5151), Susan Blackford (493-9583), or Debbie Shih (383-2016) if you can play in the band.

Neurology at Mayo

The Mayo Clinic in Rochester, Minnesota, is offering \$1000 medical student scholarships for individuals interested in Pediatric and/or Adult Neurology. Staffed by 52 full-time physicians, a one-on-one experience for a senior 4-6 week elective is offered. Award winners are chosen on the basis of interest in the field as a career choice and performance in medical school. Application is made by providing three letters: 1) a statement from you concerning career goals and plans, 2) one from the dean's office recommending you, and 3) one from a neurologist, preferably the chair-person stating academic potential and interest in Neurology. Deadline for receipt of applications is March 30th, 1990. Letters are to be submitted to: Dr. Jasper Daube, Chairman, Dept of Neurology, Mayo Clinic, Rochester, MN 55905

Attention all MS4's: surveys for fourth year clinical electives should already be in your mailboxes. Please fill them out ASAP (deadline March 15). Results will be published in April's *Shifting Dullness* to help MS3's in course selection. Your individual and uncensored comments are welcome.

Clubs Med

Debbie Shih

A Closer Look at ... AMSA

The American Medical Student Association (AMSA) was originally affiliated with the student AMA at its inception in 1950. By the mid 1960's, a desire to concentrate on more social issues and issues directly related to medical students led a group to split off from the AMA and form AMSA in 1968.

AMSA chapters are located in every medical school in the nation. The Duke chapter of AMSA has 65 members, but unfortunately this year no MSI's are among them. We conduct a textbook sale at the beginning of every semester (no sale was conducted this past semester because it is usually run by MSI's in the organization). Other functions include an annual organ drive and the "Meet the Resident" program.

The AMSA national convention, held March 22-25 in Washington DC, is a valuable opportunity to meet medical students from schools across the nation and to lobby on Capitol Hill. This year's topic is "Medical Education in the Next Century," and the convention will feature Louis Sullivan, Secretary of HHS, and Bob Graham, Executive VP of the American Academy of Family Physicians, as keynote speakers. Anyone who is interested in going but is not an AMSA member can sign up now. A \$40 lifetime membership entitles you to numerous benefits including discounts on automobile insurance and the trip to Washington DC for the convention. AMSA will pay for everything except the \$30 registration fee and food. Look for signs for the date and time for the March AMSA chapter meeting. Contact Chris Stille MS3 at 493-4310.

AOA

The 21st Annual AOA Original Studies Symposium of Medical Student Research will be held on March 29. This is a unique opportunity for Duke med students to discuss their research with the entire Duke medical community via poster or platform presentations. There will be formal judging of both the poster and platform presentation by distinguished faculty members, and several awards will be given to those students with the highest quality presentations.

The 1990 AOA Symposium is honored to have Dr. Lewis T. "Rusty" Williams, a Howard Hughes Investigator at UCSF and a DUMC graduate, as the keynote speaker. He is considered one of the brightest and foremost investigators in the country today. Anyone

interested in presenting their work at the 1990 AOA Symposium should complete the registration form as soon as possible. In past years, 75-80% of current MSIII's and a large number of MSIV's have participated in the event. 100% MSIII participation is the goal this year. Contact Robert J. Robbins MS4 at 383-4922.

Family Medicine Interest Group

Mar 31 - RESIDENCY FAIR

AMA

- Paul Edwards

The Duke Student Chapter of the American Medical Association approaches the spring with a variety of events designed to be fun, while encouraging involvement in the AMA at the local, state, and national levels.

A local project with the Lenox Baker Children's Hospital Outreach Program involves weekly med student visits to these special children. Participation in the Children's Miracle Network and a fund raiser for the Ronald McDonald House are also planned. The spring symposium, "The Cost of Health Care," will be held on March 21st at 7pm in Duke North, Rm 2002.

Local involvement in the Durham Orange County Medical Society is encouraged with meetings held at the Croisdale Country Club on the first Wednesday every other month. These meetings give students the opportunity to interact with local physicians in various specialties, while enjoying a free dinner and speaker.

The next state level activity will be the NC Medical Society meeting in Pinehurst, NC, from March 28-31. In conjunction with the meeting, activities such as golf and tennis are offered. Transportation and accommodations will be provided, with cars leaving from Durham on Friday, March 30, in the early afternoon, and returning from Pinehurst on Saturday night. Look for sign-up sheets by the mailboxes in Duke South.

Duke Medical students are also invited to attend the National AMA Student Meetings. The next meeting is slated for June 22-24 in Chicago (right after the first year exams are over!). The opportunity to meet other medical students from around the country is terrific. Travel expenses and accommodations are covered by the local chapter.

The next Duke Student AMA meeting will be held on Tuesday, March 6, at 5:15pm in CTL. We will discuss a possible beach and/or white-water rafting trip. Contact Paul Edwards at 286-7143.

Just thinking about the Match (NRMP- National Resident Matching Program) can be intimidating for the unprepared medical student. I know because I've been there, so I'd like to dispense with some of the myth and present some of the facts to help out other rising MS4's.

I guess a good way to start is to give you a flavor of all the hoops that need to be "jumped through" and a timetable by which things need to be done. It has never been more true that "the early bird gets the worm," or in our case the choice residency positions. Too often on my interviewing trips I heard from other students, "if only I had known" or "I only wish I knew they (the residency committees) meant this when they said that."

Begin things early that require extended periods of time to complete. In that way, as those things progress to completion, some of the less complicated things can be worked on. Begin early (i.e., right away!) on your curriculum vitae (CV) and personal statement. Since the personal statement requires a great deal of thought and attention, not to mention writing, med students tend to put it off. Don't!! Most applications require the personal statement (on the NRMP generic form, it's on page one following your name and social security number) and dragging your feet on this one *will* hold up the entire application. The personal statement is relatively important, so get other folks (peers, attendings, advisors) to read and help refine your ideas.

The entire process will begin some time in April or May when the "green book" (Directory of Graduate Medical Education Programs) is distributed. This book lists all of the programs available in the different medical specialties, their addresses, and other information (i.e., total positions offered, length/number of years, average daily census, annual admissions, and annual outpatient visits - to name a few). It's a good idea not to "shelve" this book, but to go through it over the next 2 or 3 months and decide from which programs you want to request more information. Many faculty members in your field of interest can offer suggestions about which schools to apply to. I would suggest requesting information and applications from these programs in July. Some programs will send you information immediately (within a week or two) while others will take 3 months.

This reminds me: make lists and plenty of them. You might start with a list of all the schools from which you are requesting information, with checks for receipt of information/application and whether or not you decide

to apply. From this list you can generate an "I'm serious about applying to this program" (i.e., "I will fill out an application") list, with further columns to be checked.

Start early on lining up your letters of recommendation. You will need a dean's letter, a chairperson's letter (from your specialty interest), and 2 or 3 faculty letters. Your third year mentor is a good source, as well as clerkship attendings in your field or from rotations in which you did particularly well. Residency committees want letters from attendings, not residents (even though they may know you and your capabilities better). Attendings who are "known" can often give more "weighty" letters since their opinion can be relied upon and the selection committee members can pick up the phone and say, "what is so and so really like?" This is one of the reasons why your dean's letter is important.

Another task which should be done early is getting a picture taken of yourself. Most photos requested are of the "head and neck" variety, with some wanting color and others black & white. You could dress up, go to the local passport photo maker and pay an arm and a leg for pictures similar to the ones on our ID's (eek!!). Or get a friend to take a roll of black & white and color shots of you or chip in with some of your classmates and share a roll or two. When the film comes back, you'll have several to choose from.

Around July 15th, you will be required to sign the NRMP student agreement forms for participation in the match. This year's "ticket in the residency race" (entry fee) was \$25. Ms. Linda Chamber's office will keep you posted about deadlines for this. She sends your agreement form with the rest of the class (as a batch) if you meet the deadline, otherwise you are on your own to mail your agreement in separately (bad idea).

Following this scheme, you will start to receive information about the various programs in the later part of July. Make notes to yourself to compare the various programs. Sometimes lists of tangibles help to distinguish one program from another. However, I should warn you that no matter how logical you intend to be when selecting a program, it will often be the intangibles or "gut feeling" that will sway you.

With all of this information, you will have to decide on your serious list of programs to apply to. I would suggest not applying to more than 25 programs (if applying to preliminary and secondary programs, no more than 25 each) since the Dean's office will send out this many letters free of charge. Additional letters at \$5 each can add up fast! Adding the \$2 per transcript

(required with each application), you can get into the big bucks before you even leave Durham! Depending on the program, you may also need to supply them with transcripts from all colleges and graduate schools attended. This means you need to get the transcript request forms and addresses from these other institutions. I've found it quite helpful when requesting transcripts from these long ago and far away places to have them send you a transcript (it will only cost you a couple of extra dollars) so you know if and when your transcripts got sent. Peace of mind is a valuable thing.

Regarding letters of recommendation, many faculty members will request to see a copy of your CV (final finished product on bond paper), so it's best to get moving on that ASAP. To speed things along you can provide these faculty members with a set of typed or computer-generated address labels. You can't believe how much the secretaries of the world (or at least Duke's) will thank you, and how efficiently your letters will get out. Make at least 2 additional sets of labels, one for your application envelope and one for the Dean's office. The Dean's office requires a complete set of typed address labels and duplicate application forms be filed with Sheba Vaughan by Oct. 1.

Sometime between the 15th of June and September, you will need to pick up a Dean's Letter form, fill it out, and meet with your advisory dean for an interview (the stuff that Dean's letters are made of). The Dean's Letter form asks about information included in your CV, so if you have a completed CV, you're ahead of the game. By Oct. 15, you will receive a card notifying you that your Dean's Letter is complete and available to read. Don't delay, as all Dean's letters are mailed on November 1st, and if there are corrections to be made in your letter, it's not a good idea to wait until October 31st.

Once your list has been pared down to the "desirables," you can begin to fill out the information requested. It helps to make a checklist of what is needed for each program (i.e., application, Dean's letter, 2 other letters, a chair letter, a personal statement, a 2.5" x 3" B & W photo, a CV, etc, etc, etc) and whether or not you or the program initiates the interview. Some programs will have special interview dates. Draw up a calendar, and you may be able to help regionalize your interviews. The object is to Plan Ahead! Be aware that you can often interview on a non-interview day, but you'll have to ask about it. Not everything is laid down in concrete (as you will soon find out).

Coordinating the release of your completed applications can be hectic, but I would aim sometime between the last week of September and the first week in October. Don't pay attention to supposed deadlines of

December written on the application. If you wait that long, you're out of the race before you've even started. It is when your application (all components including your letters of reference) is complete, that it is reviewed by the committee and interviews are granted. If you look "good" before your Dean's letter is out, you may be asked before November to "come on down." As you can see, if you've done all the paperwork early, you will have your choice of when and often where to interview (when all the interview slots are gone, they're gone).

Another helpful hint is to include with your applications a self-addressed postcard (available from the post office) with the words "Your application has been received" on the back, and the program's name as the return address. In this way, you will know if and when your application has been received. I met several students on my tour around the country who missed out on programs because their application was never received and they didn't find out until it was too late.

Finally, I would like to mention a few things about interviewing and the costs entailed. Unless you are planning on interviewing only in North Carolina or neighboring states (i.e., within driving distance), the informal poll I took on expenses indicated an average cost of \$1500, the maximum being close to \$3000. The majority of the cost is airfare. This year, TWA and Northwest airlines offered discounts (40-50% off full coach fares) which, believe it or not, were not always the most reasonable ways to go. The best way is to let someone else hassle with the scheduling and price comparison. A reliable local agency which has experience with "the interview process" is AAA Travel Agency (489-3306), behind South Square Mall (3909 University Drive).

Besides airfare, another big ticket item is hotel accommodations. This burden may be eased by checking out the listing in the Alumni office (candy room). In the two volume set you will be able to find Duke graduates across the country (listed by state) who are willing to meet with you and/or put you up for the night.

I guess my only other suggestion is reading *Getting Into A Residency: A Guide for Medical Students* by Kenneth V. Iserson (available in the bookstore) or *A Medical Student's Guide to Strolling Through the Match* (put out by the American Academy of Family Physicians, but applicable to all specialties).

Where They Matched

Duke University post-graduate training appointments for the past three years:

	1989	1988	1987
TOTAL	106	102	109
internal medicine	25	27	24
surgery	19	15	20
pediatrics	10	14	12
radiology	12	6	10
family medicine	8	8	5
OB/GYN	4	8	6
psychiatry	5	5	6
ophthalmology	4	3	7
pathology	6	2	4
orthopedics	3	2	3
otolaryngology	1	4	2
anesthesiology	1	3	2
neurosurgery	1	2	2
neurology	3	-	-
transitional	1	2	-
med/peds	2	-	-
ER medicine	1	-	-
urology	-	1	-
thoracic surgery	-	-	1
rad. oncology	-	-	1
dev. anatomy	-	-	1
flexible	-	-	1



Submit your medical nightmares to *Shifting Dullness*.

We're looking for a few good stories about real medical adventures and experiences from the classroom, lab, or wards to print in the April 1st issue. Place submissions in the *S. D.* box in the candy room or the snack room of the library.



Dear MSIII

Eric Bachman

Dear MSIII,

Could you please outline your list what's in and what's out for 1990?

— Fashionably Anxious

Dear Anxious,

You certainly have nailed a source of concern among socially conscious persons, and here's what we have to offer:

1. To be fashionably late is no longer fashionable. Whether it is a dinner date, a conference or a party, the trend throughout the 90's will be promptness as a virtue. This is particularly important when dining at the residence of someone politically superior to oneself.

2. Grammatical accuracy will be at a premium. Cut down on parentheses, which are overused. Emergent is as the newly metamorphosed Lepidopteran, not a synonym of emergency. Learn the difference between impact and influence, which are two words that our associates in the business world would have us use interchangeably.

3. When it comes to presentations, err on the side of simplicity instead of glitzy, 3D, colored exercises in public appeal. The business world has infiltrated medicine to the point that speakers are exploring the outer reaches of public attention-getters to the exclusion of clarity.

4. As far as dress, there is little advice to be offered cave for: a) bolo ties are not in, never have been and never will be unless you are at SW Texas State Tech Med, b) cloth ties are way out and reflect mediocrity in style, and c) bow ties can be classy if used sparingly.

Finally, know that tie length is around belt level. Pastels are exciting, while shades of gray and brown are in. Do not confuse multisyllabic verbiage for articulateness — clarity is in. Say "drinks," not "cocktails." Say "house," not "home." In all, greet the 90's with self-confidence and optimism, secure with the thought that the 70's are behind us and the greed and glitz of the 80's are just a memory.

Submit responses to the *Shifting Dullness* box in the Alumni Affairs Office or mail to PO Box 2765 DUMC, campus mail.



Up, drawing by Holly Lisanby

This page is devoted to art submitted by medical students and other members of the medical center community. Place submissions in the *Shifting Dullness* box in the Alumni office or the snack room of the library.

DUKE - The Harvard of the SOUTH ?

Let's Compare

(The following does not represent the views of the editorial staff. The authors accumulated all these cruel jokes from jealous students attending other institutions.)

1. Source of average student's pride

HARVARD - *Achievements* of faculty and alumni, academic strength of student body

DUKE - *Athletic achievements* of other students, paid to be their classmates

2. Climax of social life

HARVARD - 1. Any semblance of a social life has yet to occur, let alone climax!

2. OR - student road tripped to "see some ice sculptures in New Hampshire" and regained consciousness 1 month later in a cold Vermont barn. "BUT I know I had a great time!"

DUKE - Went to "Kegs" (pretty creative name), had a beer, got *wildly* drunk, hooted a rebel yell, and spent the next year telling old high school friends what a party school Duke is. "Frank, did you know the movie *Animal House* was based on a Duke frat? I was there."

3. Why school is perceived as distinguished

HARVARD - School is over 350 years old, distinguished alumni, pompous campus architecture

DUKE - Tobacco money bought pompous campus architecture to make the school look over 350 years old. Money bought (versus brought) distinguished faculty to Durham.

4. Famous Law School alumni

HARVARD - JFK

DUKE - Richard Nixon

5. Local accents - the names speak for themselves.

Hahvahd

Deeoooouuuuook

6. How does the average student get warm when the winter

weather is bitter cold?

HARVARD - Student wears extra layers of clothing.

DUKE - Student takes Daddy's gold mastercard and buys a one way ticket to Miami.

7. Athletic conferences

HARVARD - Ivy league, a conference with emphasis on academia where no athletic scholarships are permitted, formed to let a bunch of pinheads at least have the chance to play. Except for running, rowing, lacrosse and hockey, not too competitive nationally.

DUKE - ACC, a conference of big scholarships and big money; unfortunately, pinheads don't get to play. Pretty damn competitive nation wide.

8. Average student's perception of their 'rival' across the Mason-Dixon line

DUKE - "Harvard is obviously the Duke of the North. Excellent institution."

HARVARD - "Duke? Never heard of it!"

Frank Netter: The Early Years

