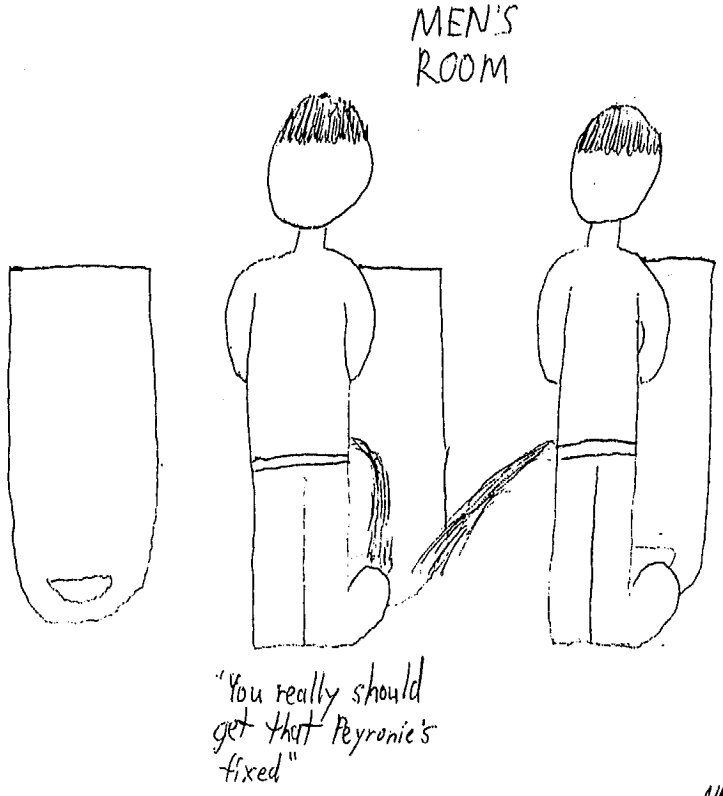
Shifting Dullness

January, 1997

1996: The ~~Year In~~ Urine Review



In this ureter-slicing issue:

Plural Effusions

Jeff Drayer

So it was late Saturday night when I had The Dream again. It was the one where I'm on my pediatrics rotation, in a hallway surrounded by rooms, and from within each all I can hear is an unrelenting river of screams, like banshees whose souls were being torn apart with pain and misery. Frantic with concern for those poor, sick children, I open the first door, only to find that it's actually a bunch of residents screaming at each other. Behind each door it's the same, until they all start pouring into the hall, like a flood of demons, and begin screaming at me. Strangely, I never see an actual patient the entire time.

And then I suddenly woke up, frightened, with the normal sweating and chills, but strangely, I also had a weird dizzy feeling and a terribly sore throat. Thanking my good fortune that I was merely sick and not actually on pediatrics, I then tiredly turned my thoughts toward formulating an assessment and plan. And of course, the first thing I thought of was, I should call my mom— she'll know what to do. Which is exactly the wrong thing for someone 16 months away from being a doctor to think.

But how does one work up these symptoms? I couldn't remember. If I had gangrenous toes, that would be one thing. If I was 16 years old and pregnant with my fourth child, I'd easily know what to do. But a sore throat and runny nose? Well, I never really saw any of that on the wards. My first instinct was to order a stat ABG, tobramycin levels and a PTT with mix. But the next draw wasn't until 6 AM and even if I went all the way over to the hospital, there wasn't a single nurse who would be willing to actually draw blood, no matter how often it was listed n their contract. So I decided on a 6 day course of IV imipenem, and maybe a chest/abdomen/pelvis CT scan. But somehow, that didn't seem quite right. And my in-depth cost-effectiveness training had taught me that it was important never ever to scan anything no metter what. Of course, the cost-effective people never really embraced my plan to save the hospital $963,000 by implanting Greenfield filters on an outpatient basis for anyone at risk for a pulmonary embolism, either. But that was neither here nor there. What I needed at that very moment was some help.

If I had gangrenous toes, that would be one thing. If I was 16 years old and pregnant with my fourth child, I'd easily know what to do. But a sore throat and runny nose? Well, I never really saw any of that on the wards. My first instinct was to order a stat ABG, tobramycin levels and a PTT with mix.

So I turned, as I often do, to my pile of free drugs from family med. I closed my eyes and pulled out some green pills and some blue capsules, and washed them down with some pinkish liquid. It made my chest feel a little weird, and for a while I started seeing spots, but oddly, I didn't begin to feel any better. I thought 20 hours of television might work, but all that did was infect my nutrient-rich couch, so that now whenever you sit down you feel a little sploosh of wet gram-positivism. So when Monday came, my body felt that the best thing for it to do was to sleep until noon. I woke up, looked at the clock, got that terrible sinking feeling in my stomach of

Continued on page 5

IRISH AND PROUD

by Nate Mick

I have a problem. To those of you who know me, this may seem like an understatement, but hear me out. I have always tried to make the "right" decisions when it comes to my career. I thought long and hard before choosing Duke for medical school and since being here I have tried to get involved in as many activities as possible. All of this hard work may have been for naught though because of one inescapable fact; I do not look anything like a doctor. I guess I don't know exactly what a doctor should look like, but I am fairly certain it is not me.

The first hurdle I have to overcome is my youthful countenance. It is one thing to be asked for identification every time you go to purchase a pint of your favorite Irish pilsner. It is another to have your patients on Ob-Gyn Outrider burst into laughter when you enter the exam room. They must feel like Spanky the neighborhood kid is here to give them their pelvic exam. I don't know how many times I have had people ask me how old I am, told them to guess, and had them say 15. It gets really embarrassing after a while. My worst experience occurred on gen med when one of the fourth year sub-interns was cross covering for me. She was called to see one of my patients and during the course of the brief encounter, my patient said "I think it is so sweet that you and your son work together." I could have crawled into a hole and died, talk about wanting to return to the safety of the womb.

Now I have tried alot of different tactics to make myself look more distinguished. Early on I attempted to grow a very nappy looking goatee. That went down as one of the Top Ten Worst Ideas of 1995, right behind Drayer's seventh article about his Ob-Gyn grade. I just don't grow facial hair very well, which is suprising considering the fact that one could hide small animals in my chest hair. During college, I had the brilliant idea of taking up boxing

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Any and all submissions are welcome and need only be placed in the "Shifting Dullness Box" located underneath the candy shelf in the Deans' Office.

in the hopes that a few head blows and broken noses might do for me what it did for Stallone in Rocky. I blame that idiotic notion on too much Guinness and too much free time because now I just look like a little kid with a crooked nose. If any of you out there reading this have any good ideas let me know because I am desparate. I am beginning to think that surgery or radiology may be my calling because I am masked and gowned most of the time in one field and am looking at films in the dark in the other.

Everyone I talk to tells me that this is not really a big problem and that when I am forty I will appreciate looking younger than my age. I am sure Neil Patrick Harris of Doogie Howser fame can attest to the fact that it is hard to find comfort in the fact that things will be all right 17 years from now. Looking young and inexperienced doesn't cause much problem when taking a history from a patient, it is more during the physical or when sent in to draw blood that trouble rears its ugly head. I am getting used to the skeptical looks patients give me when I tell them that I need to start an IV or culture them. There have been many times when I have wanted to go into an obnoxious patients room with a big old 14 gauge IV and tell the patient that I am a student here from Jordan High here to start my first peripheral line. Revenge is a dish best served cold.

If you are in Duke North late at night and happen to run into a tired looking second year med student with a scary looking beard that looks like he shaved his arms and then glued the hair to his face, don't worry it is just me. And for all of you out there who are bemoaning the fact that the ravages of time are starting to set in, remember me. At least my voice doesn't crack any more.■

Pleural Effusions continued from page 2

horror mixed with panic, darted out of my bed towards the shower, and then suddenly realized that this is third year, not second, and there was nothing to worry about. Nevertheless, I called my lab and was reassured that no one had even noticed that I hadn't come in. Satisfied that the field of radiology could survive one more day without having the characteristics of difficult-to-find pulmonary nodules described, I got back into bed.

Now, when my roommate came home he suggested that perhaps what I had was bacterial. Well, I certainly couldn't see any little colonies of "bacteria" growing on me, and I didn't feel any little "organisms" running up and down my throat, so with a smirk I thanked him for the advice and went back to sleep, only to have my other recurring nightmare, the one in which I ask out the scrub nurse whose face I'd never seen before. I had to get better fast.

So I thought back to my medicine rotation and remembered that I had been taught that a good history and physical could elicit over 90% of diagnoses. I hurriedly asked myself a few non-open ended questions, making sure not to give myself a chance to start droning on and on about unimportant crap, and then began my physical. I had gotten as far as proclaiming myself neurologically intact when I came to the part about feeling for nodes and realized that I didn't really know where they were, or what exactly an enlarged one would feel like. Depressed and tired, I gave up, put on my shirt and tie, clipped on my pager, and went to the hospital. Why the fancy clothes? Because that's the only way the nice woman at the pharmacy window will give you a big handful of septra. I chose septra based on how it, along with a root canal, had so recently cured my tooth pain. And of course, it would be perfect if this all turned out to be a UTI.

I had gotten as far as proclaiming myself neurologically intact when I came to the part about feeling for nodes and realized that I didn't really know where they were, or what exactly an enlarged one would feel like.

Well, the result is that I got better within a few days. I'm sure somewhere some HMO will try to show that it was the antibiotic that cured me, but I remain skeptical. I think the symptoms just got bored of such an easy target and left. Either way, I was glad, though a bit saddened. For I found out this past week that, as it turns out, I don't yet know everything there is to know about medicine. And after an entire year in our tertiary care facility, I realized that I don't yet have the feel for how to treat everyday things, the kind of things that friends and relatives will be asking me about for the rest of my life no matter what specialty I choose to go into. But as I lay back on my bed, weary from my body's long struggle against its alleged microbiologic oppressors, I could only find one thing in which to take solace, and that was that I still, even at this early stage in my medical training, know more than the peds residents.■

Hey Happy Readers:

Drayer's in the Chronicle!!

Now, you don't have to become a nervous wreck waiting all month for Shifting Dullness to get your next dose of Drayer. Why? Because starting in January 1997, he will be writing his own biweekly column in your favorite Duke undergraduate "news" publication. It's everyone's Christmas wish come true, so stay alert, and don't miss this valuable opportunity.

GAG REFLECTS

Jane Gagliardi MSIII

I had a hard time adjusting when I went home for the holidays during first year. After a block filled with Gross lab and frustrating multiple-choice Physiology questions, I felt as if I might never master any relevant medical information.

At first, it was a nice change of pace to be treated as if I might know something useful. I was flattered to be consulted, and people actually listened to what I had to say. For the first time, I was confident that I knew more about something than my parents.

I found out very quickly that I was not equipped with the knowledge to respond to the kinds of medical questions that people asked. Trying to explain basic science principles turned out to be fruitless and time consuming, especially when my own knowledge was shaky. The statement "HDL is Highly Desirable" would have meant a lot more to my father than my tirade about chylomicrons, VLDL and liver cholesterol receptors, and it would have taken a lot less time to say. Explaining the angiotensin-converting enzyme pathway and its relevance to hypertension only served to confuse me, and it did nothing to clarify my grandmother's question about captopril's side effect of cough.

Even though I had realized by now that I was not a worthy consultant, people in my small town still held the illusion that I might know something. It was embarrassing, really. Former teachers and coaches told me their medical problems. My mother's customers asked me to give second opinions on their diagnoses and treatment. Without the benefit of pathology or physical diagnosis, I was useless. Gross anatomy and physiology only took me so far. I could drop a few large words like "sternocleidomastoid" or "glomerular filtration," but these were rarely relevant. Although I gained some interesting information from people, I was unable to offer any suggestions.

Eventually realizing I was no wealth of relevant information, people started to take on the mission of telling me how to be a good doctor. I was lectured and threatened by people who clearly did not understand the workings of a medical office. The same person who complained about time limits and fifteen minute long appointments admonished me never to keep a patient waiting. I became defensive when I was reprimanded for other doctors' insensitivity to their patients' needs. I began to dread interactions with other people. Either I would end up pleading ignorance about everything, or I would have to justify myself and everyone in the medical profession.

Even seemingly neutral questions started to seem loaded. People wanted to know what it was like to be in medical school. At least they asked. When I would tell them how my life was, or when I described Gross lab, though, it was pretty clear that they would rather not know. Some people were clearly offended by my "callousness," which precipitated more harangues about the importance of retaining my humility. I finally started recommending that people wanting to know what medical school was like should apply for admission.

By the end of my vacation, I was exhausted from the effort of trying to relate to people with their medical questions. I was tired of attempting to explain the kind of life a first year medical student lived. It was almost a relief to return to medical school, where everyone assumed I knew nothing. Even though I had felt burnt out from the first two blocks of medical school, I felt even more exhausted from my break. All those medical questions and inquiries into my life left me feeling more incompetent than even those multiple choice tests had. And so it was that I looked forward to the third block of classes, where I knew no one would make the mistake of thinking I might know something useful. ■

Happy Birthday wishes to Bobbie McClure!

The Shifting Dullness 1996 Year-in-Review Awards

Best and Worst of 1996

Top 10 Physical Exam findings by Duke Medical Students

10. A missing right lower extremity discovered by Ashvin Pande, MSIII: "Sir, his right leg is gone; should we do anything?"
9. "5 cm. pulsatile abdominal mass that was remarkably absent after bowel movement," Geoff Harris, MSII.
8. No fetal heart tones detected by Damon Chandler, MSIII. Fortunately for all involved (except the hysterical mother-to-be), he had forgotten to turn the Doppler on.
7. Inverted T waves in a 16 year old female picked up by Cameron Dezfullian MSII. These inversions remarkably resolved after reorienting the EKG.
6. Absent pulses in the left lower extremity alertly discovered in a prosthetic leg by Steven Bailey, MSIV.
5. Massively enlarged abdomen on a G6P3205 female Obstetrics patient at 39 weeks gestation by Tito Rosas, MSII.
4. Lungs clear to auscultation bilaterally at the VA.
3. Decreased proprioception and vibratory sense in a comatose neurology patient, Ty Olsen, MSII.
2. Early vulvar cancer picked up by Lars Lund, MSII, during a routine delivery on L&D.
1. Nuchal cord and solo delivery by Duncan Rougier-Chapman, MSIII, during a not-so-routine delivery on L&D.

Top five medical student statements and screwups for 1996.

5. As an unknown Duke med student began a speculum exam, he announced to his patient, "I'm going to come into you now."
4. While performing his first breast exam, a nervous Duke student decided to make some small talk to put himself and the patient at ease. As he began to palpate this attractive young woman's breast, he started the conversation with the question of "So, do you have a boyfriend?"
3. While prepping a patient for surgery, a nurse handed Rhahul Gharg a bottle of Beta-Dyne, a foley catheter and some cotton balls. She instructed him to place Beta-Dyne on the balls and begin prepping the patient. Rhahul turned and asked "Which balls?"
2. Damon Chandler makes this list as well. See #8 from Top 10 physical exam findings.
1. In the process of consenting parents for the circumcision of their newborn, Matt McClure reassured the parents that if anything went awry, their baby boy could easily be changed to a girl.

Best Morbidity and Mortality conferences at DUMC
- Ob/Gyn

Top 10 radiographic findings at the VA Hospital

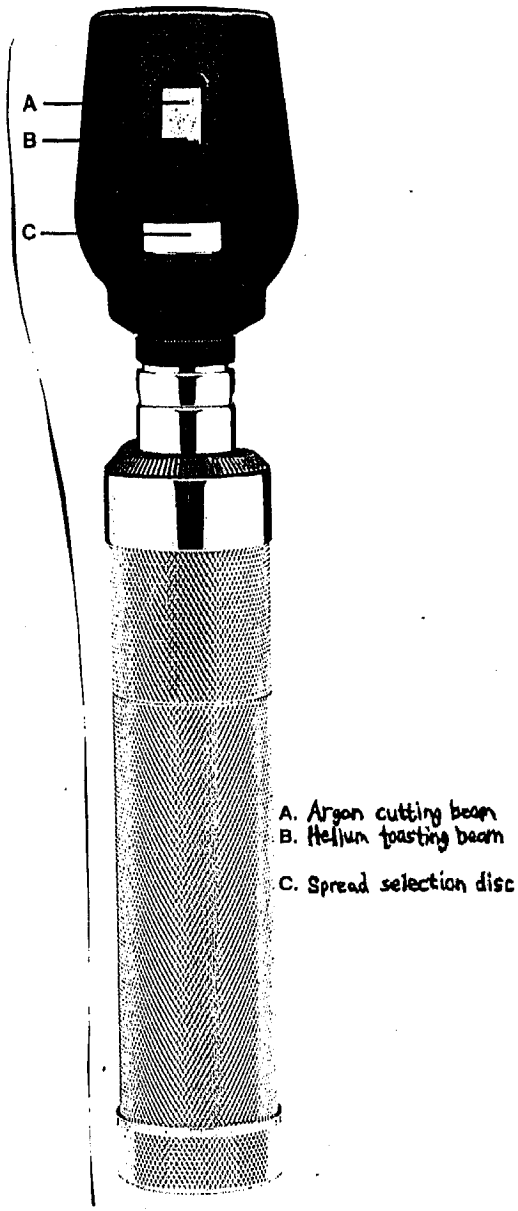
10. Multiple pacemakers
9. Prosthetic leg
8. Median sternotomy suture wires
7. Wires
6. Prosthetic arm
5. A constellation of abnormal heart contours, lymphadenopathy, and pulmonary fibrosis thought to be incidental findings in Gulf War vets according to the Pentagon.
4. Shrapnel
3. Aspiration
2. Aspirated cigarette butts
1. COPD

Top 10 things overheard in gyn surgery

10. We're in the bladder again
9. Where's the damn cell saver?
8. Where's the damn ureter?
7. Whoops! There it is.
6. Then count the towels AGAIN!
5. Type and screen 12 units, stat
4. Call general surgery
3. 12 more units. Stat
2. Can you believe Damon Chandler told that lady her baby was dead?
1. Call the urologist.

Best S.D. issue of the year

-"The Death of Clinical Arts" issue



The Bagelmaster II

Mike Morowitz's
1996 Golden Globin Awards

Movie of the year.The Worm.This John Grisham thriller starring Tom Croup and Recessive Gene Hackman broke all existing Box Office records in 1996. Nearly everybody around the country rushed to the movies to see the blockbuster about a big shot lawyer out of Harvard Law who breaks out with an intractable case of pinworm and ultimately drives all of his company's clients away. Interestingly, the academy award winning cinematography of the perianal organisms was based on actual slides from Duke's very own wormaholic Ralph Corey. A chilling performance by Recessive Gene Hackman as the cold-hearted pediatrician refusing to take care of an adult in distress. The movie was a sobering reminder for audiences that successfully conducting business in the 90s is very difficult with frequent and poorly timed trips to the restroom.

Actor of the Year. Brad Pituitary. This well-known heartthrob continues to demonstrate his on-screen versatility in the coagulation classics like Factor Seven, Factor Twelve Monkeys, Thelma and Loose Connective Tissue. His uncanny knack for switching from one character to another reportedly stems from his ability to regulate the use of the anterior or the posterior pituitary at will. When asked which hormones come from which part of the pituitary, the young actor replied, "Heck, nobody knows that except first year med students! ADH, oxytocin, prolactin, they're all the same to me!!" We think that Brad, who *could have* gone to med school *if he wanted*, is just being modest.

Actress of the Year. Sharon Kidney Stone. What more can we say about this stunning, buxsome blonde who induces sharp right lower quadrant flank pain in the abdomens of single young men around the country? Who else can retain the soft feminine image of Kidney Stone while still representing a persona as tough as a calcium oxalate rock lodged in the upper portion of the right urethra? Hematuria has never been as popular as it has been since Kidney Stone actually exposed her kidneys in Basic Science Instinct.

Most Popular Gourmet Coffee of the Year. Tensor Fascia Latte. This unique blend of espresso, steamed milk, and Type IV Collagen is all the talk of Duke North. Everybody's drinking it! There is no better way to get by when you're weary-eyed and post call than by guzzling down this hot proteinaceous beverage available at the Oasis. If espresso isn't your "cup of tea," then you really can't go wrong by trying the delicious but somewhat bony Knee Cappucino.

Longest Patient Writeup of the Year. 8,240 pages. Wow! Congratulations to second-year Steve Trupa who clinched this award when he submitted this Herman Wouk-like magnus opus on the first call night during his medicine rotation. You talk about a through history and physical!?! Upon questioning, this loquacious student remarked, "What a problem list! This lady had more diseases than Robbin's textbook of pathology." Well, that may be true but it turns out that Steve's family history section alone was 5000 pages. Some investigative reporting by Shifting Dullness editors may have revealed Steve's true problem: apparently this patient was a devout Catholic, and as she proceeded to describe the various ailments suffered by her "fathers' and "sisters" and "brothers," Steve recorded it all down and didn't realize that the nice lady was talking about the members of her church! Way to go Steve! ▮

REFLECTIONS OF A FIRST YEAR...

Well, we've made it through Block 2 (in theory) — the block that many of our predecessors have termed the hardest of first year. With this feat under my belt, I'd like to think that I have now been officially initiated into Duke Medical School. Looking back on that balmy day in August when we all first received our white coats, I realize how little I actually knew about what was going to happen to me over the next few months. Now, though there is still much left to learn in medical school, I feel I have acquired the skills needed to help guide me safely through the remainder of my first year and beyond. For example: I've learned to pronounce the word sphigmomomo, sfignom, sphygmome, uhh. . . that blood-pressure thingy. I know how to charm that extra pickle from the Duke South lunch ladies. I've learned to count reading The Chronicle in the back row as "going to class". I've found a secret parking spot. I've learned that Ehlers-Danlos Syndrome is relevant in all conversations. I've discovered that all labs are actually optional. I've learned that Dr. Davison must have been extremely interested in fatty acid metabolism since Dr. Segal delivered all his lectures expressly to his portrait in the Duke South lecture hall. I've developed a Pavlovian sleep response to seeing the "Walking Man" in gross anatomy lectures. I've learned that North Carolina's state bird and state flower is the cigarette. I've learned that if you watch lecture on video tape, you can fast-forward the boring parts. I've learned that if a patient comes in complaining about his sore shoulder, he is most likely just distressed about his son's sexual orientation. I've learned that the lack of an invitation or interest in a particular meeting / conference is no reason to miss the free food offered therein. I've discovered that Monday night is actually Saturday night. And that Tuesday morning is an unfortunate occurrence. I've learned that dirty pneumonics are the official, sanctioned way to learn about anatomy. Whereas fascia-fights are frowned upon. I've found that the "3" in PG-3 refers to the number of miles you have to walk to get to class from there. I've discovered that every time I see a group of interviewees I have to stifle the urge to point at them and go "HA HA." I've realized that the "No Food Or Drink" sign in our lecture hall is merely a suggestion. I've learned that if there is ever a real fire in the part of the hospital where I am, I will probably burn while trying to figure out what the damn fire code numbers over the PA mean. I've learned that "Its a TEAM Effort!" I've learned that "I did bad on that test" really means "I missed honors by a point." I've discovered that I actually have about 50% of the diseases we discuss in lecture. I've learned that all "Required" reading is actually just recommended, and that "Recommended" reading is just a funny joke. I've learned that admissions doesn't really appreciate it when you jokingly tell newly arriving interviewees that the admissions office has been moved to East Campus. I've learned how to 'silence' my four-color clicky pen. And I've learned that for years, I've been mispronouncing everyday medical words like abdomen (ab-DOE-men) and umbilicus (um-bi-LIKE-us).

Many of you who have already gone through these rites of passage may take them for granted or disregard their importance; but this new knowledge, and the fact that my classmates are learning the same things right beside me, is what has helped me to feel like a member of the Duke Medical Family. A somewhat dysfunctional family, but one of which I can honestly say that I love being a part. That is, until the next test rolls around. ■

-Michael Sullivan, MSI

To Regain My Original Thoughts

Mike Morowitz MSIII

When are you going to give my ideas
and original thoughts back to me?

I went to get my last glass of beer
and when I returned I saw the
strange smile on your face as
you sat there with my ideas and
my original thoughts.

Since that night, life has been
easier, without the bother of those
ideas and original thoughts
ruining what I am trying
to do here.

I haven't really missed them, it is
true, but sometimes when I am
driving or I am taking a morning
shower, I wonder what it would
be like if I still had them.

What are you doing with them
anyway? You had better not go
and pass them off as your own
personal creation which just
came to you with no effort.

Are you planning to give them
back? Maybe we could just talk
about some of these issues,
because now that I think about it
I would like to have back my
ideas and original thoughts.

One of these days, I will say this
when you are in the room, and you
will hear what I have to say, and
you will hand them over to me.

How am I supposed to think in
here with all these screaming
people? I don't know why I
stay here, I can't understand
what they are saying anway.

When that one man suddenly
pointed a gun to my head and
demanded my things, I didn't
mind because at least it was a
change from the usual drudge.

But it's not much safer now
when the guns are gone
and I still have to withstand the
suffocating and sometimes annoying
glances of these people around me.

I lament the fact that these
words are not mine but yours. ■

DRAYER MEETS SEUSS

Welcome to Part V in my investigative series uncovering Dr. Seuss' early medical writings. Here I present an article which first appeared in The American Journal of Radiology several years ago. It was designed as a beginner's guide to radiologic terms, but later was rewritten as an alphabet book for little children. Some may say there was never much of a difference. Either way, I certainly hope you enjoy this as much as I did.

The ABCs of Radiology

A is for Arteriography, it helps to find bleeding

B is for Barium, to see if a mass is intercededing

C is for Chest film, PA or AP

D is for Double-contrast, makes polyps easy to see

E is for Effusion, Plural's the best

F is for Fluoro, for a better look at the chest

G is for Granuloma, which appears calcified

H is for Hangman's fracture, a cervical collar should be applied

I is for Ileus, it can be paralytic

J is for Joints, they swell when arthritic

K is for Kerley B-lines, in congestive disease

L is for Liver scan, to find metastases

M is for MR, of the brain or the kidney

N is for Nuclear scan, to find a PE

O is for Overexposure, the film is too black

P is for Perfusion scan, it's usefulness these lack

Q is for Quantum, E=hv

R is for Radionuclide, in ventriculography

S is for Sulfur colloid scan, to see if the liver is seeded

T is for Technetium, a gamma camera is needed

U is for Ultrasound, to see if anything's off kilter

V is for Venous thrombosis, give 'em all a Greenfield filter

W is for Wiener spectrum, frequency versus the square of the power

X is for Xray, Duke does about six zillion per hour

Y is for Yttrium tantalate, its screens emit light in UV

Z is for Zonography, a narrow-angle CT■

Hanley in the Kitchen

It's over. All that Christmas, Hanukah, marajuanica, and gin and tonica stuff - it's toast. No doubt, many of you probably did some serious eating over the holidays (which is not such a bad thing in the eyes of this author, unless of course you now look like a cushingoid beast). And no doubt, many of you have made special little promises to commit yourselves to a healthier lifestyle by eating well. I must point out that I personally do not equate the meaning of "eating well" with "eating healthy". Such an idiotic relationship can be likened to pairing the following two words: Jeff Drayer and Sexy God-like man. However, for all you delicate little salad eaters who like their "dressing on the side", I will indulge you.

The recipe I have chosen to kick off the new year is a robust yet simple version of broiled chicken (and yes, it's low fat). A quick word about buying chickens. The tastiest chickens are free-range or barnyard chickens that have been grain fed and allowed to roam at will and eat whatever they please. Unfortunately, due to commercial farming the day of the free-range chicken has for the most part, past. (Free range chickens can still be found, although not easily - for those interested, try Wellspring). Commercial chickens tend to lack flavor and contain more fat. So what to do? I would suggest buying the freshest meat possible (never frozen), trimming the visible fat, and soaking the meat in cold, salted water for at least an hour. Drain and rinse before use.

This dish is extremely hearty and makes for a filling main course.

Broiled Chicken with Sauce

Chicken:
1 3-4 lb chicken (fryer), split
1 tbsp fresh chopped rosemary
salt and pepper to taste
1 cup wine vinegar
1-2 tsp finely minced garlic

Sauce:
2 large tomatoes
3 tbsp fresh chopped basil
2 tbsp fresh chopped parsley
1 tsp minced garlic
2 tbsp olive oil
zest of 1 lemon
1 tbsp wine vinegar
salt and pepper to taste

Chicken: Turn on oven broiler. Salt and pepper both sides of chicken, and rub with rosemary. Broil in oven, about 20 mins each side, basting occasionally with vinegar and garlic until chicken begins to brown. Note, cooking times may vary depending on oven and size of chicken.

Sauce: Briefly broil tomatoes under broiler. Peel off skins, cut in half, discard seeds, and coarsely chop. Place in blender/food processor with rest of ingredients and blend. Serve at room temp with chicken.

on the ward, cont.

of faces or ran into that distant relative, I was being asked the same question: "So what kind of doctor are you going to be?" As I alluded to earlier, my delusions of grandeur would lead me to hesitantly say that I was a surgeon to be. Most people accepted this as wonderful news, heaping tons of praise on me for my ambition. Many people would smile and say things that made reference to large sums of money and fancy cars. Others would simply frown while mumbling things about taking out the wrong thing or something. Overall, most if not all people had some idea of what I was talking about. Yet my answer would be weak and feeble, barren of enthusiasm and devoid of true fire. So imagine how nice it felt to finally say with some conviction and passion that I had decided to dedicate my life to the practice of general internal medicine.

I had decided to dedicate my life to the practice of general internal medicine..."Ohh, so you'll be in the operating room, cutting on people and stuff like that; uh huh, I see sorta like a surgeon, but internally."

However, my new proclamation would commonly be met with empty stares and blank expressions. Occasionally someone would nod and smile, politely changing the subject with the next question. Never the pats on the back or hardy hand shakes. Most people simply questioned me on what it is exactly that I would do. A typical reply would include some statement about messing around with someone's insides and why anyone in their right mind would ever want to do something as gross as that. Otherwise people would use the default "Ohh, so you'll be in the operating room, cutting on people and stuff like that; uh huh, I see, sorta like a surgeon, but internally." I was sorely disappointed and realized that my statement of my career was maybe too complex. So I began to simply say internal medicine. Same response. Rarely, I would find myself using hospital jargon to explain my career choice, simply saying that I would practice medicine. This only brought on even more curious looks. "Of course you're going to practice medicine, smartypants," one questioner responded. "But what type? You think just because you go to Duke, you can talk down to me. . ."

After that conversation escalated into a nasty laceration to the head for me, I decided that being a surgeon may not be so bad after all. I have come to realize that people know what most other types of physicians do. Obstetricians deliver babies, neurologists work on the brain, radiologists do all the x-rays, and ER doctors shock people. There are even catchy little phrases for some specialties. For instance urologists are not infrequently called pecker checkers, or psychiatrists are usually referred to as shrinks. Unfortunately, I have chosen a less glamorous area of practice. But one that I can be sure of, even if no one else is.

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on the ward

with ard

Eventually I will be able to stop parading around Duke North Hospital acting as if I am a doctor. Soon enough I'll be able to say that I am really a physician. If I can actually figure out this whole match thing, I may be able to land a residency somewhere as well. But before most of us ever reach the application process, we must decide on what specialty we want to choose for a career. Typically, one's career path is either pre-ordained or clouded with all kinds of trees and tall grass. As a first year medical student, I was pretty certain that surgery was the path for me. However, as I reminisce, I recall that I was also delusional during my first year of medical school as well. My choice of career quickly changed to internal medicine after experiencing my first rotation of the second year. It excited me to know that one day I could say things like "...and what's the data for that?" or "...let's put a needle in it!" or "...there are only two reasons to not include the rectal on the physical exam..." Surprisingly, this choice held up throughout the remainder of the second year. As I emerged from the second year cocoon, I was sure that the butterfly I was meant to be lived in a world of internal medicine. (Such wonderful imagery!)

Knowing my definite career path not only excited me, but it also made me feel much more confident when I found myself being questioned by others about what I would do with my M.D. degree. It seems as though every time I was introduced to a new crowd

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