

Shifting

August, 1997

The stupendous "we can't believe we let Deborah become an editor issue"

Dullness

The New MSII's
Enter the Wards



In this maculopapular issue:

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Plural Effusions

Jeff Drayer

And so once again it is time for one hundred new smiling faces, peeking out from behind one hundred shiny new laptops to begin to realize their lifelong dream of becoming doctors. And why shouldn't they be smiling? After all, they've all seen every single movie about med school 16 times, yearning for the day when they too could study 173 hours a week in the noble pursuit of the power to heal. And the movie characters always made it through okay. Most of them even got the girl they had a huge crush on, while still managing to be at the top of their class despite spending two hours a day riding their motorcycle and "breaking all the rules." Almost all had stony jaws.

But yet again, if we have learned anything from the Star Wars trilogy, it is that as realistic as they may seem, life does not always imitate the movies. Sometimes the movies use things called "special effects" to make biochemistry look interesting. Most of the actors wear "makeup" to make them look like they understand the renal system. Often, the writers of the movie tend to "lie" to make med students look cool. Which is why I have come once again as the voice of reason to make sure that everyone's expectations don't get too out of whack which, untreated, has sometimes been known to cause hemorrhage.

First of all, med school actually lasts for four, five, or if you're so insecure that you need a PhD as well, thirteen years, rather than an hour and a half. So when you become bored of the movie after 75 minutes, you can relax, knowing you only have 15 to go, whereas when you become

bored of med school after 75 minutes, you still have 2,108,085 to go. And that doesn't even include the time you spend during your internship restudying for the Boards, which you failed during third year.

On the other hand, the amount of time that you see movie stars spending in gross anatomy is a pretty good approximation of how long we spend on anatomy here, which ends up being between 18 and 42 minutes, depending on which movie you watch. Unfortunately, the actors and actresses still come out with a better understanding of whatever the hell's going on in the pelvis.

Another misconception that we get from movies is that studying, though grueling and tiring, still builds character, gains you respect and, in the end, makes you feel good about yourself. In life, however, this end up occurring about as often as a gualac-negative veteran. Studying sucks the life out of you, leaving you a drying, withered husk dreaming of the days when you were filled with the sweet yellow corn of life. Especially when all you can think about is how all of your friends from college are out making \$55,000 a year playing on the internet, and they don't even know what the macula densa does.

No one in the movies ever brings home their bone box.

In the movies, students are making life-saving decisions as routinely as most people sneeze, and their acute clinical acumen and solid, take-charge attitude result in the kind of gutsy heroics that can bring an audience to its

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Deborah Around Town...

With all this extra time on your hands you're wondering, "What fabulous things are there to do in and around Durham?" Thanks to Shifting Dullness, you can tune in to the pulse of Durham and the surrounding areas. So when you are ready for a little "get away from it all," here are some interesting possibilities...

SPORTS

10/24, **Chicago Bulls vs. Philadelphia 76ers** at the Dean Smith Center, ticket info: 919-834-4000 prices \$20-\$100

DANCE/COMEDY THEATER

Comedy Sportz at City Market, Friday and Saturday nights through December, Big Ed's City Market Restaurant, Wolfe St., Raleigh. Ticket info: 919-829-0822

The Comedy Zone Weekly Standup, Wednesday nights, Pantana Bob's, Rosemary St., Chapel Hill, ticket info: 919-942-7578

Love! Valour! Compassion! (the Tony award winning play), September 12-September 27, Artspace, City Market, Raleigh, ticket info: 919-832-9607

Drum and Dance, September 20, October 18, Duke School for Children, facilitated drum circle, open jam, and dancing, ticket info: \$5, 919-493-5122

Cat on a Hot Tin Roof, September 25-28, October 1-4, Thompson Theater, NCSU, Raleigh, ticket info: 919-515-1100

NC Civic Symphony with the Petersburg Ballet, October 1, Raleigh Memorial Auditorium

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Shifting Dullness

EDITORS

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Shifting Dullness is not a Duke University School of Medicine production. Subscriptions are available for parents. The cost is \$18.00 for one year.

Send checks to:

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Durham, NC 27710

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.

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TALKS/READINGS

Weekly movie discussion night at the Intimate Bookshop, Monday nights through December 23, Franklin St., Chapel Hill, ticket info: *FREE*

Open Mic Night, Cloud and Fire Express Café, Thursday nights, Hillsborough St., Raleigh, acoustic and electric music, poetry, and storytelling, ticket info: *FREE*

ARTS/CRAFTS/EXHIBITS

"Circles of Divinity: Cross Cultural Connections." Through October 12, Ackland Art Museum, Columbia St., Chapel Hill. 5000 years of art employing circles and spiral motifs. Call for hours. Ticket info: *FREE*

"Geometric Abstraction." Ackland Art Museum, Columbia St., Chapel Hill

"It's Only Rock and Roll." NC Museum of Art, Blue Ridge Road, Raleigh. Examines influence of R&R on art since the 1950's. Yes, Maple-

thorpe and Warhol, but that's not all! Call for hours.

"Outdoor sculpture in the Butterfly House." Until October 1, NC Museum of Life and Science, Durham. Fully landscaped 3,600 square ft. butterfly haven, stained glass stepping stones, metal sculpture. Great for kids and adults.

"The Art of Thomas Day." Until March 1, NC Museum of History, Raleigh. Thomas Day was a freed African-American cabinet maker. Call for hours and information.

"Traditional Nepali Handicrafts-Items from the Makalu-Barum Conservation in Eastern Nepal." Until December 31, Duke University Eye Center, DUMC. Ticket info: *FREE*

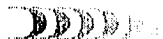
"What We Brought With Us: Momentos of the Flight from Europe, 1933-1950." NC Museum of History, Raleigh. European Jewish Artifacts. For information call 919-682-5095

Check out these and many more exciting events at <http://www.citysearch11.com> ■

Deborah Citrin, MSII

Oktoberfest!

The Duke University Special Events Committee is now taking applications from craftspeople for the upcoming Oktoberfest to be held on Duke's main campus Friday, October 17, 1997 from 10:00 am to 5:00 pm. Participants in the fair are selected by jury - applications are due in the Union office by 5:00 pm, Tuesday, September 2, 1997. If you would like to apply for participation please call 684-4741 and request an application or write Oktoberfest, Box 90834, Duke University Union, Durham, NC, 27708.



Plural Effusions, continued from page 2

fect. The only life-saving decision you could possibly make in med school, though, is whether or not to kill the cockroach you find crawling across your chest as you lie awake in the 8th floor call room explaining to the nurse who just paged you at 3:38 AM that the order "Tylenol for pain" that you had written earlier means that yes, for this patient's pain, she may give Tylenol, and that, yes, a headache counts as pain. And of course, even if you did make a life-saving decision as a med student, it would first have to be cosigned by your resident and then discussed for 35 minutes with your attending before the HUC could ignore the order for three hours while she does her nails and eats seven hamburgers, thereby maintaining her baseline weight.

In the movies, med students never get screwed by the OB/gyn course director.

The lecturers in the movies are dull, lifeless MDs droning on and on about some medical topic. In med school, however, the lecturers are PhDs who drone on and on about topics only peripherally related to medicine and which they have researched for 17 years such as why rabbits deprived of their BK68H:R16q gene, when exposed to 20,000 times the normal yearly dose of ultraviolet light take 7 hours less to heal from laparoscopic rather than open cholecystectomy.

Now, don't get me wrong. There are plenty of things a beginning first-year has to look forward to in medical school. Savoring the knowledge that for 20 unforgettable minutes of your life you were able to recite all the steps in the malate shunt. Weathering good-naturedly the whiny screams of inept and "overworked" pediatrics residents. Reveling in your pride at having added to The Literature during your third year by presenting your poster "The Antigenic Properties of Fungus F4GX:3.7 in a Hairless Groundhog Model for the Purposes of Creating Sporulating Colonies Refracted in Red or Green Light" at the Connecticut Society for Research in August, 1997

Unicellular Immunity's annual convention. Eventually reaping the final hard-earned reward of making \$62,000 a year before taxes.

So why not smile? Your whole life was a prelude to this, and soon you won't even remember what it was like to have free time or feel the sun striking your skin. You'll come to accept everything that goes on in med school as normal, and even begin to develop a tolerance to it, such as one would to nicotine. And when you start becoming short of breath and coughing up sputum, remember that before they do a lung field CT to rule out a mass, there's always a job waiting in health consulting, where you can spend all day playing on the internet. ■

Guess what--

Drayer's back in The Chronicle!!

That's right-- for those of you who can't get enough Drayer on a monthly basis, you can once again find him every other Friday in Duke's favorite daily undergraduate newspaper!

And if you're too busy to remember it's Friday, simply check out the 'net at <http://www.chronicle.duke.edu/>

Don't forget-- the first issue of the year is Friday, August 29th!

This was a not-for-profit advertisement and in no way reflects the ideas, feelings or opinions of any of the editors of Shifting Dullness. It serves only as a public reminder of a cause that this publication feels to be worthwhile.

Some Cost-Effective Wisdom (my greatest plan yet)

by Jeff Drayer

With the ever-increasing cost of health care, it has become imperative that measures be taken to "trim the fat" as much as possible. Changes such as decreased length of hospital stays, consolidation of services and staff, and shorter time per clinic visit have gone a long way toward keeping hospitals financially viable in today's competitive health market. One of the most successful of the new solutions to today's problems has been the advent of the nurse practitioner, wherein a nurse, well-trained for the various vital patient care and support tasks familiar to all of us, mysteriously becomes certified to perform the same job as a person who had to complete four years of medical school and a lengthy, rigorous residency. But since these nurses work for only 13/14ths of what a doctor makes, more and more hospitals are finding these employees too cost-efficient to be concerned with the fact that they never really learned trivial things like physiology.

As not only a future health care provider, but also a present consumer, I am as interested as anyone in making tomorrow's medicine, if not safer, then at least cheaper. Which is why, this Spring, I will be embarking upon my latest, and perhaps most promising venture. For soon, I will be unveiling the Jeff Drayer Program for Neurosurgery Nurse Practitioners.

As we all know, brain surgery can be an expensive ordeal. And that's because, not only is Medicaid paying for the OR room, the supplies and the ancillary personnel, but also for a surgeon who trained for upwards of ten years after medical school! But if, rather than paying for a surgeon with all this training, we had only to pay for someone with two years of undergraduate schooling and an additional year in my program, the amount of money saved

would stretch into the hundreds of dollars.

After all, what do the neurosurgery residents really learn during their 110 hour weeks in their decade-long residency? Just the same few basic procedures which make up 95% of the profession, over and over again. How many times does someone need to do each before being able to do them unsupervised? Don't forget, my program isn't just for anyone—each student will have completed at least two years, often during their late teens, in an accredited nursing program, learning how to start IVs, hang antibiotics and measure a respiration rate as 20.

Certainly, the use of nurse practitioners has flourished in areas such as anesthesiology, family practice and obstetrics, leaving doctors nearly obsolete in these fields, except for the purposes of being the sole person legally liable for everything a nurse practitioner ever does. And unless something crazy, like a complication, or a patient having a subtle finding requiring actual medical training to diagnose, the nurses' performance is more or less equal to that of their doctor counterparts, as long as everything goes just exactly the way as it's described in the basic textbooks.

So, what will I be teaching in my program? Well, since knowledge of any part of the body other than the nervous system will be superfluous, the other six systems can therefore be ignored. So, after a thorough study of "Neuroanatomy Made Ridiculously Simple," a three-hour session on knot-tying, and a video on skull-cracking, the rest of the training will occur "in the field," where students will get to "learn by doing." This will involve first assisting, and then actually performing basic

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neurosurgical procedures, under the supervision of either a neurosurgeon or another neurosurgery nurse-practitioner. After one successful completion of each of the main types of surgeries (or two partially successful completions) on each student's checklist, they will be ready to go out to work for major hospitals such as Duke, where they can cheaply replace several of the current surgeons, some of whom are still, in this day and age, making more than \$150,000! The benefits for all the businessmen and insurance actuaries running the hospital are clear.

So indeed, I believe that once my program begins next year, we will once again be riding the train of progress into the next century. Soon, of course, the days when people sometimes didn't die of an aneurysm will be just a hazy memory. Our children and grandchildren will think of death by brainstem herniation as one of those inevitable facts of life, just like upper respiratory infections, stomach aches and occasional fatally massive hemorrhaging at the midwifery. And once that happens, everyone will win out. The nurses, who otherwise would be unfairly forced into spending their days changing bedpans, would not only be making hundreds of thousands of dollars from the time they were 22, but would also get the chance to do things that until recently only came with a lot of bothersome education and pesky training, while still being able to leave the hospital at exactly five o'clock, no matter what kind of situation they happened to be in the middle of. The hospitals, of course, would not only save an enormous amount of money on salaries, but would also save in a lot of other areas, such as post-op and follow-up care. The patients, of course, could still go into their surgery with the peace of mind that there will be at least one MD trained in neurosurgery somewhere in the hospital, or else close by on beeper call. And finally the doctors, no longer particularly necessary, will no longer have to do all those tedious 16-hour surgeries that they trained their whole lives to learn how to do. ■



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So... you've always wanted to help out with Shifting Dullness and be an integral part of that tightly knit newspaper group. Well now's your chance! We are actively recruiting a treasurer/business manager as well as writers. No experience required or desired. We accept articles from any area: editorials, literature, or anything else you can put together. Recently, there has been a movement from within the paper to bring more news and serious topics to the attention of our readers. If you think you've got what it takes, or are just plain interested, give us a call. The pay is excellent and the perks are overwhelming. Didn't you know all of the department chairs have a subscription? (YES, they read it too.)

Jeff Drayer 403-9413

Deborah Citrin 383-9750

Nate Mick 403-9514

DRAAYER MEETS SEUSS

Well, I've been doing a little more research recently, and, to my surprise, came upon what might actually be Dr. Seuss' earliest medical work, dating back to the July 1963 issue of the Annals of Surgery. Of course, many might recognize this one in its later form-- Hop on Pop. But I believe it would be valuable for medical historian and child like to become familiar with the original form, presented here which, while entertaining, perhaps even contains a bit of a message. I hope you enjoy it as much as I did.

Chop on Pop

We are surgeons
We like to chop
We just consulted
On your Pop

He's feeling dizzy
He's got some gout
We feel we must
Take something out

'Cuase he's got an earache
And a pressure drop
Only through surgery
Will these symptoms stop

Medical management should be
Our first line, you say?
Do you want your father
To die today?

No, we must start cutting
Start at the top!
We'll remove some organs!
We'll remove some glop!

Gallbladder, vagus
Liver biopsy too
We can try a Whipple
(Those are hard to dol)

Sure it'll be messy
As we tear and lop
He could bleed so much
We could need a mop!

But this is good for him
It's a blade that heals
Then we can drop some tubes
So he can get his meals

And if he still feels bad
Gets a systolic plop
If vesicles arise
On an erythematous crop—

Then bring him back in!
We rise before the sun
We don't have outside lives
We do this for fun

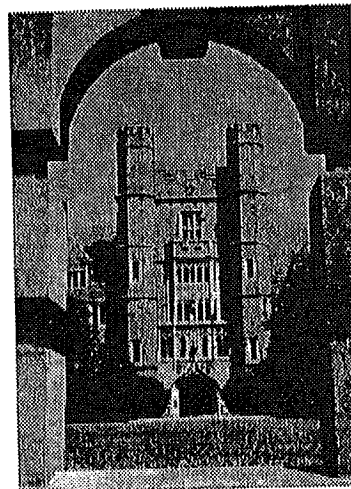
Yes, we are surgeons
We like to chop
We cannot wait to get
Our hands on your Pop. ■

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making medical decisions makes me nauseous in a way that only the Whiff Test has in the past. During a lecture on medical economics by one of the Duke attending cardiologists, a classmate leaned over to me and mused, "Somewhere in some boardroom, there is a business major trying to explain to his legions of brainwashed HMO executives why it would be economically sound to abandon those expensive surgical procedures and just pray devotedly to Kong, the Mayan God of Faith Healing." I couldn't have said it better myself.

#2 I wish that, when I reveal to others that my life's ambition is to become a pediatric emergency medicine doctor, people would refrain from asking if I just want to be like George Clooney on ER.

I mean so he has a great job with interesting cases and more romantic encounters than Drayer (sorry, bad analogy), but I am motivated by far more idealistic reasons such as the plight of the urban poor and universal access to health care. Don't get me wrong if a beautiful, intelligent woman wants to date me for the sole reason that she can tell her friends that her significant other is like Doug Ross (she'll have to lie about the looks of course), then so be it. Who am I to make a moral judgement and say that is wrong. Believe me, my marriage obsessed mother has been milking this to the fullest. It didn't bother me so much until she put the full page ad in the hometown newspaper. I mean, for my birthday this year she thought she would be subtle and send me "The Little Book of Children's Names." To my as of yet unborn children, be very afraid!!

#3 May Notre Dame go undefeated this year and then beat Florida to an unrecognizable pulp.

This wish goes out to Cameron Dezfulian, who I worked with for three weeks on Psychiatry. By the end of our three weeks together, after listening to him blather on about

the Gators and their pathetic excuse for a Division I team, I was extremely close to slipping him a dose of the old "vitamin Haldol." It was getting so bad that he was actually driving me to drink, which would have been a bad thing since we were out at the Butner Alcohol and Drug Abuse Treatment Center.

#4 May I stop hearing the voices.

Ever since I started taking call out at John Umstead Mental Hospital, I have been experiencing auditory hallucinations of a commanding nature that have been telling me to run naked through the first year lecture hall. I might actually be psyched up (pun very definitely intended) to be committed and get q4 hour Ativan if I hadn't been on Psych and experienced exactly what occurs on an inpatient psych ward. It makes Silence of the Lambs look like the Hilton. The one real benefit is that I might be reunited with my long lost roommate Geoffrey Harris who was committed last month for his subversive writings and for doing the "Monkey Dance" in front of the women from Financial Aid.

That's it, four simple wishes. I think that I should be granted all of them; it's not as if I asked for anything too outrageous (like to not be alone on Valentines Day again). ■

*****If you wish to make a charitable contribution to the "Buy Nate Mick a Life" Foundation please contact the president and only member Nate Mick at 403-9514. Remember I'm not just the president, I am also a member.*****

August, 1997

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Shifting Dullness

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Durham, N.C. 27705

IRISH AND PROUD BY NATE MICK

Now that Drayer is back in town, I can concentrate solely on writing, which is, as we all know, my real God-given talent. I turned 24 recently and in the wisdom that only advanced age and Guinness can give a man, I sat down and composed a "Birthday Wish List." In no particular order:

#1. May managed care companies go the way of the hula hoop, Rick Springfield, and "big hair."

I am currently going through my Cost Effective Medicine Rotation that, though it is much maligned, is actually really good. During our stimulating lecture series entitled "Physicians Screwing Over Managed Care:

Exercises in Role Reversal," it became painfully obvious to me that whoever thought up the idea of HMO's should be forced to listen to the patient presentations of the first years for eight hours a day. Don't get me wrong, in theory it is a great idea, but then again I bet the writer's of Ishtar and creator's of Spam were certain they were on to something big as well. I know I am supposed to be "forward thinking" and "open-minded" but a guy can only hear so many horror stories before he starts to believe in monsters. I firmly believe that the only person that should be telling patients what treatments they can have should be the doctor's caring for them. MBA's

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