Continuing the Tradition

Moments in Medicine
Quillen College of Medicine
Spring/Summer 2014
I
s turning 40 ever easy? Hard to say. On the one hand, you know yourself better. You’ve been around long enough to know where the weak spots are. You’re also more assured of the strengths you carry and the dreams that are yet to be fulfilled. While some things run more smoothly, others are beginning to show some wear and tear. On the other hand, you realize you’re in the middle. You’re wiser than you were at 20, at least you hope so, but it’s easy to project yourself into the future 20 years when you’ll think, “Wow, I was such a kid; I knew so little at 40.”

But what about institutions?
It seems they have similar struggles and desires, just more collective and with more moving parts (maybe). Yet it is that community which gives an institution its strength and adaptability, its relevance and its mission. One thing Quillen College of Medicine has in spades is its community. We are the Quillen Family, after all, and as Casey Lawson mentions (pg 25), it comes with all the joys and frustrations of family, but what would we do without it?

I don’t know what 40 has in store for Quillen, but together we can shape it to be the best 40th year any college of medicine has ever had and to set a good foundation for the next 40 years.

Kara Kilpatrick, M2
Co-editor, Moments in Medicine
Becoming the Best Mom or the Best Doctor?
Gender Inequality and Medical Students’ Specialty Choice
Casey Lawson, M1

I
n anticipation of an expected national shortage of primary care physicians, 24 medical students from the East Tennessee State University Quillen College of Medicine were selected through a snowball sample and participated in in-depth interviews. A major aim of the study was to explore the social and economic factors influencing students’ specialty choice and career interests. As students learn how to be doctors, they also learn through overt and covert messages about the inequality within medicine: the hierarchy and ranking of people and different specialties. The medical students reinforce the negative stereotypes in how they described what they view to be typical primary care practitioners. In other words, the high status of “physicians” and the lower status of “primary care” create a conflict in understanding what the students can expect from their future careers. In fields like family medicine, compassion and care about the patient’s socioeconomic status and environment is important, but overall, the job is lower status because less “real science” is taking place. Students generally seem to accept and reinforce stereotypes about the medical subfields that put primary care below the other specialties (except psychiatry). The stereotyping of certain fields also contributes to women being steered towards lower status jobs that involve more interaction with people and with less control over their time. In specialties where women are still underrepresented, traditional training techniques like “pimping” may shape women’s decisions about career specialization and reinforce the gender bias in medicine. When women encounter bias they may be more likely to choose specialties where they see women already established and successful. This assures them that they will have the mentoring that is necessary in a long-term career. Conversely, it seems as though men are being groomed for certain high status specialty fields. This can occur when medical professionals mentor men in the form of “pimping,” which steers men away from lower status positions, and creates a “gender order” that is reinforced through stereotypes and ranking. Pimping them, as the language suggests, can be a barrier to women because of judgments about their competence and ability compared to men. With the female students I interviewed, it became clear that they are receiving paradoxical messages. On the one hand, as future physicians, they should be dedicated to their patient population and keep up with the scientific advancements in medicine. On the other hand, they should, like women in other professions, be the “best moms” they can be. These unrealistic notions caused some of the female students that I interviewed to say that they were not concerned about receiving recognition for being the “best doctor” because they also expect to take care of their families. These views can be harmful to women as a group who are trying to succeed in professional careers. The unintended harms of patriarchy, the ranking of certain specialties, and the devaluation of women’s work all serve to influence the specialty choice of medical students. The logical outcomes of unintentional inequalities from sexism, the stereotypes of different fields, and the ranking of specialties produce an increasing pay gap between male and female physicians, which has been noted in previous studies. These conditions result in an abundance of women in some specialties and an underrepresentation of women in others (i.e., surgery and emergency medicine). In other words, if students continue with their current notions and plans, we can expect to see gender segregation continue in medicine that will be linked to major differences in salaries with unequal compensation depending on the specialty.

Overall, there is a great need to combat the stereotypes of certain specialty fields, to redesign medical training, to educate faculty about the harms of their gender biases, and to direct women to pursue the careers they want to have, not what they think “fit” them because it is gender appropriate. For women, stereotypes about gender appropriate careers work against their best interest because it impedes their full participation in science, their income earning potential, and enjoyment in their careers. If enough women get their foot in the door in what are currently seen as male subspecialties, more women will be inspired to follow their lead, such that those specialties will become gender-integrated.
Ben Cearlock Receives First Place Award at the Appalachian Student Research Forum

Ben Cearlock, M2

MOM: We congratulate Ben on his award! His research was done out of Dr. Thewke’s lab, and KD Hinshaw, M1, was second author on the poster. The abstract for the research follows.

EFFECT OF OXIDIZED LOW-DENSITY LIPOPROTEIN ON MODULATION OF OSTEOGENIC DIFFERENTIATION OF VASCULAR CELLS BY THE TYPE-2 CANNABINOID RECEPTOR (CB2)

Ben Cearlock, Kaitlyn Hinshaw, Zachary Lahr and Douglas Thewke, Department of Biomedical Sciences, Quillen College of Medicine, East Tennessee State University, Johnson City, TN

Introduction: Atherosclerosis is an inflammatory disease characterized by formation of lipid-rich plaque within arterial walls and, in more advanced stages, calcification. Calcification is associated with increased vulnerability to rupture leading to the clinical consequences of atherosclerosis, myocardial infarction, and stroke. Lesion calcification is a cell-mediated process similar to bone remodeling, during which the formation of osteoblast-like cells outpaces that of osteoclast-like cells. Previously, we found that the type-2 cannabinoid receptor (CB2) modulates the cellular composition of atherosclerotic lesions in mice, and in vitro, modifies the response of macrophages to oxidized lipids (such as oxLDL). In vitro, CB2 promotes osteoblastogenesis and inhibits osteoclastogenesis. Since oxLDL accumulates within the vessel wall during atherosclerosis and calcification occurs in close proximity with lipids, we hypothesize that osteogenic processes within lesions are, in part, modulated by CB2 signaling and oxLDL. To test this hypothesis we determined the effects of oxLDL on CB2 modulation of osteogenesis using cell lines representative of cell types within atherosclerotic lesions.

Gold Humanism Honor Society Celebrates Solidarity Day

What is Solidarity Day?

The first ever GHHS National Solidarity Day for Compassionate Patient Care was held on February 14, 2011 just weeks after the tragic shootings in Tucson. It was ignited by the humanistic actions of Randall Friese, M.D., the University of Arizona trauma surgeon who was the first to treat Congresswoman Gabrielle Giffords. Dr. Friese struck a chord when he said that the most important thing he did for her in the ER was to take her hand and tell her that she was in the hospital and would be cared for. GHHS rallied more than 40 medical schools and centers in the US and Canada to demonstrate—through a variety of activities—their support for Dr. Friese and their commitment to compassionate, patient-centered care. Now an annual event, each year schools, medical facilities, and other organizations show their support through many diverse events and activities.

Quillen Medical Students distributed flowers, balloons, and valentines to patients at the VA and JCMC.

Students Provide Health Screenings at the Corazon Latino Festival

First years gathered together in Jonesborough for the Corazon Latino Festival, where they met an estimated 6,000 members of the community to deliver health information, education, and screenings for blood pressure, diabetes, women’s health, mental wellness, nutrition, exercise, and first aid. Peri Loftis, the organizer of this amazing event said about the festival, “The Corazon Latino festival was a great success! QCOM students partnered with ETSU Family Medicine and JCCHC to provide over 100 free health screenings and provided fun and interactive health education to the Jonesborough festival attendees.”

Quillen Students Present at the National Rural Health Association Annual

Matt Workman, M2 and Michael Bradfield, M3 (right) presented their poster entitled:

REFERENCE ON A DYAD OF INTERDISCIPLINARY HEALTH PROFESSIONAL COURSES, TEACHING HOW TO ASSESS A RURAL COMMUNITY AND IMPLEMENT COMMUNITY PROJECTS

The poster discussed how interprofessional, community-based health assessments and projects enhance awareness of the knowledge and skills of each professional curriculum. By partnering with communities to perform assessments and projects, teams of interprofessional students gain experience in conducting academic exercises that actually have relevance to real communities.
Dare to Share about Child Abuse

Vanessa Freeman, M2

As a member of IPEP I participated in the Child Abuse Prevention: Values and Ethics activity held at the Children’s Advocacy Center of the First Judicial District on March 5. During the activity, myself and 2 other students, James Holbrook and Melissa Haralson, were assigned the task of developing a community display on the impact of child abuse that would be featured at the Prince and Princess Celebration on April 12. After only about 30 minutes, the “Dare to Share” campaign was born.

The idea centered around a vision of a large banner where parents would dare to share about child abuse with their children, receive a copy of the book Some Secrets Should Never Be Kept by Jayneen Sanders and then they along with their children would get their hands painted and place their handprints on the banner. At the time, it was uncertain whether handing out copies of the book was going to be possible but thanks to the hard work of Austin Whittaker, who wrote and received a grant from the Gold Humanism Honor Society to support the purchase of 80 books, it became a reality.

Creation of the banner itself was another task that was only possible thanks to the efforts of several members of the Pediatrics department including Dr. Arti Thiagarajan and Dr. Lindsey Presley. The idea was a huge success and was just one of many activities and stations at the Prince and Princess celebration. The banner is going to be displayed in the Niswonger Children’s Hospital and it was an honor to be a part of the process. I can only hope that through this activity, awareness about child abuse will be increased and there will be an improvement in reportable child abuse cases in our area.

The Prince and Princess Celebration was a great event. The FMIG played “How to Feed a Dragon.” The kids raced to place different foods into the correct location on the “My Plate” board. This game taught them about different food groups and what kinds of food and portion sizes they should be eating.

- Jennifer Bowman, M1 (right)
T o doubt most everyone has felt it at some point, but even now, walking through the halls of ETSU, you somehow still elicit the faintest little-kid reaction in me as a student, the one where my gut does all sorts of Olympi- an-esque flips, swirling to myself that I’ve not misbehaved. Or maybe that’s just me; but at any rate, it comes from a place of respect, and this particular visit to the corner office was warm and welcoming as I sat down with Dr. Means on his 61st day in the senior leadership position for the College of Medi-
cine. Stepping into the glass-walled room, it definitely showed signs that he was settling in nicely, albeit still scattered with copy paper balled full of large medical volumes that make me entirely grateful for the invention of e-books. After a firm handshake and a cheery smile, we casually sat at the small glass-top table nestled in the corner to glance over the window—just the spot to sneak a peek into the minutiae of managing a medical school through the eyes of our new dean.

Prior to accepting the position at ETSU, Dr. Means was the Executive Dean at the University of Kentucky, as well as a professor of internal medicine and a member of the hematology and blood and marrow transplant division. He is a fellow of the American College of Physicians, and received his medical education from Vanderbilt University. Afterward, he completed his internal medicine residency at the University of Michigan. For Collectors of academic memories, he returned to Vanderbilt for a fellowship in hematology. With a CV that includes nu-
merous teaching and administrative roles all across the southern farm and rural lands, he took a particular liking to a position as a professor of medicine at Vanderbilt, where he focused his practice on transplantation and immunology. His research is focused on the study of the role of chronic diseases and the development of new therapeutic strategies for medical conditions. Over the past decade, he has published extensively on the role of chronic diseases in transplantation, and his work has been widely cited in the field.

When asked about his career priorities, Dr. Means stated that he was ready for a career transition, and he was open to new challenges. He is particularly interested in improving medical education and patient care, and he is committed to advancing research in transplantation and immunology.

Though his research interests are diverse, Dr. Means is particularly focused on the role of chronic diseases in transplantation. His work has been recognized with numerous awards and honors, and he is a member of several professional societies. In addition to his academic and research roles, Dr. Means has served in leadership positions in the field, including as a member of the Organ Procurement and Transplantation Network.

Dean Means entices students on Mardi Gras King Cake. First 100 Days with Dr. Robert T Means, Jr.—New Quillen COM Dean Means New Direction

Daniel Gouger, M.I
Dean Means Interview (Continued from page 10)

To internship, then that's a strong point in favor of the 3-year programs and their format. The fourth year is used to enrich medical experience, which I think is the ideal way to use it and what's it was. I think I want to see sustaining the current design, explained the dean in a very forthright and honest answer. "When I was in medical school in the 1970s, there were some 3-year programs and their format was essentially the same as a 4-year program, only you just ran faster and without sum- mers, as it were," he chuckled. "The chal- lenge is that the LCME requires 130 weeks of instruction, which is difficult to cram into three years because it leaves no time for en- richment experience. There are some institu- tions that have developed innovative ways, but many institutions draw a heavy line toward primary care, but there will need to be more evidence toward educational out- comes gathered," he said, demonstrating that satisfaction is not what I see at this point. And so to focus the LCME requirements, he said, "In 1994, Dr. Hisao led a taskforce responsi- ble for engineering a remarkable overhaul of a failing healthcare system in Taiwan. Based on peer-reviewed evidence from healthcare models around the world, Dr. Hisao chose to adopt a system that would create a publicly funded centralized insurance program that every citizen pays into. Similar to Canada's model which most single-payer advocates including 59% of 1,135 physicians support, healthcare providers would remain primarily privately run - they will simply be paid by one entity. Fellow Canadian Douglas, voted the greatest Canadian ever, paved the way for Canada to adopt a single-payer "Medicare for All" system in the 1960s due to the remark- able success of the program in his province, Saskatchewan. Similar efforts by Senator Bernie Sanders are underway in Vermont where the state is implementing a single-payer "Improved Medicare for All" system. Sin- gle-payer will get for-profit insurance compa- nies out of our healthcare and reduce costs, improve quality, and expand access for all Americans. We're rooting for you, Vermont.

T

The USA spends more of its GDP on health care (17.9%) versus the next highest, Netherlands (12.4%), yet, with currently over 40 million un- insured, it is one of three major industrialized nations (Mexico and Turkey) that does not guarantee health insurance as a right to its cit- izens. For all of this spending, the USA is only ranked 37th in overall health by the World Health Organization. In addition, a 2009 Harvard study concluded up to 45,000 die each year from a lack of insurance and a sepa- rate cause of death was recorded, estimated to be $200 billion as medical bankruptcies were related to medical debts. Very few deny that significant reform is needed. After campaigning with the promise of health reform, President Obama couldn't either double down on the free market sys- tem that has tragically failed us or he could've lobbied for a single-payer "Improved Medi- care for All" system similar to Canada's. As if the for-profit health insurance companies had had him in a headlock, Mr Obama chose to keep to the largest Dharma wheel, in terms of finances and introduce the market-based Patient Protection and Affordable Care Act (PPACA). The PPACA does include many welcome provisions that protect insured cit- izens against health insurance companies’ notorious chicanery. But this law comes with the cost of a mandate that Americans do business with corporations whose primary purpose is to turn a profit for their shareholder- s: not provide quality health insurance. The Congressional Budget Office specu- lated that the PPACA will only slightly con- trol astronomical costs and still leave over 39 million uninsured Americans in 2016. What if there was a healthcare model that could save as much as $592 billion annually ($49 billion on administrative costs and $116 billion on pharmaceutical costs) while covering all uninsured Americans? A single-payer "Medicare for All" system will do just that. “You can have universal cover- age and good quality healthcare while still managing to control costs... but you need single-payer to do it," said world-renowned Dr. John Goodman, referring to his views in 1994. Dr. Hisao led a taskforce responsi- ble for engineering a remarkable overhaul of a failing healthcare system in Taiwan. Based on peer-reviewed evidence from healthcare models around the world, Dr. Hisao chose to adopt a system that would create a publicly funded centralized insurance program that every citizen pays into. Similar to Canada’s model which most single-payer advocates including 59% of 1,135 physicians support, healthcare providers would remain primarily privately run - they will simply be paid by one entity. Fellow Canadian Douglas, voted the greatest Canadian ever, paved the way for Canada to adopt a single-payer “Medicare for All” system in the 1960s due to the remarkable success of the program in his province, Saskatchewan. Similar efforts by Senator Bernie Sanders are underway in Vermont where the state is implementing a single-payer “Improved Medicare for All” system. Single-payer will get for-profit insurance companies out of our healthcare and reduce costs, improve quality, and expand access for all Americans. We're rooting for you, Vermont.

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Get your insurance company out of my healthcare

"I would like to enhance our research profile by shifting our presence in translational medicine.

Congressman Quiller.” Yet with rising costs burdens on students, which from at least some perspectives are seemingly endless, the dean is tamping down the groundwork to eventually meet in the middle. “Nonetheless, the single most important philanthropic issue is for our students, and this is a key focus with alumni fundraising as we move forward. Because our school is relatively young we have challenges with this, but as we continue to age and grow, the era of students who are planning to graduate and start practicing medicine to financially back our build-
Tripp Hines, National Vice-President of Membership, American Medical Student Association

AMSA Conference in New Orleans, LA
AMSA Conference, Casey Lawson: “One of the best memories I have of the trip is of Daniel, Rose, and I eating the most delicious crawfish pie on the planet. When my brain chooses to remember either copious amounts of delicious food or copious amounts of great information, it often remembers the food.”

Back row, left to right: Michael Neblett (M2), Kadee Hicks (M1), Travis Potter (M1), Tamer Akoury (M3), Caleb Harrell (M3). Front row, left to right: Daniel Gouger (M1), Brooke Bowman (M1), Ashley Guinn (M1), Lauren Allen (M1)

TMA Advocacy Day on Capitol Hill, Nashville, TN
Kara Kilpatrick, M2 (far right) attended PITCH with the TMA to learn how Tennessee has become one of the best states for practicing medicine. Hint: Physicians talk to their local politicians about issues that are important for their patients and for their practices.

TMA Annual Conference with Keynote Speaker Kevin Pho of Kevin MD, Nashville, TN
Left to Right: Travis Potter (M1), Victor Smith (M1), Kevin Pho, Kara Kilpatrick (M2), Hayden Shafer (M1)

Quillen Showcase Lights Up Culp Auditorium

Thank you to all the students attended and participated in this year’s Quillen Showcase! As always, it was fabulous to see the talent of our Quillen Family. For all who did not get a chance to participate – now is the time to start preparing for next year!

Clockwise, beginning from top right: The Milams (M3) gave us another excellent musical performance. We were introduced to Svetlana Yatsky’s beautiful musicianship. M2s Ashton Fisher (left) and Adam Del Conte (right) do a little improv. Our MCs Rusty Shults and Adam Del Conte (M2s) enjoy the show. Erin Wade (M3) read her children’s book, Betty Anne and the Snuffle Grumpies.

Relay for Life Cookout
Students Raising Funds for the Cause
Right: M2’s Sean Ochsenbein, Ashton Fisher and Michael Neblett grill with Dr. Kwas
Continuing the Tradition of Student Involvement

Intramural Champions

Some White Guys and Anuj took the Ultimate Frisbee Championship title this spring. Left to right: M2s Nathan Page, Jacob Allred, Chris Hill, Ashton Fisher, Matt Standley, Eli Kennedy, Aaron Ashe, Jordan Kim, James Bailey, Jonathan Boyd, Will Sumner (M1), and Stephen Kinser (not pictured).

According to Melissa Eggert, first years won the first round of play-offs in softball after the slaughter rule was put into effect (11-1) when an in-the-park-homerun was hit by our very own Greg Cooper! Left to right: Brooke Bowman, Elizabeth Jackson, Dave Bounkin, Scott Strickler, David Cholangione, Jack Whitehead, Melissa Eggert, Liane Gozmao, Allie Forth, Greg Cooper.

First years took home the gold in Walleyball, and Melissa Eggert said, “This was my first time playing walleyball, and I have never run into a wall so many times.” Left to right: Richie Gibson, Elizabeth Jackson, Melissa Eggert, Jack Whitehead, Scott Strickler.

Intramural Champs! Quillen Wit My Homies placed 3rd overall in the ETSU Intramural League with points!

New Student Interest Groups on Campus

Quillen Chapter of Physicians for a National Health Program
Anand Saha, M2

The USA spends more of its GDP (17.9% versus the next highest, Netherlands' 12.5%) on healthcare than any other country, yet, with over 40 million uninsured citizens, it is the only major industrialized nation that does not guarantee health insurance as a right. A 2009 Harvard study concluded up 45,000 die each year from a lack of insurance and a separate study concluded over 2/3 of all personal bankruptcies were related to medical debts.

Physicians for a National Health Program (PNHP) is a single issue organization advocating a universal single-payer national insurance program that will, based on many peer-reviewed studies, lower healthcare costs by $592,000,000,000 annually and insure every single citizen unconditionally. With more than 19,000 members in several chapters across the United States, the mission of PNHP is to educate physicians, other health professionals, and the general public on the need for a comprehensive, high-quality, publicly-funded health care program that is accessible and affordable for all residents of the United States.

The Quillen branch of PNHP aims to mix activism and education by sponsoring debates, presentations from local physicians, movie screenings, lobby days, and more!

Medical Students for Choice (MSFC)
Aaron Campbell, M2

The Quillen chapter of Medical Students for Choice was started in the fall of 2013 as a student-led interest group working to destigmatize abortion provision among medical students through education, awareness, and open discussion regarding issues of reproductive health. MSFC is dedicated to ensuring that women receive the full range of reproductive health-care choices, and we work to make reproductive health care, including abortion, a part of standard medical education.

MSFC hosts lunch and dinner meetings throughout the year to present a wide range of topics including, but not limited to, abortion provision, “Values Clarification Workshops,” and “Meet the Doctor” events. Members also have the opportunity to attend MSFC’s annual Conference on Family Planning.

Membership to MSFC is open to all Quillen students, faculty, and staff, and we welcome members of all backgrounds and respectful opinions.

Quillen High School Outreach Program (QHOP)
Pooja Jagadish, M2

QHOP is dedicated to increasing the number of locally-grown physicians serving Southeastern Appalachia through high school visits and events. We offer the unique perspective of having been in their shoes and can speak to the importance of cultural competence in medicine. By visiting high schools throughout the region and hosting an annual Health Careers Leadership Summit for 40 students, we encourage students to consider careers in healthcare.

This organization has the support of ETSU President, Dr. Brian Noland, the Vice President for Health Affairs, Dr. Wilsie Bishop, and the Deans of each college represented by the Academic Health Sciences Center given its focus on the healthcare team. Given our perspective, we prefer that Planning Committee members (elected August) have graduated high school within a 50 mile radius of Johnson City, TN. However, we will not restrict membership based on this.

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Celebrations

Yaroslav (M1) and Svetlana Yatsky Celebrate American Citizenship

It took years of perseverance and determination, but the Yatsky’s are now American citizens. Originally from Russia (Svetlana) and Ukraine (Yaro), they met in Russia where their journey to the States began. After several refused visa attempts, Svetlana’s musical skill and church ministry brought them to Middle Tennessee. Yaro received a degree in nursing before deciding to pursue a medical doctorate. We are so glad to have them as part of the Quillen Family, and we celebrate their good news and all that occurred to bring them to East Tennessee.

Above: Yaroslav shows off his gifts: *The Federalist* from Dean Means and a basket of goodies from Doug Taylor including hot dog buns and a baseball.

Right: Yaro’s classmates join the celebration.

Back to Books

Below: First years Kadee Hicks and Allie Forth at Back to Books, a party thrown every year by the M1s for the M2 class.

Above: First years Joshua Wienczkowski and Kayla Raines. “It was so much fun to be able to return the favor to the M2 class for Cadaver Ball and throw them a great party to kick off their hardest semester of med school,” said Wienczkowski.

Couple’s Celebration

M1s gathered at The Local Wine Bar and Kitchen. It was a great night filled with good food, great friends, and celebrating both the closing to our first year of medical school, but also those who’ve become engaged as well as getting married this summer and fall.

2014 Caduceus Ceremony Results

Outstanding College of Medicine Staff Award for the M1/M2 Classes: Awarded to those individuals who go beyond their usual duties to assist students in the pursuit of their medical education.

Phil Steffey

M1 – Outstanding Course of the Year: Awarded to the basic science course which 1st year students regard as the best educational experience including curriculum, content, and professor interaction with students.

Medical Human Gross Anatomy

M1 – Professor of the Year: Awarded by the 1st year students to basic science faculty demonstrating exemplary professionalism, mentorship, and scholarship.

Dr. Tom Kwasigroch

M2 – Outstanding Course of the Year: Awarded to the basic science course which 2nd year students regard as the best educational experience including curriculum, content, and professor interaction with students.

Microbiology

M2 – Professor of the Year: Awarded by the 1st year students to basic science faculty demonstrating exemplary professionalism, mentorship, and scholarship.

Dr. Rob Schoborg
A New Terrace and Bicycles in the Library - What More Could a Med Student Want?

COM takes student health and well being seriously, which includes having pleasant places for study and access to gym equipment on campus. This year the student study center patio was completed and the trees were added this past week. Additionally this year, the CPA donated exercise bikes, the library donated a room (B-05) and now we can take a study break and get some much needed exercise anytime of day, anytime of year. Thank you, Dr. Kwas and Sue for all your hard work to encourage student health!

PREVIEW DAY, COME ONE, COME ALL

THURSDAY, JUNE 26
RPCT SITE VISITS

THURSDAY, JUNE 26
RPCT SITE VISITS

FRIDAY, JUNE 27
ORGANIZATIONAL FAIR
CLASS OF 2017
MEET AND GREET
Congratulations!

Left: Second year Logan Williams and Sarah Kristin Seanor are getting married June 7th.

First year Dave Younkin proposed to Jessica Appleby in December and she said yes!

Left: First year Stephen Kinser married Emily Louise Ruff on March 15th.

Above: First year Alex Hicks proposed to Brittany Sain on Easter Sunday, and she said yes!

Above: Drew Lykins proposed to first year Ashley Guinn in December and their wedding is June 14th.

Left: First year Sadie Marnon and Cory Yesensky are getting married July 12th.

Left: First year Amanda Fields and Matthew Armstrong are getting married July 19th.

First year Brooke Bowman and Jesse Slaughter are getting married July 12th.

First year Tatiana Patsimas and Larry Abare are getting married June 22nd.

First year Jessica Arthur and Terry English are getting married June 21st.

Left: First year Richie Gibson proposed on the Appalachian Trail to Sarah Maxwell in April!
"I wrote this piece about coming out to the mountains, and finding a new home that really has become a place of great sentimental value. My first hike up the Appalachian Trail was something I’ve only seen in magazines and calendars.”

Joshua Wienczkowski, M1

Shelter

I want to go where the water’s clear; where peace of mind flows like the river free. I want to taste that mountain air, just a hint of spruce tinged with salty sea. I want to spread my arms wide as the horizon, perhaps meet God on glacial mountains. I want to go where the soul feels pure, crimson merely a color painting the dusk sky. I want to right my wrongs in this world, at a place where lavender brushes waist-high.

I can feel the breaths become brisk and sharp, as I trek the lengthy hike. Boulders, brush, dew, and lush vines I feel beneath my feet and fingers alike. The sweat that pools upon my back drips and drops with every step in my pack. The thunderhead that rumbles, rooted trees, epitomizes the introspection I am after. If we had a way to replay those first few weeks of class, a time machine to warp us all into the best weeks, those first weeks, I would want us all to go there now. After almost a year has passed and we have gotten to know one another better, I know it would make us all strong again. I would want to remind everyone to be courageous, to be bold, to not let the stresses of medical school and grades get to them. But we sometimes see each other more than we see members of our own family. We’ve become our own kind of family and that comes with all the ups and downs that any family can have. But I ask each of us to remember why we are here, to love one another and to be supportive. I ask us to always care about how our actions will affect our future and each other’s future. Aren’t there always those folks in the family you just can’t see eye to eye with? That uncle or cousin that just drives you mad? I know everyone has “that person.” I ask that we take care of issues with one another as the future unfolds. I ask us to remember the importance of respect and being true to whom we are as individuals. I have a story about a time I failed in being bold, in being my best, and I still dare be as bold as my heart desired. So I did nothing. There was no one in that room for you, except two strangers to deliver the news.

As I think back on that day now, of course I wanted to hold his hand. He was losing his leg from an auto accident. He was alone, but he was my brother. Who wouldn’t want to hold his hand, right? He was losing his leg from an auto accident. He was alone, but he was my brother. Not biologically of course, but he was my brother. Who wouldn’t want to hold his hand, right? I wanted to be his comfort but I followed the course of someone else, and I lost myself in that moment and did nothing. I challenge each of you to never let a moment pass when, even in stress, even with the influence of power and role-playing or the need to fit in, that you lose who you are or what you stand for. That’s my wish for all of you. I hope I can be strong and do the same. Besides, second year is coming, and I need to write less and study more.

HOLD HIS HAND

Casey Lawson, M1

Those first few weeks of seeing new faces, hearing great stories, and trying to memorize names were worth writing about. I was so wrapped up in the excitement that I didn’t, which is pretty typical for me. I can never write about the good things because I just want to enjoy them. I can always write a story or a poem about the bad times because I find it so cathartic.

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As I think back on that day now, of course I wanted to hold his hand. He was losing his leg from an auto accident. He was alone, but he was my brother. Who wouldn’t want to hold his hand, right? I wanted to be his comfort but I followed the course of someone else, and I lost myself in that moment and did nothing. I challenge each of you to never let a moment pass when, even in stress, even with the influence of power and role-playing or the need to fit in, that you lose who you are or what you stand for. That’s my wish for all of you. I hope I can be strong and do the same. Besides, second year is coming, and I need to write less and study more.

Basically the man lying in the bed was the only one. I looked away and stared at the grey-white walls, and I noticed him again covered in grey-white sheets. One last time I looked at his mangled grey-white leg and I thought to myself, “Where is his family? Why is he here alone?” I wanted to reach out. My heart screamed to me, “HOLD HIS HAND!” But I didn’t. With everything in the room so cold I couldn’t dare be as bold as my heart desired. So I did nothing. There was no one in that room for you, except two strangers to deliver the news.

“We tried for hours in surgery but the damage was too extensive,” the doctor continued. And I must have warped off to a distant place because nothing was the same anymore. All of a sudden I heard machines beep and jargon speak, and I was lost in a whirlwind of romance except there was no good ending. And as I ponder the proper roles we play, I’m sure a theater could take note – so masterful in the way we pose. And although I didn’t see sorrow but on one face that day, it’s a face I won’t forget. And as I emulated what the doctor did, it’s a time I often regret. I did nothing. Being there as strangers, as I was watching him deliver the news.

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