Moments in Medicine

Quillen College of Medicine
“A semester in review”

Issue 2, Spring 2013

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Help us tell your Story

This is the second issue of our semi-annual Quillen College of Medicine newsletter. This newsletter, “Moments in Medicine,” is produced by the students for the students to showcase the passions of those individuals in our classes while reflecting on the previous semester. In the midst of exams and studying, it is so important to stay involved and give back to the community around us. Andrea and McKayla are proud to pass this task onto the upcoming M2 students and know they will continue to do a wonderful job displaying the lives of our Quillen family.

If you have a story you’d like to share or if you’d be interested in serving on the newspaper committee, contact M2 Kara Kilpatrick (kilpatrickk@goldmail.etsu.edu), M2 John BuAbbud (buabbud@goldmail.etsu.edu), or Josh Ragan (raganjk@goldmail.etsu.edu). We look forward to seeing your photos and stories in the future! Enjoy this issue and the 2013 summer!

Get involved!

Looking for students who like to write and recruit stories, take photographs, or those who have skills with Photoshop and Adobe. Previous reporting experience not required. We’d love to have you for future issues!
Quillen hosts annual Quillen Showcase

On January 27, 2013, the vagabonds and dreamers of Quillen gathered to share their talents with one and all at the second annual Quillen Showcase at the D. P. Culp Center. About thirty performers and artists from the Quillen family participated. They shared their talents including magnificent musical pieces, dexterous dance moves, a moving monologue, amazing art exhibits, and even some crazy cowbell by Kwas. The event was held as a cooperative effort between the Student Affairs Office and the Family Medicine Interest Group. Thank you to all who participated and attended the Quillen Showcase 2013!

Three Amigos- Ashton Fisher, Jacob Allred, and Adam Del Conte danced and sang together, bringing the audience to tears with laughter.

Luke Stanley, Nathan Page, and Landon Pratt rocked the crowd with their band, Rock It.

Jon Miller, Charles Kidd, Cale Hildebrand, and Callie Reeder sang and performed a rendition of the Civil Wars.

Milam- Katie & Philip Milam entertained the audience in a comical duet.
Joyous times were had by all at the Back (in Black) to Books party, held at the Kaycliff Center on Boone Lake in January. Over 100 M1's, M2's, and even a few M3's and their dates, all looking quite fetching in their black ensembles, boogied down surrounded by the museum's eclectic animal and archeological collection. Despite confident speculations by members of the M1 class and fortunately for the sake of the collection, classmate Stephen Kinser made no attempt to ride the stuffed tiger.
Quillen classes joined forces to create a Relay for Life team this year at the ETSU event this spring. Quillen took home two trophies: one for Top Fundraiser and one for Most Spirited. Overall, the group raised $4736.00. Quillen raised $395 at the ETSU Chili Cook Off, placing first among other ETSU participating teams, and raised $446 through a Hotdog lunch/Bake sale. Four Quillen students were among the top 20 fundraisers of the more than 700 people that participated: Caleb Harrell in 2nd place who raised $1,150, Maranda Stephenson in 4th place with $815, Michael Stockwell in 9th place with $485, and Brandi Robinson in 16th place with $250. Quillen’s theme was “Patch Adams” and Adam Del Conte, M1, dressed up like a clown and made balloon animals for participants on the night of the event.
On April 3rd, twenty second year students took a break from the books to get out, enjoy some fresh air, play bocce ball, and tour the brewery in Jonesborough, TN.

M2 Ladies gather for a wine, chocolate, and cheese evening!

Some of the ladies of the second year class took a break from studying to catch up on some quality time with one another and do normal activities!
Quillen Shines at AMSA National Convention

Members of the Quillen chapter of the American Medical Student Association recently visited Washington, D.C., for the AMSA National Convention. The chapter was reinstated in 2011 due to the drive of our current M2 students (class of 2015). AMSA is a student-governed national organization committed to representing the concerns of physicians-in-training.

This was the second national convention attended by the reinstated chapter, and also the second year in a row the chapter was awarded the Paul R. Wright Chapter Success award. Chapters are selected for the PRW award based on demonstration of support of AMSA’s mission and dedication to inspiring future physician leaders, whether through local events, activities, leadership development series, or calls for action. As a winning chapter, the students received five free registrations to attend AMSA’s National Convention in Washington, D.C., March 14-17, where they were presented with the award.

The PRW award, as well as support by the QCOM Department of Student Affairs, made travel possible for 12 Quillen Students, making us an All-Star Chapter, which requires attendance of more than five members per chapter. We were among the top ten represented chapters, with 12 students and 2 faculty members present. This is quite impressive since our class size is a third of those at many larger universities.

AMSA QCOM Chapter President Tripp Hines also was nominated as the Medical Director for Region Three at the Convention. Hines has been president of the QCOM chapter since its reinstatement at the university. During that time, Hines has overseen a remarkable increase in membership and hosted many successful events and fundraisers.

Quillen’s chapter also participated in Advocacy Day on Capitol Hill. Congressman Phil Roe took time to discuss multiple issues the students feel passionate about.

AMSA QCOM Chapter President Tripp Hines also was nominated as the Medical Director for Region Three at the Convention. Hines has been president of the QCOM chapter since its reinstatement at the university. During that time, Hines has overseen a remarkable increase in membership and hosted many successful events and fundraisers.

Patch Adams, one of the keynote speakers at the convention, posed for a picture with AMSA QCOM chapter members: Caleb Harrell, Callie Reeder, Maranda Williams, Tripp Hines and Mallory Fox. Patch refused to take a normal picture…he either wanted to moon the camera or pick his nose!
This was not our members’ first time at the Capitol. Last spring, our chapter coordinated with other Tennessee chapters to host an AMSA medical student lobby day very similar to the Advocacy Day being held during this year’s convention. This is a great way to not only work and meet with fellow students from across the state but also to start building relationships with state representatives so AMSA members’ voices can be heard on the issues they care about.

Michael Bradfield (M2) was invited to present his poster, “Serving migrant and seasonal farmworkers through an interdisciplinary, rural, primary care training program,” at the convention poster session.

ETSU Quillen AMSA members hosted the first ever “Simlympics” simulation competition at the convention. The competition featured medical students from around the world. The competition was created and organized by M2 student Caleb Harrell. M2 student Tamir Akoury, though unable to attend the convention, was key in assisting Caleb with the organization of the event. As the hosting school, Quillen was not allowed to assemble a team, but numerous AMSA QCOM student members pitched in to help make the Simlympics a success. The chapter has already been invited by AMSA to host the Simlympics again at the 2014 AMSA National Convention in New Orleans. Eight teams competed in a series of simulated clinical scenarios requiring medical knowledge, clinical skills, teamwork, and communication. After seven elimination rounds, the victorious team was awarded $1000! Each team had 10 minutes (15 minutes for the final round) to work through the simulated case scenarios. Judges provided feedback to the teams once the simulated case is completed, allowing a unique educational experience for both the teams and the audience.

Judges, Claudia Ranniger, Martin P. Eason, and Michael Czekajlo, announce the winner of the first annual Simlympics hosted by ETSU Quillen College of Medicine. Team Fargo, a team of first year medical students from the University of North Dakota, took home the $1000 prize sponsored by Bank of America.
By Tony Clark, M2

We were well overdue. It had been more than 10 years since Dad and we sons had gotten together for an adventure in Nepal.

In early 2012, we talked about going back to Nepal, but schedules and things got in the way. We had always talked about climbing Kilimanjaro and Dad took a hold of the idea. We had a break in schedules and a rallying date – Dad’s 70th birthday on March 4, 2013.

So we planned, paid, exercised daily, and got everything ready to take off around Feb. 27, and travel halfway around the world to climb a 19,341 foot peak on a strange continent. We’d studied the maps, taken our medications, arranged our travel, and the seven of us _ Dad, my brothers, Michael, Allen, Jon, and Jeff, and I, and our good friend Scott Barnes _ were excited for our next adventure.

After long flights around the world, we finally arrived in Tanzania! The hike was only to take six days, so we arrived a few days early to go on a Safari together at Lake Manyara National Park, where the monkeys, baboons, hippos, zebras, wildebeests, giraffes, flamingos, and elephants roam wild. The tour was a trail of roads where the safari guide took us to spot the wildlife. The Range Rover canopy popped up, so we all stood up awed at the wildlife around us. It was really amazing to see all the animals in their natural habitat.

The next day we walked around the small town of Arusha, then headed to the base of Mt. Kilimanjaro to meet our guide, Michael. He took us through our schedule and reminded us to keep it “pole-pole” (pronounced poh-lee, poh-lee), which means a slow and steady pace up the mountain in order for our bodies to acclimatize, or adjust to the altitude.

The trail the next morning started in the lush jungle, with monkeys jumping from tree-to-tree above us. The trail was very nice and winded up for three miles, following a river to the Mandara Huts at 9000 feet. All the resting places along the trail have wooden huts that have been built by the Kilimanjaro National Park for hikers to sleep in so they don’t have to pack a tent. After the long hike each day and thunderstorms at night, we were all grateful for good shelter.

The next morning, we continued the gradual trail through alpine woodlands for five more miles up to the Horombo Huts at 12,335 feet. We met many people on the trail who were coming down after making the summit the day before with smiles on their faces and worn out. They encouraged us and wished us good luck.

I remember thinking to myself, “this is easy right now, is it really that hard?” Little did I know what was to come. From the Horombo Huts, we could see the summit of Kilimanjaro through the clouds. The goal was in sight, only 7,000 feet to go!

The next day we stayed at Horombo in order to acclimatize ourselves to the thinner air at the higher altitude. In mountaineering there is a saying, “climb high and sleep low.” Climbers climb up to higher elevations, spend some time there so that their body acclimatizes a little, then hike back down and sleep at the lower elevation. This allows for an easier ascent the next day since the body has already experienced the elevation, and for better sleep the night before since it is a lower elevation than the one just experienced.
So, the following day, we took a short hike up to a 15,000 foot ridge, ate lunch, then came back down to the camp at 12,335 feet. By this time, we were above the tree line, and it felt like we were hiking around the planet Mars. Just big boulders, sand, and the summit of Kilimanjaro surrounded us. The next day was very sunny and warm. There were no more trees to shade us and it was a grueling hike up to 15,535 feet and the Kibo huts. By this time, I could feel the thinner air, and that each breath was not quite enough. After five long hours we made it to the Kibo huts. Our guide, Michael, met with us after we got settled into our hut and explained to us that we were to eat our dinner, and go straight to bed, so that we could rest before we awakened at 11 pm for the final push to the summit.

One of the hard things about higher altitude hiking is that you lose your appetite after about 14,000 feet. Nothing tastes good or sounds appealing, but your body desperately needs nutrients. It makes for difficult hiking during the day.

Another thing is that even the smallest things cause you to breathe hard, like unpacking your backpack, or getting up to use the bathroom. It is as though you are running around with only a straw to breathe through. After forcing what little we could down our throats, we climbed into our cots and tried to rest before the next leg.

At 11 pm, we bundled up with our warm clothes, headlamps, and enough water for 12 hours, and started the slow haul up 4,000 feet. This is the part where I realized why others on the trail wished us good luck!

For seven hours, we slowly scrambled up an almost vertical ridge to the top of Kibu crater. It was a game of mind over body as we placed each foot in front of the other with little air to breath and no energy! We reached the top of the crater just before the sun was starting to rise over Tanzania.

From there, it was a short two miles around the crater to the top of Kilimanjaro at 19,341 feet. We arrived shortly after sunrise at 7 a.m., and it was the most beautiful morning. My Dad led the way as we celebrated his 70th birthday together at the top! There were tears of joy, smiles, and many pictures as we soaked in our accomplishment and the beauty of the Earth on top of Africa.

After about an hour on the summit, it was time to descend. We still had a long day ahead of us! We made it back down to the Kibu hut by 11 a.m., ate lunch, and took a well-needed nap. We were beat. It was all we could do to wake up and hike three more hours down to the Horombo Huts. I don't think I ever slept better than that night.

We continued our journey down the next day and arrived at the base of the mountain by noon. We had completed the challenge and were ready to take a much needed shower and return to see our families.
By Laurie Bennie, MPH, RD

Many factors play a role in succeeding in the first two years of medical school—time management, hours of study, clinical experiences, and adequate sleep. Taking care of yourself physically with appropriate nutrition and exercise are also essential to reach your full potential. Here are a few tips to help you succeed in the first two years of medical school:

1. **Take exercise breaks.** Don’t neglect this one. After a long morning of studying, your mind is exhausted, but your body has been sitting, inactive for several hours, craving movement. Don’t let your mind dissuade your body from getting up and moving around. Taking a half-hour break to walk outside and enjoy the sunshine or to head to the gym for some racquetball or even to do some push-ups and sit-ups in your study room will give your mind a break and help you focus when you get back to studying.

2. **Stay hydrated.** Adequate fluid intake is vital in reducing fatigue and keeping your mind sharp. Of course, water is your best bet to stay hydrated. Try to drink about 30ml/kg of your body weight each day. Sometimes, however, you do need the occasional caffeinated beverage. Up to three 8-ounce cups of coffee can improve cognitive function and provide some ever helpful antioxidants, while not going overboard on the caffeine. Try not to exceed 300mg of caffeine per day.

3. **Eat breakfast.** This is important. Getting some calories into your body after a long night of fasting will help you prepare for the mentally intense day ahead. However, those calories should be full of protein, complex carbs, healthy fats, vitamins, and minerals. Simple sugars (i.e. Pop-Tarts, most granola bars, most cereals, sweetened yogurt) can cause a mid-morning crash, leaving you fatigued, irritable, and quite the unpleasant study partner.

4. **Plan healthy meals and snacks.** The key here is planning what you’ll eat throughout the day. It’s too easy to munch on whatever is available if you prepare for the mentally intense days ahead.

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**Nourishing the Mind: Nutrition for Successful Studying**

**By Laurie Bennie, MPH, RD**

Planning your daily meals and snacks is very important. Being prepared helps prevent you from consuming high-calorie foods, which can lead to overeating and weight gain. Here are some meal ideas. You can find these recipes at: [eatingwell.com](http://www.eatingwell.com)

### Breakfast

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 cup non-fat plain yogurt, ½ cup blueberries, ½ cup granola</td>
<td>½ cup dry oatmeal (cooked with vanilla, cinnamon, ½ banana, and 1 T peanut butter), 1 cup skim milk</td>
<td>Whole wheat English muffin topped with 1 fried egg, cheese, and tomato, fruit salad</td>
<td>1 cup whole grain cereal, ¼ cup skim milk, 2 T sliced almonds, ½ cup strawberries</td>
<td>1 veggie omelet (2 eggs, ½ cup of mixed veggies, 2 T salsa, 2 T cheese), 1 slice whole wheat toast, 1 tsp butter</td>
</tr>
<tr>
<td>Turkey sandwich on whole wheat bread with cheese, veggies, and mustard, orange</td>
<td>Baked Curried Brown Rice and Lentils*, pear</td>
<td>Tuna salad (made with light mayo) with veggies in a whole wheat tortilla; garden salad with vinaigrette</td>
<td>PB and J on whole wheat, pepper slices and carrots with hummus or low fat ranch, orange</td>
<td>Peanut Noodles with Chicken and Vegetables*, apple</td>
</tr>
<tr>
<td>Chopped Greek Salad with Chicken* with a whole wheat pita</td>
<td>Chicken or bean quesadilla with peppers, onions and cheese, topped with salsa and avocado slices; roasted zucchini/squash</td>
<td>Spicy Tofu and Green Bean Stir Fry* with brown rice</td>
<td>Beef and Bean Chile Verde* and tortilla chips with guacamole</td>
<td>Baked salmon, sweet potato, steamed broccoli</td>
</tr>
<tr>
<td>Apple and peanut butter, whole grain crackers and cheese</td>
<td>Trail mix, carrots and hummus</td>
<td>High protein granola bar, fruit smoothie</td>
<td>Almonds, 100-cal bag of popcorn</td>
<td>Frozen yogurt with strawberries, celery and peanut butter</td>
</tr>
</tbody>
</table>

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*Chopped Greek Salad with Chicken: [http://www.eatingwell.com/recipes/chopped_greek_salad_with_chicken_for_two.html](http://www.eatingwell.com/recipes/chopped_greek_salad_with_chicken_for_two.html)


*Beef and Bean Chile Verde: [http://www.eatingwell.com/recipes/beef_bean_chile_verde.html](http://www.eatingwell.com/recipes/beef_bean_chile_verde.html)
Quillen gets involved in the Community

Doctors Outside of the Box

Doctors Outside the Box is an organization created by medical students that is dedicated to promoting preventative health awareness in local communities. First- and second-year Quillen medical students have volunteered at many different DOTB activities this year.

President Kristan Provchy and Executive Board members Callie Reeder, Liz Hill, and Mallory Fox have made presentations to a variety of audiences this year. These presentations have included teaching diabetes awareness at Daniel Boone High School, as well as teaching about heart, lung, and liver health to students at Innovation Academy with the help of M1 Markiza Cooper.

Also this spring, M1s Kara Kilpatrick, Ashley Rose, and Megan Roberson joined DOTB to judge science fair projects at Innovation Academy. Future projects include a wellness and aerobics presentation to the seniors at Carver Recreation Center by M1s Adam DelConte, Joseph Zachary, and Chris Reid. Also M1s Ashley Rose, Megan Roberson, and Ashton Fisher plan to present a diabetes prevention program to middle school students in the near future.

Pediatric Interest Group

The QCOM Pediatric Interest Group (PIG) found ways to reach out to the younger aged community over the past semester, continuing semesterly projects while getting involved in new ones too.

On March 16th, PIG participants volunteered at the Read N’ Play table at the Niswonger NICU Wall of Hope Family Event. They gave away free infant books and chatted with families about the importance of book reading even in the infant stage.

On April 17th and 18th, PIG members volunteered to teach a nutrition curriculum to Indian Trail Middle School students during their PE classes. Shown at right are M1 participants Caryn Brehm and Val Hansen giving the interactive nutrition presentation.
Parting Words From Dean Bagnell

On the eve of his retirement, the only difficult thing about interviewing Dean Philip Bagnell, M.D., was coaxing him to talk about himself. The man is a refined leader, evidenced by the praise he heaps on his colleagues at Quillen. The following are highlights from his interview.  

Click here for the full transcript  

– John BuAbbud

“There are days when it’s very difficult. It costs to do the right thing. Not everyone may agree with what’s the right thing to do. But you should be committed to do it.”

“We’ve been fortunate to have inspiring people step up to the plate for the education of our students.”

“I don’t think we need to get big to accomplish our mission.”

“If someone wanted to be a real gunner and make a 260, they could do it, but for us as a school, I’m happy with the mean, and I’d like to have most people pass.”

“Sit down and remember why you wanted to become a physician, and what you hoped to be when you started.”

“We’re on the verge of some tremendous information for patient therapy. Look at what’s happened in my lifetime, and I just see this skyrocket taking off in your lifetime.”

“There were advantages to being a really small school, and it was fun. We actually did achieve some things. Not everybody loved everything we did, but that wasn’t the point. It was a matter of improving.”

Read the full Interview Here

“I didn’t want to do this when I was forty. I wouldn’t have even thought about it. The most important part of your career is your practice.”
Summer Reads
Recommended by Your Peers
And Close Enough to Medicine
That You Won’t Feel Guilty

Mountains Beyond Mountains
Tracy Kidder (Amazon)

From Dana Williams, 2016: Mountains Beyond Mountains is a biography of Dr. Paul Farmer. This book takes you through his experience in medical school, Haiti, Harvard, and around the world. This would be a great book to read before you start to read any of Dr. Farmer's books on poverty, inequality, global health, or AIDS.

From Joshua Wienczkowski, 2017: Dr. Paul Farmer is one of the most interesting physicians you’ll ever read about. This book travels along with Farmer all across the world as he works to eradicate disease and restructure healthcare all across the world - his main focus being Haiti. This book is a rare glimpse into the world of someone who saw something wrong with the world, and found a way to build movements and change them; all the while having time to handwrite letters to people all over the world and teach Infectious Disease to residents at Harvard part of the year. Definitely a top choice!

The Selfish Gene
Richard Dawkins (Amazon)

From Kent Rinehart, 2016: For those who do not know him, Richard Dawkins is a world renowned evolutionary biologist that teaches at Oxford. But don’t let that turn you off from this book. The Selfish Gene is a smart and witty book that examines "gene" based evolution. I was assigned to read The Selfish Gene in an evolutionary biology class during undergrad and was reluctant at first but I found myself pleasantly surprised the whole way through. With chapter titles such as battle of the generations, battle of the sexes, and nice guys finish first how could a science nerd not enjoy?! It is a little more lengthy read with some mathematical theory involved. However, the majority of the book is easy to follow. I recommend this book for anyone who enjoys humor with their science.

Hot Lights, Cold Steel
Michael Collins, MD (Amazon)

From Will Brooks, 2017: I recommend this book to anyone curious about the struggles that can be faced in a medical residency, specifically in the surgical fields. The author reflects back on the many ups and downs he endured in both practice and in his personal life while completing his orthopedic surgery residency at the Mayo Clinic. The book provides many laughs, and even though there are several sad stories, I came away with a reassurance that practicing medicine is what I want to spend my life doing.

From Joshua Wienczkowski, 2017: Former Chicago construction worker, Michael Collins transitions from throwing rocks into truck beds and drinking beer with his buddies to becoming Chief Resident at the Mayo Clinic in Orthopaedic Surgery. This books is absolutely hilarious and riveting as Collins, the oldest of a huge Irish Catholic family, weaves his way through graduate medical education with wit, and well-constructed prose. I finished this one in 2 days because I couldn’t stop reading it!

The Boy Who Was Raised as a Dog
Bruce Perry, MD, PhD (Amazon)

From Antonia Roberts, 2015: This is a collection of stories by a child psychiatrist about some of his patients. He describes (in laymen's terms thankfully) how a child's brain development is influenced by the environment for better or for worse, and how that impacts the rest of the child's body (e.g. growth, heart rate) and behavior. They are all riveting, including the title story about the boy raised as a dog! With all the stories, he makes a good scientific case for the importance of a loving environment for all children.

Arrowsmith
Sinclair Lewis (Amazon)

From John BuAbbub, 2016: Martin Arrowsmith is a medical student that does not know what he wants to do with his life. His serial romances mature, along with his motivations regarding the purpose of medicine and his role as a doctor. Written in 1925, this work is widely accepted as the first novel about science in the modern world. No matter what your interest, this story has something for you—rural medicine, pharmaceutical research, public health, epidemiology, fame, obscenity, romantic dependence and professional independence. As medical students embarking on unknown careers and lives filled with every risk and opportunity ahead of us, we can learn a lot about patience from America's first great synopsis of the complex and evolving life story of a physician. If you have a Kindle and a Prime account, you can borrow this book from Amazon for free.
**The Soul of Medicine**
Sherwin Nuland (Amazon)

*From Casey L. Lawson, 2017:*
I've read other, and somewhat better, books by Nuland since (e.g. "How We Die"), but this is one of the first books that I read when contemplating applying to medical school. Needless to say, I loved it. The author celebrates the importance of various medical encounters - as it is a compilation of stories from many different physicians. Some stories were uplifting, others heartbreaking and scandalous, but overall, they really explore the humanity in medicine and the complexity of the "doctor-patient relationship." I plan to read it again after I gain more clinical experience. It's a good book and a very fast read!

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**The Social Transformation of American Medicine**
Paul Starr (Amazon)

*From Hayden Shafer, 2017:*
This book was recommended to me by my mentor in undergrad who happened to be a sociologist. The title can be misleading, as it really has nothing to do with "socialized medicine" but rather gives social explanations for the current state of health care (granted it was published in the 80's.) Still, it addresses the privatization of physician companies as well as the rise of the physician through American history.

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**Medicine Men: Extreme Appalachian Doctoring**
Carolyn Jourdan (Amazon)

*From John BuAbbud, 2016:*
As a medical student in Appalachia, I enjoyed every story in this short collection. I would especially recommend it to the rural track students, and anyone who is interested in primary care. Early one morning last fall, I sat on my couch for two hours and finished this book. I laughed out loud, cried, and learned things I'd never have guessed about my new home and future patients. If you have a Kindle and a Prime account, you can borrow this book from Amazon for free.

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**The Plague**
Albert Camus (Amazon)

*From Dana Williams, 2016:*
The Plague is a story of a city's experience with an epidemic through the eyes of a physician. Dr. Bernard Rieux is a physician in the city of Oran, Algeria in the 1940's and was the first to recognize that the disease that was spreading in his city was incredibly dangerous. The city is quarantined and the doctor and his colleagues are left to fight the plague on their own.

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**Better**
Atul Gawande

*From Dr. John BuAbbud:*
In "Better," Atul Gawande takes the reader on a journey through examples of what can go wrong and go right in medical care. He offers a highly readable, straightforward guide to many of the challenges we face as healthcare providers today, from the ways we use technology in the operating room to the social, economic, and ethical dilemmas we face as we seek to improve the quality of care we deliver. A fascinating and thought-provoking addition to the literature on medical care.
New Student Interest Groups
Make their Mark

New interest group focuses on leadership

Developing Leadership in Future Physicians is a new interest group at Quillen that promotes leadership development for medical students.

The group is guided by the notion that leadership is not necessarily an innate trait, but rather something that can, and should, be learned. The group's purpose is to facilitate discussions and activities that foster principles important to being a strong and successful leader. Given our eventual places as physicians in leadership roles within our own communities, defining, promoting, and implementing the characteristics of a good leader is a responsibility that must be fulfilled.

Over the past year, DLFP has hosted many speakers who have taught group members techniques and strategies to be an effective physician. Faculty members, community physicians, and Dr. Phillip Bagnell, dean of the medical school, have all shared their insights with the group. Group meetings focus on the numerous aspects of physician leadership and ways to develop those skills early in the medical education process.

Although the group was small this year, consisting of only M1 and M2 students, there are great hopes to expand in the future. Be on the lookout for upcoming meetings starting in the fall.

The Neurological Sciences Interest Group (NSIG)

NSIG was formed in the fall semester of 2012 to meet the needs of students interested in pursuing a specialty within the field of neuroscience. The group adopted a mission to enrich the neuroscience foundation of all medical students. Because NSIG is not focused on a single specialty, the group sponsored a broad variety of events such as informational lunch meetings with both neurologists and psychiatrists.

The biggest highlight of our inaugural year was the kick-off of a Neuro Movie Night series. In medical school, it is often difficult for physicians, basic science faculty, and students to have the opportunity to discuss science and medicine together in an environment without the stresses of preparing for an impending exam. The Neuro Movie Night is NSIG’s solution to this problem.

These evenings consisted of watching previously recorded neurological examinations of real patients on a movie screen. Following the film, various aspects of the neurological examination and “route to diagnosis” were addressed in a discussion led by Dr. Nathaniel Whaley, a local neurologist. Moreover, several representatives of the neuroscience faculty were always present to provide input from their scientific perspective. This collaborative environment sculpted the perfect environment for students to assimilate their knowledge in a way that’s fun! There has been an overwhelmingly positive response by all participants who express how refreshing it is to learn for the sake of learning!
Since many M1s will be travelling abroad this summer, our resident world travelers - John BuAbbud, Landon Pratt, Rusty Shults, and Adam Del Conte - have provided us with some tips for travel.

**Finding the Lowest Cost Ticket:**
Use kayak.com to book travel, or at least to find the best deals before bidding with Priceline.

**Before You Leave:**
- Check the State Department/CIA Factbook before planning travel to a country for possible dangers. At [travel.state.gov](https://step.state.gov/step/) you can register your overseas travel (especially if you will be gone longer than one week) and register to receive email alerts as dangerous situations develop.
- Check CDC/WHO websites for necessary and recommended immunizations and health hazards. [Here](http://wwwnc.cdc.gov/travel/page/vaccinations.htm)
- Download Google translate app [here](http://www.google.com/mobile/translate/) on a smartphone that works on GSM (Global System for Mobile Communications) in the country you're visiting. The iPhone 4S takes SIM cards that you can buy at your destination. If you have no idea what this tip means, see [this](http://www.hardcorpstravel.com/2011/07/how-to-use-cell-phone-while-traveling.html) for details. Consider downloading a noise cancelling app (Simply Noise, for example) to help you sleep on the plane.
- If your destination country speaks a language other than English, arrange for a week of language classes at a local academy. Often, they'll pick you up from the airport, get you oriented, show you the best deals in town and how to avoid getting ripped off. Learn the phrase, “I’m sorry to bother you, but do you speak English?” in the language of the country you will be visiting.
- Let your bank and credit card companies know you'll be traveling, on what dates, and where, as specifically as possible, so they won't freeze your cards. Set up auto-bill-pay for your rent, utilities, etc. while you're gone. Have the post office hold your mail.

**Packing:**
Pack as if you're coming back in one week and buy anything that you forget and absolutely need at your destination. Limit yourself to one bag that's easy to carry. **If at all possible, never check baggage.**
- Pack a small cable bike lock for securing your bag if you plan to stay in a hostel.
- Bring backup photocopies of all important documents: health insurance, travelers insurance, passport/visa, credit cards, debit cards.
- Don't bring your laptop.

**At the Airport/On Your Flight:**
- If you can fly on one airline alliance, e.g., oneworld [here](http://www.oneworld.com/member-airlines/) or SkyTeam [here](http://www.skyteam.com/), get a credit card for their American partner airline so you can get access to international airport lounges as well as faster check-ins and all-around better treatment.
- As for dangerous situations, "whenever there is any doubt, there is no doubt." Better to be slightly rude and standoffish than a victim in retrospect. Demand politeness, transparency and respect, and offer the same. Don't be embarrassed to be an American no matter what you hear; just leave, if anyone makes you uncomfortable. Don't confront anyone. If you're a female, don't get in a taxi alone with a male driver if you can avoid it. Split a ride with another female going...
M2’s celebrate the arrival of James Brooks Kidd

Several students threw a baby shower for Charles and Meghan Kidd in mid-April. James was born a few short days later weighing in at 7 lbs and 14 oz. Congratulations to both of you!

QCOM Tips for Overseas Travel, Continued

to the same place or arrange a ride through your hotel.
- In Europe, use cheap local airlines once you're in a major hub. Ryan Air is a favorite, as is Easy Jet.

Money, Money, Money:
Bring between $200-500 cash depending on your length of stay. Belts are available with a zippered pocket for cash or other small valuables, like a room key.
- Change into local currency at the airport and ask for typical rates for taxis, hotels, etc.
- The best option for exchange is to get the local currency through your bank here before you leave. Some banks, like USAA, are good for travel and will simply convert the exchange rate at the point of service, e.g. a restaurant in Europe.
- Never pay a taxi driver who has turned off his meter. Insist he turn it back on the moment he turns it off. This is a typical scam that allows him to name his price.
- If you're in a place for more than a day, resist the urge to buy souvenirs the first time you see them. Buy them on the way out. Often, you'll find better deals.

Where To Stay/What To Do:
If you decide to stay for more than a week or so, rent an apartment there. Check virtualltourist.com for tips specific to your destination. Globalfreeloaders.com – Site with free accommodations – read the “New User Information” for the catch. (http://www.globalfreeloaders.com/newuser.php?lang=EN)

Hospitalityclub.org – Another global hospitality exchange site. (http://www.hospitalityclub.org/)

Check out hostels for a great way to meet fellow travelers from around the world and to save some cash (http://www.hostelworld.com/).
- Monasteries are another alternative choice for accommodations in Europe. To learn more, check out http://traveltips.usatoday.com/stay-monastery-europe-103363.html.

Rick Stevens has been traveling Europe for years. Check out his website for travel information, a free travel app, rail passes, and more! And if you plan on buying a rail pass, he has great information about how to get the most travel days out of your pass at the cheapest cost.

For those traveling beyond Europe, Lonely Planet has information and travel tips for Africa, Asia, and the Middle East. (http://www.lonelyplanet.com/destinations).

Most of All…
Don't obsess about plans before travel, or obsess about regrets during or after. Just live in the moment and enjoy it.
On Sunday, Jan. 20, Laura Parsons, Kathleen Ellison, and I went to Washington, D.C., for the presidential inauguration. We felt it was important to support our president and be a part of this historical event.

One of President Obama’s most important platforms during his presidency and re-election campaign has been the Affordable Care Act. Being an educated physician is not only about anatomy, pathology, and pharmacology, but is also about having a grasp of the social aspect of medicine, including the changes in health care policy occurring today that will impact the way that we practice medicine tomorrow.

As medical students, we are urged to rely on evidence-based medicine when treating our patients. Evidence-based data is, accordingly, the crux of intelligent and practical healthcare policy.

According to the Organization for Economic Cooperation and Development, Americans spent more on healthcare in 2010 than any other country, and yet our average life expectancy is less than that found in the United Kingdom, France, Germany, or Japan. The major differences between these countries are genetics, rates of smoking and alcohol consumption, obesity, and access to healthcare. Statistically, Americans smoke and drink less than people in the United Kingdom, France, or Germany, but Americans are far more obese and many lack access to adequate health care. In 2010, 16 percent of Americans _ 50 million people _ did not have health insurance and 70 million Americans were underinsured. Nothing is as certain as death and taxes _ or as expensive. In 2006, 25.1 percent of Medicare payments went to care for people in the last year of their lives. From 1992-1996, the average cost of medical care accrued by the elderly in the year before death was $37,581 compared to $7,365 for an elderly person during a non-terminal year.

It makes sense that healthcare costs rise along with the incidence of health problems that precede death. These healthcare costs, however, have reached astronomical levels. A study by the Mount Sinai School of Medicine in 2012 found out-of-pocket expenses of Medicare beneficiaries during their last five years of life were $39,000 per person, $51,000 per couple, and $66,000 for patients suffering from a chronic illness such as Alzheimer’s or dementia. These outrageous expenses are preventable with some simple solutions.

Universal healthcare has proven to maintain lower healthcare costs in other countries like the United Kingdom, France, Germany, and Japan. The Affordable Care Act could streamline medical expenses in the United States. With better and earlier access to care, preventive care and early treatment would become the norm rather than the exception, which will
Death and Taxes, Continued

decrease the cost of avoidable ER visits and hospital stays. The Affordable Care Act allows for an increase in health education, regular check-ups, and systematic maintenance, which will decrease the expense of end of life care.

Healthcare defies the basic tenets of business that require repair or replacement of defective, non-profitable products. We cannot always repair, and we certainly cannot replace, the defective in healthcare because the most expensive defective products are people near death. Maybe healthcare should not be a business. Maybe it should be a basic human right. Viewing healthcare as a business requires the main concern to be the bottom line. But even with this view, it is clear that decreasing end-of-life costs is an obvious target for improving the state of healthcare.

Many people fear universal healthcare and the rationing of benefits that will accompany it. They believe they will not receive life-saving treatment in a timely manner, or that death panels will decide their fate based on the expense required for treatment. But healthcare is already rationed. It is rationed out to those who can afford it, and insurance companies decide the fate of the sick.

As an example, the most efficacious medication for Multiple Sclerosis costs $50,000 per year. Those who cannot afford costly care go bankrupt, are forced to mortgage their houses to pay for chemotherapy, or must end treatment early due to financial burden. This is a death sentence in its own right. People fear their tax dollars will provide healthcare to the “deadbeats” on welfare who only abuse the system. The truth is that most people receiving aid from the government are either employed or incapable of employment.

In 2010, the Administration for Children and Family Services reported that the average number of Temporary Assistance for Needy Families recipients was 4.3 million. Seventy-five percent of these recipients were children, and more than 74 percent of these children were under age 11. The families receiving TANF had on average only 1.8 children.

Most adults on welfare are employed, but the salaries for which they work do not provide a livable wage. In 2010, 52.6 percent of adult TANF recipients worked or attended school, 12.6 percent were not able to work due to disability, and 10 percent were not able to work because they were single custodian parents with a child less than one year of age.

Seventy five percent of all Medicaid recipients are the disabled, elderly, or children. People do not want to be financially responsible for this population, but the truth is, we already are. When the uninsured go to the emergency room for care, it is the taxpayers' dollar that foots the bill. The number of avoidable hospitalizations in uninsured patients is almost double that seen in insured patients. The Affordable Care Act could actually decrease these costs by providing preventative medicine and early treatment opportunities to the uninsured.

America is supposed to be the land of opportunity but somehow that has come to mean the land of the biggest and the newest. The best medical care does not always include the latest technology or the newest drug treatment. But the business end of healthcare, the main goal of which is profit, does not agree. It saturates the market with advertisements of the latest and most expensive products.

Unnecessary tests and procedures are performed, driving the cost of healthcare higher. The United States performs more CT scans and MRIs than any other country. Regulation of diagnostic tests and imaging will help save money and
By Logan Williams, M1

This summer, I'm spending a week working with a high school camp here at Quillen. Twenty-seven high school seniors are coming in to do some shadowing with local physicians, work in the anatomy lab and basically get a run-down of how med school works. I'll be there to chaperone and, along with a couple of other classmates, give them an inside picture, of sorts, about the workings of physician education. I'll also be going on a week-long mission trip to Nicaragua with Global Health Outreach. I'll be working one-on-one with a physician going down there and helping out in a local clinic. On the flip side, I'm going to Disney World with my family and have four friends' weddings to go to as well so it will be a full summer.

In 2010, there were estimated to be 850,085 licensed physicians in the United States and D.C. (M.D. and D.O). The average physician salary was around $200,000 per year while the health expenditures reached almost $2.6 trillion. Physician salaries only make up about 6 percent of the money spent on healthcare. The majority of money is consumed by hospital care (31 percent), other health services such as nursing homes, home health, medical equipment, and dental services (23 percent), and prescription drugs (10 percent), all of which are targets of the ACA.

There are some problems with the Affordable Care Act, but there are far more problems continuing with the status quo. I do not support the ACA for the sole purpose of change. I support it because I believe it is needed. The arguments for or against expanding healthcare coverage are complex, but most would agree that lowering the short- and long-term costs is a crucial first step and this is exactly what the ACA is doing. Ultimately, we need to start taking better care of each other, providing reasonable, adequate healthcare, and increasing preventative medicine. I am confident that with these steps, healthcare costs will come down.

People fear that a physician's ability to earn a reasonable living will be impaired by the Affordable Care Act. I am not suggesting anyone sacrifice a reasonable salary to provide healthcare for his or her fellow Americans. If every physician in America worked for free, it would not put a dent in the cost of healthcare.

Actually improve healthcare. As physicians, we should provide the best healthcare options, not the flashiest or most extreme. We must maintain our focus on the health and wellbeing of every American.

Death and Taxes, Continued
My roommate is trying to get rid of some items. She and her husband were spoiled with wedding gifts and she no longer needs these random goods. If you need some things, or (want to donate to the study center), let me know, and I will bring them to you. If you end up wanting a bunch of items she will sell them even cheaper as a bundle price.

**Email: Franchesca Robichaud**
<robichaud@goldmail.etsu.edu>

- Toaster oven $10
- Cooking utensils and container $10
- Oven mitts $3  Knife block set $20
- Teapot $5  Paper towel holder $2
- Plastic cups $5 for all  Glassware set $10
- Wine/martini/marg/shot/shaker set $10
- Blue curtains $3  Select pots/pans $5 each
- Dish drying rack $3  Drawer silverware holder $3
- Plastic cutting board $3  Pizza cutter $2
- Large white colander $3  Grater $2
- White/metal mixing bowl $3 each or $5 for both
- Measuring cups/spoons $5  Ice cream scoop $2
- Corkscrew $2  Napkin holder $2
- Apple corer $2  Waffle iron $10
- Polka dot towels $2  Toaster $10
- Basting brush $2
- Fake plants in “O” vases $3 each or $5 for both
- Rugs $2 each  Spoon rest $2
- Wicker chair and table $35

You may see the 'For Rent' sign in front of some pretty condos on 1300 University Parkway, next to the new baseball field. We (my husband, 2 dogs and I) live in one of them, they are super-nice, and obviously in a great location (exactly 0.75 miles from Stanton Gerber)! We pay $895 in rent for a 2-bedroom, 2-bathroom, 1400ish sq feet; I could put you in contact with our landlord if you’re interested. HOWEVER we are also offering up our own second bedroom for rent - it’s furnished, we have a nice washer & dryer, nice porch furniture & a grill, etc that anyone is welcome to use. We are asking $400/month plus share of utilities (so likely no more than $500 total). Call or email me if you'd like to take a look sometime or want any more information, whether you're looking to room with us or rent your own condo here!

**robertsak@goldmail.etsu.edu**, 865-247-3595. Thanks! - Antonia Roberts (QCOM Class of 2015)
QCOM ANNOUNCEMENTS!

Bobby Douglas on his engagement to Cara Copeland.

Phillip and Kati Milam who are expecting their first child in November of 2013!

Adam and Rachel Farmer who are expecting their first child in November of 2013!

Lindsey McAmis Gouge and Andrew Gouge on their marriage in late December 2012!

Alicia Siffring and Jeremy Brooks on their engagement!

Kristan Provch on her engagement to Guy Hornsby!

McKayla Johnson on her engagement to Darren Riggs!

Charles and Meghan Kidd on the birth of their little boy, James on April 19th, 2013!

Eric and Megs Lederer who are expecting their first child, a little girl!
We're trying something new this year with the entering class. On June 20, we will host a "preview day" for those who may be interested in the Rural Primary Care Track. Interested students will be invited to meet here at Stanton Gerber Hall and travel by luxurious limousine (or ETSU van--guess which) to either Rogersville or Mountain City, to meet the folks and take a look at the town and the facilities. The following day, all entering students will be invited to spend some time with us here on campus where they will have an opportunity to meet some of their new classmates and take a second look at their new school. We plan to have representatives of all student groups represented on the lower level of the building along with administrators and faculty from their first year classes. In addition, we will have folks from Student Affairs (admissions, Student Services, Financial Aid, Library, IT, etc.) available to answer questions or assist as necessary. Academic Affairs will also have folks available to help with questions and just to get to meet some of our new family.

I sent a request out to students for some to help out by meeting and greeting and also to help show some around our town, help them find housing, eateries, watering holes, parks, lakes, rivers, streams---whatever, and the response has been good. There is still room for more of you to pitch in if you want to. The (official) hours will be from 10:00 AM until 2:00 PM on campus, and we will be having a lunch in and around the building - not steak and lobster, but burgers, sandwiches, or something of that nature. Of course, all of you participating will be well fed too.

If you get the opportunity to speak with new students, encourage them to attend (along with spouse or other persons of importance to them). Dress will be casual and no "official" program is planned. It should be relaxed and fun for all. If any of you are interested in participating, please let me know so we can be sure to have enough food and drinks. If you will be available to represent an official school interest group or organization, please let me know too, so that I can have appropriate signage made for your group and table. Email me at dougt@etsu.edu. Simple enough and many thanks.

Doug Taylor
Assistant Dean
Admissions and Records
Quillen College of Medicine
For future issues, send us your announcements! We want to celebrate your births, marriages, and engagements!

Email photos and announcements to your class Vice-President to include them in upcoming issues.

If you would like to serve on the newsletter committee, let us know!

Moments in Medicine
Quillen College of Medicine

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