UICCOM Student Government Update

With excitement of the new academic year in the air – and some early Homecoming weekend snowflakes – the Carver College of Medicine is off to a terrific start this fall!

Members of the Physician Assistant Class of 2012 were welcomed in June, later joined by the Medical Student Class of 2013 in August. “M1 Social at Joe’s Place” as well as tours of campus and Iowa City were coordinated by the M2 class and sponsored by the University of Iowa Carver College of Medicine (UICCOM) Student Government and OSAC. We are happy to welcome new members to the UICCOM and look forward to sharing in their achievements in the coming years.

The Learning Communities have gotten our blood pumping with several events in September and October: Doc Dash, Jump Rope for Hope in Bean, a Blood Drive in Boulware, Flocktober Fest in Flocks, and fitness assessment enabled by the College of Public Health in McCowan. The All-Communities Picnic on Sept.20 enabled students, faculty and staff to get together for a post-race picnic following the Doc Dash.

The PA Class has some exciting projects cooking, including participation in the Iowa Physician Assistants Council (OSAC). We are happy to welcome new members to the UICCOM and look forward to sharing in their achievements in the coming years.

Medical Students for Liberty

By Dustin Krutsinger, M2

I want to introduce you to Medical Students for Liberty, the newest Medical Student group in Carver. It was started to introduce like-minded individuals to current issues in medicine that impact liberty. There are many issues in medicine that threaten to impact personal freedom, and many are unpopular to oppose. So some of the following issues are sure to be controversial and you may not agree with all or even any of them. But if you agree that some of the following issues are important to you, or you just want to be the oppositional person in the room to debate against the issues, please sign up for our group on the OSAC website to keep informed on the issues and join us for meetings that should get started soon.

Medical Marijuana: The Iowa Board of Pharmacy is currently holding public forums to discuss medical marijuana legalization in Iowa. The last meeting was here in Iowa City. I spoke before the board, asking them to overlook the stigma associated with marijuana, and simply weigh the scientific costs and benefits to medical marijuana, just as they would for any other drug. Compared to other medications used to treat specific diseases/symptoms that are proposed for treatment with marijuana: Does it work? Is it Safe? The Iowa Board of Pharmacy will hear the public’s opinions and submit a report to the Iowa State Legislature.

Free Advice for M1s: Worth Every Penny

Mattie Oechslaeger, M2

Looking back, I might have found the following information useful as an M1:

1. See the big picture and learn it for the long haul...

As the semester gets progressively busier and professors push more and more information into your already maxed-out memory banks, it becomes less of a priority (or possibility) to retain much news material with any sort of permanence. The once-orderly study pattern of early fall deteriorates into a frantic packing of lecture content into your head with sufficient pressure to explosively regurgitate the entire unit on an exam and, empty once more, commence studying for your next test. While the projectile-vomiting method of studying may be sufficient for obtaining a passing score in the short term, such binge-and-purge cramming does not always lend itself to an effective long-term grasp of the material. As much as is humanly possible, try to structure your studying and class attendance to maximize retention of information that will undoubtedly need to be relearned in future coursework and on boards.

2. ...but don’t panic if some details slip your grasp.

The aforementioned emphasis on long-term retention of material aside, if you feel the finer details of last semester’s course content rapidly losing lucidity among the twisted annals of your overwrought neural pathways, don’t despair. If you struggle with renal physiology in HOS but don’t manage to fully master the material due to the necessary diversion of mental faculties to a floundering Neuro grade, know this: renal will be waiting for you. She’ll be waiting for you in the fall of your M2 year, in pharmacology. And pathology. And FCP III.

Don’t (Make Us) Be "That" Doctor

By Anonymous Student

There are three things a physician should never, ever have: a judgmental demeanor, an arrogant attitude, and bad breath. Sadly, the most easily fixable of these flaws is under attack as the Carver College of Medicine (CCOM) endeavors to promote halitosis via the outlawing of chewing gum during patient interactions.

We all know that maintaining a calm, open, and warm manner is vitally important to providing quality patient care. Nobody likes jerk doctors. But equally despised is the physician who gets this close with the ophthalmoscope, all the while breathing garlic and bacteria and who knows what else all over their patient’s face. I’ve had the unfortunate experience of being examined on occasion by doctors whose personal oral hygiene veered perilously close to becoming a health hazard. I vowed that I would never be That Doctor. My patients would never feel pressured to leave out key parts of their medical history in their hurry to get me out of the room so they could breathe freely once more. Never would I be misled by a patient’s gimmick during the abdominal palpation stemming not from deep organ...
Medical Students...(continued from page 1)

Illustrate with their recommendation on whether marijuana should be downgraded from a Schedule I to a Schedule II drug in Iowa. The legislature will then take it from there. This spring Iowa State Senator Joe Bolick of Iowa City proposed legislation to legalize medical marijuana in Iowa, but the bill failed to make it out of committee. Perhaps a favorable report from the Pharmacy Board will allow the legislature to take the bill more seriously next year.

Expansion of Government Healthcare:
This is probably the issue most talked about in the news today. We are told that it is either not supported or an expansion of government healthcare through the proposed reforms, which may or may not include a public option, or we can support the way things currently are. That is a false choice; may I propose an alternative. Our current system is already run by government, either directly through Medicare and Medicaid, or indirectly through massive regulation. Our system is in the shape it is in due to govern-
ment involvement, and the answer is not to get further involved, the answer is to remove needless regulation, and allow the free market to work. Lasix eye surgery and cosmetic surgery are rarely paid for by third party payers and therefore best represent the free market in healthcare. Those two medical fields are the only areas of medicine where quality is increasing and costs are decreasing. The free market works. This issue is too complex to even briefly discuss in such a short space, but this should give you an idea about this subject.

Mandatory Flu Vaccines:
As you all know, students at the College of Medicine were required to get a seasonal flu vaccine this fall. As of the time of this writing it is unknown whether the H1N1 vaccine will be required, but early comments indicate this will depend on supply. Our generation has grown up with so many vaccines that we tend to treat them like vitamins. We don’t really think about the costs and benefits of vaccines like we would any other medical procedure or medication we were asked to take. We are taught that we need to involve our patients in their medical decisions; we should not treat the relationship paternalistically where we as physicians are telling the patient what treatment they must take. We are to inform patient of the costs and benefits, or the pros and cons, or the efficacy and side effects of each suggested treatment and as a team come up with a treatment plan. But this is not what is being done by the College of Medicine when it comes to vaccines. We are herded into the physical exam rooms like cattle, given a sheet listing the pros and cons of the vaccine, told that the pros and cons don’t really matter because treatment is required, and then told to sign a paper indicated that we have been informed of the risks involved and request the vaccine. That is far from uncoerced informed consent. It is poor medical practice, and it is a threat to our liberty to require medical procedures as a condition of employment or education.

Medical Students...(continued from page 1)

If, for some reason, you manage to give the intricate mysteries of the genitourinary system the slip the second, third, and fourth time around, renal will tire of waiting patiently and will proceed to haunt you down, either silently or in an FCP IV. As you are recovering from this encounter, still battered and bruised, renal will pay you a visit during board review sessions and reinforce any portion of the message you managed to misremember.

3. Failure actually is an option...
Like many new medical students, I felt upon entrance into the program that the hardest part of my medical career was behind me. Sure, the material ahead would be difficult, but the illustrious Carver College of Medicine screened us so vigilantly on the front end that testing would be more of a status check than a vicious beat-down... after all, almost all of the students who start medical school become doctors. ...

My theory, as it turns out, was a bit on the overly optimistic side. Dozens of classmates failed one course or another (or multiple courses, for that matter) and had to retake them over the summer, decelerate, or drop out. I believe that knowing how real an option failing a course actually was as an M1 would have been more useful than a compla-
cent sense of bliss. 4. ...but it’s okay to lose a battle now and then (just make sure you win the war).

Most students will fail at least one test at some point in their M1 career. Last year, a well-meaning M3 cheerfully re-

8. It gets better:
Several of my M2 peers have been frustrated that this is the third consecutive semester in which we’ve been reminded by various students and physicians that “it only gets better: this is the hardest semester!” This was helpful in our first semester, when we were optimistic that things really WOULD get better. Now it’s just annoying.

Bearing in mind that your medical education is as unique as you are, and what you find difficult or easy is bound to be different than the person sitting to your left, by the time you reach your second year it seems better. Even though there is more material the second year than the first, I attribute the subtle change in perception of difficulty to three things: first, the material is much better organized and presented in your M2 year. Professors compare notes, and standard lecture halls are set up, so recent formats are used by all 31 of your pharmacology lecturers. This makes material much easier to study. Second, the M2 curriculum is much more interesting and relevant from a patient-care perspective; instead of endless biochemi-
cal and cellular pathways (well, okay, there’s still a lot of that too), you will be introduced to hundreds of diseases that you may actually one day encounter on the wards. You get to see real patients, and real autopsies, and real lab results and histological specimens. It feels a little more like being an actual physician and a little less like a very harried graduate student. The final reason that the second year seems better is that you’re used to the workload by now. Our cross country coach used to remind us in the first weeks of practice that it would get better. And even though the difficulty of our workloads progressively increased, we weren’t so miserable after we got into running shape and got over our shin splints.

I hope this article, if not precisely helpful, at least provided a break (see num-
ber 5) from the dizzying deluge of M1 material. Good luck on your finals!

Free Advice for M1s...(continued from page 1)
UICCOM Student Government...(continued from page 1)

tants Conference and a collaborative culinary service project at the Ronald McDonald House. Plans to sponsor students to attend the National Physician Assistant Conference in Atlanta during May 2010 are in the works.

UICCOM Student Government held our first ever Health Sciences Technology Fair on September 25. Members of UICCOM had a chance to check out new laptops from both Dell and Apple representative, iPods, PDAs, troubleshoot devices they already had, and ask questions of experts from UI ITS, HCIS (health care information services), Hardin Library, and ICON.

The big news at UICCOM this fall is our LCMC Site Visit, scheduled October 19-21. As many might already know, the LCMC Site Visit occurs every eight years and is an important step of our school’s accreditation process. Preparation for this visit began last year with a comprehensive student self-study to evaluate the student perspective of the UICCOM. CCOMSG was charged with executing this study and recently sent out an e-mail containing the contents of the study to all students. Anyone with questions about the study or the site visit is encouraged to talk to a member of Student Government (find our names/pictures on the bulletin board in the main hallway across from Bean).

CCOMSG is actively working on several other projects for the fall. We are collaborating with the UI Colleges of Dentistry and Pharmacy to bring Senator Grassley to the UICCOM for an Interdisciplinary Student Forum on Healthcare and Health Sciences Education. The Advocacy Committee continues to research health science student health insurance plans around the nation with the aim to propose a “3rd option” for UICCOM students to administrators at University Benefits, and has initiated efforts to expand motorcycle/scooter parking.

ECGPS (Executive Council for Graduate and Professional Students) keeps us abreast of the changes at the University level involving the new fitness facility and the closing of various departmental libraries, as well as exciting projects on the horizon, such as Student Video Production funding opportunities for groups on campus. ECGPS will be hosting a tailgate on October 31st for the Indiana game with great food and refreshments provided. More information on time and location to come via e-mail!

As always, please do not hesitate to contact us with questions, comments, or concerns you have. We have many resources to point you in the right direction for a wide array of solutions you may be seeking on campus. CCOMSG is here to advocate for you – you just have to ask!

Enjoy the rest of your fall semester!

Jane Viner, CCOMSG Secretary
Lyndsay Harshman, CCOM Student Body President
Harb Harb, CCOM Student Body President-Elect

Don’t (Make Us) Be...(continued from page 1)

irritation but sheer disgust combined with an effort not to inhale too deeply.

Bacterial buildup can occur rapidly even after brushing and flossing teeth and using mouthwash and breath mints. You go to bed at night after a thorough oral hygiene routine... but by morning the minty freshness is miles away. Same deal during the day. The best way to maintain a minty mouth is to discreetly chew sugarless gum.

I say discreetly, because recently an M2 chomped gum and blew bubbles during an FCP III patient encounter and the students mature enough to handle a small piece of chewing gum for the purpose of sparing their patient’s olfactory sensibilities should be allowed. I simply believe that those students should feel free to chomp and snap and pop and bubble their way through the physical exam; clearly, this is unprofessional conduct and should not be allowed. I simply believe that those students mature enough to handle a small piece of chewing gum for the purpose of sparing their patient’s olfactory sensibilities should be allowed to do so at their discretion.

I’ve never been much of a rule breaker, but I refuse to truck with this totalitarian military-modeled modus operandi: if one student cheats on an exam/ presents one’s own/ blows bubbles and snaps gum while seeing patients, everyone pays. While this method is handy for teaching teamwork, increasing accountability, and discouraging academic dishonesty, it exceeds ridiculous with respect to issues as a total ban on gum. I am certainly not advocating that all students be allowed. I simply believe that those students should feel free to chomp and snap and pop and bubble their way through the physical exam; clearly, this is unprofessional conduct and should not be allowed. I simply believe that those students mature enough to handle a small piece of chewing gum for the purpose of sparing their patient’s olfactory sensibilities should be allowed to do so at their discretion.

That said, I’ve gotten used to CCOM’s military-modeled modus operandi: if one student cheats on an exam/ presents previous students’ small group work as their own/ blows bubbles and snaps gum while seeing patients, everyone pays. While this method is handy for teaching teamwork, increasing accountability, and discouraging academic dishonesty, it exceeds ridiculous with respect to issues as a total ban on gum. I am certainly not advocating that all students should feel free to chomp and snap and pop and bubble their way through the physical exam; clearly, this is unprofessional conduct and should not be allowed. I simply believe that those students should feel free to chomp and snap and pop and bubble their way through the physical exam; clearly, this is unprofessional conduct and should not be allowed. I simply believe that those students mature enough to handle a small piece of chewing gum for the purpose of sparing their patient’s olfactory sensibilities should be allowed to do so at their discretion.

I’ve never been much of a rule breaker, but I refuse to truck with this totalitarian military-modeled modus operandi: if one student cheats on an exam/ presents one’s own/ blows bubbles and snaps gum while seeing patients, everyone pays. While this method is handy for teaching teamwork, increasing accountability, and discouraging academic dishonesty, it exceeds ridiculous with respect to issues as a total ban on gum. I am certainly not advocating that all students be allowed. I simply believe that those students should feel free to chomp and snap and pop and bubble their way through the physical exam; clearly, this is unprofessional conduct and should not be allowed. I simply believe that those students mature enough to handle a small piece of chewing gum for the purpose of sparing their patient’s olfactory sensibilities should be allowed to do so at their discretion.

The Apiarist

(written in memory of Ben Pardini)

By Gerry Wickham

Alone in the glade tending a community.
Trust and cooperation the mark of the scene.
Nectar from so many flowers brings aroma to the colony
And a golden hue unique to this glade.

Bee-calm, the apiarist moves without words,
Treating wax, honey, and bee with the same respect.
Working as one with the hive
Midst progress, the green of field and light of day.

When the bees have gone and the keeper satisfied,
When the mead has been made,
And the glade is alone once again,
The light will still shine its own golden hue.

Don’t (Make Us) Be...