THE PULSE

A MEDICAL STUDENTS' SOCIETY PUBLICATION
Faculty of Medicine, Memorial University of Newfoundland

MAY – JUNE 2006 **VOLUME 6, ISSUE 1**

In this Issue:

Dan Lodge practices his surgical techniques before heading off to U of T to start his residency in cardiac surgery. For the 2006 CARMS results, please see p. 14

MUN – DAL Conference Another Success

by **Heidi King and Ryan Snelgrove, *MED I***

The annual MUN/DAL conference was held in Halifax from April 7th - 9th, 2006. Approximately 40 first and second year students attended the conference, which included many social events along with informative and interesting seminars.

The festivities commenced on Friday night with a semi-formal held on the Navy base. Saturday began with an open market tour in downtown Halifax before heading to the seminars scheduled for the day. There were presentations about space medicine (including an actual broadcast from the Canadian Space Agency), street-drugs in the ER and triaging. The day ended with a forum on rural medicine. That night students gathered for a "lounge party" (known to most MUN students as a mixer). A roaring pubcrawl followed.

The conference finished on Sunday with forum discussions on aboriginal medicine and public and private healthcare. Before heading back to the Rock, some students toured Keith's brewery, while others explored downtown Halifax one last time. Overall, it was an enjoyable time with engaging and relevant talks. The social activities lacked a little organization at times. While we didn't get to know the DAL students as much as we would have liked, the first years certainly got to know the second years a little better. We're looking forward to showing the DAL students an even better time next year!

Co-Editors' Letter

Hey MUN Med folks!

We are here to save The Pulse. After several months of evading last year's editor, Colin White, we finally decided to take on this project. The Pulse has been a MUN Med tradition since 1999 and is usually published several times throughout the year. Unfortunately there will only be two editions this year: the first and the last. Oops… that's just one.

We are very excited about the diversity of submissions this year. From recycling to reflex hammers to hairdressers, you will find it all in this very edition. The Pulse is an open forum for Memorial medical students, allowing them to express their ideas and opinions freely. That being said, the opinions expressed by the authors do not necessarily reflect the ideals of the MUN Medical School or The Pulse staff.

We hope you enjoy the paper, and hopefully it will entice future years to keep The Pulse alive.

Co-editors,
Maria Brake, Gillian Sheppard and Yoella Teplitsky

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Gillian Sheppard
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Special Thanks to Megan Turner, *MED IV*

MSS Address

Wow! I find it hard to believe we are almost through another year of Medicine! Time flies when you're having…well let's just say that time flies! The First Years are finally getting used to the whole med-school bit, the Second Years are S#%T-baked about clerkship, the Third Years are feeling a little more competent, and the Fourth Years are DOCTORS!

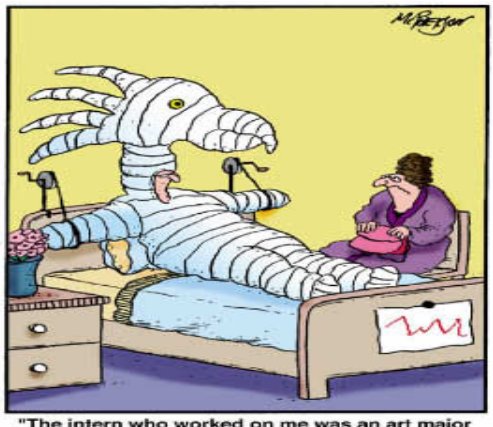
It has been a great year so far and there have been many accomplishments. A few examples of our successes include fundraising for Monte Carlo and international aid, our accreditation, blood drives, collected works publications and numerous social events. The level of involvement from the students is truly amazing and there are always new initiatives, including the upcoming MUN Med Gateway Project. We should be proud of how well we represent our school. In my unbiased opinion, the students contribute greatly to our school and help to make it the best in Canada!

Yet another example of our school spirit is this paper, *The PULSE*. It is important to acknowledge the efforts of both the editorial staff and all of the contributors in the printing of this publication.

Also I'd like to remind you all that the Medical Students Society is here to represent all medical students as accurately and satisfactorily as possible. On behalf of the elected council, I urge you all to share your ideas and concerns with any of us at any time. Our monthly meetings are always open and the minutes are posted regularly. We are ready to help in any way we can.

Good luck with the rest of this year and enjoy your summer break, if you get one!

Sincerely yours,
Aaron Grant
MSS President



www.4to40.com/images/ jokes/art_medical_school.jpg

How to Get Greener

by **Angela "Treehugger" Tate, *MED I***

The environment is an important determinant of health. Just as patients are told to eat healthier and exercise to improve their health, we can all work towards improving the health of everyone by thinking greener. Like quitting smoking, changing your lifestyle to accommodate things like recycling bins and a composter can be challenging but very rewarding.

Reducing – Strategies to help you reduce how much waste you produce include bringing re-useable shopping bags with you to the grocery store, avoid taking unnecessary plastic shopping bags, choosing products that have less packaging and that are organic or locally grown. Put on your iPod and walk to school, shower with your spouse, and pack your handy dandy thermal mug and Nalgene® bottle.

Reusing – Plastic shopping bags make great garbage bags; many day cares appreciate donated egg cartons, washed soup cans, and paper roll centres for crafts. Also, if you have items that you don't use anymore, you can donate them to these folks:

- Habitat Restore, 79 Blackmarsh Road: Free pick-up of used furniture and appliances.
- Value Village, 161 Kenmount Road, 726-5200: Free pick-up of used clothing, household items, furniture, toys, etc. There are donation boxes at several locations in city.

Recycling – If you're committed then you really can recycle almost anything

- EverGreen Recycling (3 Locations: 807 Water St., 92 Elizabeth Ave., Next to the Waterford Hospital), 777-3400: Drop off beverage containers, newsprint, flyers, magazines, and telephone books.
- Boland's Recycling Service, 61 James Lane, 726-5199: containers, paper, cardboard.
- Atlantic Blue Recycling Pick-Up Service 726-2583, http://ca.geocities.com/atlanticblue@nl.rogers.com/: cans, bottles, box board, all paper, almost all plastic containers, pick-up $12/month – NO SORTING.

Composting – You need to know that a properly working composter does not stink and won't attract animals. It will have the biggest impact on your household garbage production, and food wastes break down a lot faster in a composter than in a landfill. The compost makes a fantastic natural fertilizer and soil supplement :D If you have a little bit of yard space then composting is easy; even apartment living folks can vermipost. Contact the Multi Materials Stewardship Board (MMSB) at 1-866-371-5559 to get a great deal on a composter for only $20 ($80 retail value). They will give you a booklet complete with all the info you need to get started! To get your composter moving even faster, get a pound of special composting worms for $20 from the Trouter's Special Worm Farm in Bay Bulls, 334-3531. The proprietor, Mr. Bill Glynn, is a composting guru and will be delighted to give you info on how to compost successfully.

Facts By Dax: *Quirky Med-Related Facts That You May or May Not Have Known...*

by **Dax Rumsey, *MED II***

- Approximately 1 in 1000 babies is born with a tooth.
- More germs are transferred, on average, while shaking hands than from kissing.
- DNA was first discovered by Friedrich Mieschler, back in 1869.
- There are ~96,000 km of blood vessels in the human body.
- A human brain that weighs 1500g in air, weighs only 50g when suspended in cerebrospinal fluid, i.e. CSF.
- The tallest human who ever lived was Robert Wadlow, at 8' 11.1". He was only 22 years old when he died of an infected foot blister.
- The human heart beats on the order of 100,000 times a day.
- Chuck Norris does not sleep. He waits.

N.B. References available upon request!

MUN Family Medicine Interest Group (FMIG) 2005-2006

by **Colette Dawson, *Med II***

What a year this has been for the FMIG at MUN! The year started with Health Canada providing funding to all of the FMIGs, allowing us to increase exposure of the undergraduate medical students to the discipline of Family Medicine and demonstrate the wide variety of opportunities available within this field.

This year our group has grown to over 80 members! The majority of our membership is pre-clerkship students, allowing us many opportunities for early exposure to the diversity of Family Medicine. FMIG members regularly receive emails and information on upcoming events (CMC events, Academic half days, FMIG events, Family Medicine Grand Rounds, resources, scholarships, etc). We have strived to attain widespread awareness of the FMIG to Family Physicians across the province. This has been accomplished through our Chair speaking at the Provincial Community Preceptors' meeting and through our links with faculty members of the Discipline of Family Medicine and the Newfoundland Chapter of the College of Family Physicians of Canada (CFPC). We also have a FMIG member who sits on the CFPC executive.

There have been many events so far this year, and still many to come. (Please contact Colette Dawson at colettedawson@hotmail.com if you would like any further information on the FMIG group or events)

So far this year

SPEAKER SERIES – TOPICS IN FAMILY MEDICINE:

- Electives/ Practice/Travel Opportunities in New Zealand – *Dr. Bruce Arroll and Dr. Felicity Goodyear-Smith*
- Family Medicine Information Night – *A Grab Bag of Family Physicians, Bitters Graduate Students Pub*
- Mental Health Issues in Family Practice – *"I'm Not Me Self Doc" Dr. Gary Tarrant*
- Practice Management Issues – *Dr. Tom Faloon and Dr. Steve Major*
- Complementary Alternative Medicine Session – *Acupuncture, Dr. Cheri Bethune and Dr. Marshal Godwin*
- CFPC Family Physician of the Year – *Dr. Michael Jong*

FAMILY DOCTORS WEEK

- Sponsored a Family Medicine Grand Rounds –*An Interesting Case, Dr. Scott Moffatt*
- Posted a Public Service Announcement on the local television channel

"FRIDAYS WITH FAMILY"

- A weekly informal lunchtime session to maximize student exposure to faculty and residents in Family Medicine
  - *Obstetrics in Family Practice, Dr. Bob Miller*
  - *Contraception, Dr. Cheri Bethune*
  - *Obesity in Children, Dr. Carmel Casey*

Upcoming Events

- Additional Fridays with Family sessions, possibly about sports medicine, house calls and international locales
- Office Procedures Training Days
- End of Year Wind Up event – Wine and Cheese!

Anna Smith receiving Acupuncture

Dr. Tom Faloon speaking at Practice Management Issues

Inspiration in the Most Unlikely Places

by **Dawn Armstrong, *MED I***

Who knew that I would find my life's purpose in a small Cambodian village? After graduating with my degree in Marine Biology, I was pretty well convinced that I would be the person who was going to save the whales. BUT I was also pretty well convinced that I needed a break before starting my Master's, so… long story short, I was lucky enough to receive an internship to teach Biology in Cambodia for 6 months.

It was during the last leg of my trip that I met a young doctor who wanted to show me his small village in northern Cambodia. I was living in the capital city at the time, so I jumped at the chance to see rural Cambodia. It turned out to be a wonderful day, and in the end I saw a lot more than huts and rice paddies; ironically, I saw my future. I watched this doctor work with just a few bandages and some pain relievers, going from house to house, and simply making people feel better. Sounds effortless, but it was really such a daunting task considering what he had to work with. And it was at that moment, as I sat on a rug sipping some tea and watching him suture an older gentleman's leg that I knew this is what I wanted to do. At that one small moment, this one doctor not only inspired the idea of being a physician, but also gave me an example of the caring and compassionate medicine I hope to practice.

I have been lucky in my life to travel to many countries, and even luckier to be reminded along the way that yes, this is still what I want to be doing. I want to be in medicine because in some way, every day, I will make life easier for someone else. I was reminded of this by watching children in Tanzania die of easily preventable diseases, and I was reminded by watching an expatriate Canadian doctor volunteer his precious time off teaching English in Laos. You don't need to travel to far off places to find such inspiration. I find it almost every day in seeing patients (albeit actors sometimes), and in watching how hard and dedicated the health professionals are.

We are lucky to be here in medical school, and we are lucky to have such a bright future ahead of us. But this all-too-quickly gets lost in the hustle and bustle of exams and papers. Right now, nothing seems more important to us than grades and getting over the next academic hurdle. What I am hoping you get from reading this is to take the time to enjoy the whole rewarding - sometimes crazy and hectic - experience that medical school is. And just like my time in Cambodia, if you stop, even just for a moment, to take it all in, you will see this same inspiration to do good things all around you. It is there, you just have to stop and look. Find it, hold on to it, and let it remind you that regardless of all the not-so-good things that come your way in medical school, you are still on the right track to be an inspiration to someone else one day.

W.W.J.D.(B.)?
(What Would Jesus' Diagnosis Be?)
by **Dax G. Rumsey, *MED II***

If psychiatry were around in the year 33,
What would Jesus' diagnosis be?

When He said He was the Son of God, when He walked upon the Sea,
Would we kneel and pray in wonder, or would we call it grandiosity?

If we saw Jesus cure a blind man, if we saw Him feed the poor,
Would we thank our God in heaven…or simply reach for our DSM-IV?

When He multiplied the loaves and fishes, when His people were on the verge,
Would we think of it as a miracle, or just a big ole ugly purge?!!

If we witnessed the agony in the garden and we saw our Lord Jesus cry,
Would we feel the burden of sin…or just prescribe an SSRI?

When Satan whispered in His ear and tempted Him with pure indignation,
Would we learn by Christ's example…or simply pass it off as a pseudo-hallucination?!!

When He talked about the cross and how He soon would die,
Would our hearts burn with love…or would we want to certify?

Now Psychiatry has its merits and its place in medicine to be sure,
But we run the risk of going too far, of closing the spiritual door.

Not everything in life can be explained…by the serotonin in our brains,
Sometimes we have to just let go, and let the 'eye of faith' take the reins!

REASONS WHY YOU SHOULD TIP YOUR HAIRDRESSER

And other entirely useless tidbits to impress your friends at the parties I'm not invited to
by **Peter Collins, *MED II***

What's the first word that comes to your mind when someone says the word 'surgery'? Skill? Money? Doctor? Cocky? How about beard? Yes, that's right, beard: the hair that, as of yet, I still cannot grow on my face.

Barbers – from the Latin 'barba' meaning beard – have been an integral part of society well into prehistory. The practice of grooming and shortening the hair runs much farther into history then the actual practice of recording history. The ancient Egyptians, in what time they had while not building the pyramids, were adamant that their religious and political types were kept entirely bald. To appear in front of a pharaoh, as Joseph (the Technicolour dream coat guy) discovered, required the clean shaving of both head and face so as not to offend the great leader with one's 'dirty face'. Subsequent societies both large and small also adopted the 'clean look', sporting smooth-as-a-baby's-butt faces right up to the modern day.

Now, what does this all have to do with surgery you ask? Well, today's modern surgery is a branch of medicine, but in the time leading up to the Renaissance, surgery was a specialty within the trade of "barbery". Barbers didn't just doll up that wicked beard of yours, they also performed such 'vital' services as bloodletting, enemas, and tooth pooling, practices performed well before the advent of hand washing I might add. One would hope that the tooth pooling didn't immediately succeed the enema administration or, failing that, that proper breath mints were dispensed afterwards. Bloodletting, in various forms, survived well into the 20th century, eventually culminating in the use of leeches as a treatment for many common ailments. The word leech is actually an old English word for doctor.

Eventually the surgeons, too good to be associating themselves with lowly barbers and trying desperately to compete with the noble physicians, gained recognition and final independence in 1745, with the formation of what eventually became known as the Royal College of Surgeons which still persists today. An interesting vestige from this long-forgotten union is still seen in the almost universally recognized symbol: the barber pole.

The barber's pole was a tool for bloodletting. He would have the patient (customer?) grasp the pole to expose the veins in the forearm, and the brass bowl on top was used to collect the blood and, in more recent history, to contain the leeches. When the barber's work was finished, he would collect the blood-soaked bandages and dry them on his pole outside the shop. The wind would often wind the bloody rags around the pole resulting in the highly recognized symbol outside many barbershops today.

The barber's pole in action

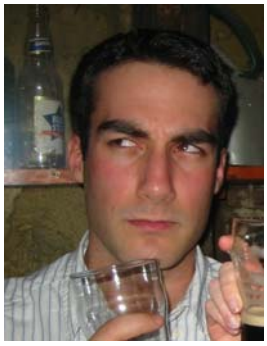
There is a Scholar Among Us

by **The Editors**

Congratulations to Paul Boland in *MED II* who recently was awarded a Rhodes Scholarship! The Class of 2008 will miss you. To help you out, we have compiled a list of "must haves" to take with you to England in the fall. And we promise we'll try not to cause too much grief during your clerkship as your supervising residents.

PAUL'S PACKING LIST:

(1) Ricki (Paul's girlfriend)
(2) Year Supply of Bluestar
(3) 2010 Class Composite
(4) Umbrella
(5) Train Schedules
(6) Tube Map



(7) Lipitor® – for his high cholesterol after all those bangers and beans
(8) One-way ticket
(9) Oxford Dictionary
(10) Polo Jodhpurs
(11) Balloon weights to hold him (err…his head) down

It's Hammer Time!

by **Colin White, *MED III***

The reflex hammer is by far one of the coolest tools in a physician's bag of tricks. Upon entering medical school students usually buy a reflex hammer within the first month of first year. MUN students aren't formally taught how to use the reflex hammer or the exact physiology behind deep tendon reflexes until their neurology course at the beginning of second year. However, everyone seems to know that you take a hammer and whack some magic aspect of the knee and watch for the amazing automatic reflex. The discovery of reflexes has been the work of many different scientists and doctors over the years. The following is an abstract taken from a paper titled "The History of the Reflex Hammer":

> Following the simultaneous description of muscle stretch reflexes by Heinrich Erb and Carl Westphal in 1875, neurologists used direct finger taps or chest percussion hammers to elicit these phenomena. Because of inadequacies of chest percussion hammers for eliciting muscle stretch reflexes, a variety of hammers were developed specifically for this purpose. In 1888, J. Madison Taylor, working for S. Weir Mitchell at the Philadelphia Orthopedic Hospital, designed the first such "reflex hammer." Taylor's hammer had a triangular rubber head and a short, flattened metal handle. Krauss (1894), Berliner (1910), Troemner (1910), Babinski (1912), and Wintle (1925) also designed popular reflex hammers. Many of these hammers and several others are still in use. (Lanska, DJ., Neurology-1989. Nov;39(11):1542-9.)

First and second year students often buy one of many reflex hammer designs for use in clinical skills. Unfortunately, the companies that sell medical instruments don't often sell all available models and don't really explain the advantages or disadvantages of each. Below are some of the popular types of reflex hammers amongst medical students.

The Taylor has a triangular shaped mallet. It is relatively small and light so it's easy to carry in your pocket. Most are cheap ($3-$10) and the mallet material varies from soft rubber to hard plastic. You can also get a fun kid's giraffe version from an online company based out of the US.

The Troemner is probably the most popular hammer among pre-clerkship students at MUN. This hammer elicits a reflex better than the Taylor because it is heavier; but it is a little awkward to carry. It has a pointed handle for testing the Babinski reflex. The Troemner is the best hammer for a student by far.

The Buck neurological hammer isn't that common in the pockets of clerks. But this hammer is great for more specialized neurological physical exams. It is dual-sided and comes with a bush and needle that conveniently store in the hammer handle. A four-in-one hammer, this design is the one MacGyver would use if he were a neurologist.

The Queen's Square has been around since the 1890's. The hammer elicits the best deep tendon reflex, hands down. Because of the design and weight, students usually only need one hit to get a reflex (unlike the Taylor). Reasonably priced, the Queen's Square that has been sold to MUN students in the past unfortunately has a tragic flaw. The mallet on these hammers tends to break away from the relatively fragile 12" plastic handle, especially when being stored in book bags and with heavier objects. A more portable, yet expensive, version of the hammer comes with a metal telescopic stem and a 2-point position head that is more durable. This model hasn't been available for students to purchase in a while and is hard to order independently.

Of course, the most important thing is that regardless of the hammer's design, only practice will allow confidence and accuracy in reflex testing.

Taylor design (Photos from www.allheart.com)

Troemner design (Photo from www.agmedical.com)

Buck design (Photo from www.allheart.com)

Queens Square design (Photo from www.medisave.co.uk)

MUNMED 2009 Brings Research to the Table

by **Aaron Kennedy, *MED I***

Medicine has always attracted over achievers to its ranks, however the newest Memorial Medical School class takes over achieving a step further. In addition to being medical students, there are currently 11 students (18% of the class) that have or are currently doing research-based Masters or PhD degrees. Their degrees include Medical Genetics, Computer Science, Cancer Research, Engineering, Nutrition, Biochemistry, and Cardiovascular/ Renal Physiology. With such a strong background in research, MUNMED 2009 provides an interesting dynamic for the school.

Research is the backbone of medicine; it is how every new drug, treatment and policy comes into effect in the medical field. Research experience can also be an enjoyable and productive activity during medical school and it often influences personal career or specialty choices. Even so, getting medical students involved in research is a difficult process. With the large workload associated with medical school, few feel they have time to participate in a research project on the side. There are programs in place at MUN designed to encourage students to join research, but unfortunately they are often underutilized.

The benefits of research reach farther than just filling space on your resume. Having a broader understanding of medical science is not a bad thing. You may even get to publish your work in a journal or present it at a conference in some far off (and warmer) city. Plus, not only will the experience earned from research benefit you during your medical degrees, you will also be able to bring this experience with you to your residency programs, and possibly to future research groups and collaborations during your professional careers.

MUN Faculty of Medicine has a good reputation for research and its research is well known throughout the world. The newest medical school class, Class of 2009, shows great promise as being a class highly involved in research: 11 students already have graduate school experience and many others have exposure from honours projects and summer research stints. Our class is primed to be highly involved with medical research throughout our future careers.

I personally enjoy research. I am proud of the work I have done in the field of medical genetics and look forward to many more years of investigating the genetic components of obesity or whatever other topics interest me. For more information on how you can get involved in research at MUN contact the Office of Research and Graduate Studies in the Faculty of Medicine.

Textbook Review: Top 100 Endocrinology Secrets!

by **Colin White, *MED III***

As part of ISD 2, the endocrinology course plays a fundamental role in introducing students to such important topics as diabetes and hypothalamus–pituitary interactions. The question remains what book should students use for this course? The "Top 100 Endocrinology Secrets" book offers brief but broad coverage of the main topics in endocrinology.

The book includes much more than just the 100 endo secrets on board exams and clues for the floors. The secrets only take up the first 4 pages of the book. The rest of the book is dedicated to covering the important and mandatory topics in endocrinology. There is a chapter specific to each secret given at the beginning of the book. The 100 endo secrets are not direct facts but concepts that may relate to quiz questions. These aren't much good until you've obtained a solid background of the basic concepts first. Most of these 100 secrets are out of the range of the ISD course and are aimed at higher-level clerks and residents.

This book shouldn't be used as a primary textbook for the endocrinology course. Its chapters are fairly brief and have a question and answer format. This makes it difficult to look up specific details.

The best reference book is Cecil Essentials of Medicine (the condensed version). This textbook is suggested for most ISD 2 courses and therefore you get the most bang for your buck. It gives some info on everything (sometimes not enough) and is quite readable and a good first step when learning material. The endo secrets book was useful during the second half of the course. When you really begin to understand the information, it allows for quick a review of various topics.

An Examination at Mama Soula's

by **Maria Brake and Anna Smith**, ***MED II***

During the first week of paediatrics, we (Clinical Skills group 5) were devastated with the absence of our Friday afternoon skills session. To console our woes, and keep our skills up to par, we decided to engage in a more artistic form of clinical exam: critiquing our lunch-hour experience at Mama Soula's.

In order to fully critique the Greek menu, we decided it was important to all order different items… so, accordingly, we all ordered the same Souvlaki dish with different combos of meat skewers, and in Brian's case, a different side – Caesar salad and fries to be exact.

In true clinical form we decided to review the experience in IPPA format:

Inspection – The décor was appropriately Mediterranean, as was the pleasing background music. In fact, Greg and Brian were unable to contain themselves from dancing around the restaurant while waiting for our food to be prepared. Maria, our class physics major, was disappointed with the under-representation of the Greek alphabet on the menu and signage.

Palpation – The waiter must have seen the ravaging hunger in our eyes, just having sat through four hours of lecture on troubled teens, he decided to bring us a basket of fresh breadsticks. We used that opportunity to practice palpating. The breadsticks were readily palpable with no evident masses or signs of edema. Anna found their diffuse doughy consistency very satisfying on mastication.

Percussion – Following our delicious entrees, Brian proposed a toast to our productive afternoon. Our glass clinking did not satisfy the percussion needs of Greg, and in keeping with Greek tradition, he began smashing dinner plates on the floor. The group at the next table was also familiar with this ancient tradition, and instinctively joined in.

Auscultations – The commotion encouraged the entire restaurant to partake in the party. The "Ompas" reached all the way to Torbay…as did the smell of our garlic breath as we paraded out through the doors.

Too bad Brian and Greg had to share a plane with 40 other MUN-Dal delegates.

While this learning experience proved valuable and enjoyable, Mama Soula's management has asked us to select a different restaurant for future clinical skills sessions.

Class of 2008 Personal Ad Section

by **Gillian Sheppard and Sarah Mathieson, *MED II***

Must love cats!!!
SM looking for SF who loves cats, cheese and getting punch biopsies.

George of the Jungle looking for love….
Large muscle-y SWM looking for a SF who will make his bed, cook for him, and clean-up his mess.

What would Jesus do?
SM is looking for love, faith, humility, excellent prayer skills and good connections upstairs.

Looking for anatomy partner
Recently released from prison! This SF is looking for SM study buddy.

MSS President on the prowl
Well-dressed SM is looking for a 1st Lady who likes to dance.

No Short comings here!
Stalwart Newfoundlander is hoping to find a SF; will provide house with ocean view and white picket fence.

Will dance for free…..
SF is looking for a SM who can handle some booty and late night parties.

Will catch you a delicious bass…..
Distinguished red-headed SM is hoping to find an intelligent SF who likes apples.

Ultimate SF
Fun-loving brunette is looking for high energy SM to keep her occupied.

Must enjoy riding…
SF looking for a SM who enjoys horse-back riding, lobster and long walks on the beach.

If I were a rich girl….
SF is looking for companion with excellent dreidel operation skills.

Lonely in the library
SM looking for SF to read him like a book.

Are you up to par?
Step on up ladies 'cause this guys heart is as big as his appetite. Not only does he enjoy food, he's also looking for a hole in one!

Primary Healthcare: an old idea?

by **Malcolm Wells, *MED I***

In our first year community health course, the primary healthcare model was heralded as a new and innovative way to deliver health care. While it is innovative, it's not necessarily new. The Strait of Belle Isle Health Centre has been running such a system for the past thirty years. During my two-week rural visit in Flower's Cove, I observed everyone at the health centre working together as a cohesive unit. I marvelled at their system. I was amazed they had such an ahead-of-their-time approach. The nurses were amused at me, as they had used this model for decades.

During my visit in Flower's Cove, I spent time shadowing the nurse practitioner. I observed her as she saw her scheduled patients, took their histories, examined them, diagnosed them, and prescribed certain medications. She diagnosed and treated several colds and a sinusitis. She renewed a blood pressure medication prescription. Her interview and examination discovered a patient's increased risk of cardiovascular disease and she consulted with the doctor on prescribing medication for it. Patients requiring prescription renewals or having straightforward acute illnesses were treated. The doctor was consulted only on the more complex cases. In this way, nurse practitioners play an important role in the primary health care model used in Flower's Cove.

Public health nurses, mental health nurses, and social workers all have offices within the clinic. If the doctor needs a consultation he simply walks down the hall and knocks on the proper door. If a doctor in a larger centre requires a consult, a formal letter is written followed by a wait of several weeks. The primary healthcare model increases efficiency and promotes cooperation amongst the healthcare providers.

Home care nurses also have offices with the clinic. However, they spend most of their time travelling up and down the coast, from Eddie's Cove East down to Shoal Cove, dropping into the homes of elderly people and giving them weekly check-ups. For seniors who are unable to come to the clinic, this is essential to their health. Without the homecare nurses, a trip for a routine health examination would require an ambulance ride. Any deterioration in condition is quickly detected by the homecare nurse and, in consultation with the doctor, appropriate action is taken. With close contact between the homecare nurse and doctor, patients are able to live at home much later in life.

The primary health care model helps overcome a lot of staffing and resource limitations. The Flower's Cove clinic has room for three doctors. Currently there is one. However the doctor is not as overwhelmed as you might think. Nurse Practitioners, RNs, and paramedics run the ER, walk-in clinic and general care clinic. Most things they can take care of. For the rest they consult with the doctor. This decreases the doctor's workload tremendously, allowing him to concentrate on the more complex cases. This system allows rural clinics with shortages of doctors to run smoothly, increasing the quality of health care in the community.

Memorable Moments from the Class of 2009!!!

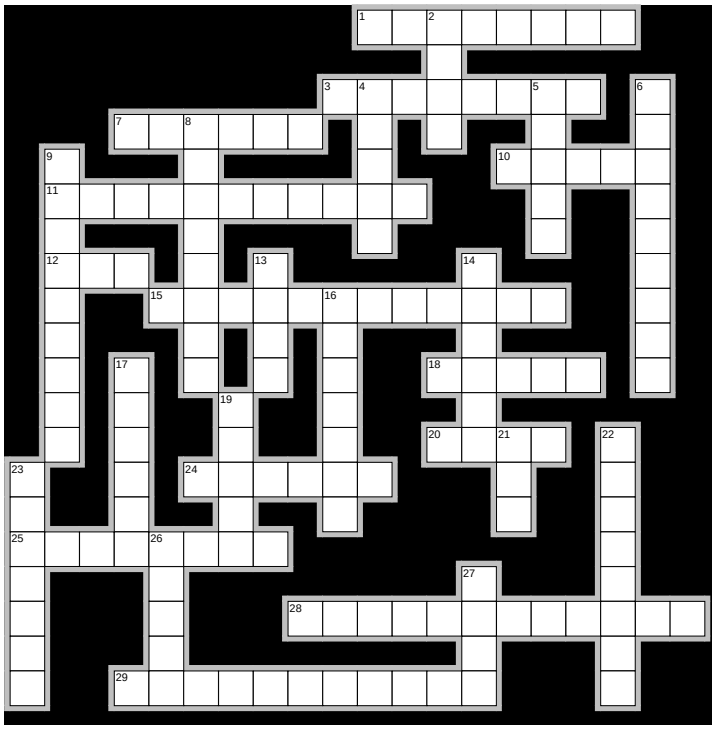
Here are a few pictures to remind you of all the fun you've had at Memorial so far…….

Across

1. Where Dawn found her love for medicine
3. Provider of gingersnaps and tea
7. Dr. Eaton's fashion statement
10. Has "fun" with numbers and pre-clerk complaints
11. Most commonly prescribed antibiotic in Canada
12. Most common ligament injured in the ankle (acr.)
15. Historical use of a barber's pole
18. The number of pounds of pressure it takes to rip your ear off
20. Clinical skills examination
24. First year prof. that always runs overtime
25. The name of the reflex hammer owned by most of us
28. The most famous patient with a pre-frontal cortex lesion (2 words)
29. An insect that has more muscles than a human

Down

2. Always a welcome face for poor students
4. The Dean's Tuesday night past time
5. Can be found in a teratoma
6. The tiniest human muscle
8. Triad for hypoglycemia
9. One of the 6 Ps of vascular injury
13. CFPC Family Physician of the Year
14. Main supinator of arm
16. Inventor of the stethoscope
17. This bodily function generates a wind of 166 km/h
19. TV's newest doctor
21. Most common cause of congestive heart failure
22. Almond-shaped part of the brain
23. Upcoming refugee health project
26. One of the editors' alter ego
27. Trichotillomaniacs are obsessed with this



Streeters

We asked these people "What's the difference between a duck?"

Bryan O'Neill
MED II

"Now we're talkin'!"

Dax Rumsey
MED II

"W.W.J.S." (What would Jesus say?)

Jacqueline Costello
MED II

"A duck don't look like this"

Gillian Sheppard
MED II

"Who gives a rat's ass?"

A Question of Affect

by **Monica Kidd, *MED II***

"You've got an overdose in room six." The nurse's words drop like a wet newspaper at Dr. X's feet. It's been a quiet Sunday morning in Emergency so far, and it will be at least another hour before the people with salt-beef hypertension start rolling in after dinner.

"She was in yesterday. And the day before over at St. Clare's. Thirty times in the last two months." The nurse rolls her eyes.

Dr. X heads to the computer to read up. Complaints of pain, accidents. Physical exams revealing little. Small prescriptions for painkillers to get her through the night or week-end. A letter explaining she'd recently moved back to Newfoundland and had come under psychiatric care. A diagnosis of adjustment disorder.

"She's the one who came in claiming she'd been hit by a car," Dr. X says. He picks up her chart, and I glance at the top. Patient name: PR; age: 44; marital status: widowed. I am expecting a thin, anxious woman in Velcro sneakers. I am expecting a poor woman. I am expecting her to lie to us. I am embarrassed I think these things. I try to wipe clean my mind and run over what little I know about adjustment disorder and depression.

Dr. X steps through her door and up to her bedside. A large woman with once-blonde hair with a shiny glass pendant at the throat of her johnny coat opens her eyes and rolls her heavy head toward us. "P- ?" The doctor asks.

She blinks like she is coming to and groans a kind of response. "I hear you took a few too many pills." He takes the ophthalmoscope from the wall and begins seeing what he can see. She has angry black bags under her eyes, but she's responsive and stable. "Do you know where you are?"

"Yeah. I'm on this f-ing rock," she spits, then laughs: the sound could burn through cement.

The story is that she came in last night after taking a handful or more of anti-depressants. After her psychiatric assessment, she was sent home with her pills. She took more when she got home, and then some more when she got up this morning. That was three hours ago. She called her psychiatrist after she took the pills; her psychiatrist told her to take herself to emergency.

P- stares coldly at the doctor as she tells her story, flashing brightly once or twice when conversation turns to how she was left to her own devices with a supply of pills. I am confused by this. My psychiatry text tells me a depressed person is not supposed to have a reactive affect. Is she having us on? Or is my cartoon understanding of psychiatry betraying me?

Dr. X sets down her chart and props a foot on the frame of her bed. She is still grumbling about Newfoundland: the weather, the people, the doctors. He folds his arms over his chest. "Why did you come back?"

And for a moment, she's stumped. "Well, I lost my husband. And my granddaughter. She died at two weeks. We asked for an autopsy, but all they could come up with was sudden infant death."

"And where's your daughter, the mother of the baby who died?"

"In the mental hospital in Calgary. Couldn't take it. I lost everything up there. There was nothing to stay for. So I came back here." She has sunken into herself again, as though time has begun to work differently. As though she is waiting for something a very long way off.

"We're going to take some blood from you, okay P-? And then we'll call the psychiatrist."

"I don't know where the hell you're going to get it." She holds up two bare arms and looks from elbow to elbow, at the grey smudges of bruise on both. "They poked every inch of me yesterday."

"Well, you know the psychiatrists. They want to make sure nothing's going on with your blood before they talk to you." He winks at the two of us, for distinctly different reasons.

"Only in Newfoundland," she says, rolling her head from side to side in a grumbling disgust.

Dr. X and I leave her room. "She seemed pretty bright for someone who's depressed." It's a question more than anything. Truth is, I don't have a clue.

He shrugs. "I don't know. It's a hard life."

The nurse rushes by with a message: "You've got a sudden onset headache with slurring on the way." He sets down PR's file and makes ready for the potential cerebral hemorrhage.

I find my bag and decide to go home to read about the liver. I peak in PR's room as I walk by, slipping my arms into my coat. She is there, alone, her clothes in a frustrated pile. There is no one to come for her, no one to call. I don't know what of that she's told us is true. I don't know why she took the pills. I don't know why she has a reactive affect if she is depressed. But I do know she is a mountain of sadness.
That is a diagnosis I understand.

Monte Carlo 2006 Committee Chairs

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Allison Leonard, Marion Cornish
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Sammy Khalili, Gokul Vidyasankar, Rosa Magalios
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Entertainment
Mike Hickey, Allison Hall
A/V
Glynn Martin, James Masters

A WORD OR TWO FROM STEDMAN'S

BY **YOELLA TEPLITSKY, *MED II***

Have you ever looked up a word in your Stedman's Medical Dictionary and gotten distracted by other weird and wonderful and impossible-to-pronounce words on the page, turning a one-minute break from your studies into ten? Well, it happens to me all the time! Here are some of the words in Stedman's that have distracted me:

Philosopher's Stone:	a stone sought by the alchemists of the Middle Ages that was supposedly able to transmute base metals into gold, to make precious stones, and to cure all ills, and thus confer longevity; it was also believed to be a universal solvent.
Malinterdigitation:	Faulty intercuspation of teeth.
Quincke Sign:	Capillary pulse as appreciated in the fingernails and toenails during aortic regurgitation; ebb and flow is seen.
Brazilian Pemphigus:	See fogo selvagem
Fogo Selvagem:	A form of pemphigus foliaceus, occurring in southern Brazil, in which the lesions are bullous, appear localized to the face and upper trunk, become widespread, variegated, erythrodermic, and exfoliative; immunologically indistinguishable from pemphigus foliaceus or vulgaris. (Origin: Portuguese, wild fire)
Wucheriasis:	Infection with worms of the genus *Wuchereria*.
Noetic Anxiety:	In existential psychotherapy, anxiety caused by confusion or loss of meaning in life.
Xanthophyll:	Oxygenated derivative of carotene; a yellow plant pigment, occurring also in egg yolk and corpus luteum.

All definitions taken from Stedman's Electronic Medical Dictionary, v.5.0, Lipincott Williams & Wilkins

CARMS Match 2006

CONGRATULATIONS TO THE CLASS OF 2006!!!
GOOD LUCK IN YOUR CHOSEN FIELDS OF MEDICINE. WE LOOK FORWARD TO WORKING WITH MANY OF YOU AS CLERKS!!!

Massi Abedi Family Medicine, McMaster University
Karen Avery Family Medicine, MUN
Hilary Baikie Obs/Gyne, University of Calgary
Kirsten Barnes Military Family Medicine. Edmonton
Deanna Bellamy Family Medicine. Grand Prairie, AB.
Erin Bennett, Family Medicine, MUN
Caroline Blackman Psychiatry, Beth Israel Hospital-Albert Einstein Medical School, Manhattan
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Class of 2006 Green Shirt Ceremony
(Orientation week 2002)