

# Congratulations to the Class of 2004!



## The Wellness Chronicle

Creighton University School of Medicine

Volume VII, Number 4

Summer 2004

# Step Two Clinical Skills Assessment

## Boldly Going Where No Medical Students Have Gone Before

By Cathy White

As our school says “good-bye” to the CUSOM Graduating Class of 2004, the Class of 2005 prepares to face a challenge that no previous but all future medical school graduates must endure to pass USMLE Step 2 for licensing – a day long practical exam off-site to assess clinical skills, interpersonal skills, and English competency. The old Step 2 exam will be replaced with a Step 2CK (i.e., clinical knowledge). A second exam will be added to the examination process, Step 2CS (i.e., clinical skills) where the future physicians of America will be subjected to 12 common patient encounters at one of 5 “high tech” testing centers, each comprised of 24 patient encounter rooms designed like a typical clinic exam room. Sophisticated cost analysis studies showed that the sites selected were an optimal arrangement, and testing centers are located in either Philadelphia, Atlanta, Los Angeles, Chicago, or Houston. Third year medical students across the

country register for the exam at the end of their third year by paying a \$975 fee, and they have basically a one year window to travel to the testing center for the examination.

Students’ scores will be based on 11 out of 12 patient encounters, and the twelfth encounter is used by the testing

center to train standardized patients (but I bet we probably won’t know which encounter that will be, so stay on your toes for all of them!).

Standardized patients are selected to represent a broad range of age, racial, and ethnic backgrounds, and one encounter is likely to be a “pediatric” visit where the medical student interviews a parent concerned about their child’s health problem. Dr. Kavan stated that it is even possible that students may be given a

phone interview scenario. Each patient’s history may be read before the student enters the exam room, the patient encounter lasts 15 minutes (you get a five-minute warning, no time

See *USMLE*: Page 2



*First One to Complete the Physical Wins!- Behind each door a new injury or ailment awaits each contestant (med student). Students see 12 patients throughout this fun-filled day. Photo courtesy of [www.USMLE.org](http://www.USMLE.org)*

## The Wellness Chronicle Staff:

### Faculty Advisor:

Dr. Michael Kavan, Ph.D.

**Editor in Chief:** Kris Kazlauskas

**Technical Advisor:** Adam Rudnick

**Photographer:** Nikki Sapiadante

### This Issue's Writers:

Dr. Michael Kavan, Ph.D.

Yukari Kawamoto

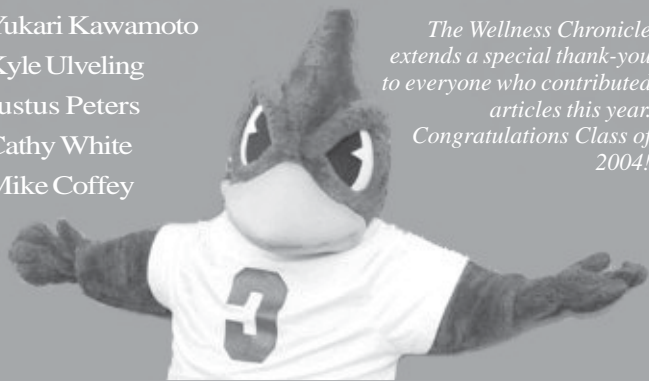
Kyle Ulveling

Justus Peters

Cathy White

Mike Coffey

*The Wellness Chronicle extends a special thank-you to everyone who contributed articles this year. Congratulations Class of 2004!*



## USMLE: Gotta Have Clinical Skills to Pay the Bills

*Continued from Page 1*

extensions, the patient has a check-list of items or questions you should have done/asked in the exam, and there's no re-entering the room once you've said your good-byes to the patient.), followed by a 10 minute period at a carrel writing or typing the patient encounter note. A typical day for examination would be: see 5 patients, take a "lunch" break, see 4 patients, take a "short" break, see 3 patients, and then you're done.

To ensure objectivity in grading, patient notes will be sent to the central evaluation site in Philadelphia where the notes will be expertly graded. While it is possible to "earn" 9 points in each of the 11 scored patient encounters, the final grades reported to the students will be one of two numeric scores indicating the student either passed or failed. (It's kind of like all Anatomy students getting either a 71 [PASS] or a 69 [FAIL] in class and those are the only two possible grades anyone could ever get. Sorry Honors' students – this must seem like sacrilege to you.) In order to pass, students must pass all three components examined – clinical skills, interpersonal skills, and English proficiency.

In an interview with Dr. Kavan, he said that in order to graduate from Creighton SOM, the current policy is that you need to post a score on this exam but you do not have to pass this exam (although you can be sure that residency programs

will be looking at your pass/fail numerical score to see how you did). But he has a lot of faith in the students and educational methods used here at Creighton for clinical examination and said, "I think our students will do very well on this." When asked, Dr. Kavan felt that all of the interviewing techniques covered in the interviewing classes are "fair game", including subjects such as delivering bad news,



**Cheater!**- Ambitious and excited, this medical student just couldn't wait to read the patient history. Photo courtesy of [www.USMLE.org](http://www.USMLE.org)

discussing sexual problems and histories, talking to depressed patients, etc. However, Dr. Kavan said that rectal and pelvic examinations will not be evaluated in Step 2CS. Common medical problems will be covered in the patient encounters, so be forewarned in order that your energy is not spent tracking down rare conditions.

I asked Dr. Kavan if he had a special message to the students about the Step 2CS, and he felt students should actively focus on learning the skills that they need to pass this test. He realizes it can be awkward to participate in interviewing small group (or in the physical examinations at the clinical



**And the number one reason why you pass me is...- I paid a grand to be here today!** Photo courtesy of [www.USMLE.org](http://www.USMLE.org)

assessment center), but he hopes that we'd jump in with both feet and embrace the opportunities to improve. He said, "Take advantage of these opportunities in interviewing small groups and in clinic experiences – it can only help with Step 2CS and it will make you better physicians in the long run." ■



# Shrink Rap

Helpful tips from the  
Sultan of Stress relief!

By Dr. Mike Kavan, Ph.D.,  
Associate Dean for Student Affairs

## Depression and Problem Gambling:

What better way to rap up the year than with a final edition of Shrink Rap – get it? Okay, well, at least I thought it was moderately funny...alright, after further thinking about this, it was just plain stupid. With that said, I thought I would visit a couple of topics that could negatively affect medical students and provide some basic information regarding red flags and intervention strategies for depression and problem gambling.

### Depression:

You all know that depression is a common problem in the U.S. and the world. It is estimated that the lifetime risk for Major Depressive Disorder in community samples ranges from 10%-25% for women and 5%-12% for men. Depression may begin at any age, but the average age of onset is in the mid-20s. Approximately 50%-60% of persons with Major Depressive Disorder can be expected to have a second episode.

Symptoms: If you haven't learned about SIG E CAPS + Mood by now, then I am a total failure and need medication. However, for those who may have just nodded off briefly during my many lectures on this, the DSM-IV criteria for Major Depressive Episode are best remembered by the above mnemonic, which apparently relates to when one is depressed he/she needs a prescription (or **SIG**nature for **E**nergy **CAPS**ules). S = sleep (insomnia or hypersomnia), I = Interests (decreased), G = Guilt, E = Energy (decreased), C = Concentration (decreased), A = Appetite (typically decreased, but sometimes increased), P = Psychomotor retardation or agitation, S = Suicide (or recurrent thoughts of death), plus Mood (sadness, feeling empty, tearful). In order to have a diagnosis of depression one must experience at least five of these symptoms (with one being either depressed mood or decreased interest) nearly every day for two weeks. If you or someone you know needs treatment, please seek help from a psychologist, psychiatrist, or a primary care physician.

Treatment: A variety of successful treatments are available for depression. These include medication and psychological counseling. Although various medications have been shown

to be useful for depression, the most widely prescribed are a class called the SSRIs (Selective Serotonin Re-uptake Inhibitors). The second most prescribed class includes the TCIs (Tricyclic Antidepressants). Both classes are effective, but each has their own strengths and side-effect profiles, so, please consult your physician regarding what is best for you.

In regards to psychological counseling, cognitive behavior therapy is one of the more effective modalities. It is believed that most persons with depression have a negative view of themselves, life, and the future and that this cognitive schemata influences how they think about events in their lives. The goal is to get persons to catch these negative beliefs and replace them with more rational thinking. In addition, persons certainly benefit from getting active by taking up hobbies, socializing with others, involving themselves in exercise, and so forth. As Robert Burton wrote in the Anatomy of Melancholy in 1621, "The greatest cause of melancholy is idleness, its best cure is business." So, watch those thoughts and get active!

### Gambling:

Speaking of activity – Has gambling become a problem for you? Although gambling can be a healthy diversion from life's stressors and a legitimate form of entertainment, it is all too clear that gambling can become a major life problem for many persons. Approximately, 84%-92% of adults gamble depending on the state surveyed. Of these, it is estimated that 1.29% (or 3.8 million) of American adults are problem gamblers. If those with less-severe gambling problems are included, one can double this figure to 8 million. Why do I speak of this in the Wellness Chronicle? Well, it's those darn boats that sit in the Big Muddy and that slot machine paradise at Bluffs Run in the wonderful city of Council Bluffs, Iowa – all waiting to entertain and to seduce. As a personal aside, I have been to a casino only once and that was in Las Vegas. After sitting at the same slot machine for 8 hours straight – okay, I had my wife sit in my chair once to go potty – I can vouch for the power of a variable ratio schedule of reinforcement and superstitious behaviors. For those interested, I actually came out ahead, but spent all my winnings on treatment for pressure sores.

Signs of Problem Gambling: There is a fairly common pattern to the development of problem gambling: Winning Phase

See **Gambling: Page 4**



# ROTATION SURVIVAL PEARLS

## TRANSITIONING FROM THE CLASSROOM TO THE HOSPITAL

By Justus Turner Peters

The following list provides some tips to keep you on the right track as you begin your clinical years.

### 1. First Impressions Last:

You only make one impression and that is your first. We form opinions about people the first time we see or hear them. We even form opinions about people we have never met! How we dress, how we walk, eat, drink, and work all have weight in making first impressions. Show enthusiasm with a firm handshake and bring your self esteem with you, as you are a bona fide soon-to-be-doctor. Be interesting and the doctors, nurses, and residents will be interested.

### 2. Take Initiative:

I recently read that resident's don't like when med students watch them do everything. The med student watches the resident do the procedure, watches the resident write orders, watches everything. Granted, we must learn at first, but jump in once you know what to do. Having a slacker student for a month is almost like having chronic pain syndrome with episodes of required intellectual enemas.

### 3. Ally Yourself With the Resident:

A perfect student always makes the upper level resident look good. I always made a point to talk to the intern or 1<sup>st</sup> year Resident about any work that had to be done. Follow up and page the resident with any new information on your patients.

### 4. You are an Investigator, Not Just a Data Gatherer:

You can easily influence medical regimen treatment with new data or research that you read on your patient. I would always present at least 2/week "Mini-Clinical Quickies." These were powerpoint presentation handouts of 6 slides with a lesson on something interesting about something that could be done to my patient. My last one was called, "*Carbohydrate Deficient Transferrin Levels in the Diagnosis of Heavy Alcohol Intake.*" Of course, the attending laughed anyway, but quoted, "Thank you for your continuous stimulation."

### 5. Show confidence:

But don't be cocky. One of my mentors, Dr. Knight, recently told me that the generation observing us as potential residents in the future, albeit a little older, maintain their values and norms, and some are different than ours." It is best to show respect, have a "can-do" attitude, but be humble at the same time.

### 6. Work Hard:

Be available, work enthusiastically, be a team player, be the first to arrive, and the last to leave, and don't complain. No beating around the bush on this one. You either work hard, or fight an uphill battle trying to make a good 2<sup>nd</sup> impression.

### 7. Liaison With the Specialties:

If Renal writes a note-tell your resident renal's recommendations. If Cardio does a cath-relay the results to the residents ASAP. Radiology does a film-have it read in person by a resident or attending in radiology, and then call your resident. Essentially, you liaison between the resident and the vital information that dictates medical management. ■

## Gambling: How to Know if You Have an Addiction

*Continued from Page 3*

(occasional gambling, frequent winning, increased betting, and the big win), Losing Phase (thinking about gambling more, prolonged losing episodes, losing time from work/school, heavy borrowing, inability to pay debts), to the Desperation Phase (marked increase in amount of time spent gambling, blaming others, remorse, panic). Persons in these stages often begin to "chase their losses," meaning that they lose one night and return to make up those losses by betting more often or more money. Unfortunately, they typically end of losing even more and they cycle downward. If you see any of this in your or others, get help.

Interventions: As with any addiction, the first step is admitting the problem. Many times the problem gambler is unable to see this as he/she spirals downward. Because of this, confronting the person with concrete evidence to support your claim of a problem can be helpful. Then getting the person into treatment through a 12-step program similar to Alcoholics Anonymous can be helpful. The number for Gamblers Anonymous in Omaha is 978-7557. Individual counseling for anxiety, depression, alienation, and interpersonal (e.g., marital) problems is also helpful. Finally, legal counseling can benefit many gamblers. For those interested, they can contact 1-800-BETS-OFF (1-800-238-7633) in Iowa or 1800-522-4700 outside of Iowa. The ultimate prevention strategy is to stay away from casinos in the first place. After all, as the old saying goes, Las Vegas was built on suckers. Have a great summer, remember the importance of balance, and the best of health to you all! ■

# CLASS OF 2004 MATCH RESULTS



## Creighton University School of Medicine- Class of 2004

### ANESTHESIOLOGY

#### 2004 C.U. Grads in Non-Creighton Programs

Maulik Bhalani.....	Univ of Maryland Med Center, Baltimore, MD (Transitional, Maryland General Hosp, Baltimore)
Anthony Dye.....	Hershey / Penn State, Hershey PA
Jason Eldrige.....	Mayo Grad School of Medicine, Rochester MN (Prelim Medicine, Creighton)
Carl Heine.....	Univ of Michigan Hospitals, Ann Arbor MI (Transitional, St Vincent Hospital, Indianapolis IN)
Kalyan Kuna.....	Univ of Texas Med School, Houston TX (Prelim Medicine, Good Samaritan, Phoenix, AZ)
Caroline Lin.....	UC Davis Med Center, Sacramento CA (Prelim Medicine, Creighton)
Zaheer Pajnigar.....	Univ of Kansas School of Medicine, Kansas City KS (Transitional, Broadlawns Med Center, Des Moines IA)
Thomas Schulte.....	Univ of Nebraska Med Center, Omaha NE (Prelim Medicine, UNMC, Omaha NE)
Deepesh Shah.....	Beth Israel Deaconess Med Center, Boston MA (Prelim Medicine, Good Samaritan, Phoenix, AZ)
Candice Tay.....	Univ of Southern California, Los Angeles CA (Prelim Medicine, Univ of Nevada, Las Vegas NV)
Victor Truong.....	Univ of Michigan Hospitals, Ann Arbor MI (Prelim Medicine, UC San Francisco, Fresno CA)
Scott Vanek.....	Univ of Colorado School of Medicine, Denver CO (Prelim Medicine, Exempla St Joseph Hospital, Denver CO)
DeEtte Duke Zahn.....	UCLA Med Center, Los Angeles CA (Prelim Medicine, Creighton)

### EMERGENCY MEDICINE

#### 2004 C.U. Grads in Non-Creighton Programs

Daniel Nishijima.....	SUNY Health Science Center, Brooklyn NY
-----------------------	---

### FAMILY PRACTICE

#### 2004 C.U. Grads in Creighton Programs

Sandra Baumberger .....	(accelerated program)
Amy Edman .....	(accelerated program)
Truc Hoang	
Jelyn Lu.....	(accelerated program)
John Winters	

### FAMILY PRACTICE

#### 2004 C.U. Grads in Non-Creighton Programs

Todd Fagot.....	Lincoln Med Education Foundation, Lincoln NE
-----------------	--

# CLASS OF 2004 MATCH RESULTS



## FAMILY PRACTICE

### 2004 C.U. Grads in Non-Creighton Programs continued

Lee Ozaeta.....David Grant Med Ctr, Travis Air Force Base CA  
Gerard Stanley.....North Colorado Med Center, Greeley CO

## INTERNAL MEDICINE

### 2004 C.U. Grads in Non-Creighton Programs

Khader Abou-Nasr.....George Washington Univ, Washington DC  
Kirstin Bacani.....Mayo Graduate School of Medicine, Scottsdale AZ  
Ankush Bansal.....Christiana Care Health System, Newark DE  
Achala Bhaskara.....Univ of Texas Med School, Houston TX  
Gail Budke.....Ohio State Univ Med Center, Columbus OH  
Jaclyn Chaffee.....Univ of Minnesota Med School, Minneapolis MN  
Berdine Chong.....Legacy Emanuel / Good Samaritan Hospital, Portland OR  
Rowena Delos Santos.....Univ of Michigan Hospitals, Ann Arbor MI  
Tiffani Dennis.....Virginia Commonwealth Univ, Richmond VA  
Kumar Desai.....Einstein / Montefiore Med Center, Bronx NY  
Soni Dhanireddy.....Rush Univ Med Center, Chicago IL  
Emily Ebenhoe.....Univ of Wisconsin Hospitals & Clinics, Madison WI  
Kristen Glass.....Wilford Hall Med Center, Lackland AFB, San Antonio TX  
Jadvinder Goraya.....Grand Rapids Med Education, Grand Rapids MI  
Tim Issac.....Baylor College of Medicine, Houston TX  
Ganesh Kakarlapudi.....Univ Hospital of Cincinnati, Cincinnati OH  
Michael Lanspa.....Univ of Utah Affiliated Hospitals, Salt Lake City UT  
Lindsey McCarty.....Wash U / Barnes-Jewish Hospital, St Louis MO  
Aaron Michels.....Univ of Nebraska Med Center, Omaha NE  
Alexandra Rodriguez.....Yale-New Haven Hospital, New Haven CT  
Melissa Rosenthal.....Kaiser Permanente, Los Angeles CA  
Evan Silvi.....Norwalk Hospital, Norwalk CT  
Matthew Tinguely.....Med College of Wisconsin Affil Hosps, Milwaukee WI

## INTERNAL MEDICINE AND PEDIATRICS COMBINED

### 2004 C.U. Grads in Non-Creighton Programs

Tara Barto.....Hershey / Penn State, Hershey PA  
Sara Huegli.....Univ Hospital of Cincinnati, Cincinnati OH

## NEUROLOGY

### 2004 C.U. Grads in Creighton Programs

Haakon Nygaard.....Yale Univ / New Haven Hospital, New Haven CT  
.....(Prelim Medicine, Yale / New Haven, New Haven CT)

# CLASS OF 2004 MATCH RESULTS



## OBSTETRICS AND GYNECOLOGY

2004 C.U. Grads in Creighton Programs

Peggy Cheng

## OBSTETRICS AND GYNECOLOGY

2004 C.U. Grads in Non-Creighton Programs

Christina Alicdan.....Med College of Wisconsin, Milwaukee WI  
 Emily Cyr.....Maricopa Med Center, Phoenix AZ  
 Nicole Dubas.....St Louis Univ School of Medicine, St Louis MO  
 Sarah Hammil.....Univ of Utah Affiliated Hospitals, Salt Lake City UT  
 Steven Koch.....Univ of Rochester / Strong Memorial, Rochester NY  
 Elizabeth Schmied.....Univ Arizona Affiliated Hospitals, Tucson AZ  
 Allyson Servoss.....Stamford Hospital / Columbia, Stamford CT  
 Andrea Valeri.....Med College of Wisconsin Affil Hosps, Milwaukee WI  
 Stuart Weatherwax.....Exempla St Joseph Hospital, Denver CO  
 Grant Yasui.....Univ Southern California, Los Angeles CA

## ORTHOPEDIC SURGERY

2004 C.U. Grads in Creighton Programs

Erica Burns

## ORTHOPEDIC SURGERY

2004 C.U. Grads in Non-Creighton Programs

Karl Bergmann.....UMDNJ - New Jersey Med School, Newark NJ  
 Raj Kakarlapudi.....Univ Hospitals, Columbia MO  
 Priyesh Patel.....Boston Univ Med Center, Boston MA  
 Jennifer Peter.....St Marys Med Center, San Francisco CA  
 Steven Schechinger.....Univ of Minnesota Med School, Minneapolis MN  
 Khalid Shirzad.....Oregon Health & Science Univ, Portland OR  
 Jeremy Zebroski.....Med College of Wisconsin Affil Hosps, Milwaukee WI

## PATHOLOGY

2004 C.U. Grads in Non-Creighton Programs

Teresa Karre.....Penrose Hospital, Colorado Springs CO

## PEDIATRICS

2004 C.U. Grads in Non-Creighton Programs

Derek Ching.....Univ of Hawaii Integrated Programs, Honolulu HI  
 Michael Collins.....Univ of Wisconsin Hospitals and Clinics, Madison WI  
 Derek Flores.....Univ of Hawaii Integrated Programs, Honolulu HI  
 Sean Gamble.....Childrens Hospital, Oakland CA  
 Nayyara (Raof) Hameeduddin.....Advocate Lutheran General Hospital, Park Ridge, IL  
 Jennifer Keis.....Med College of Wisconsin, Milwaukee WI

# CLASS OF 2004 MATCH RESULTS



## PEDIATRICS

### 2004 C.U. Grads in Non-Creighton Programs continued

Ari Kounavis.....Hershey / Penn State, Hershey PA  
 Rebecca Levangie.....Eastern Virginia Med School, Norfolk VA  
 Natalie Santiago.....Loma Linda Univ, Loma Linda CA  
 Brian Wu.....Univ of Hawaii Integrated Program, Honolulu HI

## PHYSICAL MEDICINE AND REHABILITATION

### 2004 C.U. Grads in Non-Creighton Programs

James Crew.....Univ of Washington Affiliated Hospitals, Seattle WA  
 Alicia Feldman.....Univ of Colorado School of Medicine, Denver CO  
 .....(Prelim Medicine, UMNC, Omaha NE)  
 Anand Gandhi.....Univ of North Carolina Hospitals, Chapel Hill NC  
 George Smolinski.....Walter Reed Army Med Center, Washington DC

## PLASTIC SURGERY

### 2004 C.U. Grads in Non-Creighton Programs

Brian Pan.....Univ Hospital of Cincinnati, Cincinnati OH

## PSYCHIATRY

### 2004 C.U. Grads in Creighton Programs

Elizabeth Fitzpatrick

## PSYCHIATRY

### 2004 C.U. Grads in Non-Creighton Programs

Elias Dakwar.....Univ of Chicago Hospital, Chicago IL  
 Angela Demarco.....Mayo Graduate School of Medicine, Rochester MN  
 Kevin Donahoe.....Univ of Illinois College of Medicine, Chicago IL  
 Jason Ourada.....Boston Univ Med Center, Boston MA  
 Lindsey Rutledge.....Einstein / Montefiore Med Center, Bronx NY  
 Brian Waters.....Wilford Hall Med Center, Lackland AFB, San Antonio TX

## RADIOLOGY – DIAGNOSTIC

### 2004 C.U. Grads in Creighton Programs

Janine Morris.....(Prelim Medicine, Creighton)  
 Travis Kruse.....(Prelim Family Practice, Clarkson Family Med, Omaha NE)

## RADIOLOGY – DIAGNOSTIC

### 2004 C.U. Grads in Non-Creighton Programs

Brian Bell.....Univ of Minnesota Med School, Minneapolis MN  
 .....(Prelim Medicine, Creighton)  
 Benjamin Dahl.....St Louis Univ, St Louis MO  
 .....(Prelim Medicine, St Louis Univ, St Louis MO)

# CLASS OF 2004 MATCH RESULTS



## RADIOLOGY – DIAGNOSTIC

### 2004 C.U. Grads in Non-Creighton Programs continued

Ryan Dvorak.....	Univ of Michigan Hospital, Ann Arbor MI .....(Prelim Medicine, Creighton)
Robert Hastings.....	Univ of Utah Affiliated Hospitals, Salt Lake City UT .....(Prelim Medicine, Univ of Utah, Salt Lake City UT)
Christopher Lindsay.....	Wayne State Univ / Detroit Med Ctr, Detroit MI .....(Prelim Medicine, Creighton)
David Semerad.....	Madigan Army Med Center, Tacoma WA
Parag Tolat.....	Med College of Wisconsin Affil Hosps, Milwaukee WI .....(Transitional, Gundersen Lutheran, La Crosse WI)

## SURGERY – GENERAL

### 2004 C.U. Grads in Creighton Programs

Jennifer Simkins  
David Vogel

### 2004 C.U. Grads in Non-Creighton Programs

Daniel Kolder.....	Univ Hospitals, Columbia MO
Brian Kuhn.....	Good Samaritan Hospital, Cincinnati OH
Jeff Mathew.....	Ochsner Clinic Foundation, New Orleans LA
Jason Reynoso.....	Univ Arizona Affiliated Hospitals, Tucson AZ
Krishna Venkatesh.....	Univ of Texas Southwestern Med Sch, Dallas TX
Sadiq Zaman.....	St Joseph Hospital, Chicago IL

## The Pocket Calendar- Upcoming Events in the Metro Area - by Kyle Ulveling

**QCO = Qwest Center, MAC = Mid-America Center**

May 8: Tri-City @ Omaha Beef Arena Football at the Civic  
Wichita State @ CU Baseball at the CU Sports Complex  
(Double Header)

May 9: Champions on Ice Figure Skating at MAC  
Wichita State @ CU Baseball at the CUSC

May 11: Riverdance Concert at Orpheum Theatre (thru 5/16)  
Sacramento @ Omaha Royals at Rosenblatt  
Stadium (thru 5/16)

May 12: Metallica Concert at QCO

May 13: Joe Piscopo Stand-Up at Ameristar Casino

May 15: Eagles Concert at QCO  
Alabama Concert at MAC

Fresno @ Omaha Royals at Rosenblatt Stadium (thru 5/18)

May 18: Nebraska @ CU Baseball at Rosenblatt Stadium

May 20: Indiana State @ CU Baseball at the CUSC

May 21: Kid Rock Concert at QCO

Indiana State @ CU Baseball at the CUSC (Double Header)

May 22: Kansas @ Iowa Blackhawks Arena Football at MAC

Indiana State @ CU Baseball at the CUSC

May 25: Shania Twain Concert at QCO

May 28: New Orleans @ Omaha Royals at Rosenblatt Stad. (thru 5/31)

May 29: Billings @ Omaha Beef at the Civic

June 1: Oklahoma @ Omaha Royals at Rosenblatt Stadium (thru 6/4)

June 3: Kevin Pollack Stand-Up at Ameristar Casino

June 10: Memphis @ Omaha Royals at Rosenblatt Stadium (thru 6/13)

June 11: Great High Mountain Tour Concert at MAC

June 12: Casper @ Omaha Beef at the Civic

June 18: College World Series Baseball at Rosenblatt Stadium (thru 6/23)

June 20: Dave Chappelle Stand-Up at the Civic Music Hall

July 1: Iowa @ Omaha Royals at Rosenblatt Stadium (through the 3<sup>rd</sup>)

July 8: Louie Anderson Stand-Up at Ameristar Casino

Jazz on the Green at Joslyn Art Museum

July 15: Nashville @ Omaha Royals at Rosenblatt Stadium (thru 6/18)

Jazz on the Green at Joslyn Art Museum

July 19: Memphis @ Omaha Royals at Rosenblatt Stadium (thru 6/22)

July 22: Eric Clapton Concert at QCO

Jazz on the Green at Joslyn Art Museum

July 25: Boston Concert at Ameristar Casino

July 27: Las Vegas @ Omaha Royals at Rosenblatt Stadium (thru 6/30)

July 29: Jazz on the Green at Joslyn Art Museum

July 31: Van Halen Concert at QCO

# RANT!

## Getting Spanked by Tests, Dressing to Impress, and Selling Junk for less.

By Mike Coffey

After having just taken the Basic Sciences Shelf Exam this morning, I feel that my mood befits the sentiments that are typically expressed in this column. I have maintained for almost two years now that my entire medical school experience has consisted of one confidence-boosting event after another. Why, just this morning I had the privilege of taking a 3 ½ hour, 175 question exam covering all of the information from the first two years of medical school. The fact that there were no breaks during this exam didn't bother me in the slightest – mainly because I was so well-prepared that I breezed through all 175 items without looking back and was done in under an hour.

Oh wait...The truth is that, since Spring Break (which was 6 weeks ago), I have managed to review Anatomy, Biochemistry, GI, and Immunology, while struggling to keep up with and pass my classes. How many questions on this morning's exam had to do with the material I've already reviewed, you ask? Approximately 7, 3 of which I'm pretty sure I answered correctly. The worst part about this board-preparation experience, as I'm sure you've all heard from others, is that I seemingly study all of the time while performing with utmost mediocrity in my coursework, and I'm overjoyed if I score a 55% on a Kaplan Qbank test. I'd rather run a marathon while wearing a sandpaper thong than study for this exam again, and I'm only halfway home.

All right...Come back...I'm done whining about boards. The next items I need to discuss involve fashion. Fashion is something that I've never understood nor embraced, and people today continue to perpetuate my confusion. What's with all of the ladies these days wearing platform shoes that make them 3 inches taller than normal? Once again, an element of the '70s that everyone used to make fun of has resurfaced as fashionable. As if it wasn't bad enough that

I'm balding and skinny, now girls everywhere are taller than me because they have 2x4s strapped to their feet. I guess I'll just have to rely on my quick wit and stunning good looks. Sweet.

Fellas – you're not off the hook here either. If you would have walked into a bar 5 years ago wearing a Western-cut cowboy shirt with mother-of-pearl snaps, no undershirt, and the top two snaps open to show the world a veritable forest of chest hair, everyone would have asked you if you borrowed that shirt from John Travolta's character in the movie "Urban Cowboy," and you would have been laughed out of the bar. (For those of you that didn't get that last joke, "Urban Cowboy" was a cheesy movie that came out in 1980 where John Travolta's character works in a Texas oilfield by day and rides a mechanical bull in a country-western bar by night while trying to win the heart of Debra Winger.) Travolta must be proud, because the style he created in the '80s is being showcased once again – this time in bars where your belt

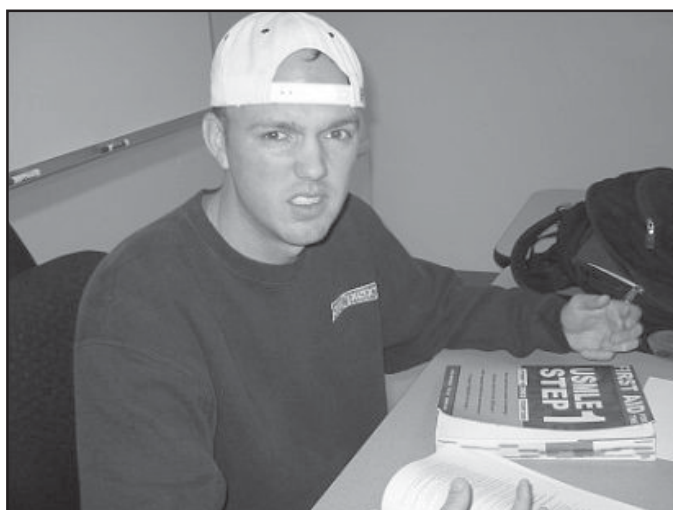
buckle is not considered a valid piece of ID. I used to relentlessly make fun of my own father for wearing shirts like this in the early '80s, but apparently the duration of their stylishness knows no bounds.

Next, I must address something that has recently affected us all. While I believe that it's acceptable to use the e-mail list-serves to announce that you have books for sale, roommates wanted, or even a car for sale, it seems as if people have been trying to open their own thrift stores via e-mail lately. The typical message

sounds like this: "I'm an M4 and I'm moving to Lewiston, Idaho this summer to do my residency and I have some items I would like to sucker you into buying: box of paper clips – 37¢, hair dryer – \$2, 13 business envelopes – 25¢, white coat pins that read 'I heart MikeCoffey' – 15 for \$1, can opener – \$1.69, desk lamp that needs rewiring – \$3.26," and the list goes on and on. Please excuse me for not making any purchases, but I already have an extensive list of places where I can buy other people's discarded junk, and most of them have signs in front that read "Salvation Army."

And, finally, here's the final list of the year of terms from our lectures that you aspiring musician-physicians could use to name your new rock band: Cervical Ripening, Poor Man's Sperm Count, Scrotal Ultrasound, Groove Sign, Trauma Play, Perinuclear Clearing, Papillary Excrescence, Hot Chemo, Peritoneal Breeze, Gastric Emptying, Buffer Secretors,

See **Rant:** Page 12



*Step 1 Fun- Assuming you'd use a second generation drug made only in Switzerland, what biochemical side effects would you expect when this hypertensive hermaphrodite eats asparagus at a barometric pressure of 740 mm/Hg?*



# LOVE AND MEDICAL SCHOOL

By Yukari Kawamoto

I love medical school. Is that weird? Well, so be it. Actually, although I was excited to get into medical school, I had lots of second doubts during the week before orientation. I dreaded being on loans, living away from the blistering Arizona sun, and I was worried about whether or not I could get back into “good” study habits (which by the way, I haven’t been able to achieve yet). On my long drive to Creighton from Phoenix, I got a ticket for going 95 mph on a 75 mph zone on I-80 somewhere in Nowhere-land, Nebraska. That \$200 ticket almost convinced me that God does not intend for me to go to medical school.

I seriously thought about turning my car around and going home. I am so thankful that I kept driving east because I love Creighton University and I loved my first year of medical school. So here are some low-lights and high-lights from the first year:

## Low-lights

The majority of M1s sacrificed watching television for more intellectual cortical activities like reading *The Wellness Chronicle* and Robbins. Unfortunately for me, I have a chronic case of *televisionomatus* where I become ill in the absence of at least three hours of TV everyday. So I couldn’t give



*No Chafing Here-* The caviar of toilet paper.

up TV for health reasons this year. Even amid all the MDQs and OSCEs, some shows just could not be missed: “Will & Grace” kept me up at night, Suzanne Ibach was caught up in “Friends,” Chris Glowaki was hooked on “Scrubs,” and Oliver Lee went nuts over Omarosa and “The Apprentice.”



*Omarosa Fever-* M1 Oliver Lee has it.

anyway, I’ve cut back on buying new clothes – I’ve compensated by going through my fellow classmate Lea Fernando’s closet for new inspirational pieces to combine with my current wardrobe. Many of the M1’s came to school after having a career as a nurse, lab technician, dog groomer, researcher, engineer, etc. For them, it was a difficult year of transition from making the big bucks to borrowing the gargantuan greenbacks.

## Mid-lights

We were reminded by Dr. Kavan, Dr. Jeffries, and Sam Dubrow about professionalism. Maybe this is a bad thing that we actually still need to be “taught” about professionalism, but look at the platinum lining – better to expose these issues now than when we are in clinic. Maybe other schools are having problems with professionalism and are not confronting the students about it. I’m thankful to the administration and our classmates for caring enough about our future.

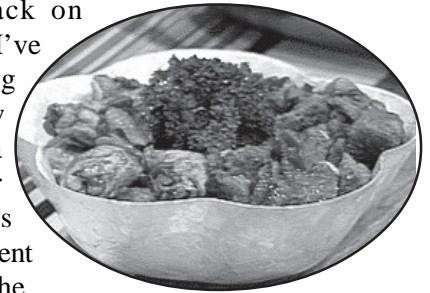


*She Bangs!-* William Hung expresses anger over the M2 Basic Science Shelf Test

adulthood. Obviously, Thomas Joseph and I never made it past the adolescence stage.

## High-lights

We developed a new appreciation for hypochondriacs, because we’ve become pseudo-hypochondriacs ourselves. Human development, MCB, microbiology, anatomy,



*Chicken Adobo-* just add broccoli florets to garnish.

See *Love*: Page 12

## Love: A Passionate Recount of the M1 Year

*Continued from Page 11*

neuroanatomy – they all made us think, “I wonder if I have that disease” at one time or another. When we come across hypochondriacs in our future practices, we can honestly say from experience “I know how that must make you feel.”

We’ve all learned to cook something tasty to please our Umami receptors (which by the way, means “the sensation of good taste” in Japanese). It’s pretty embarrassing when everyone brings elaborate side dishes to potlucks and you show up with a 2-liter bottle of Fanta. I think some of us learned this from the first 5 potlucks of the year. Considering how many get-togethers and potlucks people have held, I’m guessing that each M1 can now cook one thing that can be as tasty as Mel Roca’s chicken *adobo*.

### Super High-lights

We had four handfuls of students become fiancés, moms, and dads. We fell in love with William Hung, I mean, Patrick Lew’s antics and \$30 noteservices. We marveled at how beautiful Wes Johnson can be as a female with flowing hair. We stirred up stimulating debates over how the class newsletter should be shaped. We found new friends (thanks to Corey Zetterman and Michelle Suchy for befriending me at orientation - my first two Creighton *compadres* I met), maybe even a few dreamy hotties to peek our interest (considering how the M1s are THE good-looking class). We made exercise buddies to encourage each other to keep our bodies in shape... Although, I gained 15 pounds this semester even with Jetson Nguyen and Natalie Moore making me run like mad on the tennis courts. We had lots of class volunteering, social, and wellness activities. Brandon Massin gave us lessons on Latin in medicine. The IM teams developed new plays and cheers, even defeating the M2s in some sports. We got a kick out of the jokes at the end of noteservices. The list of super high-lights goes on and on, but most importantly, WE BECAME A DISTINCTIVE COHESIVE GROUP, THE BEST M1 CLASS TO HAVE COME THROUGH CREIGHTON UNIVERSITY!

Yeah, it may have been a tough year of adjustment with the information overload, lack of money to spend, construction during exams, sitting in The Icebox (Criss 252) and driving in the crazy snow. But the Class of 2007, administrators (is it Kavan drools and Knoop rules, or Knoop drools and Kavan rules?), and Creighton University as a whole were wonderful. I have no doubt now that I was meant to be at Creighton as a medical student and the \$200 ticket was just punishment for thinking how ugly the Nebraska trooper cars are along I-80. I truly love the Creighton University School of Medicine. I hope that every one of the future doctors in the Class of 2007 enjoyed their first year as much as I did!

P.S.... you thought this was going to be a relationship article, didn’t you? Lesson for this Wellness Chronicle issue: Don’t judge an article by its title! ☺

## Rant: Rocking the "O" with Metal Fume Fever

*Continued from Page 10*

Hexagonal Cigar, Biliois Emesis, Alkaline Tide, GERD, Vagotomized Rats, Liver Cubes, Weak Sphincter, Osmotic Load, Gastric Squirting, Fetor Hepaticus, Bronze Diabetes, YAG Laser, Heater Probe, Acoustic Shadow, Serous Demilunes, Asymptomatic Jaundice, Shag Effect, Pathological Sacculations, Osmotic Feces, Creeping Fat, Physiologic Ileus, Properly Exposed, Nipples to Knees, Crown Jewels, Fecal Weights, Lumenal Osmoles, Fecal Hoarders, Psychic Blindness, Prone Jack-knife, Big Hot Red Spot, Vascular Cushion, Tube Chow, Colon Cuff, Virtual Colonoscopy, Bonus Adenoma, Tenesmus, Mobile Cecum, Sox9, Grasshopper Emergency, Beautiful Integration, Milwaukee Shoulder, Strongly Birefringent, Myelin Junk, Periosteal Sleeve, Frozen Shoulder, Traction Spur, Halo Nevus, Rodent Ulcer, Joint Play, Herald Patch, Exquisitely Tender, Spitz Nevus, Rancid Sebum, Zeitgeber, Pathologically Sleepy, Sleep Load, Mental Lethargy, Blue Nevus, and my favorite this time – Metal Fume Fever.

That’s enough for this installment. Best of luck with your summer endeavors. I’ll be spending my free time trying to come up with a way to sell sandpaper thongs and my dad’s Western shirts via e-mail. ■

**To the Class of  
2004 -  
Congratulations on  
graduating from  
medical school.  
You did it!**



"I want to share something with you: The three little sentences that will get you through life.

Number 1: Cover for me.

Number 2: Oh, good idea, Boss!

Number 3: It was like that when I got here."

- Homer Simpson