

Student D.O. Update!

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What is the Student D.O. Update? It is a newsletter published 4 times per year following the 4 National COSGP meetings. This issue will give you ideas on how to spend your time over this next summer as well as experiences that your peers have already had. In addition, you'll find info on the world of PDAs, software and more!

Enjoy!

Sallee Eckler, OMS-III, National 2nd Vice Chair, COSGP

What Does Your Summer Have In Store?

Brad Locke, DMUCOM, OMS-III

Are you looking months into the future wondering what you are going to do with your summer? This always seems to be a big decision faced by medical students, "Do I do nothing or something?" Well, I'm here to tell you that both answers are a good idea and maybe I can offer some advice.

Depending on where you go to school, you may have just a short break, a long break, or maybe you're at the point where you have no break at all. This will definitely influence your decision, but just remember...you will put in a lot of effort over the next school year and sometimes your brain needs a break just as much as you do. I guess what I'm saying is don't feel guilty if you just want to relax and hang out with family and friends; you've earned it.

If you decide that you would like to do something over the summer, let me give you a few suggestions that many medical students choose to do. Hopefully these options will help you avoid shaking up a Magic 8-ball for an answer.

First off, one option commonly looked at is research. Some schools out there have research departments, so use them. Talk to the directors about summer opportunities, they may have a spot for you. Outside of your own school, there are many options just a Google search away, but let me point you to a great research opportunity if you have the time, the Pediatric Oncology Education (POE) Program at St. Jude Children's Research Hospital. The POE Program gives students the opportunity to experience both the laboratory and clinical research arenas at a well known medical facility. If you have 9 weeks, this is a great chance to be involved in some of the top cancer research in the country. More information on this opportunity can be found at <http://www.stjude.org/poe/>.

Another option is the always popular international medicine trip. Once again, some schools have already established such trips to countries around the globe and there are also many mission trip opportunities that can be found on the internet. The organization I would

like to highlight is DOCARE. This organization has been a cornerstone of the Osteopathic community for a number of years and has already established many great opportunities for students and physicians alike. More information about this organization can be found at <http://www.docareintl.org/>.

If you are short on time, but would like to have a great clinic experience, may I recommend the Betty Ford Clinic's Summer Institute for Medical Students. This program highlights the substance abuse treatment side of medicine; clinical or outpatient. During your week stay in sunny California, you'll be exposed to the patient and family life of substance abuse treatment. More information about this program can be found at <http://www.bettyfordcenter.org/training/summerinst/>.

Well I hope that the ideas mentioned in this article have sparked some ideas or interest in your summer plans. There are many resources out there that can help you in your search for a summer lineup. Talk to school faculty/administration, your SGA, or school organizations for more help. Until then, strive for excellence in the classroom and pride in the Osteopathic profession!

Reaching Out To Kashmir



Fareeha Sattar, OMS-II, COMP

She lay there motionless on the bed, her body frail and weak: tired. I thought she was asleep, and so as not to wake her, I tried to be gentle. As I re-capped the IV catheter after administering her medication, I found her grappling for my hand. I pulled away slightly, not understanding her mumbled whispers. I thought she was motioning me away for causing her pain. She gestured for me to give her my hand and cupping it in both of hers she brought it to her lips. Only then did I comprehend; from those very lips, crinkled with creases of weariness and old age, escaped murmured blessings shrouding a feeble kiss. My eyes welled with tears and my heart fell in my chest as I held my hand in hers, overcome by her gratitude. They were simple actions—on both of our parts, yet they filled us with overwhelming emotions of humanity. This is the memory by which I recall my experience of the last six weeks in Kashmir; an experience that has

highlighted for me the depths of simplicity and sincerity.

In October of 2005, a devastating earthquake, measuring 7.6 on the Richter scale in magnitude, struck Central Asia, extending into regions of Pakistan, India, Kashmir as well as Afghanistan. The death toll was staggering. Approximately one hundred thousand people were killed and over 40 villages were completely eradicated. As of today, thousands still remain without adequate shelter, food and medical care, and continue to suffer from this destructive earthquake.

In an attempt to help with relief efforts, I along with a group of 8 osteopathic medical students, one pre-med student and one pediatrics resident traveled this summer to the epicenter of the earthquake in Kashmir. We worked as part of the non-governmental organization, Islamic Medical Association of North America, serving two of the most devastated areas of Kashmir in the cities of Muzaf-

farabad and Rawalakot. Although the acute emergency phase of the earthquake recovery process had been over for months, our team was still able to contribute our efforts as part of the reconstruction and rehabilitation phases.

An anonymous author once wrote, "simple words can reach boundless depths in meaning when expressed with devotion and sincerity. It is this power of amazing simplicity that is within easy reach for all of us." It was frustrating at times working in these overcrowded and overburdened hospitals, as some of us could not speak the local languages fluently and had difficulty interpreting cultural distinctions. Despite these challenges however, I feel that many of us have learned how to communicate and connect to people at the most basic level: through simple actions.

Our Commitment...

Karen Marcovis, OMS-III,

TUCOM

Each year COSGP chooses different organizations to make donations to or volunteer with at each of our quarterly meetings. The years' council has chosen "Youth" as our 2006 - 2007 focus. Our first meeting took place in Chicago, where we donated over 20 bags of school supplies to the Erie Neighborhood House, a local Chicago organization that focuses

on "services tailored to meet the challenges and aspirations of Chicago's low-income families and immigrant residents." Our donations of school supplies went toward their back to school drive and for the youth participating in their Erie House Youth Drop-In center, "a supportive place to go after school throughout the academic year and from noon to 5 p.m in the summer." Pierre, an employee from Erie House, was able to join us at our Chicago meeting to accept our donation and help us learn about

Erie House! For more information visit <http://www.eriehouse.org/>.



Bridging The Gaps

Kevin Kotar, OMS-II, LECOM (in collaboration with Kerry Branton, LECOM BTG Administrative Assistant)

While some students spent their summer break laying poolside, working a part-time job, or learning in the anatomy lab, some LECOM students chose an option that touched a number of people in a positive way. This positive influence occurred through a program known as Bridging the Gaps, in which medical students go out to a number of community sites to provide services to the most vulnerable populations. Sites ranged from children's programs, women's shelters, senior care centers, and mental health institutions, to name a few. Along with providing a service to a community in which health care is often limited or non-existent, the program teaches future health care professionals about the reciprocal connections among a community's socioeconomic circumstances, the health care system, and the health of a population. This year, LECOM's 15 BTG Interns developed projects to serve the Erie community site to which they were matched. The focus of these projects included educating the population

served on oral health, physical and mental health, first-aid, pre-and post-partum health, hygiene, nutrition, and smoking cessation. Their projects also involved prevention of teen pregnancy, building self-confidence, elder wellness and hospice care in addition to many other health focus areas. In addition to the on-site projects, students participated in Wednesday afternoon didactic sessions in which they were educated on various topics including autism, geriatric care, oral health, and treating the developmentally disabled. The BTG Interns submitted weekly journal entries reflecting upon their experiences and at the conclusion of the program each intern wrote a paper detailing their project and its impact on his or her future as an osteopathic physician. These students also presented their work at a LECOM Poster Symposium at the conclusion of the program. Below you can find excerpts from some of the student's experiences:

My experience in Bridging the Gaps has been amazing...It was great getting the opportunity to give back to the community through the Boy Scouts, and to be a part of molding someone

else's life. The entire internship has made community involvement a larger part of my future. Getting into the community, that we as members of the medical field service, allows us to properly address the concerns and needs we face. We need to continually bridge the gaps within our society today to bring about a healthier and more promising tomorrow.
Aaron Seller, MSI

This summer taught me a lot about working with children and parents from many different backgrounds, different ethnicities, families with a history of drug or alcohol problems, children who have been abused, and this has expanded my comfort zone and lowered my anxiety level in interacting with patients of a different background than myself. Amanda Blount, MSI

Working with the VNA Hospice team has given me chance to be a part of something special, something heart-breaking, and something inspiring all at the same time. I have learned many lessons and gained a much better understanding of what these patients endure. Now I must not ever forget those lessons and make it a point to use them to become that compassionate and sensitive physician that I want to be. David Widmyer, MSI

JULY 2006

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4th Year Words of Wisdom, no more pulling your hair out over your PDA!

Ray Portier, OMS-IV, DMUCOM

Hi, I'm a member of the DMU-COM 4th year class. I have survived my core electives (OB/GYN, Pediatrics, Family Psychiatry, Family Medicine), core hospital (Urology, Internal Medicine, General Surgery, Emergency Medicine), core clinic (2 months of DO Family Medicine), and am now in Free Elective time. I thought that now I could shed some light on the topic of Rotation Logs (may or may not apply to your school), Software, and PDA maintenance. So, without further ado:

1) **Managing Rotation Logs:** For each patient you see, you should create an entry in your PDA. This practice is more commonly known as "doing a log." You may get a class prior to starting rotations that explains all the details of how to "do" a log. Do these everyday. If you let days and weeks go by without doing a log, you'll have to spend a bunch of time getting them caught up. It's easy to find time during the day to log each patient you see.

I personally have two methods that work for me: 1) Get the schedule for the day from the unit/clinic administration team, then enter all the scheduled patients either first thing, or last thing before going home. 2) Log each patient you see as you see them. I can complete a log entry in 30 seconds on average...sometimes as little as 15 if it's a common diagnosis (GI bleed, COPD, OB check, etc.). And you might not believe it, but the 30 seconds I take to do a log while the Dr and Patient exchange hellos does not take away from the educational experience at all.

2) **Synchronizing (syncing) your Handheld Computer:** Syncing is a requirement to move data between your personal computer or a networked server and your handheld. There are a few things that experience taught me about this aspect of 3rd year.

a) **Limit programs:** Limit the number and types of programs you sync on a daily basis. If you're syncing 15 programs at one sitting it'll take longer. If you're syncing at 6PM when the internet is the busiest it'll take the longest.

b) **Don't sync every program everyday:** Some servers are slow no matter when you're syncing. The Epocrates server is really slow. I sync with it the first time, then never again. Granted, I don't get the cool medical updates everyday, but I think it's a fair tradeoff...I save about an hour of frustration everyday.

c) **M Business Client:** LUCKILY, M Business Client is an exception to the slow server rule. DMU has that server running like a scalded dog! I sync my handheld everyday on M Business Client alone. I consider this the bare minimum synchronization.

3) **Turning off background programs:** The Windows software for Pocket PC's (handhelds) is different than the software that runs your laptop. The Pocket PC software never actually turns off. If it does, then you have to reinstall all your software or (If you're smart) use a backup to restore to. Another major difference is the status of programs when you close them by tapping on "OK." OK does not close a program, but rather reduces it. Conceptually, think about the OK button as reducing the program to the toolbar in regular Windows software. That said, if you get too many programs running at one time, your Pocket PC will be slower. There are a couple of ways to remedy this:

a) **Reset:** If you use the reset button, all the previously running programs will shut down and the system will revert to a non-sluggish state.

b) **System Menu:** If you're comfortable manipulating the system menu, here's how you can turn off programs you're not using.

- 1) Tap Start
- 2) Tap Settings
- 3) Tap the System Tab
- 4) Tap the Memory Icon
- 5) Tap Running Programs Tab
- 6) Highlight the programs you want to stop.
- 7) Tap "Stop."
- 8) You can also tap "Stop All" if you're bold. I'm usually bold.



4) **Backup your handheld:** The importance of this can't be stressed enough. However, it doesn't matter how much it gets stressed. The first time your handheld has a memory dump (most will at some point), you'll think "Now when did I back up last?" If you didn't backup an "image" of your system with all its parts in place, you'll immediately regret it. In this moment you'll also be indoctrinated into the club of "I didn't back up my handheld, and I now regret it."

Unfortunately there are a few limitations to backups. Epocrates, for example, requires a reinstallation from the program on your desktop/laptop each and every time you restore it from backup. A simple ghosting (putting the "image" you backed up) back onto your handheld will not suffice. M Business Client is similar in this regard, but you only need to sync it once to update it. Uptodate is robust and will work immediately after a restore.

MOST IMPORTANTLY: Backup your handheld to a SD or CF chip or your laptop/desktop. That is, save the backup file somewhere else besides the internal memory. If you backup to internal memory, when the internal memory is dumped, you have NO backup. Backing up to internal memory is like keeping an extra set of keys to your car in the glove box.

5) **Accessory chips:** These are the Hamburger Helper of Pocket PC's. If you want to expand the uses of your Pocket PC, you'll need more memory. There are two types of memory chips which are the industry standard: Compact Flash, and SD cards. You probably already know about these. Since the technology is in its adolescence, expect the prices to come down significantly in the coming year. I ended up purchasing an ImageMate 12 in 1 card reader. This allowed me to install Uptodate, and load MP3's onto cards.

NOTE: I experimented with installing smaller programs (see list in next section) onto the SD/CF card versus the internal memory and found no difference in system performance. That is, installing a program onto the SD card did not speed up performance. Actually, it was slower since it had to scan the chip. The only way to increase system performance is to change the setting in the settings menu.

6) **Individual programs:** Like an excited 10 year old at Christmas with his dad's Visa, I splurged at the beginning of 3rd year. I spent way too much money trying out all the software I could imagine would possibly help me on clinical rotations. Below are my opinions on the software, and how helpful I thought each one was. Be aware that these are merely my opinions, and your personal needs might vary. The order they are listed is from increased usefulness to decreased usefulness. One more thing before we start. Buy a Maxwell's Rapid Reference and keep it in your pocket on every rotation. It's well worth the price, and it's cargo space. It tells you how to do just about everything (examinations, notes, ACLS), and has almost every reference range on labs you will encounter.

a) **Uptodate**: This is THE GOLD STANDARD of clinical software. It is a database of exceptionally well referenced articles written from the most up to date clinical literature available. It reflects changes in the science of medicine and is the best in evidence based medicine. I wish I'd known about it during 1st and 2nd year...it might have saved me lots of work in trying to find synopses on all medical topics. I also use this exclusively to find out the mechanism of action for drugs, since I haven't found this information available in any other software.

You can install the ENTIRE Uptodate database on your desktop/laptop and your Handheld. The handheld requires a 1GB CF or SD chip to install to, so besides the subscription fee, there is a hardware fee. It's a small price to pay, though. Having all of Uptodate in my hands while running around doing Primary Care was invaluable. I was able to find diagnostic criteria, pathophysiology, and recommended treatments in an instant. I was also able to find statistics like, "What's the likelihood that a first degree family member of a WPW patient will have WPW?" or "What does Red Yam do for cholesterol?" while the clinician I was working for was impressed...only with the technology, I'm sure. I wasn't able to determine what a "Gallbladder Flush" was, but this is EVIDENCE based medicine, and that looks impossible (a 3.2cm stone passing through a 8mm common bile duct).

b) **Epocrates**: This software is a distant second to Uptodate, but has some functionality that Uptodate does not offer. The Laboratory section gives you some focused data (reference range, interpretation, cost, etc.). The Pharmacy section gives a lot of information on dosing and indications, but does NOT give mechanism of action. The diagnosis section is also a very focused tool for clinical information, but it lacks references to literature, and is a distant second to the detail available from Uptodate. Epocrates also has some pretty cool mathematical software. It will calculate many of the common formulas for you (IBW, Na Deficit, Cockcroft-Gault, etc.).

b) **Mobile PDR**: This software is FREE! It's a scaled down PDR, and as you would expect is useful for doses, indications, adverse reactions, and interactions. Since it's free it's a no-brainer to buy it but it does NOT list mechanism of action.

c) **Pocket Dorland's**: This is great software. It is very focused and useful to just help you remember that one word that the attending just used that's slipping your mind. What IS the difference between strabismus and amblyopia again? In a few taps of your stylus, you'll be back in shape. This is worth the money.

d) **Sanford's Guide to Anti-microbial Therapy**: This program represents the inflection point of the discussion of software (it's downhill from here). The index will tell you what drug to use to kill most every bug you will get data on from the lab. However, there's an argument to be made for having a paper copy of this in your white coat. The antimicrobial spectrum table is duplicated poorly in this software, but you can find the sensitivity of any bacteria to any drug...just not all at once.

e) **Pocket Harrison's**: This software is only rarely any more useful than Uptodate or Epocrates. In very few cases does this software have a better synopsis on a topic. I'd skip it if you have either Epocrates or Uptodate.

f) **Livingsoft Latin-English Dictionary**: I bought this software because I happen to learn best by breaking the words into their Greek/Latin components. I've used this a fair amount to retain important word roots. For example Scaph: skiff or skiff like. The Scaphoid carpal bone resemble a shallow boat, I guess. Or a Scaphoid Abdomen that has a sunken in center. I like this sort of thing, but not everyone does, that's why I placed it so low in the ranking.

g) **Emedicine Dermatology:** My plan in buying this software was to have a quick reference to pictures when I needed them. I saw myself crawling low under a hail of fire with my handheld to identify a weird skin disease the attending missed because I had dermatology pictures on my pocket PC. I've used it twice...no three times. Most offices have a full sized Fitzpatrick's, so this software is redundant. It's also hard to compare the small pictures to full sized disease. I should uninstall it.

h) **Schwartz's Principles of Surgery:** I don't know who threw this together, but it's random, the pictures are only moderately useful, and the text is as flimsy as political promises in an election year.

i) **First Aid for the Medical Clerkship:** This was truly a poor purchase. It is redundant behind all the other software I purchased. It also isn't well organized.

7) **Non-Professional Use:** Just because the workday has ended doesn't mean the use of your trusty pocket computer is over. There is one non-professional use that can't be overlooked: MP3 player. By the simple swapping of chips, it goes from white coat to polyester leisure suit. As I said above, SD and CF chips are falling in price pretty quickly, so expect more memory for your dollar as time goes by.

I also use my handheld to play audiobooks when I'm on long drives. There are lots of websites that will let you download audiobooks for nominal fees.

A battery saving setting change when you swap to music playing mode is the backlight. When I use my handheld for work I have the backlight set at 5 minutes before it dims. When I use it for entertainment, I have the backlight go out after 15 seconds. This makes a big difference in battery usage.

Hope all of this helps and good luck!

We are the Ambassadors of the Future

When it comes to the osteopathic profession, current students are the ambassadors of tomorrow. It is imperative that each of us take on this role of osteopathic tour guide, in order to educate the public and continue to make strides in the medical community. There are a number of ways for students to become involved as osteopathic medicine ambassadors. Many students are already making a positive name for osteopathic medicine by participating in community service activities in the cities and towns where their schools are located. Another option is to spread the word while traveling or home on holiday breaks. Some students are out speaking with their undergraduate advisors, instilling interest for pre-medical students looking to continue their education. Within their communities, students are encouraged to make flyers and posters and to speak to local groups (churches, schools, etc.) about the benefit and philosophy of osteopathic medicine and osteopathic manipulative treatment. Also, many students have been campaigning on Capital Hill during events such as D.O. Day on the Hill, getting their voices heard by politicians both on the national and grassroots levels. These ambassadors are always trying to get the word out, through radio, newspaper, and internet, using every available media to make the community aware of what osteopathic medicine is all about. We are a great power and will be heard. Through the efforts of students like us, as well as other osteopathic physicians and administrators, we ensure the continued growth of the osteopathic profession. It's time to get back to basics, and that starts with us as students...get out and show how proud you are of osteopathic medicine!

Chris Micallef, OMS-II, LECOM-Erie





**COUNCIL OF OSTEOPATHIC
STUDENT GOVERNMENT
PRESIDENTS**

*“Representing all Osteopathic
Medical Students”*

www.cosgp.aacom.org

The “Student D.O. Update” is the newsletter of the Council of Osteopathic Student Government Presidents, an official council of the American Association of Colleges of Osteopathic Medicine. The elected student government association president from each college of osteopathic medicine serves as the official voting delegate at the council’s quarterly meetings. Upon conclusion of each meeting, COSGP would like to share with all osteopathic medical students some of the ideas and important issues that came from the meeting as well as exciting things that your peers are doing across the country. This newsletter is a “for students, by students” publication. Should you have any questions regarding the information in this newsletter, please contact the Student Government President on your campus or Sallee Eckler, OMS-III, COSGP National 2nd Vice Chair at SalleeEc@pcom.edu

Please excuse the construction! We are currently revamping the COSGP website. In the meantime, we will continue to update the current website with pertinent information.

SAVE THE DATE

Don't forget to reserve your hotel room for the next
COSGP meeting!

**The council will convene
Saturday, October 14 –
Monday, October 16, 2006**

In conjunction with the AOA Osteopathic Convention.

COSGP Meetings will occur in the
Las Vegas Hilton

Please see DO-Online to assist you in making
your reservations! www.do-online.org

American Osteopathic Association
111th Annual Convention & Scientific Seminar

You're Invited!

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“Students As Teachers: Clinical Education as
a Student and Resident”



AOA Convention, Las Vegas Hilton

Sunday, October 15, 2006

4:30pm-7:00pm