Rows of nervous, fidgeting young students, bright-eyed and beaming with smiles, stood with their white coats draped over their arms lined up and ready to take a momentous step toward the execution of their dreams. This August 16th marked the White Coat Ceremony for the Class of 2017 for students at Meharry Medical College. Cameras flashed as each student was called to the front of the Kresge Auditorium, where they slipped into their seal-embroidered, name-emblazoned white coats. I can only speak from my own experience, but family members at the School of Dentistry ceremony seemed more restless and eager than their own children.

Adorned with that white symbol of the journey toward a dentistry degree, students were saluted by President Dr. A. Cherrie Epps and Dr. Cher-ae Farmer-Dixon, the interim dean of the School of Dentistry. Family members cheered, offered advice, and shared encouragement in spades. The speakers urged inductees to remember that with the white coat comes great responsibility and privilege. A recitation of the Student’s Oath was lead powerfully by the 2014 Class President, Christina Quarterman. The ceremony culminated in a picture of the freshly robed class smiling bright enough to reflect the future.

Carmen Blunt, DSI
Dear Class of 2017,

I recall vividly the intensity of the days leading up to my white coat ceremony in the Summer of 2002. I was just completing the post baccalaureate program at Meharry Medical College and was excited and nervous about the future. For many of us, the joy in these moments may be overshadowed by the anxiety of our first medical school biochemistry class. Perhaps the cries of congratulatory well-wishes and “good-lucks” that your family and friends bestow upon you are muted by the recurring thoughts of financial dilemma. Adding to some of the confusion is that now we are hearing more and more about the Affordable Care Act and what it means for the future of healthcare and physicians. These are all very real concerns and I can appreciate them, both from your perspective and from the perspective of a physician who has finished training. You are probably going to tell yourself that I will now go into a diatribe about persistence. Yes. However, I find it far easier to be persistent when you know that victory is imminent if you keep doing the right things. That is why I am now writing this letter to you; written from the perspective of someone who has finished training in Nashville, Tennessee, and who is now practicing radiology in Honolulu, Hawaii, a feat that once seemed unimaginable.

I am not writing to give you the blueprint to passing your first Gross Anatomy test or acing Physiology. I just want to simply outline a few suggestions that I wish someone had given me. Please humor me by practicing an exercise that I was introduced to during my internship year at Harvard. Write yourself a letter about your commitments, not your goals, for first year and mail it to yourself. Goals are but wishes that depend on a myriad of extraneous variables while commitments are driven by your pure desire to succeed and are intrinsic to you. Commitments are what got you to medical school. Do not open the letter immediately, but wait until after your first year is completed and use it to measure your progress. This is important and will give you a true test of your ability to fulfill a promise to the most important person on this journey, which is you.

Let us begin with the essentials. My father’s best friend from medical school gave me a 3-point outline to success in medical school the summer before I began the post-baccalaureate program. He said pray, read your “you-know-what” off, and stay out of the limelight. Simply put, stay within the bell curve. For example, if your classmates are reading before a lecture you probably should too. This will be particularly useful in residency and as a physician. As Denzel Washington’s character exclaimed in the movie Training Day, “Stay off of the rover.” Reading before the lecture produces “ah hah” moments rather than “@#??, zzZz” moments. A wise man once told me that the key to getting an A in medical school was to see the same material over and over again. Each time, he postulated, would allow a different level of detail to be observed from the previous visit. Hence the reason cramming is not a great way to learn and retain material.

Finally, medical school is training day for the rest of your lives as medical professionals. It is where you will set the stage for how you will deal with adversity. It’s about realizing new fears and conquering them. It’s about not mistaking pain for pleasure or pleasure for pain. It’s about realizing that after 15 years of formal education, your mother is still smarter than you (you’re an outlier for this reason). It’s about realizing that there is a higher power and knowing that He will have faith in you when you don’t have faith in Him. It’s about realizing that medicine is an apprenticeship and you will learn the most in training by actually doing it. The skills you obtain can and will be monetized later — even the seemingly most insignificant ones. Dream big and give back once those dreams are realized. Welcome to Meharry.

Sincerely,
Luther B. Adair, II, MD
C/O 2006

Cover Photo : Joshua Anthony
Patients admitted to the TB clinic are often suffering from the worst stages of TB infections and what we witnessed was a testament to that. There was a young man who could not have weighed more than 100 pounds, battling a chronic TB infection, a woman who’s X-Ray showed severe dissemination of the disease throughout her lungs, a mother wearing a protective N95 mask with her six-year-old toddler coughing up speckles of blood as she sat on her mother’s lap. While each patient’s condition seemed daunting, a ray of hope shone through the darkness of illness. Young and old Haitian doctors surrounded by a team of Meharry Medical College students serving patients of the same color, background, and race, allowed for a greater sense of comfort and relationship between patients and clinicians. This was a good reminder of an oft-quoted Haitian proverb, “Anpil men chay pa lou…” meaning “many hands make the burden light.”

Being a first generation Haitian-American, I know that the island is a beautiful gem of the Caribbean, and I was glad to share it with my fellow Meharrians. One night we were invited to dinner at the mansion of a Haitian-American diplomat and ate plate after plate of gourmet Haitian dishes. She shared with us all the pleasures of Haitian culture, which, in retrospect, was a shocking juxtaposition to what we had experienced earlier in the day. At dinner that night we spoke at length with her about the state of the Haitian health care system and the role we young student doctors would be expected to fill. Meharry urges students to uphold a commitment to service. It cannot be overstated that this principle defines who we are. Hearing this phrase is one thing, but seeing it embodied in the faculty that teach us and lead us is an entirely different experience.

Dr. Berthaud told a story that he says stuck with him from his first days as a doctor in Haiti. He described walking into the clinic to see a beautiful 14-year-old girl who lay dead on a hospital bed. When he asked the nurse for her history she told him the girl’s father went to his home village to borrow the $15 US dollars it would cost to purchase the necessary antibiotics. The girl died before he could make it back. The reason why, Dr. Berthaud explained, he would always carry extra cash with him to the clinic.

The next time I asked a patient “Ki sa ou genyen?” or “What brings you into the hospital today?” I will be prepared for the response, thanks to Meharry Medical College and my experience on the Haiti Medical Missions trip.
To the uninitiated, these are merely three liberal arts courses and a medical chore. But we are the initiated, aren’t we, Meharrians? The most valuable tool in the clinician’s arsenal is the history. The story rather—the narrative, if you will. This year, we at The Pulse have renewed our commitment to this part of medical practice. Through written word and carefully curated visual media we hope to raise the bar of medical narratives and challenge the rest of Meharry to do the same.

The definition of such a narrative is no longer limited to a boring personal statement submitted during the height of application season. It now includes artwork and videography, oratory and medical journalism. Even medical mixtapes will be considered. We want to hear about Meharrians at TED-Med, veganism as a way of life, and the non-traditional path to medicine. We want to hear from you.

August 28, 2013: 50th Anniversary of the March on Washington

Dr. Martin Luther King Jr. and Henry David Thoreau occupied two different spaces, walked in two different worlds, breathed in two different centuries, and followed two different paths. But one thing they both sought, and one thing I live deliberately for is balance, which I believe to be an essential fact of life. Thoreau’s search for balance led him not only to the woods of Concord, Massachusetts, but to the woods of his soul to discover life distilled to its basic elements, devoid of materialism, and “unnatural” states of being. Troubled by the possibility that it would be only at the end of his life that he realized the seemingly meaningful elements of his life were in fact meaningless, Thoreau challenged himself to find this balance, and shed the cloaks of his modern world so that he could connect to a world without the unnecessary tangibles of his daily life. Similarly, Dr. Martin Luther King Jr.’s search for balance led him into the woods. Dr. King’s woods, however, contained no trees; there was no bark, there were no leaves. In his woods, Dr. King sought to balance a system that for too long had been oppressive to a people. A system upon whose limbs a crow named Jim made his bed, and upon whose branches strange fruit had been hung and plucked. Dr. King’s woods shook from the roars of civil disobedience, swayed from the breeze of peaceful resistance, and rang with demands for justice and equality. He had a vision that he realized could only be achieved if he removed himself from the reality of the unjust world in which he lived, and went into the woods with dreams of overturning the myth that his life, the life of his wife, children, and African-Americans would forever be tainted by de jure segregation.

And so I reflect on my own woods, which I have discovered in the recesses of my soul, and where my quiet spirit often plays hide and seek. I cannot ignore this inner calm that foretold about my eventual arrival to these Meharry woods, at a time in my life when I desired to carve out a piece of my day to silence the chatter, unplug, and just...be. For what good am I to serve and heal others, when I have neglected to care and seek healing for myself? Most importantly, going into the woods and finding balance has meant drawing upon a strength that is greater than myself and establishing a connection with God who is always present, always on time, and with whom I do not need an appointment or middle man to reach. I do not have a pond upon which I can contemplate life like Thoreau, nor have I led the crowds to march like Dr. King. However, like Thoreau and Dr. King, I have sought balance, and I have found it. It is only with this balance that I can fulfill my greater calling to worship God through service to mankind, and follow the path on which my feet have been set.
What should medical students expect from health reform?

Italo M. Brown, MPH, MSIII

In an ad-hoc poll among classmates, I recently inquired about the most important date (in 2013) to a 2nd year medical student. The overwhelming majority cited their respective USMLE Step I exam dates as most important, followed closely by the season finales of ABC’s Scandal and Grey’s Anatomy. While the top three responses all are worth their respective weights, the one date that should bear the most gravity in the minds of medical students across cohorts is October 1st.

This October marks the launch of open enrollment for health insurance exchanges, a much-anticipated provision of the Affordable Care Act (ACA). The ACA seeks to reduce the number of nonelderly uninsured Americans by half, in other words, a projected 20 million nonelderly uninsured Americans were successfully matched to programs; in 2011, that number was 23,400.

When compared across a five-year span (2009-2013), the change in positions-offered (between years) has grown six fold (from a 382 position difference to 2,400 position difference), the largest bump observed when stratified by specialty was in Internal Medicine. Though the infusion of 2,400 more residents may seem miniscule – in a time crunch, accented by both a provider underaged and the impending demand of larger patient panels, it proves to be rather significant. Moreover, it supports the notion that medical students are shifting into a workforce repository tailored to the ACA; it’s as if a primary care space is being carved for wearers of short white jackets while their longer coats are still being measured. By virtue of fact, medical students should be heavily involved in the ongoing conversations surrounding resource allocation.

What should medical students expect?

Current medical students should be sensitive to open enrollment and consumer information campaigns (led by government officials, community organizations, and advocacy groups), lending special attention to indicators of early adoption. If the enrollment statistics in the first three months demonstrate a significant growth rate, it is likely that reflex opportunities will emerge, in both short and long-term forms. Generally, medical students should anticipate that the increasing patient pool will drive residency programs, in particular – primary care residencies, to increase the quantity of available positions. Likewise, medical students should expect an increase in service corps positions to match the structured training of a primary care workforce; in fact, expansion of loan-repayment and scholarship awards for service has already been underwritten by the ACA (extending from 2011 to 2015).

Amidst the incentivisation, it is important to keep perspective – the developing health care system is far from perfect, and will require the collaborative efforts of all stakeholders to achieve sustainability within the first 5 years of implementation. In that vein, the greatest expectation, and in some regards – the greatest privilege that students should own is the opportunity to pioneer health reform. Greater responsibility will be placed in the hands of oncoming primary care providers as they reshape the face of modern care delivery in America.*

*Originally published on Kevin MD, June 5th 2013, and the RWJF blog, June 18th 2013

More residency match data can be found at pulsemmc.wordpress.com
Miss Black & Gold Community Service Court.

Pictured L–R: Rhae Battles MSIII, Ashley Taylor MSIII, Jensine’ Norman MSIII

We cannot deny that many of us have had some hurtful things happen in our lives. These hurts for most of us have been private or have had a very limited audience. Some of us are very good at hiding our hurt, but the truth is pain cannot stay hidden. As medical professionals, we know that pain is a sign of being hurt. Pain can show up in our habits, our relationships with others, our level of faith, and our neglect to pursue our divine destinies. Unfortunately, many of us find haven in living under the mantle of hurt for too long. Yes, we will all go through the place where we feel dumpy, abandoned, rejected, used, abused, guilty, and ashamed, but God does not want us to stay in that place. There comes a time when we must decide whether to hurt or to heal. It seems like the answer is obvious. However, there is a continuous struggle between hurting and healing, an inner-debate among the flesh and the spirit. Some people would rather live with the hurt, because they are waiting on the person who caused them this harm to suffer in the same way. The anger and disappointment associated with the pain afterwards makes it difficult to let go of the hurt in order to start healing. Sometimes hurt can be so deep that a person convives himself or herself that healing can never take place. A person in this situation lives believing that they can never be forgiven or that they can never be worthy of becoming a whole person. This simply is not true. We must ignore the thoughts that creep into our minds convincing us that we cannot heal. We can heal from addictions, from any type of abuse, and even from the most difficult experiences of suffering and loss. We can only experience healing if we come to a place where we can admit that we are in need of healing. Sometimes it is hard to reach to this place because we are so busy and focused on healing and helping others. We must also remember that a wounded healer also needs healing and help. As colleagues and peers we need each other as strongholds for support and for encouragement; we cannot find strength and healing in isolation; and this does not come in the form of prescription drugs, surgery, or any manipulation of the body; its source is God’s grace and love. There is no sorrow that heaven cannot heal.

The Meharry Court Presents: Women’s Week 2013 - The Seven Wonders of the World

9.22.13
September 16, 2013: New Beginnings

From my 9th floor apartment window I have a wide view of the Meharry campus, the surrounding neighborhood, and the tops of skyscrapers etching Nashville’s downtown skyline. A view such as this certainly puts things into context. I’ve been thinking lately on the nature of new beginnings, as it seems much is transforming around here at Meharry. With a new generation of students, multiple new buildings being built, a new curriculum in effect, and many new rhythms driving our lives, a kind of rebirth seems to be taking place.

To be frank, many are concerned about our upcoming accreditation and whispering about what future changes might be in store for us as students and as professionals. I do not have quick answers to these questions, but I do know that the shape of our future will only be as great as our vision of it. We cannot wait for the world to impress us; we must first impress the world. Accolades and recognition will come only after we have proved that we have earned them.

So what really does this all mean? What this means is that at this point in time, we are collectively in a unique position to transform ourselves into the people or institution we wish to become; we must simply put our ideas into action—well thought-out and deft action. Undoubtedly, change takes much effort, but several minds working toward the same cause make things happen much more quickly and with much more force.

I don’t mean to belabor any one point, I only intend to encourage our greatness. To remind my fellow Meharrians that this new era is a chance for us to write out our futures, not to wait for them, idly, to come to us. Do not complain about what is wrong; find out what needs to be done and do it. We are all here, after all, to make life better for each other and for ourselves.

I am reminded of a saying (I confess I don’t remember where I heard it), paraphrased, “the thing about transformation is that it begins, but it never ends.” Let us do brilliant things together that makes us proud to say we are Meharrians, brilliant things we can look back on and say, “Yes, we were a part of the Meharry Renaissance.”

Submissions, questions, and requests may be sent to The PULSE at pulse@email.mmc.edu

By print or online, We are medical storytellers.

Word,
Christopher Salib, MSII
Editor-in-Chief, The Pulse