

The Vulcan Letter

Voice of the MSTP at UAB

March 5, 2014

A Big Welcome to Our New MSTP Clinical Associate Director



by William Geisler, MD

Hello everyone. My initial 8 months as the Clinical Associate Director for the UAB MSTP has been a wonderful experience. I was happy to be given the opportunity in this newsletter to provide you with some background information about my training and faculty experience and to update you on plans for clinical activities for the UAB MSTP students.

After completing medical school at the University of Tennessee, Internal Medicine Residency at the University of Michigan, and an Infectious Diseases Fellowship at the University of Washington, I joined the UAB faculty almost 12 years ago. Since being here, I have balanced my time with teaching, clinical, and research activities. *continued on page 10*

Dr. Stranger or:

How I Learned to Stop Worrying and Love my MS-3 Year

by Juan Calix, PhD

It is widely accepted that the transition from graduate school (GS) to medical school third year (MS-3) clerkships is the most challenging transition in the Medical Scientist Training Program (MSTP). Attempting to lighten the blow, I arranged a hospital experience for myself a few weeks prior to clerkships. It had been over 4 years since I last stepped foot in a hospital ward, and I planned to shadow Dr. James Willig (Asst. Prof., UAB Division of Infec-

tious Diseases [ID]) on his consult rounds on Spain Tower 9th floor (S9). Dr. Willig was 15 minutes late, likely because I was supposed to meet him in Wallace Tower 9 (W9). While waiting in vain at the nursing station, I started to observe medical students and house staff perform their daily duties. My throat dried, hands moistened, heart rate hastened - I felt so lost. In spite of four years of dissertational training, publishing multiple manuscripts, travelling to various conferences, giving numerous talks, and obtaining expertise in a



major biomedical topic, the regular workings of UAB hospital were extremely foreign to me.

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New Curriculum for MSTP: Introducing the Individual Development Plan

by Louis Justement, PhD

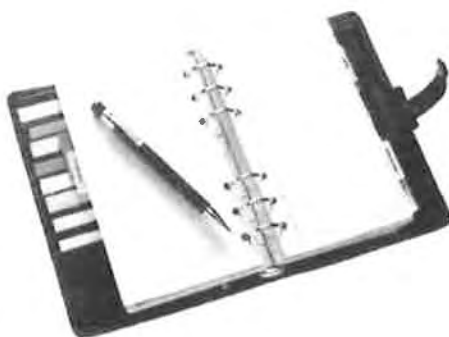
Who Needs A Plan?

Many of you have heard the term Individual Development Plan or IDP mentioned recently and are asking, "what exactly is an IDP"? The concept of IDPs has been around quite a long time and has been used in other occupations, but is only now being adopted by the biomedical research community. Due to a large biomedical workforce study conducted by the NIH, it is now recommended that all trainees develop an IDP. In response to this, the MSTP will introduce a comprehensive IDP process for students during the next calendar year.

The focus of the IDP process will be to facilitate student self-assessment of knowledge, skills, and values that pertain to both research and the practice of medicine at key points during their training. The self-assessment process will be accompanied by the development of short-, mid- and long-term goals to promote the acquisition of knowledge and skills that will facilitate your ability to succeed in a future career as a physician scientist. Implementation of the comprehensive IDP process will be fully realized with the incoming class of 2014, and for current students will be initiated as appropriate based on your training status in the program. The process is comprehensive because it relies on an iterative process of self-assessment, goal setting and review of progress towards goals to help you make informed decisions about your combined research and clinical career, and to ensure that you have mastered the knowledge

and skills that will allow you to succeed.

You may be asking yourself, "Why do I need to develop an IDP? I already know that I want to be a physician scientist." We too, assume that all of you will be outstanding physician scientists in the future. However, to ensure that your future career has the right balance between research and medicine, teaching versus administration, and provides you with the opportunity to contribute to society in a way that you are passionate about, you must set goals that will help you achieve that high level of success. The intent of the IDP process is to have you reflect on what you know and do not know, what you are good at and what you are not good at, and what are the values that are important to you as you envision your future career to insure that you make the right choices during your training.



The Comprehensive IDP Process

Incoming Students: Incoming MSTP students will be introduced to the IDP concept and the comprehensive IDP process during their first summer at UAB. Students will attend a tutorial given by the Associate Director of the program to familiarize them with the

theoretical and practical aspects of the overall process, including the concept of setting SMART goals that are **S**pecific, **M**easurable, **A**ction oriented, **R**ealistic and **T**ime bound. Following the introductory tutorial, incoming students will perform the self-assessment component of the myIDP web-based IDP (1). This self-assessment includes an evaluation of knowledge, skills and values that students have at the beginning of their training and the results of their self-assessment will be reviewed with the Associate Director of the MSTP to identify knowledge and skills that should be targeted for improvement during the first two years. Additionally, students will be counseled regarding their choice of research areas in which to specialize based on their self-assessment with a focus on both the theoretical and technical aspects as well as the potential to be combined with a clinical area of specialization.

MS1-2 Students: During the first two years of the program, students will be further exposed to concepts and issues that pertain to career development through the Special Topics course for MSTP students given during the summer between their first and second year. This course is designed to strengthen skills and knowledge pertaining to grant writing, laboratory management, interpersonal skills and leadership. At the end of their second year, once the students have taken Step I of the USMLE Board exam, they will be required to perform the self-assessment activities associated with the Careers in Medicine (CiM) website hosted by the

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Student Spotlight

Avinash Honasoge (GS-4)

by Alexander Bray



Glioma is both the most common and most deadly primary malignancy of the brain, and reminiscent of other highly aggressive solid tumors its microenvironment is characterized by hypoxia and extracellular acidification. Long thought of as merely a waste product of cancer metabolism, Avinash Honasoge's work in the laboratory of Dr. Harald Sontheimer is building on the theory that low extracellular pH (pHe) may influence cancer cell signaling and behavior. In a recent publication in *American Journal of Physiology - Cell Physiology*, Honasoge et al. observed that extracellular protons exert an autocrine anti-proliferative effect on human glioma cells in vitro. Furthermore, it was demonstrated that this effect was mediated via inhibition of a pHe-sensitive potassium channel required for the G1 to S phase transition of the cell cycle. Interestingly, administration of quinine, a non-specific inhibitor of potassium channels, to glioma cells and spheroids in vitro was able to replicate the depolarizing and growth-inhibiting effects of low pHe. Altogether, this work illustrates a potential role for quinine in the treatment of glioma and other solid tumors, and implicates extracellular protons as a signaling molecule within the glioma microenvironment. In future studies, Avinash hopes to build on this work by exploring additional mechanisms through which extracellular pH may be influencing tumor progression. Outside of the lab, Avinash spends his time outdoors and fiddling with his new electric car.

Lights, Camera, Community Action

by Jeffrey Singer

February 28th marked the most recent edition of UASOM's annual Best Medicine Show. Held at the historic Alabama Theater in downtown Birmingham, it was truly a night to remember for the nearly 1000 in attendance.

For over 20 years, medical students at UAB have gathered for a Skit Night in an on-campus Lecture Hall to enjoy short vidcos and live performances from their peers. However, in 2011 the evening's organizers transformed the event into something much grander than just a night for students to enjoy themselves. Equal Access Birmingham (EAB), a student group aimed to facilitate medical student engagement with Birmingham's underserved and vulnerable populations, had recently garnered institutional support for a student-run free clinic. In the student body's excitement to support a new clinic for EAB, Skit night took on a new purpose.

The evening was rebranded as The Best Medicine Show. Students reached out to local businesses for support. Birmingham's iconic 1927 Alabama Theater was chosen for the venue. The greater community was invited to partake and students accepted the challenge to be even more creative in putting together an entertaining and accessible show that anyone would enjoy. In it's first three years, The Best Medicine Show has raised well over \$100,000 for EAB's clinic with the help of a dollar for dollar match by the Dean of UASOM.

While Medical School keeps everyone's calendars full, many find performing in the Best Medicine Show

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MSTP Homeowners Part 2: A Case Series

Compiled by Alexander Bray

Boasting nearly a hundred neighborhoods, Birmingham is a city of many faces. Detailed below are the communities in which MSTP homeowners most frequently settle down.

Fultondale

“Our neighborhood is mostly young professional families (the three houses next door were all students in my medical school class). Traffic is not a problem; I can get to UAB in 10-15mins at almost any time of day. The area is undergoing revitalization so there are a lot of new restaurants, shopping, etc.”

“I like the open space, proximity to good options for food (ChikFilA, OnTap, Stix, Five-Guys, among many others) and stores (Lowe’s, Target, BestBuy, Aldi, WinnDixie), new dog park and plenty of growth ongoing in town”

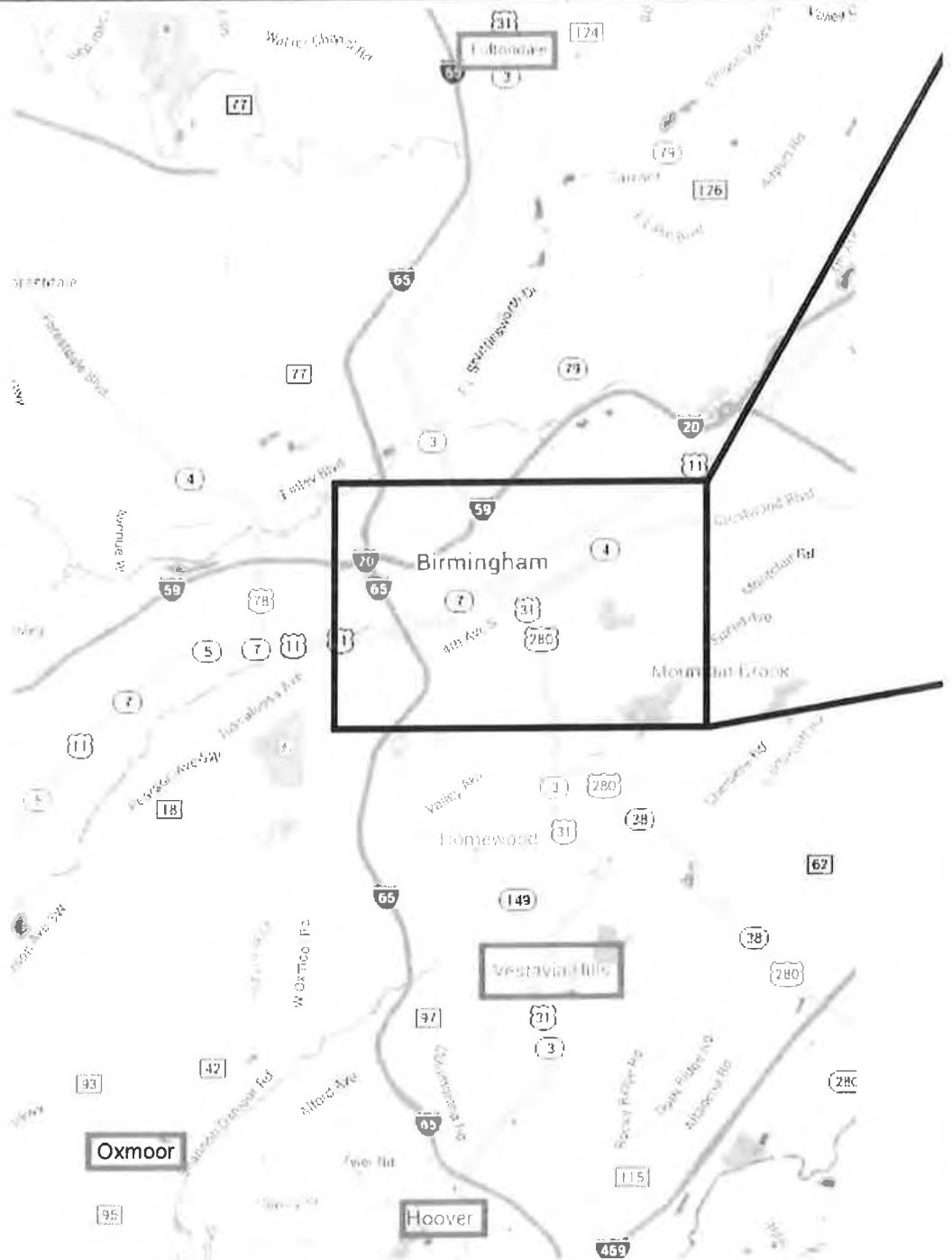
Vestavia Hills

“Very safe area, Vestavia school district is very good which aids resale potential, and its down 280 so it’s convenient for shopping but not past 459 where traffic would be an absolute nightmare.”

Oxmoor

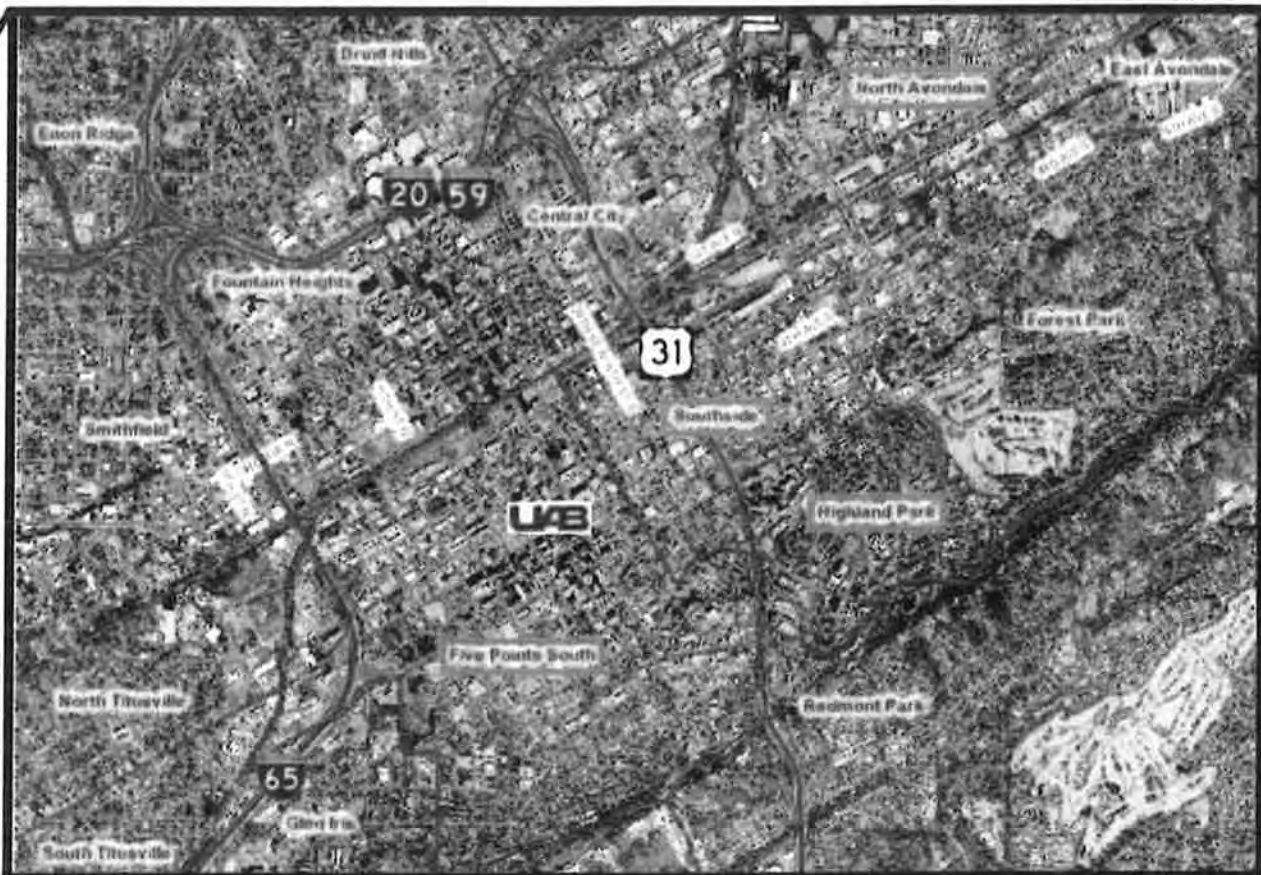
“There are tons of UAB people here. Across the street is one of my fellow classmates, there are residents and other students throughout.”

“I wanted somewhere I could have a yard, a driveway, and space, but not take forever to get on campus. My neighborhood has a lot of young people my age, many who attend UAB or Samford grad schools, residency, etc. Lots of people out running, walking dogs, etc. And it’s a very safe and nice neighborhood.”



Hoover

“It’s close to shopping, restaurants, and the interstate. The area is nice. You get more for your money too. It’s not particularly bike or walking friendly, but there are outdoorsy areas pretty close by.”



Downtown (Southside)

"I really like the proximity to UAB, and I do feel safe (gated entrance and parking). For me the biggest drawback is lack of retail, ie grocery stores, close by. But, it is only a 10 minute drive. Also, due to the proximity, sometimes I feel like I live at UAB. This has been a huge benefit during the MS3 year, since our schedules are so unpredictable."

Highland Park

"It's basically yuppie-ville. There are a lot of people in their 20s and 30s, great parks for walking dogs and reading outside, and it is very close to downtown without appearing too urban itself. However, it's not perfect. Outside of Rojo there is a lack of restaurants and bars within walking distance. In addition, if you are looking for an actual free standing house you may be better off looking elsewhere as this neighborhood seems pretty much dominated by apartments and condos."

Five Points South

"I enjoy being able to walk to 5 points and being able to bike all around downtown Birmingham. The neighborhood is also diverse, which I like. About once a week, I hop in my car to go a bit further to get groceries. I rather dislike that the neighborhood is not too well kept – people leave their trash on the sidewalks and there are stray cats that sometimes plague my front lawn."

"I really like its proximity to school. However, I do believe it would be classified as a transitional neighborhood. Some houses are really nice while others are pretty run down. I definitely have a sense that things are looking to scale up as a number of the houses are being renovated."

Avondale

"I live in the Avondale neighborhood and love it. The good – 5 mins from UAB, Avondale is undergoing a resurgence – brewery, bars, park renovation, restaurants which means house prices are going to go up and therefore mean I made a good investment. Also, it is close to everything in Birmingham I visit regularly (downtown, Highland, lakeview etc). What I dislike – while Avondale is undergoing a resurgence and renovation – we are close to more unsavory parts of town and this means crime is a concern. No more then living in Southside, or downtown but definitely more then living in Homewood and Mountain Brook. Also, the public school system is poor in Birmingham, so if you have kids, or will have school age kids at one point – this is a consideration."

Informatics for the MD/PhD

by Tim Kennell Jr.

While it may be true that none of us have a computer-controlled house, it is without a doubt that computers have made a significant impact in our lives. This can be seen in as “simple” a device as the phone that occupies many of our pockets; the phone that doubles as a second computer these days. Two of the greatest areas that computers are making an impact in is science and medicine. It is rapidly becoming the case that computer skills, such as a basic understanding of how a computer works and basic programming skills, are a necessary component of both research and several areas of medicine with the rest of medical specialties soon to follow.

One of the answers to this need for individuals in these fields to have basic computer knowledge comes from Seung Park, MD, an informaticist in the pathology department at UAB. In October of 2013, Dr. Seung Park taught a one week intensive course on informatics that he will be repeating in March of this year. The course takes the students through the very basics of computer skills starting with how a computer processes information. The course then moves through the basics of server and database design and then on to creating a basic

interface for that database for easy access and manipulation of data. Eventually, that interface could be anything from simply recalling the data to performing complex analyses on the data. At the end that’s four topics taught in a single week, and while it may not seem to be much compared to the scope of computers, the class leaves the student with the basic foundations for almost everything else in computer science, how to store data for easy retrieval (building a server and a database) and how to access it and use it (building an interface for it).

But there is one final aspect to the class because without practice and use, the skills become rusty. The final component is a project that extends for several months past the class in which the student selects an informatics topic that will use their data or public data to practice the skills learned from the class and learn even more about the possibilities of a computer. As a side note, the author is building an EMR for the dental school that will suit their specific needs for epidemiology studies.

But what about the classes application to the growing presence of computers in science and medicine? As mentioned, the class gives a firm foundation in the basic skills needed to use computers in science and in medicine. For science, there is not a single type of research that does not collect data in some way, and the data that are being collected are growing larger with time. One of the focuses of the class was database design. Even without an easy-to-use interface, the database that was

learned in the class can powerfully manipulate data faster and more efficiently than excel and many other programs can that are used to store data. By appropriately designing a database to hold collected information, this information can be retrieved in almost any manner conceivable.

However, science is not the only field that can benefit from computers. Medicine is rapidly integrating with computer technology. In the field of pathology and possibly radiology as well, computers are becoming the standard for storage and, in some cases, analysis of data. Pathology is one of the pioneers of computers in medicine. But even in the other fields, computers play a major role. While database design and programming may not play a direct role in clinical practice each day, the basic concepts will remain as EMR’s and other computer technologies become more prevalent. Being able to understand the basics of how these function will allow physicians to better use them securely and efficiently.

Computers are here, and they are going to stay. Dr. Seung Park is playing a major role in giving students the necessary background in computers to use them both in research and in medicine. Each field has their own use for computers, and each field is growing in its use of them. We live in a generation that will be left behind without the necessary computer skills to thrive in today’s world. The time spent at UAB is the time to develop these skills to continue to push the borders of science and medicine.



MS-3 Advice and Korea, continued

I recently re-experienced a similar mini-panic moment within hours of flying to Seoul, Korea. It was the first night of my 4-week international elective, and my Korean colleague was driving me from the airport. During fruitless attempts to read roadway signs, some thoughts emerged: "normal communication is beyond my comprehension of English and Romantic languages, this is my first trans-oceanic trip and now I am stuck here!" My reactions on the S9 nursing station and Seoul highway heralded remarkably similar times of transition. And though experienced thousands of miles apart, my approaches to both transitions were comparable. Here is my retrospective analysis of these approaches:

Probably the one best thing you can do **before heading to battle, is making friends on the inside.** The drive from the Incheon Airport to Yonsei University was a lot more complicated than I thought when I originally planned to make the trip alone. It was valuable to have friends and collaborators anticipate my trip, meet me at the airport, and get me settled in a dormitory where the doormen only speak Korean. Also, I owe multiple outstanding Korean meals and experiences to these friends.

Back at UAB, I serendipitously befriended Dr. Willig years before shadowing him on rounds. His guidance aided in achieving my MS-3 milestones and developing my ID-focused training path. I was also fortunate to have valuable friendships with non-MSTP students who started clerkships during **7** my GS years. For example, friends made through Infusion



(the UABSOM Acapella group) offered resources and knowledge not discussed in formal clerkship orientation. Foster multiple and diverse "insider" relationships during your GS years by regularly attending divisional seminars (e.g., ID seminar in the Bevill Building every Thursday at noon) and joining social or service medical student organizations (e.g., EAB), not just specialty interest groups (e.g., Surgery Interest Group) populated by like-minded students and potentially toxic relationships come Match Day.

Do not let "Day 1" be your first day back. I endorse efforts by the Griffen Society and Dr. William Geisler, our new MSTP Associate Director, to introduce clinical exposure during our GS years. In absence of these efforts, my involvement with Equal Access Birmingham, Cahaba Valley Healthcare and Objective Standardized Clinical Examination (OSCE) employment, helped keep my physical examination and patient-physician relationship skills sharp. As result, the statement "Juan, I would not have guessed you were an MSTP student after observing your interaction with that patient,"

from my supervisors was a repeated confidence boost, albeit containing a somewhat back-handed compliment.

However, I did not do enough to familiarize myself with MS-3 duties and roles during clerkships. Research has repeatedly identified that a large amount of medical student stress in medical students results from the first two MS years ill-preparing us for how to perform MS-3 jobs. I beseech readers to avoid my shortcomings: seriously approach learning how to write a history and physical, and shadow residents or MS-3/4 students as much as possible during your GS years.

Do not wait to get the help you need. On my first day at Severance Hospital, my attending requested we first meet at the medical school whose location was unknown to me. So I walked into the first hospital-looking building I encountered and asked for an English speaker at reception. The next series of events is a testament of how incredibly helpful Korean people are. The receptionist ran and pulled a nurse who knew functional English from the back. Not knowing *continued on page 13*

Equal Access Birmingham - New MSTP's in Office

Interview by Anna Joy Rogers
MSTP students have a proud tradition of being involved with Equal Access Birmingham (EAB), UAB's medical student run free clinic. Juan Calix (MS3) is one of the founding members of the group, and other MSTPs have served throughout the years. This year is no different. Stephen Gragg (MS1) and Tim Kennell (MS1) were both recently appointed to EAB's newest Executive Committee as Community Research Chair and IT Specialist respectively. Both Stephen and Tim have been involved with EAB early on in their time at UAB. Here's what they have to say about their experiences:

So why be a part of EAB and not another student group?

Tim: I appreciate what EAB as an organization does. It is heavily involved in community service and working with the local Birmingham community. I enjoy getting to see the direct effect and application of the clinical skills that I am learning in class.

Stephen: EAB is one of the reasons that I went into medicine in the first place. Coming to UAB, I wanted to get involved in EAB early, and even though I didn't originally see myself in an officer position, I decided that this would be a great chance to be involved.

What are some of your dreams for your research position?

Stephen: I am working with a **8** small team, including Tim, to update the current electronic

medical record database to make it searchable, catalogable, and updatable by everyone on the team. Our goal is to provide an interactive dataset that we can so that we can best treat our patients.

Tim: I agree. I have lots of background in and have been working with computers in some capacity for most of my life. One of the reasons why I decided to be IT Specialist is that it merges my passion for computer science and intersects with helping EAB out as an organization. We would like to create a referral database for patients that houses our all our data, for example, patient education data. We have a huge Google Drive of information that we need to translate into information that patients can understand. Furthermore, we would like to change the face of the website. It needs to be more website friendly for physicians, donors, patients who have internet access, and the public that would like to interact with EAB.

Stephen, you got to go to the national conference for student-run clinics. What did you learn?

Stephen: It was amazing to see

how other clinics across the country are run. There were over 400 students at the conference. Other clinics have systems that are well set up and it was cool to get to see beyond EAB. I know that we have made tons of progress since our inception, but I also recognize that we have tons of room to grow.

There are many ways to be a part of EAB – overall leadership, running the clinics, collaborating with community partners, working with interdisciplinary groups such as dentistry and public health, designing patient education programs, and of course research – which most MSTPs naturally gravitate towards! So, if you want to find your spot at EAB, ask Stephen or Tim where you can get plugged in!



For more information about Equal Access Birmingham, please visit: <http://www.uab.edu/eab/>



The Best Medicine Show, continued

a welcome creative outlet. Whether it's learning to edit and shoot videos with professional equipment, choreographing a hip hop dance, or putting together a stand up comedy routine, the Best Medicine Show offers a chance for students to work on projects outside of academics. Not only that, it is a fun way to support the efforts of EAB.

This past weekend's show saw involvement by several MSTP students. Mika Guzman (GS3) and Jarrod Meadows (GS3) played drums and guitar respectively in a live performance parodying The White Stripes' Seven Nation Army. Seven Station OSCE (Observed Standardized Clinical Exam) had

the audience grooving and laughing to start off the Second Act. Jeff Singer (GS2) acted in a hospital commercial parody and submitted a video clip redubbing a classic scene from "Scooby Doo Where Are You?" MSTP participation was not just limited to the stage. Elizabeth Ma (GS1) helped with the Main Event Committee to ensure that the show went off without a hitch!

The evening concluded with an afterparty at B&A Warehouse across the street from another Birmingham Landmark - Railroad Park. Students celebrated another successful effort to ensure one of the major medical student-led initiatives of the past decade stays

funded for another year. EAB's Free Clinic and The Best Medicine Show exemplify an outstanding partnership among student groups aligned with the common goal of serving our community.



IDP, continued

AAMC (2). This self-assessment consists of five integrated activities, including the Medical Specialty Preference Inventory (MSPI-R), the Physician Values in Practice Scale (PVIPS-R), the Specialty Indecision Scale (SIS), a personality assessment (Myers Briggs Type Indicator, MBTI, or Keirsey Temperament Sorter) and finally a skills assessment.

The results of the CiM self-assessment will be reviewed with the Associate Director and/or the Clinical Associate Director of the MSTP, who will be trained to use the CiM process by the AAMC. The Associate Directors will work with students using their CiM self-assessment to identify short- and mid-term goals pertaining to clinical knowledge and skills that they will focus on during their research years in association with the Continuing Clinical Education course. The goals established by students

as a result of the CiM self-assessment at the end of year 2 will be reviewed on an annual basis by the Clinical Associate Director or the student's Clinical Advisor.

GS Students: At the beginning of the research phase, students will revisit the myIDP self-assessment process to update their skills, knowledge and values. The revised self-assessment will be reviewed by the Associate Director or the student's research advisor who will assist in the establishment of relevant short- and mid-term goals. Establishment of SMART goals will be based not only on the revised self-assessment, but the National Postdoctoral Association Core Competencies and Core Competency Checklist, which includes six core competencies; 1) discipline-specific conceptual knowledge, 2) research skill development, 3) communication skills, 4) professionalism, 5) leadership and management

skills and 6) responsible conduct of research (3). The student's revised self-assessment and goals will be used going forward to guide their training during the research years. Students will be expected to review their self-assessment with their Research Mentor and to present their goals at their dissertation committee meetings for review and amendment. The student will be expected to submit an annual IDP to the MSTP office.

MS3-4 Students: Just prior to returning to clinics, students will be required to revise their CiM self-assessment and the revised assessment will be reviewed by the Clinical Associate Director to assist students with choices of rotations/electives and the appropriate scheduling for their rotations/electives. The revised self-assessment will also provide the basis for setting SMART goals dur-

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IDP, continued

ing their clinical years specifically pertaining to knowledge and skills that will ensure their success in obtaining the desired residency.

The SMART goals set by students will be reviewed and amended in conjunction with the Clinical Associate Director and/or the student's Specialty Clinical Advisor during the last two years of training.

Planning for Your Future

Self-assessment and setting SMART goals are the cornerstones of insuring your future success.

By evaluating your strengths and weaknesses, you can determine the essential knowledge and skills that you need to acquire. By examining your values, you can insure that your future career as a physician scientist will have the right balance between work and family, research versus clinical practice, administration and teaching, etc. An IDP is not something you create and then throw in a desk drawer. It is a "living" document that is constantly refined through an iterative process; your IDP will evolve and change as your training progresses and as you continue to develop into a physician scientist. There are numerous choices that you will have to make that will have a profound impact on the path that your career takes and your ultimate satisfaction. That is why it is important to develop an individualized plan of action, based on self-assessment and setting goals, now to insure your career success going forward.

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<http://www.nationalpostdoc.org/core-competencies>

Director's Welcome, continued

My teaching experience for medical students has included lectures, the microbiology laboratory course, and ICM. My clinical activities include attending on the UAB Tinsley Harrison Internal Medicine Service and on the Infectious Diseases Consult Service, as well as seeing patients at the Birmingham VA Hospital Infectious Diseases Clinic and the Jefferson County Department of Health STD Clinic. My research has focused on genital *Chlamydia trachomatis* infections, including epidemiology, therapeutics, and host immunogenetics. My research utilizes a variety of molecular methods to better understand host immune responses to *Chlamydia trachomatis*. Mentoring is an important component of my research program.

The Clinical Associate Director position was a good fit for my interests in fostering the clinical and academic development of future physician scientists, and I was honored to have been selected for the position. My initial efforts have focused on: 1) getting to know the UAB MSTP students and staff, 2) working with the Griffin Society Representatives to build on activities within the MSTP 795 course (particularly reformatting the Translational Research Journal Club), for which I now serve as the Course Master, 3) beginning to assist MSTP students with clerkship scheduling planning, and 4) assisting the MSTP leadership with MSTP applicant interviews and with preparing our training grant renewal. Moving forward, there are several activities I plan to implement, which are in different stages of development. I believe there

is great value in MSTP students shadowing other medical students on inpatient medicine services just prior to returning clerkships, as having the opportunity to witness the pre-round, round, and post-round activities of students can help to better prepare MSTP students for inpatient clerkships and help relieve the anxiety some students experience upon beginning clerkships. I have begun to provide this opportunity to students on a voluntary basis, but hope to formalize this clinical activity for all students in the near future.

For clerkship scheduling, I plan to continue working with medical school staff to streamline this process for MSTP students. It has become apparent based on student feedback that MSTP students need guidance on residency choices and planning from faculty that not only are knowledgeable about a specific residency specialty but who also understand the unique clinical and research needs of MSTP students. Although MSTP students typically try to find such advisors on their own and are ultimately assigned a clinical advisor by the medical school in their final year of training, I believe it is important to develop a network of clinical advisors from different specialties who have the necessary clinical and research background with whom MSTP students can have regular access to throughout the graduate school and clerkship years to assist in residency discussions and planning. We are currently recruiting this panel of clinical advisors and will seek their approval by the medical school. During the next cal-

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ANNOUNCEMENTS

Welcome to the newest member of the MSTP family!



“Just want to say I got a new dog! Her name is Shadow, she is four years old, and is the cutest, most adorable thing ever! I adopted her from Adopt a Golden Birmingham, which is an awesome organization that I hope people who are looking for doggy companions will look into.” - **Muhan Hu** (MS-1)

Thesis Defense - Success!

Congratulations to **Dr. Sinifunanya Nwaobi**, who successfully defended her thesis in July 2013 and graduated in December 2013 with her PhD!

Also congratulations to **Dr. Evan Thomas**, who passed his oral thesis exams in January 2014!



Double congratulations to **Alexander Bray** on his engagement to Tasnia Matin on Dec 27, and for passing his qualifying exam on Feb 7!

Publications

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Teaching Innovation and Development Award

Congratulations to **Dr. William Geisler, Heather Allen, Stephanie Brosius, Katie Poholek, and Alice Weaver** on the funding of their Teaching Innovation and Development Award from the UAB Center for Teaching and Learning!

Their proposal, "The Use of Team Learning Activities to Maintain Clinical Competencies and Foster New Clinical Knowledge in Dual Degree MD/PhD Students," will allow our MSTP students to explore new ways to expand their clinical knowledge while in their graduate school years.

The Vulcan Letter

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Director's Welcome, cont.

endar year, each MSTP student will work with the UAB MSTP Associate Director, Dr. Lou Justement, to develop their Individual Development Plan (IDP) for their MSTP training. The IDP will incorporate the clerkship and residency planning efforts, and I will be working closely with Dr. Justement to make this a smooth transition (see the accompanying article on IDP in this newsletter).

Moving forward as the Clinical Associate Director, I am excited to continue to build on and improve the clinical activities and advising efforts for the MSTP students and welcome student feedback and ideas. I also look forward to introducing some additional clinical training opportunities....more details to come.

-William Geisler, MD
Associate Professor of
Med-Infectious Diseases
MSTP Clinical Associate Director
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Birmingham

MS-3 Year Advice and Korea, continued

the location of the school herself, she instructed a nursing assistant to escort me to the International Health clinic in the adjacent main hospital building. One of the clinic translators then snatched my phone (because it contained the e-mail with location and time of my meeting), paged my attending, and organized a dispatch of no less than three women (including a Russian fluent in English) to walk me to my meeting place. We obtained further directions from various receptionists and doormen on this last leg of my trek and got to my appointment (embarrassingly) 30 minutes early, forcing my attending to run from his morning rounds to meet me. People will surprise you when you ask for help.

Unfortunately, I did not follow this piece of advice until late in my MS-3 transition and I share another personal story to emphasize the importance of this lesson. Since college I have experienced an elevated level of anxiety at baseline. Also, I would repeatedly have 20-minute conversations Marla (my wife) without registering a word because "my mind was elsewhere." "Stress

and zoning out is a normal part of this career" I would tell myself. The problem was, during my first three clerkship rotations, worsened symptoms started to affect life outside of research and school. I visited the counseling services available for all medical staff and students at UAB. After hearing my symptoms and significant family history, they advised me that, while experiencing stress is completely normal, the way I was experiencing it was abnormal and perhaps reflected an underlying Anxiety Disorder. I was referred to a neuropsychologist and subsequently a psychiatrist, and was instead diagnosed with ADHD. I started medications in the middle of my Medicine Clerkship, and a mental haze lifted, uncontrollable intrusive thoughts lessened, and my overall well-being and home relationship markedly improved.

Not everyone requires medical intervention. However, please remember that stress and anxiety is a normal part of our careers, and many seemingly normal medical house staff and medical students at UAB seek professional advice and support in order to continue functioning at healthy levels. Ask the nursing staff for the bathroom assigned to medical students. Talk to your mentor if you are experiencing trouble staying afloat with the new daily requirements. Please remind yourself, do not hesitate to ask for help.

Though the first days back to clinics can make MSTP students feel like a six foot two inch balding Latino in the middle of Korea, there are ways to ease the

continued on next page **13**



MS-3 Year Advice and Korea, continued

stress. As echoed by my reflections, I firmly believe that a key to an easy-as-possible transition back to clinic is active and timely integration into the mainstream of MS-3. I observed that MSTP students too often choose an isolationist approach and tend to limit meaningful non-MSTP interactions to only people directly encountered through work. This attitude may contribute to the mixed reception we expect from house staff and other medical students. Then MSTP students choose to downplay their MSTP identity to avoid being regarded as “different.” Do you see a vicious cycle forming?

My strategy is not foolproof and are likely not appropriate for everyone in every situation. Furthermore, transitioning is only the first step, and that in order to excel during clerkships (e.g., get strong letters, get “honors” designations, and more importantly, become good physicians) MSTP students must appropriately stand out in ways permitted by our unique training. MSTP student experiences vary, and comparing viewpoints through collegiate conversation about these issues should help others navigate these very important MS-3 and MS-4 challenges. To this end, I will start regularly sharing more of my experiences as part of the MSTP blog and invite everyone to

read and contribute to these topics. Also, readers should consider attending upcoming “Topics in Transition” meetings sponsored by APSA, where students from all years in the program meet to discuss the topics in person. Lastly, I also plan to blog about my experiences in Korea and on how others can participate in this valuable exchange opportunity.

I end with one more personal story. Six weeks into my surgery clerkship I was dumb enough to read the section of “Surgery Recall” describing the “ideal medical student.” As I perused this inane list of requisites, I started to freak out because I am so different from the “bladder of steel, never saying no to procedures, 40 minutes early and staying until your residents leave” person that the section describes! After having an arguably successful clerkship tenure (i.e., receiving clinical honors in all but Surgery and Psychiatry) while not adhering to the those guidelines, I now firmly believe this principle: being a “model medical student” and getting the best grades does not make you a good physician; however, if you act as a professional student physician, make MS-3 training your own, take interest in your patients, learn from them, and become a good team worker, I guarantee the reputation as a model

medical student and good grades will follow you. If I had really believed this from the beginning, I would have been spared a lot of stress.



Juan Calix obtained Ph.D. in Microbiology in August, 2012. For his residency and fellowship, he plans to join a physician scientist track program and sub-specializing in Infectious Diseases. At the time this article was written, he was participating in an international medical rotation in adult infectious disease at Yonsei University Medical College in Seoul, Republic of Korea. He always welcomes direct contact and hate mail concerning his views.

A note from the editor: Juan had an amazingly comprehensive article on his experiences returning to clinic after obtaining his PhD. Due to space constraints, we were only able to put this abridged version of the article in this newsletter. However, the full article will appear in all its glory very soon on the MSTP blog (in this case, the aptly named unabridgedmstp.wordpress.com), so be sure to check it out!

