From the Desk of our new Chair

by Meskerem G. Lloyd

I first want to express my gratitude to our Professional Development Committee for allowing me to put this article together.

I absolutely love my job! I am positive I am not unique in saying this; you will hear clerkship administrators all across the country express this sentiment time and time again. This feeling has a lot to do with the fantastic medical students we work for.

I moved from Ethiopia to the Washington, DC area over 15 years ago. After beginning my professional career in the retail and hospitality industries, with a God-ordained plan, I started working at Georgetown University Hospital in our pediatric outpatient clinic about 12 years ago. At Georgetown, I was introduced to medical students, residents, and fellows working in an academic medical center. Though I did not work directly with medical students when I started at Georgetown, my time in the pediatrics clinic planted the seed of my interest to work in medical education.

Through a couple of job position changes in the clinic, I started working closely with our pediatric residents and the pediatric residency program director, Dr. Wolfgang Rennert. After working in pediatrics for about four years, Dr. Rennert, advised me to consider positions in GME and UME. Eight years ago, I decided to focus my passion in UME, which led to my current position as clerkship administrator in the Department of Medicine.

I attended my first CDIM conference in 2008. I truly did not know what to expect from the conference, but my plan was to sit in the corner of the room, learn as much as I could, and head back to my home institution. That tactic did not really work, mainly because of how welcoming the clerkship administrators were that I met at the conference. I specifically remember Ginger and Martha very well from that year. I left the conference wanting to get more directly involved in the organization, so I signed up to join the program planning and the professional development committees. Fast forward to this past July and here I am, the Chair of our CDIM Clerkship Administrators group. I am so honored to have this amazing privilege!!

Since my first CDIM meeting, I have learned a lot about my profession and have grown in many ways. I continue to learn and bring back the best practices to my home institution from each conference. It has been very valuable for me to meet my fellow colleagues at each conference, and listen to their presentations during pre-conference workshops and small group discussions.

During my year as Chair, I hope to pay it forward by sharing what has been passed on to me to our new and seasoned clerkship administrators. By getting involved and meeting each of you at our conferences, I can say with certainty that my job is richer for this experience. I encourage each of you
Dear Administrator…..

Dear Administrator,

While taking a final exam one of my 4th year medical student’s phone kept going off, although the phone was on vibrate it was lying on the table and was creating a noise. I ignored it until he asked, “Can I answer that just in case it is an invitation for an interview?” I was in shock that he would ask such a quest, but his fellow students even found it to be inappropriate. What would you have done?

Sincerely,

Final Folly

Dear Final Folly,

I feel this shows a lack of professionalism on the part of the student that he would ask such a question during a final exam. As well as being a disruption to his fellow classmates during their final exam. I would definitely would not have allowed him to answer the phone and would have made him turn it completely off to stop this disruptions. Furthermore, it would be a lesson to me that I would need to have students turn off their phones during final exams.

Sincerely,

Dear Administrator

Dear Administrator,

I recently had an all-out gunner on my clerkship rotation, probably one of the worst I have seen during my many years as an administrator. Although he is an extremely bright student many of the attendings and residents found him extremely annoying, so much so that they came to me regarding his actions. He tried to control every conversation, not allowing his fellow students an opportunity to ask questions and if he did let them ask a question he tried to answer it rather than letting the attending or resident answer. Both the attendings and residents address the issue with him to no avail, so they came to me for help. Then the gunner showed up at my office and said, “I don’t think any of the attendings or residents like me, what should I do?” How would you handle this situation?

Help,

Gunner Overload
Dear Gunner Overload,

I would sit him down and have a heart to heart talk with him, tell him the concerns you have received from the attendings and residents. Suggest to him that he pull back and allow some of his fellow students to answer questions because perhaps he can learn something from their answers as well. Remind him that the ability to listen can be just as important in the learning process as answering. I have found that a lot of times students that are like this tend to have self-confidence issues and try to over compensate by trying to be the first to answer questions. Sometimes just a reminder that it is unfair to others is enough to make them step back a bit. I also would suggest he talk with the attendings and residents one on one and find out what their expectations are. I hope this information is helpful.

Glad to Help,

Dear Administrator

If you have any questions or concerns you would like to ask Dear Administrator please submit to the Professional Development Committee and they will be answered in the next newsletter.

Health Tip from UCF College of Medicine

by UCF Health

Home Remedies: Do They Really Work?

For centuries, people have turned to natural remedies to fight common ailments such as colds, stomach aches and skin conditions. This trend has continued to the present day. Nearly four out of 10 adults have used some form of alternative remedy, according to a report from the National Center for Health Statistics.

As appealing as the idea of natural remedies might sound, keep in mind that not all remedies are safe and effective. Let’s take a look at some remedies backed by research.

WHAT WORKS

* Apple cider vinegar & honey (as a therapy for sore throats): Honey, a common sore-throat remedy, has antibacterial properties and also acts as a hypertonic osmotic, which means that it draws water out of inflamed tissue, reducing swelling and discomfort. There is not enough data on the effectiveness of vinegar, however.

* Bananas, rice, applesauce and toast (as a cure for diarrhea): The "BRAT diet" has been proven to help people recover from an upset stomach because these bland foods are easy to digest and have a small amount of fiber, which helps make your stool firmer.

* Chicken soup (for colds and flu): Chicken soup has long been a go-to remedy and recent science is showing why. Chicken soup helps mitigate inflammation in the upper respiratory tract to help you breathe a little easier. It is also superior to other hot liquids in clearing mucus from nasal passages to ease congestion.

* Cranberry juice (as a cure for urinary tract infections): An active ingredient in cranberries can prevent adherence of bacteria, particularly E. coli, to the bladder wall. However, most studies show that juice and supplements don’t have enough of this ingredient. The bottom line? Cranberry can’t hurt, and it may help.

* Peppermint (as a remedy for nausea): Peppermint oil and peppermint tea both relax the stomach muscles and relieve nausea after surgery. They can also ease morning sickness and soothe menstrual cramps.

* Turmeric (as a pain reliever for arthritis): Turmeric is a common spice in dishes like curry. It can help to reduce pain, inflammation and stiffness related to rheumatoid arthritis and osteoarthritis.

* Prunes (as a remedy for constipation): Prunes are rich in insoluble fiber, as well as the natural laxative sorbitol, which is proven to help with constipation.

Just because a remedy is natural does not mean it can’t cause harm. Talk to your doctor about any supplements you are taking to ensure there is no interaction with medications or pre-existing conditions. When using home remedies, if symptoms persist or worsen, seek professional help from your doctor.

Feedback

We would love to hear from you! We are always open to ideas for future articles and welcome author volunteers. Please email Ken Staack (ken.staack@ucf.edu) with your questions, comments, and suggestions for the newsletter. This newsletter is for you – get involved!