

Spring Chicken or Goose Cooking?

BY ALBERT M. BALESH

WE ALL LOVE ADVENTURE. So last year I greeted acceptance to Baylor College of Medicine's PA program one week before class started with both trepidation and a sense of exhilaration. Could I cut the mustard? At 60 years old, was I a dinosaur ready for extinction or would I be a spring chicken able to compete with the best and the brightest? Needless to say, I felt like my goose would be cooked, but I just had to try.

I knew that I would have to prove myself to gain their respect and that I would have to unleash the only two weapons in my arsenal that could level the academic playing field: my extensive residual knowledge of pathology and pathophysiology, and the fact that I was 60 years old going on 25.

While I had a medical background as an American expatriate and foreign medical graduate of the University of Rome School of Medicine, I had not seen or touched a patient since 1993, and my skills, if they still existed, were rusty at best. I had medicine in my blood, though, and anyone who has ever studied the healing arts will tell you that when it gets into your blood, there is no plasmapheresis on earth that can filter it out. However, I did not foresee the revolutionary changes in medical education and the new didactic platforms that were about to razzle, dazzle and discombobulate me.

My first day of class at Baylor was like a cold shower when I realized that the vast majority of my colleagues were female and almost one-third my age. As they greeted me with a bit of amusement and a modicum of respect, I knew that under the niceties lay lingering doubts in their minds as to my ability to toe the line. I knew that I would have to prove myself to gain their respect and that I would have to unleash the only two weapons in my arsenal that could level the academic playing field: my extensive residual knowledge of pathology and pathophysiology, and the fact that I was 60 years old going on 25.

Baylor is a brave new world for me, in much the same way Aldous Huxley might have envisioned it. No one ever told me that medicine had gone completely electronic with paper, pen, blackboards, overhead projectors and textbooks going the way of the horse and buggy. Here, the incessant absorption of medical knowledge at breakneck speed is punctuated only by the rat-a-tat-tat of laptop keyboards, the projection

of innumerable PowerPoint presentations and the low-level glow of an occasional PET scan. While I long for the days of fountain pens, chalkboards, systemic anatomy and medical giants forced to face and engage hungry young (and old) minds instead of pushing buttons and wielding laser pointers, I know those days are long gone. I take comfort, however, in the fact that I am a bridge between what used to work and what may work better, but at an undeniably higher price.

I have never seen so many students with photographic memories in my life. Never mind the little purple pill, my problems lie in the opposite direction. Until I can get a handle or an angle on the rapid acquisition of medical knowledge, I am always going to be in left field. In fact, that is my biggest complaint about medical education today. There is just so much didactic material presented that it is hard for me to believe that anyone can assimilate it all. When I try to make those concerns heard, my professors, many of whom are my age, merely wink at me. Do they know something I don't?



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The Last in Line

BY MAGGIE SCHUYLER

THE PA SCHOOL EXPERIENCE that resonated with me the most was a day spent at the Sulzbacher Center Emergency Shelter in downtown Jacksonville, Fla.

A woman who had a history of significant alcohol abuse permitted a group of six or so students to palpate her cirrhotic liver. I was last in line and as I approached the side of the exam table, the patient didn't realize that I was there. She pulled her shirt back over her stomach and immediately I hesitated. I thought, "If I am sweating bullets, I can't imagine what she must be experiencing." I feared that after five other students took their turns, she was feeling like a bizarre science experiment.

Maybe she was feeling vulnerable and overwhelmed by the six eager students crammed into the 10-by-10-foot room. Standing there, I quickly withdrew my hands and prepared to back away from the table. But before I could, a faculty member spoke on my behalf and asked if the patient

might be willing to consider the curiosity of one more student. The woman obliged.

The chance as a student to spend time interacting with patients who have profound needs is remarkable. During the didactic year, a lot of time is spent practicing evaluations on our classmates, who, for the most part, are healthy individuals without complaints or physical abnormalities—they are perfect patients. The day at the shelter is a gentle reminder to take advantage of what is offered and to also take initiative. There won't always be a faculty member present to tactfully speak on my behalf.

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