In This Issue:
Health Care Equality Week.................. pg. 02
“Practice What You Preach”................. pg. 02
Student Center Update........................ pg. 03
Top 5 Questions for New Med Students... pg. 03
Library Updates................................ pg. 04
The Pulse: Science Music Playlist......... pg. 05
Focus on Student Health...................... pg. 06
Research Week 2012........................... pg. 07
Student Poetry................................ pg. 08
Outreach at the Blazers Game............... pg. 09
Doctors vs. Dentists............................. pg. 10
“Stuff” My P.I. Said (Round 2).............. pg. 11

Obesity in Rural Oregon – One Example of Fighting Gravity
John Heineman, 4th-Year Medical Student

On my first emergency department shift in rural Cottage Grove, OR, I was struck with the sheer amount of energy and business going on. In an eight-bed department with only one physician, four nurses, and myself (at the time, a third-year medical student) we had our hands full. The charts kept piling up. Rooms were being cleared and cleaned as fast as possible. Unbeknownst to me, this magnitude of patient traffic is common for this sleepy mountain valley town.

What was unusual about this day was a sales representative demonstrating a shiny new bariatric hospital bed. Outside, a landscaping crew was creating a walkway into the middle of a meadow adjacent to the hospital. The reason for these individuals joining the chaos was in response to a remarkable situation that happened during the week prior to my arrival.

The story relayed to me was as follows. A morbidly obese patient had been brought to the department in critical care. The patient was put on a regular hospital bed that was still too small - but the only option available. Appropriate lines, tubes, and supportive measures were taken; however, the relief was insufficient. The patient required air transportation to the nearest trauma center in Eugene. As the Cottage Grove Hospital has no helicopter pad, the life-flight helicopter needed to land in its adjacent meadow. As the crew began to push the patient through the field, they were met with considerable resistance when the hospital bed sunk into the wet ground… (cont. on page 12)

Now… What Is It That You Do, Again?
Kyle H. Ambert, 4th-Year Graduate Student

Like most Ph.D. students, I am wired for academic obsession. Being able to toil over the unanswered questions in life is something of an asset in this particular line of work. But it is also not without liability. What do I do? That’s a surprisingly difficult question to answer. Pursue my dreams? Plunge the depths of the biomedical unknown? Boldly go where no Informatician has gone before? After two years in OHSU’s Bioinformatics Ph.D. program, I have yet to discover an answer to this question that lets both conversational parties walk away satisfied.

“So, what is it that you do, again?” The first time I was asked this question after starting my research, I treated… (cont. on page 12)
OHSU Health Care Equality Week 2012
Rob West, Dean’s Office, School of Medicine

When student and faculty volunteers arrived at the O’Bryant Square parking garage at 7:30 a.m. to set up tables for this year’s Health Care Equality Week (formerly known as Covered the Uninsured Week), they found a long line of people already waiting in the rain to get care. By the time the health screening fair started at 9 a.m., the line stretched around the block. Most of those standing in the rain had no insurance; many hadn’t seen a physician or dentist in years.

Over the next four hours, 275 underserved Oregonians received free screenings from more than 120 OHSU medical, dental, nursing and pharmacy students and faculty members.

"Many of us who volunteered were amazed by the number of people who came for care," said Andy Dworkin, MS2. "It’s great we were able to help so many people. But it’s sad that so many still lack access to regular, decent health care that they’d wait hours in the rain for a shot at getting basic health care in a parking garage."

"You could sense how grateful the clients and patients were for the services provided," said Nancy Nguyen, MS2. "And you could not help but recognize the positive energy and compassionate concerns of volunteers trying to do all they can to help."

Basic hygiene supplies and an array of health care services were available, including blood pressure and temperature checks, vaccinations, and hearing, vision and oral health screenings. People with significant vision or oral health problems were referred to two dental vans and a Casey Eye Institute mobile clinic parked along O’Bryant Square. Eighty-four people received consultations with the faculty... (cont. page 13)

Practice What You Preach
Ian McClellan, 3rd-Year Pharmacy Student

As healthcare providers, we frequently offer recommendations to our patients that proper diet, exercise, and adherence to their medication play significant roles in their prognosis and long-term health. Although it may be easy to make these suggestions, providers often neglect to address the difficulties and barriers to initiating these suggestions. Informing our patients of the need for a healthy and balanced diet is simple, but until we recognize the magnitude of these suggestions and the various other factors that coincide with them, we are doing our patients a disservice.

This same disservice presents when we suggest patients exercise properly. Many of our patients may not be able to afford the financial costs associated with gym memberships or healthy eating, or they may lack familial or social support with transportation to appointments or exercise regimens. There is also a stigma present in health clubs with overweight and obese individuals; therefore... (cont. page 13)
New Student Center Gymnasium

Heather Ennis, Assistant Director, Student Center & Student Activities

The Student Center gymnasium re-opened on Monday March 19th, 2012. The updates include a brand new, state-of-the art maple floor, as well as new paint on the beams, walls, backboards and rims. Required seismic and electrical upgrades were performed, and a new sprinkler system and lighting system were both installed.

Top 5 Questions People Ask New Medical Students

Andy Dworkin, 2nd-Year Medical Student

1) “I’ve been noticing [bizarre growth or random symptom]. What do you think this is?” I have no idea. I’m not a doctor. I’ve only had a couple months of medical education, almost all related to anatomy, not disease or diagnosis. So if you want to know what side your spleen is on, or which muscles wag a dog’s tail, I can help. (The left side, and the coccygeus muscles, which people have, too). If you want medical advice, you should ask a doctor. I won’t be one for four years.

2) “Is dissection fun?” No. Anatomy lab was many things: amazing, absorbing, detail-oriented, sometimes disturbing, and occasionally tedious. But I didn’t find it fun; it’s a bit too disquieting for me. That said, I think some of my classmates may have found it fun, especially those who want to be surgeons.

   Mostly, dissection is a really good way to learn where everything is in the body and how it connects. That’s information you want your doctor to have down pat. I don’t think you need to dissect to learn anatomy. Some medical schools have experimented with using teaching tools other than cadavers, such as plastic models. But getting to dissect and see others’ work in lab really drives home the three-dimensional organization of the body parts we read about, as well as how much that basic plan can vary from person to person. So anatomy lab helped me learn more, and was an unforgettable experience, but it wasn’t fun.

3) “Do you get to wear a white coat?” Yes, but it’s a different white coat than real doctors wear. The next time you see a doctor, notice that their white coat hangs down to somewhere around their mid-thigh or knees. Our medical student coats end around the belt line. They call them — and us — “short coats.” I suspect that most patients don’t notice this difference, but hospital staff do. And that can be a blessing. If a wizened M.D. barrages me with complex medical questions, I can just grab the hem of my jacket and say, “short coat.”

4) “Do you see patients?” See, yes. Treat, no. Traditionally, med students saw few patients until their third year. But an increasing number of medical schools are giving new students experience with patients. OHSU has been one of the leaders in this trend, giving its first-year students patient experience for many years now. Specifically, every first- and second-year student spends one afternoon a week with a preceptor: a doctor in the community — not all at OHSU — who agrees to help teach us the ropes. We get to sit in on patient visits and treatment, with the patient’s permission (you can always say “no”). And we get to practice some of our skills, at our preceptor’s discretion. Some students mostly watch and learn. On the other hand, one of my friends... (cont. page 9)
FREE OHSU Interlibrary Loan Pilot Project
Judith Norton, Head of Access Services, OHSU Library

Starting April 1, 2012, the OHSU Library no longer charges students for ILL requests!

To request items, students need to register an ILL Express account (tinyurl.com/OHSULib2). Once registered, requesting articles is simple. To order articles from OHSU Library databases, click on the blue “Find it at OHSU Library” button, then click on the Interlibrary Loan link. Log into your ILL Express account and hit “Submit.” Your request has been submitted!

Did You Know?
• The cost to the OHSU Library to fill an ILL request can range from $8.50 to $90.00, with the average cost being $17.50.
• The average turnaround time for an article is two to three days; with times varying from two hours to three weeks, depending on the library that is filling your request.
• The average turnaround time for materials requested through ILL Express is 1-4 weeks. The average turnaround time for materials requested through Summit (free!) is 4-5 days.

*The Fine Print
Free ILL requests are capped at ten requests per quarter. This cap was set based on the Free ILL pilot project conducted from September-December 2011. Most students ordered one or two articles, with the average number of requests per student being 4.5. The fee for additional requests is $2.00/request. RUSH charges remain at $10.00 per request. This is because the OHSU Library has to pay a premium to the lending library for rush services. We regret that the library cannot process RUSH requests for text books. The Library will not process free requests for leisure reading. Summit (free & fast!) is a good source for popular reading, CDs, and DVDs (tinyurl.com/OHSULib1). Students may not use departmental aliases to pay for requests that exceed the quarterly cap. If departmental accounts are used, the cost is $10.00/request. If you are an OHSU employee who requests materials for a department and a currently-enrolled OHSU student, please set up two ILL Express accounts, so that you will not be charged departmental fees when you are requesting as a student. Call 503-494-2399 or email libdoc@ohsu.edu if you have questions or concerns about this. Please note that fees for Document Delivery (scanned PDFs provided from print items in the OHSU Library collection) are still $10.00/request, unless you are a student enrolled in a distance program.

OHSU Library Receives Grant to Link People and Resources
Melissa Haendel1, Carlo Torniai1, Christopher Kelleher2, Nicole Vasilevsky1, CTSAconnect Consortium
1Oregon Health & Science University; 2Oregon Clinical and Translational Research Institute

CTSAconnect: A Linked, Open Data Approach to Query

Teams of scientists are now much more common than single scientists in the production of biologically meaningful and clinically consequential breakthroughs. There are a myriad of data sources about investigators, physicians, research resources, clinical encounters, and expertise to promote team interaction. However, much of this valuable information is locked in silos and is not easily connected. The CTSAconnect project, a collaboration between the Ontology Development Group in the OHSU Library (tinyurl.com/OHSUODG) and the Oregon Clinical and Translational Research Institute (tinyurl.com/OCTRI) aims to facilitate information aggregation about investigators, physicians, biomedical research resources, services, and clinical activities. The goal is to provide a more well-rounded representation of a person’s expertise for the purposes of promoting collaboration and data and resource sharing, as well as understanding funding outcomes and targets.

Researchers can be characterized by their organizational affiliations, grant and project participation, research resources (such as reagents, biospecimens, animal models) they have generated, and publications they have (co-)authored. Clinician profiles can be characterized by training and credentials, by clinical research topic, and by the kinds of procedures and specialization that can be inferred from encounter and billing data. We believe that integrating this diversity of information sources and... (cont. page 14)
Music has played a pivotal role in my life, especially when it comes to graduate school. Through months of cell culture work, weeks of molecular biology experiments, and hours of data analysis, music has been my constant companion. Music can be written about many things, including science. While the exact interpretation of songs is definitely up for debate, I’ve put together a playlist of songs that are, at a minimum, tangentially related to science.

1) “Science is Real” – They Might Be Giants
“The proof is with science, the truth is with science.” Next time your 3rd-degree relative jabs at you with, “But what do you really do?” You can now refer them to this song.

2) “I Am a Scientist” – Guided by Voices
“I am a scientist…I seek to understand me. I am incurable and nothing behaves like me.” Yep, that’s the curse of being a scientist.

3) “The Scientist” – Coldplay
“Nobody said it was easy. It’s such a shame for us to part.” That sounds like me and my first failed experiment.

4) “Scientist Studies” – Death Cab for Cutie
“Don’t forget to entertain ’cause this is your first defense.” I sure hope my first defense is entertaining enough to avoid a second one.

5) “Science and Faith” - The Script
“You can break everything down to chemicals, but you can’t explain a love like ours.”

6) “I Need a Break...But I’d Rather Have a Breakthrough” - The Rocket Summer
The title says it all. Whenever you feel hints of burnout, just listen to this song for immediate inspiration (at least for another 3 mins, 27 secs).

7) “She Blinded Me With Science” – Thomas Dolby
When I need a smile on my face, I go retro.

8) “Race For The Prize” – The Flaming Lips
“Locked in heated battle for the cure that is their prize.” This haunting song might help explain why scientists are so anti-social.

9) “Fitter Happier” – Radiohead
What playlist could exist without Radiohead? This ironic steam-of-consciousness monologue helps put everything in perspective.

10) “Live Again” – Bad Religion
“Desperate, tenacious, clinging like a grain of sand. Watching its foundation wash away.” On my bad days, I’m sure they are singing about my Thesis.

11) “Science vs. Romance” – Rilo Kiley
“But as for my days, I spend them waiting.” Yep, this song must have been written about PCR.

12) “Robot Rock” - Daft Punk
Why is this a part of the playlist? Because great music doesn't always need to have lyrics. And we wouldn’t have robots without science.

Want to listen to these songs? Simply type in this URL to access this Spotify playlist: http://alturl.com/u9mms. If you don’t have Spotify, simply download it at www.spotify.com.
Student Relief: Your Guided Tour

Dominique Eghlidi, 2nd-Year Graduate Student

Whether you need to get some sweet homeostasis (or suffice with less), here are some tips to preserve that fine balance during the ups and downs of school life.

Sleep

Recent data from the Urbanski Laboratory shows that primates who experience disrupted sleep patterns perform worse on cognitive tasks. Sleepy time is your brain’s regenerative time, so missing out on it may impair brain circuits involved in memory and attention. 

Tip: Skip the free show at Backspace or late night re-runs of The Fresh Prince of Bel-Air and put some lavender under your pillow for better clarity of mind throughout your day.

Exercise

We’re all aware of how important exercise is to a healthy lifestyle. While you don’t have to run a marathon (although many of you do), pursuing some form of exercise will increase the activity of neurotrophic factors in your brain, decrease your cortisol levels, and has recently been implicated in prolonging lifespan.

Tip: Try yoga. My lab manager is doing it, the head of the Aging Resource at the Oregon National Primate Research Center is doing it, even Megan Herting is doing it! And check out my other article on OHSU graduate student Ian Tagge, who is teaching it! (page 10).

Stress

Handling stress is different for everyone, but studies show that elevated levels of the stress-related hormone cortisol can lead to subversive health problems ranging from depression to obesity.

Tip: Attend a yoga class, read about and try organic kava tea, and consider listening to some brainwaves like alpha waves, which work to induce a state of relaxation in the cortex through sound. (cont. page 14)

Being Mindful of the Fight-or-Flight Response

Jack Crossen, Ph.D., Associate Professor, Student Health Service

Our stress management efforts can be most effective when we consider not only the triggering events (stressors), but also our reactions to those events (stress responses). Our stress responses can be seen in two phases. We have a primary reaction that is reflex-like and sometimes characterized as a fight-or-flight reaction. For the most part, such immediate reactions are unavoidable. Our secondary responses involve continued mental and physical patterns of behavior. We have much greater potential to manage our secondary responses to stressful experiences.

Secondary responses refer to the uniquely human inclination to think or talk about our experiences in ways that usually work well, like problem-solving. Unfortunately, such thinking is not useful for “solving emotions,” and can escalate our distress. Instead, when we try to stop feeling negative emotions, it heightens our focus on distress. We experience this process psychologically as preoccupation, worrying, obsessing, ruminating, over-analyzing, etc.

This heightened psychological focus involving verbal thinking triggers new (secondary) fight-or-flight responses that intensify the primary initial reaction. Our bodies react to this distress with alarm and induce unpleasant physical responses of pounding heart, light-headedness, gastric upset, sleep disturbance, and anxious hyper-arousal. This behavioral process can become a vicious cycle that leaves us feeling overwhelmed, sometimes with a sense of being out of control. To break this stress cycle of escalating secondary reactions of distress, it is very helpful to let the initial… (cont. page 14)
180 POSTERS + 137 TALKS + 3 KEYNOTE SPEAKERS
+ FOUR DAYS OF HAPPY HOUR = OHSU RW 2012

Research Week integrates the annual OHSU Student Research Forum, annual OCTRI events and awards, and other existing events. Research Week celebrates our research mission and provides avenues for new opportunities for collaboration across OHSU.

### SCHEDULE OF EVENTS

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>All day</td>
<td>Family Medicine Research Day</td>
<td></td>
<td></td>
<td>Summer Memorial Lectures</td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>Auditories</td>
<td>Fireside</td>
<td>Auditorium</td>
<td>Fireside</td>
<td>Auditorium</td>
</tr>
<tr>
<td>Afternoon</td>
<td>Auditories</td>
<td>Fireside</td>
<td>Auditorium</td>
<td>Fireside</td>
<td>Auditorium</td>
</tr>
<tr>
<td>RW events in Old library</td>
<td>Auditorium</td>
<td>Fireside</td>
<td>Auditorium</td>
<td>Fireside</td>
<td>Auditorium</td>
</tr>
<tr>
<td>11:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student Presentations</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Cancer (molecular)</td>
<td>Stroke</td>
<td>Cell and Molecular Biology</td>
<td>Mary Woolley</td>
<td>Immunology and Virology</td>
</tr>
<tr>
<td></td>
<td>Cardiovascular System</td>
<td></td>
<td>Drugs of Abuse</td>
<td></td>
<td>Rare and Genetic Diseases</td>
</tr>
<tr>
<td>1:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hearing</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>Break</td>
<td></td>
<td>Poster Session 1</td>
<td>Poster Session 3</td>
<td>Women's Health</td>
</tr>
<tr>
<td>3:00 PM</td>
<td>Cancer (treatment)</td>
<td>Health Promotion</td>
<td>Alcohol Abuse</td>
<td>Developmental Biology</td>
<td>Neurosciences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improving Outcomes, Health Disparities</td>
<td>Surgery</td>
<td></td>
<td>Student Presentations</td>
</tr>
<tr>
<td>4:00 PM</td>
<td>Dermatology</td>
<td></td>
<td></td>
<td></td>
<td>Awards</td>
</tr>
<tr>
<td>5:00 PM</td>
<td>Nora Disis, MD</td>
<td>Poster Session 2</td>
<td></td>
<td>Poster Session 4</td>
<td>Darlene Francis, PhD</td>
</tr>
<tr>
<td>6:00 PM</td>
<td>Opening Reception</td>
<td></td>
<td></td>
<td></td>
<td>Awards banquet</td>
</tr>
<tr>
<td>All week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital Week</td>
</tr>
</tbody>
</table>

*WWW.OHSU.EDU/RESEARCHWEEK*
Ode to the Bridgewalker

Bridgewalker
How do you toil so mercilessly?
What drives you to such lengths?
Ceaselessly shifting between two imposing cliffs
In a rhythmic, never-ending tide
Of purpose

Bridgewalker
What focuses you?
How have you persisted, while others fall away?
Your visage reflects ancient sorrow
Lost hopes
Forgotten dreams
Yet I see an iron strength that cleaves these shattered fragments together
And would know its source

Bridgewalker
What have you seen on that razor-thin wire?
On that lifeline from one world to the next?
The wisdom of the old
The joy of the young
The mix of raw emotions in public forum
Only caught for a moment
Yet held forever in the mind’s eye
Adding to a mosaic of exponential complexity

Bridgewalker
I seek your wisdom
I seek to cast off my shackles
Each day I pass over the bridge, preoccupied
With fleeting cares
Concerns
Careers

But in the solitude of quiet reflection
I yearn for the other path
I yearn for your tide
Your enlightenment
Your strength
I yearn to become
Bridgewalker

- Anonymous

The OHSU-VA Skybridge, 660 feet across.

"In a rhythmic, never-ending tide..."
Outreach Event at the Blazers Game
Michel Daher, 2nd-Year Pharmacy Student

On Thursday February 16th, the OSU College of Pharmacy conducted an inter-disciplinary outreach event with the OHSU School of Dentistry at a Portland Blazers game at the Rose Garden. Students conducted blood glucose screenings, as well as blood pressure readings, during the hour before game time. In that short period, more than 50 people had their blood pressure read and 15 people had their glucose levels screened. Despite the disappointment of a 71-74 Blazers loss to the Clippers, OSU/OHSU’s presence was recognized as the “Group of the Night,” complete with the group featured on the big screen for everyone in the arena to see.

Students also enjoyed the opportunity to come onto the court following the game to shoot a free throw. All in all, a fun and impactful outreach event for everyone involved.

Untitled

Four years since humidity made me notice creases behind knees,
Sweat streaking down both shins,
Unaware until the deposition of dust.

It’s just under three years since we last visited the inlet,
with its air of wet rock and fresh-water greens and dense, stalked plants,
beneath which the blackmud creatures cracked and spat.
The breeze blew moments between trunks into lawns,
And leaves shimmied in trees strong and knobby like my father.
Those sunlit divinities dancing, grandchildren listening at the adult table.
Stream along city bike path, you smell like that.

All afternoon I’ve been waiting for the coolth of night
Days’ thoughts boiled and diffusing in airy submission
Nocturnal appearance of billion-year-old energy,
wondering if we can cartwheel out and play. -NK

Top 5 Questions People Ask New Medical Students
(continued from page 3)*

…who worked with a pediatrician did a complete physical and medical history on a 13-year-old boy in his second week of clinic.

5) “It is hard?” Yes, but not the hardest thing I’ve ever done. Granted, I haven’t been at this very long. But I had harder weeks at work than I’ve had yet in med school. I also had more easy weeks at work. What medical school is, at least so far, is consistently challenging. I spend a lot of time in class, in lab, reading and memorizing. It’s steady work. I think any reasonably intelligent person with good people skills and an interest in health could do this, and do it well. You need stamina, more than smarts. Caffeine helps, too.

*This piece originally appeared on OHSU StudentSpeak. The StudentSpeak blog, which features written perspectives from OHSU students across several diverse programs, can be accessed at www.ohsu.edu/blogs/studentspeak."
Putting the Doctors vs. Dentists Debate to Rest
Phil Han, 3rd-Year Dental Student

Are dentists real doctors? If you’re Phil from the Hangover, then, no. My initial reaction to this egotistical debate is that no, dentists are not doctors. Yeah, we can go over the titles, letters, argue semantics, and the degree-conferring, but what kind of generation Z person really cares? Dentists would argue that we are doctors that specialize in the orofacial region, capable of diagnosing and treating pertinent diseases. Physicians argue that 7+ years of comprehensive training would afford them the proper prestige that goes along with the title of "doctor."

There are obvious points of resentment and contention for those who really care about this debate. Among them are the pre-reqs and competition to get into school, the training at hand, and the rewards of graduation and becoming a health professional. The biggest factor, I think, is personality and the mentality necessary for each profession (I could write too much on this so I’ll just spare you the time). Ultimately, it doesn’t really matter if you think your title deserves all the accolades. Are you passionate about your career path, able to balance your life, and are you happy? Most importantly, do the people you serve value the care you provide? I personally believe researchers are the ones who deserve the highest recognition because they generate the knowledge to truly push the limits of healthcare. Dentists, physicians, nurses, pharmacists, and PAs can all perform research, but PhDs are the unsung doctors in society. Cheers.

The Clarity Came to Me and I’ve Been Trying To Channel It Ever Since
Dominique Eghlidi, 2nd-Year Graduate Student

Meet yoga instructor Ian Tagge. With life moving past at such a quick pace in graduate school, Ian Tagge has managed to find the ability to be still. As a yoga teacher on the OHSU campus, Ian helps other students find that you can find stillness even in motion. Outside of school, he also teaches classes through his non-profit organization, Yogi Roots (yogiroots.org).

About Ian. Ian has training in classical Hatha and Bhakti yoga, as well as Budokon. He is the founder and president of Yogi Roots in Portland, OR, invested in providing yoga to everyone and connecting the community through its practice.

Ian’s Yoga classes at OHSU. The classes Ian teaches at OHSU are part of the student wellness program, and are available to all OHSU students. They focus on classical Hatha yoga practice, gentle flow, with focus on pranayama (breath) and alignment. The practice is designed to be grounding and centering to help people manage the stressful and scattered life of being a full-time student at OHSU.

Dubstep Yoga. Ian recently introduced the concept of dubstep yoga. In collaboration with DJ Norbital providing dubstep and downtempo beats, Ian held a yoga practice to explore moving between motion and stillness, focusing on the transitions between each, and the rhythms and fluidity of the layers of sound leading up to the drop.

Dubstep Yoga. Ian recently introduced the concept of dubstep yoga. In collaboration with DJ Norbital providing dubstep and downtempo beats, Ian held a yoga practice to explore moving between motion and stillness, focusing on the transitions between each, and the rhythms and fluidity of the layers of sound leading up to the drop.

Make sure to check out the Yogi Roots website at yogiroots.org and attend a yoga class at OHSU every second and fourth Wednesday of the month from 4-5 pm in the Old Library, Room 221. (Next scheduled classes are April 25th and May 9th).
“Stuff” My P.I. Said (Round 2)

The Principal Investigator of a laboratory, or P.I., has many things to balance in their life. Grants, manuscripts, protocols, employees, and slaves (umm... I mean... graduate students), just to name a few. Sometimes, this balancing act leads a P.I. to do and say some *interesting* things that deserve to be shared. As in Round 1 of this column, here are some things that P.I.s have said that might have come out just a little bit wrong.

Happy Researching!

On technology in the lab

“It’s easy to spot the losers who don’t work hard enough in lab – they’re the ones who always have headphones on.”

“No, you’re not getting an iPad3!”

Pl, to Lab: I’m tired of going into lab and seeing all of you on Facebook and YouTube. I mean really, be a little more professional.

(...Three hours later, student sees office door ajar, enters quickly to find Pl. playing Mafia Wars)

Pl, to Student: Please don’t tell the lab!

Pl, to Printer: Bloody f***ing printer!

On the birds and the bees

“There’s a fine line between love and choking.”

Pl: Why are you growing a beard before your qualifying exams?

Student: Abstinence.

Pl: Right...

Student: Did you hear? (Classmate) is pregnant!

Pl: I’m going to lock the lab door so no boys will distract you and you can always focus on your work!

On research chemicals

Student: What drug should I focus on for my Pharmacokinetics course?

Pl: Medical marijuana.

“Effects of cocaine lasted over an hour? Not in my hands!” (referring to ex vivo physiological studies in an experimental animal model...)

On peer review

Pl, to Lab: Cell? Sh*t, we don’t need Cell!

Lab Members: Gasp!

(three weeks later, paper accepted to Nature)

On mentorship

Pl: I hate it when you leave post-it notes on my door. Please stop.

Student: But I really needed to talk to you before you left today.

Pl: Just email me.

Student: But you never answer your emails.

Pl: I know. ..... It allows me to avoid you.

Student: Aren’t you supposed to be available to mentor me?

Pl: Not really.

“I turn lemons into lemonade for a living - I have you for a graduate student, don’t I?”

Pl: You know I’m a bada**, don’t you?

Student: Yeah, I guess.

Pl: Well have ever seen anyone try and f*** with me?

Student: No.

Pl: Well there ya go.

Students, would you like to share amusing things your PI has said? Submit quotes to: StuffMyPISaid@gmail.com.

Advisors, would you like to share amusing things your students have said?

Submit quotes to: StuffMyGradStudentSaid@gmail.com

As with this column, all submissions will remain anonymous.
Obesity in Rural Oregon – One Example of Fighting Gravity
(continued from page 1)

...After calling an emergency code, enough hospital staff were summoned to carry the patient via bed-board to the aircraft. It was a close call, but thanks to these heroic measures, the patient was successfully transported to Eugene and was stabilized under their care.

In order to prevent such an occurrence in the future, this rural hospital is now investing in two bariatric beds and paving a path through the meadow to the helicopter landing site. In addition, these exceptional health care workers have increased their focus on preventing and treating obesity. Directed emphasis is now being put towards weight loss, cholesterol lowering, and blood pressure control. Obesity is a disease that is ever increasing throughout the state of Oregon and our country at large. According to 2010 Centers for Disease Control and Prevention statistics, 34% of adults and 17% of children in the United States are obese (BMI > 30 kg/m²). I hope that downstream changes, such as creating larger beds and proper transportation systems, will become universal. However, more lives will be improved and more health care dollars will be saved if we focus on upstream preventative measures such as behavior modification. This will truly be the task of my generation of health care professionals, and we must make a strategic effort to take it on before it is much too late.

Now… What Is It That You Do, Again?
(continued from page 1)*

...my audience to a long-winded oration in which I carefully laid out a chronologically-organized argument documenting the place for Informatics in the Neurosciences. Beginning in the nineteenth century, with Ramon & Cajal’s foundational research on the microarchitecture of the nervous system, and culminating in a crescendo of enthusiasm when finally arriving at Olaf Sporn’s work on brain connectivity mapping – I was in my element. When the dust settled, I realized that nearly thirty minutes had gone by, and I had completely killed a party. This would not be the first social gathering to fall victim to unrestrained enthusiasm for academic science, nor would it be the last.

“So…what is it that you do, again?”
The pendulum quickly swung the other way. Concision was my new M.O. Not a few weeks later I was given the chance at redemption: “oh, computers and neuroscience, and [inaudible].”

“You mean like tech support?”
I nodded vaguely, as the conversation turned to something I'll never remember. Tech. support? Really? Was this what I’d become? Ashamed of my own passions? A scared little scientist petrified at the prospect of entering into dialogue with another human? For the time, yes.

I would go on to claim several other parties. My friends would go on to invite me to fewer parties. I would go on further to show up at said parties anyway to practice my ten-second job description on unsuspecting newcomers. Eventually, I would learn to gauge the true level of interest held by my audience before answering the dreaded question. During this process, I also discovered it to be a doorway to one of graduate school’s greatest pleasures.

“So… what is it that you do, again?”
“I do research on how artificial intelligence can make neuroscience research more efficient.”

“Oh, do you mean like Neuroinformatics?”
Yes! Finally. Instant kinship. The bond shared by academics embarked upon similar journeys is like none other – a surprise oasis within a desert full of awkward conversations.

*This piece originally appeared on OHSU StudentSpeak. The StudentSpeak blog, which features written perspectives from OHSU students across several diverse programs, can be accessed at www.ohsu.edu/blogs/studentspeak/
Health Care Equality Week 2012
(continued from page 2)*

...physicians who were also volunteering at the clinic. Patients with more complex medical conditions received referrals to outside physicians who agreed in advance to donate their time and services during this year’s HCEW.

The health fair was planned primarily by students. "The event was a huge success both for the students and the patients," said Nathan Defrees, MS2. "We were able to collaborate with different disciplines in a unique and meaningful way while learning about the great need for healthcare evident in our community."

Added Ben Larson, MS2, “The health fair also offered an opportunity for students and faculty from multiple schools within the University to work together on a substantive service project, something that happens infrequently during our education at OHSU. We hope to continue building on our success this year in both the educational and service aspects, and make next year's Health Care Equality Week even better.”

*The original, unedited version of this article can be found at tinyurl.com/HCEW2012. All photos by Rob West, Dean's Office, SOM.

Practice What You Preach
(continued from page 2)

...adhering to an exercise regimen may be difficult. Moreover, we occasionally recommend dietary restrictions on items such as sodium and phosphorus, which are ubiquitous throughout the American diet and grocery store.

As a pharmacy student, I am often providing these recommendations and educating diabetic patients on proper dietary decisions to control their blood glucose. While these difficulties have been mentioned in the classroom, I find that I am often suggesting “cookie-cutter” consults on dietary measures without appreciating the significance of my recommendations. Once I recognized the nature of this gross hypocrisy, I coordinated an exercise with classmates in the College of Pharmacy in which students spent a day inputting their caloric intake and expenditures into the MyFitnessPal app for iPhone or Android. We then had a follow-up meeting to discuss these results and what it would be like to live our lives as a type-1 and -2 diabetics and the difficulties associated with that. For example, in my case I recognized that the entire day I only had 2 cups of coffee for fluid intake, and I skipped lunch and went straight to the March Wellness Center. If I was a type-1 diabetic, I would have likely had some serious hypoglycemic issues during my exercise. I submitted this article not to serve as a source of guilt to us as providers, but to point out the additional socioeconomic factors that affect the outcomes of our recommendations.

I admit that I don't have the healthiest diet and consistent exercise regimen, but as I continue my attempts to employ these recommendations to my personal life I have gained much appreciation for the costs associated with high-quality foods and the difficulty adhering to an exercise regimen. For thought, I would like to suggest we take a walk in our patient’s shoes: if you had some sort of chronic condition like diabetes mellitus, heart failure, or even hypertension, what would your thought process be if your primary care physician was recommending weight loss, smoking cessation, and exercise, if he or she was extremely overweight and smelled of cigarette smoke?
OHSU Library Receives Grant to Link People and Resources
(continued from page 4)
…platforms to fully represent a person’s expertise requires addressing the overlap between research resources and the attributes and activities of researchers and clinicians.

Linked Open Data (LOD) refers to a collection of structured data, for the purpose of sharing and linking data and information on the Semantic Web. Notwithstanding the large amount of data published as LOD, there remains a significant gap in the representation of research resources and clinical expertise.

Where it does exist, there is insufficient consistency across sources. CTSAconnect is creating an Integrated Semantic Framework (ISF) that enables projects that represent information about resources and people on the Semantic Web (eagle-i, VIVO, ShareCenter) to work together to facilitate biomedical research. Our dissemination website (CTSAconnect.org) will illustrate repeatable methods and examples of how to extract, consume, and utilize this valuable new LOD using freely available tools like VIVO, eagle-i, and Google APIs.

Student Relief: Your Guided Tour
(continued from page 6)
Healthy eating There are two ways in which your body regulates your weight: in a short-term and long-term fashion. Your short-term satiety is determined by the daily meals you consume in their frequency and portion. Your long-term adiposity is determined by the hormone leptin (which comes from your fat cells) interacting with your brain. While to some extent they go hand in hand, leptin is not judging your once-a-month pizza binge. Tip: Eat healthy, regular meals throughout the day and substitute an apple or banana for those simple carbs more times than not this week.

Reproductive Status Stress or an unhealthy lifestyle can dysregulate your reproductive axis. For example, these factors can contribute to irregular menstrual cycles if you’re a female, or decreased libido for either sex. Tip: Manage sleep, exercise, stress and eating behavior! And for the latter example, add some maca powder to your smoothie or tea latte...

Finally, try and find some optimism in your disparate bench life, as recent research indicates that positive thinkers are more likely to feel better, do better, and live longer.

Being Mindful of the Fight-or-Flight Response
(continued from page 6)
…fight-or-flight reaction pass, much like we do when a smoke alarm goes off in our home. When we check the situation arousing the alarm, most often we find a smoky mess, rather than life-threatening danger. We do not focus on how not to feel upset. Instead, we clean up the mess, perhaps with some annoyance, but not becoming overwhelmed. Because we do not continue worrying, we do not remain in fight-or-flight mode.

By recognizing that not all stress alarms bring real danger, we can shift from fight-or-flight reactions to the initial signals of alarm without getting caught up in our distress. This allows us to respond to the task at hand. Being mindful of our internal reactions allows us to let them pass, so that we can be present in the moment to think and act in ways meaningful to us.

Current evidence-based approaches to stress management are based on this model of stress that distinguishes primary and secondary responses to things that alarm us. Developing a calm homeostasis at the start of each day and re-engaging this calm perspective periodically is helped by slow, rhythmic breathing, mindful meditation, muscle relaxation, humor, gratitude, physical exercise, etc. These regular practices help us re-direct our attention, gain perspective, and do what is important in our lives.

Student Health offers series of Mindfulness Based Stress Reduction workshops on Thursdays from 5-6 p.m. throughout the month. Also, Student Health sponsors Yoga twice a month on the 2nd and 4th Wednesday in the Old Library Auditorium from 4-5 p.m. Please visit our website for information on all of our wellness offerings (tinyurl.com/OHSUSHS).