Tuesday, April 2, 2013 was a great learning opportunity for medical students, and it was all made possible thanks to our involvement in the Texas Medical Association (TMA). First Tuesdays at the Capitol are held the first Tuesday of every month that the Texas legislative session is active – 140 working days the spring of every odd-numbered year – and the date in April was designated as one that all medical students across the state were invited to participate in. Joining me at the Capitol were first year medical students Jacob Smith, Chelsie Hollas, Sarah Slief, Aaron James, Kevin Salire, Nathan Valenti, Pedro Zavala, and Laura Puckett.

Through the generosity of the Paul L. Foster School of Medicine’s Office of the Dean, we were provided a shuttle to transport us about 600 miles each way between El Paso and Austin. Through the generosity of the Texas Medical Association, we were provided two hotel rooms across the street from the State Capitol on Monday night, as well as breakfast and lunch Tuesday. Thanks to all of these contributions, all that the students who attended First Tuesday had to spend was time.

Tuesday morning we all woke up very early and donned our white coats for the big day ahead. At the breakfast we encountered medical students from the other schools across the state; I even ran into some familiar faces from conferences I had attended in the past. While at breakfast we were given our agendas. Paul L. Foster School of Medicine had nine students representing our school and El Paso; this allowed us to split into two teams and visit more people in our limited time. This was the largest number of students our school has sent to First Tuesday. I would like to commend these students for taking the time to get involved with the TMA.

Organized through the TMA, each team was assigned one appointment at an office of a state representative in the morning and one appointment in the afternoon, with committee meeting observations in between. For the observation, we would sit in on the House, Senate, or various committee meetings and listen to the proceedings. However, the El Paso County Medical Society members also had appointments that they wanted us to join. Rather than sitting in the back of the meeting rooms observing between our appointments, I modified both of our teams’ agendas to include joining the El Paso County Medical Society to their appointments. I believe it was during these appointments, where the medical students could observe the lobbying process, that we gained the most productive learning experiences.

At this point I would like to point out that the State Capitol is a huge labyrinth. To first-time visitors like us it just seemed like a crowded and disorganized madness throughout the whole place. We got lost and separated on more than one occasion, but getting to explore the building in the midst of all the commotion of a working day during legislative session was just part of the experience.

“At First Tuesday everybody wants to be heard and most conversations are conducted fast, efficiently, and with sincerity,” said Pedro Zavala, a first year medical student. “A doctor’s career is much more than helping people. It is about staying up to date on the best methods of treatment, identifying weaknesses in the community, and very importantly getting involved in legislation and politics.”

Days like First Tuesday allow time for the medical community to demonstrate to our politicians what action should be taken in order to best improve the identified deficiencies in healthcare. From our medical student perspective, our needs were mainly issues

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First Tuesday a Great First Exposure to the Politics of Healthcare
(Continued)

regarding graduate medical education (GME) funding. Increasing the number of future residency positions will be important since the number of medical students graduating from Texas medical schools is increasing every year without a proportional increase in residency positions.

Regarding the actual meetings, when we spoke to the representatives they were very receptive to what we had to say, and they all seemed aware of all of the issues and pending legislation that might affect us. Reflecting on his experience at First Tuesday Zavala opined, “As a first year medical student, by far the most valuable thing I learned is that I want to be involved in the decision making process; whether it is voicing my concern to our state representatives or making decisions. Healthcare is always a topic that will have opposing views and as I have recently seen, it is also a doctor’s job to understand the politics and aim at helping people through the means of legislature, which can have tremendous impact over the manner practice is performed in different regions of the state.” First Tuesday did a great job of allowing medical students to express our needs to politicians who help decide how the limited government resources will be divided.

Because this event was during the school week, we all missed attending lecture for the days we were gone. However, we learned aspects of medicine not taught in the classroom during this trip as well as gained valuable life experiences. Suffice it to say our involvement in this event will help us become better doctors in the end.

As future doctors, the political decisions of today affect how we will be trained and how we will practice in the future. I am glad that at TTUHSC Paul L. Foster School of Medicine we have students getting involved and working to make sure we maximize our future potential to succeed. It is only every other year that we get this opportunity, and I hope our school can make another visit in two years’ time.

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An Unusual Case of Apnea in a 3 Year Old
(Continued)

C: Myasthenia gravis is an autoimmune disorder of peripheral nerves that affects transmission at the neuromuscular junction and is characterized by decremental repetitive nerve conductions and a positive response to neostigmine. The central defect is the formation of antibodies against acetylcholine (ACh) nicotinic postsynaptic receptors at the myoneural junction. This directly results in reduced receptor availability and a characteristic pattern of weakness and decreasing muscle strength with repeated use. Rest allows more receptors to become available, and recovery of muscle strength after rest is a hallmark of the disease. The disease most commonly affects the ocular and bulbar muscles, with ptosis or diplopia being the presenting signs in most cases, as described for the child in the vignette. Generalized weakness frequently is present as well and may include the respiratory muscles, creating a true emergency. If the respiratory muscles are affected, the gag reflex may be absent, creating conditions for aspiration pneumonia.

Numerous medications could exacerbate the weakness and progressive respiratory distress described for the child in the vignette. These include antibiotics (macrolides, fluoroquinolones, aminoglycosides, tetracyclines, and chloroquine), antiarrhythmic agents, antiseizure medications, hormones, and steroids. In this case, treating the child’s pneumonia with gentamicin exacerbated the condition, progressing to true respiratory failure.

The acuity of the child’s presentation and presence of reflexes rules out Guillain-Barré syndrome. Although infiltrating brainstem lesions and other mass lesions can cause multiple cranial neuropathies, they rarely are symmetric and do not cause proximal weakness. The ease with which the child’s airway is secured suggests that an allergic or anaphylactic reaction is unlikely. Werdnig-Hoffman disease is a hereditary form of spinal muscular atrophy that presents in infancy and rarely affects eye movements.

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