



UF | College of Medicine
UNIVERSITY of FLORIDA

VARK LEARNING STYLE:

READ/WRITE

PEER MENTORING ACADEMIC PROGRAM

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READ/WRITE LEARNING STYLE

Visit <http://www.vark-learn.com/> to learn more about the **VARK** Read/Write Learning Style

Disclaimer

This presentation is composed of **suggestions** compiled by UFCOM students

These are only recommendations which **may need to be modified** to best meet your academic needs and preferences

Please note that students often need to utilize multiple study strategies to appropriately learn the material. It is recommended that you **review all 4 presentations** to create a study routine that best suit your needs

VISUAL STUDY METHODS

- Take **detailed** lecture notes: write **specific** examples and explanations
- Create a **study guide** (typed or written)
 - Condensed version of Notes
 - reduce notes to a 3:1 ratio
- Read your notes **frequently**
 - Review the weeks notes **prior to taking** the quiz
- Write high yield info **repeatedly**
 - Use a white board
- Rewrite concepts **in your own words**
- Summarize graphs/diagrams into **words**
- Make **lists** or **charts** identifying similarities/differences and correlations between concepts

TYPED STUDY GUIDE

- Condense lecture notes
 - Only include **high yield** information
 - Try to fit the notes for each lecture on **1-2 pages**
 - This is a skill that may take time for some students to develop
- Use **tables** to **highlight commonalities** and **differences**
- Visually **divide information** into discrete blocks
- Create charts to **compare similarities/differences**

<p>Patho-physiology of Psychosis</p> <p>I. Structural brain changes</p> <p>II. Accepted theory: Dopamine hypothesis Psychosis is the result of excess dopamine (as well as glutamate and serotonin) Support: 1. Efficacy of anti-psychotic drugs 2. Drugs that increase DA (i.e. amphetamines, cocaine, PCP) cause psychosis</p> <p>III. Strong genetic component</p>	<p>Older theories:</p> <ol style="list-style-type: none"> 1. Double-bind theory: conflicting messages from parents to children (covert versus overt) 2. Schizophrenogenic mom 																
VARIANTS OF SCHIZO DISORDERS																	
<p>Schizopreniform Disorder Duration: 1-6 months of sz, and then resolves/ pt.recovers = Schizo, but shorter</p>	<p>Schizo-affective disorder Sz: of both schizophrenia + mood disorder for a substantial part of the illness; at some pt (at least two weeks), the psychotic sz persist in the absence of mood symptoms</p> <p>Types</p> <ol style="list-style-type: none"> 1. Bipolar- illness includes manic and often major depressive episodes 2. Depressive- only type of mood episodes are major depressive episodes 																
<p>Brief psychotic disorder Sudden onset of at least one positive characteristic symptom of schizo Duration: 1 day to 1 month, with eventual return to pre-morbid functioning</p>	<p>Delusional Disorder An isolated, non-bizarre delusion; otherwise pt functions fine (unlike schizo, where the negative sz result in cognitive impairment/ higher functioning) Epi: 1. sz, rare 2. onset at age 40 Sz: 1. Persecution 2. Jealousy 3. Erotomania; conviction that someone of higher status (often famous) is in love with them (the pt doesn't have to be in love with that person; can lead to stalking behavior)</p>																
<p>Shared Psychotic Disorder (Eolie a' deux = delusion of 2) Simultaneous occurrence of psychotic symptoms in 2 or more individuals, but there is one primary psychotic person whose delusions are so strong they are able to convince the others Epi: rare Tpt: the secondary person can have resolution of sz just by being sep. from the primary psychotic person</p>	<p>DD of psychosis Psychotic sz caused by an underlying medical condition, the effects of a substance, or a primary mental disorder</p> <table border="1"> <thead> <tr> <th>Neurological</th> <th>Systemic</th> </tr> </thead> <tbody> <tr> <td>1. Parkinson's (since deficit is DA; if mark for drug is over-shot, then psychosis can be induced); in this case, we treat with serotonin</td> <td>1. Endocrine a. Thyroid b. Adrenal (Cushing, Addison's)</td> </tr> <tr> <td>2. Huntington's</td> <td>2. Metabolic disorders a. Porphyria b. vitamin def. c. hepatic encephalopathy</td> </tr> <tr> <td>3. Stroke (herpes, encephalitis, HIV, meningitis)</td> <td>d. uremic encephalopathy</td> </tr> <tr> <td>4. Tumors</td> <td>3. Systemic infections a. HIV</td> </tr> <tr> <td>5. CNS infections</td> <td></td> </tr> <tr> <td>6. Autoimmune</td> <td></td> </tr> <tr> <td>7. ICU psychosis due to a multitude of factors like opiates, etc.</td> <td></td> </tr> </tbody> </table> <p>OTC 1. Dopamine agonists 2. Steroids</p> <p>Substances of abuse 1. Hallucinogens 2. PCP 3. Stimulants</p> <p>Other psychiatric disorders that present with psychosis as a feature 1. MDD 2. Bipolar disorder</p>	Neurological	Systemic	1. Parkinson's (since deficit is DA; if mark for drug is over-shot, then psychosis can be induced); in this case, we treat with serotonin	1. Endocrine a. Thyroid b. Adrenal (Cushing, Addison's)	2. Huntington's	2. Metabolic disorders a. Porphyria b. vitamin def. c. hepatic encephalopathy	3. Stroke (herpes, encephalitis, HIV, meningitis)	d. uremic encephalopathy	4. Tumors	3. Systemic infections a. HIV	5. CNS infections		6. Autoimmune		7. ICU psychosis due to a multitude of factors like opiates, etc.	
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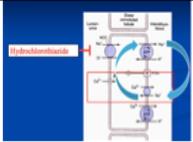
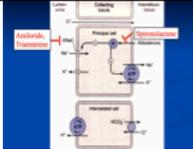
(created by Nayelah Sultan, MS2)

CHARTS

Bugs

Drugs

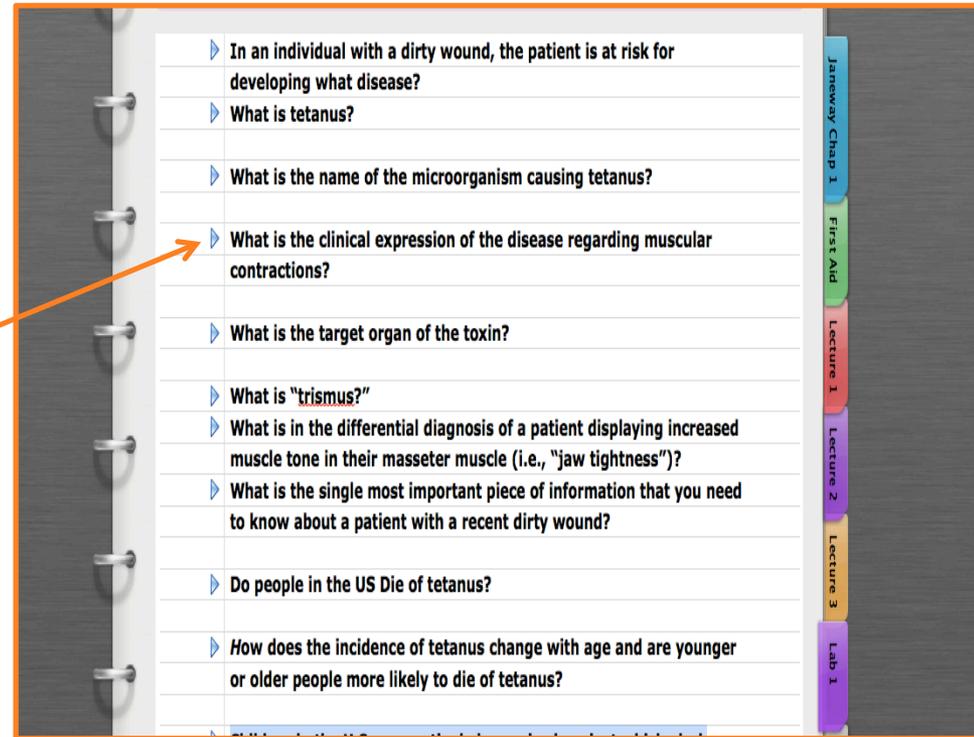
Bacteria	Bordetella pertussis	Bacteria	Corynebacterium diphtheriae	Bacteria	Haemophilus Influenzae
Morphology	Gram negative pleomorphic	Morphology	Gram positive rod (pleomorphic)	Morphology	Gram negative Coccobacillus
Metabolism	Grows on: Bordet-Gengou plates	Metabolism	Grows on: Serum Tellurite	Metabolism	Grows on : Chocolate agar - needs Hemin and NAD
Virulence		Virulence		Virulence	makes sIgase - degrades secretory IgA Carbohydrate capsule - Types a-f - B (causes serious disease, capsule = antiphagocytic) - Nontypeable (unencapsulated) not as good at causing systemic infection Noticiable -LPS
Toxins	Pertussis toxin - A-B toxin: ribosylates (activates) G protein which increases cAMP - Localized tissue damage - Systemic toxicity: hypoglycemia, leukocytosis, neurological damage Tracheal cytotoxin - peptidoglycan building block derivative (disaccharide-tetrapeptide) - kills ciliated cells - stops mucous flow	Toxins	Diphtheria toxin - Transmitted by bacteriophage (lysogenic conversion) - A-B toxin:ADP ribosylates EF-2 blocks protein synthesis - damages heart, nerve, kidney (heparin binding EGF precursor) - potential use for cancer (immunotoxin)	Toxins	
Disease	Whooping Cough	Disease	Diphtheria	Disease	Community acquired pneumonia B - meningitis - childhood respiratory infections Nontypeable - otitis media - sinusitis - pneumonia

Site of Action	Mechanism	Effect	Use	Adverse Effects	
DCT Thiazide	Block Na/Ca cotransporter (by binding) moderate strength	Inhibit Na reabsorption ↑ K excretion ↑ incr serum Ca Acute: 1-2wks: Na/H2O excretion (↓ ECF) = ↓ BP, ↓ CO Chronic: Relax vascular smooth muscle ↓ PR = ↓ BP ↓ reabsorption	HTN 1. <u>Monotherapy</u> for mild HTN 2. Combo (additive effects) 3. Prevent anti-HTN tolerance (blunts reflex effect - so don't incr blood volume over time) ↓ Polyuria (nephrogenic diabetes insipidus) <u>Osteoporosis</u>	Hypokalemia (even when no more Na loss) cardiac arrhythmias Hyperglycemia ↓ insulin secretion (unmask type 2 diabetes) Hypouricemia ↑ Uric Acid secretion (Gout) ↑ LDL (don't give stat with high cholesterol) ↑ erectile dysfunction Not effective renal disease (don't ↑ RBF, low GFR)	
CCD K sparing	Aldosterone Receptor Antagonist	Prevents Na retaining effects of Aldosterone in the CCD Slow onset (days)	<u>Hyperaldosteronism</u> (Conn's disease) Secondary <u>hyperaldosteronism</u> due to hepatic cirrhosis Complicated by ascites	<u>Hyperkalemia</u> (used with antihypertensive drugs: Beta blockers, ACE-I) <u>Synecostasia</u> (male) <u>Menstrual abnormalities</u> (female)	

(created by Tené Sablo, MS2)

MICROSOFT WORD (NOTEBOOK LAYOUT)

- One notebook **per course**
 - Textbook notes
 - Supplemental book notes
 - Lectures
 - Lab
- **Collapsible** sub-headings
 - **Self-quiz**
- Notes
 - Question Format
 - Outline Format

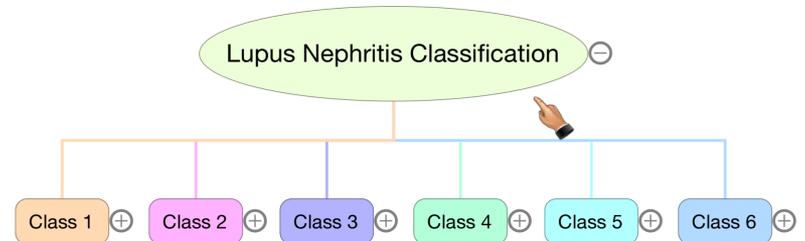
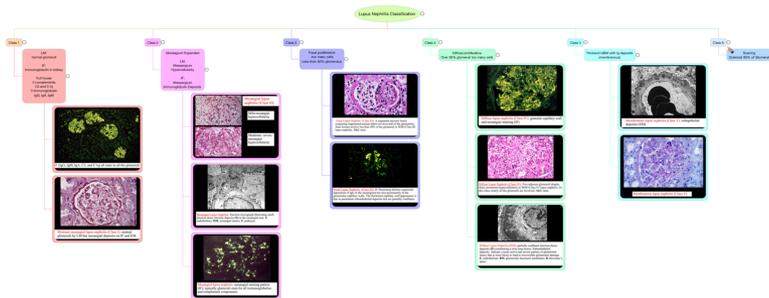


(created by Tené Sablo, MS2)

ITHOUGHTS HD (IPHONE, IPAD, MAC)

- Create on your [mindmaps](#)
- Mindmapping enables you to **visually** organize your **thoughts**, **ideas** and **information**
- **Collapse** map to study concepts

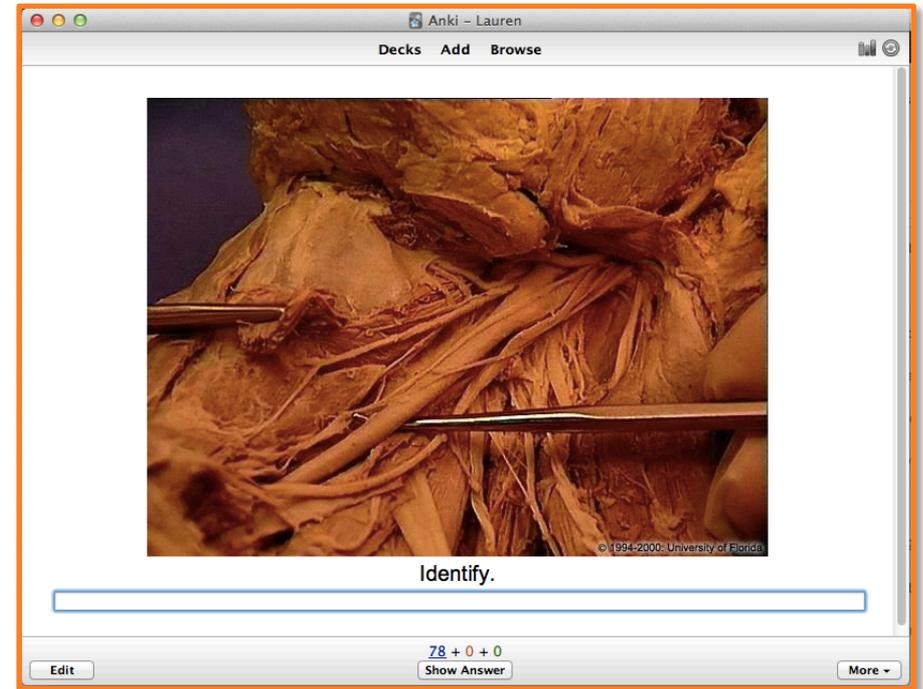
<http://www.ithoughts.co.uk/>



(by Tené Sablo, MS2)

ANKI (MAC, PC, IPHONE, ANDROID)

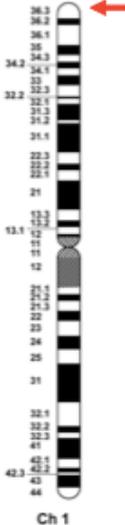
- Anki is a (free) open-source, highly customizable **flashcard** software - great for visual or read/write learners
- **Review of learned cards based off the forgetting curve** - designed to help you retain the material as efficiently as possible
- You can **share Anki** decks and **download decks** others have made online
- Especially helpful for learning **anatomy lab** terms!



(Created by Lauren Pearson, MS2)

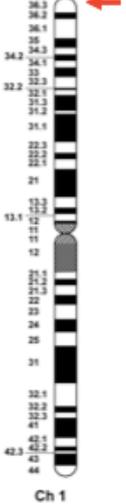
POWERPOINT LECTURES

- Format lecture PowerPoint with [animation](#)
Use this function as a method to [self-quiz](#) for quizzes/exams



- **Features**
- **Missed by routine chromosome study**
- **Easily detectable by:**

1p36.3 Microdeletion Syndrome



- **Features**
 - Intellectual deficiency, seizures, hearing loss
- **Missed by routine chromosome study**
 - detectable by FISH (if specific probe ordered)
- **Easily detectable by**
 - microarray in all cases

RESOURCES

- **FLASHCARDS (DIGITAL):** Mental Case, Quizzlet, Anki
- **APPS:** Anatomy Atlas, Virtual Human Body, iThoughtsHD, Netter Atlas, iAnnotate, Notability, Goodreader, Dictamus
- **TEXTBOOKS:** Paper, PDF, Inkling
- **VIDEOS:** Pathoma, Kaplan USMLE Step 1 Prep, Dr. Najeeb, Acland
- **AUDIO:** Goljan Audio (pathology), Blaufuss Sound builder (heartsounds)
- **NOTE-TAKING SOFTWARES:** Preview (Mac), Adobe, OneNote (PC), PowerPoint, Word (Notebook Layout)
- **WHITEBOARD:** small size/portable
- **PRACTICE QUESTIONS:** BRS, PRE-TEST, QBANKS
- **STUDY GROUP:** Studying with a friend or a group might be a good idea
- **NOTES:** Use lots of colors! You will remember it better

ADVICE FROM STUDENTS

LECTURE

“Take very detailed notes during lecture. Mark areas of the lecture that you feel you missed something so you can go back and look it up on the lecture videos” (MS2)

“Read through the lecture once without taking notes before attending the lecture. Review lecture after class with additional notes taken. When you have a basis for the material you are more likely to retain” (Amy Driebe, MS4)

GENERAL RECOMMENDATION

“Get a Step review book and start adding notes throughout first year. The review books are not as detailed and by having your own notes along with it, it makes studying more efficient :) UF prepares you well!” (MS4)

“Out of the 135 students in their class, there will be 135 ways to study...There will be more material than they know what to deal with. They shouldn't be afraid to try different styles but they should also be comfortable sticking to what works for them :)”

Katie Dietrich, MS2

