Stritch students ponder some of the challenging clinical issues faced by today’s physicians.
“Attention is the rarest and purest form of generosity.” – Simone Weil

As a medical student, you will face many challenges in the next year – or four. But we invite you to take on one more. Challenge yourself to be present. We spend so much time planning for the future, dreaming about our lives as physicians, about caring for our potential patients. This is a good thing, this is how we got this far, but it can also distract from what is in front of us. Trying to be present to each moment, to reign in our mind and keep it in the same place and time as our body, offers many rewards.

In our last issue, Emily Pinto wrote about mindfulness based stress reduction and meditation. Mindfulness is something that can be practiced in our everyday activities, and it can help us to find a sense of groundedness. That is a very valuable thing when you are feeling uprooted by the many new and trying experiences that medical school is sure to bring. It can be as simple as not multi-tasking during class, or as difficult as trying to be completely aware of your own emotions as you tackle difficult issues with patients. Some of the best physicians you will meet are so good because they know how to block out everything else when they are focusing on a patient, which makes a few minutes of actual contact seem like much more.

This is all more easily said than done, and doing it requires that you be present to yourself, to your own needs and to what makes you outside of medical school. In this issue, we focus on things that sometimes offer us an outlet in predictable ways, like a serious exercise session after a day cooped up studying, or getting love from a pet when people are harder to reach out to. But you will find some less-expected passions here as well: painting, writing, research that links science, ethics and personal experience, and apparently even traditional German folk dancing. Each of these is more than just an outlet; they keep us grounded and enable us to be present to ourselves. We hope that this issue helps you to do the same.

We will continue to print issues on a quarterly basis and encourage graduate, nursing and medical students to make contributions in all of the sections. All submissions for publication, including letters to the editor, should be directed to one of the email addresses listed above. Suggested length is 350 words, but articles of any length will be considered. We reserve the right to edit all submissions for brevity, content and clarity.

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This newsletter is an official publication of the Student Health Advisory Board. This panel consists of student representatives and Student Health Services care providers from the Health Sciences Campus of Loyola University Chicago.

Our mission is to promote the idea of general wellness throughout the campus and ensure that resources to maintain the physical and mental health of students are readily available.

Materials published in this newsletter are intended to be ideas only, do not constitute medical advice, and may not represent the official opinion of Loyola University Chicago.

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I’m Wrong ... a Lot

By Nicole Sagen, MS3

Let’s just put this out there right away; I’m often wrong and there is a lot I do not know. But that’s fine; it’s a-ok with me. It was not always the case. Starting school I was pretty sure I needed to know everything right away. I’m going to be a doctor after all. And besides, I was going to do reeeally well in school; I knew what myocardial infarction meant. Before school even started! Seriously, that was probably going to be at least several lectures worth of material just explaining the words. Right?

Needless to say, it was a very rude awakening when I started to be wrong. A lot. And, turns out, there is a ton I don’t know. Knowing the words myocardial infarction did not prepare me to understand, well, anything. (Side note: myocardial infarction might just be the easiest medical term out there. Choledocholithiasis anyone?) And first years…you’ll be overwhelmed with how much there is to know. Second years, just you wait. Third years, you already know what’s up. Fourth years, get ready for a whole new world of unknown next year. You got this medical school thing figured out but being an intern is a different ball game. But you learn. That’s the point of being wrong…you learn and you figure it out.

You probably won’t know the difference between the internal and external carotid on angiogram the first time when asked, but you’ll know it the second time. So take your best guess. Answer the question. Get it wrong. And, pay attention here because this is a key point, then learn why you got it wrong. Lather, rinse, repeat. It’s a lesson heralded from every attending and resident, it’s okay to be wrong as a student. You just can’t know everything. Don’t beat yourself up over missed questions; instead take it as an opportunity to fill in your knowledge gaps. Even the most experienced physician will be wrong. After all, that’s why it’s called practicing medicine. There is always room to learn. However, all that being said, this is not the time to lean back, relax, and hope osmosis learning will kick in because that’s not happening.

There is a lot I do not know. But the reverse is true too…there is a lot I do know. I’m amazed when looking back and realizing just how much I have learned. And the funny thing is I know most of it because, at one point, I was wrong and I didn’t know what choledocholithiasis meant.
Children are not little adults. Pets are not children. While this is true, there are still some universal principles that apply to all living things, especially when following the “do no harm” mantra beyond the bedside. This is one reason why I have spent the past eight years fostering rescue animals.

Locally, Chicago Animal Care and Control alone impounded 19,246 dogs and cats in 2012, and 7,293 of them, roughly 38%, were euthanized. This is not an animal problem, it is a human problem. Humans domesticated animals, and pet overpopulation is largely the result of poverty, negligence, crime, and lack of education or awareness; the same challenges that are at the root of many of the issues we see in our human patients.

I started fostering in 2005. Aside from Connor (our long-term care foster dog with epilepsy, Golden Retriever uveitis, and hypothyroidism), I have fostered 12 canines and 21 felines just while in medical school. My husband and I also “foster failed” (i.e., adopted) one cat, Tiger Lily, who we love dearly. All of the others went to wonderful, loving forever homes (including some with our classmates). And if you’re on the fence yourself about fostering or adopting a new friend, remember that the American Heart Association has stated that “owning a pet, particularly a dog, could reduce your risk of heart disease”.

The fostering experience is also a learning experience, teaching technical skills—how to syringe feed kittens, how to give subcutaneous fluids, and sneaky approaches to giving medications. I’ve read around my foster animals in the primary literature. I’ve also learned a lot about behavior modification strategies, and concepts in learning theory are universal. I’ve had countless opportunities to educate adopters during the “discharge summary”; when they are taking their new furry family member home.

The human experience of compassion and care taking is universal—which is why I have been so moved by many of my colleagues who share my love and respect for animals.

By now you are probably asking why I didn’t go to vet school. There are many reasons. But just as people who abuse and neglect animals are more likely to abuse and neglect fellow humans, I feel that the ability to show empathy towards non-human animals is correlated with an ability to show empathy towards humans. I hope that this is reflected in my patient care as a physician.

To stay updated on my journey through fostering, please check out my blog, denhound.com.
Hobbies
By Mair Wallis, MS3

I’ll bet before medical school, you were a college athlete, or maybe the star of your school’s hip hop dance crew, or spent almost all your free time in the performances put on by your school’s theatre department. Maybe, occasionally in your free time you liked to paint, or play a musical instrument that, as a child was a chore to practice but as a high schooler and college student you came to embrace. Perhaps you even got really wild and read a few pages of a book that wasn’t required for a class before bed a couple nights a week. In the bustle of medical school classes, it’s really easy to forget that before all this started – whether it was three years ago or even just last week – you had hobbies other than frantically writing out the bolded letters on powerpoint slides.

We like to tell ourselves that it isn’t possible to juggle the rigors of the medical school curriculum with social and familial obligations while still making time for all the hobbies we loved during that last summer before medical school – I’m an expert at this, as someone whose guitar has been more of a wall decoration than an instrument for the past two years. If you’re looking for them, I can give you a few other excuses, like geography: It’s easier to tell myself that there are no boulders near by for rock climbing instead of admitting to myself that I was too much of a flake to hit the world-class indoor gym not far from school.

The good news? We have a very talented student body; during first year orientation, I remember being told that I had future class mates who had completed iron-man triathlons, ice skated professionally, and were paid to DJ, not to mention the hefty proportion of students who had a background in dance, cheerleading or varsity athletics (from football to fencing). Last year’s talent show showcased some of the comedic and musical talents of our student body. And that’s only the performing artists; just ask aquarium enthusiasts of the third year class, Brian Schneiderman and Ryan Cunningham or former MSU president and traditional German Dance extraordinaire Mike Hutz (MS3), and they can tell you that keeping their hobbies (and posting incriminating photos about them on Facebook), has helped keep them sane while juggling the stresses of medical school.

So, the next time you realize that the most recently listened to tracks in your iTunes library all start with “SSOM190-2013” or that Pathoma and Golijan are the last people you’ve said goodnight to in a few days, try to take that guitar out of its case or put on those running shoes. My guess is that afterward you’ll feel even more like listening to your favorite tracks by Dr. Dauzvardis or Dr. Schultz, and most importantly, you’ll feel even more like yourself.
Start up a Salad

1. Start with a legume on the bottom of a container. Some possibilities: chick peas, black beans, edamame, lentils
2. Next, layer on any firm vegetables, chopped into bite-sized pieces, or slithered into ribbons with a potato peeler. broccoli, carrots, asparagus, blanched potatoes, radishes
3. Add any more delicate veggies or fruit you may be using. onions, tomatoes, corn
4. Now add your salad dressing, so that it nicely soaks all of these, but won’t turn your lettuce into a mushy mess. I usually skip the pre-packaged dressings and just do a drizzle of olive oil, lemon juice or vinegar, and a sprinkle of salt and pepper.
5. Finish with some extra flavor boosters. olives, capers, feta cheese, sunflower seeds, sliced almonds
6. And of course, some greens. lettuce, spinach, baby kale, fresh herbs

Now you’re set to transfer that container from your refrigerator to school or work. When it’s time to eat, just give it a shake to spread the dressing around.

By Lisa Moore, MS4

The best thing about cooking in the summer is the fact that it is so easy to make something delicious, simply by starting with good, fresh ingredients. Local farmer’s markets make that even easier, and fun too! Oak Park’s Saturday morning market is the largest to choose from near Loyola, featuring a lot more than just produce. In the parking lot of Pilgrim Congregational church you will also find fresh cut flowers, meat, eggs, artisan breads, and local honey, as well as folk music, donuts and coffee. We’ve compiled a list of other farmer’s markets here for you, so you can pick whatever best fits your schedule and location.

Oak Park: 460 Lake St. Saturday 7 a.m. - 1 p.m.
Hines VA: 2100 S. 5th Ave Thursday 7 a.m. – 1 p.m.
Maywood:

So, now that you’ve got all those fresh vegetables, how are you going to eat them every day? Salads are an easy way, and I love throwing together a few salads on the weekend in separate containers so that they’re ready to go for the week. Here’s a good basic backbone for a salad that will fill you up, and my method to prevent everything from getting soggy.
You have to play as if you were a 300 pound man.”
She paused and looked at me.
“Are you happy with this?” Her face looked bored.
I felt an unwelcome warmth spread across my face, and my stomach dropped.
“No. It’s awful,” I acknowledged eventually.
There was nothing worse than getting that speech from my piano teacher.
You might think it an overstatement to call it a speech, but her silence spoke volumes. More accurately, it yelled volumes. Also the bored face didn’t help. I had foreseen it, of course, but somehow the premonition had not saved me any embarrassment. I had felt the inescapable doom before my fingers had had a chance to tiptoe their way across the keys.
“I know you are a better pianist than this. It’s so timid and shy. You need to talk to me. Just say it like you mean it! Beethoven was very clear about what he was saying. You need to be a man about it!”
Oh God. She had seen right through me. That music is cathartic and promotes self-growth is one of its most beautiful attributes to me, but it also happens to be one of its most damning qualities, as I am thoroughly inconspicuous through the entire horrid affair. Considering my pathologic desire to be a robot, the whole thing ends up being highly confusing.
We went through the piece phrase by phrase, trying to recuperate what I had lost in terms of might and confidence. She tried to unleash what I must have beaten down in my own self-esteem, and I tried to be morbidly obese. It took a while before I wore down the initial shame, but eventually I matured past my initial temper tantrum, hit puberty, and tried to build out of it something productive. They call that sublimation, and it was exceedingly tiresome.
But regardless of the sweat, blood, and tears, I have to admit that everything she was laying bear was exactly true. In her pointed mincing of words, she had hit on the precise psychopathology that had been stewing in my own head. The way I had played had nothing to do with knowledge. On the contrary, I knew what was written on the score, I could tell you how Sokolov might have played it, I could tell you how I might have preferred it to be played, and I could have certainly told you how I shouldn’t have played it. But the result of all that had been porridge. And not the good kind, with the right proportion of water, melted butter and brown sugar – just a sludge of colliding beliefs, watered down with no real guidance or direction. Instead, I had sounded timid, unsure, and weak. She was absolutely right. I needed to be fat.
I left the room feeling oddly inspired. Perhaps it is evidence of childhood issues that I need to be rudely awakened in order to awakened at all, but whatever its etiology, I welcome it. It is at least a blessing to know that you are aware of yourself and have the tools to remodel even the most stubborn characteristics – and for that I have to mark the whole occurrence in the progress column. I can’t lie and say my pride didn’t take ownership of the feat, having properly recognized my own personality defect and gotten over the mental bruising. But for my next lesson, I will simply have to start devouring hypothetical cheese puffs and fried chicken to release my inner obese child. Call it my New Year’s resolution to bring heft and voluptuous curves to my convictions. America, you are now my muse. Hopefully, I won’t find it necessary to physically embody it, but maybe a few extra calories could be therapeutic, yes?
Attitudes and Practices Regarding Universal Dyslipidemia Screening in the Pediatric Population

By Daniel Opel, MS4
Dan. Ian English, MS4
& J. Scott Persing, MS4

The authors’ project focused on the 2012 National Heart, Lung, and Blood Institute (NHLBI) guidelines regarding universal screening for dyslipidemia in children aged 9-11, and included a literature review and discussion of the ethics of universal screening. The inspiration for the project came last year as Dan read the new guidelines and reflected on his own medical history of dyslipidemia that was first uncovered at age 12, only after his father passed away from a sudden and massive heart attack. As he thought about how universal screening would have affected his own diagnosis of dyslipidemia, he wondered if fifteen years ago it could have possibly identified his father as someone at high risk as well. In addition, after discussing possible directions the project could take, the co-authors realized that during their clerkships many of the pediatricians and family medicine physicians that they had worked alongside did not follow the guidelines, and were thus interested in collecting qualitative data in the form of interviews to examine physicians’ understanding, attitudes, and practices related to the screening recommendations.

The poster and its presentation were the culmination of several months of interviewing and interpreting qualitative data from key informants including pediatricians, family medicine physicians, and pediatric cardiologists, and compared their responses to each other and to a literature search to find patterns and trends related to universal screening and the recent guidelines. Their conclusions were that screening guidelines for dyslipidemia since 1992 have been disjointed favoring targeted screening for pediatric patients at risk for familial hypercholesterolemia (FH). The most recent NHLBI guidelines favoring universal screening are a divergence from this maxim, which may be confusing for physicians. The literature review that they performed reflected key informants’ practices of non-consensus being formed in terms of practicing the current guidelines. One third of key informants opted to follow the guidelines, and gave reasons for doing so which included dyslipidemia being a serious, rare, and treatable disease, and the benefits of finding one case of dyslipidemia outweighing the risk of not doing universal screening. Two thirds of key informants were targeted screeners (and thus screened patients based on family history or risk factors such as obesity or diabetes). Reasons for choosing not to follow the universal screening guidelines included the poor cost-effectiveness of screening, a concern about the safety of administration of long-term statins to children, the benefits of healthy lifestyle over increased medication in children, and the stigma of disease labeling at a young age. To definitively answer the question of universal screening for dyslipidemia in pediatric populations, the authors concluded that a large, long-term study would need to be performed to effectively evaluate the safety profile of statin therapy, as well as their utility and cost-effectiveness of universal screening and possible therapeutic outcomes that it would warrant.

For their work, Dan, Ian, and Scott were granted a distinction in the Honors Program.
Interventionsal Study to Determine the Benefits of
a Free Standardized Testing Course for Low Income Families

By Scott Janus, MS4
& Jackie Brosius, MS4

Likely exacerbated by a shortage of educational resources and lack of emphasis placed on obtaining higher education, Maywood students, in 2012, had an average ACT composite score of 15.6, while the state average was 20.7. Our intention was to discover how a gratis preparatory program could impact traditionally low-scoring students.

We began our project by first studying the demographics of the community at-large. We then contacted a for-profit ACT preparatory program, The Princeton Review, which donated ACT preparatory textbooks. The location of the classes was provided by the Maywood Public Library. Medical students from Loyola University Stritch School of Medicine volunteered their time teaching sessions of ACT subject matter to the high school students. The students’ academic progress was monitored by offering two simulated exams from The Princeton Review course books.

The improvement in scores was remarkable. The average composite ACT Score of all test takers before the administration of the educational classes was 19.0. However, after the administration of the educational sessions, the average composite score rose to 20.9 for qualified students.

The most significant improvement was seen in Reading Comprehension, which increased from a pre-session mean score of 18.6 to a post-session mean score of 22.8. This increase is noteworthy since the Illinois state average is 20.9. We also observed a significant rise in the English section (average mean score of 19.0 to 22.8). The Mathematics section saw a rise from a pre-test mean score of 18.4 to a post-test mean score of 20.6.

It is clear that an ACT preparatory program can significantly improve Maywood students’ scores. Given the appropriate resources, these disadvantaged students can perform at or above the state and national average. We are encouraged by these results, and will continue to follow the students’ progress with future course administrations.
Medical school. These two words conjure images of difficult academic material, long hours of studying, late nights, and many, many cups of caffeine. Especially as an incoming student, you may think that your entire life will now become one giant study session. For current students, perhaps your life has become totally devoted to work, and you have forgotten that adding other activities, such as exercise, is even possible. As medical students and future medical professionals, it is important that we remember to take the time to care for ourselves as well as our patients!

One of the reasons that Stritch is such a great place is that its student body is so well-rounded. This is reflected not only in the service, hobbies, and countless activities in which many students are involved in, but also includes the large number of students that make time for physical activity. On top of the many students interested and actively involved in some sort of regular physical activity throughout the year, Stritch offers hands-down the best medical school fitness center in the country. At Stritch, it is our own fault if we are not physically active.

We all know the benefits of regular exercise: improved focus and concentration, better sleep and overall health, etc. Many students see improvement in their grades when they make time for regular exercise, even if it is only 20 minutes a day! It is a great way to refresh your mind and boost your energy. The following are a couple of tips to help you establish a routine that will empower you to remain physically active during these stressful times…
5 Tips to begin and maintain an active lifestyle as a Medical Student:

1) Establish a routine early on.
Medical school will only get progressively more difficult throughout and after first year (M2’s will probably remind you: “I wish I could go back to first year because I had so much more free time then.”)
Further, the habits formed during your 20’s are the habits you will most likely to carry into your 30s, 40s, and rest of your professional career. Forming good habits now will set you up for success in the future—when you will most likely have even less free time.

2) Stick with it for 3 weeks.
It takes about 3 weeks to form a habit. Initially, it will undoubtedly be difficult to exercise regularly (shoot for ~3 days/wk). Encourage yourself to give it a shot for just 3 weeks. Every day you feel like not doing something, tell yourself that you only have to do this for 3 weeks. Once you complete week 3 you will be feeling better, more energized, and will most likely be eagerly anticipating the start of week 4.

3) Just show up.
Often times, the hardest part of regularly working out for me was just getting to the gym. I tended to go to the gym in the morning, and it was always extremely tempting to just stay in bed and get an extra hour or so of sleep. In the afternoons, it is likewise tempting to just head home and take a nap, watch a little TV, or just relax. Consistency is key to forming good physical habits, so fight through these urges to ‘take a break’ and just show up. Even if you don’t give it 100% effort, exercising consistently will have huge payoffs in forming a habit. Additionally, you often forget how great you feel after exercising until after you’re actually done. This ‘good feeling’ typically surpasses those provided by naps, TV, etc. After the fact, you will always be glad you decided to exercise.

4) Find a workout partner.
Finding someone, or even a group of people, who share similar goals dramatically increases your chances of being successful in forming good physical fitness habits. A workout partner will hold you accountable and can be encouraging when you just don’t feel like doing anything on a given day.

5) Talk with your classmates.
Not sure what you should do for exercise? Want to learn how to do yoga or maybe even get involved with strength training or running? Your classmates are a wealth of information and many would love to workout with you and share their knowledge. Whether it be biking, running, swimming, rowing, lifting, DVD-based fitness programs, basketball, volleyball, ultimate frisbee, etc., chances are there are already a number of students involved in these very activities. Get involved, learn something new, and diversify your physical activity. Most importantly, make it fun!
M1 year begins with a whirlwind of activity. There's orientation, then buying books, then meeting friends & professors, trying not to get lost in the atrium, and learning to navigate LU-MEN and MyLumen (which may take weeks) as well as Dr. Dauzvardis's anatomy website (not even possible). When the dust settles and you finally learn your way around medical school, then what?

The ins and outs of life at Loyola come fast, and initially seem a little overwhelming. When the going gets tough, having balance in your daily life is one of the greatest ways to keep the stress down and your focus together. Having hobbies outside of medical school is one of the best ways to take your mind off of the brachial plexus and blow off any steam you might have built up from a long day's work. What's the most common way to do this? Simple: exercise.

“I've always been an active person, but didn't really find my niche in athletics until I took up rowing at the University of Minnesota,” says Molly Kalmoe, M2. “Since then, fitness has become an invaluable part of my daily life. In addition to the awesome physical benefits of being fit and strong, I find that exercise can have a meditative and stress-relieving quality to it too. Exercise keeps my life in balance, allowing me to me to focus better in school and get the most out everything I do. It's also a unique opportunity to connect with your classmates—whether you're at the gym or out on a Monday night, “fun run,” with the Oak Park Runners Club. Personally, I love variety, because that's what keeps workouts fun and exciting for me; from Olympic weight-lifting to bodyweight training, erg races to scenic 50-mile bike rides… to yoga, handstands and more. Whatever you do, it's important to find something you can enjoy. If you're not having fun, you're doing it wrong!”

Mike Wilk, M2, also shared his thoughts on the benefits of a balanced lifestyle. “During Dr. Winger’s PCM1 lecture on exercise this year, he put up a cartoon reading, ‘What fits your schedule better, exercising one hour a day or being dead 24 hours a day?’ We all laughed, myself included, but nothing is closer to the truth. This can easily be applied to just about any lifestyle factor. As medical students, we often make the excuse that we just don't have time to consider our own wellness, neglecting our diets, exercise, sleep, and stress levels to ensure we can succeed in school to the best of our abilities. Things will only get busier during our medical careers, so setting good habits now is imperative for our health.”

“We are fortunate to have such a great gym attached to our school, utilize it,” Mike continues. “As much as I disliked Dr. Lipsius giving us an exam the day after Superbowl Sunday, he's probably right that those last few hours of studying really won't make a difference on test day. Take that time to relax and make sure you get good night’s sleep. As Dr. Winger taught us to write your patients’ a prescription for exercise, don’t forget to write one for yourself as well.”

There you have it, folks. There's no doubt that balance in life, even during the busy times, is going to make an enjoyable year even better. The only thing left to do is what out what that might be.