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- “Boutique medicine” serving the underserved
- Falling behind on your New Year’s resolution to exercise? Give suspension training a try!
- Why you should care about Evidence-Based Medicine

by Gabriel Gomez, M4
Shuffling thru the parking lot at another ungodly hour, I mumble a string of OurFathers and HailMarys. I don’t plan it, it just seems to help. Morning aches are more bearable. Hope for patients more powerful. And while the fatigue still stumbles my steps, the ancient cadence propels me doggedly forward. By the time I make it up the stairs, I may still feel like vomit, but at least I’m smiling, Glory Be! -Anonymous

Editorial

Here on the Student Health Advisory Board, we’ve been talking a lot about what our role in the Loyola University Health System should be. This newsletter is one of the ways that we are trying to make our presence known on campus. As “the voice of wellness” our real goal is to give you a voice – to share with your colleagues and to let the administration know what matters to us in terms of our own health. We also are seeking to collaborate more with the school of nursing and basic science students.

For this issue, we asked students what role spirituality plays in their lives as medical students. We have a reflection on the role of the Ministry Department, as well as beautiful piece of prose (below) from an anonymous student. You will also find some inspiration to reinvigorate your New Year’s Resolutions, like an intro to suspension training and another healthy recipe. Finally, two students share their thoughts on the importance of “evidence-based medicine” from two slightly different viewpoints.

An early-morning view from the 7th floor bridge. See? There are some perks to being on a surgical rotation.

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Medical students and physicians are not allowed to be ill. Sick days are just not something that health professions need. I mean, aren’t we supposed to be the pictures of health; we are the role models for our patients. And perhaps this culture of the perfect student mentally, physically, and professionally has lead to this culture of hiding illness, especially mental illness. Depression is not a new diagnosis. It’s not something unheard of or foreign. In fact, you don’t have to attend medical school at all to have heard of it. Depression amongst medical students is a very real thing and sadly it can be a very hidden issue as many students dismiss their despondency as a normal response to the stresses of school.

Medical school produces such a unique combination of stresses from tests, small group, and boards to the pressures of performing well during rotations and matching into residency. In an article published in the New England Journal of Medicine in 2005, titled “White Coat, Mood Indigo-Depression in Medical School” observed that medical students are more prone than their nonmedical peers to become depressed. A recent survey of University of California, San Francisco students found that one-fourth of first and second year students were depressed, but depression can occur at any point. Third and fourth year have been found to cause the most distress on students, according to Nanette Gartrell, a clinical professor of psychiatry at UCSF. “In the clinical years, there's just far greater commitment of time, plus as match pressure begins to emerge, it's an extremely stressful time for a lot of people," she said. Many students start rotations with expectations and understandings of how medicine works that just don’t pan out once on the ward. The unfortunate part is that many students feel very alone and isolated during this time because they are often separated from their classmates and are constantly working with a new set of residents and interns.

Loyola is no exception, I am no exception, and no student is an exception. Medical school is hard and everyone at some point will struggle. I believe the culture around health care professions and depression is changing. Mental health culture in general is taking positive strides in the right directions. It’s important to talk about it, with family, friends, or someone anonymous. Loyola has done an excellent job of setting up a foundation of support for students from ministry, to PCM small groups, to having a psychiatrist available. I implore everyone to be looking for signs of depression or anxiety in every one of their friends, classmates, and especially in themselves.

Signs of depression from NIMH
-Feeling sad or “empty”
-Feeling hopeless, irritable, anxious, or guilty
-Loss of interest in favorite activities
-Feeling very tired
-Not being able to concentrate or remember details
-Not being to sleep or sleeping too much
-Overeating, or not wanting to eat at all
-Thoughts of suicide, suicide attempts

Nicole Sagen, MS3
I recently sat down Dr. Louise Berner, founder and staff MD of Fenix Clinic, to ask her a few questions about her life and work. Fenix Clinic, located in Highwood, IL, is a service-oriented family clinic for the large low-income population of Hispanics who live in Lake County.

Can you tell me a little about Fenix and its mission?

Fenix is innovative in three ways. The first is that it is really, really good service. That is so rare in a public clinic. Good service leads to better medicine, it’s obviously more respectful, and it ends up being less expensive. It’s also basic continuity of care – it’s better when a clinician knows their patients. So what we do is a private practice model but in a clinic setting and it ends up being less expensive! So it’s a win-win.

The way we can do this is through mid-levels. The truth is not all out-patient primary care visits need an MD. We can supervise and you can use NPs, PAs, and midwives. Only 5-15% of the time do you need the MD for things like complicated geriatrics, complicated psych, etc.

The third aspect is that we integrate mental health. That’s essential for primary care. A lot of people in primary care don’t like that. They refer them. But patients here would not go to a psychiatrist even if there were one to go to! The truth is that there are no Spanish-speaking psychiatrists here that take public aid or payment on a sliding scale. When you’re poor, when you’re an immigrant, mental health is so important.

So that’s how Fenix does it. It’s the service and the private practice concierge model, which we can do because we use mid-levels, not so much MDs. And we do mental health.

What led you to a career as a physician and to your creation of Fenix?

Growing up, I always had an interest in health. I studied Spanish and Anthropology in college and was a closet pre-med. After college, I got a degree in public health, which I love. It’s just such a broader perspective! Then I went to Rush [for medical school] and did a family practice residency at Cook County. At County, you get thrown in and you’re in charge from day one, but with excellent supervision. To me, that’s how you learn. Nothing fazes me after having done that.

But being at County started me on the whole idea [for Fenix]. County was excellent quality but had really lousy service for patients in the 1990’s. Later, I got a job at Erie Family Health Center, a public health clinic, which was my favorite job. And I figured there it would be great service and great quality, but no. It was really good quality but still the service was unbelievably
bad there in the 90’s as well. And I thought: this is just not right. So I was there for ten years and I had all these ideas working at County, working at Erie…

Years later, I found myself in private practice, which was something I never expected to do. But it happened to be with “the greatest doctor on Earth,” Dr. Fred Ettner in Evanston, IL. He knew everything about every patient because it was this long-term family practice. He had delivered babies and was now delivering their babies. It was so much more efficient than any of the public places I had been, and I thought: why don’t we do this in the clinics? This is so much better for the patient and it’s so much cheaper. For the community too—you don’t want patients going to the ER because of a diaper rash! His patients would never go to the ER because they didn’t understand something or they didn’t have medicine or they didn’t have access.

So when I was beginning Fenix, I thought a lot about that private practice. Why shouldn’t a complicated patient be able to call me instead of going to the ER or instead of doing nothing and getting sick? Why shouldn’t we have these types of relationships with our patients? We opened up officially in June 2010 and since then it’s been swamped.

Can you tell me about Highwood and why you chose it as a location for your clinic?

Highwood is an anomaly—a working class town in the middle of North Shore affluence. It’s 40% Hispanic, all of which is below the poverty line. I did a needs assessment in 2003 and, other than Englewood, the biggest need was in Lake County because it’s the most rapidly growing area of Hispanics [in the Chicagoland area]. Half of my patients come from Highwood and Highland Park, and 40% come from Waukegan, which is 15-20 minutes away. I really should be in Waukegan because the need is even greater, but I wanted a shorter commute so that I can be here at 7am or come back at 8 or 9pm if someone needs me. I can even come in on Sunday. With a 45 minute commute, that would be difficult for me to do.

How is Fenix supported financially?

Since almost half of patients are children, they’re all insured [through the Illinois Department of Public Aid]. 3% of patients are on Medicare, 9% have private insurance. The uninsured patients account for 39% of our mix and these are self-pay. A first comprehensive visit is $50, and then $30 for regular return visits and $10 for a really short visit, and we do not turn anyone away who cannot afford to pay. Everything else is reasonable: We do gynecological procedures, we do a lot of EKGs, and we have radiology. We work with Quest Labs and they are very supportive and have given us a great rate. Donations are also important, and right now we are starting to write grants and working very hard at that.

Do you have any last comments you’d like to make about Fenix?

What Fenix is for me, and what it should be for you, is proof that you can do what you want to do, not what you’ve been taught. I wanted to start a clinic that is high quality but also really great service and I’m doing it. And now the idea has kind of spread. I refuse to practice a medicine where a patient can’t get ahold of you. I’m going to do it differently, and you can do it differently too.
It’s officially 2014, which also means that it’s time to make an obligatory New Year’s resolution. I would venture to say that for many of us this includes a resolve to be “healthier”. I’ll be the first to admit that I’m already failing at this endeavor. I haven’t exercised a single day of 2014, and I just finished eating a delicious oatmeal chocolate chip cookie. No, it’s not healthy just because it’s made with oatmeal.

But we shouldn’t give up. Even though we will annoy our dedicated gym friends by taking up space on their treadmills and weight machines, it’s a lifestyle change that is still worth striving for. And while there are plenty of resources to help us meet our fitness goals, I think there is one missing piece of the puzzle.

Because what would a healthy body be without a healthy mind?

Yes, I would like to get in better shape this year, but more importantly I would like to cultivate a healthy mind. As a fourth-year student on the verge of graduation it has finally hit me that I am emotionally exhausted. Don’t get me wrong. Stritch is the best thing that ever happened to me, but the last three and a half years have been tough to say the least. I have realized rather recently, and harshly, how important it is to cultivate emotional as well as physical health.

Not to generalize, but I believe that most medical professionals have a tendency to give rather endlessly to others without stepping back to examine how they themselves are doing. As one of our professors once said, we are the “fixers” and the little things we do, the little pieces of ourselves that we give away, they add up. These may include, but are not limited to…saying “yes” to one too many requests…tolerating disrespect from a co-worker…maintaining unhealthy relationships. We have all been guilty of these crimes at one point or another...

I am not advocating that we suddenly all become selfish creatures. I certainly do not want to be that type of person, and I’m sure that you don’t either. We went into medicine because we wanted to help others, and I truly believe that is at the core of what we all do. What I am advocating is that we take a moment to assess our emotional well-being as it relates to our personal, family and professional lives.

In the end it boils down to being more mindful of our decisions and interactions with those around us. Are you happy? Are you overwhelmed? If the answer was not favorable take another step back and ask “why?” There will always be things out of our control, but the beauty of life is that for the most part we can take charge of our own behaviors and futures. In fact it would be irresponsible not to.

Yes, this is often easier said than done, but start with baby steps. I firmly believe that you cannot make others happy unless you are happy yourself. So don’t be afraid to say, “I have too much on my plate right now”. Don’t be afraid to walk away from a bad situation. Go to bed an hour early, take a stab at mediation. Give your spirit some peace and quiet so that it can heal and recharge.

I won’t pretend to have all the answers, and I know that this endeavor will...
be a work-in-progress for me personally. So whether or not you decide to hit the gym in 2014, do try and take care of yourself in other ways. Even though it doesn't have an anatomical name or location, and it won't make you look good in a swimsuit, it will serve you well. And it definitely beats fighting someone over an elliptical.

Chard, Onion, and Cheese Panade Recipe:
This is a great dish to make on a really cold day. Using the stove top and oven at the same time gets the kitchen nice and toasty, and the panade itself is hearty and comforting. It's a bit more involved than my usual weeknight dinner, so save it for a lazy weekend evening at home with an antioxidant-rich glass of red wine, or throw on some audio-recorded lectures and make it any day of the week.

2 yellow onion's quartered and sliced
5 large cloves garlic, thinly sliced
2 bunches swiss chard
1/2 loaf of old bread, cubed
salt & pepper to taste

2 handfuls grated cheese
(I like a mixture of Emmanteler and white cheddar)
2 cups chicken or veggie broth
olive oil

1. Caramelize onions
Heat olive oil over medium heat, add onions. Cook for a few minutes before stirring, allowing them to begin to brown. Stir in the garlic and a pinch of salt, and cook on low heat for another 30 minutes or so, stirring occasionally

2. Wilt chard
Remove the stems and chop them up into thin pieces, like you might with a stalk of celery. Cook these in olive oil over high heat for a couple minutes. Meanwhile, prepare the rest of the chard by rolling and slicing into ribbons. Add it to the stems and olive oil along with some salt & pepper. Allow this to cook about 2-4 minutes, stirring a bit so that it becomes uniformly wilted but still maintains good structure and bright green color.

3. Prepare bread
In a bowl, add some olive oil and about 1/4 cup of the broth to the bread and use your hands to rub it in. Preheat oven to 400. Pour the rest of the broth into a small pot and bring to a simmer.

4. Layer
In a casserole dish, begin with a small scoop of the onion mixture. Then bread. Then more onions. Then chard. Then a handful of cheese. Repeat. Of course, the number of times you do this will depend on the size of your dish and the thickness of your layers. I only managed to get two in, and I had about a cup of chard leftover. As long as you finish with cheese on top you're fine.

Pour the rest of the broth over the panade, making sure to get it around the edges of the dish. Cover with a lid or aluminum foil and place in the oven. (I put a baking sheet underneath in case it bubbled over, but it didn't.) Cook at 400 for about 30 minutes. Lower heat to 325 and cook for another 30 minutes. Raise heat back up to 375, remove lid and cook for another 15 minutes so the top crisps up a bit.

When it's finished cooking allow it to cool a bit before serving.
Suspension training is a great way to change up your workout or add variety to your routine in the gym. This method of training uses essentially two nylon straps that can be attached to any overhead bar (a smith machine works well), with specialized handles at their ends. Suspension trainers allow for essentially six main body positions that allow for a wide range of exercises:

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<th>STANDING POSITIONS:</th>
<th>GROUND POSITIONS:</th>
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<tbody>
<tr>
<td>1. Facing the anchor point</td>
<td>1. Lying face down</td>
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<tr>
<td>2. Facing away from the anchor point</td>
<td>2. Lying face up</td>
</tr>
<tr>
<td>3. Facing sideways to the anchor point</td>
<td>3. Lying on your side.</td>
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The handles are set up so that you can place either your hands or your feet in them—allowing for an even wider range of movements and exercises. For example, you can put your hands in the suspended straps and elevate the difficulty and efficacy of standard push-up. A standard lunge can be taken to the next level by placing one foot in the strap with your other foot on the ground. Ultimately, the suspension trainer utilizes gravity and your body weight to constantly engage core muscles and other, often neglected, 'stabilizing' muscles. While these suspension systems, such as the ‘TRX’ and ‘Jungle Gym’ can be expensive, the fitness center at Loyola actually has a few TRX systems that you can use so you don’t have to buy one of your own right away. Give it a shot!

Want more help getting started? Check out the TRX classes at the fitness center!
Ministry has a special place in my heart at Loyola. When I think about what I’m looking for in a residency, when I reflect on what I will miss from this time and this school and this city, so much of it is ministry derived (or sometimes ministry-inflicted).

There have been days that ministry taught me more about how to be doctor than classes did. That even though we learned about this lesion or that congenital defect, or that type of cancer in pathology or genetics, we never learned how to break that news to a parent. We never learned how to hold the hand of a man while he’s intubated, not too hard so that your thumbs don’t make indentations on the anasarca but just hard enough that, through the haze of Versed and fentanyl, he knows you’re there. Ministry taught me that it was okay to cry after my first code, to laugh after the first time a little kid stopped crying and let me look in his ear, to smile with pride when a patient called me doctor.

Ministry reminded me not to let go of that critical part of myself, the part that knows how to reflect and stretch and tear and learn and grow. To remember to cling to my beliefs, and to support others clinging to theirs. I’ve never known anything as beautiful as watching Jewish kids in the Passion Play, as singing hymns at mass in Spanish, or as listening to my interfaith peers share reflections on the holidays.

Ministry has always reminded me to laugh. That there is room for laughter, even when your friends have had educational or physical struggles, when your friends’ siblings are hospitalized or OD or drop out of school and your family members struggle with divorce and death and illness – there is always room for laughter. Because God is funny, and so he places wonderful people like the ministry lady volunteers on this earth just to make allergen-free pumpkin bread so those of us who can’t eat dairy or nuts or eggs or chocolate or gluten can still snack on something wonderful. And because there’s always time for a cup of coffee, or a hug, or an encouraging word.

Ministry has taught me to cling to my mentors. To tell them, often and directly, how blessed I feel to know them. How much of a better doctor, and a better person, I am and continue to be because of knowing them. How thankful I am for those twenty minute sessions talking about new articles in NEJM or being asked about my husband’s students.

Ministry has taught me that even in the most challenging moments, when you start first year and you know no one, when you start physio and are terrified you’ll fail, when you start pharm and have NO IDEA how people learn all of these drugs, when you start surgery and someone offers you a needle and pickups, when you start psych and someone begins to cry – you are not alone. Ministry has reminded me to be still, and know my God is. And they have sat next to me while I do it. At the end of the day, this relationship really has solidified for me, and for many other students, a sense of spiritual wellness, whatever that means to you, without which I am a worse medical student, and a less complete person.
Evidence based medicine… and why you should care

- Marianne Wallis, MS3

I sat in a lecture last month during my surgery clerkship that was being given by a trauma surgeon. The talk was primarily about ICU patients, namely ventilators, ABG’s, and the different types of shock. The part of the lecture that piqued my interest was actually more philosophical, however.

One of the slides was titled “Practice Evidence Based Medicine When Possible.” In fact, the lecturer thought it was so important, it was on two slides. On the second of these slides, the smaller print shook me a little because the phrases on it were actually ones I’d heard before. It read:

**Be Wary When you hear:**
“it hasn’t been proven to hurt either”
“This is just the way I always do it”

How can you learn about this lofty “evidence based medicine” thing? Some of the best examples for resources for medical students are journal clubs. Critically thinking about the literature is a great way to understand what defines the protocols we follow and the reason certain treatments are the standard of care others are not. Second years can go to Dr. Robinson’s New England Journal of Medicine journal club, and various specialties have their own as well. Additionally, the talks given by research faculty – often accompanied by lunch, I should add – are another good way to hear about recent literature and how it is shaping the way we practice medicine; although be careful, learning about them often requires not deleting every LUHS -

ANNOUNCE email you receive. Finally, there is also the following section in this newsletter (shameless plug, I know).

Evidence based medicine isn’t something you think about as a first and second year medical student; ok, maybe some of you are more advanced, but at least I did not. Typically you learn facts out of a textbook or off of a PowerPoint slide and you take them for what they are because the professor says so, and after all, he is going to test you on it. As you transition to clinical rotations, however, it’s a term you hear frequently, and very quickly you see that pretty much all decisions are - or at least should be - based on the evidence.

Inquisitive Nature: It’s Healthy to Question

by Robin Ortiz, an NIH-MRSP fellow, Class of 2014 and student of the Stritch Class of 2015

The act of asking for information, or the process of inquiry, is not restricted to those pursuing higher education. It is basic human nature. In fact, it really is nature. Red algae of the sea pose a neurochemical question to planktonic mollusks asking them to plant their larvae upon them, yielding a symbiotic relationship⁴. Plants inquire regarding the nutrient density of the soil milieu, receiving response when a chemical fits a molecular transporter on the roots or continues to pass by in the diffusing water currents⁵. The embryo asks the mother if it will develop into a fetus, acknowledging her answer if it receives a molecular notch signal from the welcoming endometrium⁶. A puppy pushes its bowl toward the toes of his owner
and knows by smell if he will get dinner just yet. A physician reaches out her hand to meet that of a patient and in that moment has already begun to ask, “how can I help?” A group of biochemists ask how communications like these happen and find their answer in the physiology of cellular vesicular transport. Their findings were so significant that this discovery was awarded a 2013 Nobel Prize.

Inquiry is ubiquitous. Our ability to question the environment around us and ask how to advance our lives and the lives of future generations has brought us to the ever-advancing 21st century. However, I would argue that it is the questions to which we have turned our back that have brought us the challenges of the 21st century.

Not having an answer is not the problem. In my opinion, the strongest scientific findings are those that can only be answered with further questioning. Trouble comes when we stop asking. Take environmental studies as an example. In the 21st century we certainly have found the answer to the question, “how do we attain mass production?” However, if we stick with the answers we have found to this question, we will have further environmental devastation, growing widespread global starvation, exponential greenhouse gas emissions and, eventually, a shortage of the very products we now mass supply. Many parallels can be drawn here to the healthcare system of the 21st century. We are most efficient at helping acutely ill patients, but we have some inquiry yet to do regarding prevention of chronic illness and reaching the underserved. We have become very evolved technologically, constantly finding new tools, but we have some inquiry yet to do regarding revisiting the powerful tools of the physician: his hands. We have become very good at discovering cutting edge genetic, nanoparticle and pharmaceutical based interventions to optimize treatment, but we have some inquiring to do about prescribing basic human essentials like whole foods and real social connection. We have become very good at ordering laboratory and imaging tests, but we have some inquiry to do to reduce healthcare expenditure.

I know what you’re thinking and you’re correct. These advances are life changing, essential and downright fascinating, and no, we wouldn’t have known of these potential problems without having sought out these answers to begin with. I believe no judgment should ever be made of any question or answer. Didn’t a teacher once tell each of us there was no such thing as a bad question? I suggest we shift mindfully onto each novel question the moment it reveals itself. The question, generally speaking, is, “how can we improve upon this answer?” Now, I regret to say I cannot take credit for this as it is some groundbreaking and novel concept. Voltaire states, “Judge a man by his questions rather than his answers” and Einstein said, “The important thing is not to stop questioning. Curiosity has its own reason for existing.”

Two things we have for sure are the moment, and our ability to inquire within it. Imagine a world where we truly lived by this. Imagine a healthcare system where we truly practiced medicine by this. Now that is evidence-based medicine in its essence. Of course, it is fairly obvious that the fundamentals of the art of medicine are based on inquiry. We are trained how to “think like doctors” which entails applying our collection of knowledge and skills to answer a clinical question (the patient) before us. This, which can be in some way traced back to the very first documentaries of healing, is truly one of the
purest examples of the art of inquiry that exists within the human race. It may not have always been through randomized placebo controlled clinical trials, but every “healer” inquired into their patient’s condition, what approach to take to facilitate healing and to see if the approach was successful. Regardless of outcome, there is a need to repeat the inquisitive process from step one, either with the current condition and patient or the next. This is The Scientific Method. Yes, capitalized. It lives in the nature of those who chose a healing path. So I pose to you, how will you use your inquisitive nature, in this moment, to propel the evolution of humanity to a healthier place?

References:

Note from the editor: This is an abbreviated version of this essay. You can read it in its entirety, and more, on Robin’s blog, www.healthy2question.com, where she invites you to respond to this question and ignite the inquisitive nature within yourself.

About Loyola Larynx:

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.

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 individuals listed in the Editorial Board section on page two. 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.