ALL ABOARD!!!

By Nicole Sagen, M3

Board’s is a trip: an emotional, physical, intellectual gladiator fight to the death. How, oh how, can you survive? Is there away to live? Are the odds in your favor?

I’m here to happily report that you can totally do it, you’re going to live, and the odds ARE in your favor!!! Just get on board the roller coaster, the Boards-O-Coster!

You got your ticket back in college, don’t panic. It was your acceptance letter to medical school. Surprise, medical school is an incredibly expensive amusement park with really terrible rides. And while you wait in line for your turn you can finish all this first year course work.

After one whole year in line (I forgot to mention how long the lines are), it’s your turn! This huge draconic ride looms ahead. You take your seat and the chains start clicking. This is it! Put your hands up! The ride starts slow, just a small hill, a friendly reminder at orientation just incase you forgot you have to take Step 1 this year.

Click, click…this is isn’t so bad. Click, click… I’m sailing through second year. It’s only December. Click, click… that’s 6 months before the test. Click, click, click…NBME…click, click…holy moly that colossal mountain is coming unreasonably close! WHY IS THIS RIDE GOING SO FAST!! I think it’s broken. I’d like off now. Click, click…

I’m going to offer you a bunch of unsolicited advice on boards. Piece of advice number one, take all advice with a grain of salt, even mine. First off I could preach you what resources are a total must and how you should organize your flashcards and that the 50 multicolored highlighter set is a really good investment for you and your future children. But you probably already know that and you upgraded to the 75 highlighters. Smart!

Step 1 is a rite of passage. It’s a lot of studying, no surprise there, you’ll have to buckle down and just do it. I want to prepare you a little for the emotional rollercoaster. There will be ups and downs, periods of apathy and intensity, tears and laughter. Every UWorld block influences your fragile state, for better or for worse. Find a way to ride the roller coaster. Some people workout, some people re-read Harry Potter every night before bed. Do what ever cranks your Kreb cycle. Make time to relax every night because nothing is worse than dream studying. Be flexible. The study plan you set forth might not work in actuality. Be reasonable. Remember sleep is important; a 23-hour study plan using 20 different books is not going to happen. And try to warn your loved ones of upcoming emotional instability so the sobbing monster you’ve become doesn’t alarm them. Take a deep breath. You’re ready, young grasshopper.

Click, click, click… don’t forget to smile for the picture at the end!
"Doc Incompetent"

By Anonymous

Someone kind of creepy is following me, and I wondered if you’ve noticed. He kind of looks like me, maybe mid 30s, unkempt hair, pale face, pig eyes, smelly baggy clothes. When he goes to shake your hand, you wish he wouldn’t, and when he smiles at you, you get the impression not a soul’s at home. I hear he is (or was) a doctor, but nobody ever wants to see him; he’s “Doc Incompetent.”

He is my nightmare future self. When the young boy with a confusing presentation develops an oral rash, he spends 30 seconds, “Hey, I’m no dermatologist,” dismisses and sends the bill. In surgery, he spots danger in the patient, hides it and tells no one. To the old lady with heart failure and newly widowed, “Just give her a new script, doesn’t matter the drug, she’s going to die anyway.” To the young man, anxious about life, “He’s just drug-seeking; lock him in the psych hospital this week, that’ll teach him.” The good Doc stays up with proper documentation. He’ll ignore a med student once a month, if it’s in his contract. But say “hi” to that pancreatic cancer guy’s family? No thanks, been there and done that. More than anything he’d rather go fall asleep at home except his ex took that too. Could start again, new woman, new sons if only he didn’t overdose that kid…or the other kid for that matter. It’s really creepy. When I forget basic stuff I should know, I see him. When I write a half-baked progress note, he smirks at me. And when I see my attending treat a patient like dirt and I do nothing, I smell him on my clothes. Points, honors, pass, high pass; whatever man, that’s life. But when I feel I’ve been incompetent and let a patient down…Ooo, my little pig eyes burn with anger and shame.

I don’t how to dodge him; I get so tired I just cut corners, I stop caring. I feel real sorry for that creep, but I’m not going that way. Please tell him to leave me alone, ok?
Choosing Positivity

Michael Cole (M1) | Michael Teitcher (M1) | Deval Patel (M1)

“We recently came across these wise words from Alice Herz-Sommer, who at 108 years old was both the oldest known active pianist and the oldest known Holocaust survivor in the world. Her comment points to an interesting question. Is optimism a choice? How can it help us in our medical training and practice?

In our opinion, a positive outlook will be one of the more important qualities we can maintain through our medical careers. “The positives” must be qualities that breathe life and renewed vigor into our passion for healing. The relief on the face of someone whose spouse had successful surgery, the smile of a recovering child, the joy of new life — these are things to live for, and the reasons why we practice medicine. Finding something everyday to enjoy — even rejoice in — is fundamental to a happy life and a fulfilling career in medicine, especially in the face of the challenging situations we will regularly face. Although effervescent optimism is not warranted in every situation, the beauty of a positive outlook lies in that fact that we can practice a selective optimism. As Mrs. Herz-Sommer said, we can choose to look on the good side. Perhaps the best way to accomplish this is by keeping things in perspective.

Perspective is critical in medical school where we are under so much pressure and graduation seems so distant. But let us not forget why we are here in the first place — let’s put things in perspective. We are becoming doctors, not professional test takers. We are here because we are among the select few with the opportunity to professionalize our passion and get paid for it. Whether it’s the call to service, a desire to contribute to medical research, or the chance to actualize our most personal values in our professional lives, we occupy our days working towards goals that are intrinsically noble. To top it off, we are entering a profession that provides a bewildering diversity of opportunity, more so than most. Doctors work hard and training is a long-haul, but working long and hard is not unique to medicine. What’s unique is that we get to do it in the context of a profession that speaks to us. Perhaps our hardest, longest nights of studying will take on a different character with this perspective in mind.

“I was always laughing and always in a good mood; always optimistic. I look on the good side—it’s my choice … my choice to look on the good side.”
And then there’s Stritch. Many of us had choices of where to attend medical school, but came to Stritch for reasons that go well beyond first-class academics or strict professional development. We came for the warm sense of community, the opportunity to have advisors who really know us, and for life balance that is only achievable with the best medical school gymnasium in the country. Speak to students at other medical schools and you will find that these are things they just do not have. Perhaps we noticed on interview day that the students were the happiest medical students we had seen and wanted that to be us. Optimism and perspective are parts of that picture and recognizing the privileges and opportunities we have will help us take better advantage of them. Of course nothing is perfect, but we have more tools than most to help make it as close as it gets.

By this point in the article, the skeptical medical student in all of us is surely meeting all this idealism with resistance. But there is real evidence to back the benefits of having a positive attitude. Many studies show that personality traits such as optimism can affect health, stress management, and overall well-being. These studies often distinguish a certain type of optimism, one involving perspective and pursuing a solution in every problem, from naïve idealism. One study investigated the relationship between positive affect and perceptions of meaning in life during stressful situations for college students. The results showed that a positive affect caused increased perception of goal engagement and therefore increased meaning in life when encountering stress. When we choose to have a positive affect, we mold our perception, which leads to a greater sense of meaning. And that is a tool we can use to become those happiest medical students we all want to be.

We all need to work on this. It is our hope that we can help each other achieve our goal. That’s the beauty of the community at Stritch. Let’s make it through this together, let’s thrive, let’s always be laughing.

It goes by many names — complementary, alternative, integrative; some simply call it quackery. But whatever you want to call this realm of non-conventional medicine, know that it is filled with much more variety and depth than you likely suspect. I became interested in integrative medicine (IM) in college, when I started practicing yoga and became more concerned about nutrition for myself. It was a gradual process from there. I attended a local IM conference as a first-year, which lead to re-instating Loyola’s Interest Group for Integrative Medicine, and hosting the same conference as a second-year. Then came research projects, and new mentors who encouraged me to do things like getting trained in clinical hypnosis and presenting at an international IM conference in London. The world of IM grew from yoga and nutrition to a variety of mind-body practices, to whole systems of medicine like Ayurveda and Traditional Chinese Medicine. It’s exciting, and tends to align with my passion for preventive medicine, and desire to help others on a path towards wellness. (Note: that is different from treating disease, which conventional medicine does exceptionally well.)

Most recently, these interests landed me in Changzhou, China for Loyola’s newest global health elective. At the Number 1 People’s Hospital I got to learn about acupuncture and the traditional Chinese methods of diagnosis. The hospital is predominantly Western, and it was fascinating to see how Eastern and Western medicine are truly integrated. For example, there is a drawer full of herbal patches in the pediatric nurses station that are placed on children’s chests when they have a cough.

Another thing I learned, which I had only begun to suspect, is that even alternative medicine can be practiced in a non-holistic way. Problem, diagnosis, prescription - return in four to six weeks. So then, what is it that I’ve been searching for? Certainly not a whole new pharmacopoeia of herbs and supplements, nor a list of problems not yet defined by the modern medical literature. I’m not looking for a fancy new field of medicine, I’m simply looking for good medicine. I believe that happens when we approach the patient as a person with whom we enter a relationship, as a whole person who can also teach, and even heal, us. I also still believe that looking at IM is a good place to start, because it emphasizes the fact that what we eat and do with our bodies daily, and the way we experience stress and emotions all have a profound impact on our health. And that has nothing to do with a decorative name.
Vegan Black Bean Soup
(you won’t believe it’s vegan, trust me)…

Marianne Wallis, MS3

Vegetarian or meatarian, if you want to add a little southwest flare to a dreary day, this recipe will put a smile on your face – and feed you for days! It is so simple even I couldn’t mess it up!

1. Heat oil in a large pot over medium-high heat. Sauté onion, celery, carrots and garlic for 5 minutes. Season with chili powder, cumin, and black pepper; cook for 1 minute. Stir in vegetable broth, 2 cans of beans, and corn. Bring to a boil.

2. Meanwhile, in a food processor or blender, process remaining 2 cans beans and tomatoes until smooth. Stir into boiling soup mixture, reduce heat to medium, and simmer for 15 minutes.

Want to make it even heartier? Add an avocado on top after serving it.

Not a vegan? Not a problem! Add sour cream and your favorite shredded cheese!

Adapted from allrecipes.com | http://allrecipes.com/recipe/vegan-black-bean-soup/

Ingredients (4 servings):

• 1 teaspoon olive oil
• 1 large onion, chopped
• 1 stalk celery (optional)
• 2 carrots (skinned and chopped)
• 4 cloves garlic, minced
• 2 tablespoons chili powder
• 1 tablespoon ground cumin
• 1 pinch black pepper
• 4 cups vegetable broth
• 4 15 oz cans of black beans
• 1 can whole kernel corn
• 1 14.5 oz can crushed tomatoes

Adapted from allrecipes.com | http://allrecipes.com/recipe/vegan-black-bean-soup/

Tofu Quinoa Stir-Fry

Deval Patel, M1

Have a craving for your favorite takeout stir-fry dish, but want a homemade, healthier version? This quinoa stir-fry dish is definitely my go-to for a quick and satisfying lunch or dinner. The recipe below makes a lot, so you can even have it for both!

1. In a large nonstick pan, add enough oil to cover the bottom of the pan. Add cubed tofu and let brown on each side for 5 minutes for extra crispy tofu.

2. Once tofu is browned, lower heat and add honey to caramelize the tofu. Remove tofu from pan and set aside.

3. Heat oil again in pan again over high heat. Add stir fry mix or fresh vegetables. Cook for 4 minutes. Add crushed garlic and continue to cook for 1 minute.

4. Lower heat, and then add cooked quinoa and tofu. Add sauces to taste and mix. Add chopped spinach and let it wilt. Top with sesame seeds.

5. Enjoy! You can substitute the tofu with your favorite protein.

This is a great dish to make ahead of time and pack up for a long day!


Ingredients:

• 8oz extra firm tofu cut into 1-inch cubes (patted dry with paper towels)
• 12oz packet of frozen stir-fry vegetables (thawed and dried). You can also use your favorite assortment of fresh vegetables!
• 2 cloves garlic, crushed
• 2 cups cooked quinoa (boiled in lightly salted water until tender)
• Sauce depending on your taste: Sweet Chile, Teriyaki, Soy Sauce, or Sriracha.
• Sesame oil for peanut taste (can substitute vegetable oil)
• 1 Tablespoon honey
• Hand-full of chopped spinach
• Sesame Seeds (optional)
From the hand of Billy Sveen, M3.

Re-drawn from Henry Gray’s 1918 edition of *Anatomy of the Human Body*. All are 5 x 7 inches, ink and wash on paper.
Health Sciences Division (HSD) of Loyola University Student Counseling Program is a confidential program provided to all Stritch School of Medicine Students and Marcella Niehoff School of Nursing accelerated bachelors and graduate students. The Student Counseling Program is available to help you with personal issues, such as Stress, Anxiety, Depression, Relationship Difficulties, Family and Parenting Problems and Alcohol, Drug or Other Addictions.

The following are some of the most commonly asked questions about the program:

**Will the Health Sciences Division know that I have used the program?**
No. This is a confidential program. Information is not released without your written permission with the only exceptions in “Duty to Warn” cases such as child abuse, elder abuse or threats to self or others.

**Why does the Health Sciences Division provide this program?**
Students are a valuable part of the University. The HSD is committed to assisting you with the personal issues that sometimes arise in the challenges of your academic career here at LOYOLA. Most of the time, you will be able to resolve problems on your own but sometimes professional assistance is needed. This program can effectively help you balance your academic and personal life by providing professional support as well as ease stress that you may be facing due to personal pressures.

**What is the cost to use the program?**
There is no cost to use the services of the Student Counseling Program. This is a benefit available to all SSOM Students and Marcella Niehoff Nursing School graduate and accelerated bachelors students. Counseling of up to 5 sessions per issue is provided at no cost. In some instances, a referral to resources beyond the Student Counseling Program will be made. In these instances, you will be responsible for the cost. Your Student Counseling Program counselor will assist you in finding the most cost effective resources, many of which may be covered by healthcare insurance.

**What types of issues does the Student Counseling Program address?**
The counselors are available to assist individuals who are experiencing problems in relationships, depression, stress, anxiety, alcohol/drugs, child/elder care and career direction.

**Who are the counselors at Perspectives?**
Perspectives' counselors are experienced licensed masters-level clinicians. This includes those answering the phones in the Call Center as well as those onsite at in Room 2906 of the Maguire Building.

**How do I access the program?**
Simply call the toll-free number, 800.456-6327. Telephonic support is available 24/7. To set up an in-person appointment, call between 8 and 6 pm weekdays. For online resources, simply go to [www.perspectivesltd.com](http://www.perspectivesltd.com) and enter **LUC500** for your User ID and “perspectives” for the password.
HSD of Loyola University Student Counseling Program

Effective April 15, 2014

Health Sciences Division of Loyola University will be providing a Student Counseling Program to all Stritch School of Medicine students and Niehoff School of Nursing accelerated bachelors and graduate students. Services will be provided by Perspectives Ltd and will include assessment, counseling, referrals and follow-up. More detailed information will be provided in the upcoming weeks.

Master’s-level counselors are available to assist you. Call 800-456-6327 to speak with a counselor.
Despite their rich, delicious variety, nuts get a bad reputation at times for their bold number of (gasp!) calories from fat. For those of us who enjoy a nice walnut-sprinkled salad, or, say, many jars of peanut butter, a recent New England Journal of Medicine study of nut consumption came as sweet vindication. Researchers were motivated by several past observational studies showing the beneficial effects of nuts in diseases such as type 2 diabetes and colon cancer to begin this most recent study. They sought to answer the question no one had asked about nut consumption in the past: Does frequency of nut consumption affect all-cause and/or cause-specific mortality?

**How did they do it, you ask?** 76,464 women from the Nurse’s Health Study and 42,498 men from the Health Professionals Follow-up Study reported nut consumption frequency as part of a validated food-frequency questionnaire. Dietary intake was reevaluated every 2-4 years. Patients with a history of cancer, heart disease, stroke, smoking, diabetes, or BMI less than 18.5 or greater than 40 were excluded. Patients who experienced diagnosis of a chronic disease during the study period were excluded from further dietary frequency updates. Multivariate analysis was performed to eliminate influence of measurable confounders and array-approach sensitivity analysis was used to estimate potential influence of unmeasured confounders.

And what did they find? Rejoice, lovers of nuts! Nut consumption was inversely associated with total mortality in both women and men after adjustment for other risk factors. Now the news gets better: not only did the nutty ones live longer, they lived longest the more nuts they ate! In other words, the association was proportionally increased with increasing frequency of consumption. Inverse association was also found between nut consumption and deaths due to cancer, heart disease, and respiratory disease.

Of course with every study we must evaluate its validity. This one had excellent power but some significant differences between groups such as decreased rates of obesity and smoking in nut-consumers. These risk factors, however, were adjusted for when evaluating for differences in mortality and mortality rates remained significantly different. One could argue, however, that the study is limited in its generalizability by the fact that all subjects were health professionals.

To summarize, researchers observed that those who eat more nuts live longer even when accounting for other predictors of death. Although this study does not prove causality, it certainly makes a strong case for enjoying some peanuts with or without crackerjacks at the ballpark this spring.