I chose my preferred third year rotation for several reasons. One: my two main interests of OB/GYN and Internal Medicine were on either side of Christmas (not too early that you look like an idiot, but before you have to pick fourth year rotations in March). Two: the one rotation that I knew I would never actually want to go into was first (and therefore, I could look like an idiot and it wouldn’t matter). This first rotation was pediatrics.

So why was I so sure that I could never be a pediatrician? My experience with children on a scale from 1 to 10 is a zero. I have no younger siblings, no nieces or nephews (not counting my sister’s Husky, who does act remarkably like a two-year old in hindsight). I have no younger cousins (in fact, I’m the youngest on my dad’s side by about thirty years) and I think I’ve held one baby in my entire life (and yes, I was terrified the whole time). I think of kids in the same realm as pet ferrets: I’ve seen them, I realize other people like them and they can be cute, but I wouldn’t know how to feed one, how often to give it a bath or how to keep them from stealing my shiny stuff and hiding it behind my dresser (…it could happen). In other words, kids were a foreign concept to me and I had no idea how to handle them on my first day of my first rotation in an outpatient pediatrics clinic.

But, thanks to some great doctors as role models and more than a few embarrassing situations, I figured some of it out before too long. I learned some tricks for how to get kids to sit still while you look in their ears (look for cars, characters from Frozen, or whatever cartoon character is on her shirt), at their throat (just hand the two year old the flavored tongue depressor—she’ll put it right into her mouth on her own while you wait with your otoscope at the ready). And I learned that part of pediatrics—a big part—is how to talk with the parents! I also learned that kids can be hilarious and cute and frustrating all at the same time.

One of my first patients in the hospital was an adorable six year old boy who, every morning at seven am when I went in to examine him, would yell at his dad, asleep on the couch in the room, “Dad! Time to wake up! The doctor is here to see me! It’s morning!” I suspect his father was rarely as enthusiastic as his son to greet the dawn—and me. I changed a baby’s diaper for the first time and learned how to not get peed on. I also gained a tremendous amount of respect (or awe) for all my classmates who have kids, since I feel like I don’t get enough sleep and the only kids I have are a hyper-active dog and a cat that likes to walk over my face in the middle of the night. Seriously, you guys are crazy/awesome.

The point of all this is not that I am now determined to go into pediatrics, though it would make a really nice Cinderella story. The point is, rather, that I am no longer taking pediatrics completely off the table. For others, the specialty might be surgery, or OB/GYN: that specialty you haven’t been able to spend any time in during your first two years, but you just KNOW it isn’t for you. But it may be….you’ll never know til you try it. So whether you’re headed to rural family medicine, about to go to inpatient adult psych, or work your first 24 hour call on internal, remember the most important thing about third year—to keep an open mind. You may be surprised what happens if you do.
This article was written following a flight back to Omaha during the summer. The goal is to inspire connection between those inside and outside of medicine.

Jose Garcia.
I had the pleasure of meeting Mr. Garcia during my flight to Omaha.
His freshly-pressed baby blue button-up. The iron pleating in his dress pants. The panama hat.
From the top of his head to the bottom of his antique cane, it was obvious Jose Garcia came from another era. This 70-something year old man came from a decade where traveling was a luxury worthy of this fly outfit.

That era of old school Havana night’s swagger.

Chance (or United Airlines) brought us together, as he impeded the window seat I had been assigned.
In my attempts to communicate with him, I realized he spoke no English.
With an upcoming trip to Spain, I thought "What a perfect opportunity to practice Spanish!"
In my eagerness, I told him my travel plans for the summer.
He obliged and reciprocated my excitement.

"Are you alone?" Jose asked, as he pointed to the aisle of people waiting to be seated.
"Yes, are you?" I replied.

"Yes, I am alone. My wife died 5 days ago."

Taken aback, I struggled to recollect the amount of Spanish I felt comfortable in conversing. I apologized, and he appreciated the sentiment.
It was then I noticed the thin, beaten gold ring he was wearing on his left ring finger.

I could tell he wanted to say more.
He could tell I wanted to say more.
Yet, in the midst of this plane ride, we sat in silence, staring outside the window. I listened to what I could, and hoped he would understand how tragic this was to hear.
At the end of our flight, I apologized again, and said it was very nice meeting him, and the feelings were reciprocated. We went our separate ways.

Alone.
The meaning of this word to him had a gravity far more substantial than I could ever understand. The context of "alone" used so superficially in my situation.

Jose Garcia felt alone. A loneliness from years spent with a woman, whose death resonated something far more than the loss of his wife. The meaning of her death, to Jose, meant he was physically alone from a familiarity, a life he had grown accustomed to through years of marriage. Alone. I realized I did not know the definition.

In silence, we traveled together. 
And for the flight, I hope he realized he was not alone.
Our Dean, Dr Bo Dunlay, in his reflective talk (Monday Sept 8th) on “Faith and Medicine” stressed the importance of self-awareness. The concept of being aware of self, at first, may seem to be simple and almost a given and yet have you ever been “conflicted” “unsure” “doubtful” or possibly even reacted in a way that surprised you?

Self-awareness begins by exploring questions about yourself. “What were the positive and the negative experiences you had has a child?” “Whom do you admire and why.” “What would be the perfect day for you and why?” “What qualities in yourself do you like the most/the least and why?” “What would define a great life?” Paying attention to how you answer these and other questions, on your journey towards self-awareness, will help in understanding who you are, what you value and thus how you will proceed. The challenges and the joys in life will be found in our ability to live our individual “authentic life” with self awareness as the guiding light.

... Know thyself, for once we know ourselves we may learn how to care for ourselves”
- Socrates

“Until you make the unconscious conscious, it will direct your life and you will call it fate”
- C.G. Jung

“....if you are to have decent lives, you have to know who you are…”
- Kazuo Ishiguro

“When I discover who I am, I’ll be free.”
- Ralph Waldo Emerson

“Find out who you are and do it on purpose”
- Dolly Parton

What I Wish I Knew...

Roy Norris
M4

1) I wish I had known there is a psych rotation in Hawaii you can do your M4 year.

2) I wish I had known the code to the hospital galleys M3 year.

3) I wish I had done my CV and personal statement during Winter Break M3 year.

4) I wish I had bought a second white coat for M3 year.

5) I wish I had used my expensive textbooks more M1 and M2 year.

6) I wish I had submitted more to the Wellness Chronicle.
Shrink Rap: Student Stress

Forty-two percent of adults in the United States say that their stress levels have increased over the past five years (APA, 2014). Stress and anxiety are major problems in undergraduate and medical students as well. Surveys of undergraduate students show that almost half admit to feeling overwhelmed by stress and anxiety over the past year. In a recent study on medical student stress well over half admitted to various types of stressors related to academic load, personal finances, and having limited time for non-school related activities. As you know, stress plays out in nasty ways including eating poorly, sleep problems, headaches, indigestion, muscular tension, and a host of other psychological and physical problems such as irritability, fatigue, and lack of energy and motivation. In fact, recent studies indicate that chronic stress is linked with shorter telomeres, a chromosome component that has been shown to be related to cellular age and the risk for heart disease, diabetes, and cancer (APA, 2014). Pretty scary stuff!

So, what can you do about all of this life stress? A recent Stress in America study (APA, 2010) by the American Psychological Association found that people deal with stress in a variety of ways—some healthy and some not so healthy. Those who are healthiest deal with stress by exercising, spending time with family, reading, and listening to music. Interestingly, the less healthy respondents dealt with stress by also listening to music, but in addition they were more likely to play video games or surf the internet and nap. Other successful strategies focus on eating a healthier diet, reducing the source of stress, and getting more, but not too much, sleep. Surveys of medical students found that the most successful strategies used for stress management among this group included identifying support from faculty and peers, keeping involved in relationships outside of medical school, valuing personal achievements from extracurricular activities, and identifying and using counseling and related resources for help (Chang et al., 2012). And always be careful about using alcohol, tobacco, or other drugs to cope with stress since these fail to address the problem and often result in bigger concerns.

Summary

Medical school can be stressful. To cope, make sure that you proactively develop habits of exercise, good sleep, proper nutrition, and maintain your involvement with others and in extracurricular activities as you progress through medical school. If you need help, don’t be afraid to ask for it. Many of our medical students seek formal and informal help and it has shown over and over again to be very beneficial. And remember that visiting the Creighton University Center for Health and Counseling is free and confidential! If you need any assistance, please let Dr. Kavan, Dr. Millard, or Linda Pappas know and we can help with a referral—you can reach us at 402-280-2905. Or you can call the CHC directly at 402-280-2735 for an appointment. Best wishes!
Lessons from an “At-Risk” Teenager

Michelle Marieni
M2

It has been a year and a half since I left the classroom, yet the lessons I learned from teaching are becoming clearer every day of this journey through medical school. I served as a high school biology teacher at a low-income school in the Washington, D.C. metro area for two years through the program Teach For America. During that time I received a slap in the face full of challenges every hour of every day that ultimately taught me so much about myself, about others, and about how to empower my students to find their own voices. It is only now, in the time after teaching, that I am realizing the true extent of these lessons and how they translate to the field of medicine. But this article is not about me; it’s about one of my students and what her story can teach us all.

Aliyah* was perhaps the most challenging student I taught in my two years as a high school teacher. She tested me every day and quickly realized that I was a new teacher struggling to find my confidence. It was a good day if I didn’t have to pull Aliyah aside to speak with her about her behavior and disruption in class. I tried to reach out to Aliyah in every way I could imagine, but she kept resisting and kept defying. I wanted her to realize the importance of what we were learning in class and of where hard work in my class could take her in her future, yet nothing was clicking. I felt like I was failing because Aliyah was failing; and she was literally failing my course for most of the year. These challenges with Aliyah peaked when, after I gave her a warning for her disruptive behavior during class, she threatened to beat me up in the parking lot that afternoon and then stormed out of the classroom. Despite these difficulties, I never gave up trying to show her that I cared about her, and Aliyah managed to squeak by passing my class and passing the state biology exam.

While Aliyah was certainly a challenging student and sometimes literally gave me nightmares, she was more than just the student who threatened to beat me up in the parking lot. There’s a lot more to it than that. Aliyah was one of the most intelligent, outgoing, and intuitive students that I taught during those two years. Aliyah was also a product of a school environment where gang violence, teenage pregnancy, and skipping class were the norm, not the exception to the norm. Aliyah was a member of a broken home, raised only by her grandmother. Aliyah was a friend of a fellow student who was shot to death over a gang-related dispute one night during their senior year. Aliyah was a hard worker at the things that were important to her at the time, leaving school every day to go to her part-time job so that she could help support herself. When looking at the whole picture rather than the surface behaviors, I realized Aliyah was simply trying to survive, in an environment where she was taught that you must stand your ground and be strong in order to simply get by. Aliyah’s history revealed much more about her than her “chief complaints”.

When I returned to D.C. to visit my former students last December, I saw Aliyah. Thinking back to all the challenges we faced together, I was surprised at her excitement to see me. We chatted for a while about school and her senior year, and before I left that day Aliyah asked if I would come to her graduation. In the end I made it to her graduation, and after taking a selfie together, Aliyah informed me that she would be attending a four-year university to study marketing. The joy I felt that day is something that I cannot even express in words. I am still overwhelmed with happiness for the bright future in store for Aliyah, as I know she has acquired what it takes to succeed.

Aliyah’s story is proof of the potential found in all students, and also in all of our future patients. Even though I often felt like I had failed her as a teacher, I never stopped showing her I cared, digging deeper into her story and history, and pushing her to work hard. While she may not have realized the value of school and hard work during her sophomore year in my class, during her junior and senior years Aliyah slowly began to utilize all of her many talents in AP classes and college applications.

Aliyah helped me to understand that there is much more to a student’s life than what is exposed in the classroom and to never lose faith in my students and their potential for success. These lessons will be equally important in medicine. Our patients are vulnerable. We will most likely not know the whole story of their lives, where they come from, and the true extent of the pain they experience. We should therefore never judge them for the actions and behaviors we see on the surface, but instead must stand with them and help to lift them up. While Aliyah certainly challenged my patience, she also taught me to never stop caring. If we give up on our difficult patients, who is left to be their advocate? We must dig deeper and get to know our patients beyond their diseases. We must be students, learning from each patient who we serve. We must also be teachers, educating our patients so that they understand their illnesses and therefore have the power to overcome them. Like I witnessed in Aliyah on her graduation day, when change comes from within - provoked by those who care - real gains are made.

*Note: Name of the student has been changed
The Power of the Mindset

Michele Millard
Academic Success Specialist

A recent book entitled “Mindset: The New Psychology of Success” by Carol Dweck, PhD, speaks to the power of a person’s mindset in determining an approach to life. A mindset is a set of attitudes and assumptions that creates a framework for viewing ourselves and the world. Dweck has identified two mindsets that impact success in all areas of our lives. The first is a fixed mindset, where we believe that qualities are carved in stone and can’t be changed (e.g., “I am a failure”, “The world is out to get me”). In contrast, the growth mindset is characterized by viewing ourselves and the world as changeable; our abilities and qualities can be changed with effort (e.g., “I’m going to study harder for my next test”).

Fixed mindsets, on one hand, represent rigid thinking, fear of judgment and failure as well as an identification with static qualities that allow no room for growth or learning. Malcolm Gladwell, author of several bestselling books, including “The Outliers”, suggested that we tend to value natural, effortless accomplishment over achievement as a result of effort. He says, “It’s as if Midori popped out of the womb fiddling, Michael Jordan dribbling and Picasso doodling”. This attitude discounts the countless hours of hard work invested in nurturing their abilities to the point where they look natural and effortless. Growth mindsets, on the other hand, are the basis for real learning and accomplishment, putting the learner into the creator role with the ability to create change with effort. Jackson Pollack, one of the greatest American painters of the twentieth century, had no intrinsic artistic talent. He fell in love with art and just started doing it, finding others to mentor him and working until he found his style.

The two types of mindsets can be contrasted in the following ways:

<table>
<thead>
<tr>
<th>Fixed Mindset</th>
<th>Growth Mindset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure defines me</td>
<td>Failure challenges me</td>
</tr>
<tr>
<td>Either I have an ability or I don’t</td>
<td>Abilities can be nurtured and learned</td>
</tr>
<tr>
<td>Criticism is unwelcome and devastating</td>
<td>Criticism is not fun, but helpful</td>
</tr>
<tr>
<td>Intelligence is a fixed trait</td>
<td>Intelligence can be enhanced and increased</td>
</tr>
<tr>
<td>Obstacles inhibit advancement</td>
<td>Obstacles create opportunity for growth</td>
</tr>
<tr>
<td>Compete with others</td>
<td>Collaborate with others</td>
</tr>
</tbody>
</table>

We all have some of both mindsets, but one may tend to come to the forefront most often. The good news is that our mindset is changeable; it just takes a decision to approach something differently. For example, if I receive some negative feedback, I can choose not to become defensive, but instead learn from what others have to share with me. Or, if I blow a quiz, it’s not because I’m lacking the intelligence, but perhaps need to try a different approach to studying.

This journey to become a physician is not an easy one; the academic and professional challenges may either become obstacles or they may be opportunities for growth that happens through effort and experience. The approach you choose can make a difference. So… will you choose a fixed mindset or a growth mindset?
I’m a city kid, through and through. The mountain state kids chuckle when I admit that, no, I have never ridden a horse, and yes, my outdoor activity is largely limited to pre-made trails in popular parks. Omaha is the smallest city I’ve ever lived in. The concrete jungle, with all its noisy bluster and multisensory pollution, is where I cut my teeth and feel most comfortable. It’s where I matured from a boy to an overgrown man-child. And this overwhelming mayhem, the megalopolis where organized chaos reigns, is where I will stay for the rest of my life.

Which is why when I got the opportunity to spend a month in the complete opposite of that, I jumped at the chance.

Medical school is about getting out of your comfort zone. Every one of us has had growing pains, be they learning how to speak to difficult patients, confronting the fear of performing a new procedure, and yes, getting comfortable with checking out a stranger’s junk. I mean, that’s why we’re students, right? (Not the checking-out-other-people’s-junk part, but the learning part.) Five years ago, I would not have pushed myself like this. Don’t get me wrong, I certainly wasn’t pretending to be Bear Grylls, like I needed to forage for berries or extract water from elephant dung. But the excitement of going somewhere so different from my womb of comfort and seeing what I could do on my own stirred me.

I saw the challenge as two-fold. First, I wanted to see what it meant to do more with less. How does a hospital in the middle of nowhere handle anything that comes its way when it doesn’t have all the same resources as a major urban hospital? Secondly, the personal challenge of living in the middle of nowhere intrigued me. I am guilty of needing constant stimulation, usually via phone or television. Could my brain handle thirty days of no access to stupid videos of cats playing the piano?

A preview on Google Maps told me everything I needed to know about the town of Superior, Nebraska, population 1,900: one hospital, a Subway, a Dairy Queen, a Pizza Hut, and two bars. I didn’t think much of the place, much like how my California friends pooh-pooh Omaha without having stepped foot in our fine city. Visions of a banjo showdown with flannelled rednecks and running from danger through cornfields flooded my television-molded brain. Speaking of which, I should probably cancel my Netflix subscription.

A three-hour drive behind a heavily-cracked windshield, thanks to fugitive nails from a pickup’s truck bed, brought me to the charming community. Rolling down Bloom Street, I looked for the hospital on my left just like the map showed. Even from a few blocks up, however, I could tell the street was blocked off. A little closer, and I saw that two fire trucks were blocking the street. The building they were spraying down? The hospital, of course.

“Three minutes into town, and already my workplace is on fire. This is going to be a fantastic month.”

Fortunately, the hospital wasn’t actually on fire – the sweltering Midwest heat had set off the temperature alarms in the attic of the hospital, and the fire department was merely trying to cool down the roof. Many of the hospital employees assured me that this was their most exciting event all month.

The next few weeks quickly erased any qualms I had about living in rural Nebraska. Unlike the impersonal metropolis where strangers avoid any communication and find it odd when you do talk to them, a town smaller than my college graduating class eliminates that personal bubble. Everybody knows everybody and their mothers. In many ways, it was even closer than the unity we feel in the “Creighton Family.” The same people who I saw at the hospital earlier in the day, be they employee or patient, would be sharing drinks with me at the bar later that evening. The tight-knit community, where everybody took care of each other out of compassion and necessity, was endearing and comforting.

Continued on p. 8
Half of the volunteer firefighters I saw on the first day I arrived happened to be working at the hospital. My preceptor, an avid runner, had no problem collecting donations from the town for his annual fundraiser race. Every provider I worked with was passionate in teaching. I had no fear asking any of them for answers to my idiotic questions, because they all wanted me to learn. Immediately, I felt like a close member of their community. It takes a village, indeed.

My concerns with boredom never came up because I never stopped working. Defying all logic and ignoring legal risk, they trusted me, the empty-headed M3 on his very first rotation, to take care of patients autonomously. Consequently, I spent much of my time perfecting my dictations, which, short of a co-signature, were considered final without input.

The medical side of the experience was stupendous. All of the providers, from MDs to NPs, showed extraordinary breadth and depth in their medical knowledge. “Doing more with less” was both badge of honor and necessity here. There were no in-house staff specialists or surgeons, only fortnightly visitors. Inpatient’s heart suddenly on a roller coaster? Sorry, there was nobody to consult on a whim. If you wanted something done, you had to do it yourself. Everybody wore multiple hats – family physicians were on-call obstetricians, scrub techs could practically perform the surgeries they were assisting with, and everybody covered the emergency department. It seemed like nobody ever rested – even days off involved going in and finishing dictations. There was nobody else to rely on for help or blame for mistakes. This was cowboy medicine to the core.

Working in relative isolation like this is an extraordinary task with far more responsibility than I am willing to bear. “Impressed” is an understatement – my deference for my peers who want to go into this line of work reached new heights. I’m happy to be back in Omaha among friends, but a small corner of my bacon-clogged heart will always be with Superior.

M3s Janae Anderson, John Dobleman, Ryan Houghton, Erin Patrick Murray, Lauren Nicola, Gary Nissen traveled to Ghana to this past summer to volunteer at a rural hospital. Above are some highlights from their trip. Photo credit: Janae Anderson
AVOCADO DRESSING PASTA SALAD

DRESSING:
- 1/2 avocado, chopped
- Juice of one lemon
- 2 teaspoons garlic, minced
- 2 tablespoons honey
- 1/2 pinch of salt
- 1 box pasta
- 1 tablespoon extra virgin olive oil

PASTA SALAD INGREDIENT SUGGESTIONS:
- 1 1/2 cups asparagus, chopped into 2-in. bites
- 1 bell pepper, chopped (red, yellow, green or all 3!)
- 2 cups broccoli
- 3/4 cup cherry tomatoes, cut in half
- 3-4 oz. cheese, cut into cubes (mozzarella, Colby, cheddar)- optional
- Half a fresh lemon, juiced
- Salt and pepper
- 1 tablespoon extra virgin olive oil

DIRECTIONS:
1. Boil water for pasta and cook according to pasta package instructions. Drain and toss lightly with olive oil to prevent from sticking while prepare vegetables and dressing.
2. Cook vegetables. I suggest roasting them: Chop all vegetables into bite size pieces, toss in olive oil and pepper and bake at 400 for 10-12 minutes, monitoring them towards the end to ensure not over-cooked.
3. While vegetables cook, combine dressing ingredients (avocado, lemon juice, garlic, honey, mayo and salt) into a food processor (or blender) and blend until smooth (less than a minute).
4. Combine dressing, roasted vegetables, cheese cubes (optional) and cooked pasta. Serve!

Diana Dean,
Columnist, M4, and Chef

Easy Chicken Gyros

For the chicken:
- 4 cloves garlic, smashed
- Juice of 1 lemon
- 3 teaspoons red wine vinegar
- 3 tablespoons extra virgin olive oil
- 3 tablespoons plain greek yogurt
- 1 teaspoon dried oregano
- 1/2 teaspoon dried dill
- Salt and pepper
- Feta Cheese
- 1-1 1/2 pounds boneless chicken, cut into strips
- Fresh cherry tomatoes, halved
- Chopped cucumber (other half from above)
- 6-8 pita breads**

DIRECTIONS:
1. Prepare the chicken, combine the garlic, lemon juice, red wine vinegar, olive oil, greek yogurt, oregano, dill, salt and pepper to taste in a large gallon Ziploc bag, shaking until mixed well. Add the chicken pieces to the bag and coat. Cover and refrigerate for about 1 hour or overnight.
2. To prepare the tzatziki sauce, pour any liquid off the surface of the Greek yogurt. I find it is best to use full fat Greek yogurt for this, but 2% works ok as well. You want the yogurt to be thick, so if your Greek yogurt seems thin strain it through a fine mesh strainer.) Mix together the Greek yogurt, diced cucumber, garlic, white wine vinegar, dill, oregano, salt and pepper to taste, and lemon juice. Drizzle with olive oil. Refrigerate for at least 30 minutes before serving to allow the flavors to meld.
3. To cook the chicken preheat your broiler (450-500 degrees) and pour the contents of the chicken marinade ziplock on to a baking pan and broil the chicken for 5-7 minutes until cooked through.
4. Heat pitas (ie microwave for a few seconds or into stove covered with tin foil). Top with chicken, tzatziki sauce, sliced tomatoes, feta cheese or other toppings. Serve immediately.

**Easy Short Cuts
- At the Omaha Farmers Market, there is a Greek places that sells awesome Tzatziki and pitas!
- Make the marinade the night before—it takes only a few minutes—and once the chicken is cooking, cutting up toppings is all it takes!
The Crunch: Happenings in Omaha

Rose Park
Columnist, M2

Fall is coming. For those Omaha newbies out there, enjoy this sweater weather before winter hits. As for those native Californians (like myself) … no, this is not winter. But, just because the weather is getting cold, it does not mean that the beats have to as well. Here’s some acts coming into town worth braving the chilly nights!

**Reggae**:
Dirty Heads are coming into town! You might be familiar with their 2010 hit “Lay me Down” with Rome with Sublime. Fun fact, this particular genre of ska/altermative rock Reggae was inspired by the group Sublime (RIP Brad Nowell); kind of cool the Dirty Heads were able to make a top 100 hit with a band responsible for their creation! They’re bringing their Socal melodies to Sokol Auditorium on Sunday, October 26th. If I could describe their vibes, it would be “summertime vibes in California.” So if you haven’t got the money to make a trip to the West Coast, check this act out.

**Funk**:
Satchel Grande is coming back into town! This group is straight 70’s funk with a little more Bill Clinton saxophoniness. Playing at The Waiting Room on Saturday, November 29th, it will be worth your bottom dollar to get some electric beats if you’re still in town during Thanksgiving. My favorite jam? Put Up A Fuss.

**Rock**:
If you’ve been dying to kill the ozone layer with copious amounts of hairspray, put on some heavy blue-eye shadow, or rock some tight leather pants with a headband, you’re in luck! Motley Crue and Alice Cooper, two rock-and-roll legends, are continuing their world tour… stopping by Omaha in Century Link on November 13th. Too young to remember their sound? “I’m on my way, I’m on my way, Home Sweet Home.” Cue in the electric guitar solo. And Dragons. Lots of dragons. Need your rock a little more modern? Brick and Mortar is coming into town on the November 6th at the Slowdown. Their sound is a mix between Artic Monkey’s drumbeats and Sir Sly lyrics. I’m into “Bangs” and “Locked in A Cage” off their latest album.

**Electric**:
Kill the Noise. Within the Trap music genre, this duo’s heavily inspired from Skrillex electronic. In my humble opinion, if you mixed Skrillex with a little Ice Cube, and threw in an occasional top 50 hit, you’d get Kill the Noise. They are playing October 29th at the Waiting Room. Accompanying them on stage are Botnek and Two Fresh (Don’t confuse this artist with TooShort). If you’re into this genre, check out Two Fresh’s “Throw That.”

**Alternative**:
High Ends is bringing this grooves to the Reverb Lounge on November 10th. He just released his album Super Class, so I’m sure in addition to Downtown, he’ll play Intoxicated. He’s mellow. A mellow fellow.

**Pop Music**:
I’m grouping these acts for one reason: radio play. The artists below have had some radio play within the past couple of months. While you might be nose deep in books to bother turning on the radio, the names might ring a bell! Hoodie Allen- Sokol Auditorium November 8th with Chiddy Bang
Mary Lambert- Waiting room November 2nd with Jillete Johnson (She’s the one singing with Macklemore on that one hit Same Love.)
For those unfamiliar with Omaha, the art scene is growing rapidly. In the mere year I’ve been here, I’ve seen a rampant surge in graffiti, abstract pieces. Every first Thursdays, Downtown Omaha Art galleries open their doors for showcases. Check out Gerard Pefung’s pieces on Tumblr if you’re into street art. If you didn’t pay your cable bill this month, go sit in Taita (Peruvian cuisine in Benson) and admire his funky designs.

Addresses of Locations mentioned in article:
- Sokol Auditorium 2234 South 13th Street 68108 Omaha, NE, US
- The Waiting Room Lounge 6212 Maple St. 68104 Omaha, NE, US
- Reverb Lounge 6121 Military Avenue 68104 Omaha, NE, US
- Century Link 455 North 10th ST, Omaha, NE 68102

Mention: Jocelyn Wu (M2) and Juniper Hail are playing some crunchy tunes, folk-esque, cathartic jams, from 5pm-6pm every Thursday on online Blu J Radio! Support their show, post to link will be on 2017 Facebook page. If not, google Blu J Radio for more info.

Sanjali Kumar, M1

It happens so fast now.

I remember knowing who I was in high school. I was often confused about whether I liked my identity or not, and I knew how badly I wanted it to change at times, but my personality wasn’t a transient entity. It was my core, mine- both publically and internally, whether I wanted it or not. And yes, that was constricting at times, but everything also stayed in order. When I got to college, my focus became about looking ahead towards medical school, but trying not to miss too many of the archetype college experiences that I watched in all my favorite movies. Even then, those experiences were molded to the same core that I carried around since probably the 10th grade. I didn’t necessarily drop everything spontaneously one day and backpack around Europe to find myself, like many of my on-screen college colleagues. But I did find myself through different, sillier, albeit dorkier ways, like tracking different food trucks in Santa Monica, being inspired by early morning hikes, singing (horribly) at karaoke bars on my 21st birthday. Through all of it, I was never confused about what I wanted, or how I was going to get it. I knew I was growing and changing, but it was gradual and expected- not as tangible.

But now, it changes so fast.

I find myself experiencing a new situation, analyzing my newly minted knowledge, filing it into my brain, and suddenly, I’m a little bit of a different person. Who am I? Literally, I can only answer that for the very immediate now. Because who I am now doesn’t impact who I will be tomorrow as much as before. Earlier, a setback became etched into “me” and became the part of “me” that bred doubt. But medical school is so quickly changing and so incessant in testing us rapidly in every-singlet-way, that it makes me “new” every time I approach a challenge. I see it in me, I see it in my fellow peers, and I see it in my family members’ response to me. We’re overwhelmed and scared and constantly humbled, but we’re also constantly new.

Cheers to the many “me’s” ahead of us.

Photo: Flickr Infinite Jeff; Quote: Martin Luther King Jr.
Big News

Gregory Campbell (M3) and Kristin Weston
Engaged: June 25, 2014

Sarah (M4) and Keean (M4) Stombaugh
Married: June 28, 2014

Krista (M4) and Ben Goins
Married: June 28, 2014

Timothy (M2) and Brittany Malouff (MS2)
Married: July 12, 2014

Kelly (M3) and Christopher (UNMC M3) Koehn
Married: June 14, 2014