Erin Cook
M3

Over the past few months of M3 rotations, I’ve observed and experienced many new people, places and interpersonal dynamics. Some recurrent themes have caught my attention, and I thought perhaps we could all benefit from a few basic reminders. Please note, I am well aware of my own failures in these and many areas, so I hope this commentary bears no sense of self-righteousness. I would not have the audacity to preach or pontificate—really on anything to anyone. In contrast, I write the following with the overarching intention of bringing these topics to mind.

Humility

We may know a few things, but no matter where we are or who we are talking to, there are more things we do NOT yet know. When our toilets or cars break, our medical degrees will be of no help. We will have to consult a plumber or mechanic—the experts in these essential services—to repair these things. These people will be our heroes during a crisis of sewage water flooding and immobility.

Just because we chose to become experts in medicine does not make us better than those who chose a different route. Each member of our community serves an essential role, and there is something to be learned from every one of them. As future MDs, let’s remember that we cannot become delusional and start thinking we are inherently better lest we be harshly reminded when our septic tanks and steering columns stop functioning.

Being humble does not mean losing one’s confidence or appearing weak. To the contrary, humility speaks to one’s strength: fearlessness in admitting mistakes, allowing others to see one’s vulnerabilities, and the ability to admit perhaps someone else’s idea is better. At the risk of sounding cliché, C.S. Lewis put it well in Mere Christianity when he wrote, “For pride is spir-}

nal cancer: it eats up the very possibility of love, or contentment, or even common sense.” If we let pride cloud our decisions, we may miss out on meaningful interactions—something required of our participation in sharing our own vulnerabilities—and this may lead to suboptimal care for our patients. And for what… simply to save face? Let’s be strong enough to always remain humble.

Teamwork

At some point in our lives, we’ve all seen a less superior person get the brush off by another “more important person.” A scrub tech asks the surgeon a question only to be ignored. An upperclassman bears an arbitrary sense of entitlement simply because she started med school sooner than the people one grade below. However, when that surgeon inevitably makes a mistake and must ask for an unconventional assist from that scrub tech, or the upperclassman gets the flu and needs her younger cohorts to help pick up her slack and gather patient labs and vitals—all of a sudden these “inferior” people become much more important.

Don’t be like this. Please refer to the previous paragraphs. Underneath the egos and power struggles, we all have the same goals: we strive to do well, be happy, and—above all else—do what is best for our patients. There is no need for all the passive-aggressive subterfuge; it only makes everything more difficult and less efficient. Work as a team, respect those around you, and leave the unnecessary drama and complications on your Facebook status posts. Then, finally, we can all cooperate to better serve the people who trust us with their care.

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Humility continued from p. 1

**Sincerity**

Perhaps with the exception of a few reality TV or pop culture references, there should be no difference in how we present ourselves around the "big wigs" versus the least among us. Of course, taking one's audience into account enables better communication and whatnot, but that is not what is being discussed. One's demeanor and attitude should not drastically change simply because her superiors are within ear shot. The shallow practice of "managing up" is second only to the deliberate mistreatment of those considered "inferior."

If you act genuinely, then your thoughts and actions are well-aligned, and there is no need to adjust your outward presentation based upon your audience. If you are truly looking out for those around you, following the golden rule, and humbly working for the benefit of your "team," you will consistently and automatically present yourself as such. Sincerely BE the kind of doctor, friend, and person you hope your superiors see in front of them, and you will genuinely be that way regardless of who's around.

**Attitude is a Choice**

Five minutes on some hospital wards is all that's needed to observe the unfortunate levels of negativity, apathy, and generally jaded attitudes exuded by many healthcare workers. There is no doubt these people work hard at an often thankless job. We know they invariably face adversity and disrespect from patients and colleagues alike on a daily basis. True, these attitudes are often a product of personal experiences over many years, but it is time we all admit the following:

**Attitude is a choice we make every day. Whether we choose to make it positive and helpful for the work we do depends entirely on each of us.**

Our attitude has a domino effect on everyone around us and the kind of care our patients receive. A positive attitude is appreciated, contagious, and motivating to the people around you.

**Perfectly Imperfect**

One thing I've noticed almost universally among medical students is an omnipresent fear of "failure" – even in daily activities and schedules; often this success or failure depends on variables out of the students' control. For example, many times a student will put sincere effort and time into preparing patient information for a Resident only to find the Resident then criticizes the work because it does not completely conform to his personal preferences. Many of my peers then spend exorbitant amounts of time stressing about their supposed inaptitude and subsequently bend over backward to anticipate and meet the variable expectations of their superiors. This kind of cycle makes even the simplest aspects of med student life unnecessarily tense and draining. I am definitely guilty of this at times, however, I work to keep in mind - and my friends may recall me reciting the following mantra:

"If you do the best you can with the information and resources available to you, what more can any reasonable person ask of you?"

My point is that even when we try our hardest to be perfect, there are things unknown and out of our control that may hinder our success. Rather than make ourselves and those around us crazy and miserable the next time we make a mistake, we should recite to ourselves the following:

1.) I worked hard and put in my best effort.
2.) I will learn from this experience and improve with time.
3.) Going forward, I will not stress about things I cannot control or possibly know in advance – it is a huge waste of energy.
4.) The expectations others have of me may be unreasonable. Thus, I will do my best and roll with things.

Easier said than done, I know, but next time something out of your control makes you late for a mandatory event, take a deep breath, remind yourself you're doing your best, and cruise into that lecture hall with confident, yet appropriately apologetic, tardiness.

**Conclusion**

Again, I write these comments as much for myself as I do for my fellow future Creighton Blue Jay Doctors. We must constantly strive to remain positive and humble, work together, act sincerely, and accept our imperfections. In this way, we will genuinely become the kind of doctors and people we truly respect, and everyone will be better off.

**Be the example for those around you.** Much like TB, our attitudes and actions are quite contagious. If we can appreciate the contributions of every member of our community equally, work as a team, sincerely look out for one another, and be strong enough to accept our imperfections, this world will be a better place – and our patients will receive better care.

Viktor Emil Frankl
M.D., Ph.D. (26 March 1905 – 2 September 1997)

Viktor Frankl was born in Vienna into a Jewish family of civil servants and later became a neurologist and psychiatrist – as well as a Holocaust survivor. He is remembered for many remarkable achievements, but his views on attitude are what have always resonated with me.

During WWIII, Dr. Frankl lived in the Nazi Theisenstadt Ghetto, Auschwitz concentration camp, and was eventually liberated by the Americans from the Turkheim "rest camp." During this time, everyone in Frankl's family perished at the hands of the Nazis—Frankl and his sister, Stella, were the only survivors in the family after World War II.

In spite of these horrifying conditions, Dr. Frankl kept himself alive by developing a purpose: to help fellow prisoners achieve their own sense of purpose. For Frankl, meaning came from three possible sources: purposeful work, love, and courage in the face of difficulty.

He is by far the source of my most favorite quote:

"Everything can be taken from a man but one thing; the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way."

We can find strength and encouragement from his example – we can also choose a positive attitude, regardless of the nature of the challenges with which we are confronted.
I found my humanity at the grocery store.

Jocelyn Wu
M1

I found it at the grocery store.
It got lost somewhere between forgotten grocery lists,
frantic scrambles through the cold from car to apartment,
and opening the door with 10 bags of groceries.
It was among the kale and purple cabbage—my oasis in Mid-western winter.

I felt it in my self doubt;
Being late and tasting failure.
The awkwardness of the white coat that seems to belong to future me
and the frustration and humor of growing into myself.

It was in the toast I kept burning.
Dried, black, and leaving an aftertaste, like the mistakes and resolutions I continue to make.
In my stubborn pride and self-pity,
between messy study sheets and waking up tired.
The skewed chairs in my living room and the anxiety they brought me.

I found it on the floor after the worst workouts.
In weakness and disappointment,
Poor test-taking strategies and things taken personally,
All doused in cheap bottles of red wine and Spanish guitar
In the important things I lost, and recovered. And let go.

It was in post-exam brunch,
Celebrated at Leavenworth Café—land of endless 99-cent coffee and hospitality
where any soul can be a V.I.P., any day of the week.
In watching individual snow flakes glitter onto the windshield of my parked car,
And the classical melodies of Nebraska Public Radio that accompanied their dance.

I found it in the pitfalls of individualism.
Catching myself responding with laughter to someone elses’ conversation,
And the solitary loaf of bread that molded before I could finish it...
In exhaustions that occur at only the best times:
my 10% phone batteries, empty gas tanks and running out of toilet paper.

I saw it in Richard, the only other man drinking on Wednesday at my post-
quiz dive bar. He’s Lakota-Sioux
and a veteran.

I found it in the entanglements of others.
The sound of Law and Order from my basement neighbor’s television
The old relationships we struggle to maintain, and the new ones that take flight.
In our wild successes, anticlimactic endings, and cravings for loneliness
The people with whom our thoughts are safe,
And the secrets we keep.

I find it coming home.
After all the clothes have been put away and all the tests have been taken,
When the checklist can be thrown out.
In the broken return to a refuge normally hidden by pride and best intentions,
The sounds of my door shutting and my chest rising and falling,
a prelude to my solitude—
human again.
Your Mind is: Here and EVERYWHERE

Michelle Millard
Academic Success Specialist

So you sit down to study with the intention of plowing through those four lectures and understanding them thoroughly by the end of the day . . . . but that just doesn’t happen. Instead, perhaps this is what really goes down (example from the M2s—-the rest of you can extrapolate):

Okay, . . . exam on Monday . . . need to get those causes of hypothyroidism down . . . . oh, wait . . . let me check Facebook first . . . hahahaha . . . I can’t believe she posted that . . . . ok --- Hashimoto thyroiditis. Subacute thyroiditis. . . . oops, my phone just buzzed---must have a test message . . . . someone else freaked out about their rotation schedule for next year . . . . Iodine deficiency, Riedel thyroiditis, Lithium . . . ummmmmmm . . . mad . . . I’m so mad at him . . . . how could he have said that to me . . . . back to the exam . . . I’m never going to remember this stuff for the boards . . . .

What could have potentially been a productive study session turned into a huge waste of time because of all the distractions, both from our environment and in our heads. Daniel Coleman, in his book “Focus: The Hidden Driver of Excellence” identified one of the most important predictors of success and excellence is the ability to have a healthy focus on specific tasks in the middle of distractions. He categorized distractions into two areas; the first being sensory which is all the incoming stimuli of your environment—-what you touch, taste, hear, see, feel. The second and the most powerful are those emotional distractors—the sound of your name, the buzz of a text message coming in, the intrusion of those memories of that break-up.

How do distractions impact performance? Dramatically, the research says. The more our focus gets disrupted, the worse we do. A test of how prone college athletes were to distractions correlated significantly with their performance in the upcoming season. Our brains are wired to either get pulled in different directions by distractions or the ability to focus. The neural wiring for selective attention and the ability to stay on one target is found in the prefrontal regions where specialized circuitry boosts the strength of incoming signals we want to concentrate on and damps down those we choose to ignore. That ability to focus is essentially “cognitive control” or the ability the keep focus on the one thing that’s important while ignoring distractions. Psychologist Angela Duckworth uses the term “grit” as the ability to keep focus on long-term goals and strive for them despite setbacks. Grit and cognitive control are essentially types of self-regulation which is a major part of emotional intelligence and essential for success.

It’s easy to find ourselves in a state of “mindlessness” where we flit from thing to thing in our heads and meander through our tasks rather than getting on a direct train to get things done. The opposite state, of “mindfulness,” is the act of becoming intentional about what we are doing and how we are doing it. Both of these mental states are actually habits---we become used to a way of doing something and that becomes our default mode. Becoming more mindful is like strengthening a muscle---with a little practice and exercise, it can become the default state. A few tips on how to build those “mindfulness” muscles:

- Manage those temptations. Turn your phone/facebook/twitter/instagram/e-mail accounts off, only allowing yourself to check them at certain points during the day. Truthfully, is it really that important to see the Facebook post of what your friend had for lunch?
- Use technology to manage your technology. There are apps that can help you stay focused; Nanny for Google, Stay Focused, Self-control, Freedom, Time Out, Tasker, Do Not Disturb are just a few of the apps or programs that limit the amount of time you can spend in your inbox, on Facebook, etc.
- Minimize distractions within your physical environment. Such as noise and people. Create the environment that will maximize your focus.
- Check in to what’s going on in your head. Notice where your mind has gone and choose to bring it back to where it should be. That act reinforces those neural circuits that help maintain focus.
- Avoid the myth of effective multi-tasking. We think we’re good at it, but the reality is, our productivity is probably 20-40% lower. We may believe we are accomplishing multiple things at one time, but the reality is, we’re switching focus quickly from task to task, reducing our effectiveness at actually getting something done.
- Take care of yourself. At this point in the academic year, you might be feeling a tad burned out or run down. Be productive for a while, and then take a break. Make sure you get enough sleep, exercise and appropriate nutrition—all of which helps maintain focus.

Take care!
Shrink Rap: Losing a Loved One

Michael G. Kavan, Ph.D.
Associate Dean for Student Affairs

At some point in our lives, each of us will experience the loss of a loved one. It may be a parent, sibling, or even a best friend. Some are expected, whereas others can truly be described as a shock. I was reflecting this past week on the most difficult loss I have experienced in my life and that was the loss of my mom six years ago this past week. A wonderful mom who slowly developed Parkinson’s and Alzheimer’s and then fell. With that, she deteriorated fairly quickly over the subsequent months and was in and out of the nursing home and hospital. Although we all mourned her death, we were content that she was no longer suffering. Nonetheless, the loss was difficult. Today, memories are great and her influence lives forever.

Loss is an interesting topic and one, as mentioned previously, that we all must learn to cope with. So, how do we do that? We have been led to believe that there is a certain way that you must grieve the loss of a loved one. We keep hearing about Elisabeth Kubler-Ross and the progression through the stages of Denial, Anger, Bargaining, Depression, and, finally, Acceptance. The idea behind the stage model is that everyone who is dealing with a loss progresses through these five stages until, eventually, one accepts the loss and moves on with life. Despite this belief, there is little evidence that we actually go through these discrete stages after losing someone close to us. In fact, the Institute of Medicine recommends against using the term “stages” when discussing the grieving process since this process is not so orderly. To be sure, there is considerable variability in how people experience loss and holding onto the stages model of loss may actually result in harm to those who are grieving. How? Well, as people experience a loss they may believe that they must go through specific stages and if they do not that they are abnormal. What if I do not experience anger? How about depression? As health care providers, do we label someone as “abnormal” if they do not go through a particular stage? Are they in “denial?” Is their grief “pathologic?” As mentioned previously, probably not. Each of us grieves in our own way. Yes, some may be healthier than others, but there is great individuality in how we cope with loss. So, what is involved in grieving and how do you best cope with the loss of a loved one?

Myths of Coping with Loss

First, we need to understand there is no best way to grieve the loss of another. However, Wortman and Silver do discuss other common myths associated with loss. The first is that distress is necessary and failure to experience distress is pathologic – there is little support that not experiencing distress post-loss leads to subsequent problems such as “delayed grief.” It is also falsely believed that in order to recover appropriately that we need to yearn for and then “work through” the loss. However, it has been found that high initial yearning for one’s loved one was associated with poorer outcome. Another myth is that all grieving persons will “recover” – although most do, there is a substantial minority of individuals who continue to exhibit distress and for long periods of time. Finally, some believe that by “working through” one’s loss one will achieve a state of reso-

How to Cope with Loss

Although losing a loved one can be quite difficult, especially if sudden or unexpected, most persons do better with time. Keys to working through a loss include:

Prepare. A study by Maciejewski et al. (2007) demonstrated that following the natural death of a loved one that acceptance was the most often endorsed feeling. According to these authors, preparation for a death is associated with better psychological adjustment to the loss. However, as you know this is not always possible.

Talk to Others. Talking about the death of your loved one with friends, family, fellow students, and so forth. This may help you to better understand what happened and to accept the loss. Don’t be afraid to discuss your feelings with friends since that is expected and appropriate. However, be careful that you do not burn out your friends with incessant focus on the deceased. Do some things to just “get away” from the issue now and then.

Acceptance of Emotions. You may experience various emotions following the death of a loved one and it is okay to be sad, angry, fatigued, and so forth, and to cry. Accept these as natural and understand that they will usually subside over time. If they linger on and cause problems for you at school or in other situations do not be afraid to seek help.

Self-Care and Balance. Take care of yourself. Following the death of a loved one we may be so wrapped up in the moment that we fail to continue to eat right, exercise, and engage in social and recreational activities. These provide proper balance and perspective, which allow us to cope more effectively.

Positive Memories. It is perfectly fine to maintain the many positive memories you may have for your loved one. It is okay to think about and to remember your loved one by planting a tree in his/her honor, donating to a charity in his/her name, or naming a baby after him/her. Others will make a scrapbook or write a letter to the deceased. Do what works for you.

Avoid Unhealthy Habits. Do your best to avoid drinking too much alcohol, using drugs, or eating too much as a way to cope. This negatively affects your ability to cope and may lead to additional problems.

Getting Help. If you continue to experience problems such as depression or anger or other feelings and if these are affecting your day-to-day functioning then you would likely benefit from talking to a psychologist about your feelings. Psychologists or counselors at the Creighton University Center for Health and Counseling can be helpful. Just call them at 402-280-2735 for an appointment.
With Dr. Kavan’s repeated affirmations regarding the importance of physical fitness, I think we all understand the necessity of exercise. However, getting started can be difficult and maintaining the discipline to keep going can be even tougher. This article is a way for you to take that initial step and provides a plan to get you moving in the right direction.

**What is everything?**
Fitness encompasses a wide range of goals and pursuits, including but not limited to, the set below.

- **Bodybuilding**
  Development of musculature with an emphasis on symmetry and aesthetics

- **Powerlifting**
  Maximizing strength within a delimited set of exercises
  (squat, deadlift, bench press)

- **Olympic Lifting**
  Maximizing power within a delimited set of exercises
  (snatch, clean and jerk)

- **Athleticism and Cardiovascular Health**
  Augmentation of endurance for athletics/general health and improvement of specialized skills for sports
  (running, yoga, basketball, soccer, etc.)

Depending on your interests, you will need to tailor your exercise and diet plans accordingly. If you are primarily motivated by bodybuilding, you will probably drive to bench press and curl until you look like Arnold. However, as with everything else in life, balance is important. No matter what your goals are, it is crucial to adopt a holistic training plan and not neglect those exercises or body parts that you find less interesting.

**Where do I begin?**
Formulating a workout plan from scratch can be quite daunting. Fortunately, there are many free resources available online that provide excellent starting points. I have included some examples below. All of these programs are gender agnostic.

- **Starting Strength (beginner)**
  - 3x a week barbell-centric workout designed for those getting into lifting.

- **Strong Lifts (beginner)**
  - This 5x5 beginner program is lightweight but efficient (only 3x a week for an hour each!) and focuses on 3 heavy compound lifts per workout.
  - [http://s3.stronglifts.com/stronglifts-5x5-report.pdf](http://s3.stronglifts.com/stronglifts-5x5-report.pdf)

- **Jamie Eason’s Live Fit Trainer (beginner)**
  - A great introductory bodybuilding plan with full workouts, meal plans, and instructional videos. While it is more time-intensive (5-6x per week), it is effective at getting the basics down.

- **Blogilates (beginner)**
  - Great bodyweight/pilates workout videos to do in your own apartment. Has both workout and meal plans to follow.

- **Bodyrock (intermediate)**
  - Harder at-home workout videos but usually under 15 minutes each. Some may require equipment.
  - [http://www.bodyrock.tv/](http://www.bodyrock.tv/)

- **Wendler 5/3/1 (intermediate/advanced)**
  - Powerlifting centric. Enter your current max lift numbers and it will calculate 5 different workout plans for you (4 are weightlifting programs and 1 is bodyweight).

**German Volume Training (advanced)**
- Volume oriented program designed for building size.

Congratulations! Now that you’re in the gym and you have a plan, how do you actually do these exercises? Not knowing how to execute a given move can be discouraging. You can find many helpful reference materials online and you can even access them via your mobile device right in the gym. Doing a quick search on Youtube also works.

**Instructional videos online for exercise moves:**
- [http://www.exrx.net/Lists/Directory.html](http://www.exrx.net/Lists/Directory.html)
Fitness continued from p. 6

**How to maintain a regular schedule:**

Perhaps the most important part of fitness is maintaining consistency. Once you stop, it becomes exponentially harder to get going again.

1) **Set goals and write them down.** E.g. improve my lift numbers, run farther, do more pull ups (or do a single pull-up?). Then write down a plan to get you there. Having something concrete on paper increases your likelihood of following through.

2) **Post your goals and plans somewhere you will see them every day.** Your fridge, inside the door of your locker, and on the background of your phone are all good places. You may also find a picture of an inspirational competitor or athlete helpful.

3) **Make a realistic and flexible schedule.** I know, we are all medical students with exams, projects, or clinic almost every week. It’s really hard to stay consistent when your schedule is changing every day. Pencil in times to go during the week but give yourself a few contingencies. E.g. Do 2-4 workout videos a week. Lift 3 times a week. Start out small and build up.

4) **Use it as a study break.** It’s a great way to recharge and get the blood flowing to your brain. You also feel productive afterwards and have an excuse to post selfies to Instagram.

5) **You may be stuck in a rut** doing the same thing over and over, which is detracting from your motivation to work out. To motivate yourself, switch it up and try something new! Do you always run? Start lifting weights. Do you always lift? Try some cardio. If you’ve plateaued, try a new program. Switch from bodybuilding to powerlifting (or vice versa). Throw in some circuit training. If you are always doing sports-related activities like basketball, the off-season is the perfect time to develop some conditioning and add height to your jumps with squats, calf raises, and plyometrics.

**Common beginner’s mistakes:**

1) **Doing endless hours of cardio and abs.** One dimensional regimens are seldom an efficient way to achieve your goals

2) **Thinking that all carbs are the enemy**

There are two main categories of carbohydrates: simple carbs and complex carbs. In general, the majority of carbs you con-
sume during the day should be complex (brown rice, oatmeal, sweet potatoes, etc.). Simple carbs are optimized for post-workout and should be avoided prior to going to sleep.

3) **Trying to lift too much too soon with bad form**

A quarter squat is not a squat, guys. Set your pride aside and focus on learning the correct form. Developing bad habits is not constructive and will take a long time to unwind. The last thing you want is an injury which will only set you back from further progress.

4) **Using the word “tone.”** Read: “I don’t want to get bulky, I just want to get toned.” There is no such thing as “toning,” your muscles either get bigger or get smaller. You can gain muscle and/or you can lose fat but you cannot tone. Toning is a myth that fitness magazines propagate.

5) **Spot reduction.**

Your body does not work like that. You lose overall body fat and different people are genetically inclined to hold onto certain areas of fat more than others.

6) **Neglecting certain muscle groups because you don’t like to train them.**

You do not want to create muscle imbalances in your body. Correcting this later is much more difficult than developing good habits early on.

**Fitness Terms:**

*Rep* - A repetition of an exercise. E.g. Moving your arm up and down in a bicep curl five times is five reps.

*Set* - A group of repetitions done without stopping. E.g. 3 sets of 10 reps of bicep curls.

*Barbell* - A 45 lb free weight bar generally in excess of 4 feet that can be capped by weighted disks.

*Dumbbell* - A free weight consisting of a short central grip capped by weighted disks optimized for a single hand.

*Bulk* - Eating at a caloric surplus with the purpose to gain strength and weight in muscle.

*Cut* - Eating at a caloric deficit with the purpose to lose bodyfat percentage.

*Protein shake* – Usually a whey protein isolate or concentrate shake that is consumed post-workout to give your muscles the amino acids they need to rebuild and recover.

*Preworkout* – Refers to a supplement either in powder or liquid form that you take before a workout, formulated to give you a boost of energy.

*ROM* – Range of Motion. A defined range of flexion to extension dependent on the purpose of a given exercise.

*DOWS* – Delayed Onset Muscle Soreness

Just remember: There are seven days in a week. Someday is not one of them.
Since the eighth grade, I have been a devout disciple of Pentel R.S.V.P. 0.7mm fine tip ballpoint pens. After whatever mysterious Writing Implement Dating Service in the sky fortuitously brought the two of us together, not once have I bothered to look for another brand. Anxiety overtakes me if I am forced to cheat on my beloved. When I ask to borrow a pen from someone and they hand me a bland BIC with a 1.0mm tip, my fingers blister with ire as I consider the barbaric marks forced onto my poor, innocent paper by such a ludicrously large tip. Cruelty, I say.

There is but one other person in my class who has the same dedication to this specific pen. We often giggle over how smooth the ink slides onto the paper, and occasionally, we commiserate when a trusty pen has written its last word. (And in case you were wondering, yes, we were both in marching band. Yes, we really are that geeky. Laugh away. Go on, I'll wait.) Efficient and clean writing is serious business, people.

My point is this: athletes are creatures of habit. If you've ever participated in any type of competition, chances are, you have routines that you go through to amp yourself up for the big show. Whether it's slapping a sign above the locker room entrance, listening to Eminem rap about pasta that he just upchucked, or mentally running through your recital piece in the shower, we all have our own little quirks that guarantee flawless victory.

Much of the same could be said for medical students. Sure, our lives don't revolve around physically busting our humps like NFL running backs. But this absurd, four-year marathon we naively sign up for requires mastery of non-stop mental acrobatics. The stamina, discipline, and fatigue that go along with memorizing stacks of flashcards while simultaneously cranking through lecture podcasts at double speed is as intense as that required of NASCAR drivers. We are severely goal-oriented animals, and anybody getting in our way of dominating Step 1 should have a first aid kit nearby. We're going to do what it takes to succeed, and if that involves hunting down a rabbit, sawing its foot off, and keeping it as a keychain while turning the rest into a delicious stew, so be it.

At this point in the game, it is almost impossible to succeed without a routine. For my beloved, free-spirited Berkeleyans from 1972 who believe that schedules are for suckers and suits (and believe that suits suck), you're not necessarily wrong. I, too, miss the carefree days of strolling across campus with the California sun in my face and an ice cream cone in my hand, thinking about all the things I don't have to do in the next few hours. Sadly, we medical students lost that luxury a while ago. But that is where routines come in handy. I used to sit around, thinking about all the nonsense I had to do that day. Review these four lectures! Then do flashcards! Oh, but I have to review that one lecture from three days ago that I didn't really get! My days were utter chaos, and more often than not, I spent more time being dumbfounded and falling behind than actually getting things done. Having a good schedule helps you organize your day into bite-sized, achievable goals so that you're not instantly overwhelmed. It can help keep your drive so that you work on crossing those items off the checklist, even if slower than expected. Keeping a good rhythm helps keep your head in the game. And if keeping that rhythm and getting your mind right requires eating the same breakfast before every test, nobody's going to blame you. (They may label you with obsessive-compulsive personality disorder, but blame? Nah."

Logic and reason tell us that none of these silly pre-game rituals matter. But deep down in our hearts, we are convinced that if we don't wear our lucky spaceship underwear or park anywhere but the third spot from the right, we are doomed to inevitable failure. There is a reason why Phelps always blasts Eminem before winning gold medals or why LeBron always chokes his fans by throwing chalk dust in their faces. It's a routine that gets them into their flow before they go out there and tear the competition limb from limb. So I urge you, fellow medical students, to find your routine and make it work for you. Take after Harvey Dent and make your own luck. Forget what anybody else says. Stick to your pens, if not your guns. You do you. Remember, it's only weird if it doesn't work. (That'll be $500 please, Bud Light.)
I’ve never been a particularly stable person. Ask me why and I could give a small dissertation; that’s not why I’m writing this. I’m writing this as testament to anyone in a similar position, driven crazy by monotony, hungry for adventure, and above else, driven for “more” in the less traditional sense.

2013 was a particularly wonderful and horrific year for me. Silently, I went home for winter break with only my thoughts of disaster followed by new experiences slowly invading the periphery of my soul. After my most crippling depressive episode yet, enough was enough. Unfortunately, I am the type of person that must bottom out first. (Please take note: I honor every course at the School of Hard Knocks.) Not surprisingly, I needed a lot of time to think and clear my head of 2013.

As dumb and trivial as this may seem, my best friend and I began a mantra. Angela is not only my best friend, she is my personal cheerleader, the girl who would bail me out of jail, the girl who would pick me up 200 miles away and not ask any questions except “Do you want some In N’Out?”. She is my soul mate. I’m not really sure how we came up with it, but we started messaging each other the mantra every morning. It’s simple: “Beautiful. Strong. Bold.” It’s been rumored that the more you say something, the more you begin to believe it. I’ve never believed those three words about myself or the life I lead, so I decided to make it real.

In deciding to make that into a reality, I also decided to make other things happen. If I learned anything in the first part of my twenties, it’s that if you want something badly enough, it’s accessible to you. Everyone told me I would have a tough shot at getting into medical school. But now that I’m here, thoughts of what others have/want/strive for sideline me from the reason I came here and more importantly, what drives me.

For anyone out there who feels the same, I want most of all to tell you that you’re not alone. My sense of adventure is far from quenched, and my sense of purpose just recently found itself again (as it was lost for quite some time last fall). My parents raised me to believe that hard work (and some serious education) will get you success. That’s been somewhat of a disappointment, because as one of the only second years that will openly admit to have never honored a class, there is a hard reality within the limits of intelligence for those well below the threshold of genius.

In any case, I’ve redefined success for myself. Subscribing to others’ versions of it is exhausting and only further embitters me. I’ve become jaded to the point of realizing many things in life are a game - so play it well. But that doesn’t mean I’m not hopeful. It doesn’t mean that I don’t have dreams or goals for myself. In fact, my lack of inspiration and purpose during my deep depression only helped me on the other side of it to reaffirm and reassess what I’m working for.

Where do I see myself 10 years from now? I see myself with a backpack, sweaty and tired but with that fire of passion for life still burning, hopping onto a train in some distant country, moving to serve others so that I may better serve the collective Spirit/God/insert deity here. It’s not enough to be motivated by others and surroundings, it’s far more satisfying to be moved by what’s within the soul.

Some people turn to prayer in need. I’d like to think my young, yet blossoming yoga practice is a prayer of sorts, only a prayer that is much more accessible to me on an individual level. It doesn’t necessarily have to make sense - it just has to work. Frank Underwood (everyone’s favorite fictional Netflix character) told us, “I pray to myself. I pray for myself.” Make of that what you wish (I do not mean to engage in theological battle or upset anyone’s beliefs) but there IS some intense wisdom in that statement. If you can’t rely on yourself at the end of the day, then all has been for naught. Every flow I take I set an intention for strength, because as I see the road to come is full of obstacles, but this time I’ve remembered what that light is that guides me - it’s my own.
I have given up writing about a new issue in the spring semester of the year. It always seems that the best thing to write about is the first systems course: Neuroscience!! So I am once again directing this article to the M1 Class. I know that each of you studies well but “systems study” can be an adjustment. One of my favorite books about medical school learning is titled “How to Excel in Medical School,” by Saks and Saks. I have met Dr. Norma Saks several times at national meetings and have a lot of respect for her work. She is the Director of the Cognitive Skills Program at Robert Wood Johnson Medical School which means she works with medical students on learning skills and prep strategies for boards.

I have checked out what Saks and Saks had to say about studying Neuroscience and Neuroanatomy. I thought that I would share some of their advice and add some of my own suggestions that you can try to enhance your efforts. Saks and Saks’ ideas are the italicized ones.

Use words and pictures together, even consider annotating the pictures with the information from the text. Learn terminology in a meaningful way. The words will often direct you. (i.e. ascending and descending). Pay attention to the relative locations of structures, how each structure fits with surrounding structures. Think of the pathway, direction and function of each. Put them in a chart, in a concept map, in a narrative, draw them out on the board, buy a Neuro coloring book or talk them out with someone else. Combine methods of understanding them. Take whatever method works best for you and add one other method. It is again time to start reflecting on what strategies you used that worked well in Anatomy and MCB. Use illustrations, charts and diagrams to consolidate and organize information and to aid in developing conceptualization of the material. We are looking for concise summaries that will help us to understand how something works. Your Blumenfeld book offers an Anatomical and Clinical Review at the beginning of each chapter. If you can’t get through the whole chapter before the lecture be sure to read through the Review. Identify an anchor point and build your knowledge around it. The orange boxes in Blumenfeld give you the Key Clinical Concept. The knowledge of the normal process first will help you to understand how a lesion could affect function. Try drawing pathways from memory to see how well you know them. Add color if that helps you to visually remember. After you have done that memorizing; review cumulatively. Blumenfeld provides a Brief Anatomical Study Guide at the end of each chapter. Become familiar with the types of examination questions you will be asked. Blumenfeld again provides learning assistance by giving you Review Exercises in green boxes in each chapter; use those to practice for quizzes. Saks and Saks state that Neuroanatomy questions require that you know the location and function of a brain structure or pathway, that you understand the sequence and significance of embryonic events, that you understand the blood supply of the brain and neurological deficits corresponding to various vascular occlusions. They go on to state that Neuroscience requires knowledge of the function anatomy of the brain stem and spinal cord, that you understand the etiology and clinical features of important brain, cranial nerve and spinal cord lesions, and it may require that you interpret brain MRI/CT scans, including morphologic changes in disease states.

We will be having some SI sessions for Neuroscience over the lunch hour. It is an excellent opportunity to review in an organized way. Remember that the wonderful M2 tutors are available to meet with individual M1s at no cost. The M2 tutors will also be writing practice questions for you before the final. On the BlueLine Academic Success site Michele Millard and I have placed various resources for Neuroscience under the M1s section. We are also available to meet with you individually. Enjoy Neuroscience! And Spring!
Fasting sucks. We, as an M2 class, got our fasting lipid levels tested during Cardio. Looking at my results, I grinned - someone had clearly made a mistake. My inner old man told me for the thousandth time that “If you want something done right, do it yourself. Can’t trust nobody.” My numbers could not be this high. I work out, eat fairly healthy, and drink in moderation (or so I tell myself). But despite my arrogance, and on thinking about it more, my confidence in the falsity of the results began to slip little by little. Eating at Mother India that night, I worried just a little bit that the delicious, cream-covered chicken I was eating might have been a mistake. Especially after my friend told me that her LDL was much lower than 100. My number, you ask? 171.

One Hundred and Seventy-One. That's a big number. 70-year-old smokers I see in longitudinal clinic sometimes have LDLs of 150 and are on statins to get that number down. I am an average-sized, non-smoking, healthyish, not-yet-26-year-old male. How could this be right?

I got home that night, and it finally hit me. I was gonna die. Probably in the next two weeks. I started thinking about who would get my TV, my clothes, my speakers, my computer, and most importantly, my medical school notes. What would Dr. Kavan say at my funeral? Would he call me a “beacon of light that had dimmed too soon,” or would he lament for the hundreds of patients that never got to call me “Doctor?” As you may have guessed, I actually enjoyed that part. I talked to my girlfriend next. “Hon. We should probably break up.” When I finally told her it was because I had high cholesterol and didn’t want to be a burden, she hit me. Hard. “Don’t be an idiot. You’re not allowed to break up with me.” That last statement should’ve caused me concern, but I was a little preoccupied with the, you know, dying thing.

The next couple days were full of angst. My playlist on repeat comprised the following:

*Boulevard of Broken Dreams* - Green Day
*Last Resort* - Papa Roach
*Bleeding Love* - Leona Lewis
*Good Riddance* - Green Day

As a side note, and as a pro tip of the day, if you’re feeling too happy with your life, listen to this playlist - it’ll fix that right up.

At some point, however, the reasonable voice in my head (metaphorical, not actual, Dr. Coleman) told me the following: “Stop being a [crybaby].” It’s nice that the voice is brutally blunt. Though that voice had to surface a couple more times, it was pretty good advice. In my humility, I also drew parallels to Randy Pausch, who said in his *Last Lecture*, “We cannot change the cards that we are dealt, just how we play the hand.”

Two months since then and I am mostly back to normal. I exercise a little more, I take 3 gigantic gel caps of fish oil every day that make the back of my throat feel [incredibly sore], and I watch what I eat a little closer. Nothing drastic has changed. What, then, you might ask, was the point of this article if it’s not a story of turning my hyperlipidemia around? (Those that are astute among you are now realizing that we are getting to the preachy parts of this article and are tossing this chronicle into the recycling. For the rest of you nubs, continue reading).

For me, class was, and often is, an intellectual exercise. I love that exercise. It’s probably why I’m enjoying medical school so much. The puzzles, the questions, the confounding factors, and the atypical presentations - that’s the good stuff. This understanding of myself has caused me hesitation in the past - why was everyone else so excited about the patient? The science was the high to me - that is, until I was the patient. Grappling with how this will impact my life has been a journey. There is so much to think about and consider: my elevated risk for coronary artery disease, the probability that I will be on statins fairly soon, and my earlier evaluation by the Obamacare death panels. All that and more have run through my mind. And yet, these realizations have also done a lot for me. I’m healthier now - I exercise more, I pay attention to my fat intake, and my girlfriend and I feed each other broccoli instead of bacon. Class-wise I’ve also learned a lot about hyperlipidemia and hypercholesterolemia, which will be an asset to my future patients. Most importantly, however, it’s taught me to consider the patient before the disease. When I went to see my doctor I was first examined by a resident who was incredibly excited about a younger person having such high lipid levels. Needless to say, I wasn’t the most thrilled. My doctor, however, was impeccably on target and talked to me first about how this would impact my life. Creighton does an excellent job of emphasizing that a patient is more than a disease. Clearly I don’t listen. It took life smacking me in the face to convince me that this lesson was important. For that small percentage of you out there that are similarly worried that you’re not “humanist” enough for the Creighton community, give it time - you might find an “aha” moment. For the equally small percentage of you that may have similar health issues, I’m right there with you. And finally, for that larger percentage of you that are now wondering if you should try taking broccoli into the bedroom, I wouldn’t encourage it.

**Easter Egg Points**

+1 if you know what a Lipid Raft is.
+1 if you knew who Goldstein and Brown were.
+1 if you knew who Randy Pausch was.
-2 if your playlists are similar to mine.
Happiness.

Rose Park
M1

Driving from California to Omaha, I remember tailgating an 18-wheeler with a bumper sticker “Be Happy.” Based on the Rasta-themed lettering, I’m sure there was supposed to be a “Don’t Worry,” preceding “Be Happy,” that had faded from the many years and miles of commission. I remember smiling because I felt happy; cramped after an 8 hour drive, but happy. I was driving towards a future I had always envisioned, to create memories with people I was so excited to meet, to a city that seemed like brick-brick-brick city bitch.

Fast-forward a semester and a couple months, I recalled this memory through a conversation with my roommate, Morgan. She had recently sat through a lecture regarding happiness, and how to maintain some resemblance of this emotion while pursuing a career in medicine. So, we asked ourselves… Are we happy?

If you had asked me a year ago, “What makes you happy?” I would have responded: my family, my friends, my dog, the ocean, and food. In Omaha, I, like most out-of-staters, am geographically distant from a majority of objects/people that ultimately defined my happiness. According to this checklist of the things that defined my happiness, theoretically I should feel “unhappy.” But that just didn’t seem right. Cue the introspection: was I happy?

We often associate happiness with being comfortable: comfortable on our couches, in our life, in our beliefs. Medicine challenges this comfort by subjecting our futures to constant fluidity.

We, of all people, should know that humans, physiologically and emotionally, are constantly adjusting and uncomfortable—continuously moving towards an equilibrium whose set-point is constantly changing.

So according to my checklist...subtracting the items that I had grown comfortable with and adding some new variables, should equate to dissatisfaction and unhappiness.

Yet, reflection over this made me realize how far from the truth that is. Happiness is not always about being comfortable. While familiarity can bring me a sense of relief, venturing into the unknown and challenging myself is where I find my happiness.

Comfort teaches me to become content with mediocrity, to shelter myself within a world whose edges have been already well-defined. We love the thrill of knowing more, but often arrive too soon at peace on reflection of what we already know. Sure, the process of learning new information is terrible; but to learn the same thing, to live in a perpetual state of “Groundhog Day” is far worse.

So to answer the question, “Am I happy?” Heck yes. I breathe in the frozen air and love to hate the snowless chill. I am present to the moment. I am happy. I push myself, because that uncomfortable anxious feeling will make me happy, even though this recognition may come later.

So I end this, with quoting my modern-day Shakespeare, Drake. “When’s the last time you did something for the first time?” #turndownforwhat

ILAC Reflection

Marcia Shadle-Cusic
Chaplain

This past summer I was fortunate to have been given the opportunity to return to the Dominican Republic and spend time with students from the medical school along with students from the other Health Science and undergrad schools. I went to the DR to support the students and their experiences and along the way asked them, “Why have you come to the DR?” “Tell me about your experience.”

Dr. Joe Lynch (ILAC Medical Director), Andrea Ordonez (ILAC Director), and other members of the ILAC Office, talked about the reflection piece, the part of the experience we all encountered. Students shared their experiences with me and often reflected upon their “all consuming lives” before coming to the DR. Now, this time, the DR afforded the students many opportunities for reflection. Who am I? Where have I come from? Who will I become?—And how?

How do I express and share love? What have been my challenges and how have I met challenges? What have I learned? What does it mean to be a member of humanity?

Reflection allows us to have conversations about our life experiences, put meaning into them, and finally allows us to gain insight into our life experiences. With reflection, we open ourselves up to a deeper appreciation of our beliefs, our values, our purpose and our relationship with others and with God.

I was, and still am, overwhelmed with my recent experience in the DR, especially the power and absolute need for all of us to spend time in personal and spiritual reflection. As you continue to progress through your medical education and your medical career do not lose that essence of who you are/your personal spirit, and find the time to engage in reflective conversation with the people in your lives.

Reflection, gives all of us an opportunity to discover and rediscover, from our reservoir of experiences,
Cooking with Diana

Apricot Basil Chicken Salad

serves 6, adapted from http://melaniemakes.com/

ingredients
- 1/3 cup mayonnaise
- 6 oz. non-fat greek yogurt
- 1/2 teaspoon paprika
- 1 garlic clove, minced
- 5 teaspoons white wine vinegar
- 1 rotisserie chicken
- 1/4 cup slivered almonds or other nut
- 1 celery stalk, diced
- 1/3 cup dried apricots, diced
- 1/3 cup fresh basil leaves, torn

instructions
1. In a large bowl, combine mayonnaise, yogurt, paprika, garlic and vinegar.
2. Stir in three cups of cubed chicken, almonds, onion, celery, apricots and basil.
3. Season with salt and pepper to taste and serve! (I buy croissants in bulk at Costco because they freeze very well and just take a few out at a time!)

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Philly Cheese Steak Stuffed Peppers

adapted from peaceloveandlowcarb.com

ingredients
- 8 oz. Thinly Sliced Roast Beef
- 8 Slices Provolone Cheese
- 2 Large Bell Peppers
- 1 Medium Sweet Onion – Sliced
- 6 oz. Baby Bella Mushrooms – Sliced
- 1/3 cup fresh basil leaves, torn
- 1/3 cup slivered almonds or other nut
- 1 celery stalk, diced
- 1/3 cup dried apricots, diced
- 1/3 cup fresh basil leaves, torn

instructions
1. Slice peppers in half lengthwise, remove ribs and seeds.
2. In a large pan over low-medium heat, add butter, olive oil, garlic, mushrooms onions and a little salt and pepper. Sauté until onions and mushroom are nice and caramelized. About 30 minutes. (A few sprinkles of sugar can help the caramelization process!)
3. Preheat oven to 400° (if eating right away)
4. Slice roast beef into thin strips and add to the onion/mushroom mixture. Allow to cook 5-10 minutes.
5. Line the inside of each pepper with a slice of provolone cheese. Fill each pepper with meat mixture until they are nearly overflowing. Top each pepper with another slice of provolone cheese. (*Can stop here, refrigerate and continue when almost ready to eat!)
6. Bake for 15-20 minutes until the cheese on top is golden brown.

While the Superbowl usually consists of fantastic snack food, I thought I would share two easy make ahead meals that could be made beforehand so you don’t have to do any food prep during the game! Since I love football, I don’t want to spend the last game of the year in the kitchen! ~Diana

Diana Dean, M3 and Chef

www.peaceloveandlowcarb.com

www.marthastewart.com
Big News

Sarah (M2) and Zach Stewart
Married: June 29, 2013 in Harlan, IA.

Andrew Stephen Cossack
Born Nov 25, 2013, at 6 lbs 15 ounces, 20 inches
Born to Sarah and Matt Cossack (M4)

Val Peterson (M1) and Sarah Furjanic
Engaged: June 15, 2012 Kaliihiwai, HI
Wedding: June 21, 2014 Helenville, WI

Engaged: John Wiebelhaus (M4) and Jennifer Rosin (M4)

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