

CURA Peru Trip

Michelle Jaehning
M3

Project CURA was established in 2001. CURA stands for Creighton Medical United in Relief Assistance. Dr. Kumar Desai was the founder of CURA. He wanted to demonstrate Creighton’s Jesuit values through community service directed towards underserved and minority populations here in Omaha as well as expand our service to underserved, third world countries. Trips include Pine Ridge (in South Dakota), India, Romania, Peru, Ghana, SE Asia, and Nicaragua. All M1 students are welcome to go on a medical service trip during the summer - a wonderful way to meet new people, experience a different culture, and best yet, put your new medical knowledge to practice as a budding doctor!



Photo Credit: Megan Andrews

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The Evolution of a Medical Student

Michele Millard
Academic Success Specialist

Medical education is a journey with each stage very different than the one before. With each of the transitions, very different approaches and strategies are needed, creating an evolution in who you are and how you think. The most successful of students are those who are willing to adapt and develop, which can sometimes be challenging and uncomfortable. For M1s, you have to adapt your learning strategies, your time management skills, and your abilities in balancing a crazy amount of information while trying to have something that resembles a life. For M2s, you are now moving into a systems-based approach where you are starting to integrate information and develop some initial clinical thinking skills. For M3s, you are adjusting to learning in a variety of clinical settings and choosing your career path. For M4s, you are starting to shift into residency mode. Adapting to each stage can be hard, but it can also be exciting. And the more you know, the more effective you can be. That's where mentoring enters the picture. As part of the

Vital Signs Mentoring Program, you are all engaged in either mentoring or being mentored. Learning from those who are a step ahead can be very helpful in making those adjustments needed for each stage that you find yourself in. As the M3s and M4s volunteer to become Peer Mentors, I asked them several questions about what they have learned from their experiences, one of which was "What do you wish you had known earlier in your medical education?" Below are just some of the insights they have shared, which may help you as you begin this next year. Remember, these are just individual perspectives, but may provide you with some helpful insights for being a successfully evolving student!



Things I Wish I Had Known...

- **The extreme importance of friendship throughout medical school and the proper way to approach your studies.**
- **Do not worry too much about what other people are doing in terms of study methods, resources, time studying. Find your own system that works for you, and stick with it!**
- **I wish I had known how long the journey was going to feel and tried to build healthy, consistent outlets and community early on in the process**
- **How important balance is. Also, how learning is more important than grades.**
- **Not to stress about boards until after spring break of M2 year. Seriously.**
- **Step One is not as scary as I thought it would be.**
- **it's all going to be ok :)**

Shrink Rap: Welcome Back!

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

I want to welcome everyone back! Although M3s and M4s have been seeing patients since early July, it is great to see the school, clinics, and hospitals buzzing with excitement. As many of you know, our dean, Dr. Dunlay, often reminds us of the importance of daily reflection. I ask that you take time to reflect on what you are thankful for and to do so on a daily basis; it is a wonderful way to begin or end your day. Over this past summer, I have attempted to take more time to be reflective and especially about those things I am grateful for. Seeing everyone back at school, I can say that I am truly grateful for having the opportunity to work with an amazing group of students, faculty, and staff; each person here is committed to becoming or developing outstanding physicians who are genuinely committed to the service of others. I am also grateful for working in an environment where each person is respected no matter their gender, sexual orientation, race, religious background, and so forth. Although we are not perfect, I

believe that CUSOM works hard to create a positive environment that is dedicated to student wellbeing.

My request for each of you is to let us know if this is not the case, or if we can do things to enhance your ability to excel. Dr. Dunlay, Dr. Soukup, and I meet regularly with class officers as well as with various student groups in order to get a better feel for your needs; so, please let your class officers know of any concerns or feel free to come directly to any one of us. Also, be sure to take advantage of the many services offered throughout the School of Medicine and University; specifically, our Office of Academic Success is available to assist with any academic issues (please contact Linda Pappas or Dr. Michele Millard) or our Center for Health and Counseling is available for medical and/or psychological care (please telephone the CHC at 402--280-2735). Please let me know if you need anything and I will be happy to help. As you progress through this academic year, remember to stay balanced and stay well. And I leave you with an Arabian proverb: *“He (she) who has health, has hope; and he (she) who has hope, has everything.”* All the best!



Photo Credit: www.gocreighton.com

WELLNESS CHRONICLE

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Learning to be an Advocate One Day at a Time



Jocelyn Wu M4

The chicken dinner story features two middle school students from my professor, Kyle's, time as a teacher in one of Lima's most dangerous neighborhoods. Kyle had promised to take his students anywhere for dinner in exchange for exam success. The students requested chicken, standard Peruvian celebratory fare. They had chosen an address in the heart of downtown Lima three hours by bus rather than a local *polleria*. Kyle had begrudgingly agreed. Four bus rides later, he recalled walking the final mile to the restaurant and realizing he was alone. He saw the girls, over a block away, staring at the lights and skyscrapers. It was striking that girls in the capital of Peru had never seen skyscrapers and he shared the story to demonstrate structural inequality. This undergraduate encounter with social inequality and stratification class was solidified by time as a middle school educator in Lima, which led me to attend the Consortium of Universities in Global Health Conference (CUGH) in San Francisco last

year. This reflection shares how CUGH influenced my understanding of advocacy.

Excitement at attending CUGH was quickly replaced by awe and uncertainty at arrival in downtown San Francisco. A year teaching on the sandy outskirts of Lima had not prepared me to associate the shiny, energetic tide of lanyards and suits with global health. At the doors of the opulent opening speeches, I felt a bit like the girls in downtown Lima and could not help but wonder if those most impacted by global health were present.

The session called "Failed States" stood out to me. A young doctor from Médecins Sans Frontières (MSF) rose and questioned the academic world's response to Ebola a year earlier. He questioned the world's hesitancy to respond to a true global health emergency and the repercussions faced by faculty who chose to assist. He expressed frustration to an audience of renowned scholars at the inaction of their academic community. He called attention to the abandonment on the ground in

West Africa by international organizations as a failure of global health leadership. I felt the questions to a silent room — wrapped in his message were questions I asked myself as a service-learning program coordinator, when our board had decided against sending students to Ghana the year before, a country peripheral to the Ebola outbreak, due to risk-management concerns.

This MSF doctor had not come to tell war stories for his benefit or showcase himself as a paternalistic savior. He had come to advocate. While patients suffering the effects of Ebola were not physically present, their stories were conveyed in the painful truth told by the MSF doctor. While he acknowledged the limits of institutions with student and faculty safety concerns, he was forceful and honest that the academic world of global health could do better, pushing for creative solution that harnessed the unique institutional capacity for evaluation of relief efforts to improve alleviation of future crises.

His words captured the personal tension of advocacy I felt since first going to Peru, the tension of two worlds. One world is in solidarity with those made marginalized and standing in an uncomfortable and unfamiliar reality outside my own. The other is of the inherent privilege I carry with me as an educated, English-speaking Asian-American woman raised in an upper middle class family in a developed country, as a medical student, and a US citizen. The experiences of the girls from Lima are only relatable to me in the sense of the lack of belonging from moving as a child; I never experienced the systemic exclusion, unmerited glass ceiling and moments of self-deprecating limitation their story encompassed. When faced with this tension, I have often been tempted to run.

Learning how to be an advocate is a process. There is a tension between advocacy and abandonment — knowing when to challenge, stand with and speak out, and when to sit and listen. In a memoir of his life in East Baltimore, *The Beast Side: Living and Dying While Black in America*, D. Watkins shares a conversation with Pache, co-founder of a feminist group in Philadelphia who has worked to create a safe space for women to be creative. In response to how progress could be made to improve the violation of women's rights through street harassment, Pache answered:

“If you are in privileged group, and you want to help oppressed people, one of the best things you can do is teach other(s)...in your privileged group. As a person of privilege, you do not actually face the oppression, so you have time to teach. Oppressed people do not have the energy to teach everyone about [the] oppression they have to live through every day...”

She also shared advice applicable to all groups hoping to bring awareness and change in a world of inequality and injustice: “If you care about the people around you, you’ll do the work to educate yourself.”

Even if it’s painful.

“Learning how to be an advocate is a process. There is a tension between advocacy and abandonment”

-JOCELYN WU

Advocacy encompasses privilege awareness and knowing when to access and use it — speaking up, even if there is a social price. Without this boldness, I am just another mid-twenty something who still looks like a college kid with a backpack doing things because they are trendy and hip. As a young student, I have to believe humility and self-insight are potentially our greatest gifts for change — action items we can take to understand and exist with this tension and continue to challenge ourselves to understand more.

The saddest piece of Kyle’s story was the ending; when he and his two students arrived at the restaurant in downtown Lima, the girls stared at the price of chicken. Despite his insistence, they had refused to eat at the restaurant, because the prices were too expensive. They journeyed four buses back to their neighborhood together and ate chicken at a local polleria. Since Kyle’s story was told, Lima has grown into an intersecting metropolitan city. Air-conditioned aerial trains transport previously half-day by bus distances in a half and a hour. This growth further complicated structural inequalities — simultaneously bridging and reinforcing. There is much work to be done to bring all parties to the table of conversation and to move towards inclusion. Advocacy is bravery in feeling the tensions surrounding inequality and injustice. Through long-term vision and relationships, we can replace the tension between advocacy and abandonment with accompaniment. The globalization of advocacy networks is an exciting opportunity to learn and participate in conversation surrounding important issues and be moved to act.

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Sleep Deprivation

Linda Pappas
Academic Success Specialist

I am devoting this column to one of my personal favorite activities: sleep. In my ongoing observation of the very interesting individual known as a medical student, I have occasionally noted a two out of three lifestyle choice issue. The first two components of a healthy life, exercise and diet, receive close attention by a majority of medical students. The third component, sleep, not so much! Yes, I know that we all are aware of that study warrior who routinely gets 4 hours of sleep and honors every course. Truly they are the exception to the rule and do share Einstein's lifestyle. As for the rest of humanity, there are sleep issues to be managed. One is the aging process; the all-nighter that had no impact as a 17-year old may be a tougher to deal with as a 24-year old. However, it is not just the all-nighters. I have observed that some medical students bring other bad sleep habits from their undergraduate days. The circadian timing system of adolescence has changed; but their bad sleep habits have not.

The first is the delayed sleep cycle, not being able to get to sleep until 3AM and then needing to sleep until 11AM (or being exhausted because they have to get up for an 8AM small group, quiz or final). Another is what I call the "sleeping a split shift". That is splitting 7 or 8 hours of sleep between night time sleep (four hours) and the infamous three hour nap (instead of the twenty minute power nap) thereby never getting a completed healthy pattern of sleep. The last is altering the sleep cycle more than two hours in either direction when waking or going to sleep on the weekends thus interfering with the quality of sleep and a healthy sleep pattern.

My main concern about these phenomena is the impact on academics. I always take the opportunity to read about research being done concerning sleep and its impact on learning. I want to share a few tidbits of what I have read over the years about this important issue. For example; by losing one or two hours of sleep a night, which adds up to eight to ten hours a week, a student is experiencing the effect of staying up all night. What happens academically? Cognitive and memory functions decline, even in the healthiest of students. Experiments have shown that rested students use their temporal lobes to do verbal tasks. In sleep deprived students the tasks are shifted to parietal lobes which are not as successful at



those verbal tasks. Researchers found that mathematical tasks don't even shift, they just barely get done. Executive functions in the brain also contribute to originality and flexibility of thought. These may also suffer with sleep deprivation. Add to this the "bad mood"; the executive function also helps each of us to be socially appropriate. Repetition of already known facts may be possible, but the taking in of new information is impaired. Studies also show that the ability to multitask (i.e. medical school) is impaired with sleep deprivation. Loss of attention and concentration are mentioned in numerous studies. Research indicated that studying and then becoming sleep deprived over the course of the next few days could negatively impact the retention of that already learned information.

According to one of the studies done at the Harvard Medical School's Center for Sleep and Cognition showed that sleep has a benefit for consolidation and strengthening of memory. Sleep is not an inactive state. The brain is consolidating memories so you need to get sleep on a regular basis in order to maximize memory. The old suggestion to "sleep on it" before making a decision seems to have some scientific reasoning. Sleep deprivation effects include indirect negative outcomes on academics. Those outcomes include the lowering of the immune system

which means getting sick more, which means decreased study time. Other studies that I looked at mentioned sleep deprivation as a cause of weight gain (body doesn't metabolize sugar as well); slurred speech due to decrease mental processing speed and even decreased growth hormone production. Okay, okay, have I depressed my sleepy readers yet?? Or at least made you start yawning? The good news is that it doesn't have to continue. Any changes that you make based on this information will have a positive impact on your academic life!

30 Minute Recipe

Daniel McDonald

You need to eat, and not eat crap. While ramen and peanut butter sandwiches got you through undergrad it is time step up your game. You'll feel better, be more *Balanced* and save money. This is designed to be easy, healthy, fast and provide multiple meals. So turn on Panopto, grab a knife and cook something.

Mini Frittatas

(makes 12 if using a standard muffin pan)

- *These are stupid simple and stupid good. Some people eat this thing called "breakfast," and no, coffee alone is not breakfast. This makes at least 3-4 days of miniature handheld breakfasts that you can take anywhere. Note the low glycemic index meaning you'll be swimsuit ready for Phoenix.*

Standard Muffin Pan

10 eggs

2 cups fresh Spinach

½ pound sliced turkey

½ cup Shredded Cheese (optional)

1 Tablespoon crushed red pepper

- 1.) **Oven and Pan:** Set oven to 375, grease pan with an oil spray like PAM.
- 2.) **Frittatas:** Crack eggs, add a pinch of salt and crushed red pepper. Mix in a bowl until homogenous. Tear spinach and turkey into bite sized pieces. Place a small amount of spinach and turkey into each of the spots of the muffin pan dividing equally until all is used. Dividing evenly, pour egg mixture into muffin cups until all is used. Top with shredded cheese.

Bake: Throw this masterpiece in the oven and bake 20 minutes. If you want 'em pretty turn the broiler on for the last 2 minutes. Remove pan from oven and pop frittatas out using a small spatula or butter knife. If you are smart, you'll put some hot sauce on these and eat.



Photo Credit: www.foodnetwork.com

Big News



*Bryan Perkins (M4) and
Holly Bacon (M4)
Engaged : July 9, 2016*

*Stephanie Weed (M3) and
Trevor Holzmer
Married: June 10th, 2016
in San Martin, C.A.*

