Haley D. Heibel - M3

The physician pulled a book out of his briefcase, and showed me a religious book he was currently reading, “See, just as you have your medical school books, just in case, I carry these religious books with me. I carry them with me just in case I have some time to read them.” He continued to tell me that just as acquiring medical knowledge takes practice and studying, understanding the healing art of medicine as it connects with spirituality, religiosity, and ethics requires practice by reading, receiving instruction, and reflecting on it. He challenged me to be a student of spirituality and to read books related to these concepts.

A few months later, I read a book published by my college professor who had taught me a course on Christianity and World Religions. I was curious to read in more detail about the miraculous experience my professor had experienced regarding his health during his time in India, and I determined it would be a good resource to understand the interface of healthcare and spirituality.
My professor described two experiences with physicians during his time of illness in India. In the hospital for the poor in India, the rounding physician spent less than a minute with every patient, and asked the same general questions to each patient, “How are you doing today? Are you feeling any better than yesterday?” (83). Regardless of the patient’s problem or response, the doctor allowed exactly one minute to spend with each patient. Additionally, when my professor explained to him he was having stomach problems, the physician asked questions about his complaint but did not examine him, and drew an immediate conclusion that my professor could be suffering from spinal meningitis and advised further medical testing.

In sharp contrast, when my professor visited a famous and skillful Hindu physician, he waited in line for four hours to see the physician, because this physician spent as much time with each patient he determined that was necessary. This physician spent, on average, one hour with each patient, and the patients were not bothered by the extensive time they spent waiting to see the physician early in the morning. This physician practiced in the Ayurvedic tradition which means “comprehensive knowledge of life,” including the aspects of physical, mental, and spiritual life.

When my professor finally had the opportunity to step into the doctor’s office and greeted the doctor, he received no response. In fact, the doctor did not speak to him until he had finished examining him for fifteen minutes. Upon completing the examination, the physician stated the conclusion he had come to by observation and examination: the patient had come to him because of a stomach ailment. Once the physician had made his diagnosis solely by physical examination, he then went on to gather information from the patient, although the focus was centered on understanding the type of person my professor was. My professor found the physician’s questions to have nothing to do with his medical problems. He was asked about the type of person he was, what he likes and dislikes were, the foods he liked, whether he meditated, and about his personal

"Understanding the patient as a whole was important to the Ayurvedic physician. In the holistic medicine practice in alignment with the tradition of Ayurveda, the patient’s physical, mental, and spiritual life is considered in determining the cause and treatment of illness."
A Reflection of Gratitude and Mindfulness in the Practice of Medicine

Haley Heibel - M3

“There are so many things I take for granted, but being here I realize there are so many I am thankful for,” the nurse stated as she pointed to the wall in the Anesthesiology workroom in which each member of the team had written what they were thankful for during Thanksgiving. I glanced at the wall while she continued, “I’m thankful I could walk to work today, that I could prepare my own lunch, and give my family a hug goodbye this morning. I do this everyday, but many people do not have these abilities or support systems.”

What I have learned beginning the third-year of medical school, is the importance of reflecting on the daily encounters with other healthcare workers and patients. Without this, it is possible to forget the learning opportunities that have occurred.

Continued on Page 8
Can we think idealistically here for a moment? I believe in the strategy of prereading before a lecture. I just heard a collective groan from hard working medical students. Yes, I know that there is so much material to cover in medical school that the idea of being able to read before the lecture seems totally idealistic!

Good students (like you) are in the habit of reading very constructively. They carefully go through the material, taking notes, examining the details, rereading to make sure they understand, underlining, highlighting, etc., etc.

Prereading is a whole different animal. It is fast; 10 minutes max per hour of lecture time. You are looking for main points and spotting patterns of relationships between topics. This helps you to develop a map or outline in your memory to understand what you are going to be introduced to in lecture. You are also introducing yourself to the vocabulary, seeing the new terms for the first time. That brief familiarity will help you to process quicker in lecture.

Don’t take notes during prereading (unless you are a tactile learner and just write down the very basic information) and don’t spend too much time with numbers or tables. Those pieces of information are for later. Glance through the charts; say the words out loud if you are auditory. Look for the clues on important information; bolded or itialized material, major headings, etc. God Bless the author who puts a summary paragraph anywhere in the chapter, just reading that would be all you might need or have time to do.

Don’t reread anything! Set a timer to force yourself to read fast. Make sure you are not focusing on information you may know from previous coursework. I am probably going out on an academic limb here but consider using a review book; lots of them use a brief outline form. You can get an idea of the arrangement of material before you hear about it in depth in the lecture.

You should save your prereading till the end of the evening. Maybe your brain will work on it while you sleep. If you are a morning person, do it right before lecture.

"If you are M1 you may have to choose what subject you need to do prereading in more than the others. A M2 might want to do certain lectures (physio or path) which they know historically cause them more difficulties. Thanks for considering my idealistic suggestions. Happy Studying!"
How to Succeed on Your OB-GYN Rotation

Nejmun Hussain and Wenting Tong - M3s

For some, starting a new rotation can be intimidating. You find yourself getting used to the doctors, residents, nurses, and techs you work with on your previous rotation and just when you start to actually know what you’re doing, it’s time for a new one! Your OB-GYN rotation is going to be a unique one whether you plan on going into this field or not. You will gain skills and knowledge that every physician should have regarding women’s health, pregnant patients, labor and delivery, as well as gynecologic guidelines. Here are a few tips that may be useful:

Helpful tips overall:

• Grab a clean set of scrubs at the end of the day to save time in the morning
• Email the course coordinator to get extra opportunities such as shadowing an MFM for a day or working with other clinic doctors

Helpful tips during L&D:

• Explore the L&D floor and learn where common items are kept so that you can be helpful in grabbing them - nurses will love you for that!
• The L&D nurses are a wealth of information, and they are most involved with direct patient care. Get to know the nurse in charge of your patient at the beginning of the shift and be as helpful as you can! This is how knowing where everything is will come in handy.
• Ask the nurses if you can do cervical checks after them. Most of them will let you and teach you what you should be feeling. Be confident but remember to be gentle! Also, only ask to do these on patients with epidurals!
• Check in on your patient often and be engaged with their care! Do not expect to see them once and then get to deliver their baby. Patients who have seen you often throughout the day and have a relationship with will more likely be okay with you delivering their baby!
• Check in on your patient the next day on postpartum! Attendings and patients love it when you check in on them. It’s also a great experience following up on them to see how they are doing.
• Explore delivery opportunities with doctors at different CHI hospitals

Here’s a final note about L&D - this is the one time in your career that you will have the opportunity to spend all day and really develop a relationship with a laboring mom and their family members and participate in the delivery. It is an incredibly unique and wonderful experience! So even if OB really isn’t your cup of tea, go and get the most out of it! And if you are into OB, you really won’t get the same experience as a resident or an attending.

Continued on Page 6
Helpful tips during Gynecologic Surgery:

• Read up on the surgery and know your anatomy!
• Take initiative and ask surgical techs if you can help with anything
• Ask the doctor if they have any deliveries that day and if you can join them

Helpful things in clinic:
Learn your G’s and P’s early! G stands for Gravida, meaning the number of pregnancies they have had; P stands for Para, the number of deliveries they have had. The P has further subcategories in the following order: term, preterm, abortus (miscarriage + induced), living children. Make sure the math adds up! Here are two examples:

- G5P2214 = This patient has had 5 pregnancies, had 2 term babies, 2 preterm babies, 1 aborted, and 4 living children.
- G3P2002 = This patient has had 3 pregnancies, had 2 term babies, 0 preterm babies, 0 aborted, and 2 living children. But wait, the math doesn’t add up right? No worries, this means she is currently pregnant!

And always, remember to thank the patient for allowing you to see them!

Helpful Resources for the shelf:
- UWorld OB-GYN question bank
- ACOG question bank - you’ll get free access to it starting the beginning of your rotation.
- NBME OB-GYN Forms
- Online Med Ed Videos
- Blueprints
- Case files

OB-GYN Clerkship Advice from M3s

• Things NOT to do:
  • Be non-communicative with your classmates. If there’s a surgery that really interests you but someone else is assigned, ask if they are okay with you going to watch! Or if your classmate hasn’t had a chance to deliver a baby yet, discuss which patients are most likely to deliver during your shift.
  • Reference UptoDate instead of ACOG. ACOG should always be your #1 reference in this rotation! Also, sign up for a student membership super early! It took 3 months for them to give login information so I could not access the material until the rotation was over. This made things a little difficult logistically when attendings/residents wanted to discuss a certain article from ACOG during rounds.
  • Wait last minute to study for the shelf - OB/GYN is more specialized than most of the other rotations, but don’t let that give you a false sense of security! Study hard and start reading early.

• Things TO do:
  • Join CUMSOGS/apply to be on the executive board
  • Keep in touch with your clinic doctor (who can be a possible future letter writer!)
Shrink Rap: A Guide to Thrive with Holiday Stress

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

Congratulations! You have basically made it through a tough semester – M1s: your first; M2s: the fast pace of system courses; M3s: the pressure of knowing what you know and do counts to your patients; and M4s: applying and interviewing for residencies and, oh, assuring that you learn enough to perform at your peak when you actually show up for your first day of residency. Now, as the fall semester closes, thoughts turn to the holidays and how you will handle the many pressures associated with them – ugh! The American Psychological Association has conducted stress surveys for years and have found that the holidays are stressful – travel, hype and commercialism, family, finances, high expectations, and the list goes on… Women are particularly hit by stress during this season since they often shoulder the majority of the family burden for shopping and holiday celebrations. So, how do we turn ugh to ecstasy – or least joy? The following tips may help:

• First, travel wisely. When making plans give yourself enough time for the occasional travel glitches such as delayed planes and poor weather. Do your best to make travel as fun as the holidays by bringing a good book or magazine, or by taking a little time to create a new playlist so you can listen to some great music while you wait or travel.

• Next, make sure to have realistic expectations about your holidays. Although it would be great to live in a Hallmark holiday movie, reality often dictates otherwise. That still does not mean we can’t enjoy ourselves. So, know they may not be perfect, but that they can still be fun.

Continued on Page 8
• Develop a reasonable to do list. Although it is exciting to think about all of the fun reads, movies, and binge watching you plan on doing (remember, reasonable expectations), leave some time in your schedule to just chill. After all, it’s okay to be bored.

• Related to this most recent point, everything in moderation. There will be lots of great food and alcohol around and it’s certainly okay to enjoy it all, but also to keep in mind the importance of drinking and eating in moderation. This is not the time to get a DUI, so, please be smart and careful out there. And, don’t forget to keep up with or to crank up your exercise routine. This is a great time to stay active and to truly enjoy that walk or run.

• Since holidays can be stressful, make sure to use various stress management strategies as you travel and enjoy the holidays. Take deep breaths at times of stress, challenge irrational self-talk, relax with music or a hot bath, and, as mentioned previously, keep up with your exercise program.

• Stay calm: slow your breathing, listen to the environment, drink a glass of water, listen to music, sing, get outside and enjoy nature, exercise, pet an animal, journal, or do anything else that slows the pace of living.

• Finally, this is a great time to reflect on your many blessings.

Have fun, be safe, and I look forward to seeing everyone back in 2018!

throughout the day. Sometimes, in the midst of limited time and discomfort due to unfamiliarity with the working environment, I find that, as a student, the focus becomes centered on a mental check-list to ensure all of medical responsibilities have been completed. Rather than focusing on the important skills of active listening and ability to connect with patients, in the morning rounds, the focal point becomes making sure the correct information has been obtained from the nurse, that the physical examination includes all of the pertinent items, and that the patient notes are efficiently completed in time. Similarly, in first years of medical school, there is so much medical knowledge to retain in such a limited time, that there is a tendency to focus on understanding the medical sciences and to lose sight of the importance of mastering skills related to patient interaction and building rapport.

During the Pediatrics clerkship, the curriculum includes lectures on the practice of leadership in the healthcare setting along with relevant readings. These discussions have brought to my attention that entities such as humility and active listening to patients are also skills, which require practice and mindfulness in a daily effort to improve. It is not something that physicians should think about once in a while, but it should, instead, be the center of how we plan our approach to patient interactions, collaborations with other health-care workers, and even how to approach the management of a medical disease process. It is inevitable that a physician will be in a position of leadership, and, therefore, learning how to properly manage this position in a positive way is one of the most important skills we can learn about and focus on improving early in the medical education process.
If you’ve ever watched an entire season of The Voice or America’s Got Talent, you’ve seen it. While at the end of the season, you’ve seen some remarkably talented people, the early shows highlighted a number of acts hoping to make it big and in reality, fell ridiculously short in the talent pool. In these performers’ heads, they saw themselves as talented; in reality, they had little or no talent. Their reactions were ones of shock—they were incredulous that the judges “buzzed” them during their act due to a distorted view of their own talents. This distorted reality happens in different arenas—people who think they are funny and are far from, people who rate themselves as good drivers who have a higher rate of accidents... and sometimes learners who may be a distorted view of how much they know.

What is needed, whether we are performers, comedians, drivers or learners is better understanding of the material, but really only has a shallow, fragmented, understanding of the information. While poor singers don’t know they can’t sing, some students may not know what they don’t know. Poor metacognition may lead to what’s called “the illusion of competency where you think you have mastered the content because it all looks familiar, but in reality have superficially crammed it into short term memory to regurgitate it on a test.”

Metacognition is a term that is used to describe our ability to assess our own talents, skills or learning. It is essentially “thinking about thinking” or becoming aware of how you think and how you learn. For those failed acts on AGT, they had poor metacognition—they were not aware of their lack of talent. For a learner, poor metacognition can be when one is grossly overconfident in level of understanding of the material, but really only has a shallow, fragmented, understanding of the information. While poor singers don’t know they can’t sing, some students may not know what they don’t know. Poor metacognition may lead to what’s called “the illusion of competency where you think you have mastered the content because it all looks familiar, but in reality have superficially crammed it into short term memory to regurgitate it on a test.”

Metacognition is about our ability to assess and monitor our skills, knowledge and learning with the knowledge about when and how to use particular strategies for learning and problem-solving. Students who engage in metacognition are found to:

- Continually plan, monitor and evaluate strategies and methods
- Perform better on exams
- Complete work more efficiently
- Become self-regulated learners, using right tools and resources for the job
- Modify learning strategies and skills based on their
So how do you start developing metacognition? It's not rocket science and here are a few suggestions:

1. Think about driving your brain. Essentially you are managing how you are using your brain to learn. Sometimes you need to put on the brakes to stop and evaluate what you are doing. Sometimes you need to step on the gas to keep moving instead of becoming stuck in minutiae.

2. Start practicing reflection. Ask yourself... what was the most important thing I learned from this lecture? What concepts did I find confusing and know I will have to revisit for clarification? What do I already know about this topic to which I can connect the new learning?

3. Avoid cognitively passive strategies (reading, reviewing, highlighting) and practice cognitively active strategies (questions, drawing, concept maps, spaced repetition, summarizing, using a variety of resources and approaches).

4. Start developing conceptual frameworks. Instead of plowing through lectures to try and get down all of the details, try backing up and getting a bird's eye view of what the lecture covered. Spend 30 minutes developing a one-page summary sheet of the lecture is that you begin to see the conceptual framework---then go back and add relevant details.

5. Use a spiral approach. Instead of getting bogged down and trying to be too thorough on the first time, hit it then move on which will allow coming back to see things again.

6. Teach a concept out loud. When you are teaching someone (or pretending to do so), it becomes clear what you do and do not understand.

7. Use questions early---they teach your brain how to not just know information, but how to think about the information. Don't be afraid to fail on questions---that will teach you more than success.

8. If something is not working, CHANGE! Instead of doing more of the same, step back and revise your strategies. Get some help from the many resources available to you. The most successful medical students are those with the ability to adapt to different learning strategies encountered in medical school.

So start thinking about your thinking. In doing so, you will become what is called a self-regulated learning---you will be in charge of your learning!! Not only will that make you a successful medical student, it will help make you a successful physician!!

Facing Tremendous Hardships While in Medical School

By: Anonymous Medical Student

On September 29 of this year, I received a phone call from home that my mom had been hospitalized for a few days because the doctors found a small mass in her brain. The following morning, the medical staff confirmed that it was a tumor in her basal ganglia, too deep to surgically resect. They went in to biopsy the tumor in the morning of October 1st, and discovered that the tumor was much larger than the imaging had showed. The doctors diagnosed her with glioblastoma multiforme and she was given a prognosis of 12 – 15 months to live, even with treatment.
I have never been in more pain than the moments when I took these phone calls. As I received one gut-wrenching update after another from my brother, my entire body felt like it was crushing in on itself. As I wept alone in my room, I clutched the phone as hard as I could and held it to my heart, longing to be physically present with my family. I prayed continuously about everything; from begging God to put the tumor in my brain instead to just ranting about why He had given my family this burden. This was my transition into the dreaded month of October.

It has been an extremely busy month for M1s, with minimal time to do anything other than schoolwork. With my mind and my heart 1,500 miles away, I initially found it nearly impossible to focus on my duty as a student. Through hours of prayers and conversations with my family, my eyes were slowly opened to the beauty of this situation. My mom was actually the only one of us who did not cry from the news. Rather, she smiled and laughed, ecstatic that she was given at least another year to spend time with us.

From this experience, my family and I have grown closer to God, and ultimately to each other. We have come to enjoy and thank God for every small moment with each other and with those around us. Most importantly, we are learning to lay our troubles down and simply rely on God.

The imaging my mom had done prior to treatment showed lesions all over her brain, and the physicians expected to see a lady in a wheelchair with impaired vision drooling all over herself. Currently, my mom is receiving chemo and radiation treatments five days a week. She still goes on walks and hikes every morning and evening, does housework throughout the day, and feels no negative side effects from the treatments.

As for my student-self, I found a new sense of purpose and drive. I went from merely trying to pass everything to wanting to learn as much as I could and be the best me that I could be. I changed my perspective from simply wanting to get through medical school to making the most out of my time here and seeking to build and solidify relationships.

Everyone is handed different burdens in life. I don’t consider my burdens any greater or any lesser than others’. However, if I could offer some advice to anyone struggling with their sense of purpose as a medical student, I would urge you to look around. Look at the friends you have around you. Some will fade away, and some will become the ever-present friends on whom you can rely; aim to be among the latter for others. Look at the thousands of applicants who would do anything to be in your shoes. Realize that trying any less than your absolute best would be cheating yourself, your future patients, and the incredible field of medicine to which you chose to devote your life. Look at the family members who have sacrificed so much to get you here, and use it as your fire. Look at everything you get to do and learn now and use it as a source of joy, not stress. This long, amazing journey that we are on is truly so much bigger than any one of us.

Medical school is a microcosm of what is waiting for us in the medical field. Our professors are our attendings, our cadavers and the “53-year-old male patient presents with right upper quadrant pain” from the MDQ are our patients, and our classmates are our colleagues. The habits, attitudes, levels of effort and commitment, and relationships we build for ourselves now will undoubtedly translate over to our future doctor-selves. Stay driven, stay passionate, and stay faithful.
Big News

Lark Meiners (M3) and John Reasoner
Engaged: June 10, 2017

Michelle Jaehning (M4) and
Piotr Pac
Engaged: December 19, 2016
Married: March 25, 2017
Upcoming Wedding: May 19, 2018