The Unsung Heroes of Medical Education

Jessica Teav, MSIV

Maintaining a healthy relationship requires a significant amount of reciprocated effort. While in medical school, this is no less true; however, as anyone who has been in a relationship during this time can attest, the rigorous workloads and busy schedules that come with being a medical student demand that the relationships we seek to uphold are approached with a conscious intent of doing just that. Sustaining relationships in medical school must be a purposeful ambition—simply letting relationships coast on auto-pilot for 4 years while hoping for a serendipitous occasion to enjoy our significant other now and then is a great recipe for disappointment and heartache.

(Continued on page 3)
Irene Hotalen, MS2
Right after an exam, I … play rock band… I’m the lead guitarist!

My favorite professor is … Dr. Preuss (his jokes are awesome!)

Best piece of relationship advice? Being in med school, the best thing you can do it try to put yourself in the other person’s shoes… it can be hard for him/her to understand the medical student’s suffering. Try not to take out your frustrations on others. The worst thing you can do is add to the negative energy.

Tim Aust, MS2
The nicest thing anyone has done for me was … a group of classmates came over to Histo this year and sang “Happy Birthday” to me when I was studying.

Right after an exam, I … sit in the sun surrounded by saltwater with a cold beer.

Best piece of relationship advice? Find someone that’s good at everything you’re not and loves to laugh.

Untraditional
By Meaghann Bernardy, MS1

Somewhere between tame and wild
Always listening, never judging
Four years of constant care
Yet I still sense your fear
It’s not your fault
It’s in your nature

You live in a world of sounds
And I in a world of thoughts
But somehow we find a way to connect
Not through words but actions
We have an untraditional relationship
That between a human and her pet rabbit

Lisa Sandler, MS1 (on left)

My favorite memory from last block was … going out after exams.

My favorite professor is … Ted Williams.

Best piece of relationship advice? Be funny.

Dianne Roberts, MS1 (on right)

Right after an exam, I … like to go out.

My favorite professor is … Dr. Bennett.

Best piece of relationship advice? Be as honest as possible.
As a 4th year student who married shortly before beginning medical school, I have become well acquainted with this struggle. It is the struggle to make time for my relationship with my spouse when the “to do list” of both school and home related tasks never seems to end, but rather becomes unmercifully longer with each passing day. Oftentimes, “the list” becomes unmanageable and incompatible with my schedule. At these times, my husband has readily stepped in to pick up the slack, adding to the already long list of things he does to keep us both going. It is then that I pause in admiration, thinking about what a special, patient, and unselfish person it takes to lovingly support a medical student through their years of training.

In honor of the BULLetin edition on Relationships, I sought to learn more from the spouses/significant others of 4th year COM students about what the last 3½ years have been like from their perspective. I emailed out surveys with 6 questions which were written with the help of and answered by the significant others of the class of 2009. Below I have listed the questions and several replies from participants. Some replies I included because they seemed to represent a common sentiment among the participants, while other replies were chosen as advice, insight, or reminders that struck a chord in me, enticing me to share them:

What is the most challenging part of being in a relationship with a medical student, and what do you and your spouse/significant other do to overcome that obstacle in your relationship?

• The time the student spends engrossed in medical studies... sometimes hard to plan outings, & coordinate schedules. Try our best to communicate schedules, do things together such as going to the gym, church, & date nights.

• I would say the most challenging part has been having to take on a lot of responsibility so the hubby can devote as much time as possible to be the best doctor he was intended to be. To overcome the frustrations of "having to do everything alone", we have developed the art of communicating & listening & then finding ways to tweak things. We tried to find a fun activity to do to help relieve stress & enrich our relationship. We took ballroom dancing & learned how to sail 1st & 2nd year.

• By us both being medical students & having the opportunity to learn & experience things together, we have avoided most challenges associated with life in med school... I would say that my biggest challenge was staying focused on medicine & my studies during times when I was excited about my new relationship, getting engaged, planning a wedding, etc. In the end, I think we benefited by knowing what the other was going through & by being there to help encourage & motivate the other to study & work hard when our fuel started running low.

• Not having much time to spend with them. I feel out of the loop as far as what he is doing a lot of times. Overcome: Create a calendar where he can let me know of his rotations & now travel plans for interviews. Spend some time once a week talking about immediate commitments.

In terms of difficulty in maintaining a good relationship and finding time for one another, what year of medical school was the hardest? What year was easiest? Why?

• Hardest: First Year--adjustment period; Easiest: Fourth Year--more freedom with time.

• 1st year was maybe the hardest with the transition, but 3rd year was also hard with the amount of time in the different rotations. 4th year is definitely the easiest because the schedule is so much easier.

• They were all difficult in their own season. For us, I would say the 3rd year was the hardest. We had our first child right before Step 1, & then he started clinic rotations. It was tough managing the new responsibilities & having him gone all the time. The easiest- definitely 4th year where there has been plenty of time to laugh & live.

What part of being a medical spouse/significant other surprised you the most during their training?

• The amount of stress before a test.

• The amount of studying AND mandatory conferences/meetings.
It has surprised me how much time he has been able to spend with me & the kids. I expected him to be gone ALL the time studying & he really hasn’t been. He has been home & hanging out with us most nights & weekends all 4 years & he is still able to get everything done. He is basically amazing.

What has helped you "survive" and cope the best during these 4 years of training?

• Taking it day by day, making the most of the weekends & few vacation days we do get as a family, knowing this will all lead to something good in the future.

• Our faith, hands down! If it weren’t for the fact that our relationship is built upon our faith in God & our trust in Jesus with our lives we would have had a much bumpier ride. With that said, open communication with each other & support from our family, friends, & church were definitely influential in us getting through the past four years.

• The first two years the kids & I would meet him for lunch on campus. It was a nice way to break up the day & it was great to meet the people he spends all day with. We also try to go out on the weekends & do something fun, non-school related.

If you could give any advice to medical students in ways they could better support you as a spouse/significant other while you are striving to support them during the 4 long years of training, what would it be?

• When you are at home offer to help, ask what you can do to help, or better yet, just jump in and help with things. Yes, we can manage without you but don’t let that mean we end up doing all the work around the house and with the kids when you are there with us. Flowers and Candy for no reason at all are always a big hit. Say thank you for all that we do.

• Have patience, understanding, and a listening ear.

• Don’t stress. Get done what needs to get done and then come home and be home. Set aside time each week to be together and do something fun. Let him or her know what’s going on with your schedule so that he or she can plan around it if needed.

• Med students need to put themselves in their spouses’ shoes too and realize that life is not 100% about med school. They can use their spouses as good outlets to relax and not think about school.

• Just be thankful for the sacrifices that the spouses make in picking up whatever needs to be done.

• Love is spelled T-I-M-E.

May the insight and words of wisdom of the significant others of the class of 2009 enrich your relationships.

Thank you to all those who participated to make this article possible!
People’s relationships with their roommate(s) run the gamut from barely talking/avoiding eye contact, to cuddling next to an open fire while watching *The Devil Wears Prada*. Before this past summer, I had only lived with roommates twice. The first time, it was a random pairing during my freshman year of college. This guy still takes the cake as the strangest, rudest person I’ve ever known, and I think we spoke less than 20 sentences to each other the entire year. The second go around was with three guys I had gone to high school with. It started out well, but ended with two of the guys becoming estranged and living at their girlfriend’s apartments.

With these past experiences I was a bit loath to live with a random person my first year of medical school. Going at it alone had some definite advantages – such as walking around all day in my underwear, but it was ridiculously expensive. Thus I decided to give the whole roommate thing another try, and moved in with a couple of other med students to try to cut costs.

Without a doubt, the first year of medical school was the most stressful year of my life thus far. And during first year, all I heard was how much more work second year would be. I also heard how much easier med school would seem if I lived with other med students. Well, I’m now half-way through second year and it looks like both of those statements were true. Second year is a lot more work than first year. It’s also been ten times less stressful than first year thanks to my two roommates: Christian Perez and John Kanaan.

It’s remarkable how much your mood improves after a day of studying in the library, when, instead of going home to an empty apartment, you can go home and blow off steam and joke around. I’ve probably laughed more this year than any other in my life. It’s completely illogical. This is supposed to be one of the worst years of my life. I won’t say it’s been the best (oh college, how I miss you), but it’s definitely been enjoyable considering the constant drudgery.

Granted, it’s not been all hugs and kisses. The three of us have not been immune to the inevitable roommate run-ins. Like the day that someone (ahem, John) ate Christian’s last banana cream yogurt. Or the day I left a speculum in John’s bed. He failed to find the humor in that unfortunately.

It feels like I’m in “Scrubs” when all three of us are in the apartment. To give you a flavor of our living situation, I’ve included an actual conversation between myself and Mr. Kanaan:

**John** (stealing the remote): “What is this crap you’re watching?”

**Matt:** “It’s Fox Soccer Channel, John. Change it back.”

**John** (randomly changing channels): “Matt, you don’t need to watch this stuff. Come on dawg, watch Teletubbies with me.”

What’s surprising is that given this pervading air of goofiness, we actually manage to be fairly productive in the apartment. After all, all work and no play makes Johnny a dull boy.

I guess that this year has taught me how important your relationship with your roommate(s) can be. It doesn’t have to be just a couple of people whom you live with to save money on rent, but a couple of people that you live with to save money on rent AND use their collection of BRS/Kaplan books! But while those books may help you learn how to properly describe the order of enzymes secreted in the duodenum, they will never actually cook you a meal so that you can later produce those enzymes.

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**Fabio Ferrari, MS2**

My favorite memory from last year was … definitely our trip to the Dominican Republic for Project World Health: an island with beautiful beaches and a ton of patients to see, what more could you want?

My favorite professor … of the moment would have to be Dr. O’Brien… learning EKG’s is much more fun with the shock factor he brings to the class.

Best piece of relationship advice? Don’t give away false hopes!
Traditional Hummus
By John Kanaan, MSII

You will need:
- One can of Chickpeas (Garbanzo beans)
- Baking Soda
- Garlic (minced)
- Salt
- Lemon Juice
- Extra-Virgin Olive Oil
- Tahini
- Ice Cubes

Begin by pouring six cups of water into a pot and stirring in one teaspoon of baking soda. Boil on medium until you have a nice steady bizzoil. Pour the can of chickpeas in the boiling water and adjust heat to maintain a slow boil. Boil the chickpeas for ten to fifteen minutes, stirring occasionally (you will know they are cooked enough when the skins of the chickpeas begin peeling off and are softer). Following this, strain the chickpeas and gently rinse them with cold water. From here, place what is left of the chickpeas (some of it will come out in the strain) in a blender, along with a heaping teaspoon of minced garlic, two tablespoons of Tahini, two tablespoons of Olive Oil, half a teaspoon of salt, two tablespoons of lemon juice, and two to four ice cubes. The number of ice cubes has a positive correlation with the creaminess of the hummus you are making; use one or two cubes to gain a thick, heavy texture or use three or four cubes to have a thin, creamier consistency. Blend until the ice cubes are finely ground, and voila, you are finished. All that is left to do is serve with warm pita bread or veggies if that is your thing. When serving, put a few dashes of Paprika and a spoon of Olive Oil on top of the hummus for aesthetic pleasure and watch as your friends become amazed with how worldly you appear to be.

TOP TEN SIGNS YOU NEED A NEW DOCTOR:

10. He calls you at two in the morning "just to talk."
9. Instead of rubber surgical gloves he wears oven mitts.
8. He keeps accidentally referring to himself as "the defen dant."
7. After examining you, he says, "Now do me."
6. He thinks Eastern Medicine was developed in Long Island.
5. He keeps accidentally referring to your legs as "drumsticks."
4. His examination room is Room 201 at the No-Tell Motel.
3. He introduces you to his anesthesiologist, "Doctor Jim Beam."
2. Before surgery, he asks if you want this "to go."
1. He tries to color your X-rays with crayons.
Free and Fancy Free!!
Reflections on being single, female, and a medical student

By: Lauren Leffler, MS3, with special contributions from Melinda Shiver, Angela Goodwin, and Carrie Bradshaw (from Sex and the City)

All things in life come with pros and cons, relationships included. And also as with all things in life, we tend to wish for what we don’t have. Your neighbor’s grass is inevitably greener than your own… or so we think. As a single lady myself, my natural inclination is to think how good it must be for those who have significant others. To not be lonely; to always have someone to call; to have someone to love and who would love me back—these are things I want; who doesn’t?

Carrie: The fact is, sometimes it’s hard to walk in a single woman’s shoes. That’s why we need really special ones now and then to make the walk a little more fun.

Sometimes being single I get this complex that people who are seriously dating or married look at me and think—“What’s wrong with her?” I mean—there has to be something wrong—24 years-old and still no solid relationship. Again, it’s all a matter of perspective as I’m sure some of you are thinking—“24—that’s so young!” But when my first good friend got married at 19, I can’t help but feel a little behind the times.

But enough of this pessimism! When it comes to being single, I opt to have the glass half full. There are Plenty of Good things about being single, such as…

- Independence!
- More money for shoes
- Wear whatever you want at home—from sweats to your birthday suit
- Don’t have to ask permission… for anything
- You are your own boss
- Being able to focus on school
- No obligations to call or “check in”
- Go to concerts, shows, games that actually interest you
- Eat whatever you like…and whenever you are hungry
- No explanations are needed
- Talk on the phone all you want
- Keep in touch with old friends

Bottom line, the biggest advantage to being single is Freedom! Freedom to be who you are, go where you want, do what you wanna do when you wanna do it! How you use that freedom—for your own self-promotion or for the good of others—is your choice… and only singleness grants one the freedom to make that choice.

Carrie: Maybe some women aren’t meant to be tamed. Maybe they need to run free until they find someone just as wild to run with them.
TOP TEN REASONS FOR BECOMING AN ANESTHESIOLOGIST:

10. You can intubate your friends at parties.
9. Have you ever met a happy internist?
8. You don't have enough ego hypertrophy to be a surgeon.
7. You can comfort anxious patients with, “I know just how you feel. It's my first anesthetic, too.”
6. Any job where you can drive to work in green pajamas is a cool job.
5. You can park next to rich doctors like ophthalmologists.
4. You can cover your mistakes with Versed.
3. After spending the night with surgeons, they still won't respect you in the morning.
2. If you get bored on the weekends, you can give yourself a spinal.
1. No office, no overhead, no rectal exams!!!

“Nothing kills a date more than halitosis.” —Dr. Charles Preuss

Let the Games Begin!
Winter ’08 BULLETin Quiz

The first person to e-mail ekim@health.usf.edu with all the correct responses wins a $25 gift card to Vitamin Discount Center!

1) What activity do you need to engage in (and for how long) to burn off the calories from just 2 Tbsp of Hollandaise sauce?
2) What three benefits does resistance training have over aerobic exercises?
3) What is Dr. Preuss’ sure-fire way to get to home plate?
4) Which medical school year was unanimously agreed upon by students’ significant others as the easiest in maintaining a good relationship?
5) What are three unhealthy grieving mechanisms in a breakup?
“In Thanksgiving”
By NAPRS nsanders@health.usf.edu
Go ahead. Take time off to work hard. Volunteering to go on a medical mission is a beautiful way for medical students to be reminded of and be thankful for why we are becoming doctors.

SOUND FAMILIAR?
Back in March, the “volume on thanks” was down. Instead, dark comedy and doubt could be heard from more and more of my colleagues. I would hear them questioning why they were doing what they were doing. Admittedly, I also had my moments of wondering why I bother with the monastic discipline and harry that medical school demands. Sure, the “light at the end of the tunnel” argument is supposed to keep you going. Sure, we have patient contact through our longitudinal clinical experiences. But when most of your day is spent listening to lectures, and everything is attached to a grade, the case for fighting now for the distant future can sometimes seem a rather shallow treatise for why one should be thankful.

Back in March, the closest many of us came to being thankful was surviving our eight hour exam days. Then April came. And in that month of spring and renewal, change lay await for me too. For spring break, I went on a medical missionary trip to Santa Cruz, Bolivia with the USF College of Medicine Christian Medical Association (CMA). Our trip was organized and sponsored by the Construction for Worldwide Evangelism ministry. It was after the week of work, fellowship, and shared vision, that I emerged self-assured, buoyant, ready and reminded of my blessings. Reflecting on my trip to Santa Cruz, I share my thoughts in this reader’s digest version of who, what, when, where, how, and of course, the all important why. You too may find yourself in need of a positive perspective. The truth is, we can begin to be, rediscover being or remain in thanksgiving even at this stage in our lives and careers.

JUST THE FACTS
Traveling internationally, we had to have current passports. And specifically for traveling into Bolivia, we also had to get an entry visa and yellow fever vaccination. Thoughtfully, Michelle and Courtney (pictured below), coordinated a lunch time meeting to complete the forms and requirements in one sitting. A travel health nurse from Passport Health of Tampa Bay came to our meeting armed with vials of vaccine and (ouch!!!) injection needles. I was not the only one to have a sore arm for three days.

April 7, 2008: Our team consisted of twelve medical students, two physicians, two evangelists, and two amazing cooks. Members from the missionary community in the Bolivian cities of La Paz, Sucre, and Santa Cruz joined us to bridge language barriers between patients and providers. The anticipation for a wonderful week of service was captured in this picture just before we departed at 7:00 pm.

April 8, 2008: Two flights later (Tampa to Miami, 45 minutes and then Miami to Santa Cruz, 6 ½ hours) we were on solid ground at 8:00 am, Tuesday morning, safely in Santa Cruz. Despite the 13 hours of mind (and body) numbing travel experience, the journey was eventful. We can tout that we went to the top of the world (…sort of). The plane had a scheduled layover in El Alto International Airport (near La Paz). At an altitude of 4,061 meters (13,323 ft) above sea level, it is the world’s second highest altitude commercial airport. (Head over to Bangda Airport in Tibet People’s Republic of China to experience #1).

Our translators met us at the airport and shuttled us to the haciendita of Jake and Sharon Weibe (both missionaries). We arrived at about 10:00 am and wasted no time unpacking. We expected to have a busy week ahead.

April 9 - 12, 2008: Clinic started at 8 am (sometimes a bit earlier). We practiced medicine at rural churches that would be small and primitive by US standards. Working without “high tech” or modern equipment, daily, we traveled with all the medications, and supplies we (Continued on page 10)
needed. We even had toys for kids. Each morning, we methodically assessed our location and then split into four teams: medical, optometry, evangelical and support. We had six medical stations manned by the medical students. Drs. Anderson and Green served as our experts and floated to each station for difficult cases and dosing of medications unfamiliar to us as students. Conditions such as dehydration, hypertension, gastroesophageal reflux, and diabetes, were common. I diagnosed 2 pregnancies. In one case it was good news and in the other, it was unwelcome. Then, child after child and even the adults had “bichos,” which means vermin. The word was pathognomonic for parasitic worm infections, malnourishment, exposure to contaminated water, and unsanitary living conditions. We treated adults and children over 2 years of age with a single dose of mebendazole -100mg. The sad truth is that likely, they will have to be de-wormed again next year. The good news, we’d be back!

Knowing that our limited samples and time with each family could never adequately manage all the chronic diseases the Bolivians endured, I was still distressed that our team ran out of the over 500 pairs of reading glasses and all of the medicines we brought. However, the silver lining for me was the obvious gratitude our patients showed and their sustained assurance that we were making a difference in their lives right now. The good news, we’d be back!

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April 13, 2008: 6:33am, Farewell Bolivia. So went our mission theme, “CPR,” framed our mindsets: Compassion in action, Preparation for action, and Responding with action. For what we hungered, feeling as though we mattered professionally, day after day we were filled. But we also witnessed and appreciated how laboring though countless labs and lectures translated into our growth, our abilities, and our service to the Bolivians. In just 4 days, the medical team saw 1,127 people. We turned no one away, even if it meant going home later at nights. Yes, our volume was rich, but our patients are poor and lack healthcare. On the flight home, in the eyes of my fellow students, I could see that our knowing glances held the secret of why!

IN THANKSGIVING

There are innumerable, real explanations of why the trip to Bolivia was so dynamic and the dynamism was not exclusive of the medical care we provided. The experience really moves you. It wasn’t New Year’s, but still, in April, I made a resolution to not unconsciously contribute to the collective buzz of destructive complaints back at school. Now it’s November, and I have another resolution. I have decided to deliberately, daily, be thankful for where I live, who I am, what I am becoming and what I do now. I study. And I am thankful that my prayer requests revolve around asking for strength to be able to study and grasp more, rather than around the need for food or shelter. I have choices, options, a sanitary environment, hot water, and so do you. I study and I’m thankful; hopefully, you concur.

My Bolivia trip and my life since have altered my perspective. I adopted a quote from Albert Einstein. My appropriation of his quote declares: Study is the enviable opportunity to learn, grow, and glow. This perspective liberates me and influences my success. My study is my personal joy and is a spring, a profit to me and to the community to which my professional work belongs.

Perhaps we can’t control the fact that we are fatigued right now. It’s easy to complain about our lives as we traverse a road of seemingly endless examinations, “all nighters,” avocational and professional highs and lows, and sometimes feeling ineffective in the sea of patients on hospital wards. However, opportunities and outlets exist for us to be the cause rather than the effect of our lives. Keep working hard! Like I said before, you too may find yourself needing motivation to keep studying and working long hours even though, more often than not, you feel more like a human “doing” rather than a human “being.” There are countless ways to remain enthusiastic and thankful about doctoring even as medical students. Strive to find or rediscover your why. Medical missionary work is just but one outlet to help remain thankful and focused. Cheers and Happy Thanksgiving! J

BOLIVIA CURRENT

FYI: Bolivia is the second poorest country in the Western Hemisphere (second only to Haiti). It is the poorest country in South America. Although Bolivia has a democracy, the country is considered to be the most corrupt government on this half of the globe. Most people in the
country speak Spanish but there is a peppering of those who speak Aymara and Quechua languages. According to the CIA, approximately 90% of the children attend primary-school but often for a year or less.

On September 15, 2008, the day the first and second-year medical students at USF COM sat safely in their seats to take exams, the Associated Press reported the escalating unrest in Santa Cruz and possibility of civil war in Bolivia. That same day, Bolivia’s political crisis prompted the United States to suspend the Peace Corps program in that country, evacuating its estimated 130 volunteers. Missionaries and US citizens living there were offered flights out of the country. That same day, the Los Angeles Times reported the Bolivian death toll at 26 lives lost due to bloodshed in their crisis. Our thoughts and prayers are extended to our Bolivian friends and patients whom we hope will be safe from harm.

Dr. Schrot on the physician-patient relationship:

I attended a conference where the guest speaker, Rachel Remen, MD, told a story of 3 stone-cutters, who were asked what they did at work:

#1 said: “Can’t you see, stupid, I’m killing myself out here in the hot sun breaking up rocks.”

#2 said: “It’s a job. I just earn a living to take care of myself, my wife, and 3 children.”

#3 said: “I am building a magnificent cathedral that will be here for hundreds of years, and this will be a place for people to seek comfort and pray.”

They all did the same job, but their perception of their job made all the difference. Let’s change the characters to medical students who are visiting the Judeo-Christian Clinic as a course requirement for Physical Diagnosis:

Student #1 said: “I am wasting my time here. I should be studying for Monday’s test. The patients here have overwhelming problems that I cannot fix.”

Student #2 said: “I am here because I have to fulfill a course requirement in order to pass this course.”

Student #3 said: “I just saw Carlos, who arrived here 6 months ago from Brazil. We did a prostate exam when he complained of hematuria, and we discovered a prostate nodule. He will see a urologist next week. I hope we caught this at a curable stage. He is a very nice person, who has a family of 3 children.”

How will the doctor – patient relationship be affected? #1 and #2 will “burn out” quickly, and very likely would have “problematic” relationships at the clinic, because they do not possess a “heart of service” for others.

How we treat others in our job and the relationships we have in our job, often are related to how we “perceive our job.” In medical school we spend a lot of time nourishing the brain with medical facts. A suggestion is to also work on “nourishing the heart” in order to foster those attributes and attitudes that will enable us to have better relationships with patients.

Dear Abby,

Ever since I left home for medical school, my mom has been calling me day and night, wondering what I’m up to. If I don’t call her back within a couple of hours, she freaks out thinking I died or something and is ready to call the police. It’s so hard with my demanding schedule to always call her right back. The last time I almost blew up at her from all the stress and frustration. What should I do to help her understand without breaking her little heart?

Sincerely,

Mama’s Boy

Dear Mama’s Boy,

I guess I should answer your question with another question: Is your mother aware that you have a crush on her? I read your letter, Mama’s Boy, and I can’t help but think Freud was correct when he said that a man’s first sexual impulse is towards his mother. My first recommendation in breaking this twisted perversion would be to stop having your mother FedEx you her fresh breast milk. Another thing you could do is remove the picture of you and her kissing from your computer desktop – it’s not as innocent as you make it out to be. If none of that works, your final solution may be to run off with your mother to Europe, where that kind of thing is tolerated.

Abu

Dear Abu,

Dear Abu, I went to a GYN appointment the other day, and guess who walked in to examine me? My professor. It was the most awkward experience I’ve ever been through. I see him on occasion, and I seriously don’t know what to do. Act like nothing happened? Please help!!

Sincerely, In the Open

Dear In the Open,

Seriously, why are you coming to me with this? I’m a freaking monkey, I’M NOT EVEN A GIRL MONKEY! Going from the zero experience I have with this kind of thing, I would say that your situation is no big deal, as your professor has most likely seen thousands of what I like to call “Pandora’s Box.” That is, unless you have something really memorable, like Quadruple Chlamygonormydiaphyllis that glows when you turn the lights out. If that is the case, it is still nothing to worry about; your professor will most likely feel bad and raise your grades out of pity for you and your embarrassed family.

Abu

PS – Yo’ mama is so stupid, at a dance I told her to “Do the robot.” Now R2-D2 has AIDS.
My 3-year-old daughter, Lilu, is already a “LADY.” She wants to pick out her own clothes every morning.

My water broke two weeks before my due date and I had to go through an emergency C-section to have my 38-weeker daughter. She could not even cry loud then because her lungs were not fully developed yet. The tiny (birth weight: 6 lbs and 5 ounces) but healthy baby is now expressing herself too much! Everything has to be done in her own way. Everything is all “mine.” She thinks she is a princess like Snow White or Sleeping Beauty.

Every interviewer at medical school admission offices was concerned about me having a baby, wondering whether I could get through a medical education while taking care of a little girl. Well, I was worried, too. Unlike other moms, who grew up in the U.S. and have a well-developed support system (like grandmothers, aunts, or other relatives), as a person from another country, I did not have any direct familial relationships here.

During the first year, my husband mostly spent his time in New York. Fortunately, my mom came from South Korea to help me out. I really thank my mom for bravely coming to a foreign country, although she does not speak English. Without her, I might not have been able to get through my first year or regularly participate in volunteer activities.

Since my mom returned to South Korea, the real challenges have begun. It has been always challenging determining how to balance out school work and being a mommy to my daughter. Lilu is in a stage where she demands lots of attention from me. She does not even want me to talk to other people while she is present. She literally pulls my head toward her side if I talk to someone else, saying, “look at me, mommy!”

Thankfully, my husband finally came down to Tampa to join us in August. He has been a great help. To keep up with school work, I have been trying to utilize my time at school fully by attending classes and trying to understand the concepts while in class. Lilu goes to daycare all day. We pick her up by 6pm and spend some time with her. During the weekend, I try to spend some time with family and to catch up with studying.

I truly think that I am a really lucky mom because Lilu has never been really sick and she listens to her parents very well. She now even cares about me: whenever I look tired, she comes to me, saying, “Mommy, are you tired? I am your pillow. Come lie down on my lap.”

Everyday, Lilu is giving me more tremendous joy than you could never imagine, although she is also giving me a hard time J. But it is okay to have little trade-off in your life.

Drew Carey, MS3

1) The nicest thing anyone has done for me was … plan a surprise birthday party.

2) Right after an exam, I … play sports or hit the gym.

3) Best piece of relationship advice? Nothing lasts forever, so be thankful for what you have and enjoy the moment.
Now I’m going to ask you some questions about your personal life, some of which may be sensitive, but we ask these of all our patients.

<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now I’m going to ask you some questions about your personal life, some of which may be sensitive, but we ask these of all our patients.</td>
<td>Ahora le voy a hacer algunas preguntas sobre su vida que pueden ser un poco sensibles, pero se las preguntamos a todos los pacientes</td>
</tr>
<tr>
<td>What is your job?</td>
<td>¿De qué trabaja?</td>
</tr>
<tr>
<td>Are you single, married, divorced, or separated?</td>
<td>¿Es soltero(a), casado(a), divorciado(a), o está separado(a)?</td>
</tr>
<tr>
<td>Do you have any children? How many?</td>
<td>¿Tiene hijos? ¿Cuántos?</td>
</tr>
<tr>
<td>Who do you live with?</td>
<td>¿Con quién vive?</td>
</tr>
<tr>
<td>Do you smoke? Have you ever smoked?</td>
<td>¿Fuma? ¿Fumaba en el pasado?</td>
</tr>
<tr>
<td>How many cigarettes a day?</td>
<td>¿Cuántos cigarrillos al día?</td>
</tr>
<tr>
<td>Do you drink alcohol? How much?</td>
<td>¿Toma alcohol? ¿Cuánto?</td>
</tr>
<tr>
<td>Do you use drugs? Which ones?</td>
<td>¿Usa drogas? ¿Cuáles?</td>
</tr>
<tr>
<td>Because violence is so common in people’s lives, I’ve begun to ask all my patients about it...</td>
<td>Porque la violencia es tan común, he comenzado a preguntarle a todos mis pacientes sobre eso...</td>
</tr>
<tr>
<td>Are you in a relationship with a person who physically hurts or threatens you?</td>
<td>¿Está en una relación donde alguien le hace daño físicamente o la amenaza?</td>
</tr>
<tr>
<td>Do you feel controlled or isolated?</td>
<td>¿Se siente controlada o aislada?</td>
</tr>
<tr>
<td>Do you feel afraid of your partner?</td>
<td>¿Le tiene miedo a su pareja?</td>
</tr>
<tr>
<td>Have you ever been forced to have sex when you didn’t want to?</td>
<td>¿Alguna vez la han forzado a tener relaciones sexuales cuando no quería?</td>
</tr>
</tbody>
</table>

**Ms. Stephanie Peters on relationships:**

Having a partner who is supportive of your work makes a huge contribution toward personal happiness and well-being. The alternative is to feel pulled in opposing directions. I have the good fortune of a husband who celebrates my achievements and is a good listener when I make mis-steps. As I advise my young niece, “Be very selective as to your mate— It’s one of the most important decisions you’ll ever make, and being happily single is always an option!”
Barbara Roberts, MS, RD, LD/N has been a Registered Dietitian for 11 years. She has her M.S. in Nutrition & Fitness Health Education from the University of West Florida and her B.S. in Nutrition & Dietetics from the University of Montevallo, just south of Birmingham, Alabama.

She is working toward applying to the PhD in Public Health at USF and is currently employed at the Hillsborough County Health Department in Health Promotion & Education. She also works with HIV/AIDS clients in the Specialty Care Clinic of the health department one day a week.

Barbara has experience in many different areas of dietetics & nutrition including hospital, multispecialty physician clinic, drug and alcohol treatment center, school board based employee wellness and worksite wellness programs.

How to Stay or Get Healthier During the Holidays

The holidays for many of us are associated with excesses, either of food or drink, or both.

Remember, you are the health professional and, like it or not, you are now setting the example for both the public and your family members. I learned a little while ago it is a little hypocritical of me to accuse my family of never eating vegetables and eating only fried food when those are the times and foods I look forward to when I go to see them. So, when you tell Uncle Ned he really should not be eating the slab of pecan pie with 3 scoops of ice cream on top because of his diabetes, you should not be eating a slice of all three pies Grandma made too. If you’re going to tell Grandma it’s going to take 2 hours of walking to burn off that 1 slice of pecan pie you oughtta be out there coaching, and walking with her along the way. Even though they never will listen to us as family members, we are often the ones that set the example, like it or not.

More Tips:

- Try to start eating healthy NOW. Yes, now while you’re reading this. Aim for at least 5 fruits & veggies today & another day this week, add 1 more each week. You’ll be amazed how much better you will feel and you will not want to give it up for the holidays. Get 10 more minutes of activity 2 days this week, then add another day each week- you’ll be amazed how much energy you will have.

- Bike, skateboard, or rollerblade to the mall or shopping center. (Get there faster than driving plus the stress relief you’ll get will be so worth it)

- Buy yourself an early holiday gift- a good pedometer! Get 10,000 steps daily ‘til January & then if you do buy yourself whatever you did not get at the after holiday sale!

- Go for a walk or bike ride with friends instead of meeting for drinks & dinner. If you still want to eat, go after the walk or ride.

- Do the yard work for your grandparents. This is physical activity plus gets you away from your crazy aunt and all the gossip you don’t want to hear anyway.

- Housework counts too- remember this is the chance to keep yourself busy & get some stress-relieving physical activity.

- At holiday parties, remember to dance as much as you can. The physical activity is great, plus everyone will want to be near you. This chatting you up keeps you from eating a little of everything from the buffet line.

- Sign up for a charity race, bike ride, or walk the week of the holiday in your hometown. Sign up for the Gasparilla race and the half-marathon on February 8. This will force you to remain or get in shape starting now.

(Continued on page 15)
For alcoholic beverages:
- Limit cream based, often frozen ones such as eggnog, white & black Russians/
- Choose tonic water, seltzer, or diet soda as mixers.
- For every 1 drink you have, drink 2 glasses of water or diet Coke.
- Drink light beer.
- One glass of wine.
- Remember portions: 2 drinks = 4 oz wine (1/2 cup), 12 oz beer or 1 oz liquor.

On the day of the holiday:
- Start thinking the day before what you really want to have. Choose items you only have available on special occasions. Sara Lee Pecan pie you can pick up at Publix in July, so skip that one. If Aunt Sue’s Cornbread Stuffing is what you love, have it. If mom only makes homemade mashed potatoes this time of year, have that. Remember, you don’t have to taste everything and if they are insulted about you not eating it, they’ll forget it by the next day.
- Take a walk after the big meal- this gets you out of dish duty too!
- Play football, basketball, or soccer with the kids.
- Get the Wii & show the family the activity options instead of watching TV.

Overall, try to enjoy the day and get some activity in at the same time, so you can feel good on the inside spending time with your loved ones, and feel good physically, caring for yourself.

### Activities to burn off the calories of the food you ate:

<table>
<thead>
<tr>
<th>Food</th>
<th>Calories*</th>
<th>Activity needed to burn it off**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 cup egg nog</td>
<td>300</td>
<td>1 hour on trampoline</td>
</tr>
<tr>
<td>4 oz roasted ham</td>
<td>200</td>
<td>20 minutes tennis</td>
</tr>
<tr>
<td>4 oz turkey white meat</td>
<td>180</td>
<td>1 hour housework</td>
</tr>
<tr>
<td>4 oz turkey dark meat</td>
<td>212</td>
<td>45 minutes Tai Chi</td>
</tr>
<tr>
<td>1 cup mashed potatoes</td>
<td>240</td>
<td>20 minutes jump rope</td>
</tr>
<tr>
<td>1 cup stuffing</td>
<td>230</td>
<td>45 minutes volleyball</td>
</tr>
<tr>
<td>1 cup sweet potato casserole</td>
<td>490</td>
<td>100 minutes raking leaves</td>
</tr>
<tr>
<td>1 cup green bean casserole</td>
<td>260</td>
<td>1 hour horseback riding</td>
</tr>
<tr>
<td>1 latke (potato pancake)</td>
<td>200</td>
<td>20 minutes soccer</td>
</tr>
<tr>
<td>2 Tbsp Hollandaise sauce</td>
<td>130</td>
<td>20 minutes walking</td>
</tr>
<tr>
<td>1 cup broccoli/cauliflower</td>
<td>25</td>
<td>5 minutes biking</td>
</tr>
<tr>
<td>1 cup asparagus</td>
<td>25</td>
<td>5 minutes walking</td>
</tr>
<tr>
<td>1 cup brussel sprouts</td>
<td>25</td>
<td>5 minutes active touch football</td>
</tr>
<tr>
<td>1 slice pecan pie</td>
<td>500</td>
<td>1 hour racquetball</td>
</tr>
<tr>
<td>1 slice pumpkin pie</td>
<td>320</td>
<td>35 minutes ice hockey</td>
</tr>
<tr>
<td>1 slice apple pie</td>
<td>410</td>
<td>1 hour chopping wood</td>
</tr>
</tbody>
</table>

*Source: Calorieking.com
**caloriecount.about.com based on 150 lb person
Date Night Hotspots

By Matt Mullen, MS2

Being a single guy in med school is hard. You don’t have a job, you’re mounting debt, and you’ve got very little free time to try and meet women. The situation appears bleak, but I’ve compiled a list of restaurants that should give you a fighting chance with the ladies and not burn a hole in your pocket.

Sinigual
805 Brandon Town Center Mall (813) 684-3917

Looking to impress your date with your Spanish skills? Look no further than Sinigual contemporary Mexican. It’s a little pricey, but the food is the best I’ve had in the Tampa area. It’s usually packed and fairly loud, which is perfect for masking those awkward first date silences. And if the date doesn’t go over well, there’s a bar with good draft beer and plenty of ridiculously attractive waitresses to hit on.

Pei Wei Asian Diner
12927 N Dale Mabry Hwy, Tampa - (813) 960-2031
217 S Dale Mabry Hwy, Tampa - (813) 207-1190

Pei Wei has the perfect blend of price (everything is under 10 bucks), quality food, and atmosphere. Think Jason’s Deli, but with an Asian twist.

Cheesecake Factory
2223 North West Shore Blvd Suite B201, Tampa, FL 33607
(813) 353-4200
781 Brandon Town Center Mall, Brandon, FL 33511
(813) 571-5599

Women love Cheesecake Factory. I don’t really know why, but I say go with it. It’s a little pricey, but the portions are huge. The dim lighting is perfect for a blind date with that girl with the great personality.

Ciccio & Tony’s
16019 Tampa Palms Blvd W, Tampa - (813) 975-1222

This place has the perfect ambience for that date where you really want to get to know the girl. It’s fairly small and quiet, but the food is amazing for the price. Just about everything on the menu is under $15 and consists primarily of variations of fish or chicken with rice and veggies. Plus, it’s recommended by MSII John “he got game” Emerson as the perfect date restaurant.

Now that you’ve got a whole arsenal of places to take a girl, there’s one more piece of advice I have: wear scrubs and a pager on the first date. Then have someone page you during the meal. This way, if the date is going terribly, you’ve got an easy way out – “sorry gotta go save lives.” And if the date’s going well, then you blow it off and win instant points with the girl.

Jessica Moore, MS1
1) Right after exam, I … drink … a lot.
2) My favorite professor is … Dr. Bennett.
3) Best piece of relationship advice? Be honest.

Francesca Dimou, MS2
1) The nicest thing anyone has done for me was … cooked dinner and dessert for me.
2) Right after an exam, I … clean & eat!
As you might already know, tobacco use is a leading cause of preventable death. In theory, each person is responsible for their own lifestyle choices whether it is to use tobacco, be sedentary, or eat an unhealthy diet. Unfortunately, reality shows that the best way to encourage healthy lifestyles is to create an environment where the healthy choice is the easy choice. Examples include developing walkable communities and healthy choice vending machines.

When it comes to tobacco, we can encourage healthy lifestyles by creating environments where tobacco use is not permitted. Great places to implement such policies are medical facilities. Having a tobacco-free campus protects physicians, patients, visitors, and employees from the health effects of secondhand smoke and prevents patients from smoking. While working in Charlotte County Health Department last year, 11 Healthcare CEO’s from Sarasota, Desoto, and Charlotte counties signed a proclamation agreeing to establish their campuses as tobacco-free. Currently, all the hospitals in that tri-county region have tobacco-free campuses. This year in Hillsborough County, H. Lee Moffitt Cancer Center & Research Institute also became tobacco-free. The Florida Hospital Association is strongly encouraging all Florida Hospitals to become tobacco-free.

In the future, you can play a vital role in preventing tobacco-related illness by making sure your medical facility is smoke-free; educating parents on the dangers of secondhand smoke, and continually encouraging tobacco users to quit.

Patient intervention can be as brief as 30 seconds. It is vital to always ASK the patient about their tobacco use and if smoking occurs in their home and/or car. If they do use any tobacco products, ADVISE them to quit, discuss with them the health risks of exposing others to secondhand smoke, and advise them to have a totally smoke-free car and home. If they are interested in quitting, REFER them to cessation opportunities. By continually improving tobacco policies like supporting legislation to prevent smoking in cars when minors are present and having tobacco-free campuses, we can live a healthier and greener (tobacco butts are an environmental issue we must contend with) society.

Just as this advertisement seems completely out of place today, tobacco use in healthcare campuses needs to be de-normalized.
WHY CHANGE!

Dear Readers:

Frankly speaking, sometimes we all express the feelings of being tired and fed up with our jobs. Some of us are eagerly waiting for retirement. Well, it all depends upon personalities and preferences. But, no doubt, the drastic organizational changes also leave a strong impact on such feelings. The question is, could we resist change? ABSOLUTELY NOT. Resistance to change resides in basic human characteristics, such as perception, personalities, and mood. Some individual resistance to change could be a challenge to our accustomed ways: security, economical factors, and the fear of the unknown.

“CHANGE, what people fear most.”

(Feder M. Dostoievsky)

However, we cannot deny the reality that change is a law of nature. It does not happen in a vacuum. Its manifestation is self-evident and it gives a strong impetus to human needs and to time. History indicates how the world has moved from Agriculture to Technology to Information Systems. We are in the era of Information Systems. Change could be overt, implicit, immediate, or deferred, but its implementation is inevitable. Change simply means a difference between success and failure in this ultra-competitive world.

Today’s organizations can’t survive without facing the change revolution. Reengineering, joint ventures, and competitive pressures are standards for progress. No one likes to stay behind. Every level of management is striving for the best. Health organizations are on the top of the list in this matter because of the advanced research techniques and ever-challenging, emergent medical necessities. Change is a peak of progress there and never brings the end.

“CHANGE, the only thing that has brought progress.”

(Charles F. Kettering)

“It is a secret both in nature and state, that it is safer to change many things than one.”

(Sir Francis Bacon: Of Regimen of Health)

Some organizational resistance to change could be a threat to established resource allocations, threat to established power relationships, threat to expertise, threat of the new entrants in the organization or the productivity challenges, etc. Even then, the philosophy of change: “Risk, Hope and Success,” has become a global phenomenon. The whole world is seriously engaged in such pursuit and there is no evidence that such pursuit will cease in the future; it will only increase more.

Possibilities where change might occur include structure, technology, physical settings, people, environmental forces, and on top of that, natural disasters to stir up the whole thing. If any change lacks efficacy, it is a message to mount another change. It means that change is an ever-circulating force.

“There is nothing permanent except change.”

(Heraclitus: Fragment)

Tactics for reducing resistance include one’s thought process, open-mindedness to accept the latest in education, communication, participation, facilitation, support, negotiation, manipulation, cooperation, and coercion to some extent. These tactics are formative and informative to animate our job spirit and enhance the perceptiveness and to provide us with pathic forms of understanding that are embodied, situational, relational, and enactive.

Change comes from all around. Weather changes, circumstances change, health changes. For example, as we get our house renovated, we feel better. In the same way, change and adaptation refresh our minds and potentials. As we all know, being in a health organization, we are required to be optimally productive because the VALUE of HEALTH is before us and it constantly reminds us of the importance of being positive and responsive to cohesiveness, practicality, and accountability. Any way, it is always exciting to see one’s own progressive efforts. Why Fret!

“Let the great world spin forever down the ringing grooves of change.”

(Tennyson: Locksley Hall)

Finally, let’s not forget to honor ourselves with our intrinsic reward as we get the job well done and keep moving on towards EXCELLENCE.

Rashda A. Mahmud

MEDICAL RECORDS DEPT
USF MEDICAL CLINIC
UPPER BODY STRENGTH TRAINING

By Jessica Teav, MSIV

In previous editions of the BULLetin, fitness articles have focused more on aerobic exercise. Yet this is just one aspect of physical fitness. Another significant component is strength training. As more research is performed new evidence emerges demonstrating that the benefits of strength training go beyond aesthetics, increased lean body mass & bone strength. One study reviewed compared the health benefits of aerobic endurance to those of resistance training. A few of the key findings are summarized below*:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Aerobic exercise</th>
<th>Resistance exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basal Metabolism</td>
<td>↑</td>
<td>↑↑</td>
</tr>
<tr>
<td>Risk of Falls</td>
<td>←→ ↑↓</td>
<td>↓</td>
</tr>
<tr>
<td>Insulin Sensitivity</td>
<td>↑↑</td>
<td>↑↑</td>
</tr>
<tr>
<td>Strength</td>
<td>←→ ↑↑↑↑</td>
<td></td>
</tr>
<tr>
<td>Independent living/mobility</td>
<td>↑↑</td>
<td>↑↑↑↑</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>↓ ←→</td>
<td>↓</td>
</tr>
<tr>
<td>% Body Fat</td>
<td>↓↓</td>
<td>↓</td>
</tr>
</tbody>
</table>


With all of these benefits to our health and even more not listed here, we should all be engaging in strength training. However, at least for myself, this is one area of physical fitness that remains somewhat of a mystery. I love spending time on the elliptical, treadmill, bike, or Stairmaster, but approaching the weight training area of the gym is like entering a foreign land with a language in which I am not well versed. So with the help of some research and my husband who has a B.S. degree in Exercise Sports Science, I’ve put together an upper body strength training workout complete with instructions and pictures.

Upper body Workout

**Bench Press:**

*Principal muscle(s) worked:* Pectoralis major/minor, deltoids, & triceps

*Starting position:* Laying with back on bench

*Instructions:* Bring the barbell down to where it just touches your chest; then expire as you extend your arms and raise the bar.

Seated Lateral Rows:

*Principal muscle(s) worked:* Latissimus dorsi & rhomboids

*Starting position:* Seated, leaning forward

*Instructions:* Grasp handgrips with arms fully extended; pull toward your body until your fists contact your abdomen.

(Continued on page 20)
Military Press:
Principal muscle(s) worked: Deltoids
Starting Position: Seated with hands holding the dumbbells just above shoulders
Instructions: Raise dumbbell until arms are extended above head; then return to starting position.

Bicep Curls:
Principal muscle(s) worked: Biceps, brachioradialis
Starting position: Standing with knees slightly bent & feet shoulder width apart
Instructions: With dumbbells held in full extension about 1 foot apart, curl to attain full flexion at the elbow.

Modified Tricep Extensions on Flat Bench:
Principal muscle(s) worked: Triceps
Starting position: Seated
Instructions: With dumbbells grasped in full extension above head, bring down to full flexion at the elbow; then extend to return to starting position.

Push-ups:
Principal muscle(s) worked: Pectoralis major/minor, rhomboids, latissimus dorsi, deltoids, & triceps
Starting position: Laying prone with arms at full extension against the floor & hands shoulder width apart
Instructions: Lower body down to point where chest barely touches floor, then push body up with arms to return to starting position.

Upright Lateral Rows:
Muscle/muscle groups worked: Trapezius, upper deltoids
Starting position: Standing with knees slightly bent, feet shoulder width apart, & hands pronated
Instructions: Elevate dumbbells up towards chin & return to starting position

For each exercise, choose a resistance level such that only 8-12 repetitions can be performed before muscle exhaustion is reached—i.e. you cannot physically do another repetition. Classically, weight lifters are taught to do 3 sets (repeating the 8-12 repetitions 3 times with a rest period of a few minutes between each set); however, several studies suggest that the same results (gains in strength) can be achieved with a single set. Ideally, one should perform strength training exercises 2 to 3 times per week.

REFERENCES:

“Unlike Hollywood celebrities, nobody cares how thin the QRS segment is.” –Dr. Kevin O’Brien
Dr. Charles Preuss is one of the newest members of the USF COM faculty in his first year working for the department of molecular pharmacology and physiology. Known for his laid back and comedic nature, Dr. Preuss has already made a big hit among students with his notable one liners and overall positive demeanor. I had the chance to sit down and chat with Dr. Preuss about his decision to join the USF team and also to learn a little about his family and some of his views on relationships. Dr. Preuss took the time to share his fail safe MOA (mode of action) for dazzling the ladies, a few ways to keep your relationships within the therapeutic window, and even some of the side effects associated with a date gone bad. So sit back, relax and get to know Charles (The Love Doctor) Preuss. (Any KISS fans out there… maybe… anybody… no… OK) ;)

Dr. Charles Preuss was born and raised in Detroit, MI. He attended Wayne State University located in the heart of Detroit and received his B.S. in Pharmacy after originally starting school as chemical engineering major. He always enjoyed chemistry, but it was through his grandfather and uncle’s encouragement (both pharmacists) that led him to pursue the field of pharmacy. After receiving his pharmacy degree, Dr. Preuss went back to school and achieved a PhD in the field of pharmaceutical sciences from Wayne State. After completing a Post Doc at the Mayo Clinic in Minnesota and holding several academic positions around the nation, Dr. Preuss has found himself in Central Florida at the USF COM.

Dr. Preuss feels he is already a part of the family and jokes that USF made him “an offer he couldn’t refuse” (Godfather reference for all you non-movie buffs out there). His family of four, which includes himself, his wife Shuh Wei and his two daughters Anastasia 6, and Isabella 1 (both of which serve as weekend comedy critics), made the decision to move to FL after living in the colder northern climate in the hopes of finding some sunshine and warmer weather. Dr. Preuss’ Relationship Lesson #1: A happy, and in this case warm wife = A happy family.

New to the area, and USF, Dr. Preuss is excited about the change in climate and academic environment, and is looking forward to his future as a part of the USF family (at least until his budding comedic career takes off).

The Love Doctor on Relationships:

USF Wellness Bulletin: You frequently mention your daughters during lecture and there helping you with your jokes. Tell us a little about your relationships with them and your wife and what those relationships mean to you.

Dr. Preuss: “Family life is really #1 and comes above everything else. You can never sacrifice your family for your career. It is too easy in life to sacrifice too much and in the long run it isn’t worth it. Family is, and should be the top priority.”

WB: What is the most important part of a healthy relationship?

Preuss: “The primary component is unconditional (Continued on page 23)
COMMUNITY EVENTS
WINTER 2008-2009

SPORTS:
Football
College
ACC Championship game - Dec. 6 @ 1:00 pm @ Raymond James Stadium
St. Petersburg Bowl - Dec. 20 @ 4:30 pm @ Tropicana Field
Outback Bowl - Jan. 1 11:00am @ Raymond James Stadium
Super Bowl - Feb. 1 @ Raymond James Stadium
Bucs Games
Sun 12/21 San Diego 8:15 pm @ Raymond James Stadium
Sun 12/28 Oakland 1:00 pm @ Raymond James Stadium

Hockey
Tampa Bay Lightning Games
All games start at 7:30pm at the St. Pete Times Forum.

Dec. 4 vs. Boston
Dec. 6 vs. Buffalo
Dec. 18 vs. Colorado
Dec. 27 vs. Florida
Dec. 30 vs. Montreal
Jan. 3 vs. Carolina
Jan. 15 vs. Philly
Jan. 17 vs. Florida
Jan. 19 vs. Dallas
Jan. 21 vs. Buffalo
Jan. 27 vs. Montreal
Jan. 30 vs. Philly

MUSEUM EXHIBITS:
Audience & Avatar
Where: Contemporary Art Museum at the University of South Florida, 4202 East Fowler Ave., University of South Florida, CAM101, Tampa
When: Through Dec. 13
What: This exhibit brings together an international group of artists who explore diverse ways in which video games, game culture, technology and psychology influence participation and representation of the viewer in art.

Wilfredo Lam in North America
Where: Salvador Dali Museum, 1000 Third St. S., St. Petersburg
When: Through Jan. 11
What: The exhibit features works by the celebrated 20th century Cuban-born artist.

To Live Forever: Egyptian Treasures from the Brooklyn Museum
Where: The John and Mable Ringling Museum of Art, 5401 Bay Shore Road Sarasota
When: Through Jan. 11
What: Highlighting the ways in which ancient Egyptians dealt with death, the exhibit showcases more than 100 objects from the Brooklyn Museum’s collections of ancient Egyptian art including mummies, coffins, stone sculpture, gold jewelry and sacred vessels.

SHOWS AT THE TAMPA BAY PERFORMING ARTS CENTER:

- Gioachino Rossini’s The Barber of Seville (December 5 - 7, 2008 @ Carol Morsani Hall)

- Ian Fleming’s Chitty Chitty Bang Bang (December 9 - 14, 2008 @ Carol Morsani Hall)

- The Florida Orchestra presents Haydn, Brahms & John Shaw (December 12, 2008 @ Ferguson Hall)
• Orlando Ballet's *The Nutcracker* (December 23, 2008 @ Carol Morsani Hall)

• *Spring Awakening* (December 30, 2008 - January 4, 2009 @ Carol Morsani Hall) - winner of 8 Tony® awards, including Best Musical!

• Jobsite Theater presents *Picasso at the Lapin Agile* (January 8 - 25, 2009 @ Shimberg Playhouse)

• Arnez J. & Friends Comedy Show (January 16, 2009 @ Carol Morsani Hall)

• David Copperfield presents *An Intimate Evening of Grand Illusion* (January 18, 2009 @ Carol Morsani Hall) - a mind-bending array of interactive illusions.

• *A Chorus Line* (February 3 - 8, 2009 @ Carol Morsani Hall) - winner of nine Tony® Awards, including Best Musical and the Pulitzer Prize for drama, this singular sensation is the longest-running American Broadway musical ever.

• *Waist Watchers, The Calorie-Free Musical* (February 6 - May 10, 2009 @ Jaeb Theater)

• The Pink Floyd Experience (February 15, 2009 @ Carol Morsani Hall) - the ultimate tribute for real Floyd fans - the legendary music, mind-blowing lights and unsurpassed sound of The Pink Floyd Experience.

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(Continued from page 21)

*love; it can't be based on any preconceived notions.*” (We can only hope he is referring to his wife and not the Med Pharm course director Dr. Nazian)

WB: Where do you go for relationship advice?

Preuss: “I depend on my wife. She doesn’t pull any punches and always tells it to me straight. She is sure to let me know if I am being the knucklehead.”

WB: What is some advice you have on maintaining good relationships (friends, coworkers, family, etc.)?

Preuss: “The ability to listen. Too often in relationships people try to get their point across without really listening, especially in the working environment. In our society we are too quick to give our opinions instead of taking the time to listen to others.”

Some of the “Good Stuff”!

WB: In your past would you have considered yourself a heartbreaker, or the brokenhearted??

Preuss: “Heartbreaker for sure. (Laughs) I was definitely the one breaking hearts.” (Sounds like an original playa... from the Himalayas! Maybe... no... anybody?? )

WB: Give us a recap of your worst date?

Preuss: “I asked a really good-looking girl to go to a dance with me. She agreed but when we got to the dance she disappeared. She ended up hanging out with her friends all night, refused to dance with me, and then refused a ride home.” (So you’re the heart breaker huh? Yeah, we got ya.)

WB: What is your patented, fail safe technique to dazzle the ladies? We want the good stuff.

Preuss: “Nothing works better than a candlelit dinner and some smooth charm. If you can show her that you can cook, you’re practically to home plate.” (From the sound of it, Dr. Preuss spends more time at home plate than the umpire)

WB: On which date should you bring flowers?

Preuss: “Definitely can’t do it on the first date, but by the 3rd date a poor student should have saved enough money or hustled someone for enough cash to buy the flowers. Either way, the relationship has to be serious enough that you are guaranteeing some dividends.” (Kinda like a stock portfolio, before you invest, make sure there is going to be a return. GOTIT!!)

WB: Ideal date with your wife?

Preuss: “A dinner somewhere, and then a movie... Something that’s mellow, romantic, and that you both can enjoy. It’s all about low pressure and having a good time. It doesn’t hurt to get the best bang for your buck either.” (Taco Bell and Blockbuster, Perfect)

WB: Thanks to Dr. Preuss for the interview and advice!

“So how did this kid get mitral regurgitation? [class responds] It just happened, is that what you’re saying? It’s a miracle? Well, it wouldn’t be a miracle, it would be a... demonic thing.” –Dr. Don Wheeler
I catapult through space and freezing white water, sliding narrowly between the rocky faces of the Zulg canyon. The next moment, I am trapped underwater. A siphon, better known as the “Washing Machine,” has me pinned. You’ve heard the expression “up the creek without a paddle?” In this situation, I am descending the creek as the paddle. Suddenly, the “Washing Machine” spits me out and I am sliding once again over sharp rock, headed for a 15-foot drop.

My experience as a member of a “long-distance relationship” over the past five years has been similar to my experience canyoning through the Swiss Alps. Canyoning, or canyoneering as it is called in the United States, involves traversing a canyon by walking, sliding, jumping, rappelling, scrambling, and swimming. There are wonderful periods of easy cruising, gently over natural rock slides. Suddenly, you are greeted with a 30-foot waterfall where you must expend vigorous energy navigating cautiously and gingerly; a misplaced foot in any direction and disaster will ensue. This analogy can be applied to almost any type of relationship, even one that is local. However, from my experience, these obstacles in a long-distance relationship are magnified. As an experienced long-distance relationship (LDR) participant, I should theoretically be the best person to write an article about LDR’s. All that I can tell you with certainty is my relationship is still going. There have been many ups and downs, fumbling and mistakes and therefore I have a few lessons to share so that others will hopefully navigate the waters a little more gracefully.

1. Ask the important questions at the onset, to make sure you are both clear on the parameters of the relationship (ie. is this an exclusive relationship or not?). Stating your end goal or ideas will allow each person to maintain their own needs.

2. Communicate in some way every day, more than once if possible. All communication does not have to be over the phone. Send e-mail, write love letters, send small gifts or flowers for no reason. Quantity is as important as quality.

3. Defy the distance and do things together. Interacting purely over the phone can become dull in the long run. Try to do some of the same things people in short-distance relationships do, like watching a TV show together or a movie simultaneously.

4. Don’t forget to appreciate the advantages of the long-distance situation. Being apart gives you the chance to maintain your individuality. As a busy medical student,

5. you can take care of school obligations without feeling guilty of time spent away from your significant other. Your significant other will always want to see you at your best and not tired or complaining after a long hospital shift.

6. Do your best not to be controlling as this will be a quick end to your relationship. As long as each of you is committed to the relationship, you will endure regardless of the distance.

7. Know your long distance end-date and talk about it. Knowing your relationship is going somewhere will remind you that your efforts to maintain a long distance relationship are eventually going to pay off.

8. Visit as often as you can. Phone calls alone are not enough for relationship growth. The key is frequency of communication and in-person visits.

9. Don’t poison your relationship with jealousy or drama. If you interrogate your significant other every time (s)he goes out with friends, you will drive him or her away. Each of you should maintain your social activity independently and trust your significant other until you have a reason for doubt.

10. View the ‘long distance’ part of your relationship as temporary and remain positive. Your partner will sense your positive feelings and sense of security.

11. No regrets. I would hate to be exclusive with someone who lives far away for a number of years, seeing them a handful of times per year, only to break up down the road. If you have any doubts that your significant other might not be the right person for you, perhaps ‘seeing other people’ will push your feelings one way or the other. By seeing other people, at least you will not have missed out on other opportunities while waiting for the distance gap to close.
There is a long held saying that “sticks and stones will break your bones but names will never hurt you” that isn't accurate when it comes to abuse in relationships. And currently as we experience some significant economic stressors, a tendency to abuse may escalate.

Relationship abuse occurs when an individual or individuals in a relationship or marriage attempt to dominate and/or control the other by using emotional intimidation. The goal of such intimidation is to wear down the other in order to achieve control. While many think of relationship abuse as being primarily physical, there are different types of abuse including emotional, sexual, and economic abuse. Many abusers behave in ways that include more than one type of abuse. Such abuse is not gender specific (i.e. the abuser may be male or female) although women predominate in terms of being the one abused. Abuse occurs within all types of relationships (i.e. heterosexual as well as same-sex relationships), ethnic groups, and socio-economic statuses.

Research tends to indicate that such abuse is often a deliberate choice made by the abuser. How can this be so? Because usually the abuse is directed only toward a certain individual or individuals and can usually be brought to a halt if a potential witness arrives. When the abuse becomes physical, the abuser often hits areas where the bruises will not be evident.

So how do you know if you are in an abusive relationship? Ask yourself if any of the following questions apply to you. Do you...

- frequently feel afraid of your partner?
- avoid addressing certain topics out of fear of angering your partner?
- feel as if you can’t do anything right?
- believe that you deserve to be hurt or mistreated?
- wonder if you’re the one who is responsible for what is happening?
- feel emotionally numb or helpless?

Does your partner...

- have a bad or unpredictable temper?
- constantly have to know where you are and what you are doing?
- actually show up to see if you are where you say you are?
- treat you so badly that you are embarrassed for your friends or family to see?
- ignore or put down your opinions or accomplishments?
- fault you for their own abusive behavior?
- act jealous and possessive?
- control where you go or what you do?
- keep you from seeing your friends or family?
- see you as property or an object rather than as a person?
- threaten to commit suicide if you leave?

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force you to have sex?
destroy your belongings?
limit your ability to leave by controlling finances, the phone, or the car?

Remember that abuse may be more than physical. Emotional or psychological abuse chips away at an individual’s feelings of self-worth and independence to the extent that one feels trapped in the relationship. One can begin to believe there is no way to survive outside of that relationship. Yelling, name-calling, blaming, criticizing, shaming, intimidating, and controlling behavior are all types of emotional abuse.

Physical abuse is the use of physical force to injure or endanger another. Such abuse may include hitting, slapping, punching, grabbing, restraining, choking, throwing objects, or using a weapon. Sometimes the abuser forces the other to engage in unwanted, unsafe or degrading sexual activity as well. Even if one is in a relationship where one has had consensual sex in the past, the abuser can use sex as another means of control. And last but not least, the abuser can also control one’s independence and way of getting out by affecting the economic or financial status of the other by withholding money, preventing the other from working, or even sabotaging the other’s job by making the person miss work.

There is a known cycle to such abuse:

- First the abuser acts in an aggressive or violent manner in order to show the victim “who is boss.”
- Second the abuser feels guilt: this guilt is not over what has been done to the victim but concern over being found out and facing the consequences.
- Next the abuser rationalizes what has been done by making excuses or even blaming the victim.
- The abuser then may act as if nothing happened or even be overly attentive in a positive manner. This intermittent reinforcement keeps the victim “hooked” into the roller coaster of emotions and belief that the abuser is really sorry and will change.
- The abuser begins to fantasize about future abuse and develops a plan to set up a situation where the abuser can justify further abuse.

This cycle continues and repeats until someone seeks help and is able to get out of the relationship safely. If you answered “yes” to a lot of the above questions or identify with this article, help is available. The H.E.L.P.S. (Health Enhancement for Lifelong Professional Students) is available for all students in the College of Medicine by calling: 813-870-0184. Confidential help is available 24/7.
Achy Breaky Heart: 8 Ways to Get Over Your Ex
By Elizabeth Kim, MSII

They may be rough or amicable, but breakups are certainly not one thing: easy. I mean, how many songs have been written about them? (And sadly, I probably own about 90% of them) We all go through breakups in different ways, some of which are healthier than others … and in case you were wondering, it’s not healthy to rot in front of the TV with your old friends, Ben and Jerry.

As students in a demanding field, any loss in time or productivity really shows. Our grades may take a dip, we might drop off the face of the planet (more so than the weekend before exams), or we might drop out altogether. However, I do hope that some of these tips will be helpful in getting over a significant other and moving on with your life in the healthiest way possible.

1. STOP stalking your ex online. “Out of sight, out of mind” is really difficult when you’re constantly stalking their every move on Facebook or another social networking site (What’s his/her current relationship status? Were our old pics un-tagged? Is the new girl/guy hotter than I?). As simple as it sounds, it’s impossible to let go when you’re still holding on! If need be, quit that site altogether, or at the least, put a temporary block on it (Mozilla Firefox has a wonderful add-in called “BlockSite” that you can also use before exams).

2. Accept your pain, but try your best to avoid a pity party, and if it must be done, at least invite some friends over. Sobbing alone to a repeat of “your song” while reminiscing of all the special moments you shared is not the thing to do right now. Obviously, there was a reason for the breakup (and frankly, probably several). Romanticizing about how perfect your relationship was and how you’re never going to find someone like him/her is NOT going help. Now is the time to think positively about the future. This change doesn’t have to be bad, and now you have more time, energy, and funds to invest elsewhere!

3. You’ll probably need a clean break, at least for now. C’mon, let’s be honest. If you’re hurting now, then chances are, trying to stay friends (and even more un-recommended, lovers) is just going to open those wounds more. As TLC would sing, “Don’t go chasin’ waterfalls…”

4. Reconnect with your old buds. You’ve probably been neglecting your posse ever since you got whipped by your significant other. Be prepared though, as they’ll probably give you a mouthful of “I told you so!” Go out with your buds and do something you used to love to do before “(s)he who shall not be mentioned” came into the picture – this will remind you of who you were/are sans the ex.

5. Get in shape! Remember those days when you’d be hitting the gym every day? (ok, every other day … or week??) Well, people in relationships tend to slack off appearance-wise. Now’s your chance to BUST that stress, anger, and your infatuation handles. On the most shallow level, your killer shape and gunz show will boost your confidence that (s)he is missing out on the REAL DEAL. If you’re not showering and eating fruit loops for every meal, let’s just say… good luck…

6. Take a breather. Every life change requires slowing things down a bit. If possible, try to keep the responsibilities down to a minimum. Your body and mind may not function optimally with the added stress and discouragement, so take it easy so that you don’t get overwhelmed.

7. Listen to great (non-emo) music that’ll Pump. You. Up. Some classic examples: You Oughtta Know by Alanis Morrisette, I Will Survive by Gloria Gaynor, Fighter by Christina Aguilera, In the End by Linkin Park, [I Hate] Everything About You by Three Days Grace. No offense to Leona Lewis, but please no buzz-kill songs that belt: “You cut me open and I, keep bleeding, keep keep bleeding love.” OUT!

8. Refrain from partaking in any of the following unhealthy grieving mechanisms: keeping a lock of their hair to smell each day, rebounding to another relationship (and anything that involves the words hook and up), turning to drugs/alcohol to numb yourself, revenge in any form (this includes dissing someone on the internet or spreading rumors/secrets), incessantly asking your ex to take you back, withering away from society to try to get through it alone, constantly asking mutual friends about your ex, thinking about suicide… you get the point.
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