What does it mean to be fit?

By: Drew Carey, MSIII

Does it mean you can still put on those size 0 jeans? Or you are still using the last hole on your belts. Does it mean you can do your laundry on your stomach? Or you can run a marathon, or just a mile under ten minutes. If I asked each person in medical school what fitness means to them, I bet I would never hear the same answer twice. Everyone has a general feeling of what it means to be fit, but how does one become fit, how does one stay fit, and what does being fit have to do with being healthy?

In today’s pop culture, fitness might be replaced by “heart healthy.” When I was four, “fit” had something to do with getting a square peg in a round hole, or maybe I was never good with shapes. In elementary school, the Presidential Fitness challenge involved a timed mile, pull-ups, and sit-ups in a minute. When I was in high school, I thought it had more to do with how I looked in the mirror with my shirt off. Now, every once in a while, I get this terrible feeling of being unfit after eating at Five Guys Burgers & Fries, bless the deliciousness, but it seems like it cancels out at least a couple miles on the treadmill. Maybe there is something more to fitness.

Whenever I struggle with important questions, I do what everyone else does, think long and hard, and if I can’t figure out, I turn to celebrities. The tabloids in the grocery stores can tell all the latest and greatest trends to get in shape, how Oprah or Britney Spears lost 30 pounds and just about anything else someone could ever want to know.

But how about asking a celebrity who has spent his life being fit? Lance Armstrong at one time might have been considered the fittest person on earth, winning the most grueling athletic event on the

(Continued on page 3)
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Shelly Odom, MSII

1) My definition of fitness: *Exercise, diet, and enjoyment in life ... must be done on a regular basis*

2) Energy drink of choice? *AMP (I know ... but it gives me better wings than Red Bull).*

3) I’d most like to see info on *residency programs* in the BULLetin. New/recent programs available and/or info on USF programs – how good is our program compared to others?

Rachel Scheerer, MSII

1) Favorite movie? *Ice Age*

2) Energy drink of choice? *I don’t like then. I just sleep :)*

3) Favorite fitness activity? *Swimming, but I recently have been trying to run.*

The results are in. Maintaining fitness is about as good as it gets in terms of living longer and healthier. I know that for myself, I was astonished at its surpassing benefits even though I inherently knew that it was generally a good thing. In case you weren’t already aware, the U.S. Federal Government issued its first-ever Physical Activity Guidelines for Americans this past October. Below is a summary of important points (taken from [www.health.gov](http://www.health.gov)):

Adults (18-64) should do either 2.5 hours/week of moderate-intensity activity OR 1 hour & 15 mins/week of vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 mins. Additional health benefits are provided when increasing to 5 hours of moderate or 2.5 hours of vigorous activity/week.

Muscle-strengthening exercises involving all muscle groups should be performed on 2 or more days per week.

There is strong evidence that this will lower the risk of early death, heart disease, stroke, type 2 diabetes, hypertension, adverse blood lipid profile, metabolic syndrome, and colon and breast cancers. There is also strong evidence that fitness results in improved cardiorespiratory and muscular fitness, prevention of falls, reduction of depression, and better cognitive function in older adults.

There is moderate to strong evidence suggesting that exercise improves sleep quality, increases bone density and reduces risk of hip fracture, reduces abdominal obesity, lowers the risk of lung and endometrial cancers, and better functional health.

I think medical students in particular have the hardest time trying to juggle everything, and sometimes, trying to stay healthy can be just another added stress in life. Despite that, I hope that this Spring BULLetin edition will encourage you to prioritize your own personal fitness, even when the going gets tough. We might not all have personal fitness instructors or healthy-fare chefs in our kitchen, but I do hope that we will start building good habits early on for a medical career founded upon healthy living!

To your health,

Elizabeth Kim
Editor
planet, a 2,200 mile bike ride over 23 days through the mountains of France, 7 years in a row. He redefined the sport of cycling, but how? Lance believed his level of endurance was determined by two things: the level of lactic acid in his blood, and his tolerance to that level. And while fancy scientific testing can measure blood lactate levels, it’s a dynamic number because during exercise, the body is constantly making (you know that good old anaerobic glycolysis reaction) and breaking down lactate (gets converted to pyruvate but you already knew that). Lactic acid level & tolerance can be simply measured by finding one’s race pace, the maximal pace one can sustain for a desired distance; clearly this would be different for a 5K versus a marathon. The idea is to train the body to metabolize lactate faster and to increase tolerance by varying intensity so hard days are near the race pace and light days are not too far away; pretty soon race pace is a piece of cake.

But why is it some days heavy workouts come easy while on other days, the light workouts are a real struggle? It’s not because general level of fitness is necessarily fluctuating, but then maybe it is. Those days that are hard to even get on the treadmill are likely days when the body’s metabolism is running a little slower, so lactate levels build up faster and chances are tolerance levels are a little lower, too. So fitness is about more than just cardiovascular exercise? Actually it is, and there are a number of factors outside of cardiovascular activity one can manipulate to help maximize fitness. Weight (anaerobic) training can help build tolerance to lactate in muscle groups. Eating healthy, sleeping well, and limiting the number of other chemicals the body has to metabolize can all help to slow the rise of lactic acid in the body when exercising. So many of the factors considered to be a part of living healthy are also important for staying fit. I guess that isn’t such a big surprise, after all its “survival of the fittest.”

Hello! Welcome to the Psychiatric Hotline . . .

If you are obsessive-compulsive, please press 1 repeatedly.

If you are co-dependent, please ask someone to press 2.

If you have multiple personalities, please press 3, 4, 5, and 6.

If you are paranoid-delusional, we know who you are and what you want. Just stay on the line so we can trace the call.

If you are schizophrenic, listen carefully and a little voice will tell you which number to press.

If you are manic-depressive, it doesn’t matter which number you press. No one will answer.

If you are anxious, just start pressing numbers at random.

If you are phobic, don’t press anything.

If you are anal retentive, please hold.
A Balanced Perception: there is no objective world independent of the observer

By: Priscilla Patel

Let us journey to a world where playful child-like notions exist: vigor, creativity, fulfillment, and flexibility. A time when we were at our most impressionable and thus our awareness had yet to be marred by experiences. What is preventing adults from returning to such a place? Simply it’s the conditioning of our mind... our programmed worldview developed from experiences, fears, and everyday existence. But what if one could break free from such corridors and evoke a healthier perception to challenges faced? A new perception of the emotional, physical, spiritual and mental challenges would inevitably lead to an overall healthier journey through medical school. One of which is devoid of stress and depression during the development of becoming a spiritually balanced physician.

It’s our consciousness that dictates how we perceive the world and how we think: our movements, accomplishments, behavior, as well as social interactions. From here one can create anything that is desired...anything that is imaginable is possible. To begin building a positive foundation of thought, you must acknowledge the seed, or source, of negative impressions placed on everyday challenges within medical school. This can be accomplished by changing your perception in order to prevent debilitating states like high stress or feelings of defeat. Thus, to balance one’s perception of the challenges in medical school is to alter what is wrongly assumed to be definite qualities of your objective world.

“We are what we think. All that we are arises with our thoughts and with our thoughts we make our world”. – The Buddha

To change your objective world is to dissect your focus. This is because what we focus on becomes our beliefs (whether they’re true or not). For instance, if one focuses on unsuccessful times, then a feeling of failure before even attempting a challenge will result. But, if one focuses on desirable outcomes as well as possible solutions, a better state can destroy such doubts/fears. That being said, 95% of an individual’s time should be focused on the solution, while 5% on the problem. This will eliminate time spent contemplating/dwelling on what has passed and therefore ultimately provide a preventative approach to stress/depression.

Optimistic focus is the secret to a healthier lifestyle. Now how do you begin to redirect your focus towards a positive route? One way to is to alter the language patterns used in everyday life. All day long we are thinking via asking and answering questions to ourselves and these questions ultimately lead to feelings. But, the problem lies within the patterns of questions we ask that do not serve us well; or potentially produce harmful effects. To stop such a debilitating thought process of questions, answers, and feelings; one must realize that the human potential is infinite. For instance, a debilitating question might be “why does this always happen to me?” Ask a lousy question and you shall receive a lousy answer. Questions direct us and are a form of language; therefore a possible approach to changing one’s journey in medical school is through changing such questions asked in everyday life.

In summary, preventative approaches to depression and stress that may aid medical students are the following: changing the pattern of what’s focused on, the pattern of what you say to yourself, as well as the emotional intensity that you say it. That being said, whatever feelings we allow to enter our lives will control the quality of our lives. Such aspects will alter your state significantly... ultimately leading to renewal and vitality on the medical school journey.
Endogenous opioids, a great workout, and the risk of serious injury. If you’re looking for a great stress reliever or study break look no further than the many mountain biking trails that surround USF. All you need is a bike, helmet, and maybe a little spandex.

Located just miles down Fletcher, Morris Bridge Park, which is part of the Wilderness Park System, is an excellent place for beginner riders. About one mile into the park lie a series of dunes that are great for practicing. Some of the keys to remember are to lean back on the downhill and use the back break more than the front.

But if you’re looking for real adventure, then pack your camel pack and head out to Alafia State Park. Located south of Brandon in an old phosphate mine, Alafia State Park is known to have some of the best trails in the country. That’s right, in the country. Trails like Roller Coaster, Moonscape, and Gator Back are sure to get your limbic system firing.

Another great ride is located in Lakeland on the Loyce Harpe Park Trail. Also built out of an old phosphate mine, this trail winds around waters home to a notorious 14-foot gator known as “Big Mamma.” Endogenous opioids, a great workout, and the risk of serious injury: mountain biking is a great study break.

Brandon Bergan, MS II
1) My definition of fitness: *A healthy diet and plenty of exercise.*
2) When I hit rock bottom, I … run, I run so far away …
3) Energy drink of choice? *Monster, unless Patrick has some of those giant “Lost Five-Os.”*

Misba Syed, MSI
1) When I hit rock bottom, I … fall off a cliff. I’ve never really hit rock bottom, metaphorically.
2) Vanilla or chocolate? *Chocolate*
3) My fitness on a scale of 1-10? 6-7
You will need:

- 6 ounces of bulghur wheat
- 1 cup of water
- 3/4 cup of lemon juice
- 6 tomatoes (diced)
- 1 and ½ cup of green onions (chopped)
- 1 cup of parsley
- 3 teaspoons of olive oil
- 1 and ½ teaspoons of salt
- 1/8 teaspoon of cumin
- ¼ teaspoon of paprika

Not a lot to this one: begin by mixing the bulghur wheat with water and lemon juice in a bowl. Cover and refrigerate the bowl until all the liquid has been absorbed by the wheat (about an hour). After this, mix in the remaining ingredients. Taste it – if it satisfies your palate, then serve; if it tastes too hot or sour, you can cut the tabouli by lightly dribbling a few teaspoons of honey and mixing it in.
Many individuals begin the New Year with a resolution – knowing full well that what is being promised to oneself is quite unlikely to occur. A number of resolutions focus on “fitness issues” such as losing weight, exercising more, avoiding certain types of food, not drinking alcohol, stopping smoking, reducing caffeine intake, drinking more water etc.

Sometimes the failure to carry out such a resolution occurs because the person is falling prey to the “tyranny of the shoulds” rather than a real desire to make a change for the right reason. We are all familiar with the press for women on the catwalk to be a size 0, the weight struggles of Oprah Winfrey and Kirstie Alley as well as other famous individuals, and the constant media attention to the “quick fix” when it comes to body image. Individuals tend to make a personal decision based more on what someone else has told them they “should” do rather than what is reasonable for them and a real personal desire on their part.

Another reason individuals may fail is because they tend to set unrealistic goals. Go to any fitness center the first week of the New Year and you will see a lot of new faces. Sometimes these new faces come daily or spend an excessive amount of time. Then, they burn out and stop coming. Sometimes they become bored with the routine or do not see results fast enough.

So if you make a personal decision regarding fitness, the first thing you need to do is an “attitude check.” Ask yourself these questions:

- Why am I really making a decision to lose weight (or exercise etc.)?
- Have I talked with my doctor about what is reasonable for my current physical condition?
- What is the specific plan that I will follow?
- Do I have a “buddy” who can partner with me in supporting each other’s goals?
- What are the safety issues I need to consider? For example, if I decide to begin a walking or running program and I am in class until late, where, when, and how can I schedule my exercise to be safe?

One of the most difficult issues in achieving fitness begins with the thinking process. Am I important enough to invest time in achieving personal wellbeing? If you identify with this article and need assistance in determining what thinking patterns or belief systems could be limiting your attempts at fitness, 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. Help is available 24/7.
CrossFit is quickly becoming very popular throughout the United States, especially among firefighters, police officers, and military members. Why is this important to you as a medical student? It is important because regardless of athletic ability or physical shape, anyone (including incredibly busy, stressed medical students) can perform an intense, full-body workout in less than 30 minutes a day.

CrossFit is a program designed to help individuals achieve functional fitness that is applicable to everyday life. Nursing home patients and Olympic athletes alike need to be able to perform simple movements associated with daily tasks, from getting up out of a chair to picking up something off the ground. CrossFit is centered around basic, full-body exercises like push-ups, sit-ups, pull-ups, body weight squats, dips, jumps, and running to achieve maximum effectiveness in sports or in daily living. Due to the primitive nature of many of these staple exercises, there is little equipment needed to perform most of the CrossFit workouts.

Here is some great information taken directly from Crossfit.org:

“In gyms and health clubs throughout the world the typical workout consists of isolation movements and extended aerobic sessions. The fitness community from trainers to the magazines has the exercising public believing that lateral raises, curls, leg extensions, sit-ups and the like combined with 20-40 minute stints on the stationary bike or treadmill are going to lead to some kind of great fitness. Well, at CrossFit we work exclusively with compound movements and shorter high intensity cardiovascular sessions. We’ve replaced the lateral raise with push press, the curl with pull-ups, and the leg extension with squats. Compound or functional movements and high intensity or anaerobic cardio is radically more effective at eliciting nearly any desired fitness result.”

Increased power, strength, cardiovascular and respiratory endurance, flexibility, stamina, coordination, agility, balance, and coordination are each important to the world’s best athletes and to our grandparents. CrossFit aims to improve these areas by strengthening and stabilizing your core muscles, mainly your back and abdominal muscles. Running, jumping, punching and throwing all originate at the core, so obviously any athlete training for any sport can benefit from these workouts. In addition to building the core muscles, the foundation of CrossFit is based on targeting large muscle groups in functional movements. There are movements that mimic motor recruitment patterns that are found in everyday life. Others are somewhat unique to the gym. Squatting is standing from a seated position; deadlifting is picking any object off the ground. They are both functional movements. Leg extension and leg curl both have no equivalent in nature and are in turn non-functional movements. The bulk of isolation movements are non-functional movements. By contrast the compound or multi-joint movements are functional. Natural movement typically involves the movement of multiple joints for every activity.

CrossFit is truly a lifestyle and is much more than simply another workout program. CrossFit has nutritional information, self-defense classes, and even physical games for kids to play. Here is some basic nutrition information taken from the website:

“In plain language, base your diet on garden vegetables, especially greens, lean meats, nuts and seeds, little starch, and no sugar. That’s about as simple as we can get. Many have observed that keeping your grocery cart to the perimeter of the grocery store while avoiding the aisles is a great way to protect your health. Food is perishable. The stuff with long shelf life is all circumspect. If you follow these simple guidelines you will benefit from nearly all that can be achieved through nutrition.”

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It’s no surprise that exercise is healthy, but just by how much? Recent research has shown that exercise is as beneficial as surgery, pills, and cutting out harmful risk factors; exercise in general helps us live longer & healthier lives. Journals are pumping out the evidence year after year, but what has really changed in medical practice? Very little. Why is it that “the stuff that kills us [physical inactivity] is the stuff that they don’t teach us in medical school?” as Dr. Edward M. Phillips MD, Asst Professor of Harvard Medical School’s PM&R program, has said. Really though, how many lectures have you had on the benefits of exercise? I hope that this article fuels your own desire to practice what you preach and enlightens your perspective on the value of exercise as medicine.

The Evidence:

- Patients with any combination of smoking, high cholesterol (≥ 240 mg/dL), and hypertension (BP ≥ 140mmHg) but with a high cardiorespiratory fitness level had lower death rates in comparison to patients without risk factors but low cardiorespiratory fitness. [Blair SN, et al. JAMA 1996;76:205-10]

- Patients with normal BMI (18.5-25.0) with low fitness had greater risk of death from cardiovascular disease than obese patients (BMI of 30-35) with moderate to high fitness level. In other words, fit obese patients are better off than sedentary patients with normal weight. It’s not the BMI but the fitness level that matters! Once again, we come to the age-old question: are we treating the patient or the numbers? [Church TS, et al. Arch Intern Med 2005;165(18):2114-20]

- Exercise is as good as other treatments for clinical depression. 40% of patients with 180 minutes/week of brisk walking had remission of depression. Aerobic exercise at a dose consistent with current health recommendations is an effective treatment for mild to moderate major depressive disorder, with lower doses comparable to placebo effect. [Dunn A, et al. Am J Prev Med 2005;28(1):1-8]

- Physical activity decreases the risk of death from breast cancer and decreases the incidence of breast cancer recurrence (not to mention, it has been already shown to decrease cancer incidence in the first place). The greatest benefit is seen when women with a known breast cancer diagnosis walked 3-5 hours per week at an average pace. It’s not solely treatment with chemotherapy or surgery that is important, but EXERCISE! How often do we prescribe exercise to patients? [Holmes MD, et al. JAMA 2005;293(20):2479-86]

- Exercise was shown to be better than coronary angioplasty in treatment of patients with stable coronary artery disease with stenosis ≥ 75% by increasing event-free survival rates. Exercise treatment was associated with increased maximal oxygen uptake and higher exercise capacity. Exercise training intervention was significantly more cost-effective than angioplasty and its related hospitalizations and reinterventions. [Hambrecht R, et al. Circulation 2004;109(11):1371-8]

Exercise is safe (very low risk in comparison to surgery and medications), affordable (taking a walk around the block costs, oh, a total of 0 cents), has a broad range of clinical efficacy (from depression to breast cancer), and requires little to no instruction (I think we all learned how to walk when we were toddlers).

A recent American College of Sports Medicine (ACSM) Survey asked patients who they looked to for advice regarding exercise: 25% of patients said they looked first to their physician for advice on physical activity; 65% stated they would be more interested in exercising to stay healthy if advised by their doctor and given additional resources. Patients want it; why aren’t we giving it?

With all the evidence shown, why do we so easily tack on a diagnosis of “Type 2 Diabetes” with a glucose over 200 mg/dL but we so rarely even ask about a patient’s activity level or diagnose them with an “exercise deficiency disorder”? We ought to underscore to our patients just how important maintaining fitness is. It’s really easy to do, as the number of minutes of exercise can be accumulated throughout the day. For example, you can spend 30 minutes in the gym OR you can have three 10-minute walks spaced throughout your day; either way, you’re getting in your half hour each day. To make things more illustrative, moderate intensity exercise is like walking late to a bus stop, where you can still talk to a friend and won’t be breaking a sweat, but you wouldn’t be able to sing Phantom of the Opera. High intensity exercise would be where you’d be sweating and unable to keep a conversation going. If you have less time, it’s also just as effective to increase the intensity of your exercise and do it for a shorter period of time. Resistance training has been proven effective as well, and the current recommendations are to train 2 times per week on non-consecutive days.

What are some goals that we as health care providers can strive for to change the status quo?

1) We can encourage one another to lead by example. Your patient should be inspired by your lifestyle choices! It has been shown that physicians who exercise themselves are more likely to prescribe exercise to their patients. What does that mean? Our practice is affected by our own lifestyle choices. How much more effective will your coaching be if you say that you’ve “been there, done that” and succeeded?! You can con-
sider yourself a coach (one who knows all the dealings and has experience) rather than a doc who’s just trying to wrestle the patient into acquiescence. Finally, keep in mind that some activity is better than no activity. Start your patient with simple goals such as doing arm/leg raises during commercial breaks on TV (seriously!), then progressing gradually to going outside or the gym.

2) Make physical activity a vital sign. It’s simple; just ask: “Over the last week, how many days did you accumulate ≥ 30 minutes of moderate exercise, such as a brisk walk?” (where 0-2 would indicate a sedentary lifestyle; 3-4 would be somewhat sedentary; 5-7 would be optimal). Since BMI is considered a vital sign and physical inactivity is shown to be a better predictor for mortality, shouldn’t we be asking about their fitness level, too?

3) Write a prescription for exercise. The prescription slip holds so much power, so take advantage of it! If you write a prescription for a pill, consider writing a brief one describing exercise goals so that the patient takes your recommendation seriously! Tell the patient to put the prescription on his/her fridge or TV to be reminded that you are concerned for his/her overall health and wellness. For the time-crunched doc, it can be as simple as writing down: “Walk briskly for 30 min daily.” Of course, depending on the situation, you can add more specifics as you please.

4) Establish an interdisciplinary approach that includes fitness professionals who have more experience and hands-on time with the patient. A pharmacist may be needed to fill a pill Rx, but how about your fitness Rx?

5) At the systems level, reimburse doctors for exercise counseling. One of the major reasons why doctors admit to not advising patients on exercising is because they don’t get compensated for it and/or don’t have the time. Simply put, our current system doesn’t reward docs for meeting “Healthy People 2010” guidelines or the CDC Physical Activity guidelines, so most don’t bother or find it worthwhile.

6) Education! We have to start at the basic level of medical training, enforcing the principle that fitness is just as important as Pharmacology Block 5! Our whole society is so ingrained with first resorting to taking a magic pill, but are we really just masking high/low numbers with no real evidence of healing the patient? We need more tools on effectively coaching patients to be as concerned for their health as we are.

Credits: Much of the information here was taken from the American College of Preventative Medicine’s 2009 Conference in Los Angeles, CA. Special thanks to Dr. Edward Phillips, MD (Asst Professor, Harvard Physical Medicine & Rehabilitation Program) and Dr. Steven Blair, MD (Professor of Exercise Science) for their presentations on “Exercise as Medicine: Putting Science into Clinical Practice.”

Let the Games Begin!

Spring ’09 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 problem caused by constipation affects 50% of adults over 60 years of age?
2) Why is the CrossFit fitness program great for medical students?
3) What does “MNT” stand for and what is it used for?
4) Define the term “scut.”
5) What are three benefits of magnesium sulfate?
Dear Abu,

Every time I go to the gym, there are always creepy guys checking me out. A few times, they’ve tried to talk to me or ask for my number. I want to work out and look my best, but how can I when the hotter I look, the less I want to go?

Yours truly,
Hottie with a Body

Dear Hottie with (no) Body,

Please, contact me with your location as soon as possible! Your family is worried sick. Ever since you escaped from the Center, people have been looking for you nonstop. Those aren’t “creepy guys,” they are social workers – and the only thing they are “checking out” is the fact that your Baby Gap workout outfit drags on the floor of the treadmill you sprint on. You need help, dear. It’s bad enough that you got caught snorting Splenda before you escaped. Yes, we know you thought it was “diet” coke, but regardless, doing that and then escaping by hand gliding on a Dorito is just plain unacceptable. Open your eyes, quit playing hula-hoop with a Cheerio and eat something – even if it is this copy of the BULLetin.

Abu

Dear Kirstie Ally,

I am not sure why are acting so surprised. It doesn’t take a brain surgeon to figure out why you are starting to look like Sarah, the Duchess of Pork. Here is my advice: press the Stop button on the conveyer belt that feeds candy bars into your mouth. Shut your laptop down, and go walk for a while, a long while. Also as a public service announcement, please take advantage of the parking crisis at USF COM and jog from the forest to class. That ought to get you on your way to looking like Posh Spice.

Abu

Hey Abu,

This year has been especially lonely for me and I’ve been considering getting a dog. However, I feel guilty knowing that it’ll be home all day and its only "use" will be to pamper me when I get home and give me the love I’d otherwise not be getting from the ladies. Is this really selfish of me?

Sincerely,
Man’s Best Friend

Dear Man’s Best Friend,

Ever since starting med school, I have just been sitting in my chair, watching lectures and eating candy bar after candy bar. To my dismay, I have gained 20 pounds this year. What’s your best advice on losing this poundage?

Sincerely yours,
More to love

Sarah Pullen, MSI
1) Favorite fitness activity? Walking & swimming
2) First job? Chick-fil-A
Dear Readers:

Talking about excellence is not new, but it is always exciting and optimal. This ever attracting, multi-faceted, achievable phenomenon is defined by the experts in multi-manners, with every definition both convincing and meaningful. For example, the concept of excellence at organizational level is defined as:

1. The foundation on which all other service standards rest.
2. Achieving results that delight all the organization’s stakeholders.
3. The creation of sustainable customer value.
4. Not a fixed destination, but a dynamic process.
5. Not a theory; it relates to the tangible achievement of an organization in what it does, how it does it, the results it gets, and the confidence that these results will be sustained in the future.
6. Visionary and inspirational leadership with constancy of purpose.

It is also described as an activity of soul. Excellence is to perform your function well and human excellence is living a rational life well. It is a state of the mind or an attitude. It is perceptual and conceptual.

The passion for excellence serves like that compelling force in the human nature that kicks out the inertia of negativity and ignites the gravity of the mind to that point which urges a man to be in the front line to fight against the obstacles in the way of success. It enhances fearlessness to face the dangers standing in the way of a desired goal. Excellence is a way of life and a habit. Excellence knows no boundaries, nor is it a fixed standard. There are no speed limits on the road to excellence. Excellence is the result of caring more than what others deem wise, risking more than what others think is safe, dreaming more than what others think is practical, and expecting more than what others think is possible. Hold on! Is it a sufficient explanation of excellence? Not really. Actually, no one can explain excellence in its truest sense. There is no ultimate measure for it...

"With regard to excellence it is not enough to know, but we must try to achieve it."  

Aristotle

Fundamentals of human personalities are so complex and unique to each human’s life choices and preferences so they are hard to sum up. Look at the differences in choices. Somewhere, perfection and excellence seem to be colliding into each other. But mostly, excellence is preferred to perfection. If perfection is a completion of something, then excellence is a further question. Some people are agreeable to perfection, but for some, only excellence is possible.

"The pursuit of perfection, then, is the pursuit of sweetness and light."  
Matthew Arnold

"Perfection is our goal, excellence will be tolerated."  
Yahi

"March on. Do not tarry. To go forward is to move toward perfection, March on and fear not the thorns, or the sharp stones on life’s path."  
Khalil Gabran

"Excellence is not beyond considering and even seeking out guidance from multiple and diverse sources as helpful ideas can come from anywhere. On the other hand, perfection never admits its mistakes, is quick to blame and judge others, is always right and never wrong and there is no sense ever arguing with it or even expressing a suggestion. Really, when it gets down to it, well… 'Who needs perfection anyway?'"  
Anonymous

"Strive for excellence, not for perfection."  
H. Jackson Brown Jr.

"I am careful not to confuse excellence with perfection. Excellence, I can reach for, perfection is God’s business."  
Michael J. Fox

There are types of excellence. Like personal excellence, self comparative excellence, dissociated excellence and collective excellence. Dissociative is the upper value of comparing two individual, groups or things. Basically, self comparison is major driving force behind personal excellence and probably the main reason why we strive. Organizational excellence mostly goes in the collective type. Besides that, there could be specific excellence, scientific excellence, artistic excellence, ethical excellence, and many more.

(Continued on page 13)

EXCELLENCE MATTERS
Mediocrity is very much criticized when the question of excellence comes into focus. Mediocrity normally means to finish tasks in a normal way without rushing much, or we can say it is the art of doing just enough. No matter what, mediocrity can never be completely denied or eliminated, but could be switched with excellence. It is that standpoint which distinguishes the difference between excellence and non-excellence, and individual differences are always there for its justification.

There are certain characteristics that are attached to the excellence such as: high intelligence, extraordinary cognitive skills, advanced knowledge, enthusiasm, courage, risk taking, commitment, perseverance, setting of high standards, insight, wisdom, creativity, and enormous availability of resources etc.

No doubt, all these qualities are of paramount importance. But excellence is not confined to the extraordinary people, the big personalities, the scientists, or simply the famous inventors. Neither is it the quality of the great minds only, as it is commonly assumed. Somewhere it is valued as a culturally inherent quality also. In general, the roots of excellence, competition, and mastery are naturally innate in human, but often lie hidden and undiscovered. In most cases, people are not sure of their talents but blame the circumstances and the surrounding world. When they are motivated for some serious projects, they display amazing skills and abilities. And they get surprised by their own success. Desirability for further efforts is exchanged with complaints. Simply, it is for those who pursue it.

In order to enhance our natural potentials towards excellence, we need certain qualities in our routine life such as zeal to be advanced, courageous, knowledgeable, humorous, competent and challenging in spirit, enthusiastic, decisive, and humble. Side by side, we should be always willing to cope with the difficulties. Nobody can claim the absence of turmoil and difficulties in one’s way of success, and to deal with them is rational, wise, and courageous.

Excellence is a learnable and practicable phenomenon. When it is exercised regularly, it becomes a choice and a trend of the mind. Each step of this process leads toward height. The need is to go consistently and systematically. We have to design our own ways and means within ethical and lawful boundaries to achieve it. When it is accomplished, it provides inner happiness beyond satisfaction.

“If you are going to achieve excellence in big things, you develop the habit in little matters. Excellence is not an exception, it is prevailing attitude.” Colin Powell

The expression of excellence reminds us of the difference we can make when we apply our energy, creativity and endeavors to do our personal best. It is not bound to any particular job status or standard. It is required in every sphere of life. Whatever responsibility or domain we have to pursue, it must be done diligently and wholeheartedly. Certainly, for the sake of our own personal workmanship, self-respect, success, grace, and dignity – excellence matters.

“If a man is called to be a street sweeper, he should sweep streets even as Michelangelo painted, or Beethoven played music, or Shakespeare wrote poetry. He should sweep streets so well that all the hosts of heaven and earth will pause to say, here lived a great street sweeper who did his job well.” Dr. Martin Luther King Jr.

“All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence.” Dr. Martin Luther King Jr.

Excellence comes in all forms. From complex scientific projects to the simple actions of serving humanity, this opportunity prevails all around. It is a life-long process with the combination of short term and long term goals and routine activities in general. It is always possible by reflection and by means of actions. This giant leap is by the human and for the human. And it is - - - - - - -for all.

Rashda Mahud
MEDICAL RECORDS DEPT.
USF MEDICAL CLINIC

Aaron Jeckell, MSI

1) Vanilla or chocolate? Can I say strawberry?
2) My fitness on a scale of 1-10: 8 or 9
3) Energy drink of choice? Black tea
Barbara’s Nutrition Corner

Fitness Coaches: MNT & RD Services

Registered dietitians (RD’s) are part of the medical team and their services can be provided to assist patients in improving their health and managing most medical conditions. A RD complements the services of the physician or medical provider by having more time to spend with the patient solely to address lifestyle changes that may be needed. During a consultation, the RD can guide the patient toward proper behavioral and lifestyle changes using science and evidence based medicine. The job of the RD includes assisting the patient with finding the time and providing the tips and tools to assure their success in improving or maintaining their health.

Registered dietitians are required to:

√ Complete a B.S. degree in Nutrition & Dietetics from American Dietetic Association approved colleges or universities
√ Complete at least 1,000 hours of internship from an ADA approved practice program
√ Pass a national exam administered by the Commission on Dietetic Registration
√ Complete 75 hours of CPE every 5 years

Medical Nutrition Therapy (MNT) is the term used when RD’s provide nutrition counseling. RD’s are qualified to perform nutrition assessments, a nutrition diagnosis, and implement nutrition interventions. MNT is often provided over a series of at least 3 sessions for diabetes, 3 or more sessions for weight loss, and often regular follow-up is needed and encouraged for continued success with lifestyle changes.

Medicare and most insurance DO provide for MNT for diabetes, pre-dialysis kidney disease, childhood obesity, hypertension, dyslipidemia, and malnutrition including that associated with oncology.

Dietitians licensed in the state of Florida are required to have a referral for MNT from a medical provider prior to providing MNT for an individual.

RD’s can provide MNT for the following disorders:

− Diabetes: Type 1, Type 2, Gestational
− Renal Disease: insufficiency, chronic failure, transplantation
− Cardiovascular Diseases: hypertension, dyslipidemia, congestive heart failure
− Pulmonary Disease: COPD
− Weight Management: overweight/obesity, bariatric surgery, eating disorders

(Continued on page 15)
Research has shown **money can be saved** with referrals to RD’s for MNT! RD’s are employed in hospitals, group homes for various conditions, nursing homes or assisted living facilities and MNT services can be provided in these facilities.

For outpatient clinics and offices, a local RD may be employed there, or the medical staff should have a referral network with a local RD to provide MNT for clients needing these services. A list of local registered dietitians can be found on the American Dietetic Association website at [www.eatright.org](http://www.eatright.org) and clicking “find a nutrition professional”.

**A medical provider should refer to an RD for all patients desiring, wanting or needing to lose weight.** A general nutrition screening or questioning about a patient’s desire to lose weight, improve their lipids, blood pressure, diabetes, or deal with side effects of cancer treatment can be asked during a short visit. Then, if the patient seems ready to make changes, the referral to the RD should be instituted. **Since research shows MNT improves lipids, blood pressure and blood sugar** a referral should be provided to the RD prior to, or at least along with drug treatment for these conditions.

On a personal level, below are some concerns I have seen over the past 12 years that I have been a practicing RD:

- Patient is referred to RD once their blood sugar is uncontrollable, many years after a diagnosis of diabetes. Being an RD and seeing how nutrition so strongly affects diabetes and blood sugar, I feel a referral to an RD should be immediately provided and strongly encouraged to the patient once a diabetes diagnosis is made. Often diabetes classes are provided at most hospitals as an outpatient class and in many community centers by RD’s or Certified Diabetes Educators.
- Someone needing to lose weight is referred to the RD after they have progressively gained 10 pounds every year for the past several years and may now be obese. If you as a medical provider see a patient gaining weight and going up 1 BMI point per year for 1 or 2 years a referral to the RD should be encouraged and provided to help prevent obesity and its comorbidities.
- A child or teen is referred to the RD once they are severely obese. If a child or teen is progressively gaining weight and moving up 10%ile points or more each year on the BMI chart, even if they are still in the normal weight category, a family referral to the RD for MNT for the child should be encouraged.

An info sheet published by the American Dietetic Association ([www.eatright.org](http://www.eatright.org)) has been provided to highlight the benefits of using MNT and its cost-effectiveness as a treatment.
MNT PROVIDING RETURN ON INVESTMENT

Research demonstrates the cost-effectiveness of medical nutrition therapy.

— University of Virginia School of Medicine\(^1\) reported that an RD case management approach to lifestyle care can improve diverse indicators of health, including weight, waist circumference, health-related quality of life, and use of prescription medications, among obese persons with type 2 diabetes. These results were seen with a minimal cost of $350 per year per patient.

— Pfizer Corporation\(^2\) projected $728,772 in annual savings from reduced cardiac claims of their employees from an on-site nutrition/exercise intervention program.

— Massachusetts General Hospital\(^3\) reported that participants receiving group MNT in a 6-month randomized trial had a 6 percent decrease in total and LDL-cholesterol levels, compared with the group not receiving MNT. The non-MNT group had no reduction in total cholesterol or LDL levels. The study revealed a savings of $4.28 for each dollar spent on MNT, much less than the cost of statin therapy.

— The University of California Irvine\(^4\) demonstrated lipid drug eligibility was obviated in 34 of 67 subjects, the estimated annual cost savings from the avoidance of lipid medication was $60,652.

— U.S. Department of Defense\(^5\) saved $3.1 million in the first year of a nutrition therapy program utilizing RDs counseling 636,222 patients with cardiovascular disease, diabetes and renal disease.

— Oxford Health Plan\(^6\) saved $10 for every $1 spent on nutrition counseling for at risk elderly patients. Monthly costs for Medicare claims alone tumbled from $66,000 before the nutrition program to $45,000 afterwards. As a result, the health plan continued use of nutrition screenings.

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Below are common excuses that medical students routinely give for not exercising and subsequent CrossFit responses to all of these lame excuses:

**Excuse:** “I don’t have time”  
**CrossFit Response:** Most intense CrossFit workouts take less than 30 minutes.

**Excuse:** “I am not strong enough”  
**CrossFit Response:** Nursing home patients can benefit from CrossFit—they scale down the workouts to the right individual level. Adjust the weight to your ability level, i.e. if you cannot use a barbell, use a broomstick instead.

**Excuse:** “I do not want to get big and bulky”  
**CrossFit Response:** CrossFit creates and maintains core strength while making you look more lean, toned, and fit.

**Excuse:** “I do not have the equipment.”  
**CrossFit Response:** CrossFit focuses on basic movements like push-ups, sit-ups, pull-ups, and body weight squats and requires minimal equipment. Even without the proper equipment, substitution exercises and improvisations can produce very similar results.

**Excuse:** “This sounds like a macho-guy thing.”  
**CrossFit Response:** There are MANY women that do CrossFit. See numerous pictures and videos on the website of women performing all of the exercises. Again, if the listed WOD weight is too much, simply adjust the weight to your level.

**Excuse:** “I lack motivation to work out.”  
**CrossFit Response:** Each WOD is designed as a competition that is meant to be performed as quickly as possible. Therefore, performing CrossFit with a partner is a great way to be competitive and stay motivated to work hard.

Every day there is a **Workout of the Day (WOD)** that is posted on the CrossFit website. If you sign up for free, the WOD will be directly emailed to you every day. You can follow the WOD exactly, use the CrossFit exercises to make up your own workout, or make up your own exercises with your own weight. Unfortunately, it does take some time to adjust to the learning curve associated with numerous acronyms and some untraditional exercises that you will not be familiar with. However, on the Crossfit homepage, under Exercises and Demos tab, there is a video for every exercise that is ever listed in the WOD. There is no set routine as the WOD varies every day. CrossFit is very unique in that it is possible to gain lean mass and lose fat at the same time. Most WOD’s are designed to be performed as quickly as possible with little to no rest between sets, as to maximize strength and cardiovascular endurance at the same time. For example WOD’s, please go to CrossFit.org. **Rest days** are built into the routine, and usually there will be three consecutive WOD’s and then a rest day. If interested in more nutrition information, go to CrossFit.org, click on start here, then nutrition info.

Every medical student can benefit from the basic exercises and foundational movements used in CrossFit. In conclusion, this is a good summary of the CrossFit mindset taken from the website:

“**Fitness basics:** Eat meat and vegetables, nuts and seeds, some fruit, little starch and no sugar. Keep intake to levels that will support exercise but not body fat. Practice and train major lifts: Deadlift, clean, squat, presses, Clean and jerk, and snatch. Similarly, master the basics of gymnastics: pull-ups, dips, rope climb, push-ups, sit-ups. Bike, run, swim, row, etc, hard and fast. Five or six days per week mix these elements in as many combinations and patterns as creativity will allow. **Routine is the enemy. Keep workouts short and intense. Regularly learn and play new sports.”**

Written by Zachary Wilson (MSII), zwilson@health.usf.edu, and Harry Lomas (MSI), hlomas@health.usf.edu. Please feel free to contact us if you have any questions.
BINGE DRINKING

Getting trashed, wasted, hammered, crunk, faded, plastered … these are all reminiscent of freshman year of college, no? Then why is it that after every exam or difficult week, these are the circulating words of medical students, as if binge drinking were some elusive and lofty reward to achieve? I find it perplexing and at times discouraging that professional students here and elsewhere live such dichotomous lives. In the mornings, students are up bright and early (or even, dark and early) to attend classes or morning report and are off to practice their skills on patients, show compassion and humanism, present to attendings, and research. In the evenings, these very students magically transform into inebriated college students at a frat party that are experiencing their newfound independence and lack of curfew.

I remember visiting one medical school that had a beer keg right outside their classroom doors, where medical students would, after their exams, be doing kegstands and the like. I asked myself – would I be comfortable with these students being my future doctor? Undoubtedly, this is a widespread concern that is sweeping the nation’s medical schools in an unprecedented way. I know for myself, as well as some others, that the amount of binge drinking and drinking in general during medical school was one of the more surprising shocks upon matriculation.

I have heard from many students that drinking is their only pleasure in med school or that there is no fun without the booze. I would urge you to think differently: is bordering on ethanol poisoning really “fun”? Are you just knocked senseless and forgetting your problems rather than treating them correctly? Even if you hold everything together well, you’re in the top 10% of your class, and have never gotten hangovers on the job, I would still ask you: is it necessary?

There is, no doubt, an inherent stigma associated with physician smokers. One might rightfully or wrongfully judge that physician as a hypocrite – one who teaches and preaches healthy living, and yet himself is struggling with the very problems for which his patient is seeking help. Even USF Health is making efforts to become a tobacco-free campus because health and smoking are oxymoronic to one another. Well, I would argue that the same is true for binging on alcohol. We are supposed to be directors of our community, leaders by example, shiny beacons of healthcare in the 21st century (or you said something like that in your interview to get in).

What would our patients think if they saw our true colors? Would they be shocked? Would they be pleased? Would they be encouraged to live their life similarly? Or would they shrink back, appalled, and try to find the next doctor available?

The facts:

- Binge drinking is defined as the intention to get intoxicated.
- Binge drinking, in particular, is associated with higher rates of metabolic syndrome in comparison to chronic and longer-term alcohol use, ie binge drinkers have more long-term health consequences like heart disease, hypertension, and type 2 diabetes than their steady drinking counterparts.[1]
- In a 2007 study, 26% of medical students reported heavy binge drinking within the past 2 weeks. Men were more likely to have had a binge drinking episode than women. Furthermore, those that admitted to binge drinking were also more likely to smoke tobacco, use marijuana, not exercise, and not eat fruits or vegetables.[2]
- Medical leaders estimate that 1 in 15 doctors in Britain abuse drugs and alcohol, putting patients’ lives at risk by treating or operating while under the influence.[3]

What type of binge drinker are you?

Nine Types of Binge Drinkers:

- **De-Stress Drinkers** use alcohol to regain control of life and calm down.
- **Conformist Drinkers** are driven by the need to belong and seek a structure to their lives.
- **Boredom Drinkers** consume alcohol to pass the time, seeking stimulation to relieve the monotony of life. Alcohol helps them to feel comforted and secure.
- **Depressed Drinkers** may be of any age, gender or socioeconomic group. They crave comfort, safety and security.
- **Re-Bonding Drinkers** are driven by a need to keep in touch

(Continued on page 19)
with people who are close to them.

- **Community Drinkers** are motivated by the need to belong. They usually drink in large friendship groups.

- **Hedonistic Drinkers** crave stimulation and want to abandon control.

- **Macho Drinkers** spend most of their spare time in pubs. They are mostly men of all ages who want to stand out from the crowd.

- **Border Dependents** regard the pub as a home from home. They visit it during the day and the evening, on weekdays and at weekends, drinking fast and often. [4]

“As doctors we have to change public attitudes towards alcohol and help people drink less - but if we are drinking heavily ourselves how can we justify telling our patients to behave differently? Like a lot of professionals, doctors are reluctant to be open about having problems with drugs and alcohol, for fear of being stigmatized. It is important that right from when they start their training, medical students are taught how to recognize when their colleagues have problems and they are aware of what kind of support is available.”

–Laura Armstrong, medical student at Univ of Aberdeen [4]

References:


“My job is giving me migraines, high blood pressure, chest pains, and bleeding ulcers. I’d quit, but I like their health plan.”

“Your insurance only pays 80% of my fee, so I only took out 80% of your appendix.”
You know him as Muffdog, Mufflepuff, or Muff Diddy. It’s Dr. Karl Muffly on life at USF, his family, and his totally rockin’ Abs!

:: Interviewed by John Emerson, MSII ::

Over the past year, the opening of the gym facility on the USF College of medicine campus has inspired many faculty, staff, and students to get motivated and get to work. Of those, Dr. Karl (Muffdog) Muffly has been one of the more consistent gym patrons utilizing the facility and he is reaping the rewards of making fitness and exercise a part of his daily routine. Tune in and hear what the effects of making fitness a priority have had in his life including, a doubling of the amounts of spandex to his clothing line, the ability to finally handle his daughter in a sword fight, and an overall increase in his quality of mental and physical health!

Dr. Karl Muffly is one of the veteran faculty members at the USF College of medicine. Joining the USF team in 1988 shortly after finishing his PhD at the University of Nebraska, Dr. Muffly has worked as an educator and researcher in the basic sciences at USF ever since. By nature, he is an anatomist and histologist and has done significant research with cardiac myocytes among other areas of study. His family life consists of his wife, who works as a member of the financial aid team at the main campus right here at USF, and daughter who is currently attending college in Minnesota.

Over the past year, due to some changes in his health, Dr. Muffly has made some lifestyle adjustments including altering his diet and increasing his exercise in an attempt to improve his overall health. Like many others, he participated in sports like football and wrestling in high school, but currently spends most of his time doing cardio training by either jogging the streets of his neighborhood or using the equipment at the gym on the USF COM campus. Besides his cardio training, Dr. Muffly also has an interest in fencing, and has trained with the USF fencing team in years past (come to think of it, he always did seemed pretty handy with a scalpel in anatomy lab). He admits however that he is no match for his daughter, who was a onetime junior Olympic qualifier.

I had the chance to sit down with Dr. Muffly and get the full scoop on his training routine, what keeps him motivated, and how he defines fitness. Check it out!

Bulletin: What is the typical Karl Muffly workout?

Dr. Muffly: “I jog about a mile at 5 am every morning before coming to work. I then spend about an hour at the gym on campus after work focusing on cardio switching between the glider and treadmill. I enjoy being able to watch TV to help the time pass. (“Tila Tequila” and “The Hills” reruns of course)

Bulletin: Spandex or sweat pants??

The Muff: “Neither, loose gym shorts and a T-shirt.” (Loose gym shorts and a T shirt with spandex underneath obviously.)

Bulletin: Define fitness.

Mufflepuff: A combo of both physical and mental exercise that helps to allow balance and general wellbeing. (We couldn’t have paraphrased better if we tried. ;)

Bulletin: What helps you stay motivated and get through the days you don’t want to hit the gym?

Muffdog: “The convenience allows me to remain consistent. Consistency is the key. Once you miss a day, it makes it that much easier to take the next day off, and before you know it, you haven’t worked out in a week.”

Bulletin: Are you more of a grunt-and-shout weight guy or a cardio ipod introvert?

Muffdiddy: “Cardio ipod introvert for sure.” (The guy does study cardiac muscle for a living.)

On average, how much time are you spending in front of the mirror doing muscles poses and talking like an Austrian Mr. Olympia??

Sir Muff a lot: “None”. (Sure Dr. Muffly, we believe you!)

Thanks to Dr. Muffly for the tips and advice! See you at the gym.
COMMUNITY EVENTS
SPRING 2009

SPORTS:

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

March 29 vs. Ottowa
April 7 vs. Pittsburgh
April 9 vs. Washington

Tampa Bay Rays Baseball Games
April 13–14 vs NYY, 7:08 pm @ Tropicana Field
April 15 vs NYY, 4:08 pm @ Tropicana Field
April 13–14 vs NYY, 7:08 pm @ Tropicana Field
April 15 vs NYY, 4:08 pm @ Tropicana Field
April 16 vs CWS, 7:08 pm @ Tropicana Field
April 17 vs CWS, 7:38 pm @ Tropicana Field
April 18–14 vs CWS, 7:08 pm @ Tropicana Field
April 19 vs CWS, 1:38 pm @ Tropicana Field
April 30 vs BOS, 7:08 pm @ Tropicana Field
May 1 vs BOS, 7:38 pm @ Tropicana Field
May 2 vs BOS, 7:08 pm @ Tropicana Field
May 3 vs BOS, 1:38 pm @ Tropicana Field
May 4 vs BAL, 7:08 pm @ Tropicana Field
May 5 vs BAL, 4:08 pm @ Tropicana Field

MUSIC/LIVE SHOWS:
March 30-31: Dame Edna Farewell Tour @ Ruth Eckerd Hall
April 5th: Celtic Woman, Carol Morsani Hall, TBPAC
April 6th: AEG Live presents Flight of the Conchords, Carol Morsani Hall, TBPAC
April 8th: Nrityagram Dance Ensemble of India’s Pratima: Reflection, Ferguson Hall, TBPAC
April 10th: ‘98 Rockfest featuring Disturbed, Staind, Chevelle, Static X, & Saliva @ St. Pete Times Forum
April 11th: Yanni Voices @ St. Pete Times Forum
April 22nd: Fleetwood Mac @ St. Pete Times Forum
May 1-3: The Kite Runner @ Shimberg Playhouse, TBPAC
May 16-17: Rain—A Tribute to the Beatles @ Carol Morsani Hall, TBPAC
May 21-22: Youth Theater Co. Presents Disney’s High School Musical @ Ferguson Hall, TBPAC

MUSEUMS/ART EXHIBITS:
The Kennedy Collection Visual Arts Event @ Florida International Museum 100 2nd St. N St. Petersburg, through 6/11/09.
Cuban Missile Crisis @ Florida International Museum 100 2nd St N. St. Petersburg, through 6/11/09.
Constipation:

Fiber

By: Alan Wolfson, MS II

So often, people can be mean and unhappy. This phenomenon happens everywhere at any time. I clearly see it with professors, doctors, students, patients, grocery store clerks, pedestrians, neighbors... you name it. So the big question is... why? Sure, you can break it down into hundreds of scenarios (too much work, too much to study, too much time in waiting room... too much!) But maybe so many of these complex problems can all come down to a simple cause: constipation. That’s right!

According to the American Dietetic Association, Americans consume on average 14-15 grams of fiber per day. This is half of what is needed (30 grams). It is this “roughage” that allows a human being to have a normal bowel movement. So... then, where can we get fiber from? Fiber can be found in fruit, nuts, vegetables, whole grains, and beans... but NOT meat.

So, as you’re reading this, you are probably thinking about your diet and your bowel movements (especially if you are on the toilet at the moment). I want you to think about the poop for a second. Now, what kind of stools do you have? According to the Bristol Stool Chart, type I and II indicate constipation.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Separate hard lumps, like nuts (hard to pass)</td>
</tr>
<tr>
<td>2</td>
<td>Sausage-shaped but lumpy</td>
</tr>
<tr>
<td>3</td>
<td>Like a sausage but with cracks on its surface</td>
</tr>
<tr>
<td>4</td>
<td>Like a sausage or snake, smooth and soft</td>
</tr>
<tr>
<td>5</td>
<td>Soft blobs with clean-cut edges (passed easily)</td>
</tr>
<tr>
<td>6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
</tr>
<tr>
<td>7</td>
<td>Watery, no solid pieces. Entirely Liquid</td>
</tr>
</tbody>
</table>

If you are a Type I or II, or none of the above for days on end, then you need to adjust your daily routines. Most likely, you need more rest, more water, and most importantly: more fiber!

So...who cares, right? Some excuses of continued constipation are:

I don’t have time to poop, or
I don’t like vegetables and other plant stuff.

Well, if you are the average Jo or Joanne, you may be quite constipated, and constipation is not just annoying, but also very unhealthy. One consequence that affects 50% of adults over age 60 in the Western hemisphere is a condition known as diverticulosis.

According to Robbins and Cotran Pathologic Basis of Disease, “Diets low in fiber reduce stool bulk, which in turn leads to increased peristaltic activity, particularly in the sigmoid colon. Exaggerated contractions sequester segments of bowel (segmentation); this deranged motility can lead to symptoms in the absence of inflammation.” So, what Robbins is saying is that your fecal matter can’t get out of your body when you have low fiber intake, thus your GI starts pushing harder to get it to leave. Over time, because your poop doesn’t want to leave, it creates an outpouching in the colon. This can then become infected: “In time, the inflammation may lead to marked fibrotic thickening in and about the colonic wall, sometimes producing narrowing sufficient enough to resemble a colonic cancer. Extension of diverticular infection may lead to pericolic abscesses, sinus tracts, and sometimes pelvic or generalized peritonitis.”

So you’re young, and you can’t think that far into the future... According to the FDA, “Diets low in fat and rich in fiber-containing grain products, fruits and vegetables may reduce the risk of some types of cancer.” Also, “Diets low in saturated fat and cholesterol and rich in fruits, vegetables and grain products that contain some types of dietary fiber, particularly soluble fiber, may reduce the risk of coronary heart disease.”

So, I hope that you are now convinced of the importance of fiber. Please remove the Bristol stool chart from this paper and keep it in an easily accessible place so that you can always grade you and your loved ones’ bowel movements.

Stay tuned for the next edition on how to battle the common causes of diarrhea!
After moving into my three-story apartment, I was so sore I could barely move. That’s when I first tried the all-heralded Epsom salt soak. The results were so noticeable that I had to research it more! I had also curiously noticed a mood improvement after the soak; it turns out that Mg enhances serotonin release in the brain & is linked with relaxation, improved sleep, and increased well-being!

Epsom salt (otherwise known as magnesium sulfate) can be found at your local Wal-Mart or CVS pharmacy aisle. For a mere $3, you can enjoy several bath soaks known to both beautify & alleviate common health problems. Moms, massage therapists, supermodels, doctors, and fitness trainers all swear by this stuff. Epsom salt soaks work similarly to a transdermal patch, allowing the skin to absorb magnesium and sulfates that can then enter the bloodstream.

Dietary magnesium consumption has declined over the years (no surprise there, America!) and Mg is actually better absorbed transdermally than orally. In fact, over 80% of Americans do not get their recommended daily allowance of Mg. Sulfates are also better absorbed transdermally (as they’re difficult to absorb through the GI tract). Sulfates help to detoxify the body from environmental contaminants and are also needed to form vital enzymes. As an added bonus, both magnesium & sulfates are known to ease or prevent migraines...

Epsom salt is most commonly used to relieve muscle aches and pains by releasing lactic acid from the muscles. It also acts as a calcium antagonist, freeing up the contracted muscles that may be responsible for cramping. This “magic salt” can detoxify the skin and body, as is true for a mud masque or body wrap at your local spa. It can reduce inflammation, relieving symptoms of shingles/genital herpes outbreaks and sprains and can be used in poultice form for acne, boils, & abscesses. It can also be mixed with oils or lotions as an exfoliant for rough skin patches (many high-end spas use this trick—shh!). Magnesium can lower blood pressure, prevent atherosclerosis, and decrease insulin resistance[1]. Some specialists even tell their diabetic patients to take 400mg of magnesium supplements daily!

Hoaxes are always purported as panaceas, so I admit feeling a little reluctant. However, (1) it’s a common nutritional supplement to begin with, (2) it’s easy & cheap, and (3) the benefits are noticeable enough. Why not give it a try?! So, how? First, fill up a tub with hot water (as hot as you can stand), pour in 2 cups of Epsom salt, then soak for at least 20 minutes. Don’t get dehydrated (your body will be pumping out sweat), so drink some water during or afterwards. That’s really all there is to it. There is a warning for people with heart or kidney conditions and pregnant/nursing mothers... (oh yeah, and don't give yourself an Epsom enema, but I think that was a given). I could go on for miles as there are tons of other uses for this stuff that I haven’t even touched on. But I have become an addict and commonly use it after an intense workout or when I need a quick destressor... yep, believe it -- $3 does the trick!

Resources:
“Unspoken”

Walking down the halls of the hospital, there's another short coat. Another face I recognize, someone I've seen almost every day for two years, but yet seems so distant. A person I don't really know, and who doesn't really know me. "Hi." "How are you?" "Good, you?" "Good." "Good." Another seven word conversation, another encounter of the shallow kind, so fake, so frequent.

I'm not good. I'm not even close to good. I'm miserable. I'm stressed. I'm lonely. I miss my friends, I miss my sleep, but most of all I miss myself. Who is this person I've become? Am I even a person? Most days I feel like a robot. Watching people suffer before my eyes, hearing screams across the hall. At one point in my life, I would have gone running, to see what had happened, to see if I could help. But today, I just turn a blind eye; that's not my patient, that's not my job. I was driven to med school by my compassion, to help the sick, the weak, those in need. After two and one half years, I am overwhelmed by my failure. There is little help I can offer my patients, and I have refused to help those who seem to be most troubled.

Why am I the only one struggling? No one else runs to help that screaming patient; but it doesn't look like anyone is bothered by that. And you, you're "good." You pass me with a smile on your face. I bet you don't even want to know I hurt, I bet you'd ignore me just like that patient. But then, I'm "good" too, maybe I'm ignoring myself, just like the patient. I am both the doctor and the patient. Begging for attention, to be taken care of; and yet, at the same time, refusing what I need most. Why can't I ask for help? Perhaps I am scared to be ignored, rejected, marginalized. But maybe you will understand. Maybe you are going through it too, but then you would know how sad I truly am, and that scares me most of all.

White Coat Withdrawal

In the hospital, I don my short coat with the air of a rockstar. But when I leave, a dark cloud settles before I reach my car. Is this it? There's got to be something more! I just don't understand, what is all this for? My head bobs, my hands feel so heavy on the wheel… If they just slipped, would it be a big deal? Tonight is no different, before I reach my home. That familiar doom sets in, I feel so alone. I wish there was someone I could talk to. Just someone to say, "It's not just you, I feel it too".

HOW TO SUBMIT:

E-mail anonymous articles from our D'Press account (D.Press65@gmail.com, password: USFCOM1965) to The-BULLETinUSFCOM@gmail.com. Confidentiality is guaranteed.

HELPFUL RESOURCES:

The HELPS (Health Enhancement for Lifelong Professional Students) Program is available for all USF College of Medicine students and their dependents 24/7. Free, confidential professional assistance is just a phone call away: (813) 870-1840. Tampa Suicide Hotline: 211 from landline or (813) 234-1234.
While travelling in Thailand for a toothpaste company in 1982, Dietrich Mateschitz, an Austrian businessman, came across a cheap tonic used by Thai factory workers to stay awake during their shifts. The tonic was called Krating Daeng, which means “Red Bull” in Thai. Two years later, Red Bull was founded in Austria and the era of energy drinks was ushered in. Energy drinks have recently seen an explosion in popularity with sales reaching five billion dollars in 2006.

The recent surge in popularity can be seen on college campuses and at our own beloved medical school. Probably the most re-stocked portion of the USF Health Bookstore is the energy drink section. Med students have always had a special bond with caffeine, but recently it seems that more students are switching from Starbucks to Rockstars.

As energy drinks have entered the national consciousness, concerns over their possible adverse side effects have begun to emerge. As an admitted coffee addict who indulges in sugar-free Rockstars before exams, I took it upon myself to investigate the evidence. I went to PubMed and searched for “Energy drinks adverse events.” After sifting through a few case reports of Australian surfers who died after supposedly drinking ten energy drinks on an empty stomach, I found a review article from Pharmacy Today from last year specifically addressing adverse effects of energy drinks. According to the article, which searched several databases for articles related to energy drinks, there have been a total of four documented case reports of caffeine-associated deaths that were found, as well as four separate cases of seizures associated with the consumption of energy drinks. Conclusion: unless you have a heart problem such as an arrhythmia – or drink a case of Monster on an empty stomach – it is unlikely that consuming energy drinks will kill you.

However, the most popular energy drinks (Red Bull, Rockstar, Monster) all contain around 80 mg of caffeine per 8 oz. serving. It is generally accepted that a caffeine intake of 300 mg per day is the maximum amount not associated with adverse effects (e.g. anxiety and irritability) in healthy adults. Since most energy drinks come in 16 oz. cans, this means that drinking two cans of Monster a day puts you over the limit.

What about all the other stuff that’s in energy drinks? Depending on the brand, this other “stuff” can include taurine, glucuronolactone, B-vitamins, ginseng, inositol and guarana. Unfortunately, the amounts of these ingredients found in energy drinks are too low to deliver any of their purported benefits. On the plus side, these small amounts are also probably too low to have any adverse effects.

It appears that the truly active ingredients in energy drinks are the caffeine and – depending on whether it’s sugar free – the large amounts of sugar. According to the article the “evidence is insufficient to conclude that energy drinks are more effective at improving cognitive function or increasing energy than traditional caffeinated beverages such as coffee, tea, and colas.”

Bottom line: Drinking a Rockstar or Monster before class is probably not going to cause you any problems (except lead to insulin resistance if it’s not sugar-free) – just realize that it’s not doing anything different from a cup of coffee.

References:
What is Scut?

By Thure Caire, MSIII

As medical students, we are probably familiar with the term “scut.” But have you ever wondered scut really means? Recently the Institute of Medicine (IOM) released a report on resident work hours. This report, “Resident Duty Hours: Enhancing Sleep, Supervision and Safety” was requested by Congress in 2007, and sought to evaluate the impact of the 2003 duty hour reforms and to evaluate new ways to improve patient care and graduate medical education.

While examining the state of residency education, the IOM attempted to evaluate how much resident work could be delegated to other members of the healthcare team. Specifically, the IOM identified and quantified time spent by residents on, “tasks that are considered non-educational, do not expand residents’ knowledge or skills, contribute to the very long hours historically worked by residents, and reduce the time available for educational activities such as more complex types of patient care, reading, and conference attendance.”

The IOM summed this up as “scut” - succinctly defined as “non-educational tasks that do not require physician training.” The report suggests to adjust residency workload, improve patient care and improve graduate medical education “scut” should be delegated to the lowest level provider possible. This would free up time for residents to learn, treat patients, or rest.

The report suggests that residents spend about 10% to 20% of their time on scut. This supports the IOM assertion that, despite the 2003 duty hour reforms, there remains room for improvement in appropriateness of residents’ workload, quality of patient care, and efficiency of graduate medical education.

You might think this would also save money, but stopping scut work actually has a hefty price tag – about $1.2 billion annually. That money would go to hiring new nurse aides, nurses, laboratory technicians, and midlevel providers that could make up the scut work residents currently do.

Will today’s medical students be welcomed to a scut-free residency? The effect of these recommendations remains to be seen. In a statement the same day as the release of the report, American Association of Medical Colleges President and CEO, Darrell Kirch, M.D. said, “If the current duty hour limits are modified, it will be important to consider the impact of potential changes on other members of health care teams and the effect on patient care.”

In the hierarchy of medicine, residents, interns, and medical students doing scut is a well-established precedent. A precedent also found in other hierarchal organizations, which Tony Soprano once summarized as, “in our thing, Sh*t flows down and money flows up.”

Even if scut is here to stay, at least now we definitively know what it is.
Healthy Floridians Months

“Healthy Floridians Months,” formerly known as “Step Up, Florida!” is an annual statewide initiative to promote physical activity, healthy nutrition, and active lifestyles for all Floridians. This year, join us in a great day enjoying the outdoors in one of the oldest State Parks in Florida.

Saturday, March 28th, 2009: 9-10am
Hillsborough River State Park
15402 US 301 North, Thonotosassa, FL 33592

Beginning Hike: ½ mile loop Rapids Trail
Intermediate Hike: 1 mile loop Baynard Trail

11K, 5K, 2K Volksmarch(walk) from Hillsborough River State Park to John B. Sergeant Co. Park*
11K and 5K routes are sanctioned by the American Volkssport Association

- Proper footwear and water are recommended!
- Registration will be at the recreation hall; park in parking lot #3.
- BE SURE TO: Tell the Ranger Station you are participating in Healthy Floridians Months for FREE park entry!

For more details: please contact Park Services Specialist Patrick Potts at (813) 987-6771 or email patrick.potts@dep.state.fl.us

*Fort King Trail is 6.5 miles connecting John B Sergeant Co. Park to Hillsborough River State Park in the vicinity of U.S. 301. Designed for hikers, the recreational trail is a soft path the entire length, with a 2-mile segment paved with asphalt beginning at John B. Sergeant Co. Park.

Sponsored by: The Florida Department of Health in partnership with Hillsborough River State Park & the Suncoast Sandpipers Volkssport Club.