I am pleased to see the completion of our inaugural Wellness Newsletter. This represents the first effort of a quarterly opportunity for our medical students to lead all of our students, faculty and staff in the promotion of mental and physical health at USF Health. The high stress environment of professional careers presents significant challenges to the maintenance of sound mental and physical well being for each of us. Through the efforts of those who contribute to this Newsletter we should create a forum that promotes wellness, in every sense of the word, for us individually and collectively.

I am grateful to Aman Bhullar and the Student Council for accepting the challenge of creating this forum and in particular to Stephan Esser for agreeing to be the first editor for this publication. Stephan exemplifies a lifestyle of wellness and has been outspoken in encouraging his peers to adopt for themselves and to promote to others these values. In addition, I thank Drs. Martha Brown and Robert Moering who have initiated other activities at USF Health to promote wellness and to Dr. Patricia Alexander of Gary Wood and Associates, who administer our HELPS (students) and resident and faculty assistance programs, for their contributions to getting this Newsletter started. I am pleased that so many students and faculty have stepped forward to make this project a reality.

The Newsletter is but one piece of a concerted effort to establish an environment where wellness is promoted and valued. Our new lounge in the USF Health Shimberg Library, our fitness center that is under construction, cardio on campus, and a charge to some of our faculty members who completed our first leadership institute to establish a comprehensive Wellness Program are evidence that Vice President Klasko is committed to promoting wellness.

This Newsletter is meant to be a benefit for all of USF Health, as an open forum for everyone to share their ideas and information in the promotion of wellness. Anyone wishing to contribute should see the information from Stephan indicating how you may do so. Please join us in making the USF Health environment more beneficial for us all.

Steven Specter, Ph.D.
Assoc. Dean for Admissions and Student Affairs
My Way
How to stay tense, stressed out, and frustrated with medical school and life in general.

by Robert G. Moering, Psy.D.

I find it amazing how some people are persistently stressed out and even believe they thrive on stress and the pursuit of pressure. If you are one of those people, then the following article is just for you. The following hints may provide the means to help you avoid relaxing and enjoying life. With these “tips” everyone should be able to live a stress-filled life. No longer do you need to worry about not having enough stress. A life of tension and anxiety is all yours!

“I don’t need friends.” You are absolutely right. You don’t need relationships. You are way too busy being productive to take time out for others. In the long run, it’s only YOU that matters anyway.

“I don’t laugh without good reason.” Whatever you do, make sure you take life seriously. Never, ever look for humor in any situation. Level headed and serious is the name of this game. When Murphy’s Law hits and things turn sour, whatever you do, don’t laugh, snicker, or giggle. Instead, get annoyed and blame those around you for what happened.

“The worst is bound To happen.” If you believe that everything will go wrong, you won’t be surprised when it does. You will be much better off than those who are optimistic. Their smiles just prove their ignorance.

“I’ll never get in shape.” Exercise wastes too much of your time. Besides, you might injure yourself. Who can afford a sports injury during third year anyway? Besides, looking and feeling great is overrated.

“I like my junk food.” Whenever the pressure begins to pile up and you’re satisfied that you have done everything in your power to add more, surround yourself with your favorite snacks. Grab a Coke, Snickers bar, Doritos, or whatever else you fancy. Don’t think about the way you’ll feel when you stand on the scale the next morning.

“I am always right.” Don’t listen to anyone else’s suggestions. You already know that everyone is out to get you. Even if you are wrong, at least you don’t have to acknowledge someone else’s wisdom.

“I don’t need sleep.” Work long hours, study all night, and cram for the test. Don’t forget to add the weekends, holidays, and vacations to the available times to study and work. Sleep is for the weak. Everyone know that the constant yawning, combined with the bags under your eyes, will make a great impression when you go for the interview at your top residency program.

“Every dilemma is worth worrying about.” Worry about things that you don’t control. Imagine the worst possible scenario to every event and worry about it. Worry helps! You know it, I know it. If you try hard enough, you might even be able to make the situation worse.
“Mother F#*! Er! Discharge that f#*!^er. I don’t want to see his f#@*’n face in the hospital tomorrow morning! #!/@* bastard!” I shrunk into the corner of the resident’s room as our chief resident continued,” and as for that other s**#-hole tell him…..” I headed for the door just in time to hear the junior resident, and intern howl in laughter over yet another derisive comment.

Standing outside in the dimly lit hallway I felt hollow and alone. Was I the only one who felt disgusted by what I had heard? Was I the only one who had been in that room who felt that something just wasn’t right? Weren’t we supposed to be “healers,” ministering to the needs of the broken, diseased, scared and lonely? Weren’t we above all other professionals called to treat people with dignity, compassion and understanding, regardless of how manipulative, needy or demented they may appear?

“Okay, okay,” I reassured myself, “this is only the first day of my General Surgery Clerkship and I am sure they are just stressed out. After-all, nobody is perfect.” I spent the rest of the day looking for the “silver lining” on the situation as we rounded on patients and operated on several cases. During one case; a male breast biopsy, I was startled to feel the sterile drapes suddenly move as my chief resident made his opening incision. Simultaneously a weak moan and a “stop, stop, ow, oah” was audible coming from under the blue covers. Much to my dismay the surgeon was unfazed and neither paused to reassure the pt. nor to wait for increased anesthesia. Instead, he went after the biopsy with increased vigor. The moans continued as the resident bluntly dissected his way around the mass and deftly protected the areolar complex. With each touch of the bovie, the pt renewed his indecipherable protests but received no solace from the surgical staff. I was sick to my stomach. Was this what I would become if I pursued a surgical career? Was this resident ever like me? Was there something about surgical training that would harden my heart in this way?

We have all heard the stereotypical comments about surgeons, “They have no bedside manner. They lack compassion. They are cocky and arrogant. They are egotistical. It is a ‘malignant’ training and profession. But is it really true? And if it is true, is it really necessary? Is it like what one of my interns told me, “they beat the heart out of you by your third year of surgical residency?”

As I pondered these thoughts in the middle of the busy PACU nature called. I headed for the physician’s locker, and paused in front of one of the urinals. It was not a touch of BPH that held me hostage, but the sight of a list titled “Our Patients” framed in gold and hanging above the urinal. The list included the following: “The patient is the most important person in our profession. His/her needs are the purpose of our work... not an interruption. The pt is an individual... not just a name, face or number. The pt is a real person with feelings and emotions like our own. The pt is not someone with whom to argue or match wits. The pt is not dependent on us, we are dependent on him/her.” The list continued, “The pt is the lifeblood of our profession. The pt deserves our courteous attention.” I was stunned. Here hidden in the bathroom were the principles which were so absent on the floor and in the OR. What went wrong? Where was the disconnect? How could a profession which is so intimately invested in the well-being/healing of the pt be so rife with such “malignant” behavior?

(Continued on page 4)
I admit I have mulled over this question for some time and I am unsure quite what or who is to blame. Is it the fact that the 100+ hr work week is still the norm? Is it learned from the example of senior attendings? Is it a necessary part of becoming “hardened”? Is it the fact that surgical practice is now perceived as more of an occupation than a vocation? As important: is this a universal experience or was mine purely a chance event, an “outlier” as the EBM gurus like to refer to an anomalous result? Searching for answers I decided to review the literature.

In a 2003 article in the journal *Surgery*, researchers found that 3rd year med. students had an overall positive surgical clerkship experience. According to their findings: students indicated that their general surgical clerkship improved their opinion of surgeons (2.47; \( P < .001 \)) but that several perceptions changed after the clerkship. First, students agreed more strongly that surgeons were compassionate physicians (ranking, 2.87 vs 2.53; \( P = .003 \)) and that patients respected surgeons (ranking, 1.84 vs 1.62; \( P = .026 \)). Acknowledgment of career satisfaction by students increased (ranking, 2.57 vs 2.22; \( P = .008 \)). Students more strongly disagreed that “surgeons were respectful of other physicians” (ranking, 3.29 vs 3.62; \( P = .009 \)) and of note, interest in surgical careers did not change significantly during the clerkship (ranking, 2.83 vs 2.68; \( P = .218 \)). (Surgery 2003; 134:153-7.) The antipathy noted between specialties and the conflict between pt and physician is not however limited to the surgical specialties nor is it purely an American phenomenon.

According to a 2001 article published in the Canadian Medical Journal, titled “Are physicians too rude?,” the authors noted that the number one complaint against physicians across specialties was that they are “rude” and arrogant. The authors believed that, “this arrogance is partly the product of a lack of recognition of the importance of ‘role-modeling’ as an integral element of a physician's education.” They contend that younger physicians often witness more seasoned colleagues acting short-tempered or using derogatory language; and like abused children who later become abusers, “if that's what you've learned, often that's what you've become.” They continued, “Medical school curricula, and CME programs pay little more than lip service to ethical instruction, and even though notions of ‘compassion, truthfulness, humility, and altruism’ are generally found in the rhetoric of medical education, ‘it's not in the life experience’”

CMAJ • November 13, 2001; 165 (10).

This disconnect of practice and principle was painfully evident during my general surgery rotation. Despite this fact I continue to marvel at the techniques, technology and potential of the profession. As I wrestle with the decision whether to pursue a “surgical career” I am convinced of one thing. You and I, the next generation of physicians, have the opportunity to recombine the principles and practice of medicine into a seamless, pt centered undertaking that has unsurpassed potential. It will not occur in a day or a month or a year, but if we daily re-commit ourselves to the principles of compassion and healing then the system will be renewed.

Each in our own way, let us meet the needs of our future pts………..for “The pt is the lifeblood of our profession. The pt deserves our courteous attention.”

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Meet the Staff

I was born in 1979 in Ogden, Utah. I spent my youth moving for the most part. I have lived in Utah, Texas, Virginia, El Salvador, South Africa, Spain, and Florida. I received my bachelors degree in chemistry from Brigham Young University where I met my wife, Elisabeth. We currently have two children, Katelyn (2), and Dallin (10 months). I enjoy going to the zoo, playing with puzzles, and watching Baby Einstein movies. The great thing is that my wife loves doing the same things…we have a blast. The kids are pretty good at playing with us.

I’m in my second year of medical school at the University of South Florida. I am actively involved in my church and find time to read, work on my musical talents (or lack there of), cook, write, and exercise… all on a somewhat regular basis.
“Diet and Exercise”……Even as a first-year student, I can’t count how many times I have heard this prescription given. Yet I wonder, do we as future physicians even know what it means? With so many fad diets and 10-step programs to the body of your dreams, it can be difficult to discern healthy programs from bogus ones. If we as physicians have difficulty knowing the good from the bad, think how easy it is for our patients to be swept away by the deluge of “advice” out there.

I think it can all be simplified. A good diet, no matter the protocol, can be summed up in three basic principles: **Balance, Variety,** and **Moderation.**

**Balance**—it is important to keep all of the food groups in proper proportions. Be leery of diets that emphasize specific food groups to the total neglect of others. Though some may disagree, I think the *Food Guide Pyramid* is a good place to start when figuring out how food groups should be balanced. You can learn more about the Food Guide Pyramid by going to [MyPyramid.gov](http://www.mypyramid.gov).

Second—**Variety.** A good diet includes many foods from each food group. For instance, if all you do for your daily fruit serving is eat apples, well, at least that is better than candy; but you’re still missing all of the vitamins, minerals, and antioxidants all of the other fruits have to offer that apples don’t have. So if you have an apple for morning snack, try to eat a banana or an orange later. Good diets should be *taste-filled adventures,* not boring.

This brings us to the final key, the one we all struggle with—**Moderation.** The word can make those of us with self-control issues cringe, but let frame it in a new way. We think of moderation as the kill-joy of our eating pleasure but moderation is the liberty to eat what we want… sounds ironic, doesn’t it? People set themselves up for failure when they place themselves on an all-or-nothing diet. Sure they may do well for a little while, but eventually they will break and have a binge fest on whatever “bad” food they forbade themselves from eating. We’ve all done it. The problem with the all-or-nothing mindset is that as soon as something becomes forbidden, it instantly becomes all you want. Thus, the better approach is, eat what you please, but do so in moderation. It is definitely easier said than done, but it is much better than never getting to eat your favorite food. Food was meant to be enjoyed, and it is best done so when eaten in balance, variety, and moderation.
Stepping on Needles: 
My Path to Pediatric Acupuncture!
by Laura Weathers, M.D.  
USF COM Faculty

So how does a pediatrician raised in the south become interested in acupuncture? Good question! For many of you, the idea of complementary and alternative medicine is something you grew up with. Maybe your parents were advocates of herbal remedies rather than antibiotics for every childhood ailment. My involvement in integrative medicine came about only recently, and grew out of my frustration with conventional medicine.

I have been a practicing pediatrician for over 15 years. And I have prescribed medicine after medicine to cure or alleviate symptoms of illness. Sometimes it works beautifully, and everyone is happy. Other times it doesn’t. I had become increasingly frustrated with the limitations of western medicine in treating some of my more complex patients, such as those with severe persistent asthma, cerebral palsy, or behavioral problems. I knew there must be something else out there for me to offer my patients. That’s when I found an advertisement for the Acupuncture for Physicians course through UCLA.

I wasn’t sure what to expect, but I was ready to try something new. After the introductory weekend, I was hooked! It was like being a medical student again. Everything was new and fascinating. It’s a whole different language, with theories that are thousands of years old, but brand new for me. There are, of course, many differences between Chinese Medicine and Western Medicine. We “westerners” don’t really have a good translation for “Qi;” that vital energy that flows through us and sometimes gets stuck and results in illness. But I was pleasantly surprised to find many similarities. I think we can all understand that when we treat the whole patient, our interaction with the patient and their outcomes will be better. I think in pediatrics, perhaps more than in other specialties, we are not simply focused on the patient and their disease, but we treat the patient in relation to his or her family. We also focus on health maintenance and prevention. Both of these theories overlap quite a bit with Chinese medicine.

I suppose the aspect of the course that pleased me the most was the fact that it was specifically designed for western trained physicians, with the hopes that after completing the course, we would begin to integrate acupuncture into our practices. After all, I’m not ready to throw away everything I’ve learned and switch gears altogether. The idea of incorporating acupuncture into my practice should compliment what I’m already doing. That’s what “complimentary “medicine is all about. It just gives me another weapon in my arsenal to help my patients. I am enjoying this new area of practice, and my colleagues have been very supportive. I look forward to expanding my knowledge and sharing what I have learned.

Dr. Weathers practices with USF Peds. and runs a pediatric acupuncture clinic at 17 Davis. For more details she can be reached at lweather@health.usf.edu.

Around Campus
A collection of questions we asked our fellow Med students, and pics taken, well, "around campus.” Look for the answers and the pics throughout the BULLETin

#1: If you won $10 million in the lottery what would you do?  
#2: If you could have any superhero as your doctor who would it be?  
#3: What 3 things does “wellness” mean to you?  
#4: If you could have anyone as your patient who would it be?

Around Campus . . .
“BRAND RECOGNITION”

Be the 1st student to correctly identify the location of all 10 of these USF HEALTH logos and win a $40 gift certificate to Metagenics Nutrition! Submit a numbered list to sessor@health.usf.edu
Meet the Staff

Janese Trimaldi, MSII

I have committed my life to medicine, but am also committed to remaining physically, mentally, and emotionally healthy throughout this crazy ride. I have been many places, and done many things, but all of it wouldn't have been possible without my family, friends, and many loved ones. I wish to impart the same groundedness to my fellow peers, and give them the belief that anything in life is possible with faith and good health on your side.

Around Campus Comments!

Sam Crane: MSIII

If I won $10 million in the lottery:

I would finish med-school and start a foundation working on health infrastructure and protecting human rights in developing countries.

If I could have any superhero as my doctor it would be:

Superman; he can do radiology and medicine

What 3 things does “wellness” mean to you?

Wellness means healthy mind, body, spirit. It encompasses all of it.

If I could have anyone as my patient it would be:

My grandfather, I would have liked to be on the team that tried to save his life.
Dear Dr. Brown,

Ever since I started med-school I get really anxious right before exams. I can't sleep, I fight with my boyfriend and lately the anxiety has gotten so bad my heart pounds for 2 days before each exam and I feel nauseated all the way till the exam is over. What's even worse is that now my exam scores are even dropping. Help me!! What can I do to get back the confidence that got me into medical school?

-- anxious over-achiever --

Dear Anxious Over-Achiever,

Most students experience some anxiety before and during an exam. Having some anxiety can even be beneficial. Stress can be a reminder that you want to do your best and it can provide some energy. While there are some general tips for coping with test anxiety such as having good study habits, good time management, and being well organized, there are other things you can do before the test and during the test to help. I can not stress the importance of a good night’s sleep and eating breakfast each morning. Don’t do like I did in medical school and have a can of coke (the soda) and call it a liquid breakfast! While exercise and eating fresh fruit have been shown to reduce stress, eating processed and fried foods (e.g., chips, candy bars, and other foods containing preservatives) are likely to increase stress.

Remind yourself each day how successful you have been academically (you didn’t get into medical school because of bad grades and poor test scores). As you anticipate the exam, think positively. Tell yourself, “I can do this. I studied hard and I know this material.” During the test, remember you are in control. Take slow, deep breaths and focus on the test question. Take a minute to stretch your arms and legs (while taking deep breaths) and tell yourself “I’ll be OK.” Do not focus on the activities of other students and don’t panic when people start to hand in their exams and leave the room. You don’t get extra points for finishing first and you don’t get points docked for finishing last. Lastly, if the above doesn’t help or you continue to feel overwhelmed, don’t hesitate to call me at mbrown@health.usf.edu or call the Student Assistance Program 813-870-0184. It may be that you could benefit from formal relaxation therapy or an antidepressant for the anxiety.

Dear Dr. Brown,

I think my girlfriend has an eating disorder. She used to be a competitive gymnast and since quitting competition I notice she hardly eats anything for days and then eats tons at parties and stuff. Then she goes for days being moody and I just don’t understand it. One of her friends says she heard her throwing up after she recently ate a lot of pizza at a party but my girlfriend denies it! I know something is wrong and I feel like as a med student I should be able to help her but I am lost. How can I help her?

-- distraught --

Dear Distraught,

From what you have described, there is a good chance that your girlfriend does suffer from an eating disorder and that she is in denial about her eating disorder. Being a doctor does not mean we help everyone. Don’t try to be your girlfriend’s “doctor;” be her friend and express how much concern you have over her eating habits. Sometimes it can be difficult to separate ourselves from being a doctor to being a friend or loved one. One of the most important issues is to express your concerns in a loving and supportive way. However, it is also important to discuss your worries early on, rather than waiting until your friend has endured many of the damaging physical and emotional effects of eating disorders. Communicate your concerns and explain why you think there may be a problem that needs professional attention. Ask her to explore your concerns with a professional who is knowledgeable about eating disorders. If she refuses to acknowledge that there is a problem or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener. Avoid placing shame, blame, or guilt on your friend regarding their actions or attitudes.

For more information about eating disorders or to find a provider, visit the National Eating Disorders Association web page at www.edap.org. You can also email me at mbrown@health.usf.edu and we can arrange a time to talk or meet.

Around Campus Comments!

Renee Campbell: MSIII

If I won $10 million in the lottery:

Stay in med-school. Invest 3.5 mil., pay off family debts. Donate some . . . then see.

If I could have any superhero as my doctor it would be:

Wonderwoman:

She’s courageous, strong and compassionate.

What 3 things does “wellness” mean to you?

Health of body, and mind. Being comfortable with yourself.

If I could have anyone as my patient it would be:

My aunt died of breast cancer. Maybe I could have found it earlier.
It is still pitch-black on a chilly Saturday morning just outside the gates of Walt Disney World. Thousands of athletes jog past, some stretch, others jump excitedly in place trying to warm up. In 15 minutes, a pistol will sound the start of the Disney Marathon. The wide-eyed first-time competitors are immediately apparent, surreptitiously gazing at the other athletes who seem to be Olympic pros calmly bouncing around checking their heart-rate monitors. Upon entering the marathon staging area, the first-timers immediately begin to regret their decision to run a marathon. What have I gotten myself into? I am nothing like these runners! Will I even finish? Or worse, will I be last? For a number of reasons, most people will never attempt a marathon or other significant athletic challenge. The training is too difficult or long and race day is intimidating. Others may sign up but never actually show on race day because they could not make it through the necessary training.

Team In Training® (TNT) is the world’s largest endurance sports training program and benefits The Leukemia & Lymphoma Society. The program provides training for first-time or seasoned competitors to run or walk a whole or half marathon or participate in a triathlon or century (100-mile) bike ride. TNT coaches work with participants weekly to help them prepare for race-day. The coaches teach racing technique and training skills, put together schedules and organize group-training on a regular basis with other ‘Team’ members. “The group camaraderie is amazing. You get to train with people who all want to get in shape but also work to support a great cause.” said Jennifer Levy, former TNT participant. Levy completed her first triathlon in 2003 as a member of the ‘Team’.

Participants raise funds for leukemia, lymphoma and myeloma research and patient services in exchange for training, support, lodging and airfare to the event of their choice. 75% of the dollars earned by TNT competitors goes to cancer research and to support blood-cancer victims, the other 25% funds the TNT program. Since TNT’s inception, 305,000 participants have raised $695 million.

In order to meet personalized fundraising goals, TNT competitors are given access to a wealth of resources with pre-fabricated fundraising ideas, form-letters to send out to potential sponsors, tools to put fundraising plans into action and personalized websites through which donations may be collected. “I think my goal was $2000 but I actually raised about $3000,” said Levy.

In order to bring special meaning to the experience and to show competitors where their hard earned fundraising dollars are going, each team chapter pairs with an honoree cancer victim, whom they meet during the process. “I have completed other races since the triathlon that I did with Team in Training, but that race was unique, there is just a different element when you are running in honor of someone. Having their face in your mind is highly motivational!” said Levy.

On race day, TNT competitors wear distinctive purple shirts with their names. Members of the ‘Team’ often race together and are supported on the sidelines by their Honorees, TNT organizers, former participants and other cancer survivors who scream, wave cowbells and go berserk cheering in support of the ‘Team.’ Picture a far-different first-race experience for TNT racers. The athletic component is still a tremendous challenge, but these competitors are surrounded by fellow training friends, they have been trained by a professional coach so surely they are ready, they have the motivation of their Honoree’s face in their minds, and they are being supported by hundreds or thousands of TNT cheerleaders screaming their names as they race.

Health professional students are an extremely busy crowd. Involvement with TNT allows students to complete service hours while also getting in shape and achieving an amazing life-accomplishment. For the opportunity to be part of the ‘Team,’ visit www.leukemia-lymphoma.org or dial 800-482-TEAM.
No Alarm Needed . . . !

by Cameron Smith, MS II

It’s not often I wake up to the sound of an alarm clock these days. I always have it on and ready, but it just doesn’t find time to ring. I’m the product of two young kids. This morning I got up 15 minutes before my alarm. Dalin, ten months old now, has decided that breakfast should be served early . . . that’s not my department, but occasionally I’ll get out of bed and get him. I think this gives my wife some time to wake up. Once out of bed I face a new dilemma, do I get back into bed for those last few minutes or should I work on that goal to do push-ups every morning? The push-ups won out this time.

Last year it was Katelyn that would get me up in the morning. I remember for Biochem she would get me up at 5 AM and once up, I would ride my bike to school and spend the next 3 hours in the histo labs studying for the upcoming test.

My classmates wonder how I get so much done without studying on the weekends. It’s simple — you need an early alarm, with lungs, down the hall, with no snooze button. For those of you with kids . . . yes, all TEN of you . . . Yo!

A chore or an opportunity to seize the day?
Your choice!

“It is not the strongest of the species that survives, nor the most intelligent; it is the one most adaptable to change.”

-- Charles Darwin

With public speaking in perspective let’s see it for what it really is, an opportunity to professionally interact and strut our stuff. When we are uncomfortable we are growing. Reframed this means we’re not stagnating and dying. Sounds all positive to me. How do we overcome our fear, and deliver a quality, interactive presentation? With a little self-confidence, success minded thoughts, creativity, effective communication skills, and organization we can develop clarity out of any circumstance. Remember, “hope is not a strategy”, you must believe in your research of the topic and in yourself. Change your fear to:

Feeling
Excited
And
Ready

(Continued on page 12)
Marjorie Brody summarized it best: Know Your **PAL**: Before preparing any presentation for one person or thousands, know your Purpose (inform, persuade, entertain), know your Audience (demographics, attitudes, hot buttons), and know your Logistics (Time allotment, number of people in the audience, time of day for presentation, room arrangements). All will impact the type of presentation you give, the visuals you employ and the demeanor you employ.

As you develop your presentation skills ask for constructive feedback. But understand what others say can affect our confidence, especially when we are early in training, inexperienced, or more externally controlled. It is important to observe how we let other people affect us. As you learn from feedback remember to hold onto past success in similar situations. Past successes and experiences develop your confidence and help you exercise more control of your life and advancement. Strong well-developed presentation skills will directly impact your career advancement.

Value yourself and remain focused on your goal of improving your presentation skills. Confidence is an acquired skill. In order to think confidently, you must act confidently. Preparation is the key to developing mastery. Visualize and plan for your success. Maintain a positive philosophy, prepare for your audience and constantly improve your presentation skills. "He who fails to prepare is preparing for failure" so Prepare, Prepare, Prepare.

**TIPS:**
- Others see in us what we think of ourselves.
- Visualize success. Deposit and withdraw only positive thoughts from your memory.
- Look important, it helps you think importantly

**Audience’s impression:**
- 70% of How you look
- 20% of How you say what you say
- 10% of Content

- Dress right.
  - The sharper you look, the sharper you will be
- Check your grooming: brush your hair, don’t chew gum, check zippers and buttons, straighten your coat and clean out pockets
- Think of yourself as sharp, together, intelligent, and informed and that is what you will be.
- Check your posture, stand up straight, don’t slouch
- Be pleasant, alert and interested
- Be confident and tactful, don’t show nervousness or uneasiness
- Be mature and courteous; don’t condemn or be negative
- Get our from behind the podium: speak with the audience
- Practice is the best preparation. Rehearse your opening 2-5 minutes so that it’s an unconscious process
  - Grab their attention
  - Motivate
  - Organize the information
- Develop 3-5 critical “take home” points you’d like your audience to remember in 6 months
- As you summarize, employ the “big ask”. What do you want them to take away from your presentation?
  - Reinforce the 3-5 points that you wish them to remember.
  - Organize the learned material
  - Reinforce or consolidate key points
  - Motivate, Innovate, Inspire
  - Leave them with a sense of accomplishment
- Visuals are vehicles to improve retention and impact
- You should dominate
- Your visuals should support

In future articles we will discuss your visuals and how to prevent “Death by PowerPoint.”

Finally, have fun! We all take ourselves far too seriously. If you are having fun, so will your audience - and they will remember you.

A good speaker is one whose spirit enters the soul of the pupil.  
(Sonia Sarnoff)
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1st student to submit a correct list of matches to sesser@health.usf.edu
Wins a $20 gift certificate to Chuck’s Natural Foods Store
(Note: several answer choices have acceptable overlap)

| a. Ginger | 1. Insomnia |
| b. Dong-quai | 2. Peptic Ulcer Disease |
| c. St. John’s Wort | 3. Source of Isoflavones |
| d. Garlic | 4. Sunburn |
| e. Black Cohosh | 5. Asthma |
| f. Licorice | 6. CHF |
| g. Goldenseal | 7. Migraine headaches |
| h. Red Clover | 8. PMS |
| i. Stinging Nettle | 9. Reduces Prostaglandin formation |
| j. Lobelia | 10. Osteoarthritis |
| k. Ma huang | 11. Alzheimer’s/Intermittent Claudication |
| l. Kava Kava | 12. Menopause |
| m. Evening Primrose Oil | 13. UTIs |
| n. Skullcap | 14. Rheumatism |
| o. Aloe vera | 15. URIs |
| q. Hawthorn | 17. To soothe a Sore Throat |
| r. Slippery Elm | 18. Fatigue |
| s. Lavender | 19. Immune Function |
| t. Turmeric | 20. Acts as a mild relaxant |
| u. Feverfew | 21. Expectorant |
| v. Cat’s Claw | 22. Motion Sickness |
| w. Gingko Biloba | 23. BPH |
| x. Milk Thistle | 24. Natural Antibiotic |
| y. Uva Ursi | 25. Allergic Rhinitis |
| z. Astragalus | 26. Breast Tenderness ass. with PMS |
| A. Echinacea | 27. Hyperlipidemia |
| B. Ginseng | 28. Anxiety |
| C. Eucalyptus | 29. Alopecia Areata |
| D. Chamomile | 30. Liver detoxification |
| E. Saw Palmetto | 31. Upset Stomach |

### Around Campus Comments

**Matt Warrick, MSIII**

If I won $10 million in the lottery I would:

- Definitely finish med-school and probably move to the Bahamas and fish and work for free. Yah, that’s what I’d do.

If I could have any superhero as my doctor it would be:

2: “Superman: he’s the only superhero I can think of.

What 3 things does “wellness” mean to me?

Physical, spiritual and mental well-being.

If I could have anyone as my patient, it would be:

Hippocrates: to get his insight into what makes a good doctor.

### Around Campus . . .
You are what you eat
by Serggio Lanata, MSII

We’ve all come across this phrase. For some people it represents a way of life, while others don’t think twice about it. But is there more to this Hippocratic statement than personal opinion? Is there scientific evidence to support the idea that food can influence what we are, at least at a biological level? In this post-genomic era, we are our genes and the proteins our body derived from them. Therefore, if food does indeed play a role in shaping our biology, then it must have the ability to directly affect our genome. Let’s put things into context.

I think you should know that your whole body, except a few organs (like the brain), has died several times throughout your lifetime. It is estimated that every day approximately 50 to 70 billion cells die in the average adult as a result of apoptosis [1]. Apoptosis, or programmed cell death, is a healthy, genetically determined process that allows our body to remove malfunctioning and/or aging cells in our body in order to “make room” for the billions of new cells that are produced daily as tissues and organs grow, heal, and simply change throughout life. This process occurs day and night, from birth to death. Simply put, throughout the course of one year an adult will destroy, and in parallel produce, a mass of cells that is almost equivalent to its entire body mass [1].

Intrinsic to this process is the fact that the billions of cells that die as a result of apoptosis every day are replaced by the daughter cells of the cells that didn’t die. And every time these billions of cells undergo mitosis to produce their daughter cells they inevitably expose their genetic material to environmental toxins. Take, for instance, the well-known story of UV radiation. UV rays from the sun cause irreversible damage to the gene structure of our skin cells (which are very mitotically active); as a result they are distorted and are programmed to self-destruct via apoptosis. Hence a thin layer of skin peels off after we sunburn—it is the layer of cells that died due to apoptosis. Although it ruins our tan, the skin peel is a sign that our body has adequately responded to the UV ray damage. On the other hand, what happens when UV rays damage the structure of the genes and the damaged cell fails to initiate apoptosis? Then you’re in trouble, because the damaged cells are allowed to survive, grow, and divide out of control. They become cancerous. Appreciate that in this example what a pathologist diagnoses as “squamous cell carcinoma” is the cumulative result of a disorder that began at the DNA level; it may take years before a molecular disturbance such as this one becomes manifested as a pathology (cancer) that affects all functional levels of a human organism (tissue structures, organs, and systems).

It is for this reason that a tremendous amount of energy and resources are invested in this biological process because it is our body’s way of getting rid of unwanted cells, and thereby guard off not only cancer, but also such varied disorders as AIDS, Alzheimer disease, and rheumatoid arthritis. If the apoptotic machinery is disturbed, systemic disease could occur.

Knowledge of the importance of apoptosis in maintaining health while simultaneously exposing our genome to environmental stimuli begs and important question: could specific food ingredients, especially non-nutritional ingredients (chemical flavorings, preservatives, colorings, pesticides, etc), act as environmental stimuli that could directly influence our DNA and lead to disease formation? After all, if an intangible stimulus such as UV irradiation can cause physical changes in our DNA that lead to faulty apoptosis and cancer, couldn’t certain tangible chemicals present in our food similarly affect our DNA and make us ill?

We are far removed from the times when food was merely the carrier of energy (calories) and the raw materials (amino acids, fatty acids, vitamins, etc.) our body needs to survive. We have industrialized food. Today food is the carrier of many other ingredients that have no nutritional value, yet contribute to improving the “shelf life”, appearance, and flavor of almost everything we eat (artificial flavorings, preservatives, colorings, pesticides, etc.). In fact, according to a database maintained by the FDA’s Center for Food Safety and Applied Nutrition, there are about 2480 listed substances that are currently added to our meats, produce, crackers, cereals, cookies, drinks, and everything else. Remarkably, according to a paper published by F. M Johnson MD, from the National Institute of Environmental Health Sciences (NIEHS), only 58 of these chemicals have been tested on animal models with bioassay protocols from the National Toxicology Program, which the NIEHS regards as the gold standard [2]. Even more worrisome is the fact that some of these 58 chemicals have carcinogenic properties. In sum, more than 97% of these chemical food additives have unknown biological activities. We don’t know how they are metabolized in our body, nor do we know how these chemicals interact with each other once inside our body, yet we consume them daily.
for as long as we live.

So, back to the initial question: is there any scientific evidence to support the notion that non-nutritious molecules present in our food can directly affect our genome? It turns out there is a whole separate scientific field, known as nutrigenomics, in which scientists specifically investigate how particles present in food promote and/or prevent disease formation by directly altering gene expression [3][4]. Nutrigenomics is what Hippocrates would be studying if he were alive today. As an example, consider the role of lunacin, a 43 amino acid peptide naturally found in soybeans, which acts as a mediator of apoptosis [5]. Scientists found that lunacin’s carboxyl end directly binds to regions of hypoacetylated mammalian chromatin and prevents the mitotic spindle from attaching to centromeres; this leads to mitotic arrest and eventually cell death via apoptosis. Like lunacin, there are other examples in the field of nutrigenomics which prove that food constituents have the potential of altering genome expression and even affect apoptosis.

Based on the toxicology concept that “dose makes the poison” some may argue that food additives are ingested in doses too small to have any physiologic effect. Although it is true that on a daily basis we may ingest very small amounts of these chemicals (depending on what you eat), consider that food is consumed daily more than three times per day (in “developed” countries like ours) for as long as we live. In the long run, the total amount of food additives that we bring into our system throughout our lifetime is significantly high. Besides, the idea that the dose makes the poison somewhat loses ground when tested against our current knowledge of genomics and biochemistry. As it is not only a chemical’s dose what determines its action, but also its molecular affinity to a specific receptor and/or region on our DNA (affinity being determined by the molecule’s structure). In other words, if a chemical has no affinity for a specific receptor or for a specific DNA domain, it is inert to it no matter how high the concentration of the chemical is.

I have shared with you five important facts: 1) Apoptosis is a biological process essential for survival and to maintain health, as it guards off disease by eliminating aging and dysfunctional cells, and it involves billions of cells every day; 2) Apoptosis causes cells to become more susceptible to environmental stimuli than they normally are when they are not undergoing mitosis; 3) Discoveries in the field of nutrigenomics demonstrate that food ingredients (acting as environmental stimuli) directly affect our DNA; 4) Industrialized food is the carrier of more than 2480 non-nutritional chemical ingredients (some of which have been shown to be carcinogenic), the great majority of which (more than 97%) have unknown biological activities; 5) These chemical food additives could detrimentally influence our DNA and lead to disease formation.

Some people would argue that since we have not scientifically proven that these food additives are carcinogenic in humans, or that they can affect our health in any way, then there is no reason why we should stop using them. I would argue differently given the same premise: it is precisely because we ignore the effects that these chemicals have in our body that it is best we limit their consumption. From an evolutionary perspective this makes sense, because we have evolved this far as a species thanks to our strong communion with the dietary ingredients that the earth has provided for us. This food-human communion is the result of millions of years of trial and error, basically. Relatively recently we’ve decided to suddenly bombard our diet with more than 2400 chemicals, and thus we have abruptly changed a delicate food-human symbiosis that had taken millions of years to form. If this doesn’t startle you, let me ask you this: imagine you are shopping for “fresh” produce in your local supermarket and just as you are about to grab a beautiful red pepper a man approaches you and sprays it with a dripping amount of pesticides and tells you not to worry because they are not poisonous, would you take it home and add it to your salad? I hope not. But it doesn’t matter, because the fact is that practically all the produce you buy in most supermarkets has been laced with pesticides, probably several times, before it reaches the produce stand. You may not see it happen, but it’s all there, so why eat it?

Fortunately, there are people in the US food industry who find this worrisome. These are the people involved in the production of “organic” foods, which by definition have significantly less chemical additives than conventional foods. Organic meat, poultry, eggs, and milk products, for example, come from animals that have not been given antibiotics or growth hormones on a routine basis. Organic vegetables are grown without the use of conventional pesticides, synthetic fertilizers, and sewage sludge. Similarly, organic snacks and cereals are made from organically grown ingredients, and are free of artificial colorings, flavors, and preservatives. You have probably seen these products in your local Publix, on the shelves under the “Greenwise” banner. Sweet Bay and Fresh Market supermarkets also carry them, and Wild Oats almost exclusively carries organic foods. Yes they are more expensive, but it’s worth it, because there is one thing more pleasurable than eating yummy, chemical laced junk food. That is, eating yummy, clean healthy food.


It is a real honor for me to write this article for the “inaugural” “Wellness Newsletter”. I wanted to tell you about “Physicians for Social Responsibility” or PSR, which has a newly minted mission statement: “Guided by the values and expertise of medicine and public health, PSR works to protect human life from the gravest threats to health and survival.” PSR’s vision is a healthy, just and peaceful world for present and future generations.” Now that’s a vision we should all share. (psr.org).

As medical care providers, learners and scientists, you and I have a critical role to play, in providing leadership in the issues of slowing, stopping and reversing global warming, averting the ongoing threats of nuclear weapon use and reversing the toxic degradation and overuse of the increasingly limited resources of our planet. Catherine Thomasson, MD, the current president of PSR writes, “We are poised to provide a Prescription for Survival!” What a great Rx to help write!

PSR’s 26,000 medical and health professionals, with over 60 Student PSR chapters at medical and public health schools, and over 25,000 e-activists, along with national and chapter board members and staff, form a unique nationwide network committed to a safe and healthy world. PSR’s focus of attention and activism since the early 1960’s has been on more global issues of nuclear non-proliferation, for which they shared the Nobel Peace Prize in 1985. PSR expanded its mission in the 1990s to include environmental health, addressing issues such as global climate change, proliferation of toxics, and pollution. But I prefer to think more “local” issues of concern that effect the health and safety of our patients, in my case being a pediatrician for over 25 years, children, teens and youth.

To be a health care professional, in whatever field your passion lies, is truly a privilege, but with this privilege comes a lasting obligation to provide care to those in our society that are less fortunate; the homeless, uninsured, undocumented immigrants, struggling families and those uninsured with mental illness. Many PSR chapters in the country, including student chapters, are doing just that at the local, community level by promoting “hands-on” education and activism about gun violence, safe food, domestic violence, benefits of recycling, preventing exposure to toxic chemicals in the home, and the need for universal health care. There are over 46 million uninsured people in the U.S., and over 750,000 children in Florida have no insurance and/or access to quality health care. It is important to remember that children comprise 30% of our population, but 100% of the future of this country and of the world for that matter. They deserve better than they are getting!

Change is often frustrating and you think, “what difference could I make, I’m just one person”? But that is exactly how change happens! A group of caring people come together in a common purpose and passion to be the voice for those too young/frail to speak or those on the margins of society. I hope that you’ll speak up today, get involved and consider joining PSR or any other organization that promotes a healthy, safe environment for planet Earth. I’m exploring the formation of a Tampa Bay PSR Chapter in the very near future, so stay tuned. I’ll need your passion, creativity and dedication to lead this charge.

Lynn Ringenberg, M.D.
Dir. USF Pediatric Residency Dept.

“Our children, grandchildren, and many more generations will bear the consequences of choices that we make in the next few years.”
Jim Hansen, Director
NASA Goddard Institute for Space Studies

Page 16 THE BULLETIN
“As January 1st rolls around each year, millions vow that this will be the year they actually keep their New Year’s Resolutions. Determination colors their efforts for the few weeks, but by the time March rolls around, their resolve is waning or even long gone. Old habits die hard, and it seems just as difficult to make new ones stick.

While it is true that kicking those bad habits or adopting a healthier lifestyle are quite a challenge even for the most disciplined among us, it is not impossible. Moreover, as future advocates of healthy living for our patients, we must model the standards that we advise them to follow if we expect such advice to be taken seriously. Actions do, indeed, speak louder than words, and in our efforts to adopt healthy behaviors and rid ourselves of the harmful ones, there are innumerable tips on just how to attain that elusive resolution success. The following are the top eight out of more than a dozens articles surveyed:

Before you even start out, make a list of the pros and cons of your current bad habit or the advantages or disadvantages of adopting your new habit. When you feel your determination weakening, go back to this list and remember why this goal is important to you. For example! (see table)

<table>
<thead>
<tr>
<th>Eating Out Pros</th>
<th>Eating Out Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No cooking/clean-up after a long day of school</td>
<td>1. More Expensive!!!</td>
</tr>
<tr>
<td>2. Tastes good</td>
<td>2. Hard to resist the tasty, but unhealthy menu items</td>
</tr>
<tr>
<td>3. Makes me feel guilty</td>
<td></td>
</tr>
</tbody>
</table>

Set yourself up to succeed with small, attainable goals. Gradually work your way up to your ultimate goal. Instead of “I’m not going out to eat for the next 6 months,” try “I’ll only eat out once a week.”

Build the new habit into your schedule. As busy as life is, people make time for the things that are really important to them. If you want to reach your goal, you need to make it a priority and designate time in your schedule for it.

Team up with a friend. Even if you don’t have the same goals, having someone to keep you accountable and to encourage you when you mess up or do well is a great way to keep yourself on track.

Compromise and revise your plan as needed. If your original plan was too rigorous or not as practical as you’d hoped, don’t be afraid to back it down a couple notches, start at slower pace, and work your way back up.

Keep track of your progress! This is key. It is so easy to “forget” about a slip up here or there or forget how far you’ve come and be discouraged, but putting your good days and bad days down in writing helps you to keep things in perspective when you need it. Furthermore, if you’re struggling to maintain your resolution, use that record or a journal to identify the obstacles that are in your way.

Reward your self for successes. Try to celebrate your achievements with rewards that are in line with your goal. For instance, you’re goal is to go out to eat less, have a special dinner at home with friends or family.

As cliché as it may be, “if at first you don’t succeed…” So many of us get frustrated when we don’t get it all right the first time, but studies show that making new habits stick OFTEN takes multiple attempts. There is no need to wait for the arrival of the New Year to try again. Tomorrow is a new day.

May this year be your year of new habits and healthy living!
We land the old, Russian cargo plane on the dirt field in the heart of Darfur, Sudan and are greeted with smiles and songs from the 50,000 refugees who are in hiding from the government. Five years ago, the Muslim Darfurians and the Christian Dinkas hated each other. Now they are living together, hiding from a mutual enemy and unified by one thing, fear. They fear a government that, instead of leading and protecting, is killing, burning, abducting, and raping.

My job is to spend four days assisting the missionaries by photographing and documenting the state of Darfur and the additional needs of the people. I am an experienced photographer, so I am prepared for the desert like conditions and the adjustments to the lens of my camera, but I am not prepared for the encounter with human survival and the adjustment to the lens of my heart. I had previously served in some of the poorest conditions in the world, but nothing could have prepared my heart for encountering a modern day genocide.

I meet women who were raped and their children burned alive, men who have been shot and watched their huts burn, and orphans...
who now sleep alone in the bush (woods). I watch women crawl into hand dug holes scooping up muddy water to drink and men sleep under trees alone, because their wives, children and home have been taken from them. The photos you see were not taken to exploit the Darfurian people, but to speak up for the people who have lost their voice. “Speak up for those who can not speak for themselves.” Proverbs 31:8

Meet the Staff ......................................................... Stephan Esser, MSIII

My path to medicine has been circuitous! From the stage to the tennis court to the vineyard to the classroom. It has been an amazing adventure which continues today! I am richly blessed.

For the reader of the BULLetin to keep in mind: “Be careful about reading health books. You may die of a misprint.” - - Mark Twain

Around Campus Comments!

Rob Malka: MSIII

If I won $10 million in the lottery:
Stay in school and spend it in a fun but wise way

If I could have any superhero as my doctor it would be:
I’ll tell you who NOT, Batman, he’d see that bat sign and be gone. Superman would be the man cause he has built in radiology diagnostics by the bedside

What 3 things does “wellness” mean to you?
#1 emotional health meaning personal contentment. This enables physical wellness, which is freedom from preventable chronic disease and finally balance between the 2. It’s all about the balance.

If I could have anyone as my patient it would be:
Myself, hopefully I wouldn’t have anything too serious. But I’d have insight into both sides of the equation.
In College I had the chance to attend a Hypnotist’s Show. With the flair of a circus performance he called classmates up onto stage, spoke briefly to them and then made them dance around like Vanilla Ice with his pants on fire while the audience roared with laughter.

Now I’m supposed to believe this has medical implications? Call me a skeptic, but I wasn’t convinced the traveling hypnotist was on the up-and-up, and from seemingly out of the blue I hear that hypnosis is being used in place of anesthesia for certain surgeries.

Yeah right, maybe in the Land of Honah Lee. Actually, it turns out that hypnosis is being used in many hospital around our great United States of America, including at Jackson Memorial Hospital in Miami. And it is being used successfully. Hypnotists proudly claim a smaller number of complications when hypnosis is used instead of anesthesia, as do surgeons who work with hypnotists.

Dr. Anne Ouellette, a hand surgeon at the University of Miami reports significantly lower postoperative complications following surgery done under hypnosis than with anesthesia. Dr. Samuel Botta, a plastic surgeon at the University of Pittsburgh Medical Center, has used hypnosis as adjunct anesthesia during over 300 liposuction procedures. In his published article(1) Dr. Botta notes there was a marked reduction in the intravenous medication needed and in several cases no medication was needed at all.

This brings up two questions. First, haven’t I seen advertisements for hypnosis as the be-all-end-all in dieting and weight loss? Second, can you imaging getting fat vacuumed out of you body while the only thing preventing you from feeling the pain is a smoothing audiotape? (intra-surgery hypnosis is usually achieved by listening to a recording)

Even hypnotists say hypnosis isn’t for everyone. Hypnosis increases susceptibility to suggestion, but it can’t make one do something against their will. Reasonably, in the information I found when researching this article, all the test patients elected to undergo hypnosis. If the patient is more active and participatory in their medical decision would that predispose them to a more positive outcome?

Conducting the double-blind type of studies that withstand the scrutiny of evidence based medicine is difficult for hypnosis. Can you imagine, Manchurian Candidate aside, a patient not noticing if they are being hypnotized, or, alternatively, not noticing if they were put under anesthesia?

Because of these challenges most research on hypnosis is limited to smaller groups, case studies, and editorials, which fall low on the evidence based medicine pyramid. Yet, no one denies that doctors can perform surgeries successfully using hypnosis, and some claim that hypnosis reduces recovery time and post-operative complications.

Right now, it seems that hypnosis is suitable as another tool in the bag of adjunct therapy. The potential post-operative benefits are appealing, but the dependence of hypnosis on the willing participation of the patient, as well as the lack of rigorous, random-controlled research, will prevent hypnosis from becoming a standard of care. But if I ever need liposuction I’ll consider hypnosis to complement just anesthesia.

¿Qué tal?

Spanish for the medical-minded!

by Annabella Ferrari, MSI

Why is it important for us as future health care providers to learn a little bit of Spanish? Is it because the Hispanic population of Florida and the United States is significantly large and growing? That’s part of the reason. Is it because we want to understand the patient’s history as well as possible so that we can provide them the best care? That works too. Or maybe you’ve been in a situation where the patient is obviously telling a long story, yet the translator simply tells you, “No,” as the answer to your question. That can make anyone want to pull out their old high school Spanish book and try to learn now what they didn’t learn then.

While all of these are good reasons, we should really learn some Spanish to show our patients that we care. Most patients don’t expect us to speak Spanish. So when they encounter someone who is making an effort to communicate with them, it shows to them that we understand their situation and are trying to bridge that gap. You don’t have to learn to speak Spanish fluently. A few phrases and hand motions will take you a long way. So, go ahead. Tackle the rolling “r’s,” and say a few words. While your Spanish might not be perfect, you will connect with your patients, and in this way, you will provide them better care.

To help you get started, here are a few key phrases you might want to learn:

<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good morning</td>
<td>Buenos días</td>
</tr>
<tr>
<td>Good afternoon</td>
<td>Buenas tardes</td>
</tr>
<tr>
<td>Good evening</td>
<td>Buenas noches</td>
</tr>
<tr>
<td>Hello</td>
<td>Hola</td>
</tr>
<tr>
<td>How are you?</td>
<td>¿Cómo está(n)?</td>
</tr>
<tr>
<td>Nice to meet you</td>
<td>Mucho gusto</td>
</tr>
<tr>
<td>My name is…</td>
<td>Me llamo…</td>
</tr>
<tr>
<td>I’m a medical student</td>
<td>Soy estudiante de medicina</td>
</tr>
<tr>
<td>How can I help you?</td>
<td>¿Cómo lo/la puedo ayudar?</td>
</tr>
<tr>
<td>I speak a little Spanish</td>
<td>Hablo un poco de Español</td>
</tr>
<tr>
<td>Do you have pain?</td>
<td>¿Tiene dolor?</td>
</tr>
<tr>
<td>Where does it hurt?</td>
<td>¿Dónde le duele?</td>
</tr>
<tr>
<td>How?</td>
<td>¿Cómo?</td>
</tr>
<tr>
<td>What?</td>
<td>¿Qué?</td>
</tr>
<tr>
<td>Where?</td>
<td>¿Dónde?</td>
</tr>
<tr>
<td>When?</td>
<td>¿Cuándo?</td>
</tr>
<tr>
<td>Since when?</td>
<td>¿Desde cuándo?</td>
</tr>
<tr>
<td>How much?</td>
<td>¿Cuánto?</td>
</tr>
<tr>
<td>Why?</td>
<td>¿Por qué?</td>
</tr>
<tr>
<td>Head</td>
<td>Cabeza</td>
</tr>
<tr>
<td>Face</td>
<td>Cara</td>
</tr>
<tr>
<td>Eyes</td>
<td>Ojos</td>
</tr>
<tr>
<td>Ears</td>
<td>Oreja (external)</td>
</tr>
<tr>
<td></td>
<td>Oídos (internal)</td>
</tr>
<tr>
<td>Nose</td>
<td>Nariz</td>
</tr>
<tr>
<td>Throat</td>
<td>Garganta</td>
</tr>
<tr>
<td>Arm</td>
<td>Brazo</td>
</tr>
<tr>
<td>Hand</td>
<td>Mano</td>
</tr>
<tr>
<td>Fingers/Toes</td>
<td>Dedos</td>
</tr>
<tr>
<td>Leg</td>
<td>Pierna</td>
</tr>
</tbody>
</table>

Foot                                    | Pié                            |
| Knee                                      | Rodilla                        |
| Brain                                      | Cerebro                        |
| Heart                                      | Corazón                        |
| Blood                                     | Sangre                         |
| Veins                                    | Venas                          |
| Arteries                                  | Arterias                       |
| Lungs                                    | Estómago                       |
| Stomach                                   | Disculp                        |
| Excuse me                                  | Disculpe                       |
| I’m sorry                                  | Perdón (asking forgiveness)   |
| Thank you                                  | Lo siento (showing empathy)   |
| You’re welcome                               | Gracias                        |
| Good bye                                   | De nada                        |
| Have a nice day                              | Adios, Hasta Luego            |
| Que le vaya bien                             | Que le vaya bien               |

Next Edition: Medical phrases and Physical Diagnosis

Annabella Ferrari is an MSI, and a passionate advocate for basic education in the Spanish language. We are thrilled that she is a contributing author for the WNL.
Meet the Staff .................................................... Robert G. Moering, Psy..D.

Dr. Moering is a Licensed Psychologist and Assistant Professor. In addition to working in the Office for Faculty Development, he maintains an office in the Department of Psychiatry, Division of Addiction Medicine and Professional Health Services. He received his Master of Arts degree from the University of Maryland, College Park and his Doctor of Psychology degree from Florida Tech. Dr. Moering completed his Internship at the Tampa VA and was subsequently appointed to the Dual Diagnosis Treatment Program as a staff psychologist. He worked as a Senior Psychologist for the Florida Department of Corrections and has held his current appointment at USF since January 2005. He teaches and supervises psychiatry residents, medical students, post-doctoral psychology residents, psychology pre-doctoral interns, and undergraduate psychology students. Dr. Moering’s clinical practice consists of psychological assessment, cognitive-behavioral therapy, dual diagnosis, and mood and anxiety disorders.

Meet the Staff .................................................... Martha Brown, M.D.

Dr. Brown was recently named Associate Dean for Faculty Development at USF. Additionally she is the Director of the USF Division of Addiction Medicine and Professional Health Services and an Associate Professor of Psychiatry. She received her M.D. degree from the Medical University of South Carolina (MUSC) at a time that is affectionately referred to by many as the "dark ages." She also completed her psychiatry training and a two year Substance Abuse fellowship at MUSC. She was selected as one of 45 ELAM (Executive Leadership in Academic Medicine) fellows for 2005-2006. Her passion for more years than she cares to count is advocating for professionals with impairment issues and promoting health and wellness. She also is a consultant and treating physician for the NFL and Major League Baseball (although she readily admits knowing almost nothing about sports). Her hobbies include being an "old mamma," water skiing, visiting Key West, and playing with Seate', the family cat (Pronounced C-A-T).
Faith and Practice

by Daniel Yoder, MSIII

What are our future challenges? Reducing chronic disease, improving the health care system, paying off med-school debt, and living healthy and balanced lives, are a few. I add to this list the challenge of understanding how our beliefs alter our approach to medicine. Observational studies show that a majority of patients desire a discussion of spiritual issues with their physician. A report in The Journal of Family Practice from 1994 demonstrated that 77% of inpatients believed their physician should address spiritual issues, but 68% said their physician had never done so. Our response to any patient’s spiritual beliefs should be respect and support, regardless of whether we share those beliefs. Yet, whether we intend to or not, our personal belief system influences our interactions with patients. Medical care meets people at times when they question their own mortality, the meaning of life, and their purpose. My goal in this essay is to mention how my belief system (Christianity) influences my care of patients and to encourage you to honestly evaluate how your own view of the world will influence your future practice of medicine. Most world religions recognize that human beings are unique and provide them a special value and dignity. Consider the emotions you experience in one day, your longings and dreams, your abilities and skills. What animal approaches the human experience in complexity and ability? Christianity reinforces these observations asserting that men and women are unique as they are created by God and made in his image. Christians have varying ideas about the meaning of being created in God’s image, but it certainly includes our creativity, our personality, our ability to form relationships, and our moral conscience. Since I believe that each person bears the image of God (regardless of physical, intellectual, social, or spiritual differences), there is no room for racism, prejudice, hate, arrogance, or indifference. This view of tolerance and service is found throughout the Bible. I am not claiming that Christianity alone is responsible for the rise of medicine, but the imprint of its ideals of dignity and compassion are well documented. As medical historian Henry Sigerist stated, “Christianity came into the world as a religion of healing, as the joyful Gospel of the Redeemer and of Redemption. It addressed itself to the disinherit, to the sick and afflicted and promised them healing, a restoration both physical and spiritual. . . . The social position of the sick man thus became fundamentally different from what it had been before. He assumed a preferential position which has been his ever since.”

If man has been granted a privileged position in this world and the dignity of being created by God himself, why do we daily face the pain and sadness of evil? Judeo-Christian religions hold that man and woman were created in this world without the presence of evil, but chose to rebel against God. Evil entered the world through their rebellion. This evil is most vivid in the haunting reality of death. In lesser form, I see this evil in my own life when I don’t offer excellent care to a person simply because of their disability, when I am angry at my wife, when I am dishonest in my medical documentation, when I step on the backs of others to advance my standing in the class. No matter our beliefs about religion or the problem of evil, we cannot escape the reality that all is not right.

If evil is so pervasive, is there any hope for our condition to improve? Yes! If not, medicine would be a futile adventure and simply a means to accumulate wealth or gain fame. We began this medical school journey because we believed we could impact this world and improve the lives of individuals and communities. Christians, or simply those who follow the teachings of Christ, believe that Jesus came into this world to offer hope and redemption from evil. The historical death and resurrection of Jesus offers the hope of freedom from sin and death to all who believe in him. So while I know that evil and death will be a part of my existence and much of what I labor against in medicine, I also believe that my work is not futile. Through applying our trade with compassion the sick are made well, drunks become sober, and the wounded are repaired. Most people be-

lieve in life after death, whether it is heaven or another blissful state. Christians also believe in an eternal soul and in Christ’s promise to return to the earth. I recognize that many drunks will progress to cirrhosis, many cancer-ridden patients will die and many with HIV will succumb to their disease. But as life ends and all my efforts fail, I am not empty of medicine, for I can offer the sweetest of medicines for the soul—the promise of redemption. I can confidently speak of life beyond the grave and the spiritual hope found in Christ.

This is how my view of the world and spiritual matters will guide my practice. I recognize that you may disagree but I encourage you to analyze your view of the world, to treat each patient with dignity, to have an explanation for the problem of evil and death, a reason for doing something about it in our corner of the world, and a comfort in conversing with your patients about their spirituality. I challenge you to practice medicine with the hope of changing lives and to enjoy it immensely.

Daniel Yoder is a rising MSIII and former Vice-President of the USF CMA. He is happily married and a strong advocate for humanism in medicine.

Meet the Staff .................................................................Lauren Leffler, MSI
Class of 2010 Lauren loves being adventurous, eating food, and living life.
While attending Stetson University, Lauren played varsity volleyball and continues to remain active. She is a regular competitor in local road races and marathons. Outside of needing more sleep, her life is fantastic.

Around Campus Comments!
Tasmia Karim: MSII
If I won $10 million in the lottery:
Take care of my families debt, pay student loans and give money to charity. It would lower my stress and I would do better in school
If I could have any superhero as my doctor it would be:
I don’t know any of their names?
What 3 things does “wellness” mean to you?
Wellness means the freedom to do what you want, peace of mind, happiness.
If I could have anyone as my patient it would be:
Dr. MLK cause he went through a lot and I’d love to get his views on it all. He saw many aspects of human nature.

Around Campus Comments!
Ariel Lufkin: MS
If I won $10 million in the lottery:
I’d stay in med-school. It wouldn’t change what I’d do, but that’s a tough one.
If I could have any superhero as my doctor it would be:
Superman—to save money on radiology
What 3 things does “wellness” mean to you?
Wellness is being happy; it’s like not being worried about your health, being carefree.
If I could have anyone as my patient it would be:
Probably my grandmother. I think she had a lot of good stories to tell and a lot of knowledge.

Meet the Staff .................................................................Patricia N. Alexander, Ph.D.
Patricia Alexander is a member of Gary L. Wood & Associates, P.A. who provide the HELPS Program (Health Enhancement for Lifelong Professional Students) services. Dr. Alexander does individual HELPS assistance, is editor of the HELPS newsletter and will be submitting articles to this publication for wellness. She has her Ph.D. in Mental Health Counseling from the University of Florida.
Food for Thought

by Karen N. Keene,
USF Health Reference/Systems Librarian

Do you go out to eat a lot? Test your restaurant IQ by taking the Restaurant Quiz
http://www.cspinet.org/nutritionpolicy/restaurant_quiz.html at the Center for Science in the Public Interest website. There’s no prize for correct answers, but you might be surprised to learn just which Starbucks latte has the least calories.

Speaking of coffee, did you ever wonder how much caffeine is considered too much? The FDA categorizes caffeine as a substance generally recognized as safe (GRSA), but does not indicate a safe daily maximum amount
http://www.access.gpo.gov/nara/cfr/waisidx_03/21cfr182_03.html. Medical literature often refers to 250-300 mg or 2-3 cups of coffee a day as a moderate amount or presumably safe level of caffeine. However, the American phenomenon of super-sizing has morphed the 1960’s 8 oz. version of a cup of coffee to the more commonly sold sizes of 16 or 20 oz. today.

Let’s do the math. If a typical 8 oz drip-brewed cup has 85 mg, then 3 cups totals 255 mg of caffeine daily. If your coffee cup is 16 oz, you are ingesting over 500 mg of caffeine and that’s just from coffee. Unless you’re drinking Starbucks, that is. One Starbucks 16 oz Grande regular brewed coffee has approx. 260 mg of caffeine. Three of these cups equal 780 mg!

In addition to coffee, caffeine is present in many products. One Extra-Strength Excedrin contains 65 mg. of caffeine, about the same amount as a 12 oz can of Coke. According to the Natural Medicines Database (NMD), “caffeine is used in combination with analgesics and ergotamine for treating migraine headaches. It is used orally with analgesics for simple headaches and preventing and treating postoperative and postdural puncture headaches. It is also used orally for asthma, gallbladder disease, attention-deficit hyperactivity disorder (ADHD), neonatal apnea, hypotension, increasing mental alertness, and enhancing athletic performance. Caffeine is used for weight loss and type 2 diabetes.”

Is too much caffeine really harmful? Evaluated as “Possibly Unsafe”, the NMD reports that “Chronic use, especially in large amounts, can produce tolerance, habituation, psychological dependence, and other significant adverse effects. Doses greater than 250-300 mg per day have been associated with significant adverse effects such as tachyarrhythmias and sleep disturbances.” (Citation 11832: Institute of Medicine. Caffeine for the Sustainment of Mental Task Performance: Formulations for Military Operations. Washington, DC: National Academy Press, 2001. http://books.nap.edu/books/0309082587/html/index.html). High doses of caffeine have also been reported to increase urinary calcium excretion (Citation 2570: Chiu KM, J Gerontol A Biol Sci Med Sci. 1999 Jun;54(6):M275-80). So, consider all sources of caffeine when calculating your daily intake, not just coffee. And while you’re at it, use a measuring cup to determine the size of your favorite coffee cup.

To learn more about caffeine’s effectiveness, mechanism of action, interactions with drugs, supplements and lab tests, and adverse reactions, use the Natural Medicines Database. This evidence-based electronic resource is available to all USF Health students, faculty & staff via a link from the Shimberg Library home page (http://www.health.usf.edu/library).

To discover more fascinating nutritional facts about food and beverages, see Bowes & Church’s Food Values of Portions Commonly Used in the Shimberg Library’s Reference Collection. In addition to Caffeine, there is also a section on Fast Foods & Restaurants.
### Signs and Symptoms

**Mix and Match**

1st student to get em’ right wins 2 free smoothies!!

Submit answers to sesser@health.usf.edu

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<thead>
<tr>
<th>Sign</th>
<th>Symptom</th>
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<tr>
<td>Abadie's Sign</td>
<td>a hyperesthesia of posterior paravertebrum ass. W/ cholecystitis</td>
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<tr>
<td>Litten's Sign</td>
<td>b flexion of neck induces hip and knee flexion</td>
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<td>Hutchinson's Sign</td>
<td>c Tapping chest wall results in cough and expulsion of secretions leaving “cavernous tympany”</td>
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<td>Joffroy's Sign</td>
<td>d approximation of dorsum of hands results in</td>
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<td>Prehn's Sign</td>
<td>e the visible inspiratory descent of the diaphragm along the posterior ribs</td>
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<td>Chvostek's Sign</td>
<td>f <strong>Feeling happy, healthy and satisfied</strong></td>
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<td>von Graefe's Sign</td>
<td>g systolic retraction of 10th and 11th infrascapular ICS ass. with adhesive pericarditis</td>
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<td>Goodell's Sign</td>
<td>h inability to keep the eyes converged due to insufficiency of the internal rectus muscles</td>
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<td>Dagger Sign</td>
<td>i “gouged out” areas of bony destruction in AVN</td>
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<td>Cullen's Sign</td>
<td>j diastolic collapse of jugular veins</td>
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<td>Putnam's Sign</td>
<td>k lengthening of an extremity ass. with ligamentous relaxation</td>
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<tr>
<td>Babinski's Sign</td>
<td>l lagging of upper eyelid with inferior gaze</td>
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<tr>
<td>Bite Sign</td>
<td>m no forehead wrinkling with rapid upward gaze</td>
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<td>Erni's Sign</td>
<td>n involvement of the tip of the nose by herpetic lesions</td>
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<td>Brudzinski Sign</td>
<td>o used to diff. torsion from epididymitis</td>
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<td>Friedreich's Sign</td>
<td>p clonic spasm of levator palpebrae sup.</td>
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<td>Rovsing's Sign</td>
<td>q determines presence of the plantar reflex</td>
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<td>Boas' Sign</td>
<td>r suggestive of hypOcalcemia</td>
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<tr>
<td>Mobius' Sign</td>
<td>s bluish discoloration around the umbilicus</td>
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<tr>
<td>Romberg-Howship Sign</td>
<td>t bluish discoloration of the cervix</td>
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<tr>
<td>Broadbent's Sign</td>
<td>u separation of outer epidermis from basal dermis with pressure across skin</td>
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<tr>
<td>Jamba Sign</td>
<td>v central radiodense line on X-ray of spine related to ossification of supraspinous and inter-spinous ligaments.</td>
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<tr>
<td>Phalen's Sign</td>
<td>w pain in RUQ ass. with deep palpation or inhalation impinging the GB against exam. hand</td>
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<tr>
<td>Terry Thomas Sign</td>
<td>x widening between scaphoid and lunate bones</td>
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<tr>
<td>Aaron's Sign</td>
<td>y pain down medial aspect of the thigh</td>
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<tr>
<td>Murphy's Sign</td>
<td>z flexion at the wrist reproduces pain</td>
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<tr>
<td>Grey Turner Sign</td>
<td>A abd. pain radiating to the L shoulder</td>
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<tr>
<td>Nikolsky's Sign</td>
<td>B RLQ pain is worse with LLQ palpation</td>
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<tr>
<td>Kehr's Sign</td>
<td>C ecchymotic flank changes</td>
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<tr>
<td>Dance Sign</td>
<td>D neg BS in RLQ</td>
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<tr>
<td></td>
<td>E Pressure over McBurney's creates heart or stomach pain</td>
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**THE BULLETIN**

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Janese: Did you find time during med school/residency to work out?

Dr. Schrot: You have to be on a rigid schedule. Back in med school my roommate was a track star, and got me interested in jogging. We would go out every other day.

I think that's very important to maintaining your physical and mental well being-- but it has to be built into your regular lifestyle. I would say it's like brushing your teeth in the morning. Even to this day, when I get up in the morning, I will usually go out on the weekend and ride my bike for 45 minutes; or if it's a weekday, I'll go jogging around my neighborhood. I just built it into my lifestyle. You need to have the mental relaxation and physical wellbeing that exercise imparts. It's hard but it has to be a part of your regular schedule.

Janese: How do you deal with the death of patients?

Dr. Schrot: Another part of wellness has to do with spirituality. There is somebody who is over our human lives; someone who is in control. I think it's important to have a vertical relationship with God to give a different perspective to your life. I attend services every week if I can. It's just an important part of my life.

It gives a different perspective other than just the material parts of living. There is a spiritual part of living, and dying is a part of that. So as physicians we will run across death. We do everything we can to help people live a good life, but if it's their time to die we have to accept that, and it's difficult. I don't think it ever gets easy.....

Janese: Anything else you want to tell us?

Dr. Schrot: I think in order to maintain wellness, what you do has to be fun. If it is continually regarded as work, eventually you are going to burn out. So you have to find those aspects of your job that give you pleasure, and those you will have to seek out. That's why it's so important to choose a specialty, not so much for the monetary return, but it's a specialty which you like to do. You've got to enjoy it. I think it was Confucious (sp?) that said "If you enjoy what you're doing, it's no longer a job." It's no longer work, so to speak. And we do forget about that a lot. It's the same thing in medical school. When you're sitting in a class room, you need to find some aspect of your medical education... what makes you happy studying for a test? Is it getting together with a group of students and maybe talking together? In order to feel as if this is a good experience, you've got to look for the things that are going to make it a good experience for you, and that may be different for different people.
Project World Health: Bringing healing to those in need

by Nadia Abrahamsen, MSII

Project World Health was developed by the Family Practice Student Organization at the University of South Florida College of Medicine. The program enables medical students to travel internationally and to provide medical care for those in great need. In addition PWH educates and promotes awareness about other medical systems and health issues in these countries.

Founded by Sigrid John- son in the late eighties, Project World Health is a student-run program, with year-round fundraising and collection of medicine from both community physicians and pharmaceutical companies. Project World Health also aids students wishing to practice medicine in underdeveloped or foreign countries.

The Medical Missions trip is usually during spring break after a year of hard work, however this year we are going in June due to Santa Semana, which is a week of religious observation. Prior to a mission, students research and are briefed on the history, culture, language and cultural sensitivities of their target region. Focus teams recruit medical professionals, supplies and financial donations to make it all happen. Once in the country, students travel to both urban and rural areas to understand the differing forms of care available.

To give you a feel of what it is like once we arrive in the Dominican, let me give you a quick recap of last years trip. “Thirty PWH members, including medical students, doctors, residents, and nurses, arrive in Santa Domingo in the evening. We all pile into a shuttle and drive for 2.5 hours into the heart of the Dominican Republic. We finally get to a little village called Jarabacoa with 60 suitcases jam packed with medication, toothbrushes and tooth paste, toys, lollipops and much more. We stay at a monastery, with the most friendly and warm natives. Bright and early we get up and eat and separate into a white team and a black team (so named because of the color of the giant black and white bags we organized medication into, by class such as NSAIDs, Heart, Allergy and so forth). Two mini vans per group, one with all the medication and a couple people and the other car stuffed with excited students and doctors. The first year medical students are about to die from anticipation…..we’re about to see PATIENTS!!!! Talk to them, touch them, HELP TREAT THEM!!!!!

Driving high up into the mountains, we start to wonder if we are lost. No houses, no cars, no people. But then around the corner, we drive into “down town.” Shacks that are painted a bright purple and yellow, some have gaping holes bigger than others, but none of them seem like more than a fort to our eyes. After we passed “down town” we continued for another 30 minutes on the dirt road. Finally we had arrived. My group was having their clinic in a school which consisted of one room separated by a hanging sheet of wood. The children finished their class and under the instruction of their teacher they swept the cracked concrete floors and moved the desks aside.

Like a well oiled machine we went in and set up the clinic, one side acting as the pharmacy and the other as the clinic. The patients lined up at the door, with numbers in hand. As we looked out the hollowed out windows, we saw young and old and everything in-between. The word had gotten out that we were here to help. 1st and 2nd year medical students were paired with 3rd or 4th students, or a doctor, while the nurses organized the medication and the flow. I suppose as a 1st year medical students, my friends and I did not fully understand the significance of all the disease we saw. Things that we will probably never encounter in our future practices; Endemic hypothyroidism leading to very large goiters, tinea versicolor, scabies and many other parasitic infections, severe dental carries and so
much more. Once the day was over and we had seen well over a hundred patients and we headed home. The other team had an equally successful day, but spent the afternoon hours in the rain trying to push the van uphill after it got stuck in the mud. We all regrouped at the monastery tired and soaked, but so excited we could hardly contain ourselves. “Guess what I saw? Guess what I saw? No way!” was the dinner talk. For the next three days, we went in our two groups to different locations, trying to help as many people as we could. We saw approximately 1500 patients in those four days and our nights were filled with dancing and music.

Most of us come to medical school because we want to help people; we want to make a difference. This often gets lost in all the studying we do and all the tests we have to take. But being part of Project World Health has given me a second wind. Helping people and making a difference is not an illusion, it is real, I have seen it. It is true that there are limitations to what we can do, but to be able to rid a child of intestinal parasites or control long standing hypertension that has given an old man headaches for years, that is making a difference.

There are many people I would personally like to thank: Dr. Jose Colon, a pediatrician who raises thousands of dollars and collects tens of thousands of dollars worth of medication, in addition to being our leader and mentor; Dr. Abad, who is our contact in the Dominican. He helps find locations and spreads the word that we are coming. In addition, his daughter is a dentist and does minor dental work during the clinics. Dr. Gonzales and Dr. Rotzheim who many of you know from the USF Clinic, are both priceless. The nurses, Linda Kitko and Robie Brauner make everything run so smoothly, we could not do without them. Carolyn Nicolosi, who is our advisor and is always there when we need help, as well as everyone in the office of Student Affairs. Lastly, I would like to thank you, the people of USF Health. Your donations and effort have made Project World Health a free standing organization that every year makes a difference in a place that does not have adequate medical care. Thank you to all those who have helped and will help in the future. If you are interested in knowing more about donating please go to our website at http://hsc.usf.edu/medstud/pwh/.

Around Campus Comments!
Nadia Abrahamsen: MSII
If I won $10 million in the lottery:
I’d stay in med school, invest a lot, and make my own charity.
I’d also give to UA and USF and make a scholarship.
If I could have any superhero as my doctor it would be:
Xavier from X-Men cause he is really wise and can control the mind.
What 3 things does “wellness” mean to you?
Wellness is mental, emotional, physical health all in one.
If I could have anyone as my patient it would be:
My Grandmother, cause hopefully I could figure out what was wrong with her so she wouldn’t die.

Around Campus Comments!
Yashash Pathak:: MSIII
If I won $10 million in the lottery:
I wouldn’t change anything . . . okay, okay . . . 10 million right now? I’d buy a yacht, a hotel and a lolly-pop!
If I could have any superhero as my doctor it would be:
???????????????
What 3 things does “wellness” mean to you?
Health, wealth, and education
If I could have anyone as my patient it would be:
Mother Theresa because she has done so much for others; to be able to serve her would be awesome.
Around Campus Comments!

Angela Goodwin: MSI

If I won $10 million in the lottery:
Ummm . . . save it so I could live more.

If I could have any superhero as my doctor it would be:
Superman, cause in the last movie he flew Lois Lane around and it was so peaceful. So after treating you he could take you on a therapeutic journey

What 3 things does “wellness” mean to you?
Happiness, health and people who love you.

If I could have anyone as my patient it would be:
Linsay Lohan cause I’d like to get her on the right track.