Welcome to the BULLetin!

Medical School BURNOUT by Elizabeth Kim MSI

Remember the beginning of the year when you were bubbling over with excitement, eager to meet anyone and everyone, and actually went out on Friday nights? Have you noticed now that feelings of failure, hermitry, and total exhaustion have taken their place?

(Continued on page 3)

Editor’s Corner

Wow! Spring 2008?!? Is it possible. The 1st years are planning out their summer breaks, 2nd years are anxiously preparing for Step 1, the 3rd years are really 4th years about to start the confusion of residency matching and the 4th years are graduated, signing contracts, re-negotiating loans and finding housing for residency. Does the madness ever end?

With each passing year of medical school and life it becomes more apparent that stress, anxiety and personal turmoil are constant forces in our lives. With that in mind this edition of the BULLetin is dedicated to “Mental Well-Being.” Maintaining emotional poise in medical school is a daily challenge and we hope that you find the resources, commentaries and perspectives highlighted in this edition to be of value as you keep your sanity and thrive during your medical school experience and beyond!

On another note, this edition of the BULLetin marks the end of my time as editor. It has been a great adventure being a part of the BULL and I am thrilled to be handing the reigns off to someone who will take the BULL to a whole new level of excellence. Ms Elizabeth Kim MSI will be the editor for the BULLetin for the 2008-2009 school year so keep your eyes out for some exciting new changes and features in the months ahead.

Wishing you every success and blessing!

Seek health,

Stephan Esser
Editor
Around Campus Comments

1: Where is your “happy place?”
2: What is your greatest mental strength?
3: Who is your “happiness hero?”
4: When I just can’t take it anymore, I . . .

Alyssa Brown, MSI

Happy place? “Home with my family”
Greatest mental strength? “My calmness”
Happiness hero? “Barney”
When I can’t take it anymore I “sleep.”

“Each 8-ounce serving contains the minimum daily requirement of vitamins, minerals and antidepressants.”

Thanks to our Sponsors!

Happy campus comments for the issue:

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3: Who is your “happiness hero?”
4: When I just can’t take it anymore, I . . .

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Well, there’s a decent chance that you’re suffering from burnout, along with the 45% of medical students that reported feel burned out in a study by Mayo Clinic. Most of us made it this far because we handle stress pretty well—we didn’t have a nervous breakdown during our MCATs, and if we did, it only helped us own that sorry excuse for a test. Short-term stress can really be our friend when we need that extra physical and mental push. However, when it’s prolonged, it can lead to being overwhelmed or feeling helpless.

What are the signs of burnout?

- **Emotional exhaustion:** “No matter how much I sleep, I always feel soooo tired!!!”
- **Reduction in productivity:** “I used to be able to zip through five lectures each night and now I can’t even get through one!”
- **Feeling hopeless or trapped:** “I’m so unhappy here, but I’m never gonna be able to pay off that monstrous debt if I quit now! I’m totally not in control anymore.”
- **Irritability:** “Those around me tell me I’ve been getting snappy at them more often and I’m getting more critical of myself and others.”
- **Isolation/detachment:** “I’m just feeling too tired to be social; I prefer to be alone and not have to deal with others right now.”
- **Lack of motivation or apathy:** “You know what, I give up. I don’t care anymore about this.”
- **Feelings of low personal accomplishment:** “I can’t do anything right. I feel like I’m drowning here.”
- **Escapist behaviors:** “Yeah, I’m turning to alcohol, partying, sex, or shopping binges to cheer myself up temporarily from these negative feelings.”

What’s the difference between stress and actual burnout? Usually, stress is a problem of *too much* where there are too many responsibilities to handle. Still, you feel better when things get in control again. Burnout, on the other hand, is a problem of *not enough*. You may feel consistently empty or detached, uncaring or unmotivated.

**Stress:** overreactive emotions, hyperactivity, loss of energy, anxiety, mostly physical damage

**Burnout:** blunted emotions, helplessness, loss of motivation, detachment, mostly emotional damage

Here are some simple ways to manage burnout; HELPS and professional assistance are also helpful tools to use:

- Take time outs and schedule doing what you love to do.
- Find a support group or connect with a cause that is personally meaningful.
- Exercise, even if you have to start off with baby steps - just go for a short walk!
- Go easy on the criticism. Be gracious to those around you and to yourself, even if they don’t meet up to your standards. As perfectionist as we are, nobody’s perfect.
- Get a massage. A wonderful way to relieve tension, especially after sitting at a computer all day.
- Treat yourself every now and then. A little reward can go a long way.
- Write down your priorities and cross off everything that doesn’t need to be done *today*. When it’s all up in your head and disorganized, it can lead to more anxiety. This helps you to focus on getting at least the essentials done.
- Drink water. Try replacing one beverage a day with pure H2O. It will keep your cells hydrated and won’t give that crash that sugary and caffeinated beverages can do.
- Get adequate rest. Medical school is not a sprint, so abusing your body won’t get you too far. Be a good steward of your body and it will thank you in the long run.
- Take some deep, diaphragmatic breaths.
- Tap into your spirituality and/or meditate. A real source of inner peace and enjoyment for many people.

And if ALL else fails… J

Stress Reduction Kit

**Bang Head Here**

**Directions:**
1. Place kit on FLRM surface.
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.

Resources:
- [http://www.helpguide.org/mental/burnout_signs_symptoms.htm](http://www.helpguide.org/mental/burnout_signs_symptoms.htm)
- [http://www.ciggyfree.com](http://www.ciggyfree.com)
Drs. and Sports fans alike, get to know the Legend of Dr. Mike Nolan!

By: John F Emerson MSI

Anyone that has experienced student life at the USF College of Medicine has at least heard of Dr. Mike Nolan. For this author, I heard stories about Dr. Nolan from a physical therapist that I worked with long before coming to school at USF. “Oh just wait,” she told me, “just wait till you get to Neuroscience with Dr. Nolan”. Whether you love or hate the man, everyone can at least agree that he is one of the more animated faculty members at USF. Known for his white flowing mustache, elaborate rhetoric, and one of a kind artistic illustrations of the brain and spinal cord, anyone who has experienced a Nolan lecture live will describe it as just that, an experience! But what lies beneath those brimming mustache fibers? Who is the man beyond the glare of that gleaming dome? That my friends is what I set out to discover. So Dr.’s and Sports fans alike, sit back, relax, and get to know the Legend of Dr. Mike Nolan.

A little Nolan History

To truly understand the story of this unique professor, you have to get to his roots. For Dr. Nolan, those roots trace back to Chicago’s Southside. Chicago is where Nolan was born and raised, a product of the great north, where cold weather and wind chapped lips dominate the urban atmosphere. Nolan describes his youth as that of a “gym rat! . . . The cold weather doesn’t allow for many outdoor sports” describes Nolan, “so if you had a love for athletics, you headed indoors”. It was in the gyms of south Chicago that Nolan fell in love with basketball and handball. During his youth he admits his dream was to be a professional athlete, and he pursued basketball competitively throughout grammar school and high school. It was in college at Quincy University in Chicago that Nolan finally came to the realization that at 5 feet 8 inches, his goal of reaching the NBA was, not unlike his hairline, fading quickly. So what does a 5’ 8” wanna be NBA star do to keep his dream of being a pro athlete alive? The next best thing, become an athletic trainer that works with those athletes.

The road to becoming an athletic trainer had one path, and that path led Nolan to physical therapy school. So after only 2 years at Quincy, Nolan packed up and headed to Brew City U.S.A., Milwaukee, Wisconsin to attend school at Marquette University. It was 2 years later that Nolan would graduate from Marquette with a Bachelors in physical therapy and continue to follow his dream of becoming a trainer.

In order to get a job working for any sports team, Nolan was going to need some experience. So Nolan joined the workforce and got a job treating children with Cerebral Palsy. It didn’t take long for Nolan to realize that his knowledge was truly limited when it came to understanding the brain and its function. He began to forget about his dreams of working with hot shot athletes and developed a desire to learn the intricacies of the brain in the hopes of becoming the best clinician possible. So Nolan headed back to school to begin graduate work in neuroscience with one of his favorite teachers from his undergraduate education.

It was in the winter of 1970 that a lottery was announced for the war being waged in Vietnam, and Nolan watched his birth date drawn 82nd during the halftime of a basketball game he was playing in at a local gym. Grad students at the time were not offered deferment, and Nolan knew that more likely than not, his life as a student was to be put on pause, and he was on his way to fight in the Vietnam War. However, after his graduation from PT school a year earlier, Nolan had received an offer to work as a PT for the army as a commissioned officer. He hurried home and found the paperwork, signed it, and put it in the mail. Within a week he was commissioned as an officer and knew that he would be staying home to serve his country as a PT working with wounded soldiers.

After 2 years serving in the armed forces, Nolan was discharged and returned to Milwaukee to finish his studies. After graduation, through mutual connections between his program and the University of South Florida, he was informed about an upstart medical school in Tampa that would provide him the opportunity to teach, do research, and treat patients, all things that Nolan was interested in doing. Nolan came to Tampa in 1975, and became one of the founding faculty members of USF COM.

Dr. Nolan has certainly had an impact on USF COM since he joined the faculty some 30 years ago. There have been Mustache in Medicine contests on campus challenging students to grow a mustache most like Nolan’s during a school year and this year marks the 28th annual Talk is Cheap Loser Leaves Town Handball challenge, where Nolan accepts student challengers to a game of handball. Dr. Nolan quotes can be heard being imitated by current first year students in study sessions and between classes throughout campus to this day. So from the looks of it, the Legend of Mike Nolan will continue to grow as long as he is around, not unlike his mustache no doubt.
Some questions for Dr. Mike Nolan!

-What are the loves of your life? (Nuclei and Tracts aside)

Nolan: Handball- he’s played it since the 6th grade which means it’s been around 50 years of ball in hand action for Nolan. He admits he has only missed 4 years of handball playing since the mid 1950’s which he spent engrossed in his studies during grad school.

His book collection- Nolan has 2 personal libraries on campus, one of Neuroscience books, and another of various anatomy, physical diagnosis, and physiology books. He loves the older books for their historical value.

His wife Debby of 12 years- She loves him as well, but thinks he should shave!

-Alright Monopoly Man, what’s the story with the Mustache?

Nolan (Monopoly Man): He started growing it June 6, 1972. It was 2 months before he was to be discharged from the army, and Nolan (a self described rebel) did it to push the buttons of his supervising officers because he knew they wouldn’t make him shave 2 months from discharge. He says it’s shorter now than it has been in the past, and admits he also used to have a huge beard. (think Pai Mei from kill bill “ Hiyah!)  

Favorite place to eat?

-Nolan: Without a doubt at home. A perfect meal for Nolan is one that includes making a healthy dinner with his wife and enjoying it with some good wine, all while in the comforts of their home.

What is your favorite part of Neuroscience?

Nolan: The complexities of the basal ganglia and cerebellum have always amazed him. He also enjoys the ocular components. ( Funny, this author hates those same complexities and components.)

What do you do to maintain your mental health?

Nolan: “I love to read!” He reads everything from National Geographic , (every single edition by the way) to the classics and of course, neuroscience textbooks. (Debby laughs from across the room and mentions he reads a little too much neuroscience, even on vacations.)

Some Mike Nolan rumors confirmed!

1. Dr. Nolan will buy a keg of beer for any student that beats him in handball? True, if 2 students want to play him at the same time, he will buy 2 kegs.

2. His original hair color was red? True

3. Nolan Jockey’s the Discs on Friday nights for WMNF 88.5 blues station? True, although Nolan admits it has been about 9 months since his last guest appearance for the station. He also used to work as a DJ part time from 1980-1995 working parties and weddings, and he was the team DJ for the Tampa Bay Bandits football team.

-The jury is still out on whether or not Nolan defeated Chuck Norris in a handball tournament deep within the Amazon rain forest in the summer of 82. Chuck could not be reached for an interview, and Nolan said he didn’t want to talk about it.

Irene Hotalen MSI

Happy place? “My home.”

Greatest mental strength? “My faith”

Happiness hero? “My Grandmother.”

When I can’t take it anymore I “cry.”
Raw Sushi

Elizabeth Kim, MS1

This is a version of a recipe I tried at Café Muse in Berkeley, CA. (http://www.rawcafemuse.com/)

I hate raw fish—I know, hard to believe, since I’m Asian! But this is one of my favorite ways to intake lots of raw, uncooked veggies. I love how it’s so versatile and even a monkey could make it.

What you’ll need:
- Sheets of nori (dried seaweed)
- Grated carrots, avocado slices, cucumber, or any other veggies you like (fresh spouts, raw Portobello mushrooms, & bell peppers all work well)
- Soy sauce

How to prepare:
1. Place sliced veggies lengthwise on a sheet of nori
2. Roll it up!
3. Slice into pieces (optional)
4. Dip into soy sauce
5. Enjoy!

* You can change up the dipping sauce to add pizzazz by adding:
  - red miso
  - to make it creamy, you can add tahini (a sesame paste) or any nut butter
  - vinegar for tartness (eg rice wine vinegar)
  - your favorite dressing (Italian, Thai, French, you name it!)

Christian Perez MSI

Happy place? “Anywhere my friends are!”

Greatest mental strength? “Optimism”

Happiness hero? “John Kanaan: a light-hearted guy who makes everyone’s day better

When I can’t take it anymore I “take a nap.”
Keepin’ Sane!

Hey There! The results are in, and here is what YOU have to say about how to Stay Sane in this crazy place called Med-School. So straight from the mouths of some of the smartest people on the planet, here are some tips on keeping it all together. Enjoy!

—Lauren Leffler, c/o 2010

Have kids! They keep you laughing and smiling and de-stress you. They make you realize what’s important in life and to not sweat the small stuff.
—Jesse Kresak, c/o 2010

Watch Hong Kong TV series dubbed into Vietnamese.
—Phuong Do Nguyen, MSIV

I load my Ipod up with Standup Comedy, and listen to it while driving, during study breaks, or even before an exam. It gets me laughing hard, helps me to clear my lungs and head, and changes my attitude.
—Lorent Duce, c/o 2011

When I need a break I watch the Loony Tunes Golden Collection for a few laughs…or Sponge Bob
—Brandon Brown, c/o 2010

To stay sane I just do normal stuff, and make sure that I take at least 30min to an hour a day for myself. I’ll work out, read a non-school book, or watch TV that I like such as Scrubs or Family Guy. Nothing stellar, but it helps!
—Alex Fertman, c/o 2011

I do some serious MMA cage fighting training till I’m so bruised and sore it’s a relief to sit down and study!!!!
—Erika Pasciuta, c/o 2010

Get a pet, ideally a dog. Walking the dog forces me take time to just enjoy being outside. Playing with the dog, feeding it, taking care of it, etc. is all stuff that has nothing to do with studying, makes me feel good, and doesn’t take much time at all. Finally, if I’m home all day studying, I’m not alone, and I was never able to study at home before I got a dog.
—Ali Rashid, c/o 2010

Throwing a ball against a wall;
Ice cream; Papasan Chair
—Drew Carey, c/o 2010

Exercise; Walking in the park with a fellow classmate to vent; Playing with my dog; Relaxing with my husband; Going to Busch Gardens after a test.
—Mara Levitt, c/o 2010

Shadow-Box
—Anonymous, c/o 2010

I take short naps if I’m tired, Tyler and I take the dogs on a walk almost everyday, I talk to my mom and sister on the phone, and going to church on Sundays definitely refuels me for the week.
—CJ Emmons, c/o 2010

You always have to take some time for yourself and not stress about what has happened in the past.
—David Sallman, c/o 2010

If I’m stressed, I like to drink lots of tea, take a deep breath, talk to friends and family, and then go back to work. Sleeping enough is also important because I can’t get anything done if I’m tired and cranky.
—Annabella Ferrari, c/o 2010

The 20 minute power nap is the choice for study rejuvenation, per many peer-reviewed sources.
—Thure Caire, c/o 2010

I used to go down Bayshore with my notes, looking like a crazy person reading while walking - but it kept me outside and my nervous energy at bay. I also used to play ultimate frisbee - nothing like running around!
—Helen Moses, c/o 2008

(Continued on page 8)
Tuesday night dinners with my family!
—Catherine Hough, c/o 2010

Start having children
—Hugh Davis, c/o 2009

Medical school seems all consuming at times, but the stress load has to be balanced with “mental health time,” to quote Dr. Spec-ter. You have to do something you love that relieves the huge burden of stress. For me, that happens to be swing dancing.
—Jeila Alai, c/o 2011

Have a good support network of outside family/friends who can help you through the “rough spots”. Most importantly, turn to the Office of Student Affairs.
—Ameigh Verderosa, c/o 2009

Prayer, Power naps, Pilates
—Gathline Etienne, c/o 2008

Don’t take school or exams too seriously. Get a good night sleep before the exam. Maintain your exercise routine.
—Justin Sempsrott, c/o 2010

The most beneficial thing that I have done to lower stress levels is exercise. The capacity has varied depending on the time constraints/rotation schedule but either way it really has been therapeutic for me to get out and exercise.
—Charlie Glover, c/o 2008

Study at Busch Gardens!
—Dale Miller, c/o 2009

Seema Shah MSI

Happy place? “Home!”

Greatest mental strength? “I guess just putting in long hours.”

Happiness hero? “A family doctor. . . . he took time for everyone.”

When I can’t take it anymore I “watch TV.”

Andrew Myers MSI

Happy place? “Friends houses who are NOT in med school!”

Greatest mental strength? “This is deep . . . umm. . . my ability to deconstruct.”

Happiness hero? “Mother. She doesn’t get caught up in stuff too easily.”

When I can’t take it anymore I “watch ESPN.”
Mental well-being! It’s easy sometimes to skip over it, especially if the patient has a long list of problems. It’s even easier to skip if your patient only speaks Spanish! However, depression is not something you want to miss, so here are some questions to help you along:

Durante las últimas 2 semanas, ¿con qué frecuencia le han molestado los siguientes problemas?
Over the last 2 weeks, how often have you been bothered by any of the following problems?

a. Sentirse desanimado(a), deprimido(a), o sin esperanza
   Feeling down, depressed, or hopeless

b. Con problemas en dormirse o en mantenerse dormido(a), o en dormir demasiado
   Trouble falling or staying asleep, or sleeping too much (Sleep disturbance)

c. Tener poco interés o placer en hacer las cosas
   Little interest or pleasure in doing things (Interest)

d. Sentir falta de amor propio—o sea un fracaso o que decepcionara a sí mismo(a) o a su familia
   Feeling bad about yourself—or that you are a failure or have let yourself or your family down (Guilt)

e. Sentirse cansado(a) o tener poca energía
   Feeling tired or having little energy (Energy)

f. Tener dificultad para concentrarse en cosas tales como leer el periódico o mirar la televisión
   Trouble concentrating on things, such as reading the newspaper or watching television (Concentration)

g. Tener poco apetito o comer en exceso
   Poor appetite or overeating (Appetite)

h. Se mueve o habla tan lentamente que otra gente se podría dar cuenta—o de lo contrario, estás tan agitado(a) o inquieto(a) que se mueve mucho más de lo acostumbrado
   Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual. (Psychomotor retardation/agitation)

i. Se le han ocurrido pensamientos de que sería mejor estar muerto(a) o de que se haría daño de alguna manera
   Thoughts that you would be better off dead or of hurting yourself in some way (Suicidal ideations)

Thanks to Drs. Wulsin, Somoza and Heck for the great questions in Spanish!

Dear Dr. Brown,

I recently broke up with my girlfriend and can't stop thinking about her. My grades are suffering and I just can't seem to get excited about anything. What's even worse is that she is in class with me so I see her every day. What can I do?

Signed,
Ruminating

Dear Ruminating,

Unfortunately school is hard enough without having to deal with personal issues that can affect our concentration. For many of us our professional and social life during school is closely tied together, so we find ourselves attracted to and dating our colleagues with whom we spend a lot of time. When it leads to long term relationships this can be supportive as the other person knows what we are going through. However, both individuals are going through much stress and it can cause problems in the relationship itself. Thus when the relationships breakup and we are still having to work together, it can be really, really tough.

The same thing happened to a lot of my classmates, as well as me, in medical school. We learned to be supportive of both individuals and not place blame. I would hope that your colleagues around both of you realize what a difficult situation this can be and are being supportive of the process and not “choosing sides.”

Finding a close friend who you can share some of your feelings and get a “reality check” may be helpful, as you work through your thoughts and feelings about the breakup. You can also find some confidential brief counseling either through the Student Assistance Program at 813-870-0184 or by contacting me at mbrown@health.usf.edu. Many times brief cognitive therapy can help us get back on track as well as reestablish our concentration.

Remember, too, it is normal to not get as excited about things and not concentrate as well in these types of situations. Studying with different classmates and attending lecture from a remote site may be of benefit.

If you find yourself feeling anhedonic (no pleasure at all in normal activities) that lasts longer than 2 weeks in conjunction with other symptoms such as sleeping too much or too little, not able to fall asleep, depressed mood, crying spells for no reason, significant weight loss or gain, fatigue, decreased concentration in everything daily, or thoughts of hurting yourself, then you may have developed a Major Depressive Disorder from the stress. About 20% or more of the population has a Major Depressive Disorder sometime in their lives and professionals are no different. We just need to be open to seeking help when it occurs.

Dear Dr. Brown,

Last week I just started crying for no reason. I am way more emotional then usual. I have NBME boards and Step 1 coming up and I just can't seem to sleep. How can I make it through this?

Signed,
Emotionally Drained

Dear Emotionally Drained,

It is common to have increased emotions and sleep disturbances when we are feeling stress from a situation, particularly boards where we feel so much is “riding” on the test scores. Crying for no reason may go along with this as we are feeling frustrated, although it could signal that we are at risk for developing more depressive symptoms.

It may be that taking some time out each day to deal effectively with your stress may be helpful. This may include exercise, socializing with colleagues, watching a movie, learning relaxation techniques, yoga, etc.

I know what you are thinking. How can I possibly take an hour off to do this stuff when I have the boards looming over my head? Trust me. You will come back to the studying with renewed vigor and concentration if you simply take a small amount of time for yourself.

I use to think that staying up most of the night studying made me get better grades. However, as I’ve gotten older, I now know as the research shows, getting sleep and learning to deal with stress is more important than anything else. Difficulty falling asleep is usually indicative of anxiety where we can’t seem to shut our brain “off.” However, if we are awakening in the middle of the night or have early morning awakening then it may be more indicative of depression. Learning relaxation techniques, cutting back or eliminating caffeine in the evening and developing good sleep hygiene can allow us to fall asleep easier.

You can also find help with learning this again either through the Student Assistance Program at 813-870-0184 or by contacting me at mbrown@health.usf.edu.

Just remember almost every student in the nation survives and passes boards!
BULLish’ Book Review!

By Andrew Myers  MS I

What more can you expect from a surgeon than to write about tough cases he has faced and discuss how his prior experiences and decisions will affect the care of his patients in the future? As a follow up to his widely acclaimed book *Complications*, which did just that, Dr. Atul Gawande now shares with us how to make better decisions when it comes to personal and professional challenges. All surgeon jokes aside, this book offers an insightful look into how some small changes can make a large difference in medical care.

*Better* strives to show the lay person – and physician – how the medical profession can improve. The book is divided into three equally insightful sections. The first, *diligence*, deals with how consistently following rules and protocol – such as strictly adhering to hand washing guidelines – could prevent many complications.

Next, Dr. Gawande deals with *moral and legal* responsibilities of doctors. Physicians’ presence or lack thereof at lethal injections is a prime example of this.

The third section deals with two ideas that are difficult for some to digest – how to *evaluate* physicians qualitatively and how an individual can *encourage* positive change in the medical field. Physicians can find it hard to accept that they are not all on the upper edge of the bell curve. But more importantly, society must decide what do with those physicians at the lower end of the bell curve.

At the end of the book, Dr. Gawande offers excellent ideas of how patient care and outcomes can be improved by incorporating simple process changes into a physician’s practice. There were great ideas at the end on how to become a “positive deviant.”

This book was an excellent, quick read written in a style accessible to the layperson and budding med-student alike. On Nolan’s Knee Jerk Scale I give it a +4/5 – after reading I had a few beats of clonus, but nothing that stayed with me for any length of time.

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**Sandra Farach MSII**

Happy place? “Home with family.”

Greatest mental strength? “I don’t know.”

Happiness hero? “Both of my parents.”

When I can’t take it anymore I “go exercise.”

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“Gosh! I just don’t know how you do it! Run marathons and do triathlons while you’re in med school?”

I can’t tell you how many times I’ve heard that from classmates or other people out in the community. I often don’t know how to answer back. Sometimes I smile; other times I try to shirk the compliment. My inner-core belief, though, is—you can do it too…if you want to.

So here’s a little bit of my story. I have been relatively active my whole life. No matter if it was the dead heat of summer, or the mild “winter” we have here in Florida, my Mom always made us kids go outside and play. Of course we whined at times, especially if we were in the middle of playing Super Mario Bros and about to rescue the Princess—but I am incredibly thankful for my Mom’s insistence that we get off our behinds and go outside.

In middle school I was introduced to what became my two favorite sports: basketball and volleyball. I never really dated anyone till college, largely because these had become the loves of my life. Preoccupied—that’s a good adjective to describe me during those years. Anyway, fit as I was during those times, working out was never anything I even thought about. I just loved playing sports, and being in shape was the natural by-product. It wasn’t until I went to play volleyball at the collegiate level that the definition of fitness took a new, deeper, more objective meaning.

I remember the fear and trepidation that ran through my body when a package arrived from my new college coach—it was a half-inch thick summer workout program, a combination of weight, sprint, and jump training, along with the expectations of performance for each item come fall. The jumps and weights, those didn’t bother me so much. I mean, I could always use the excuse of being a freshman and not knowing exactly what I was supposed to do. But there was one thing that was bolded, underlined, italicized, and emphasized to the degree that even the freshman excuse would not fly, and that was to run a mile under 7 minutes. Now I had run dozens of miles on a basketball court and not thought twice about it. I had the physical ability. But still, there was something about running one whole timed mile—Anxiety—that was the feeling I felt.

Well I didn’t get into medical school by giving up, and neither did I survive four years of intercollegiate athletics without a little perseverance. However, this persevering attitude was not an inherent gift bestowed on me at birth; rather it was something I had to learn. So for first time in my time in my life, technically speaking, I had to train. I did, and it paid off. Forget just running it under seven—I ran that mile in 6:35!

In light of my current habits of exercising about an hour or more per day, it cracks me up to think of how intimidated I was to run just a single mile. Yet I’m so thankful to have gone through that. I know what it’s like to be intimidated, to go through the mental and physical struggle of going through a challenge, but then the Sweet Victory of accomplishment. And this is really more of what I wanted to share through this article. Just as throughout my grade-school years I would play basketball for hours on end, not to get or stay in shape, but simply because I loved to do so—this is the same feeling of satisfaction I get now from running; and if there is any way I can share this feeling with you, this love of mine—it would just make me smile really big.

Back to the original question: how am I able to run marathons in med-school? Here are 10 keys I’ve gathered along the way.

#1: Find a work-out buddy. There is absolutely NO WAY to stay motivated all on your own, especially in med school. I was blessed to find such a friend my 2nd week of school—Beth Byron, c/o 2008—and we’ve been running together ever since.

#2: Sign up for a race. For me, there is no better motivation than to know that I’ve laid down the money and am committed. The date is set, and with money as tight as it is in medical school, I’m going to keep it. Whether it’s a 5K, sprint triathlon, or a full marathon, find a race you want to do and sign up. This way you can plan your training accordingly, which brings me to my next point…

#3: Set up some sort of training schedule. I personally am not very organized, and rely a lot on my running-buddy to tell me what to do and when to do it, but having a schedule helps to ensure that you will be prepared by the time your actual event. Write it down and treat it like any other appointment. Also, there are loads
of training protocols available online. Every person trains a little differently, so there’s no one right way to train. Choose a program that works for you and stick to it.

#4: Create interim goals. Make those goals realistic. For example, if running a 5K is your ultimate goal, plan to be able to run 2 miles at the half-way point of your training.

#5: Rest! Or at least change it up. Constantly running gets so boring and is not exactly the best thing for your knees and ankles. Be sure to give your body time to recover from harder workouts—you’ll be all the faster in the end. Alternatively, if you’re like me and really cannot sit still without doing some sort of physical activity, try doing some cross training. What actually first got me into triathlons was that after only 2 months of running, I could already feel my knees hurting. Triathlons provided a way of getting exercise and training additional muscle groups, all without the huge demand on my joints.

#6: Find some fun music. Buy an iPod—it will make a world of difference.

#7: Tell your friends and family. We’re in school, and everybody know that; I absolutely hate it when all people ask me about is how school is going. However, if you have something else going on in life, conversation topics can be slightly broader. Not to mention the fact that you’ll have those people to encourage you and cheer you on. My first marathon my parents and little brothers surprised me by showing up at mile 25—I was so excited to see them there, I practically sprinted to the finish line, despite all the aches and pains.

#8: Wake up early. Ooooo—this is one people don’t like to hear, but it’s one I’ve had to learn to do. I just know myself—I know that at the end of the day, I’m so tired and so overwhelmed with school work, I justify my way out of working out. However, if I work out first thing in the morning, it’s done and over, and I end up feeling great for the rest of the day. Waking up early usually means going to bed sooner, but for me I’ve found this to be a much better way of approaching my days.

#9: Multi-task. Stair-steppers, stationary bikes, and ellipticals are great for reading. I haven’t quite figured out how to run on the treadmill while studying, but I do enjoy walking and reading. I think I spend more time in the gym days before tests than any other time. I bring my papers to study, and work up a sweat studying them. However, if you do this, beware that you may get some looks and stares, especially when your exam is on male and female GU! Also, though I don’t personally do this, you can download lectures onto your iPod, and be listening to a lecture while working out.

#10: Enjoy it! I absolutely love racing. I love the competition, I love being outside, I love pushing myself; and because of that, I’ve learned to love training too. It’s my outlet, my avenue for releasing stress. Yes, I am the first to admit I’m addicted to my endogenous endorphins, but I can’t think of a better thing to be addicted to. Racing is also an awesome way to meet new people, as well as having a good time with old friends. I think some of the best conversations I’ve had have been while huffing and puffing while out running with my best friends. And it’s so much fun! Finishing a race is always a celebration. Try it—I think you’ll end up liking it too.

These are things I’ve learned along the way—I hope they help!

***Here are a few websites to find races or plan a training protocol.

- [www.trifind.com](http://www.trifind.com)
- [www.usatriathlon.com](http://www.usatriathlon.com)
- [www.active.com](http://www.active.com)
- [www.altavistasports.com](http://www.altavistasports.com)
- [www.buttar.com](http://www.buttar.com)
- [www.centralfloridarunning.com](http://www.centralfloridarunning.com)
- [www.bikeride.com](http://www.bikeride.com)
- [www.nycmarathon.com](http://www.nycmarathon.com)
- [www.tbcleriders.com](http://www.tbcleriders.com)

Jalida Pellicier MSII

Happy place? “Home with family.”

Greatest mental strength? “I’m very understanding.”

Happiness hero? “My dogs. They are ALWAYS happy.”

When I can’t take it anymore I “give up and go home.”
I had dreamed of a medical career since age five when I had determined to become a neurosurgeon. Over the years, my desired future specialty changed from this to that and so forth, but the dream of becoming a doctor persisted. My pursuit of this goal never left much time for romance, but after undergrad, I took some time off to work and apply for medical school. Eight days after my college graduation, I met the most amazing man I’ll ever know. The following spring, he proposed and I was accepted into medical school—it seemed that life could be no better.

On the surface, that was true. My life was running a course better than if I had scripted it myself…but there was one nagging problem. I had suffered from panic disorder since age 18. My panic attacks were only rarely associated with the mental anguish or impending sense of doom that most textbooks describe; rather they were like long-lasting rushes of adrenaline. I once explained it to a friend as the feeling you would get if you were alone in a dark ally on the rough side of town and you suddenly felt someone grab you from behind. The main problem was that this feeling would strike even during the most mundane of times and would linger for 3-4 hours before releasing me. By the time it was over, I would feel dizzy, sick to my stomach, and exhausted.

With the help of my friend nortriptyline—a TCA—my symptoms had been well managed through most of college. Only in my senior year of college did the efficacy begin to wane; yet I was wary of changing medications for fear of making things worse so I put up with mild panic attacks and secondary insomnia until graduation. However, the spring prior to matriculating into medical school, I figured there would be no better time than then to initiate a new regimen in preparation for the 4 busy years ahead. I was started on an SSRI for panic disorder, concurrently with an SNRI for ADD. After a dreadful transition period of 2-3 weeks, my anxiety symptoms were once again under control—so well in fact, that I never raised any concerns with my psychiatrist during our few, very brief visits about what began to happen next.

During the next several months as I was planning my wedding, I became very moody and tearful. I have never been someone who cries—happy or sad—unless I’m really frustrated, I just don’t. I chalked it up to newly started OCP’s, wedding stress, and/or nervousness about the approaching move to Tampa to start medical school. Over the next few months, the moodiness and crying spells became more frequent and severe. These symptoms persisted after my wedding, and in September of my first year, they reached their peak. I would cry for 2-3 hours at a time, and I began to have horribly vivid and violent nightmares night after night. I would wake up every morning exhausted and drenched in sweat. And as time wore on, after battling the darkness all night, my days no longer held the promise of a new dawn. I was haunted by frightful images even during the day. I began to see images in my mind of myself falling down the stairs that led up to my apartment or taking my razor and slicing up my legs. The images even became urges, almost whispers willing me to carry them out. I was terrified. I was going crazy—really truly crazy. My only sources of solace were my faith, my supportive husband, and the realization that enough sanity remained that I wouldn’t do anything to hurt myself—yet. Nevertheless, a cloud of despair with a sense of hopelessness to dispel it hung over me. My life itself had become a nightmare. But try as I might, I could not awaken from depths of slumber.

Each moment, both awake and in sleep, was arduous agony. I feared I would not have the strength to hold out much longer. I cried out to God, begging him to free me from this prison. At the time, I felt so estranged from God—separated by this darkness—that I began to doubt if my prayers could even cross the chasm to reach His ears. I see now, however, that they must have made it, for an answer—a miraculous one in my eyes—surely came. One day in late October, one of my classmates approached me. She had been in my
Professions of Medicine small group, and we had quickly become friends. I don’t even remember what prompted her to tell me her story, yet she shared with me remarkable and deeply personal thoughts. She shared that she, too, had panic disorder and had been taking the same SSRI to manage her symptoms. She said that over the last several weeks to months she had been struggling with suicidal thoughts and she believed that this medicine was somehow responsible, as she had never been a depressed person. In fact, during the summer just prior to entering medical school, she reported that two of her friends with panic disorder also on this medication had successfully completed suicide attempts! The most encouraging part of her message was that with the guidance of her psychiatrist, she had begun to wean herself off of the medicine; within a couple weeks, she felt like her old self again.

I cannot express the hope that flooded my soul during this conversation! For the first time in months, not only did I have hope of being “normal” again, I began to believe I wasn’t really crazy—at least not permanently. Some rays of light could finally pierce the shadows surrounding me. After some thought and deliberation, with the aid of HELPS, I contacted a local psychiatrist and shared my story with him. Under his care, a plan was formulated to discontinue the SNRI and wean off the SSRI. Although the full recovery process continued over the next several months, within a couple of weeks I rejoiced that both peaceful nights and joyful days had finally returned to my life.

Looking back, I don’t know whether it was the medication or all the stress or simply a combination of the two as I suspect. Even now, it almost seems as if it wasn’t real—that it didn’t really happen. Unfortunately, it was real, and though I still wish I could trade in those months of restless nights, hopelessness, endless guilt and shame for better ones, it is my desire that someday I can use my experience to encourage someone going through their own difficult time and to share with others what I’ve learned. The heart of the lesson that I hope people learn is NOT that antidepressants are bad—indeed, I believe they help innumerable people each year. It is NOT a tirade about the dangers of poor physician patient communication—although good communication is truly an essential part of practicing medicine. What I hope readers gain is an awareness that with all the demands on our time and attention and the even harsher standards to which we hold ourselves, we as medical students are at an increased risk for encountering depression firsthand. In my research, I discovered statistics in the medical literature that estimated up to 12% of first and second year medical students may suffer from major depression. That’s a huge number—more than 1 in 10 in a given graduating class! One in 10 in a group of people who prior to entering medical school were usually accustomed to being in control, being at the top of their class, and having the skills or determination to figure out problems on their own. With that mindset, although initially I ignored my symptoms simply because I was just grateful for the absence of panic attacks, later on I think the hardest part for me was acknowledging that something was wrong earlier because it made me feel weak and vulnerable. I was already struggling with no longer “doing well” academically and feeling guilty about being too busy to be a “good” wife that asking for help sooner seemed like admitting failure and defeat.

My hope is that those who read this will not repeat my mistakes. Do not just wait and hope that things will get better, but instead confide in someone you trust and seek appropriate help early on. And to those reading this article who are not currently struggling with depression but suspect that a friend is, I encourage you to let them know you’re there if they need a listening ear. If my classmate and dear friend had not done so for me, I have no idea where I’d be today!

*If you have questions about this story or would like to contact the author, you can email her at the_nightmare_bulletin@yahoo.com*
"You Snooze, You LOSE?"
By: Elizabeth Kim, MS 1

An estimated seventy million Americans suffer from chronic sleep loss and sleep disorders that are associated with a host of health problems like obesity, anxiety, diabetes, and depression. The National Sleep Foundation reports that most adults need 7-9 hours of sleep each night to feel fully rested. Young adults (12-25 years of age) in particular need 9 or more hours of sleep per night. A survey of physicians, however, found that they sleep an average of 6.5 hours per weeknight, with almost half of the respondents contributing their lack of sleep to their current work schedule. Ouch!

Well, what now? A great way to catch some extra Zzzz’s is to take an afternoon nap, like they do in many Latin-American countries (i.e. siestas). Though some of us might spite midday naps as being slothful or unproductive, you’d be surprised to know that many notable historical figures were avid nappers: Napoleon Bonaparte, Albert Einstein, Leonardo da Vinci, the list goes on …

Plus, our biological clocks already have a programmed dip in alertness around 2:00pm, hence the reason why classes after lunch seem so lulling. Gregory Belenky, MD, Director of Sleep and Performance Research at Washington State University, recommends naps because “they add to the total recuperative sleep time.” He states, “It is even possible that divided sleep is more recuperative than sleep taken in a single block.”

But who has time for that? Don’t you fret: 10-minute naps have been shown to produce the most benefit in reducing sleepiness and improving cognitive performance. In contrast, a nap over 30 minutes may cause grogginess upon awakening.

What about them night shifts? Obviously, both napping and downing coffee are ways to combat sleepiness. The best benefits were seen when naps before a night shift were combined with caffeine during the shift. This combination was found to be an effective strategy for remaining alert on the job.

Studies have thus shown that taking a nap is a great way to improve mood, performance, learning, and alertness. Sign me up for some of that!

Resources: National Sleep Foundation: www.sleepfoundation.org; CDC Sleep and Sleep Disorders Program: www.cdc.gov.sleep; American College of Chest Physicians Sleep Institute: www.chestnet.org

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**Sleep Quiz**

Take this quiz and learn about your sleep habits!
Courtesy of LDT Program, Stanford University

<table>
<thead>
<tr>
<th>1. Most nights, I sleep:</th>
<th>4. If I become sleepy while driving I am most likely to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Under 6 hours</td>
<td>a. Pull over and take a nap</td>
</tr>
<tr>
<td>b. 6-8 hours</td>
<td>b. Open the window</td>
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<tr>
<td>c. 9 or more hours</td>
<td>c. Turn up the music</td>
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<td></td>
<td>d. Call someone for a ride</td>
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<td></td>
<td>e. Drink a caffeinated beverage</td>
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<thead>
<tr>
<th>2. I usually make up for lost sleep by:</th>
<th>5. When I want a good night sleep I am most likely to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Drinking caffeinated beverages</td>
<td>a. Consume an alcoholic drink</td>
</tr>
<tr>
<td>b. Sleeping late on the weekends</td>
<td>b. Take a warm bath</td>
</tr>
<tr>
<td>c. Adjusting my schedule</td>
<td>c. Read a book</td>
</tr>
<tr>
<td>d. Adapting to less sleep</td>
<td>d. Drink hot cocoa</td>
</tr>
<tr>
<td></td>
<td>e. Exercise earlier in the day</td>
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<tr>
<th>3. I am most likely to blow off sleep in order to:</th>
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<tbody>
<tr>
<td>a. Study</td>
<td></td>
</tr>
<tr>
<td>b. Work</td>
<td></td>
</tr>
<tr>
<td>c. Party</td>
<td></td>
</tr>
<tr>
<td>d. Watch T.V.</td>
<td></td>
</tr>
<tr>
<td>e. Hang out with friends</td>
<td></td>
</tr>
<tr>
<td>f. I don’t blow off sleep</td>
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Now check your results on the next page!
“You Snooze, You Lose?”

Sleep Quiz Results

1. According to recent research, young adults (ages 12-25 years) need 9 or more hours of sleep a night – more than younger children or adults who need 8 or more hours. If you are getting only 6 hours of sleep a night you are most likely sleep deprived.

2.
   a. Caffeinated beverages will not help you make up for lost sleep. They may help you stay awake for a short amount of time, but at some point the “sleep debt” must be paid.
   b. You may not be able to pay off a “sleep debt” in just one or two nights. It can take several days to get back to normal.
   c. Adjusting your schedule to ensure you get the required amount of sleep is the best way to make up for lost sleep and to prevent becoming sleep deprived.
   d. Research suggests that you don’t actually adapt to getting less sleep than you need; while you may get used to a sleep-depriving schedule, your judgment, reaction time, and other functions are still impaired.

3.
   a & b. When you are sleep deprived you may have difficulty concentrating or paying attention. Research suggests that people who do not get enough sleep are at high risk for poor performance in class and at work.
   c. Lack of sleep magnifies alcohol’s effects on the body, so a fatigued person who drinks will become more impaired than someone who is well rested. Additionally, alcohol robs you of deep sleep and REM sleep. This keeps you in the lighter stages, therefore denying you the deeper restorative sleep you need and thus compounding the problem.
   d & e. When you are sleep deprived, your judgment, reaction time, and other functions become impaired.
   f. Great! Because getting the proper amount of sleep is vital to maintaining good performance in class, at work, and in social situations.

4.
   a. Stopping and taking a 15-20 minute nap may help you stay awake during driving.
   b & c. Opening the car window or turning the radio up may arouse you briefly, but it won’t keep you alert behind the wheel. Even mild drowsiness is enough to reduce concentration and reaction time.
   d. Calling for a ride is the only sure way to be certain you will get home safely.
   e. Drinking caffeine may help for a short time, but judgment and reaction time may still be affected.

5.
   a. Alcohol robs you of deep sleep and REM sleep. This keeps you in the lighter stages, therefore denying you the deeper restorative sleep.
   b & c. Relaxing before bed can make it easier to fall asleep. A warm bath or reading, especially when part of a routine, can help you relax.
   d. Hot cocoa often contains caffeine, which acts as a stimulant and keeps you awake. Other sources of caffeine include: coffee, chocolate, soft-drinks, tea, diet drugs, and pain relievers.
   e. Daily exercise will often help you sleep, although a workout too soon before bedtime may interfere with sleep. Exercise about 5 to 6 hours before bed is recommended.
What Am I Fighting For?

By Daniel Yoder MSIV

As I’ve reflected on the last four years of medical school, I’ve realized that the greatest mental and emotional challenge has not been the educational material, but rather the struggle to order my mind and my time. In med-school I have been torn between multiple ways to use my time and energy, whether with loved ones, patients, studying, recreation, rest, or exercise. When I would finally decide what to do next, there was always the question of whether or not this task was actually the best use of my mental and physical energy, which would only add to the internal struggle in my mind and distract me from the task at hand. Because of my personal experience with this daily inner battle, I believe that knowing what I am fighting for and what I am fighting against is one of the keys to a well-ordered mind.

In reading books like the Lord of the Rings or watching movies like Braveheart, I not only enjoy the bravery and courage exhibited, but also the clear distinction between good and evil. It becomes obvious which side I should be on as I read the book or watch the movie. However, in modern life and in the medical profession, it is often difficult to distinguish which actions are consistent with noble purposes and which actions lack merit or are even counterproductive to those purposes we have embraced as our own. Daily I am faced with choices that lead me down one path or the other. Surrounding these internal conflicts are the competing interests of my family, my patients, my work, my finances, and my colleagues.

How do we prepare to face these conflicts as we enter the medical profession? How do we reduce the internal, distracting struggle in our mind that often leaves us overwhelmed and filled with anxiety? Although we don’t live in a tangible, physical battle as William Wallace did; we can still fight for the good of our people and against the evils that threaten their survival. We can choose to think and act on certain principles that guide us when we are discouraged and do not know where we should spend our energy next. These principles may vary for each of us, but there are some values that apply to all of us, which I will list here:

<table>
<thead>
<tr>
<th>Fight for</th>
<th>Fight Against</th>
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<tr>
<td>dignity</td>
<td>injustice</td>
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<tr>
<td>love</td>
<td>hatred</td>
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<tr>
<td>peace</td>
<td>disorder</td>
</tr>
<tr>
<td>community</td>
<td>isolation</td>
</tr>
<tr>
<td>health</td>
<td>disease spread</td>
</tr>
<tr>
<td>disease prevention</td>
<td>unhealthy lifestyles</td>
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<tr>
<td>knowledge</td>
<td>ignorance</td>
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If each of us went to school each day with these principles in mind and whichever ones you might add to your list, would our activities become more focused and would our work be more beneficial for the people around us? Would we worry less if we knew that our daily choices would lead to actions that are consistent with our purpose and results that would benefit us and society?

It is not enough to simply have a list of principles to guide us as we try to weigh our decisions and actions. We must also have a defining purpose as a foundation for motivating us to act on the principles that are important to us. This purpose must encompass our personal, family, work, and recreational life. It can be spiritual, career-oriented, financial, etc. If we have reached medical school, it indicates that each of us is motivated and lives with purpose; however, we may not have recorded our purpose and aligned it with those principles that are important to us. In order to bring clarity to the question about what we are fighting for, we must write out our purpose and the values that are important to us. Although completing this exercise may not enable us to accomplish more with our time, it will make our time more productive and more centered on those purposes that are important to us and others.

What are you fighting for?
It’s not just your patients!

Eating disorders affect over 12 million people in the United States. Nearly 1% of women will be affected by anorexia nervosa at some time during their life and about one-third as many men will be affected. Bulimia nervosa and binge eating disorder are even more common. Certain professionals are at particular risk including physicians and nurses. The reasons for this are not completely clear but one factor may be related to obsessive compulsive disorder (OCD). Medical careers require a certain level of obsessive compulsive traits which may predispose to eating disorders. Another factor may be the current medical preoccupation with obesity. Some countries (e.g. Australia) are beginning to recognize that physicians with eating disorders may be unable to practice safely and have started to set guidelines requiring treatment.

Most physicians will see many patients with eating disorders during their careers. Knowledgeable assessment and early intervention skills will be required for all primary care physicians. Although there is no current requirement for medical schools to instruct students about eating disorders, this is likely to change as medical licensing boards realize that eating disorders are common and potentially lethal. At least 15% of untreated patients with anorexia nervosa die within 15-20 years after onset of the illness. Since most patients fall ill during adolescence, this means that many patients will have died by their mid-thirties.

At present, there are very few resources for treating patients with eating disorders within the Tampa Bay area. One resource is “The Healthy Weight Clinic” at Tampa General Hospital (phone number: (813) 259-8758, contact Chris Millrose) which provides multidisciplinary outpatient treatment for patients of any age. A second resource is Fairwinds Treatment Center which provides multidisciplinary treatment for eating disorder patients over age 14 (phone number: (800) 226-0301). A third resource is USF Hope House for Eating Disorders which is a community project that provides a supportive intervention program free of charge for all people affected by eating disorders (phone number: (813) 868-5137. www.USFHopeHouse.org). Pauline S. Powers, M.D.; Director Eating Disorder Program, Department of Psychiatry and Behavioral Medicine, University of South Florida

Sumeet Tharega MSI

Happy place? “On the balcony of my condo overlooking the world.”

Greatest mental strength? “I’d say my ability to stay calm.”

Happiness hero? “My father.”

When I can’t take it anymore I “go play sports.”
Mental Munchies

"Mental health problems do not affect three or four out of every five persons but one out of one." — Dr. William Menninger

“To ensure good health: eat lightly, breathe deeply, live moderately, cultivate cheerfulness, and maintain an interest in life.” — William Londen

“True enjoyment comes from activity of the mind and exercise of the body; the two are ever united.” — Humboldt

“True friendship is like sound health; the value of it is seldom known until it be lost.” — Charles Caleb Colton

“There is no way to peace, peace is the way.” — A.J. Muste

People think I'm disciplined. It is not discipline. It is devotion. There is a great difference. — Luciano Pavarotti

One’s philosophy is not best expressed in words; it is expressed in the choices one makes. In the long run, we shape our lives and we shape ourselves. The process never ends until we die. And, the choices we make are ultimately our own responsibility. — Eleanor Roosevelt

Shan Hann MSII

Happy place? “My bed”
Greatest mental strength? “Being goal oriented.”
Happiness hero? “None”
When I can’t take it anymore I “cry.”

Amit Patel MSI

Happy place? “My home.”
Greatest mental strength? “I can block out distractions.”
Happiness hero? “Gordon Ramsey, a great stress reliever”
When I can’t take it anymore I “flip out.”

Eduardo Lopez MSII

Happy place? “In bed”
Greatest mental strength? “My Perseverance”
Happiness hero? “I don’t know.”
When I can’t take it anymore I “play video games.”

John Mouzakis MSI

Happy place? “Bed.”
Greatest mental strength? “Dedication.”
Happiness hero? “My sister. She is my source for sanity.”
When I can’t take it anymore I “run.”