December 21st—the winter solstice, the shortest day of the year, and the first day of winter—falls in the midst of a time of celebration and meditation for many cultures. The eight days of Hanukkah, Christmas and Kwanza mark a time of gift-giving and warm family meals. New Year’s Eve follows with fireworks, fun and contemplation of the New Year. January 6 marks Three Kings Day for many Latin American communities, and finally, February 10 is the Chinese (Lunar) New Year.

While there are many more winter holidays around the globe and even in our Tampa Bay community that we have not mentioned, we reach out and celebrate them all through this publication!
Dear Reader,

The holidays inspire us to “give,” whether it is gifts, actions, or tokens of love and appreciation. The turn of the New Year is also a time to set goals. As you spend time with friends and family and as you start to think about your New Year’s resolutions, we hope you find ideas or at least a reprise in this holiday issue of the Wellness BULLetin.

The Wellness BULLetin is a journal by students, for students, and aimed at the wellness of students. It is one of the ways that we share our diversity and expand what it means to go through a medical education—one poem, advice column, painting, entertainment review, and recipe at a time.

We hope you enjoy reading this issue of the Wellness BULLetin and consider submitting your contributions for our upcoming issue in February. If you’re interested in contributing on a regular basis, please contact one of us about a BULLetin staff position.

Happy Holidays!

Yoly and Sasha

Yoly and Sasha
I once had a dream where I was the Surgeon General, at war against a pandemic gripping the entire country. It was a chronic medical condition afflicting thousands of individuals each year, severely overlooked and undertreated – “Medical Student Syndrome.” And in the spirit of Dr. Luther Leonidas Terry, my career would be marked by a mandate for all medical school applications to carry a warning: “A medical education is hazardous to your health and well-being - physically, psychologically, and interpersonally.”

Sigmund Freud could spend dozens of hours psychoanalyzing this dream. But, I didn’t need him to tell me it was clearly a subconscious manifestation of the toll a medical education had on me. Cancer patients, soon after receiving a high-dose of chemotherapy, experience a “nadir,” at which point their neutrophil count is less than 500. It is a state of vulnerability I hope to never experience. However, I felt like I reached my “medical school nadir” at this time two years ago. It was a time in which I was bombarded with so many obstacles that I felt like I was at ground zero on a trek over Mt. Everest. To this day, I can recall waking up with a vivid feeling of leaden paralysis as I looked back on more personal failures that I ever hoped to encounter in a lifetime.

This was certainly a literary climax in my personal story, and I could have easily written it as a tragedy. But with the holidays fast approaching, that wouldn’t be very decent of me. It turned out that within the tide of vulnerability in which I was nearly drowning was a canoe drifting to my aide, built by caring individuals around me that were steadfast in my perseverance. I was given the opportunity to reflect upon my strengths and weaknesses, and with some help gained the reserve to row myself back to dry land. Two years later, I find myself on a metaphorical beach, happily dry while gazing upon the water in which I was once struggling to stay afloat. Out of my state of vulnerability arose the humility that gave me the ability to embolden my strengths and truncate my weaknesses.

But more importantly, it allowed me to understand my limitations.

I never saw myself as one to bestow wisdom to others - mainly because I never knew I had any wisdom to give. But as the New Year approaches, I hope that I can help others learn from my failures. It turns out we have the cure for Medical Student Syndrome right in front of us… and it doesn’t even need a prescription. Our well-being resides in our willingness to recognize our limitations and accept help from those around us. The cure is simply a matter of cultivating the humility to ask for help.

Caffeine
By Michael Manasterski, MSII

A comely little alkaloid
Ambrosia from above
You set my heart a-fluttering
As if I were in love!

Perhaps indeed I am in love
In some peculiar way;
One luscious cup wakes me right up
And helps me face the day.

When darkness falls, I hear you call
"It's time for us to meet!"
You keep me up the whole night long-
A most impressive feat!

No love affair to ours compares
Our bond runs strong and deep,
But I think we need to break it off-
I really need some sleep!
A Brief Introduction to Cultural Competence

By Kyle Correll, MSII

(Editor’s Note: Cultural competency is not a new concept; however, formal training in cultural competence for health care providers has become an emergent necessity as the US population becomes increasingly culturally diverse. Are you culturally competent?)

Kyle Correll created a guide to cultural competence as a summer project. Here are some excerpts that may help you in the clinic.

What composes one’s culture – Do I have culture?

Yes, we all have a cultural identity. In general, culture is defined as an integrated pattern of learned beliefs and behaviors that are shared among a group. This may include:

- Thoughts
- Styles of communication
- Ways of interacting
- Values
- Physical and cognitive abilities
- Religion/spirituality
- Language
- Occupation
- Socioeconomic status
- Views on roles and relationships

I’ve heard about cultural competency, but what exactly is it?

Cultural competency in healthcare describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of care delivery to meet patients’ social, cultural and linguistic needs (Robles, 2011).

Good for them, but why should I care?

Personal justification for cultural competency: Numerous studies have shown that in providing culturally competent care, healthcare systems and providers can:

1) Improve patient-doctor relationship
2) Improve communication and shared understanding
3) Increase patient satisfaction
4) Enhance patient compliance and outcomes
5) Decrease rates of malpractice
6) Experience greater market share and increased profits

(Cohen & Goode, 1999)

How can I provide culturally and linguistically appropriate care?

Step 1: Examining Your Own Culture – How do I view the World?

In order to provide culturally appropriate services, you must first reflect on your own cultural identity. How have your life-experiences impacted how you view and interact with others? In other words, through what lens do you view the world? Consider the following diagram – How do you identify with the following?

Examining our own unconscious biases

Often times our culture and past experiences make it easy to associate certain groups of people with a defined set of characteristics. For instance: because one Hispanic refuses to take their diabetes medication, all/most Hispanics will not adhere to their treatment plan. It’s easy to make assumptions regardless of their validity. As good-hearted as we may be, everyone has unconscious biases that effect how we interact with others.

(Continued on page 5)
**Potential for Biomedical Bias?**

Finally, reflect on the medical culture and how it impacts your cultural outlook: the language we use, beliefs in allopathic medicine to treat illness, the white coat we wear, level of education, income, etc. Can you see how these factors may not align with the patient population? Until we truly understand our own culture and address any unconscious biases, it will be impossible to provide equitable care to all patient populations.

**STEP 2: Identifying Cultural “Hot-Spots”**

It is important to note that every individual has a unique culture. During a patient encounter, these cultural differences can cause misunderstanding and adversely affect the physician-patient interaction (Carillo, 1999). However, the idea is not to know everything about every culture – for this is unrealistic. When we categorize people into a defined “culture” (Latinos, Muslims, Asians, etc.) this can lead to overgeneralizations, which have the potential to be misleading for the doctor and offensive to the patient.

Instead, take a different approach: Try to recognize the certain situations (“hot-spots”) that have the potential for cross-cultural misunderstanding. By identifying these issues during a patient encounter we are better able to a) limit the opportunity for misunderstanding and b) ask pertinent questions that address the patient’s own beliefs and preferences. The following list includes possible areas for cross-cultural misunderstanding:

1) Authority  
2) Physical contact  
3) Communication styles  
4) Gender  
5) Sexuality  
6) Family

Note: Recognizing these sensitive subjects takes practice – One recommended method to help better identify core cultural issues is to read and discuss patient vignettes dealing with cross-cultural differences. Please see “Achieving Cultural Competency – A case-based approach to training health professionals” by Lisa Hark and Horace DeLisser for further assistance.

**Step 3: Asking the Right Questions**

In order to get the whole picture, a health care provider must not only examine the physical signs and symptoms, but also the patient’s sociocultural story. One may think this is a very time intensive process that has no place in the medical interview, but by asking a few simple questions, a lot of useful information can be gathered while strengthening the physician-patient relationship.

I. Start by checking the patient’s agenda:  
   a. How can I be most helpful to you?  
   b. What is most important for you?

(Continued from page 4)
II. Then, investigate the patient’s explanatory model using the Four C’s:
   a. What do you Call your illness?
   b. What do you think Caused it?
   c. What are your main Concerns about your illness?
   d. How do you Cope with your illness?

III. Lastly, determine the patient’s social context:
   a. Are you concerned about how your health affects you right now or how it might affect you in the future?
   b. Where are you from? How have you found life here compared to life in your country (city, town)?
   c. What causes the most stress/difficulties in your life?
   d. What is your support system like – do you have friends and family that can help you with your care?
   e. What language do you speak at home? Do you ever have difficulty communicating with health care providers?

In asking these simple questions, we can better understand exactly how the patient views their health care, what is most important to them, and the various social factors that may be affecting their treatment adherence.

Note from author: When asking the Latino population of the Lehigh Valley – What do you like best about the care you receive at the LVHN?
   a. Best experiences are when faculty treats me with a great deal of “humanidad” – humanity.
   b. There’re certain providers you can tell that genuinely care about you, make you feel as if they are a part of their family.
   c. Want a doctor they can confide in – without holding any judgments.
   d. Attempting to communicate in Spanish (even at a very basic level) shows that you care and makes patient more receptive to care.

(NCCCP Community Outreach project)

Step 4: Reaching a Mutual Decision – The Act of Negotiation

A person’s explanatory model and cultural beliefs may cause them to be hesitant to accept a biomedical explanation of disease. For this reason, the goal as a provider is to describe the treatment plan in a manner that relates to the patient’s own beliefs and preferences. By using the Four C’s mentioned previously, we are able to better describe care in a manner that the patient understands and accepts.

Key: Present the problem in terms and concepts that reflect the patient’s explanatory model.

The physician serves as the expert on disease, whereas the patient experiences and expresses a unique illness. – Emilio Carillo

References:
How is Mountain Biking Like Medical School?

By Michelle Heck, MS IV

I bike along the small hills and turns when I suddenly come barreling up to a surprisingly steep dive. Immediately, I forcefully squeeze the brakes, kick my feet out of the shoe snaps and plant myself precariously on the edge. I look out again over the steep sides of the cliff. I come to the conclusion that I am indeed stuck. Everything goes silent. I look behind me, back up the trail where I just came from, and I wonder how far back the trailhead is. Maybe I could backtrack back to the beginning and take a more simple route. I look around and the silence weighs heavy. I wonder if there's an animal lurking in the overgrowth nearby. I feel very alone and nervous.

I take a few deep breaths to clear my head. That's when I first notice a subtle noise. The wind quietly rustles through the trees, one bird chirps and another one further off responds. Then I hear the slight tic-ticking of the bike spokes of a fellow rider somewhere off in the trees, invisible from my vantage point. It appears I am not alone.

This realization gives me greater confidence to observe my current circumstances. That's when I notice bike tracks. Surely not mine, since they continue from the tip of my bike wheel on down the vertical slope. There are at least a dozen of them. There have been people before me who have come to this point, and maybe they were as wary as I am now, but they did not stop and turn around. Nor did they attempt the trail and perish. With the sureness of a lunatic medical student, I lurch down the trail and whiz through it with amazing speed. Once I have finished, I laugh at the excitement of completing such a difficult course! Then, I think back on that moment where I nearly gave up and smile. In that moment I needed to know there were people there with me while I was struggling and there were people who had already conquered what I was put up against.

There are many available resources when you feel like you're struggling or you have encountered a difficult obstacle. Find them and use them!
I created “Libertad” (“Freedom”) several years ago in the hopes of conveying the political repression I lived through during my childhood and most of my teenage years in Cuba. The other day, I found myself staring at it, non-stop, for a very long time. I wasn’t gripped by a political ideology or a sudden nostalgia; this time I was just exhausted from school and all the studying I had done up to that point. I kept thinking of everything I renounced and had to achieve to be in medical school. In the painting, what once was the search for freedom became a search for hope and reliance; what once depicted a Cuban flag in the girl’s hand became the “present” and how the future of a medical student relies on his/her performance in USMLE Step 1; what was darkness and subjugation became current fears and frustrations; what was light and hope became an exchange of pride for support, a determination to continue striving for a dream, and a realization that everything is possible. As Randy Pausch stated in The Last Lecture, “…brick walls are there for a reason. [They] are not there to keep us out; [they] are there to give us a chance to show how badly we want something. The brick walls are there to stop the people who don't want it badly enough. They are there to stop the other people!”
Recipes

What foods are you craving or planning on cooking, or buying during the approaching holidays? Here are some recipes that will enrich your palate with new holiday edibles.

**Versatile Toast & Soup**
By Michelle Rosario, MSII
Nutritional Wellness Committee

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### Fancy Mini Pizzas

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Whole grain bread thinly sliced  
Sundried tomato pesto  
Fresh basil  
Provolone cheese  

(Amount of each ingredient depends on your taste and serving size)

1. Spread whole grain bread with sundried tomato pesto (don't be stingy, but don't overdo it!)
2. Wash basil. Thinly chop basil. Sprinkle all over your bread.
3. The best part... put that cheese on top!
4. Toast in the oven at 350F until the cheese is melted, looks gooey and yummy, and maybe a little browned on top if you like a crisp in your cheese.
5. Enjoy some fancy pizza!

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### Roasted Mushroom Tartines with Avocado

**Serves 4**

8 oz. Small shiitake and cremini mushrooms (they sell a mix at Publix), halved  
2 tbsp. Extra-virgin olive oil  
coarse salt and freshly ground black pepper  
1 Avocado, mashed  
1 tsp. Lemon juice  
4 slices Whole grain bread toasted

1. Heat oven to 450F  
2. In casserole dish, toss mushrooms with oil and season with salt and pepper. roast until soft and juicy (~15min)  
3. Season avocado with lemon juice and salt. Divide among the toasts.  
4. Top with roasted mushrooms

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### Kale and Chickpea Soup

**~6 servings**

1 Large onion, chopped  
2 Carrots, sliced or diced  
4 Cloves garlic, minced  
2 tsp. Ground cumin  
1/2 tsp. Chili powder  
3/4 tsp. Paprika  
2 bay leaves  
2 cans of drained and rinsed chick peas (garbanzo beans)  
8 cups Veggie stock  
2 whole tomatoes, rinsed and cubed  
1 bunch kale, remove center ribs, chop (~ 8 cups)

~ 2 cups water  
salt to taste

1. Get all ingredients into one big pot. Spray with olive oil spray or add 2 tbsp. olive oil, medium hi heat.  
2. Add onion and carrot. Cook until onion begins to brown (~ 5min).  
3. Add garlic and cook 1 more min. Add spices, including the bay leaves. Cook and stir for another min.  
4. Add chickpeas and stir to coat with spices.  
5. Pour in 8 cups veggie stock, bring to boil, then reduce heat and simmer for 20 min.  
6. Add rinsed, de-ribbed, and chopped kale and stir. Add tomatoes. If needed, add water to cover the kale. Cook until tender (about 10-25 min depending on how cooked you want the kale).

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For three delicious and easy dessert recipes, see page 15!
On Music and Studying

By Suroosh Marzban, MSII


Music has 2 important roles for while I’m studying: 1) to keep me awake, 2) to keep me focused. And while there are so many great albums out there across all genres of music, very few have the right balance of energy and melody to keep me going without becoming a complete distraction.

Electronic Dance Music (EDM) and Pop are my own personal genres of choice, but I can’t have Britney cooing in my ear or David Guetta dropping beats all over the place if I’m trying to learn about 99 different ways a person can present with diarrhea. So instead I turn to Markus Schulz, a German DJ and EDM producer currently based in Miami. While his most recent original release “Scream” is an incredible collection itself, his 2010 album “Do You Dream?” is the one I often put on repeat when hitting the books. EDM is a diverse genre in itself, but Markus Schulz is perfect to study to for a few reasons. DJs like David Guetta, Calvin Harris have had huge radio hits in recent years, but their beats are too big and better suited for the club. In Schulz’s “Dream,” the pulsating electrobeats are far more subtle but their presence is what keep me from the doldrums. Likewise, the vocals and lyrics are not like those of a pop song. If I was studying in the library and “Call Me Maybe” came on my shuffle, you’d better believe that a spontaneous performance would ensue. It just can’t be helped. And that’s super distracting for everyone, I’m sure. But here, Markus Schulz enlists lesser known (still incredibly talented) voices to carry his melodies. The songs end up being rousing and relaxing at the same time, interesting and melodic without being catchy and stuck in your head for the next 4 hours. There’s an overall light and airy, sometimes-melancholy, more often upbeat feel to the album.

Stand out tracks include:
- Away (feat. Sir Adrian)
- Dark Heart Waiting (feat. Khaz)
- Not the Same (feat. Jennifer Rene)
- Surreal (feat. Ana Criado)
- Unsaid (feat. Susana)
- Lifted (feat. Angelique Bergere)
- Goodbye (feat. Jessica Riddle)

If you liked this suggestion, be sure to also check out:
- Morgan Paige - In the Air
- ATB - Future Memories
- Nadia Ali - Queen of Clubs

Then, when you’re done for the day, OPPA GANGNAM STYLE!
Don’t Let Stress Get the Best of You

By Patricia Alexander, Ph.D.

Change is a normal part of life. Whether it is positive or negative, large or small, chronic or acute, it can have a significant impact on one’s life. What we often refer to as stress is usually described in negative terms. In actuality, stress is nothing more than a normal physical reaction that occurs when a person feels threatened or overwhelmed in some way by actual or even imagined situations or events. It is important to know that the perception of a threat is just as stressful as a real threat. A perceived or imagined threatening situation or one’s feeling of being overwhelmed is further complicated when one is dealing with an unusually large number of everyday responsibilities. With the increasing demands of home, work, school, family and the economic environment, many are experiencing increasing levels of stress. Also, changes in one setting can have a rippling effect that affects stress levels in other settings. As a result, one’s ability to think clearly and function effectively is compromised. If one has developed effective methods of dealing with these changes, has learned how to decrease their personal level of vulnerability, and developed greater resilience, stress is prevented from developing into distress which can disable an individually physically and emotionally. The goal of stress management is to bring one’s nervous system back into balance thereby contributing to a sense of calmness and control in one’s life. Controlling one’s life means balancing various aspects of it: work, relationships, leisure, physical, intellectual and emotional parts. People who effectively manage stress consider life a challenge rather than a series of irritations and frustration. They believe that they have control over their lives even in the face of setbacks. There are no “one size fits all” solutions to managing stress. Every person has a unique response to stress so it is important to learn what approach to managing and reducing stress works best for you.

Here are some strategies that you might consider using to better manage stress:

- Set a consistent time for going to sleep and rising
- Make sure your sleeping area is just that: a place for rest not watching TV or eating
- Develop a support system and share your feelings. Perhaps a friend, family member, teacher, clergy person or counselor can help you see your stressors in a different light.
- Exercise regularly. Exercise does not need to be excessive. Develop a plan that is medically appropriate for you given any physical considerations or limitations.
- Develop a lifelong nutritional program that is appropriate for you. Reduce caffeine and sugar. In excessive amounts, the temporary "highs" they provide often end in fatigue or a "crash" later. You’ll feel more relaxed, less jittery or nervous, and you’ll sleep better. Don’t skip meals or follow a sporadic schedule of when you eat.
- Don’t self-medicate with alcohol or drugs: While consuming alcohol or drugs may appear to alleviate stress, it is only temporary. When sober, the problems and stress will still be there. Don’t mask the issue at hand; deal with it head on and with a clear mind.
- Learn to develop a hobby and take reasonable breaks throughout the day.
- Learn how to change your thinking to have more realistic expectations.
- Learn to develop a sense of humor. Don’t take yourself or others too seriously.

If you need help in developing a specific plan to address whatever is contributing to your stress, the HELPS Program is a benefit available to you. Help is available 24-hours a day, 7 days a week. Call: (813) 870-0184. Please see page 7 for more information on our program.
**The Creatures of My Childhood**  
*By Tom Fowler, MSI*

When at the Italian school, an elementary school run by nuns, a kid joined our class for a few weeks while his parents were in town. His mom and dad were the trapeze artists of an Italian circus that would visit our city every couple of years. He responded to us kids’ enthusiasm and awe of his wild life with a shrug of indifference, not seeing how all that he knew was vastly different from what most seven year olds knew. I felt like that boy when recently asked about the pets I had growing up. As I shared my memories, I found that I did not consider much of my childhood chores, pets, and surroundings all that unique, and was apparently mistaken.

I was raised on a seven-acre plot of land in Western Turkey with olive trees, some wells with an open cistern, a small field for growing vegetables, and plenty of space to raise animals. My parents were not farmers, but they embraced the big yard and likened it to a playground for their six children. The yard was enhanced with an abundance of animals my parents sponsored for us kids to feed, learn from, and engage. The gold fish that stayed alive for a few hours before bobbing upside down, or the porcupines that would get caught by our headlights in the drive way, all sorts of stories arise when pondering that house and all the animals I grew up with. It does not take much reminiscing though to reach back enough to remember the fates of these fuzzy creatures, and the grim reality of what happened to them. They died, and this is how they did.

Berdüş was the first family favorite we had. He was one of the little parrots they sell at the bazaar. They come in two colors, and he was one of the greenish yellow ones. At first, around the time we gave him his name, he was a clumsy one that was not all that fun to play with. Eventually though, Berdüş outlived his name, which in Turkish is “dummy,” and became a star in the house. We left his cage door open, and he would come and go as he pleased, resting on our shoulders, flying around the house asking us about our days, or screeching Turkish insults he picked up from the gardener, being as much of a parrot as he could be in a human home. And then Berdüş had an unfortunate accident. It was Good Friday, cloudy outside, most of use were taking naps or reading books, and my mother was talking on the telephone. She was pacing around in the kitchen, when all the sudden she headed over to the sitting room because Elaine was crying about something, and then, he splatted. Berdüş was taking a stroll in the hallway when my mother, with her bare feet, squeezed the guts out of poor thing. He got all over the yellowish red Turkish carpet, so it wasn’t a bad clean up. Us kids, whimpering with flowers in our hands, stood around his grave topped with a little piece of marble tombstone that Amy, the oldest with the fanciest handwriting, scribbled his name on.

Dark clouds moved in as we wrapped up the ceremony and it rained the rest of the day. We waited until Easter, but we all knew he wouldn’t rise from the dead, and he didn’t.

A few years later, my mother had the novel idea of getting a horse, which thrilled the sisters with toy ponies and us brothers who dreamed of becoming Hun warriors. My family, some neighbors, friends, and other “experts” in the matter, all 20 something of us stuffed into our VW van, more commonly referred to as “blueberry-bubble,” and drove off to a village to buy the horse from a gypsy man. Tarçin, Turkish for cinnamon, was just that hue of brown, but the name did not fit the stubborn horse well. She wasn’t spicy or exciting, and she mostly just caused trouble. Of course I had fond memories of her, feeding her pomegranates and bare-back riding her after swimming in the open cistern, but all my mother can remember are the roses she ate and the chains she broke. The final straw was the wait for Tarçin to deliver. Her gut started getting big after we arranged for her to “play” with the neighboring farmer’s stallion, so we waited months for baby Tarçin’s arrival. After a year of waiting, there was still no baby horsy, and it didn’t take long to realize that Tarçin was just fat. She ate all day, too lazy to even walk when someone was on her back, and one day my mother had enough. She sold it to the zoo, and as any horse that ends up at a zoo, she was probably fed to the lions. My mother will deny this to this day, insisting that Tarçin is living happily ever after on some farm, frolicking in fields of grass, but us kids know better. We never saw Tarçin again.

Cats were not only a constant presence around our house, but around Turkey. You could find cats all through the cities rummaging through trash cans, being fed by old ladies, and making weird noises at night. As interesting as cats were, I never trusted them with their snake-like eyes and conceited gestures so I left the cats to my sisters, and they took up the role of cat caretakers. When they were in middle school, Minnos, one of those cats splotted with all the Halloween colors, snuck inside to deliver her kittens, and did the whole ordeal in the sisters’ dresser-closet. The girls kept it a secret until they needed my mom’s help to care for some of the kittens that were dying. A particular one was destined to not

(Continued on page 13)
make it, as the little orange fur ball was being pushed away by her mother from getting milk, a runt, rejected from the litter. After the kitten stopped moving, mother wrapped her up in some toilet paper and threw her in the trash. Later that day, when we were cooking in the kitchen, the trash started squeaking! We quickly rummaged through to find that the kitten was indeed alive and had defied its fate, so we named it “Lazarus,” since it came back from the dead. The name was a bit premature though as, a few months later, a friend that was over at our house decided to teach Lazarus how to swim. After a few rounds of painful paddling from the middle of the pool to the edge, and subsequent throws back to the middle of pool, Lazarus started shivering violently from the cold well water, and her defiant body could defy no more, as she died a day or two later, probably from pneumonia.

Some of the animal deaths were timely surprises and we managed to make use of them. When my youngest sister Debby’s pet rabbit was let out to run around in our field, it hopped far enough from its caretakers to get within range of a dog, and an epic chase ensued. Cotton was doing well with zigzag dodges and a good sprint for a caged rabbit, but 50 meters into the chase Cotton froze up. It had a mini seizure or heart attack of sorts, and whatever it went through it did not recover. Though Cotton keeled over dead, my mother figured her meat was probably still good and fresh, so she quickly went to making stew before my sister got home from her pre-school. Debby got home, and without any clues or signs, went ahead to eat the “chicken” stew, and to our amusement she even explained how much she enjoyed it. Later, when noticing that Cotton was nowhere to be found, she figured her bunny was just living in our yard, and did not find out about the truth until years later. She took it well, considering she was deceived into eating her pet, and laughed it off.

There are many others as I mentioned earlier that passed through our humble abode. There was the broken necked rooster, the one that flew out of the garage after John took an axe to its neck and it understandably opposed the execution. It avoided getting on the dinner plate because of its valiant escape, screeching and flapping its wings, lucky that the axe was a blunt one. Or there were the ducks that disappeared one night, all together without leaving a trace. One could guess they might have flown away because we forgot to clip their wings that year, but I based my theories on the fruit vendor across the street who said he saw some men running down the road at night with two or three ducks in each hand.

All this to say, of all my years of watching animals be slaughtered, burying dead puppies, and watching pets be put down, my most vivid animal memory was that of a robin. On a Sunday morning, the eleven year old that I was, I wandered around our yard with the family pellet gun instead of waiting in the car to go to church. Slacks rolled up and dress shirt tucked in, I could roam about as long as I wanted before I heard my dad’s summoning whistle. So I shot at a few rocks, aiming at a few ambitiously small leaves and missing badly, and as I looked for a bet-
Dear Athena Advice Column

Sometimes in medical school, there is little time to access our own wisdom, which is why Athena (whose name means wisdom) has dropped by to answer your toughest medical school questions!

Dear Athena,

I am so involved with school that when I spend time or talk to my family, I feel guilty that I am not doing work. What should I do?

-- Over-committed

Dear Over-committed,

As over-achievers, our brains are trained to look at seconds, minutes, and hours in terms of how much ‘STD’ we can fit in. No, not sexually transmitted diseases – study time per day. We naturally see every moment not spent studying as a wasted opportunity. If we aren’t studying, we are accumulating negative points in the game of medical school; one of the few times decreasing STD is perhaps not really so wonderful.

Every time you think about picking up the phone, consider the following: Medical school is about balance – talking or spending time with your family and friends can help you recharge for the fire-hose stream of information that comes our way. I know it is easier said than done, but don’t beat yourself up. Think about how you feel when you don’t get the chance to talk with the people you care about. Are you usually more or less productive as a result?

Succeeding in medical isn’t only about maximizing STD; it is about increasing PSTD, or PRODUCTIVE study time per day. If taking the break to relax or make a phone call can lead you to become more productive and focused, I say go for it, trade in your STD for some PSTD!

Be WELL,
Athena

(Continued on page 15)

Dear Sepia (is it okay if I call you Sepia for short?),

Have you ever heard of the phrase, “work hard, play hard?” Nowhere in that medical school motto that we love so much does it say that you must work and play with the same people. Take a step back and think about whether this group is conducive to your study-type. Perhaps a change of scenery is in order, starting with the wallflower who has become ‘Study Sepia.’

If you don’t like how the group makes you feel, it might just be that you thrive in a different, perhaps more collaborative,
kind of study environment; nothing wrong with that! Survey the field, pop your head into the group learning rooms, and maybe try studying with that ‘alternate’ friend who isn’t quite a part of your friend/study group, but can potentially expose you to other study groups that are more your flow.

Alternatively, if you think that there is still hope for your friends group to be that magic unicorn of medical school – the group that successfully studies AND parties together, take a deep breath before reading what is to follow: You must confront them. You don’t have to be rude or obnoxious, but you will have to confront them.

It might be that with a few simple adjustments, there can be a balance where everyone’s voice can be heard and the group can become more comfortable and inclusive. I would just caution changing the nature of the group too much, if it is working for your friends. Recognize that your study styles might be completely incompatible, and as I said earlier, that is OKAY. Remember, there is always Saturday night at Jacksons!

Be WELL,

Athena

Have a question for Athena? Send it to athenafortwellness@gmail.com for a chance to have it published in the February BULLetin!

### Pumpkin Custard—a dairyfree dessert with Calcium!
Makes 6, 1/2 cup servings. Each serving contains 138 calories and 141 mg calcium. Protein 12%, Carbohydrate 62%, Fat 26%.
By Elizabeth Rogers, MSI, Nutritional Wellness Committee

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Amount</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-15 oz. can pumpkin puree</td>
<td>(2 cups)</td>
<td>Blend all ingredients except sesame seeds in food processor until very smooth.</td>
</tr>
<tr>
<td>8 oz. tofu</td>
<td></td>
<td>Pour into oiled casserole.</td>
</tr>
<tr>
<td>6 Tablespoons brown sugar</td>
<td></td>
<td>Bake at 350º for 35-40 minutes.</td>
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<tr>
<td>1 Tablespoon molasses</td>
<td></td>
<td>Sprinkle with sesame seeds.</td>
</tr>
<tr>
<td>1 teaspoon cinnamon</td>
<td></td>
<td>Chill and serve.</td>
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<tr>
<td>1/4 teaspoon ginger</td>
<td></td>
<td>Can also be used as a dairy-less pie filling.</td>
</tr>
<tr>
<td>1/4 teaspoon cloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Tablespoons sesame seeds</td>
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</tbody>
</table>

### Easy and Delicious Apple Cake
By Tom Fowler, MSI

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Amount</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 cups Sugar</td>
<td></td>
<td>1. Mix sugar eggs and oil together.</td>
</tr>
<tr>
<td>2 Eggs</td>
<td></td>
<td>2. Then add flour salt and soda.</td>
</tr>
<tr>
<td>¾ cup Oil</td>
<td></td>
<td>3. Lastly, add the Apples!</td>
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<tr>
<td>2 Cups Flour</td>
<td></td>
<td>4. Optional step: stir in walnuts or sprinkle almond slices on top</td>
</tr>
<tr>
<td>1/2 tsp. salt</td>
<td></td>
<td>5. Bake at 350 degrees for 45 minutes to 1 hour.</td>
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<tr>
<td>1 tsp. soda</td>
<td></td>
<td></td>
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<tr>
<td>3 Cups Diced/Chopped Apples</td>
<td></td>
<td></td>
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<tr>
<td>Optional: ¼ cup chopped walnuts or ¼ cup sliced almonds</td>
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### Grandma’s Lemon Cookies
Contributed by Jason Ricciuti, MSII

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Amount</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>1 box of lemon cake mix</td>
<td></td>
<td>Mix and refrigerate for 30-45 min</td>
</tr>
<tr>
<td>8 oz. cream cheese</td>
<td></td>
<td>Roll into balls and roll in powdered sugar</td>
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<tr>
<td>1 egg</td>
<td></td>
<td>Bake at 350 for 10-12 min</td>
</tr>
<tr>
<td>1 stick of butter (melt a little)</td>
<td></td>
<td>Sprinkle with powdered sugar to finish</td>
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<tr>
<td>1 tbs. vanilla</td>
<td></td>
<td></td>
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<tr>
<td>1/2 bag of white chips</td>
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USF Health's
2nd annual
BANDaids for B.R.I.D.G.E.
talent show event

FRIDAY, JANUARY 11th, 2013
6-10PM, at the
T. PEPIN HOSPITALITY CENTRE

Join us for an evening of entertainment in support of the student-run free medical clinic, the B.R.I.D.G.E. clinic. The red carpet affair will feature a cocktail hour, silent auction, and a fabulous show brought to you by the talented students and faculty of USF Health.

Contact Madeline Snyder at 813.842.5950 or msnyder1@health.usf.edu with any additional event questions!

Event generously sponsored by: