To what purpose, April, do you return again? . . .
It is not enough that yearly, down this hill,
April
Comes like an idiot, babbling and strewing flowers.

from “Spring” by Edna St. Vincent Millay
Dear Readers,

We’re thrilled to be publishing our second Wellness BULLetin of this academic year and are grateful for the incredibly talented contributors and staff who made this work a reality. As we move into our third year, it is sad to think that we will be spending less time on such a marvelously creative campus. However, we look forward to learning about medicine in a new way and to seeing the exciting endeavors that our peers continue to bring to the table.

When you think about the academic year drawing to a close, what thoughts come to your mind? Relief, gratitude, frustration, disbelief, fatigue, anticipation? Now envision your next step - be it summer break, moving to a new place, starting a research project or your next year of school, seeing family or friends, or relaxing - what thoughts come to mind then? How are these thoughts related to those about the school year? Are they polar opposites, similar, or transitional?

The goal of this journal is to share recollections and perspectives in a way that can help you make sense of your own, whether they are similar, different, or in transition. In this issue, we present more of your essays, recipes, art reviews, words of advice, and more for your reading and thinking enjoyment. We invite you to continue to see the Wellness BULLetin as a medium to express yourself and as an expression of the incredibly diverse talent of our student body in the years to come.

Wishing you wellness in your transitions and a joyful summer!
Sasha & Yoly

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Special Thanks to Dr. Steven Specter, Assoc. Dean for Student Affairs, and his staff for making the publication of the BULLetin possible.

YOUR name could be here! The BULLetin is looking for editorial staff. If you have a talent for journalism, please contact Sasha or Yoly to discuss being part of this publication!
The Power of Perception
By Kirk Chassey, MS2

Have you ever been on a long run, battling yourself mentally about whether to kick in an extra mile or just head back? You barter. You weigh your options. You teeter on the brink of a decision for a little while your feet keep moving. Just then, your favorite song starts blaring through your headphones. Suddenly, everything changes. Your pace picks up. You start singing half out-loud and half have all the energy in the world. You go the extra

fairly positive you study. On that day where in glomerular pathology, it’s easy to convince battle ensues while you keep reading and realize of The Walking Dead or Downton Abbey. Then test is going to determine your career to an it’s 2 hours later and you know every darn pathognomonic there is for Minimal Change Disease.

So what changed? What if you had stopped? Regardless of our year, we have all delved into neuro at this point. Perception is power. It can ignite a flame within us just as easy as it can put one out. It’s amazing what on our A-game. So what’s to stop us from being Sometimes family. Sometimes friends. But by and large, we’re the only things that can stop ourselves. Next time you’re struggling to focus or approach something with less than optimal zeal, remember that all it takes to go the extra mile is a thought. Or a really, really good song.

The Truth About Stretching
By Leslie Moskal, DPT1


When you hear the word ‘stretch’, what visual comes to mind? Do you see someone touching his or her toes or do you see someone standing on one leg while holding a long quadriceps stretch? This type of stretching is called static stretching and can be beneficial but is it effective for improving athletic performance? NO!

Many researchers are learning the cold truth about warming up the body for exercise. Studies have shown that static stretching BEFORE workouts (e.g. touching toes for 30 seconds) could “decrease force production and decrease strength by 30 percent”! It has also been reported that the “muscle becomes less responsive and stays weakened for up to 30 minutes after [static] stretching, which is not how an athlete wants to begin a workout”.

Recommended Pre-workout: include dynamic stretching which “increases power, flexibility, range of motion and prevents injury”. Dynamic stretching includes taking the muscles through a natural range of motion; this basically stretches the muscles while moving (see below for examples of a dynamic warm-up).

Continued on page 16
An impromptu visit to the Anatomy Lab
By Elise Diamond, MS1

What’s that over there? Is that a body? Yes, I believe it is. I’m certain it is. It’s on the exam table and there’s a student in a lab coat doing something and peering intently at it. It must be a body.

As I look around, I see there are what feel like a hundred tables with bright happy blue bags on exam tables. Oh goodness gracious, there are a lot of dead people in this room. I feel panicky, and experience a fleeting desire to ditch my friends and try again later, feigning that the smell is too overwhelming. That will never fly, it really doesn’t smell that bad in here, and what am I, chicken? I’m here to learn, I’m not doing anything wrong, right?

“Guys? Wait up, I’m coming!”

I’ve come unprepared, I just tagged along last minute with my friends, so I didn’t expect this experience and am wearing open-toed shoes. Lab Group A did their dissection yesterday, but I’m in Group B, so we aren’t scheduled to come in until tomorrow. Probably for the best, if I had too much time to think about it, I might have bailed. My shoes are fine I’m told.

The experienced one of our group is far too easy-going about all this in comparison to my own anxiety level. I’m afraid, but he just carefully, but quickly unzips the bag. “Roll it like this, see, so the cover doesn’t hang on the ground and pick up mold.” The bag is just the first layer shielding the body. Below that is a clear plastic bag, which doesn’t shield my eyes from the layer below it, a pale blue, sopping wet towel covering the body head to toe. We pull back the towel to reveal the dirty secret beneath it.

“She’s got hair?!” is my first thought. I recalled being told the donors had their hair shaved. Indeed it is cut close to the skin, something I will have to look into later. Did the hair keep growing after she was shaved, or was it just a close trim she received in her postmortem beauty parlor visit? Something about the hair brought a morbid sense of voyeurism to mind. But, her ear, her perfect ear, just resting there, on the side of her head, exactly where it is supposed to be, made me feel like it was OK, for some reason. She was a real person after all, and this was her choice.

The body looked amazingly like the pictures and the video we watched before lab. The skin looked less brown, fresher maybe, than the video. A petite woman, she couldn’t have been more than 5 feet tall. 83 years old when she died, of acute diabetes. I didn’t realize diabetes could be acute. I noticed her arms, they looked so much like my own, and I was taken aback. Her 83-year-old arms, plumped up with the juices of preservation looked so young and healthy, if a little grey in color.

“It only takes about an hour to get used to it and forget it’s a person,” our leader says. I’m aghast, there’s no way that is possible. But as we go about looking at what the early group had accomplished, which muscles they had exposed and trying to identify structures, it becomes clear to me how that is very possible.

I’m not too thrilled at first to start touching, but when I see my friends getting in there and looking at the back muscles and feeling the points of insertion, and moving the muscles around, I get over that and want to have some of the fun too. And, oh my goodness, it doesn’t disappoint. It is absolutely incredible. No model could ever look like this. We see the structures and spend a few minutes talking about each. Some of my partners are a bit rough with her, and I want to scream, be careful, “she’s alive!” but I guess a better term is “be careful, she’s real.”

It starts to become clear to me that I’m really not intruding on her personhood, but rather I am actually respecting her wishes. I’m here to learn so that I can bring healing to countless others, a very noble purpose indeed. With this confidence in me, I realize I have less to fear than I have to gain. I may even end up helping someone she loved. I will have to ensure that I remain respectful, but don’t allow my fear of intrusion to prevent me from getting intimate with her and learning what I need to know before eventually “be careful, she’s alive” becomes the correct phrase.
During my junior year of college, I had the opportunity to study healthcare in India, China, and South Africa. The experience taught me more than I can put into words, but one story has shaped and continues to inform my perspective on medicine.

I met Zinzi on a hot afternoon. We walked to her house through what appeared to be an empty township called Zwelathema, 120 km northeast of Cape Town. It was not empty however. The residents hid indoors out of reach from the unbearable sun.

The sunlight followed us into Zinzi’s shack through uneven slits in the corrugated iron walls. It cut through the dusty shadows and illuminated the strands of thick white beads that hung around her neck. A faded floral curtain separated the room in which we sat from a slightly larger space that served as her bedroom and her kitchen. The smell reflected the piles of small trinkets, animal hides, twigs, roots, fruits, empty cans, and strings of beads on the walls and in corners.

Zinzi shifted her large body as she scattered and arranged objects on the sheet that covered part of her dirt floor. Her beads clinked as she moved and she grunted as she sat back on a short stool and crossed her legs. She looked us over, 32 American students and four professors, and began to tell her story through a translator about how she became a Sangoma, a traditional Southern African healer.

Zinzi was a churchgoer. She fell ill with sores all over her body, and the sickness kept her from going to church. Soon thereafter, her ancestors began to speak to her in her dreams, telling her that her body will heal once she becomes a Sangoma. At first, she did not listen to them. She did not want to believe that they were real. One night, she fell asleep in her bed and woke up by a bush far from her home; her ancestors had brought her there. They told her to find a hare on the other side of the mountain, to slaughter it, and to make it into an offering. She went to the other side of the mountain and was not afraid because she knew that her ancestors would protect her. She knew which hare to capture. She slaughtered it, and she made an offering.

Continued on Page 7
**Blossoms of Blossoms**

Anonymous

Formalities retarding you  
To be a stranger has that benefit  
What heaven can do, and what earth can be  
Think that thou felt thy knell, and think no more  
And to be sure at times to get a place,  
From tent  
to tent, and with the children play  
If faithful souls be alike glorified  
Their lips uttered, which against me rose  
But is there for the night a resting-place  
And I, a much sadder copper jubilee  
Making more destitute my poverty  
With loving constancy  
True voice of doom...

**Dissection**

By Michael Manasterski, MS2

Laid bare on your workbench  
I rested on my back  
Serene, motionless  
In a shallow puddle of formaldehyde

Scalpel in hand, you set about your task  
With detached interest  
Exposing my inner parts  
Penetrating my deepest secrets

You complemented me  
On the integrity of my palmar fascia  
You held my hand  
But it was only to get  
A better angle to make  
The next incision

**Bumps over slush**

By Sasha Yakhkind, MS2

Hard seat bumps over Mass Ave on the way to hear:  
Before and after misty drizzle.  
Soft steps through slush  
in waterproof boots with enough wet between  
my toes to make me shiver.

Deep cinnamon touch to my coffee reminds me of the slush,  
The yellow bumps, the mist,  
But not the talk.

**Viral**

By T.R. Fowler, MS1

My grandmother watched me on youtube,  
heard about the clip from my great-uncle I’ve never met.

3.2 million kids laughed at me,  
when I can’t laugh at them.  
My childhood friend saw me  
but we won’t reunite.  
Thais and Swedes know my face,  
though they’ll never meet me.

Cyberspace is an aquarium of festering activity  
where viral seconds are spreading splendor  
through basements and huts and grimy monitors  
to a world of glowing eyes.

And I am a fish– swimming in the vibrant waters  
evermore

“A little Valentine haiku to the moon written on a dog walk to the empty lot next to Derek Jeter’s house where, incidentally, you can also see some great shooting stars.”

Contributed by Rachel Snow, MS1

Deftly rising, your  
Borders firm, slowly shaping  
My hopes as you wax.
In a short while, the dreams returned and a few nights later she woke up in a shallow river. Once again, she followed the orders of her ancestors and made an offering to them.

Then for a third time, her ancestors called on her in her sleep, and she woke up in a cave. After performing the rituals that they called upon, she knew that she had to accept her calling as a Sangoma lest the ancestors become angry.

She kept a bone and the skin of the first hare that she slaughtered, and she uses them as charms. She says that these items helped her body to heal, and they help her to heal others.

Zinzi now heals others. She does not charge money for her service unless the ailment is healed. If “the patient” does not get better, she either continues to work with him or she sends him to the “white doctor.” The medicines that she prescribes come in the form of potions, herbs, recommended foods, and through the performance of healing rituals. The combination of specific healing methods that she uses depends on the complaint of the individual and on his ancestral background. In her rituals, Zinzi hears her ancestors with the help of her African beer, and sees the signs that they send in other ceremonial items. She quenches the thirst of her ancestors by making offerings of homemade Brandy.

She performs a form of fortune telling called bone throwing. Her client takes a pile of her special collected charms in their hands, blows on them, and drops them. She reads the arrangement into which they fall as insight into the seeker’s past, present, and future.

We sat and listened to Zinzi’s story. We may have interpreted the voices of her ancestors’ as auditory hallucinations, her night adventures as sleepwalking, and the disappearance of her brandy as evaporation, but we understood the importance of her role in her community. She listened to people’s ailments, she gave them faith amidst their troubles, and she served as a liaison between her community and the “white doctor,” who many of her patients would not trust or go see on their own.¹

¹ Apartheid in South Africa fostered an environment of distrust between traditional healers and medical doctors. The conflict increased in intensity and publicity with the country’s growing epidemic of HIV/AIDS. Recently, activists and
“Estatica Milagrosa” (Miracle Static), 2005
By Yolanda Piña

Between the 1930s and 1960s, the dynamics of the visual arts in Cuba focused on the production of images that thoroughly supported Cuba’s political agenda. This art form was totally different from the avant-garde art trend that took place decades later, after the revolution of 1959. The major historical event of the twentieth century and original contributor to the avant-garde movement took place in the form of an art exhibit called “Volumen I” (Volume I) in January 14, 1981. This art show set the tone for the Cuban art thereafter. Composed of a compilation of works from ten visual artists, the exhibit represented an emancipation of the suppression endured in the island.

Generations of artists that followed the avant-garde movement produced a series of artworks that did not follow the directives required by the Cuban regime. This art found its way through by voicing the crimes committed in the island, without openly denunciating the system and risking incarceration. Carlos Estevez is part of the avant-garde generation. Carlos graduated from the ISA (Instituto Superior de Arte) in Habana, Cuba in 1992. Carlos's “Estatica Milagrosa” (Miracle Static) represents an underground term used in Habana. The term “static” (meaning staying immobile in space without falling) was initially used by architects. They were mesmerized by standing centuries-old buildings, that once beautified the City of Old, Colonial Habana, despite the adverse consequences of time (i.e., hurricanes and neglect of the government).

Most of these buildings are inhabited by people; nevertheless, they are both structurally and functionally flawed (hence the adjective “miracle”): their ceilings, floors, and walls are patched with areas of exposed cement intermixed with areas of exposed pipes and electrical wiring; their balconies and main central units lack supporting columns; their façade is missing, allowing a unique exhibit of a frozen-in-time narrative of the 17th to 19th century Cuba, from the Romanesque-Spanish arcs to the French-Gallic influences of the 19th century. High ceiling rooms dressed with remnants of chandeliers, decapitated sculptures, and painted tiles, all depict a Colonial Cuba that long before preceded jazz, son, and guaguanco.

Every year, a high mortality toll pays the price of such “beautifully enchanting” edifices. Thousands of people die due to the slowly deterioration process of these “static” buildings. Not only the government is neglecting the pillars of the city with one of the oldest, if not the oldest, adopted European architecture in

Continued on page 11
I cannot help but think that if she were in another context, Zinzi would be considered mentally ill. Had she disclosed the same story to a psychiatrist, he may have diagnosed her constellation of symptoms as Schizophrenia.²

In 1956, Ethnologist and Psychoanalyst George Devereux wrote about a case similar to that of Zinzi’s in his article entitled “Normal and Abnormal: The Key Problem in Psychiatric Anthropology.” He commented on how the behavior of a shaman may appear dissociated and could be interpreted as a sign of schizophrenia. He asked, “Was the shaman normal or was he instead ‘really’ schizophrenic but merely labeled differently?”³ Devereux and another researcher, Julian Silverman, assumed that the experience of a shaman is schizophrenia, but expressed through different cultural symbols and interpreted as normal by the shaman’s community.⁴

This interpretation did not sit well with my understanding of Zinzi. One of the reasons for diagnosing a mental illness is to treat it. What would be the purpose of diagnosing Zinzi as mentally ill if she were functional in her community? If her “symptoms” bring more purpose than suffering, do we call them a disease?

At a time when the cracks in mental health care in the US are seeping into the public eye, Zinzi’s story reminds us that the way we define and treat mental illness is entrenched in our own history, and that to fix it may mean to take a step back and redefine it.

In a series of longitudinal studies, the World Health Organization found a higher prevalence of schizophrenia and negative symptoms such as social withdrawal and apathy in urban areas of more developed societies.⁵ What could we learn from Zinzi’s culture that could help us better accommodate people in our society with similar symptoms?

History reveals that definitions of disease change over time. Cervical carcinoma in situ becomes high grade dysplasia. Homosexuality ceases to be an illness. As science dives deeper into understanding the biological mechanisms behind mental illness, we must not forget to consider the role of the culture that surrounds it.

² According to the DSM-IV-TR: “Schizophrenia is a disorder that lasts for at least 6 months and includes at least 1 month of active-phase symptoms (i.e., two [or more] of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms).”


Chicken Parmesan Bundles
Adapted from: http://www.kraftrecipes.com/recipes/chicken-parmesan-bundles-107338.aspx
Contributed by Monique Konstantinovic, MS1

Ingredients:
- 4oz. (1/2 of 8-oz. pkg.) Philadelphia Cream Cheese, softened
- 1pkg. (10 oz.) frozen chopped spinach, thawed, well drained
- 1&1/4 cups Shredded Mozzarella Cheese
- 6Tbsp. Grated Parmesan Cheese
- 6 small boneless skinless chicken breast halves (1&1/2 lb.), pounded to
- 1/4-inch thickness
- 1egg
- 10 RITZ Crackers, crushed (about 1/2 cup)
- 1&1/2cups spaghetti sauce, heated
- Wooden toothpicks
- 1tsp salt

Directions:
HEAT oven to 375ºF.
MIX cream cheese, spinach, 1 cup mozzarella and 3 Tbsp. Parmesan until well blended. Lightly salt chicken breasts. Spread mixture onto chicken breasts. Starting at one short end of each breast, roll up chicken tightly. Secure with wooden toothpicks.
BEAT egg in shallow dish. Mix remaining Parmesan and cracker crumbs in separate shallow dish. Dip chicken in egg, then roll in crumb mixture to evenly coat. Place, seam-sides down, in 13x9-inch baking dish sprayed with cooking spray.
BAKE 30 min. or until chicken is done (165ºF). Remove and discard toothpicks, if using. Serve chicken topped with spaghetti sauce and remaining mozzarella.

Mango Cranberry Flatbread Recipe
By Candace Haddox, MS2

1. Mango sauce
- 2 mangos, sliced
- 1 cup of water
- 2/3 cup of sugar
- 1/2 cup of dried cranberries

Combine ingredients in a pot and cook over medium heat. Adjust heat to keep it at a slow boil. Stir occasionally and mash up the mango over the course of heating. Cook for about 45mins-1hr. After cooking, pour mixture into a blender and blend until smooth. Refrigerate.

Recipe continued on page 10
the Western Hemisphere; but, is also violating the human rights, especially coming from a nation that takes pride on having an outstanding health care system.

All this above is the idea behind the piece created by Carlos. The wooden box is encapsulated by pictures of the “static” buildings, which surround a depiction of an almost impossible equilibrium (center). With a brief historical background and consequential rational for Carlos creation, now is your turn to make your own interpretation. After all, subjective extrapolation is an essential part of art.

Two other photos with art pieces from Carlos Estevez. Carlos is pictured on the ladder.

“Smoked Fish”  
By Christel Hunsicker
2. Assemble!

- Unsalted Matzos
- Shredded mozzarella cheese
- More dried cranberries
- Mint leaves (I recommend apple mint)

Spread about 1tsp of mango sauce per ¼ matzo. Sprinkle about 1tsp of mozzarella cheese on top. Break up mint leaves and put on top of cheese along with dried cranberries. Make it look pretty. Place on cookie sheet w/ wax paper. Bake for about 5mins at 350F until the cheese is melted.

Banana Oatmeal Cups
By Elizabeth Rogers, MS1
(From greenlittlebites.com)

- 3 mashed bananas (the more ripe the better!)
- 1 cup vanilla Almond milk (you could use skim but you may want to add a little sweetener)
- 2 eggs
- 1 tbsp Baking powder
- 3 cups (240g) Old Fashion or Rolled Oats
- 1 tsp vanilla extract
- 3 tbsp (42g) mini chocolate chips or blueberries
- Preheat oven to 375 degrees

Mix all ingredients except the chocolate chips together, and let sit while you prepare the muffin pans.

Spray a muffin pan and/or liners with non-stick spray.

Stir the chocolate chips or blueberries into the oatmeal batter.

Divide batter into 15 muffin cups. They should be just about filled.

Bake 20-30 minutes, you'll see the edges just starting to brown and they will be firm to the touch.

Health Tips

Dr. Denise Edwards runs the Health Weight Clinic at USF Health. She works together with psychologists and dieticians to help patients move towards a healthy lifestyle.

She often points patients towards “The Center for Clinical Interventions” for tips to help them along their path.

On the next two pages are some tips that may help you along your study path:
What is Sleep Hygiene?

‘Sleep hygiene’ is the term used to describe good sleep habits. Considerable research has gone into developing a set of guidelines and tips which are designed to enhance good sleeping, and there is much evidence to suggest that these strategies can provide long-term solutions to sleep difficulties.

There are many medications which are used to treat insomnia, but these tend to be only effective in the short-term. Ongoing use of sleeping pills may lead to dependence and interfere with developing good sleep habits independent of medication, thereby prolonging sleep difficulties. Talk to your health professional about what is right for you, but we recommend good sleep hygiene as an important part of treating insomnia, either with other strategies such as medication or cognitive therapy or alone.

Sleep Hygiene Tips

1) **Get regular.** One of the best ways to train your body to sleep well is to go to bed and get up at more or less the same time every day, even on weekends and days off! This regular rhythm will make you feel better and will give your body something to work from.

2) **Sleep when sleepy.** Only try to sleep when you actually feel tired or sleepy, rather than spending too much time awake in bed.

3) **Get up & try again.** If you haven’t been able to get to sleep after about 20 minutes or more, get up and do something calming or boring until you feel sleepy, then return to bed and try again. Sit quietly on the couch with the lights off (bright light will tell your brain that it is time to wake up), or read something boring like the phone book. Avoid doing anything that is too stimulating or interesting, as this will wake you up even more.

4) **Avoid caffeine & nicotine.** It is best to avoid consuming any caffeine (in coffee, tea, cola drinks, chocolate, and some medications) or nicotine (cigarettes) for at least 4-6 hours before going to bed. These substances act as stimulants and interfere with the ability to fall asleep.

5) **Avoid alcohol.** It is also best to avoid alcohol for at least 4-6 hours before going to bed. Many people believe that alcohol is relaxing and helps them to get to sleep at first, but it actually interrupts the quality of sleep.

6) **Bed is for sleeping.** Try not to use your bed for anything other than sleeping and sex, so that your body comes to associate bed with sleep. If you use bed as a place to watch TV, eat, read, work on your laptop, pay bills, and other things, your body will not learn this connection.

7) **No naps.** It is best to avoid taking naps during the day, to make sure that you are tired at bedtime. If you can’t make it through the day without a nap, make sure it is for less than an hour and before 3pm.

8) **Sleep rituals.** You can develop your own rituals of things to remind your body that it is time to sleep - some people find it useful to do relaxing stretches or breathing exercises for 15 minutes before bed each night, or sit calmly with a cup of caffeine-free tea.

9) **Bathtime.** Having a hot bath 1-2 hours before bedtime can be useful, as it will raise your body temperature, causing you to feel sleepy as your body temperature drops again. Research shows that sleepiness is associated with a drop in body temperature.

10) **No clock-watching.** Many people who struggle with sleep tend to watch the clock too much. Frequently checking the clock during the night can wake you up especially if you turn on the light to read the time) and reinforces negative thoughts such as “Oh no, look how late it is, I’ll never get to sleep” or “it’s so early, I have only slept for 5 hours, this is terrible.”

11) **Use a sleep diary.** This worksheet can be a useful way of making sure you have the right facts about your sleep, rather than making assumptions. Because a diary involves watching the clock (see point 10) it is a good idea to only use it for two weeks to get an idea of what is going and then perhaps two months down the track to see how you are progressing.

12) **Exercise.** Regular exercise is a good idea to help with good sleep, but try not to do strenuous exercise in the 4 hours before bedtime. Morning walks are a great way to start the day feeling refreshed!

13) **Eat well.** A healthy, balanced diet will help you to sleep well, but timing is important. Some people find that a very empty stomach at bedtime is distracting, so it can be useful to have a light snack, but a heavy meal soon before bed can also interrupt sleep. Some people recommend a warm glass of milk, which contains tryptophan, which acts as a natural sleep inducer.

14) **The right space.** It is very important that your bed and bedroom are quiet and comfortable for sleeping. A cooler room with enough blankets to stay warm is best, and make sure you have curtains or an eyemask to block out early morning light and earplugs if there is noise outside your room.

15) **Keep daytime routine the same.** Even if you have a bad night sleep and are tired it is important that you try to keep your daytime activities the same as you had planned. That is, don’t avoid activities because you feel tired. This can reinforce the insomnia.
**Procrastination Action Plan**

**Action Planning**
It can be helpful for us to draw up a clear plan of action for what it is we need to do when the urge to procrastinate arises. Below are the 6 steps to get on top of your procrastination, any time you feel it is getting the better of you.

**Step 1. Being Aware & Non-Blaming**
The first step is to stop and recognise your urge to procrastinate. However, when you do recognise that you are procrastinating or you are having the urge to procrastinate, do so in a non-judgemental and non-blaming way. Don’t beat yourself up for it, but instead recognise that procrastination has arrived and that you are going to make a choice to do things differently.

**Step 2. Adjust Unhelpful Rules & Assumptions**
If you can recognise the unhelpful rule or assumption of yours that is being activated by your task or goal, you can make attempts to adjust this. You can do this by challenging the rule or assumption, questioning where it came from?, how is it unreasonable/unrealistic/unfair/unhelpful?, and identifying its negative consequences? Then you can think of a new more helpful rule or assumption, and what you would need to do to put it into practice in this situation.

**Step 3. Practice Tolerating Discomfort**
If you can recognise the discomfort that is arising within you about doing the task or goal, you can practice tolerating it mindfully by just being aware and observing or watching the discomfort without judgement, making space for it and hence letting it go when its ready. You could imagine riding the wave of your discomfort or delaying procrastination to give yourself time to practice sitting with the discomfort.

**Step 4. Dismiss Procrastination Excuses & Encourage**
Look for the excuses you are making to justify your procrastination. Notice your old unhelpful conclusions, such as not needing to do the task now because of some circumstance. Dispute if this conclusion really is true, by asking what is the evidence or reasons?, am I really going to be better off?, is it really true I can’t get started?, what will the consequences be? Also, is there a way to test if your conclusion is true, rather than assuming it is? And finally settle on a conclusion that is more helpful to you, something more along the line that you can make some small start now! Drop any self-criticisms and instead talk to yourself as if you were motivating and encouraging a friend.

**Step 5. Carry Out Practical Strategies**
Decide on the practical strategies most relevant to the task or goal at hand and apply these practical strategies. Remember, to gain clarity as to exactly what needs to be done, write a list of tasks and goals, then prioritise these, then grade each, and then accurately estimate how much time each step of each task or goal will take. There are numerous ways you can approach any given step of a task, such as worst-first, using momentum, just 5-minutes, set time limits, prime time, prime place, remember-then-do, reminders, visualise, focus, and plan rewards. To know when you have the time to attempt a step of the task, you can use a schedule or an unschedule.

**Step 6. Reflect & Revise Plan**
Now step back and reflect on how you are doing. Examine how things are going. Appreciate what is working well and the positive consequences of doing rather than procrastinating. Also recognise what areas may need some improvement. If something does need to be revised, revisit steps 1-5, and try again. Please know that of your action plan, it is steps 4 & 5 that are most important to focus on, in order to see some change in your procrastination habit.

**Keeping Going**
Now, at the end of the day the important thing is to keep going! Expect that changing your procrastination habit will take time, practice, persistence and patience. Expect that you will have good days and bad. Expect you will have days you feel like a ‘doer’, and days you feel like you have slipped back into ‘procrastinationville’. The old saying of “two steps forward, one step back” is very true. If you expect setbacks when you sign up for the journey of changing your procrastination, then when you face a bump in the road, you will be less likely to blame yourself and give up. As such, you will be better able to use the 6 steps of the action plan just covered, to help you get over that bump and keep moving full steam ahead!
Dear Athena Advice Column

Dear Athena,

My head is exploding! Too much to do and not enough time. I am traditionally a great time manager, but with so many end of the year obligations I am overwhelmed!

Yours,
Headsplosions

Dear Headsplosions,

We are all feeling the end of the year cram. This is likely normal, expected, and probably a built-in part of the medical school experience. I would encourage taking five to ten minutes to make a list of your obligations for the next couple of weeks. It might be easier to manage all of the deadlines/tasks if you have one central location where it is all listed. Knowing blackboard, you probably have deadlines that are in a folder, within a folder, within another folder; linked to a downloadable excel schemata, on page 3 in different color codes. Not only is it a good way to make sure you don't miss anything, it is also the most therapeutic feeling when you can cross out items on the list, once they are completed. Try to estimate how long each of these tasks will take and prioritize. Because you are generally a great time manager, this is probably something you do automatically on a small scale without even realizing it; with the increase in volume, having a concrete written document might help ease the stress. As the projects flow in and the end of the year requirements seem to be never-ending, taking this time to organize can help you finish off the year strong.

Be WELL,
Athena

Dear Athena,

I have a real problem. Even though I'm 90% sure my classmates are feeling it too, I can't tell anyone. They'll laugh at me and think I'm a nutjob. I know it's wrong and I'm ashamed, but here goes: Every time I get a headache – I think I have a brain tumor. Or a subarachnoid hemorrhage. Or encephalitis. I know I don't, but five minutes later I cut my finger on a notebook and I'm fairly positive I just contracted necrotizing fasciitis. I can't go get an antibiotic for my wounds, though, because then I might get Stevens-Johnson. All of this knowledge about medicine is supposed to talk me down from these concerns...so why is it making them worse????

Signed,
Hypocritical Hypochondriac Harry

Dear Harry,

I'm not sure if you saw the recent email about free memory testing from the Byrd center, but I can say that I definitely gave it a second glance before recognizing that I probably wasn't in the expected target audience. Before you go search for it in your inbox, you probably aren't either.

It is really wonderful that you are thinking about the diseases and putting together mental associations of the symptoms. HOWEVER, I would say that you are unlikely to develop more than three of any of the given conditions...
we mention within the two year period of medical school. That means if you have had otitis media, an upper respiratory tract infection, and iron-deficiency anemia within the past two years, likely you have exhausted your list. Each of us will have our own unique combination of three, but I imagine that is probably average +/- 2 standard deviations from the mean with a p value (what is that?) of .000000005 and some chi-squared test. That means it’s significant.

In other words, YES we all feel the same way. It is normal to feel a bit concerned. There are some really scary-looking diseases we come across. Ultimately, these feelings will help you become a better doctor, capable of empathizing with your nervous patients. If there truly is something that seems abnormal to you, there is nothing wrong with giving your primary care doctor a call. Wouldn't you want your future patients to do the same?

Be WELL,
Athena

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The Truth About Stretching
Continued from page 3

Recommended Post-workout: Use those static and dynamic stretches in combination for the end of your workout. Hold static stretches for 20-30 seconds (1-2 sets).

You can also learn more of these stretching techniques at Boot Camp every Tuesday and Thursday at 5:15pm outside the MCOM cadaver lab. Beginner-advanced exercisers are welcome!

You’re Getting Warmer: The Best Dynamic Stretches

STRAIGHT-LEG MARCH (for the hamstrings and gluteus muscles)

Kick one leg straight out in front of you, with your toes flexed toward the sky. Reach your opposite arm to the upturned toes. Drop the leg and repeat with the opposite limbs. Continue the sequence for at least six or seven repetitions.

SCORPION (for the lower back, hip flexors and gluteus muscles)

Lie on your stomach, with your arms outstretched and your feet flexed so that only your toes are touching the ground. Kick your right foot toward your left arm, then kick your left foot toward your right arm. Since this is an advanced exercise, begin slowly, and repeat up to 12 times.

HANDWALKS (for the shoulders, core muscles, and hamstrings)

Stand straight, with your legs together. Bend over until both hands are flat on the ground. “Walk” with your hands forward until your back is almost extended. Keeping your legs straight, inch your feet toward your hands, then walk your hands forward again. Repeat five or six times.

“Body mimics mind”.

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