

YOUR VOICE.  
OUR BEAT.  
ONE PULSE.



# THE PULSE

MEHARRY  
STUDENT  
NEWSLETTER  
FALL  
2015

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# THE PULSE

The **PULSE** is a student-driven newsletter committed to educating the student body, highlighting its achievements and broadening its horizons.

## Mission Statement:

The mission of Meharry Medical College's student-driven newsletter, The PULSE, is to provide the Meharry community and the healthcare community at large with powerful stories on the current development of the healthcare system from the perspective of Meharry health professional students.

Our voice is our strongest character; with it we hope to speak about our experiences of medicine inside and outside the clinic, honor the stories of patients, generate provoking dialogue about healthcare issues and ultimately capture the truth of medicine today with the vision of improving medicine tomorrow.

**YOUR VOICE. OUR BEAT. ONE PULSE.**

Submissions, questions and requests may be sent to

**The PULSE** at [pulse@email.mmc.edu](mailto:pulse@email.mmc.edu)

By print or online, we are health professional storytellers.

# LETTER FROM THE EDITOR

Estevana Isaac, MS-III

*“One afternoon walking on the right-hand side of the hallway with my head down, there was a person walking towards me. I looked up and the person was me. I actually passed myself in the hallway. The other me was ignoring the real me,”* President Hildreth stated while recalling his medical school experience at Johns Hopkins School of Medicine in 1982.

He recalled staying up 3 nights without sleep so he could impress a world renowned prostate cancer surgeon the next morning. As he elaborated more on his personal story, I could not help but think of how the idea of losing sleep in order to impress, perform and excel is not a foreign concept to many students at Meharry. In fact, it is a notion that largely defines many of our graduate school experiences. The academic rigor of Meharry’s curriculum alongside national board exams has challenged us all at one point in our graduate school experience. For me, that challenge came my first semester in medical school—for the first block of exams, I made the lowest grades in all of my class-

es. At the time, I would have told you that “my memory was bad” or “I didn’t have a strong enough background” or rather “I just wasn’t getting the material as fast.” So I lost countless hours of sleep wanting to prove myself to my professor, the dean and my peers. I spent hours at a time in tutoring, office hours, study groups – you name it, I did it. And it wasn’t long until, my entire day was spent in exhaustion, body aches, headaches, sleeplessness, difficulty concentrating and ultimately, sadness. You see, the defining issue was never an unmanageable workload, difficult material or forgetfulness. But rather the greater problem was that I was almost 1,000 miles away from home, no friends and no family in a whole new culture unlike the one I had been familiar with my entire life. In a matter of months, I had to learn how to adjust and balance all of it on my own.

In 2009, *Academic Medicine* published a study based on a survey of 2,000 medical students and residents. It found that medical students have the highest rates of depression,

nearly twice as high as the rate found in residents.<sup>1</sup> The article further noted that nearly 25% of cases occurred in the second year of medical school studies – in other words, depression peaks during Step 1 studying. I mention this because I have seen a lot of my classmates question their intelligence this past year, their knowledge base and capabilities as a student in regards to Step 1. It is a feeling that I am able to relate with from my own personal experience my first semester. You are redefined by a letter grade, a board score and a comparison to the next. However, in truth, it is an unhealthy pattern of thinking that can easily leave your true self lost and forgotten.

Like President Hildreth said, *“The other me was ignoring the real me.”*

A loss of self, a sense of hopelessness and isolation can lead to the most lethal mental illness amongst students to date – suicidal ideation. According to the report, black medical students are particularly prone to suicidal thoughts, with 13% of black students reporting suicidal

ideation. Nationwide, a little under 1,200 black students out of a total of almost 20,000 medical students (~6%) enter into the academic arena each year in the US according to the AAMC.<sup>2</sup> Each graduating class at Meharry is roughly 100 students, a large percent being African, Afro-Caribbean or African American descent. As a result, Meharry trains almost 10% of the incoming black medical professionals in the U.S. Being apart of the small and valuable 6% of those medically trained professionals, it is important that we acknowledge that losing ourselves, our peers and our careers to depression or suicidal ideation is a very real concern for all of us at Meharry.

A lot of fear has been driven into us as graduate students concerning grades, board scores and clinical performance. So much so that during difficult academic, personal or emotional times we are too afraid to ask for help. While some of you may not have experienced depression, anxiety or suicide ideation at Meharry, it is important to acknowledge that many of your classmates

have and still are struggling with these or similar matters. Medicine, dentistry and higher education studies are competitive fields, however, we should recognize that we all have something of value to contribute to the larger healthcare community. I successfully completed my first semester of medical school and am currently training as a third year student because of my Meharry family. My contentment, energy levels, confidence and grades quickly improved because of my friends and support system away from home. President Hildreth reflected on his own time in medical school and gave this advice,

*“People should understand that some of the relationships that you form in medical school will last you for the rest of your career and life. So take time to nurture those friendships. It is true that what you put into the experience is what you get out of it.”*

With President Hildreth’s words in mind, let’s hold each other accountable for making a safe space amongst the student body where no one is afraid to ask for help.

Because, in the end, it is our job to ensure that not only ourselves, but our entire Meharry family has the opportunity to make contributions to our nation’s healthcare.

If you or anyone you know is suffering from depression, suicidal ideation or may need help contact:

Counseling Services at Meharry  
Suite #325, Third Floor  
Meharry Clinic Building  
(Near Student Health Services)

Monday–Friday  
8:00 a.m. – 5:00 p.m.

Telephone: 615.327.6915

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1. Goebert D, et al. *Depressive symptoms in medical students and residents: a multischool study.* Acad Med. 2009 Feb;84(2):236-41. doi: 10.1097/ACM.0b013e31819391bb
2. AAMC. Table 9: Matriculants to U.S. Medical Schools by Selected Combinations of Race/Ethnicity and Sex, 2013-2014 and 2014-2015. <https://www.aamc.org/data/facts/applicantmatriculant/>

# THE PULSE WELCOMES PRESIDENT JAMES E.K. HILDRETH TO MEHARRY

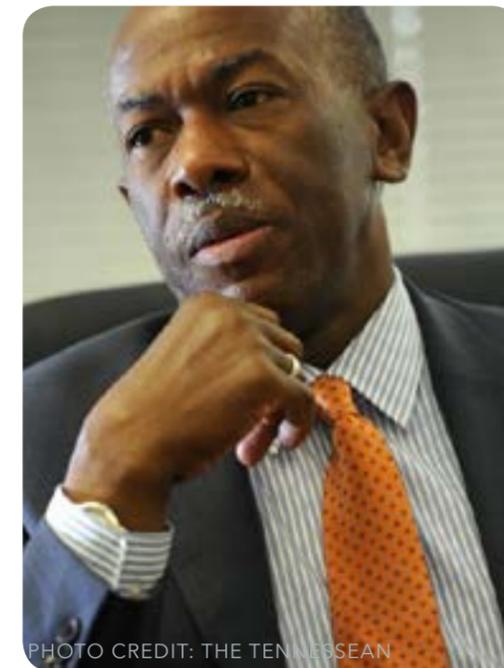


PHOTO CREDIT: THE TENNESSEAN

Rechelle Jackson, D2

In July 2015, Meharry welcomed its 12th President as James E.K. Hildreth returned to Meharry's campus to begin what he hopes to be the last job of his professional career. The Arkansas native has attended prestigious colleges/universities such as: Harvard, Oxford and Johns Hopkins and considers Meharry Medical College to be his 4th historic institution. *"If you identify a health professional, there is a good chance that that person is either directly or by some limited degrees of separation connected to Meharry,"* he stated.

The PULSE was able to converse with Dr. Hildreth and gain a closer look at who he is outside of the big office. We explored why he chose medicine, why he returned to Meharry, and asked about his future plans for the institution.

Dr. Hildreth admits that he would not have even become a doctor if it was not for his father's untimely death. Growing up in the 1960s with the harsh effects of racism and segregation looming, the 11 year old Hildreth could not understand why his father with a recent diagnosis of cancer could not receive access to quality healthcare. *"The quality of care*

*provided to poor people of color was different,"* said Dr. Hildreth while thinking back to the vast amount of healthcare disparities that existed. After witnessing his father's passing, something sparked in him. After recognizing that medicine was overwhelmed with unsolved etiologies, he entered the field of medicine with the opportunity to explore stimulating research ideas that in many ways would better the outcome of patients in similar situations as his father.

In 1982 while entering his first year at Johns Hopkins, Hildreth's daughter Sophia whom he affectionately calls "Peanut" was born. He attributes having her and his wife, who was in law school at the time, as his main driving force in medical school. *"Having (my family) to come home to everyday made it motivational for me and gave me an advantage since medical school can be so stressful,"* he said.

Because Dr. Hildreth received his PhD before medical school, he had a different vantage point on school and was in the minority not only by race, but age as well. However, Dr. Hildreth made it clear that he did not forget his roots, stating

"I never cut myself off from who I was, it strikes me as very sad when people do that," he confessed. He experienced medical school around many who did not look like or come from the same places as he did.

Dr. Hildreth ultimately decided to become a physician because he was amazed at the marvelous machine of the human body. He always enjoyed anatomy because he was able to examine the intricacies of the body. He recalls his interest in HIV beginning after seeing one of his first patients, a black woman with HIV. The woman had just had a baby, who was also HIV positive. Dr. Hildreth remembers that there were no drugs available in those times and that they could only treat the symptoms. After watching them suffer and die, he realized then what a huge problem this was for the world. It would be this worldwide epidemic that brought him to Meharry in 2005 as an HIV researcher and professor.

When asked why he chose to return to Meharry as the role of President after originally leaving in 2011, he responded with a simple "I don't understand why people wouldn't come back to this place." He was

responded with a simple *"I don't understand why people wouldn't come back to this place."* He was particularly impressed with the story of Meharry's humble beginnings and thought back to the famous salt wagon story. *"The real players in the story is the black family who helped Samuel Meharry free his wagon."* They were presumably former slaves, but *"we don't know their names - without them there would be no us."* He expressed that just as that black family was lost in anonymity, this parallels with how Meharry is sometimes viewed. Although Meharry is small, to some unknown and without much recognition, the school has undoubtedly changed the face of medicine.

*"We can do things and make an impact that few other institutions can have because of our history,"* he said.

Dr. Hildreth prides himself on being visible while on campus and states that he enjoys interacting with the students and faculty. He mentioned that being around students who have a spirit of service and an abundance of energy has made him into a proud "Chief Cheerleader of Meharry," a self-coined title. *"I get to touch the future by training*

*students,"* he said. In fact, every Wednesday the President chooses a spot on campus at random to explore and immerse himself in. Students have reported seeing him in their respective labs, classrooms, or just grabbing some coffee at Metz Café.

It was on one of those Wednesdays that he was disheartened upon entering a classroom to find that only about 18 students out of the 105 enrollees present in class. As a result, he deemed it necessary to implement mandatory class attendance. Dr. Hildreth says that he did not do this to punish students, but to help them become better healthcare professionals. *"When people encounter Meharry trained students there should be no question that the student is competent and confident in all those things they were trained to do."* He urges students to be engaged and receive the best education that is offered to them.

However, Dr. Hildreth realizes that there is much work to be done not only with the students, but with faculty and staff alike. *"We can't wait for others to solve the problems we have for us, we have to solve them ourselves, there are downfalls*

*in the system, but there is hope."* Throughout all of his achievements, awards and accolades, Dr. Hildreth remains humble and relatable. He attributes that to his relationship with God. *"My humility is an amazing form of arrogance,"* he began. *"I understand that my destiny is in the hands of God so why should I worry about trying to impress others when God is the one controlling my destiny? I can be much more effective for people to see what I am doing rather than hear the words I say."*

Dr. Hildreth is overall very excited about the future of Meharry and says he is ready for the transformation. In 2026 Meharry will be celebrating its 150<sup>th</sup> birthday and he is confident that the school will meet all of its future goals, while still holding on to its core values. Dr. Hildreth knows that he is exactly where he is supposed to be and looks forward to serving the Meharry family.

*"One of the greatest blessings I received was my ability to be comfortable in my own skin,"* he said. *"I've never wanted to be anything other than who and what I am. Perhaps my whole life has been preparing me for this moment."*

# WHY MEHARRY MATTERS NOW MORE THAN EVER

Luther Adair II, M.D., '06

Originally discussed at the Las Vegas Meharry Medical College Alumni Fall chapter meeting on October 10, 2015

1. THE STRUGGLE TO PRODUCE DOCTORS OF COLOR REMAINS
2. PRESERVATION OF A LEGACY OF LEADERSHIP IN SERVICE TO UNDERSERVED COMMUNITIES
3. THERE ARE MORE CHOICES THAN EVER NOW
4. OPPORTUNITY TO REACH WITHIN OUR POOL OF RESOURCES

**NUMBER 1.** The struggle to produce more doctors of color remains at many crossroads: teaching institutions such as Meharry Medical College, Morehouse School of Medicine, and Howard University College of Medicine are in prime positions to nurture community-based partnerships in order to address the shortage of underrepresented minorities in the health professions. According to the Bayer corporation in 2010, the top three reasons for minority underrepresentation in the sciences are lack of quality science and math programs in poor school districts, persistent stereotypes that minority students can't cut it, and financial issues related to the cost of education. Furthermore, as of 2006 when I graduated from medical school, underrepresented minorities made up just 6% of all physicians and 5% of dentists.

**NUMBER 2.** The second reason centers around the preservation of a legacy of leadership in service to underserved communities. The legacy of African American leaders and principles continues to be questioned or marginalized. These things are especially hurtful to the future generations who will grow up without role models that resemble them. The problems faced by underserved populations remain constant while the definition of what constitutes a minority becomes nebulous. In every city that my wife and I have lived, this population is clear. And while it doesn't always look the same or even speak the same language, the challenge is binding.

Whether it's "Aloha!" on the West side of Honolulu, "Hola!" in East Las Vegas, or "What's up!" in North Las Vegas, our connection with someone in these communities or communities with similar patterns is almost certain. To know that the color of one's skin predisposes them to certain disease processes and healthcare risks is both a threat to good science and to the United States as a world leader.

**NUMBER 3.** There are more choices than ever as the world is flat. Demographics are changing in cities quicker than ever, which also provides unique opportunities for some of our students. While the world remains flat, it is not time to dilute our product but to invigorate it with more cultured and achieved participants. Meharry Medical College committed to this very principle by placing Dr. James Hildreth at the helm as president of the College this past spring. Hildreth, who is attributed with groundbreaking research in HIV prevention, is not enough. We need 130 more James Hildreth's each year between the graduating classes of dental and medical schools.

**NUMBER 4.** Reaching within our pool of resources becomes an opportunity for us to restore faith in ourselves. The funny thing is that with the three reasons I just mentioned, minority communities, particularly the African American community, aren't always in agreement about the strength of its resources. However, having a consolidated group of resources that you can count on is a huge help in the real world. This is the talented tenth restoring faith in itself.

Now is not the time to become inert, as if you are not in the game, you or someone you love will become a casualty of it. Let's support our beloved alma mater as institutional level commitments are needed in this fight and this is where it all starts.

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# BRINGING COMPUTATIONAL THINKING TO MEHARRY

**Bassam Zahid, MS-II**

In the history of electronic hardware, there is a generally accepted term called Moore's Law that notes that the number of transistors in devices tends to double about every two years. This type of exponential growth is the reason why your cell phone has more processing power than the Apollo space missions that NASA sent to the moon! Nowhere is this law more apparent than in the medical industry, where technological advances has put our cell phones on the cusp of being accepted medical devices.

If Meharrians are to ensure successful careers amidst the rapid and incessant evolution of healthcare, the practice of computational thinking should be internalized and implemented. It is this thought process that will allow us to solve problems with innovative solutions and design efficient healthcare systems. We will be able to understand and respond to the needs of our patients better than ever before and, as a result, deliver exponential growth to Meharry in the 21st century.

The term "computational thinking" was coined by Jeannette M. Wing in 2006, who was then a computer

scientist at Carnegie Mellon University (and now Corporate Vice President of Microsoft Research). She explained it as a thought process used by computer scientists. In any field using humans, computers or a combination of both, problems can be solved with this methodology. Do you have an idea for the next great start up? Do you want to improve the organizational workflow in your department? Computational thinking can help you organize your ideas and prepare them for execution. If you are a scientist, this should come naturally because of the similarity between computational thinking and the scientific method.

In essence, computational thinking can be boiled down to a four-step process of decomposition, pattern-recognition, abstraction, and algorithmic design. Decomposition refers to breaking down a problem into constituent parts and then continuing the process until one is working to solve the simplest problems. Eventually the many different solutions can be brought together to solve bigger problems. Pattern-recognition is looking for the trends, regularities, and patterns in the parts at different levels of decomposition. Abstraction

is the ability to generalize a pattern through a rule, equation, or law. Finally algorithm design is the development of step-by-step instructions to solving this or similar problems.

Let's hammer this idea home with an example. So let's say we wanted to start by addressing the decreasing number of patients at Nashville General Hospital. Starting with decomposition, we can start to break down all of the systematic inefficiencies to smaller parts. One that comes to mind is the outdated website, which is a marketing and customer service nightmare. The next question is to ask how do we bring a modern and organized interface in order to attract first-time visitors. We can continue to break this problem down to smaller parts as far as we want to go. How should each department be represented? What information should be available for each physician? Some of the most successful companies in the world will become so engrossed in the process that they will have meetings to discuss seemingly inane details like what colors, fonts, and sizes would best represent the organization to the world. But they are successful because of the attention to detail.

The next step is to start searching for patterns or trends in the different parts of the decomposition. One place we can start is by looking at the different websites of hospitals in the area: Vanderbilt Medical Center, TriStar Centennial, and St. Thomas. What are the similarities and differences between these websites? The underlying goal is to think about what are the best features our competitors have to offer. Which websites make the most effective use of pictures? Are the websites responsive, that is, does it resize to fit the screen of a mobile device? Is a search bar for easy navigation easily accessible? How much information or lack thereof exists under each department listing? One of the hardest parts of a job interview for some people is selling their strong points. The website of Nashville General Hospital is an interview of sorts. Is it doing everything it can to win over the interviewer?

Once we have discerned the overarching patterns, we can start to abstract general rules for our programmers to follow. For example, every page on the website should be responsive. The website should also have easy navigation and an abundance of pic-

tures of smiling patients and medical staff. The most common health concerns of Nashville General patients, like cardiovascular disease and obstetrics, should perhaps be accessible with one click from the home page. Another general rule can be that every department should have a complete list of physician names and pictures. Patients want to see who is going to take care of them. There is already enough mystery in medicine.

The solution can finally be implemented in algorithm design. While computer programmers might develop an actual algorithm in code, non-programmers can easily participate in the process by writing step by step instructions of what they expect to see in various iterations of the website. These instructions can be written or drawn so that the programmer understands the expectations clearly. The advantage of this type of process is that it saves time and money. The website development team does not have to be creative. They just need to follow instructions written by the nonprogrammers.

The most beautiful aspect of computational thinking is how easily it can be applied to a variety of

disciplines. These days, everyone has a million-dollar idea. Computational thinking is just one way to move in productive steps from abstract concept to concrete reality. You do not have to be a computer programmer to use it. But it will allow you to communicate your ideas effectively to one. And if we start embracing 21st century technological principles here at Meharry, then who knows? Perhaps the next great app or telemedicine service for underserved medicine will be born on a small campus just north of Charlotte Ave. It could even be your idea.

# BIOMEDICAL RESEARCH: A SERVICE OR A COMMODITY?

Carla Gibbs, MS-I

Biomedical Research contributes to a large portion of the United States health care services in the form of medical products, pharmaceuticals and other innovations.<sup>1</sup> The United States gross domestic profit largely favors the health care industry in the United States by 17.1% in 2013.<sup>2</sup> In other words, the economic value placed on goods and services in the health care sector in the United States is of extreme importance and it doesn't take long to figure out why.

If we look to our current and past milestones, the United States has made innumerate advances in the field of biomedical research in efforts to prolong lives and alleviate suffering from diseases. Including contributions from African Americans right here at Meharry Medical College, from Dr. James Hildreth and his research team developing potential creams to block HIV infection to an unsung hero of the North Nashville community, Dr. Matthew Walker Sr, one of the first African American surgeons to become a fellow of the American College of Surgeons.

However, in some cases, research has been used as a vehicle for poor decisions including the devastating yet economic boosting institution of slavery in our country.

According to the book, *Breathing Race into the Machine: The Surprising Career of the Spirometer from Plantation to Genetics*<sup>4</sup>, by Lundy Braun, we can learn about the questionable history of the device used to measure lung capacity and gain insight on how its results falsely concluded that African Americans had lower lung capacity. Subsequently, she reveals that researchers used that data as justification for the continuation of slavery on some southern plantations. Braun's book states that "at the end of the Civil War, a large study of racial difference employing the spirometer appeared to confirm the finding, which was then applied to argue that slaves were unfit for free-

dom". Sadly, this is only one example of many, which show the impact that research can have on society.

According to one National Academy of Science Report featuring *Insuring America's Health: Principles and Recommendations*, "Although America leads the world in spending on health care, it is the only wealthy, industrialized nation that does not ensure that all citizens have coverage."<sup>5</sup> The report, which provides numerous supports from research, focused on the lack of health care coverage in the U.S. and also provided noteworthy resolutions, goes on to state "providing coverage to everyone would almost certainly be greater than the additional cost of providing health care."

Naturally, these issues of "costs versus care" are at the forefront of the impending political elections of all candidates, with resolutions spanning from repealing the affordable care act, increasing funding to NIH, to the ever-popular lowering costs of insurance coverage's.<sup>6</sup>

While spending continues to increase, may we pause for a moment to consider, what role does the budding biomedical researcher have in influencing this labyrinth of what we know as the American health care sector?

Well according to the NIH, whose current slogan is, "Turning Discovery Into Health", there are a myriad of research topics that researchers can apply to have grant funding. And regardless of which researcher one converses with, there is no doubt a consensus that competition exists when applying for and obtaining funding. However, how can one decide where to begin in the process of developing an ethical project to meet the needs of our society? Well I first suggest determining a moral imperative by answering: Is biomedical research a service or a commodity? By Merriam-Webster definition, a commodity is an

economic good. By contrast, a service is a contribution to the welfare of others. With this in mind, I believe, we can bypass ever questioning if our work will benefit others.

In reality, we have more power to enact changes in society than we know, and it starts with that very first hypothesis we make.

I want to remind everyone that researchers are heavily governed and unable to make choices and decisions that may further their goals. As a result, if we are not utilizing the leaders in and around us by voicing our concerns, as the experts in scientific knowledge, then social norms of the past will continue to persist.

At Meharry Medical College our mission clearly states, we exist to improve the health and health care of minority and underserved communities. I urge our community to be reminded of this mission as we set out to accomplish our own personal goals within the realm of biomedical research.

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# THERE'S AN APP FOR THAT (AND IT'S FREE): HEALTHY APP REVIEW

Tamera Means, M.D., '15



As physicians in training, one of the treatment plans/phrases we learn to use is “lifestyle changes.” Obviously, if our patients are able to exercise more frequently, eat healthier, decrease their stress levels, and quit smoking, they can dramatically improve their overall health—and not to mention, we would find our workload substantially reduced. However, as student doctors, we rarely practice what we preach. I’m sure all of us can recall at least one incident when we decided to skip our exercise routine, grab some fast food on the way home, or forego time for relaxing. Let’s face it: medical school is hard. With this busy lifestyle it is easy to feel like there is no time to take care of oneself. We often forget that our own mental and physical healths are just as important as our patients’. So instead of completely ignoring our own well-being, here are a few of the top free apps (available on most electronic devices) designed to help fit health improvement into even the busiest lifestyles.

## MENTAL HEALTH

### *Calm*

Calm is perfect for people interested in lowering stress through meditation. This app provides both guided and silent meditation. For those new to meditation, this app provides an introductory program, which teaches you the basics of meditation and how to incorporate it into your daily lives. It also has meditation sessions as short as 10, 5, or 2 minutes. Come on, who doesn’t have two minutes?!

### *Simple Yoga*

This app is perfect for those new to yoga because it has a “dumb it down” option! The dumb it down option comes with a personal trainer who demonstrates a yoga pose and provides instructions on how to perform the move. It’s a perfect introduction to yoga without all the awkwardness of getting lost during a class. For those who already know how to do most yoga poses, the app allows you to turn off the instruction mode so you can just follow along with the instructor.

## NUTRITION

### *MyFitness Pal*

MyFitness Pal is the king of calorie tracking—like the swiss army knife of healthy apps. It keeps track of your calories, nutrition, water intake, goals, etc. However its ability to sync with other apps is what puts it on this top app list. For instance, it can sync with several exercise apps such as Run Keeper or Pacer Pedometer. This way you can make sure you get credit for the calories you burn off. MyFitness pal is also useful for recording meals because it stores your recipes. So after you make an entry the first time, you won’t have to enter the items again.

### *Shopwell*

Shopwell is a convenient nutritional app to use at the grocery store. It basically takes all the food’s information off the nutritional label and grades the product on nutritional value. I like it because I can search a food item or just scan the barcode and Shopwell brings up the product’s nutritional score plus more healthy options. For example, if I type in Oreos, Shopwell brings up the nutrition score for these and several other cookie alternatives that are healthier than Oreos, but similar in taste.

## PHYSICAL

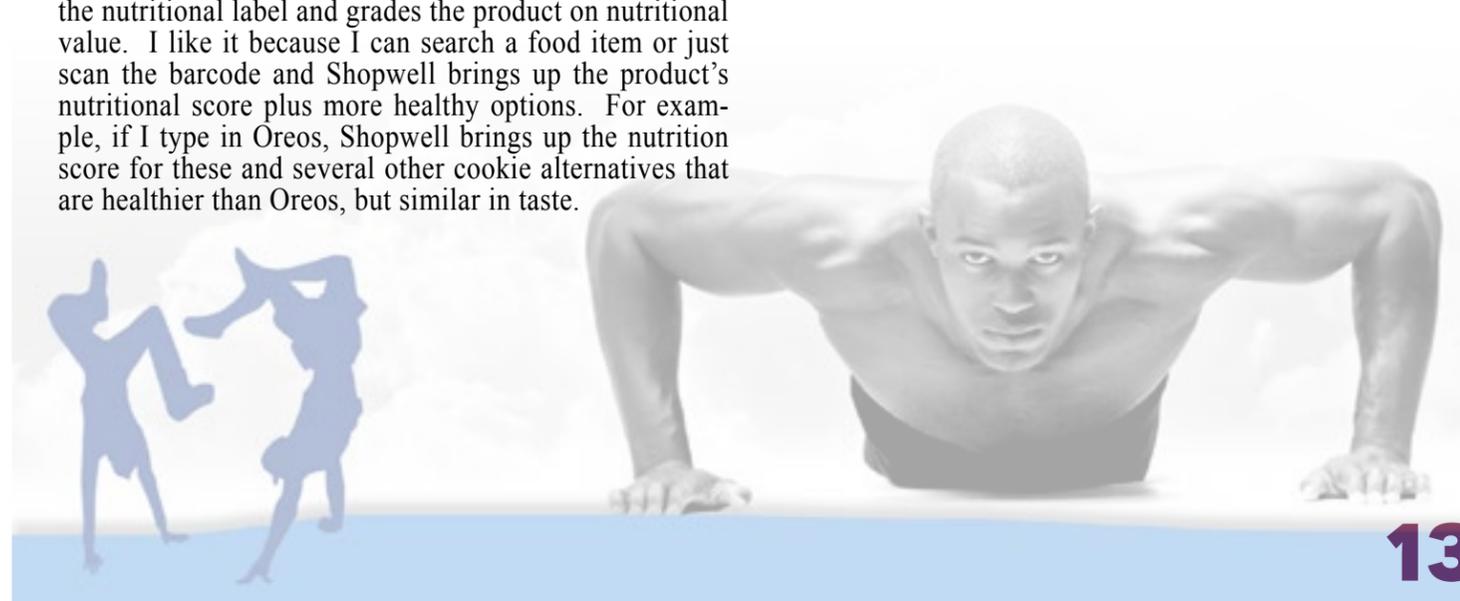
### *Workout Trainer by Skimble*

Workout trainer is an app that provides workouts based on free virtual personal trainers, step by step audio instructions, and allows you to track and share your workout progress! I love it because it has a large variety of workouts—from heavy cardio, strength training, yoga to dance. The navigation system is extremely easy and can be filtered by muscle group, difficulty, or time limits.

### *Pacer*

For those not into workout classes, Pacer is a pedometer that tracks your steps, weight, calories, and blood pressure. You can also create plans to help you reach your goals or join one of their pre-made plans. For instance, the app has a great “Weight loss plan” which allows you to put in a target weight and creates a plan to help you get there. You can also join groups who are working towards similar goals. Plus it syncs with MyFitness Pal so tracking your calories just became a lot easier.

In conclusion, for those wishing to practice more of what they preach, there are several free apps to get you jump-started. Although there are multiple apps with many of the same functions and purposes, any free app should appeal immediately to students! It doesn’t hurt to try them out. If they work for you, they might just work for your patients too.



# DISSECTION

Joy Inneh, MS-I

Midnight. My lab partner and I stepped away from the body after a two hour dissection sprint. Our group was behind on dissections, so there had been very little talking – just working around each other. While he held up intestines pulling away at mesentery, I was in the body wall, freeing a kidney from its fatty prison, our gloves slick with formaldehyde and emulsified fat. Other groups had gone nearly 40 minutes ago, but we had barely noticed, so engrossed we were in our ritualistic cutting, pulling and probing. At the end of our work, a little heap of fat and fascia sat on our cadaver's thigh. With a sigh, my lab partner began to clean it up and I sat down on the nearest chair, finally noticing the pain in my feet.

There is something about the gross lab that exhausts you – and anyone in my class will attest to that. But this was going to be the last time I came in for dissection work. The next time I would come to the gross lab would be for tutoring or for the mock practical – to learn, to consume. But never again to dig. Never again to discover. I'd been telling people all week that I'd be bittersweet about it. My classmates scrunched their faces up at the thought. Who in their right mind would actually miss the gross lab?

Who could miss the choking smell of formaldehyde? The white lab coats that would never come clean again? The slipperiness of every surface in the entire lab? There was the stench that clung to your fingernails even after you had washed your hands twice over. Petty accidents like one of your lab partners accidentally flicking fat onto your face. Weekend nights spent pulling fascia. The fear and disappointment when one of your classmates pulled out an important "taggable" structure. It is nothing to be missed. Yet, I still feel annoyingly emotional about it.

"You gonna move?" my partner asked me, holding up one of the swinging metal lids. But I told him to wait. "Let's just look at it."

So we did.

We had done good work in the abdomen – our best work actually. Probably because the structures were larger and our clumsy hands had less of a chance of really messing up anything. Or maybe because we have just gotten better. Our probes and scalpels were no longer foreign metal tools in our hands but precise projections.

I remember the first day we opened the bag to meet the body we would become intimately acquainted with. I remember how my whole lab group had shirked away from

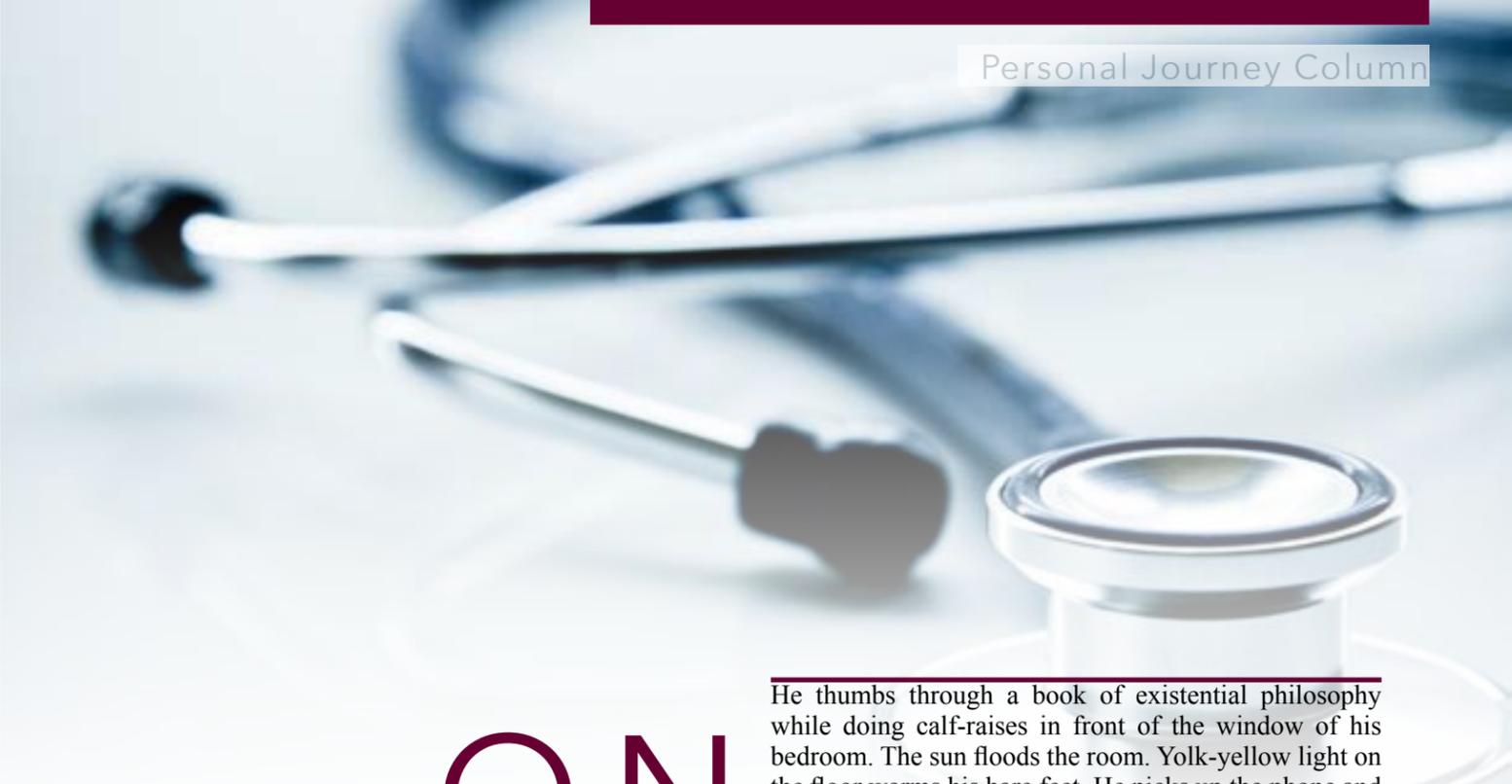
the table because there was a human body lying there – a whole human. I remember how none of us wanted to touch the body. I called my mom after, a little sick, because it was my first time dealing with human death.

I remember my uneasiness but I also remember my first cut. I remember the first time we were finally able to distinguish a nerve from an artery. I remember our excitement when we first looked upon the beginnings of the brachial plexus, carefully plucked out of the armpit like a jewel out of the mud. And there other moments like that too – admiring the white intertwining tendons of the forearm, the large carotids in the neck. Amazed at the fine muscles of the face, the lifting up of the rib cage to get into the thorax, the great winding wanderer, the vagus nerve shooting its way down into the abdomen, and the uncovering of the heart from its pericardial sac. We had taken what was once a human being and stripped it down to its core to see what was inside. Or, as Dr. Jackson would say, to admire the work of "The Committee Upstairs."

I wonder now, when did the change come? When did the body on the table become a cadaver? And when did my classmates and I go from bright-eyed MAPS students to hardened and weary medical students? One of our professors had said to us that their job was to strip us down, to dissect out of us the stuff that would make us Meharry physicians. But, unlike the cadavers in the gross lab, we can be built back up again.

Perhaps I'm bittersweet because the end of our gross lab course marks another change in us. Another milestone. An objective crossed off the list. I haven't even finished a full semester of my medical education, but the person I was at the beginning is a far cry from the person I am now. This person is a little more sure-footed, more forgiving of her mistakes, can memorize and integrate more information more quickly and drinks more coffee than the daily recommended intake. The work is demanding, but the rewards are tangible and equal to the amount of effort put in. Just as we spend hours in the gross lab perfecting structures until they are clean and clear, we'll spend the same amount of hours perfecting ourselves, removing the hindrances and keeping the essentials.

My lab partner and I close the body up. Our work in the gross lab is done. There are showers and warm beds somewhere waiting for us. Tomorrow the marathon continues. We will rise in the morning and start studying for our block exams and our final practical. Dr. Jackson told us in the beginning of it all that it was a privilege to dissect the human body, and a privilege it has been.



# ON DAYS OFF

Chris Salib, MS-IV

He thumbs through a book of existential philosophy while doing calf-raises in front of the window of his bedroom. The sun floods the room. Yolk-yellow light on the floor warms his bare feet. He picks up the phone and calls his parents, makes sure they've done their morning walk. He asks them about their evening with friends, makes sure they have plans for the weekend. He kisses his wife awake in their sleep-tousled Saturday morning bed. She will make breakfast, he will take out the garbage and fix the loosened hinge on the mailbox.

In the afternoons he spends time at the park or outside a café downtown, with a notebook, people-watching, thinking of his patients that week. He daydreams, drifts in and out of himself. He loves his wife. He is reminded of Mrs J, Mrs K, Mr B and Mr Z when he sees an elderly couple sharing a cup of ice cream, walking down the busy city sidewalk. Everything is simple when there is no sickness.

He has dinner with friends. He and his wife have known the other couple for several years now. They laugh over tiny glass waxed candles. From time to time the others find him aloof, distant. He thinks about the fragility of life, how Mrs A's cancer went into remission and the brilliance of her smile when she had heard the news, and two months later, how her daughter came into his office with stone-colored eyes, moist and hollowed-out, telling him how she had died in a car accident.

Regimentation, check-ups, teaching, education, patients, patience, keeping life simple, enjoying the simplicity, being adventurous and yet not destructive; the balance is painstakingly endless. There is no rest, only more or less movement. He thinks, he thinks, he rests for the night and returns to work. They say he is too serious, that he needs to relax, to enjoy life, to forget about troubling thoughts. He smiles and agrees. Yes, he must. He gazes downward and proceeds to the next patient's room.

# TO BE KNOWN

**Whitney Stansbury, MS-IV**

It begins in November, usually. Senior medical students all over the United States begin interviewing for residency positions. Our flight paths cross one another--Seattle to Miami, Boston to California, then back home again. A visible mapping of our travels would form a thick net of interconnected wishes and hopes. We hope to land ourselves into top programs of our chosen specialties. We hope to remember all the details of dozens of programs, cramming in hotel rooms before interview day. We hope to have the crispest suits and sharpest shoes. We hope for recognition. We hope to stand out. We hope to make an impression.

But where does the enjoyment and learning end and the simply performing begin? When do we stop tap dancing and start being who we are as future physicians? The question sits atop my cerebrum uncomfortably, because I've worked so hard...to go to residency and to work harder, of course! Well, no, that's not quite it. I've had to stop and remind myself of my origins. I didn't come to medical school to be impressive. I came to learn how to be a healer. And I imagine that it's not much different than you. So how has the drive to be impressive shaped this interviewing season of my life? The true question is one that a wise man asked me once: "Do I want to be impressive, or do I want to be known?"

Residency interviewing season is not the time to tell people what they want to hear. It's more akin to dating.

You take the program out for a drink or for coffee and chat about what truly matters to you both, spilling out the contents of your longing hearts. Okay, perhaps it's more like speed dating, but, still, this is a time for honesty about what matters to you. Becoming chameleons, compromising one's true self to impress a program director in hopes of climbing the ranking charts is a regrettable act that lands students into programs that prove unsuitable and incompatible with their aspirations. Kinda like marrying a person under false pretense. Friends! This is a time to travel the United States, to have fun, and most importantly to be true to ourselves. This is a time to be known and to get to know others.

But, in reality, how frightening is that? To be known instead of to be impressive is no feat for the faint of heart. We've also been striving to be impressive for almost eight years of our lives, and for many of us, longer, throwing up walls to hide behind for self-preservation. I will speak for myself when I say that performing continually is an exhausting journey--striving to do someone else's best instead of my own. But that's okay. There is time to take on the challenge of being who we truly are. I am confident that the challenges will prove to be a small sacrifice for the 3, 5, or 7 year marriage to whichever program you match. So from classrooms in our early years to private practices as seasoned physicians, let us all be courageous. Let us be ourselves. Let us be known.

# ISAAC

**Raymond McDermott, MS-III**

Lonely is driving through the city  
with the window down  
Too late for dinner with friends, too early for the club  
Lonely is voice mail and unanswered text messages  
Lonely is much needed me time  
that you fill with whatever you can find  
gossip, BET, Jersey Shore, prayer, and affirmations  
to distract you

Scientifically matter is defined as anything  
having or consisting of mass  
Force or weight equals mass times acceleration  
Lonely is tangible, lonely is heavy, lonely has mass  
lonely is matter; so by default  
loneliness matters

It causes thoughts to race uncontrollably  
thoughts of inadequacy  
thoughts that question the need for being here  
Thoughts accelerated

Weight equals mass times acceleration  
Lonely equals mass, thought equals acceleration  
The two multiplied together produce weight

Being lonely is a weight unto oneself  
a heavy load to bare alone

"Come to me, all you who are weary and burdened,  
and I will give you rest.  
For my yoke is easy and my burden is light."

*the color you were wearing when  
we first met wasn't quite purple  
but neither was it blue  
(i remember because your  
eyes are the color of the  
cloudless sky that summer)  
...perhaps it was violet.  
i knew a violet once.  
she was pretty.  
but this poem is for you,  
cloudless eyes,  
not violet.*

# NOT VIOLET

**Nathanael Smith, MS-III**

# DAYDREAM

**Laeia Jackson, MS-III**

---

This is the beginning  
The rich land of kings and queens  
Of pyramids and dynasties  
And fertility, prosperity, eternity  
In our eyes and in our blood is golden  
A lineage that runs through the ages  
This was our land  
Tell us about their lineage  
Long, everlasting, and enduring

This is the middle  
Things have had time to get complicated  
Our legs and hands are tied  
And the sound of the whip  
The crack against our back drips gold  
A cold gold into the ground  
That we chose to call our home  
And sweat that tilled the soil  
Diamonds in the hot summer sun  
Tell us about our lineage  
We run with barking at our backs  
From the crack of the whip and a gun  
Tell us about our lineage  
But our race has just begun  
Every eye is turned north  
The source of every dream  
The reason that we cry  
The reason why we bleed

And this is the end  
The end that never comes  
A silence that speaks of dreams  
The burning cross in your front yard  
The end of a looped rope hanging from a tree  
Here the stage is littered with bodies  
The price of freedom paid  
This is our land, our blood is in it  
The destination that we cannot help imagining  
The beginning of the end,  
But only the beginning

# YOU ARE THE BEST

**Erin Smith, MS-III**

---

You are the BEST?  
She said with a smirk  
As she prepared herself to hit the dirt

The best of you is of others' invention!  
It spewed from her lips  
Like unfiltered venom

You think you're so smart  
But your brain is a weakling  
With knowledge borrowed from the pages of Wiki

A great taste in music  
Of which you are so proud  
Comes straight from that iPhone, from Siri,  
the Cloud!

That humor and wit  
Has others rolling to and fro  
Would they laugh at all if they too watched  
the Late Show?

Everyone says  
You are a human compass  
But where would you be without GPS?

Completely informed political views?  
How informed must you be  
To simply disagree with FOX News?

From what I recall  
Your sculpted physique  
Is the product of photoshop and printer ink

I say one thing of yours is truly the best  
You lie and you cheat  
To bamboozle the rest

Congrats on your achievement!  
You've won this round  
You're also the best at pushing me out.

# THE TRUTH

**Sara Nelson, MS-III**

---

Let me tell you why I love him:

(Singing)  
"Cause he is the truth, and he is so real,  
and I love the way that he makes me feel"

The truth  
Not a fairy tale reality, but pretty brown eyes of affection  
and integrity, an integrity so true that I will  
follow him, down the deepest, darkest and the most un-  
charted pathways of love, life and lust  
I trust

In him the design of our relationship, as he brick and mor-  
tar lays a foundation that won't be swayed by  
earthquakes, hurricanes or waves nor bosses, friends or kids  
I believe in him

See in order for him to be the The Truth, there had to be  
trust and with trust comes believing  
Believing that

(Singing)  
"The truth it needs no proof, either it is or it isn't"

And it is  
Because faith told me and she ain't the average girlfriend  
throwing salt 'cause his life is bland, you see  
faith believes in things longed for and unseen  
so I carry his dreams!  
And not like a burden to be laid at the alter, but an ethereal  
cloud  
resting upon my shoulders  
I vacation in the cortex his mind just be embraced by him  
I reside in the corpuscles of his feet just to be carried with  
him  
I eat, sleep and live in this man's organs just to be sur-  
rounded by him

(Singing)  
"You know the truth by the way it feels"

A feeling  
A feeling that paints my soul with joy, that translates into a  
smile, a smile so commonly formed from ear  
to ear just to let the world see my hearts truest reflection of  
him

(Singing)  
"And if I am a reflection of him, then I must be fly, because  
his light it shines so bright, I would lie"  
I wonder if he knows that he is...  
The Truth



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