

# Wellness Weekly

## UPCOMING EVENTS:

### SEPTEMBER 19TH

NOON

WALKING

WEDNESDAY!

### OCTOBER 9TH

SLEEP &

RELAXATION

12:15-1:00

### OCTOBER 29TH

MINDFULNESS

12:15-12:30

M206

### NOVEMBER 5TH

ART THERAPY NIGHT

VTC CAFÉ

5:30-7:30 PM

### NOVEMBER 12TH

MINDFULNESS

12:15-12:30

M206

### DECEMBER 6TH

HOKIE WINTER

EXTRAVAGANZA

VTC CAFÉ

1:00-5:00

PUPPIES & PIZZA

5:00-7:00 PM

## Moroccan Sweet Potato Lentil Soup

(slow cooker recipe)

### Ingredients:

- 1 lb sweet potatoes, peeled & cubed
- 1 cup carrots, chopped
- 1 cup onions, chopped
- 1 cup celery, chopped
- 1 red bell pepper, diced
- 6 cloves garlic, minced & pressed
- 1 1/2 cups green or brown lentils
- 1 1/2 tsp coriander
- 1 1/2 tsp cumin
- 1 tsp curry powder
- 1/2 tsp smoked paprika
- 1/2 tsp ground cinnamon
- 1/2 tsp turmeric
- 1/8 tsp ground nutmeg
- 6-7 cups low sodium broth (vegetable or chicken)
- 2 1/2 cups baby spinach, chopped
- 1/4 cup lemon juice or wedges for serving

### Directions:

1. Place the sweet potatoes, carrots, onions, celery, red bell pepper, garlic, lentils, spices, and 6 cups of broth into a slow cooker. Cover and cook on low for 6-8 hours or on high for 4-6 hours. Check lentils (older lentils take longer to cook).
2. Place half of the soup into a blender along with additional broth (approx. 1/2 cup) and blend. Add puree to the slow cooker. Stir in the baby spinach and lemon juice. Cover the slow cooker, unplug it, and allow the ingredients to blend for 30 minutes.
3. Season as desired. Serve warm. The soup goes well with Greek yogurt & pita bread.



[For Reference & Recipe click here](#)

# Wellness Weekly Fall Hot Topic Series

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## See One Do One Teach All

by Jeff Henry, Class of 2020

The prospect of facing a lengthened educational path in order to pursue a career in medicine is something I contemplated quite heavily when I changed my major from Accounting to Psychology/Neuroscience during the second semester or my junior year in college. As I began taking classes year-round to complete my pre-med requirements during winter and summer holidays, it quickly became evident that not only would my time in the classroom increase but the material I was studying was more complex and at times difficult, and thus my time spent studying would increase as well. I realized that in order to achieve success I needed to develop a passion for learning.

The idea of succeeding as a physician by becoming a life-long learner has shaped the way medical students are selected for admission and has influenced the design of medical school curriculums especially at a program like VTCSOM. This is for obvious good reasons. The field of biomedical science is ever evolving and in order to provide the most effective care to your patients it is important to remain updated with the current trends and practices in your respective fields. However, as I have grown through my medical education it has become clear to me that in order to deliver *truly* effective healthcare learning is only half the equation.

As a pre-clinical medical student at VTC, your basic sciences courses are lumped into a core domain and you no longer have separate, subject-specific classes with their respective textbooks – you simply have basic science lectures and access to a myriad of resources. While all of the mandated learning objectives are covered in class, most of these lectures are optional and you are free to explore many different textbooks and resources in order to find the combination that best suits your learning-style. In fact, this process of adjusting to a different structure of education forces you to learn more about yourself and develop a better understanding of how you can best absorb and retain information.

In your small PBL groups you are given the opportunity to work with your classmates to create learning objectives and, to an extent, you take charge and direct your learning in order to solve complex cases. Learning how to play an active role in your education is an important skill to develop and will serve you well as a physician. After selecting your learning objective, you leave your PBL group to research your topic and create a way to deliver the information back to your group. This is where the other half of truly effective healthcare comes in to play: teaching. Learning how to teach medicine begins as you learn to teach your peers in PBL.

In the classroom you will find that many of your lecturers are physicians who are also serving as your professors. When you finally reach the clinical-stage of your medical education you will be taught by residents who themselves are being taught by attendings. You will often hear the phrase, “see one, do one, teach one” especially on your procedure-heavy rotations. The idea is that you see a procedure, you practice it under supervision, and then you pass that knowledge down to the next generation of physicians. Doctors and doctors-in-training have become very good and teaching each other but I have noticed both personally and in practice that we tend to fall short in the education of our patients. Many of the patients we treat will have chronic medical conditions. They live with their disease every single day and they often have very little understanding of their current condition, its progression, and the reasoning behind our decisions when treating them.

We are tasked with the objective of understanding the disease process in order to alter its course and this requires a deep level of knowledge and expertise. However, while we are required to understand our patient’s diseases on a deeper level than them, I do not think there is much logic in overlooking any opportunity to bridge that gap as much as possible if having a positive and sustained impact on their health is our goal.

In order to work effectively and efficiently, physicians have developed a standard way of speaking and presenting information. One of the challenging tasks you will face as a first-year medical student is becoming fluent in “medical language”. You learn to establish a patient-friendly dialogue in order to gather a history and conduct a physical. You then learn to take that information and convert it into an ordered and succinct presentation, using all the appropriate medical terminology, in order to convey pertinent information to your team and reach a unified diagnosis. But as explained in Dr. Lisa Sanders’ book *Every Patient Tells a Story*, the story of illness can’t stop there. It is our job as physicians to translate the story back into the language and context of our patient’s life so they can have an understanding of their illness and how it incorporates into the larger story of their life.

The more we equip our patients with the means to better understand their illness, the more we increase their chances of being successful in carrying out our treatment plans. While our intentions are good, we should appreciate the added inconvenience we place on our patients when we ask them to incorporate a complex medical regimen into their already complicated life. Educating your patients and explaining how adherence or non-compliance affects their physiology and the pathophysiology of their disease may provide them with more motivation to work hard towards better health. Patient education is often neglected because the demands of our practice place us in an almost constant time-constraint. In order to overcome this challenge my suggestion is to practice ways of explaining medicine to different populations. Repeating and explaining the topics I studied to my partner at the end of the day was a great way for me to reinforce the information and confirm my understanding. Practicing ways to explain things to non-medical populations will keep you sharp and allow you to find strategies to deliver information quickly and effectively.

## Wellness Weekly Challenge

### It's Harvest Season!

It's harvest season and so consider heading out to one of the local farms to pick your own apples and/or shop for other local produce. The Local Harvest website offers a wide variety of options to visit. Check out the link below for locations around this region.

<https://www.localharvest.org/roanoke-va/u-pick>



### VTC Student Health Center

### Important Student Resource

Here's an important resource to add to your phone for quick reference:

VTC Health Science & Technology Campus  
(Roanoke Campus)  
Student Health Center  
3369 Colonial Avenue  
Student Health Hours 2:00-4:00 PM  
Monday - Friday  
Walk-ins or Appointments Welcome  
540-795-3278



### On-Going VTC Wellness Activities

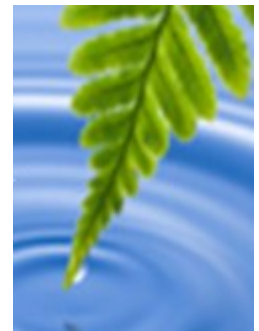
#### Walking Wednesdays

Every Wednesday at noon—group meets at the base of the Riverside 2 steps.



#### Mindfulness

October 29th, November 12th, and December 3rd  
12:15-12:30  
in M206  
with Laurie Seidel



**PLEASE FEEL WELCOME TO SUBMIT ARTICLES OR IDEAS TO ANY  
MEMBER OF THE WELLNESS ADVOCACY COMMITTEE.**

LINDSAY MAGUIRE - CLASS OF 2019

JEFF HENRY - CLASS OF 2020

AYESHA KAR - CLASS OF 2021

TBD - CLASS OF 2022

DR. JENNIFER SLUSHER, PHD, LPC

DR. ALLISON BOWERSOCK, PHD, CSCS, ACSM-EIM

EMILY M. HOLT FOERST, COMMITTEE CHAIR

**QUOTE OF THE WEEK:**

*“The fears we don’t face  
become our limits.”*

*- Robin Sharma*

IF YOU WOULD LIKE TO CONTRIBUTE TO OR COMMENT ABOUT THE WELLNESS WEEKLY,  
PLEASE EMAIL [EMILY HOLT FOERST](mailto:EMILY.HOLT.FOERST@VTCSOM.VT.EDU), OFFICE OF STUDENT AFFAIRS VTCSOM.

**TO SEND A “WEEKLY SHOUT OUT” MESSAGE,**

**EMAIL EMILY HOLT FOERST AT [EMILY\\_10@VT.EDU](mailto:EMILY_10@VT.EDU)**