

CALM

Chapman Art and Literary Magazine

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CHAPMAN ART AND LITERARY MAGAZINE

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LETTER FROM THE EDITORS

Medicine is more than biology and chemistry alone. There is an art to medicine. Comprehending lab values and the pathophysiology of disease isn't enough when what the patient needs most is someone to hold their hand. Medicine is an art that incorporates empathy, communication, compassion, and understanding between a patient and physician.

The medical humanities are an avenue by which we may further express the art of medicine. They provide an outlet for those experiencing the processes of disease and healing, thus benefiting both patients and physicians. When we see a work, we are catching a glimpse of what it might be like to step into another's shoes and share in their experience. In this way, the medical humanities promote empathy. Empathy then gives way to grace, humanity, healing, and tolerance among its participants. The medical humanities allow us to feel the suffering, joy, wonder, victories, and losses of others and show us that we are not, in fact, alone.

The medical humanities allow us to see deeper into the heart of healthcare. They allow patients to see the love their physicians have for them, and to remember that they are human too. They allow physicians to further understand the experience of their patients from a first-hand account. The medical humanities are essential to maintaining humanism in the fast-paced world of medicine.

We created the *Chapman Art and Literary Magazine* as an outlet for the UF Health Community to express themselves and their experiences through creative works. The themes *Connection through Healing*, *Strength in Adversity*, and *Beauty in Discovery* were chosen because they represent the included works and emphasize the humanism of the pieces within. We hope that this journal provides you with hope, light, and the comfort of knowing that you are not alone in whatever you may be facing.

Warmly,
Catie, Amber, Hansol, & Ari





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This magazine contains both fictional pieces and pieces that were based around genuine experiences of the authors. All pieces based on genuine experiences with patients have had personal identifiers altered to protect the patient's identities.

Restoration & Hope

Hansol Kang

Fourth Year Medical Student

HEALING THROUGH CONNECTION



In Chains

AJ Winer, Third Year Medical Student

Gram-positive cocci in chains.
The only chains I had seen in school.
Two years sheltered to study rooms, naiveté a forte.
Full of health and opportunity, expected to empathize with the contrary.

Year three, embarking on the real world.
No longer shielded by screens and textbooks.
They now move and exist, can be touched, smelled, felt.
They have jobs, families, stories – they are more.
No longer merely absorbing information, but experience and understanding.
To go out to the real world - the next great teachers, physicians, and leaders.

But how could I understand.
“*Prisoner*” was how you were introduced.
Before even your name or your terminal diagnosis.
I was uneasy – there was never a lesson on this.
And why should there be?
Just another patient, but *in chains*.

Cachectic.
Cuffs, beside hospital band, beside poking ribs.
Withered hands, chained to legs, chained to bed.
Officer at bedside, observing you, observing me.
I introduced myself devotedly - you looked off apathetically - wishing, hoping, waiting?
I worked to establish rapport, find commonalities, to understand – how could I?
“*Are you in any pain?*” “*No.*” “*Are your wrists sore?*” “*Yes.*”
Why even ask, I wondered. What could I do?
Still, you politely thank me, look out the window at the outside air you could not feel.
I move your chains to listen to your heart.
Clink - Metal against metal, my stethoscope hit a link.
“*My apologies.*” He understood what I really meant.
Chained to his fate: death – hastened by metastatic cancer – alone in shackles.
I wondered for him what was worst.

Finish rounds, my notes – return to my dorm unfettered.
I look at my wrists, ankles; I exhale to rid the soreness I feel for you.
I toss and turn, restless, unable to ignore.
Each morning the same *hello*, question, *clink*, question, *goodbye* – between, I try to ask about your life.
A son, husband, father, brother – *you are more* – I want you to know that.

One day you became hypernatremic. No one knew why. “*Mets to the brain?*” “*Diabetes insipidus?*”
More simply, you could not reach to drink your bedside water, and none of us saw nor thought of that.
I sat at bedside, watching closely as you gulped water from the grey jug in my free hands.
Your silver eyes, silver beard, silver cuffs – bound to exist, not live.
In that moment, I knew not your past choices, nor did I care.
I hoped meekly you felt free of judgment – I hoped you could trust me.

Your sodium improved, your wrist soreness did not.
You developed an infection and we caught it, fortunately – *at least we did something.*
Culture results came back: *gram-positive cocci in chains.*
We treated you, freed you of infection.
But there you lay.
Awaiting return to prison, just another patient, *in chains.*



Aceso
Maclean Bassett
PhD Student

Threads

Catie Elko, Fourth Year Medical Student

Woven together in a tapestry of
Goodness and sorrow
Understanding and wonder

The bonds that connect us are
Formed and unformed
They grow with us
Change with us

Ties are made
With a glance
In the sound of silence
Over years of enduring presence
With the holding of hands
And the holding of pain
Knitted with tears
Laced with laughter

They look like
Delicate strings swimming between fingers
Thick ropes fastening souls
A sister sleeping in the bedside armchair

They feel like
Being pulled in tug of war
A ship anchored close to home
The drop of your stomach at the sound of bad news

They catch us when we fall
Or at least soften the blow
A sturdy web
Cat's cradle
Safety net
Exactly what we didn't know we needed

What an honor it is to know
And be known
And to feel the pull of threads



Strength in My Arms

Kirsten Freeman, MD, Cardiovascular Surgery

With every ounce of my being,
I push on your chest.
Your heart was in my hands,
Your soul in my head.
You trusted me with your life,
I looked you in the eye.
Your family is in tears,
Your face swirling in my brain.
I have strength in my arms,
But do you have motion in your heart?
Please don't go,
I don't know how to face the world.
Please don't go,
You must have more left to do.
Please don't go.

Paisanos

Kate Hitchcock, MD, Radiation Oncology

“Oh, hello, Doctor! My goodness, you got a girlfriend? I would love to have you meet my daughter.”

Jonathan’s patient was in the mid-fifties, bottle blonde, meticulously made up. Her t-shirt was filled to overflowing with a cross on a bed of flowers in gentle pastels. She dug in her sedan-sized purse for he knew not what, but he thought he’d better derail this before she found it.

Smiling, he said, “A little too late for that, I’m already faithfully married. Thank you.” Her expression fell and he realized he’d failed to get the smile all the way up to his eyes. Funny, after so much practice.

Later a patient and his wife described their recent trip to Campeche. “We like to get out into the real culture but the resorts are so nice. No planning! Our kids loved it. Do you and your wife . . . Oh, sorry, are you married? Kids?”

Suppressing a sigh, Jonathan replied, “Yes, married. No kids yet, but soon, we hope. Thank you for the advice, I’m sure we’d love it.”

“Oh, your wife will love the shopping, too!” The man patted his wife’s knee and they smiled at each other, memories dancing in their eyes.

Jonathan smiled gently with them. “I hope you had lots of sunscreen for all that beautiful Mexican sunshine.”

He asked his medical assistant to chaperone for his last patient of the day.

“Does she really need to be in here?” the man asked with an incredulous bark of affronted laughter.

“Yes, I use a chaperone for all patient exams like this.”

“I get that when you have some woman up in the stirrups, but in case you ain’t noticed, I’m a guy.” Behind

him, Kyesha rolled her eyes. Jonathan bit the corner of his mouth.

“Mr. Carlson, if you’re not comfortable with the arrangement I can certainly set you up with someone else. I’m sorry but I’m not willing to compromise on this. Or Ms. Brown can observe from the head of the table.”

“Fine. Let’s just get it over with.”

He walked home, coaxing his mind to lay down its cargo of pent-up emotion. The June sunshine dappled through lush stories of mature canopy over sidewalks root-heaved with oak and maple and ash. Sleepy bees hummed in gardens tucked behind tidy, aged homes. He tried to let the primal smells of loam and freshly laid mulch sluice away his discontent.

He stopped to get the mail, dropped 90% of it into the recycling bin tucked behind one porch pillar, and paused at the welcome-red door before turning the weathered knob and stepping into semi-darkness bestowed by shade trees planted by his great-grandfather. Laying down the useful mail he turned the corner and was met by warm brown eyes over a smile that was pure joy. And he was whole again.

After dinner they lounged on the couch with a documentary about manufacturing bicycles. He couldn’t hang on to the thread of the narration.

“Babe, what’s up?” Too perceptive by half. As always.

“I dunno,” said Jonathan. “I just . . . had one of those days where my name plate should read ‘Square Peg, M.D.’”

“Anybody I need to kick in the nuts?”

“No, nothing like that,” he laughed, leaning to kiss a fragrant cheek, lingering.

“Hey now, no changing the subject. I want to hear.”

He tried. But how to describe the death by a thousand paper cuts? Ten thousand sparrow pecks? Each one a mote but the weight of them together nearly choking him.

“I wonder if it’s time to leave. Michelle said they have an opening in her practice. I know it’s not perfect in the city but maybe I wouldn’t have to weigh every single word. I’m just so tired”

“Sweetheart, I hear you. I’m sure there are places where you could be more yourself. But at what cost? Away from here you’d be like a ship blown sideways. How long until you’d break up on the cliffs?”

Jonathan sighed, running a hand through his hair. “Why couldn’t I have been born somewhere that would accept me? Hell, tolerate me? Great-grandad would have thrown me out on my ear.”

“First off, you don’t know that. If so, his loss. Also, I don’t see him here. Ok, I just crept myself out there a little.” They laughed. “Let’s get the Curry-Cruzes over this weekend for dinner. You always feel better after that. Recharge the batteries.”

“Thank you, you’re right. You always know just what to say.”

“I’m a little soft on you, in case you hadn’t noticed.”

“I did.”

He saw his new patient walking back into the clinic from the restroom. Ninety-one-year-old bladders were fickle. Practiced use of quad cane, festinating gait. A surprisingly bold vector toward Room 8, though. He’d be tempted to use “spry” in his note. As Jonathan entered, Mr. Fenizia laboriously drew himself up from his just-achieved sit.

Continued on page 14



Roots
Hansol Kang
Fourth Year Medical Student

“Doctor!” he smiled. “What an honor to meet you. I recognize you from your sharp picture on the website. Summa cum laude, Sir, your parents must be so proud!”

Jonathan smiled politely, tamping down sadness. His father hadn’t called him in 4 years.

“Mr. Fenizia, I’m so glad you found our webpage. I also read about my doctors online.” He didn’t voice his surprise at a nonagenarian doing so.

They settled into the routine of an experienced patient and doctor sorting the medical situation. To a question about walking endurance, the reply came, “When we walked in the protest last month, I’m guessing we made a slow mile. You should’ve seen it, Doc, the police officers were so kind to us, even when the young guys got a little carried away and yelled some things they shouldn’t have. I decided that was a good time to use my white privilege to smooth some ruffled feathers, and those officers were so lovely about it.”

Off-kilter Jonathan asked, “A protest? Mr. Fenizia, what . . . I mean, that’s wonderful . . .”

“Oh yes, sir. These young guys in Black Lives Matter are incredible. The young people are so smart these days and they support each other on the Internet. It’s a beautiful thing to see. Really, though, until you and me march, and march hard, nothing’s gonna change. Us white folks gotta get in there and fix this disease in our society. Pardon me for talking out of turn if you don’t agree, Doc, but I want you to consider coming to our next march if you aren’t on duty in the hospital.”

Forever afterward Jonathan would wonder what possessed him, why he risked losing his job and casting his little family of 2 out on uncertain waters. It was as if he were nothing but a passenger in that light-headed moment. He pulled out his phone and swiped to the most recent picture of the two halves of his soul, grinning into the lens past his own outstretched arm. He paused for the barest of seconds, then rolled his stool over.

“This is my husband Musa. He was born in Nigeria but moved here when he was 2. He’s an accountant. We’re marching this year, too. I kind of held back before because I wasn’t sure how people would take us, but it has been incredible. We were at your march last month.” Panic crept in and he bit down on more words.

“Oh my goodness.”

Jonathan’s trepidation, spiraling up like a hobby rocket on an imprudently large motor, evaporated when his patient wiped away a tear.

“Sorry, sorry. I don’t mean to get soppy on ya. There’s something here that reminds me so much of my Millie. We were married 56 years before the cancer took her. Not one hour passes that I don’t think of her. God grant we see each other soon. You look just like that with him. Is it true?”

Overcome, Jonathan nodded.

“Well then, I think you and I need to make a date.” Jonathan smiled, startled. “Yeah, a date. The three of us are gonna march in the Pride parade, next week Saturday. You two strapping young guys can help me out if it’s too long. Then we’re gonna go have a real meal at my grandson’s restaurant down on 4th street. You like Italian, don’t you?”

“We love Italian. We’re pretty fond of Italians, too,” he said, grinning.

“Well that’s real good. ‘Cause you’re gonna have more of both than you know what to do with. We gotta pour some love on you and your brothers and sisters, and nobody knows how to talk love better than the Paisanos, let me tell you!”

Suddenly Jonathan completely believed that to be true.

What Time Permits

Mindy Le, Second Year Medical Student

I feel the heavy weight of his eyes on my
curved shoulders and clear my throat.
I wish to tell him to continue
but can only accept his halted
breath when I say I wish I had more time.

We let the clock tick forward and I ask the next
question. I do not remember what it was.
I only remember the narrowing of his gaze,
his focus shifting from trust to recall.

New eyes watch over me,
sharp and distrusting, urging me to perfect
the art in this performance. I feel none in this room.

I was told to be done by now.
I was told to be quicker.
I match his discomfort with mine.

His eyes meet mine as I place my pen down
and roll the weight from my body onto the floor.

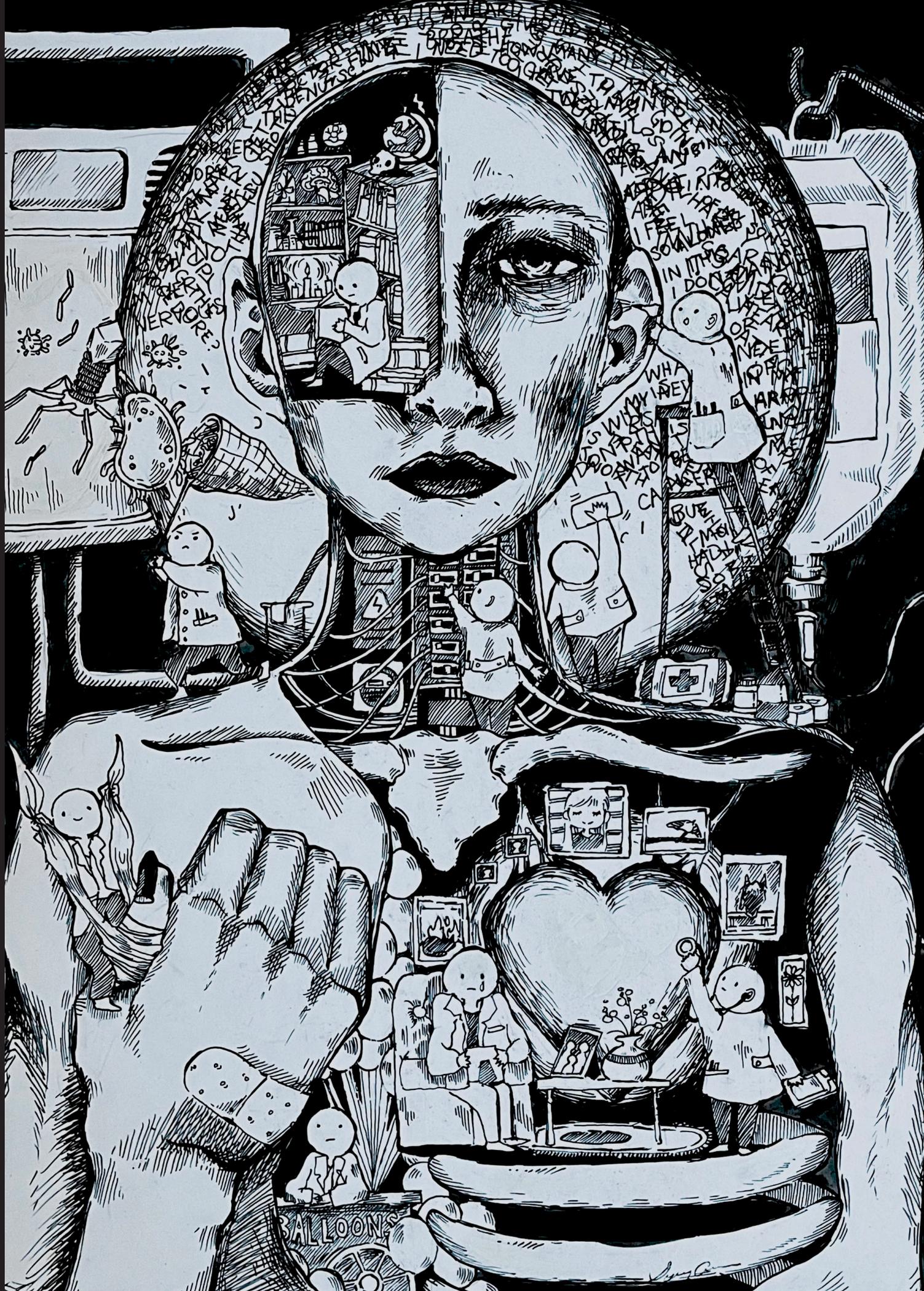
I ask him to continue, to tell me why
he kept the roses after she left.
He teaches me about loss.
I cannot write this down, so I carry it inside me.
The clock continues to tick but it teaches me nothing.

What he sees in me I will never know.
I can only remember the way his eyes turned to mine.

Humanistic Care

*Jaimie Bryan
Third Year Medical Student*





Healing the Heart of Healthcare

Chris Goldstein, MD and Heidi Goldstein, MD, Anesthesiology

Humanity. Myself.

Patients are Human. I am human.

They are in need of humanity. I also need humanity.

Humanity is at the heart of healthcare. I am at the heart of healthcare.

Compassion, kindness, dignity, excellence. Empathy, support, respect, equity.

Solace, understanding, integrity, rest, safety. Allowing myself to be human, to receive.

Humanity is what we need to get better. Humanity is strength and resilience.

Healing means receiving. Healing means serving.

Strengthening. Caring for.

Myself. Humanity.

BEST ARTWORK AWARD WINNER

It's Kind of Like

*Sydney Cabana
First Year Medical Student*

Again, Next Saturday

In Honor of R, his Beloved Wife, and Family

AJ Winer, Third Year Medical Student

A pit of nerves in my stomach before we met.
A frigid Friday in Florida; the sun's yellow warmth shone on me.
Orange polo and khakis, pacing to my red car, driving to the ALF where you and your wife lived.
I got lost, mispronounced your surname at security, and wondered what else I would botch.

My year before medical school, I began to volunteer with hospice as an aspiring oncologist.
I wished to comfort those in the most uncomfortable setting – green, naive, eager.
Prior to meeting you, for five months, I spent Friday mornings at the bedside of patients actively dying.
Gravely white, cold walls surrounded each patient as they mustered final, fleeting breaths.
I felt helpless, tried making a difference, holding pale hands in final moments when a family could not.
Blue, rudderless, useless – each shift I left wondering if I helped.
I heard about home visits: volunteers were assigned a patient and would meet them weekly.
A soft, sweet voice answered my call – I spoke with your wife and overheard you ask who was calling.
Next Saturday, we would meet.

I knocked on your front door – “come in!”
The weather channel on, brown blinds cracked, dusted black and white family portraits.
You sat: tall, frail, sunken in a recliner, yet full of life with a grand smile.
You wanted to go for a walk outside – this would become our routine.
Your wife showed me how to help you from your chair to your walker – “nose over toes.”
Slowly, out of breath, leaning on your walker, shaking arms with purple patches – “take your time.”
To the toilet, then to your walking clothes, and finally to assemble your Swiss-army walker:
Tissue box, snacks, extra sunscreen, a grabber-reacher – you triple-checked that we had it all.
“Let's boogie!”

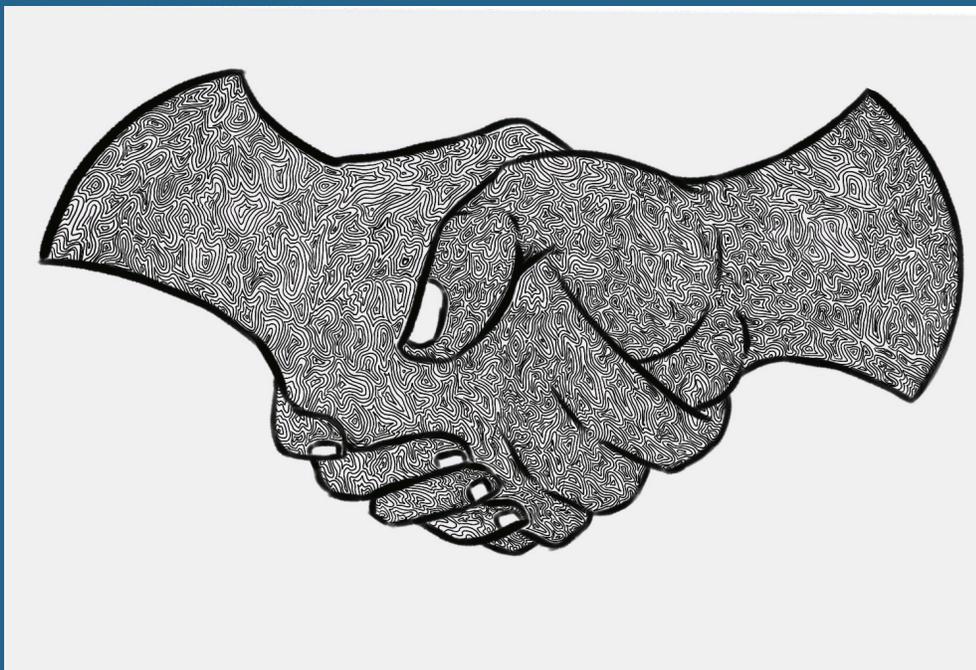
We began our first walk – 10 steps in, we turned around – we forgot your sweater.
Embarking again, we slowly shuffled by the navy pond to the gazebo.
We chatted in the shade about your life, how you met your wife, your daughters.
My face hurt from smiling as you lured in a family of ducks with wheat bread.
Once 2 o'clock hit, it was time to boogie for your late snack – “nose over toes.”
You had a shortcut back you were excited to show me.
Back to your living room, exhausted, but still sporting a smile – “again, next Saturday.”

This was our routine each Saturday for two months, until one day, it was not.
Your wife called on a Thursday morning – you had fallen, EMS had to help you up.
You were being kept at the hospice center for respite care.
I worriedly rushed over but was relieved to find you smiling, tired, with no major injuries.
We sat and talked like old times – you were excited to return home for us to walk again.
I saw you again Friday morning – you seemed more exhausted with only a weak smile – “I'm A-okay.”
Friday night, something didn't sit right – I drove back to see you and found you tired, but comfortable.
We chatted until you fell asleep – I said goodbye, uneasy, though unsure why.

The next morning, Saturday, I walked to your room – your wife and daughters solemnly greeted me.
“He just passed.”

Knees buckle, clear tears puddle on the floor, I try to hold it in – beige tree moss sways by the window.
Motionless, peaceful – encased by the warmth of family and loved ones – blocking the bleak white walls.
I hugged your family – “we never saw him as happy as he was the last two months.”
We all embraced again – I offered my condolences, went home thinking that was the end of our chapter.

A few weeks went by – I received an email from your wife about your funeral.
I felt uncomfortable – not family, only present for two months of your many years.
Another cool Florida morning – I drove to the cemetery, a winding gray gravel path, forgetting my blazer.
Deep in the forest green – walking to your grave, sun rays seeping through, your warmth shining on me.
During your eulogy, your wife thanked me for being the son you never had.
I only visited, walked, talked – I never thought things so simple could make such a difference.
I thanked you for your lessons, and I vowed to come back to visit – again, next Saturday.



What was initially used as a way to distract a patient from a procedure became a moment of much needed comfort.

Thumb War
Torie Livingston
Third Year Medical Student

Lessons

Caroline King, Third Year Medical Student

I was worried about seeing her face—
What expression she would have,
If she'd resemble someone I love.

Her face was covered—
Blue surgical towel, but her hands
Her hands folded gently over her body
Clasped like she was waiting patiently, peacefully.

They read us a letter before we started.
Words about her, for us, chosen by her family:
She loved to feed people -- homemade spaghetti & meatballs.

Her nails were painted a bright cherry red.
I don't remember learning this, but your hair keeps growing for a few days after you die.
The first lesson I ever learned from a cadaver is that your nails do, too.

I can tell by her hands that she was older.
Knobby knuckles covered by papery skin.
Each nail half perfectly-manicured, half completely bare.
Almost like rings on a tree, but reversed.

I don't know how she died -- they don't lead with that.
But a fresh manicure?

Maybe it was sudden
Maybe she had been preparing spaghetti & meatballs
For her granddaughter's graduation

Or maybe it was slow, chronic, clearly coming
Maybe she had been preparing to meet someone:
A maker, a loved one, maybe even us.

What else, I wonder,
Would she have wanted to teach us?
Besides the anatomy of a body
And the thing about the nails?

April 17th

*Matthew C. Johnson
Second Year Medical Student*



STRENGTH IN



ADVERSITY

Silence

Grant Banfill

Second Year Medical Student

An Unseen Border

Tammy Euliano, MD, Anesthesiology

“Please let me have the chest pain in 3,” I said. “I can’t take any more whiny kids today.”

Clare raised an eyebrow.

“You can have the next trauma.”

“Two traumas,” she said. “I can’t stand any more whiny parents.”

“Deal.”

She wrote my initials by Room 3. “Remind me why we chose Emergency Medicine?”

My sentiments exactly. One month into internship and boredom exceeded thrill by a large margin. We wanted to learn about emergencies but so far had been relegated to the easiest cases.

In Room 3, a large man lay on the gurney. His white dress shirt was partially unbuttoned and multi-colored ECG leads snaked through in all directions. His face appeared relaxed, but his eyes—far from it. A woman stood, holding his hand, concern etched in the lines of her care-worn face. Her red dress contrasted sharply with the institutional green walls and cabinets.

“Mr. Toten?” I said.

He nodded and gestured to the woman. “My wife.”

“I’m Dr. Jill Warren. Tell me what’s going on.” I typed my note as he spoke:

7/25/17 70-year-old black male presents with acute-onset angina during church.

The questions came mechanically, the answers expounded upon by his wife.

Until he stopped answering.

“Jared?” His wife grabbed his shoulders. His head lolled. I reached for his neck - no pulse. Alarms blared as the monitor traced an abnormally wide ECG.

The door flew open and staff ran in. “V-Tach,” I said. “Starting chest compressions.” His chest felt stiffer than training manikins. I probed my brain for the algorithm, but the next step remained just out of reach.

The wife’s anguished sobs faded as she was escorted from the room.

“Charge the defibrillator,” said Dr. McCall, the senior resident. “Epinephrine one-milligram.”

“Clear!” He held up the paddles, waiting for me to back away.

KA-THUNK. The patient’s chest jerked.

“Resume CPR,” Dr. McCall said.

As I did, I watched the ECG. First one blip, then another, normal sinus rhythm.

“Pulse check.”

I pressed two fingers to the patient’s neck and smiled.

Mr. Toten’s eyes opened, staring directly into mine, an enigmatic expression that filled my heart with lead.

“My wife—” Then his eyes rolled back and the alarms sounded again.

“V-Tach,” Dr. McCall said. “Resume chest compressions.” A nurse sprang to action in my place, my brain in slow motion...those eyes....

Another shock and the pulse returned. His lids fluttered open. “My wife...please.” And he was gone again.

“Let’s get her.” A hand on my shoulder steered me toward the door, but this was my first chance to intubate a real person. Then I saw the white coat, the white hair, the piercing blue eyes of understanding and censure in equal measure. I couldn’t argue with a senior attending, even one I’d never met. “Dr. Gravenstein” according to his lab coat worn over shirt and tie. “Mrs. Toten met you. You must tell her he is dying.”

“But he’s not—”

He shook his head.

In the waiting room, through a sea of suits and dresses, hers was the only red.

“Mrs. Toten, come with me, please.” I led her to a small room. “Your husband’s heart isn’t responding to treatment.”

“I want to see him.”

Dr. Gravenstein nodded from the doorway. “During a code?” I thought to myself. At his room, I slipped in alone first. “His wife is here.”

“Clear!”

The patient jerked with the clunk of the defibrillator.

“Bring her in,” Dr. McCall said.

She rushed to the bedside. The staff backed away.

“Tell the kids I love them,” Mr. Toten said softly.

She lifted his hand and kissed his palm with a tenderness too intimate for onlookers.

“Have the party,” he said. “Celebrate our life together.”

She sobbed. “I love you, always.”

The alarm blared, but the nurse silenced it and no one moved. Mr. Toten’s eyes drifted closed.

His wife caressed his face, kissed his cheeks, his lips, then rested her head on his chest and sobbed.

Why weren’t we shocking him, doing CPR, bringing him back?

“He wanted only to say goodbye.” Dr. Gravenstein nodded toward the couple that was a couple no longer, the staff filed from the room, a silent parade. We would reconvene in the conference room to debrief the events. I moved to follow, but Dr. Gravenstein stayed with me for a moment.

“The debrief—”

“Later.” He gestured to the scene.

We stood at a distance, silent observers. It felt intrusive. I needed to hear the discussion, to participate, to learn.

“Yes, you do,” he said.

I didn’t realize I had spoken aloud.

The sobs quieted. “Thank you, Jesus, for nearly fifty years with this wonderful man. Help us to understand why you took him home. And thank you for letting me say goodbye.”

Dr. Gravenstein nudged me forward. Mrs. Toten pulled me into an embrace. “Thank you. Thank you for bringing me in and for staying with me. You have given us a greater gift than you’ll ever know.” Dampness seeped onto my shoulder.

This woman had just lost her husband. We had failed to save him, and yet she was thanking me. Dampness seeped into my eyes.

“Saturday is our 50th Anniversary. He wants us to celebrate, and we will.” She took her husband’s hand again. “Can our family come in now?”

Dr. Gravenstein nodded. Dr. McCall had already shared the sad news. I brought them in. Hugs were exchanged through rivers of tears. When they began to pray, Dr. Gravenstein at last gestured to the door. He guided me to a room in a back corner of the ER. Unlabeled, I had assumed it was a maintenance closet. Instead it was a small office, windowless but cozy, with quotes stenciled on the walls. I would have read them, but tears blurred my vision.

“You made a difference today.”

“He died.” I choked back a sob, adding embarrassment to failure.

“Yes.” He offered me the handkerchief from his pocket.

“But so must we all.”

“I missed something, before he coded.”

“No, you didn’t. Preventing death is an imperfect goal.”

That made no sense. “We’re supposed to help people, to save lives.”

“Those are not always the same thing.” He pointed to a quote above the door, *primum non nocere*. First, do no harm.

“How can we know?”

“That, Dr. Warren, is why it is the practice of medicine. We bring to each patient the knowledge gained from all those before.”

So all the studying and memorizing and lectures and exams, those were only the beginning. I found that strangely comforting.

“Are you ready?” He asked.

I nodded.

In the conference room, the nurse stood and hugged me.

“Thank you for what you did.”

Shocked, I mumbled something incoherent and sat.

“She went out of her way to follow his last wish—to say good-bye to his wife.” She wiped her nose with a tissue.

“It was beautiful.”

“It wasn’t my idea, Dr. Gravenstein—” I stopped, disconcerted by the knowing glances exchanged across the table.

“Doesn’t matter,” Dr. McCall said. “You did the right thing at the right time.”

The assignment board had filled—abdominal pain, gunshot wound, head trauma. Clare’s initials claimed the latter. For reasons I could not explain, I chose the abdominal pain over the gunshot wound, and met the

“He pointed to a quote above the door, *primum non nocere*. First, do no harm.”

most interesting man. Jake tended horses on a ranch, a real-life cowboy. Then there was Emma, a six-year-old who liked to draw and play the piano, whose earache kept her up last night. And disheveled Jennifer, who at first denied the needle tracks in her arms. I snuck her into the call room for a shower while waiting for social services. Soccer-star Zach was explaining the illegal block that twisted his ankle when Clare called me from the room.

“I’ve had three traumas. There’s another coming in. You can have it.” Her generous words seemed more of a boast. “Thanks, but I’ll finish this one up.”

Continued on page 24

Her eyebrows knit together. “Too traumatized from the MI?”

I bristled at her label for Mr. Toten, one I would have used only that morning. “No...I’m fine.”

And I was. I rejoined Zach and learned more about soccer than any football-loving gal deserved to know.

That night I studied the ACLS protocols until they were burned in my brain. Still, I was restless. The events played over and over. I wrote a note to Dr. Gravenstein, thanking him for teaching me something I could never

learn in books.

In the morning I went to his office. When my knock went unanswered, I slipped the note under his door.

Later, I went by the office again. The door stood ajar. “Dr. Gravenstein?”

In place of his cozy office, rolls of paper products lined the left-hand wall. On the right, the wall was papered floor-to-ceiling with notes on stationery and cards and plain paper. My note was tacked on top. Above it hung a plaque:

In Memoriam

Dr. Joachim Gravenstein, 1925-2009

Physician, teacher, and mentor

This piece was chosen for the Gold Humanism Award because it most aligns with this year’s Gold Foundation theme: Healing the Heart of Healthcare: Reimagining How We Listen, Connect, and Collaborate.



Strain

*Christabel Thompson
Third Year Medical Student*



Together

*Grant Banfill
Second Year Medical Student*

M.D.

Jonathan Fakhry, Second Year Medical Student

I wear this pendant of healing and hope
A shimmery bell of silver and gold

My coat of white as a coat of arms
They tread *mire* and *dust* to heal their scars

To whom much is given much is required
They come to me, the weary and the tired

And with nothing more to me than the two initials I yearned
To *mire* and *dust*, I too will return.



Savior

Nita Chen, MD
Neurology

The Nightmare of Jonas Salk

Nickolas Davies, First Year Medical Student

0500.

It never feels good waking up this early. Especially after four days straight of working sixteen-hour shifts in the ICU. My brain hurts. Everything hurts. God, that alarm is annoying. Just a few more minutes.

0600.

Dammit!

I barely make it into the hospital by 0730. Thirty minutes late. Not that it matters, anyway. The night team is still here because two people are in the middle of coding. One is the lady that we just did a C-section on while she was on ECMO, a machine that keeps someone alive when their lungs stop working. She only lasted a few days after that. Her son won't have a mom now. The other is the 44-year-old firefighter. I think he got promoted right before COVID. I remember him talking to his daughter on FaceTime right before we had to intubate him. She just started college. Nursing. Good luck. We're used to death in the unit. Two years ago, families would come in and hold vigil by their loved ones. Say goodbye. Talk to the patient about memories, even if they were unconscious and on a ventilator. It felt both sad and natural at the same time. It was a process. This is different. So different. Our ICU is now just one of five COVID units in the hospital. They shut the operating rooms down; the recovery room has the non-COVID ICU patients now. People are still having heart attacks, strokes, traumas.

Asystole. The firefighter. God bless his family—and I don't even believe in God. Not anymore, at least. He may be somewhere, but he's not here.

There's no God here.

June walks out, defeated. She's one of my favorite nurses here. I've never seen anyone work so hard for her patients. I'm not even sure she's going home; she might be sleeping somewhere upstairs. Or her car. As she rips all the PPE off her body, she looks weak. Her face is red and swollen from wearing her respirator 16 hours a day, 6 days a week. She flops into a chair at the nurse's station and starts crying. She was the one holding the iPad for him when he was saying goodbye to his daughter a few days ago.

Asystole. The mom.

An hour later—two new patients in those rooms. It never stops.

I go in to admit the first one: a 34-year-old man with shortness of breath. His oxygen saturation is 88%. Chest X-ray looks bad. When I walk in, he is sitting straight up on the bed struggling to breathe. I must always yell when I'm talking with this damn PPE on. They still can't hear me. I think he says he is a construction worker. Not vaccinated. He didn't think he needed it. He thought COVID was a hoax. I wish he could have met the firefighter. Or the mom. I wish he could have seen what we've been trying to do for the last three weeks. I wish they all could have seen. He says he's scared. He has a 2-year-old daughter. Her name is Sophie. She likes unicorns.

Second one: a 55-year-old woman with similar symptoms. She got the vaccine in March. Maybe she has a chance. Maybe. Wait—she works here. She's an ER nurse. Damn. Our last ECMO machine just came free when the mom died. I hope it's

available if we need it for her. She was a good nurse. She baked me an apple pie once as a thank you for taking care of her elderly mother. She had her first grandchild last year. She beat me in fantasy football one year and didn't let me hear the end of it.

I walk out of her room and look down the hall back towards June. She's already back to work. I think she's doing another FaceTime with another patient we're about to intubate. He won't make it. So many more of them are dying now compared to last year. Dying alone. I catch June's eyes through all our PPE. It's not like she can see my face, nor I hers. I give an exhausted smile. Thank you, I think. She does the same. More to be done, her smile says. It's only 10 in the morning.

By 11, no one is actively dying, and I have a second to sit down and chart everything I did in the last 4 hours — and have lunch. It's a granola bar, probably all I'll have time to eat today. There's an email from James, our medical group's CEO. He's not a doctor. I think he worked for a private equity firm on Wall Street before coming here. They're cutting our pay by 50% until the Delta wave passes. The hospital is bleeding cash since they shut elective surgeries down. You've got to be kidding me. I hate that guy. I bet he still gets his bonus this year.

Medicine is the worst. Why did I do this again?

The phone rings. Right now, all I want to do is throw that phone out the window.

It's Beth, one of the OB anesthesiologists. She's amazing. Our

anesthesia team has been doing the emergency surgeries, covering labor and delivery, and then helping us staff the ICU. I always answer when Beth calls — she bailed me out of a bad airway once. Maybe twice. They just did an emergency C-section on a COVID patient and now the mom is hypoxic and unstable. They're rushing her up and we need to crash her onto our last ECMO machine. I feel bad for that ER nurse in the other room.

Lots of pregnant women are dying this time around, for some reason. Lots of orphans. We try hard for everyone, but we try even harder to save the moms.

Every day feels like a dream. Or a nightmare, rather. When I was in residency, people had confidence in the medical system — in physicians, nurses, and public health officials. Sure, there were your oddball folks in LA or New York City who thought vaccines would give their kid autism, but after some counseling in the pediatrician's office, we usually got past that. We've eradicated (or nearly eradicated) so many contagious diseases in just the last 75 years.

Polio.

Measles.

Whooping cough.

Kids don't even have to suffer through chicken pox anymore, like I did as a kid.

The scientific process never ends. I hate when I hear them say "follow the science" on TV, as if the science is some God that has delivered an ultimate answer to a problem. It's a process. When I was doing research as a medical student, we were wrong on a lot of hypotheses. We tested a

lot of drugs that didn't work. We published when experiments worked and when they didn't, and things would get a little bit clearer.

Different patients. Different situations. Different comorbid conditions. Different outcomes.

This process all happened within the scientific community and within peer-reviewed journals. Leading researchers would present their work at medical conferences and there would always be some guy in the audience who'd ask about the applicability to another situation. "We don't know yet. We'll keep testing." Promising drugs would come on the market. Drugs would get pulled from the market when we realized they were not safe. We physicians kept ourselves educated so that we were always recommending the best treatment to the patient in front of us at that given moment in time. I've spent so many of my vacation days going to meetings so that I could make sure I was always doing the right thing—the right thing for my patients.

For some reason, now that's happening in the open. On cable news. A study gets published saying some different drug worked on a small set of patients in a single site in Ohio—and for some reason, it's being litigated by national media and politicians. Another study shows that some people who were vaccinated still got sick, even though overall their chances of severe illness were reduced by 90%. Now some congressman is using it to argue that COVID is an overblown lie. So many talking heads argue at each other about what is or isn't reality. This is

insanity.

I had to get my kid vaccinated against seven different diseases to enroll him in public school—like millions of families across the country have done for decades.

Polio. Measles. Whooping cough. Chicken pox.

We stamped out all those diseases because we trusted that the American medical infrastructure was doing the best it could — without ideology. First, do no harm. We all took that oath.

But now? I have 32 people in my ICU, and 30 of them thought that the COVID vaccine was akin to totalitarianism. Two of them died within the last two hours. A few more will die by the time I make it home. Part of me feels like our country isn't going to make it. Every single public concern has been turned into an apocalyptic confrontation between two opposing ends of an ideological spectrum. Everything is good versus evil. Freedom versus authoritarianism. Left versus right. Even a vaccine. A goddamn vaccine. 1130.

Beth is here with that lady from downstairs. That was fast. Her skin is grayish blue. She looks bad. An hour later she's on ECMO. Two days from now she'll be dead.

Twelve hours later, June and I walk out to the employee parking lot together. It's nice to see each other's faces for the first time and feel the cool air over our red, blistered cheeks. "What are we going to do?" she says.

"About what?" I ask.

"This. Today. Yesterday. Tomorrow. It feels out of control," she replies.

I tell her that it'll end, eventually. Even the hottest, wildest, most uncontrolled forest fire will burn itself out. You try to contain it the best you can, but nature is relentless. All we can do is limit the damage. I put my hand on her shoulder. We're going to keep fighting the fire for as long as it burns. We're going to take care of the construction worker and the nurse. The new moms. The firefighters. The old. The young. The conservatives. The liberals. The people who think we're part of a

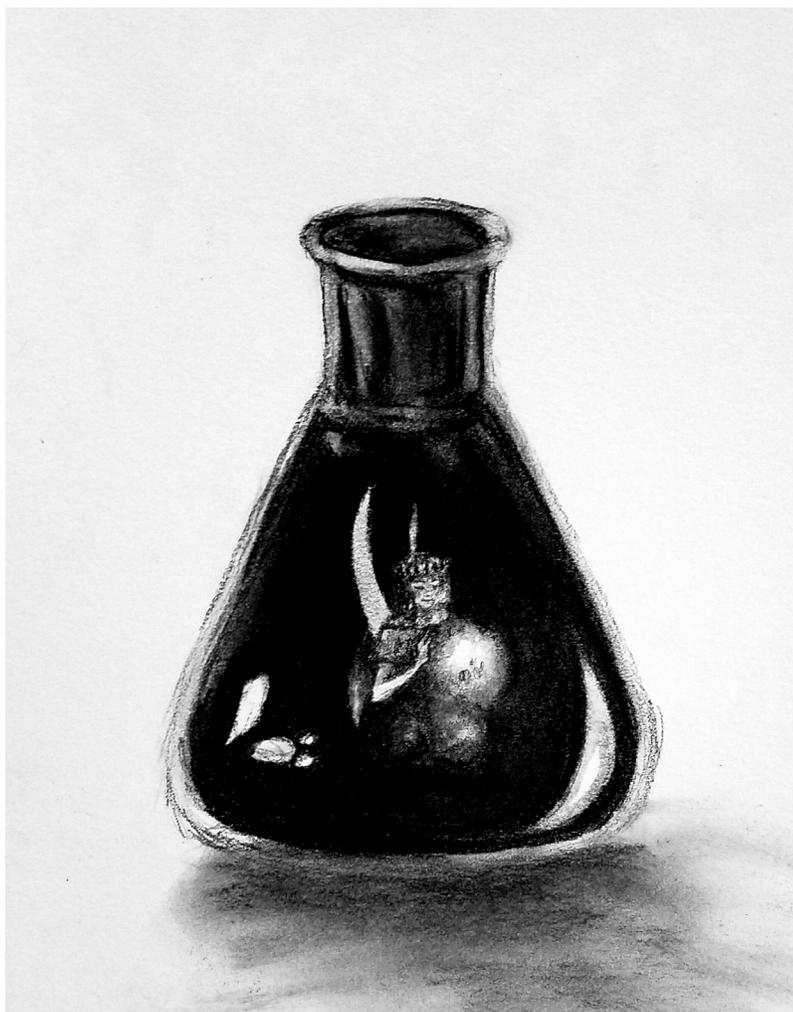
vast conspiracy and the people who want to grow up to be like us. We're going to take care of whoever comes through that door because they are human beings. Because they have families, children, parents, siblings, and friends that want nothing more than to be able to see them healthy again.

We part ways and head to our respective homes and families. She has an infant; I have a 4-year-old. We both haven't seen our kids much over the last few weeks, nor our

spouses. I sneak by my wife as she sleeps, and I head into the shower. Nothing feels better than a shower after 16 hours in gowns and gloves and respirator masks. I slither into bed, thinking about the mom from this morning. And her newborn son. And the firefighter. And his daughter. And the construction worker. And Sophie. And the ER nurse. And her apple pie.

0500.

I really hate that alarm.



Science

Holly Ryan
MD PhD Student



Memories Lost

*Arunima Vijay
First Year Medical Student*

If I could choose a voice to hear tonight,
Would your soft humming be with me again?
The mumbled sound of hymns in dim lamplight,
Your wrinkled palms holding my tiny hands.

Perhaps you'd share about your younger days,
Your gentle eyes-- they'd crinkle as you smile,
Our laughs lifting me from my tired haze,
The things I'd do to be with you awhile.

This house, these clothes, I'd give them all away,
To hear your voice recorded in my mind,
Repeatedly those sounds, they would be played,
Like secrets shared between just you and I.

I'm in the US, far from your country.
Endlessly separated we stay, in your memory.

Of Falling Leaves and New Beginnings

*Afsana Asharaf, MD
Pulmonary and Critical Care Fellow*

Who's Laughing Now?

Drew Fletcher, Second Year Medical Student

I look away

The needle pierces my vein
Nurse leaves the room
I feel tired and my eyes close
The sitcom laugh track wakes me up

Where's my apple juice?
I'm thirsty
I take a sip through my apple juice's tiny straw
It's just the slurping sound
I change the channel

The laugh track wakes me up
What time is it?
I take a sip of my apple juice
Still empty
My feet are sweaty and my hands are cold
Why is the blanket tucked in the bed so tightly?
I change the channel

I want to turn the TV off but that remote button is broken
Can someone stop that damn laugh track?
What are they laughing at anyway?
Don't they know that nothing is actually funny?
I wake up and change the channel
I ran out of channels and they're still laughing

I crawl out of bed
Wet foot on cold linoleum
And reach up
And click the power button on the TV

Peaceful silence

Who's laughing now?

I wake up and take a sip through my apple juice's tiny straw
It's just the slurping sound

Even my apple juice
empty and useless
Has the audacity
To laugh

Nurse returns with a new apple juice
Vengeful
I pierce its aluminum eye
Raging at its empty brother
Who so cruelly mocked me

I put my mouth around the plastic straw
And sip
Expecting disappointment
Yet there is a strange resistance as fluid rises
Peaceful silence
No laughter
Just sweetness

Nurse asks if I want the TV on
Yes please
Nurse leaves the room
I feel tired and my eyes close
The sitcom laugh track wakes me up
And I laugh along

Shedding a Light on How it Feels to be in a Dark Place

Hugh Nguyen, Second Year Medical Student

Unfortunately, these past several years have been ridden with some of my most severe and enduring periods of depression. It has rendered me unable to perform well academically and prevented me from even serving in the same capacity as I was used to. From the frustration of feeling trapped by my own hands to the moments where I cannot define what I feel at all, my experience with depression has inevitably shaped my motivation to promote awareness and prevention of mental illness.

Through this literary piece about my experience with mental illness, I want to break the stigma against mental illness, promote help-seeking behavior, and help others feel less isolated when they experience these heavy moments. When asked to describe feelings of joy, it is much easier to articulate how I feel. However, it is difficult to articulate my experience with sadness or anxiety because, for many years of my life, I did not have the language to express these emotions. Honest conversations about this area were not—and still are not—as common. Unfortunately, some people, like myself, found that their feelings of depression were only accepted with a few confidants, behind closed doors, or buried in self-deprecating humor that fails to show the gravity of how they may be feeling. As a result, I feel like many people who are not directly affected are out of touch from the realities of the mentally ill and those who fall prey to mental illness feel alone because they feel that no one around can understand. I hope to share my story about my mental health to help others seek the help that they may need and to truly acknowledge the negative feelings that they may be experiencing.

Although medical students are trained to recognize the signs of mental illness and encourage others, especially their patients, and to seek help, there are still physicians and medical students undergoing episodes of depression and anxiety, self-harming, and committing suicide at alarming rates. Moreover, according to the National Institute of Mental Health Disorders, one-fourth of people will experience some type of mental illness. There are more people than one realizes behind these closed doors, but it is as if the lights are off, and nobody is speaking. I aim to be the one who brings the conversation to light by sharing my story.

Around the end of my freshman year of high school, I began to experience more depressive episodes and ruminating

thoughts than the average person. At the time, I did not realize that these were depressive episodes, much less that they had a formal name. I did not seek help because I was uneducated about the realities of living with anxiety and depression. I felt like I was simply oversensitive. For example, when I first heard it from my girlfriend at the time: “Hugh, I think you have anxiety,” I met her statement with confusion, denial, and ultimately dismissed her concerns. To my family and some of my friends, anxiety was a heavily stigmatized term whose user should be treated as if they were parading a red flag. As the product of my own environment, even I turned away from this alien concept.

However, as I matured in college, met more people who went through similar struggles, and made my way to medical school, I began to normalize my experience and seek more treatment from the university’s Counseling and Wellness Center. Unfortunately, the mounting demands from these rigorous academic programs amplified my feelings of crippling anxiety and depression. During my first semester of medical school, I eventually received a diagnosis for major depressive disorder and generalized anxiety disorder. Although these conditions made life harder, I felt relieved that we identified the variables outside my control and seriously began treatment for what had been weighing me down for so long.

Being depressed and anxious felt like I was drowning in ANTS, or automatic negative thoughts. These thought patterns were also like ants because of how insidious and numerous they were. Hurtful judgments of what occurred in the past, worried predictions of catastrophic situations in the future, and irrational mantras carried me from the top of the mound to the depths of earth.

It was extremely difficult to transition through daily activities, even essential ones like studying for an exam, sleeping and eating on a regular basis, or performing basic hygiene. Because my grades fell and I never had the energy to take care of myself, it was easy for me to spiral deeper into my depression and become lost in the cycle of unsolvable anxiety. Even the things people said to alleviate my fears no longer worked because I was constantly irritable and felt misunderstood.

After I failed my third exam in a basic science course, I began to become more hopeless and resorted to calling the

local suicide hotline. Yet, the action of considering my own mortality shocked me back into reality. I consider myself fortunate. From that point on, it became progressively easier to prioritize my health and let go of the short-term goals of passing my exams. I eventually decided to take a medical leave of absence to allow myself time to seek treatment and develop better coping mechanisms.

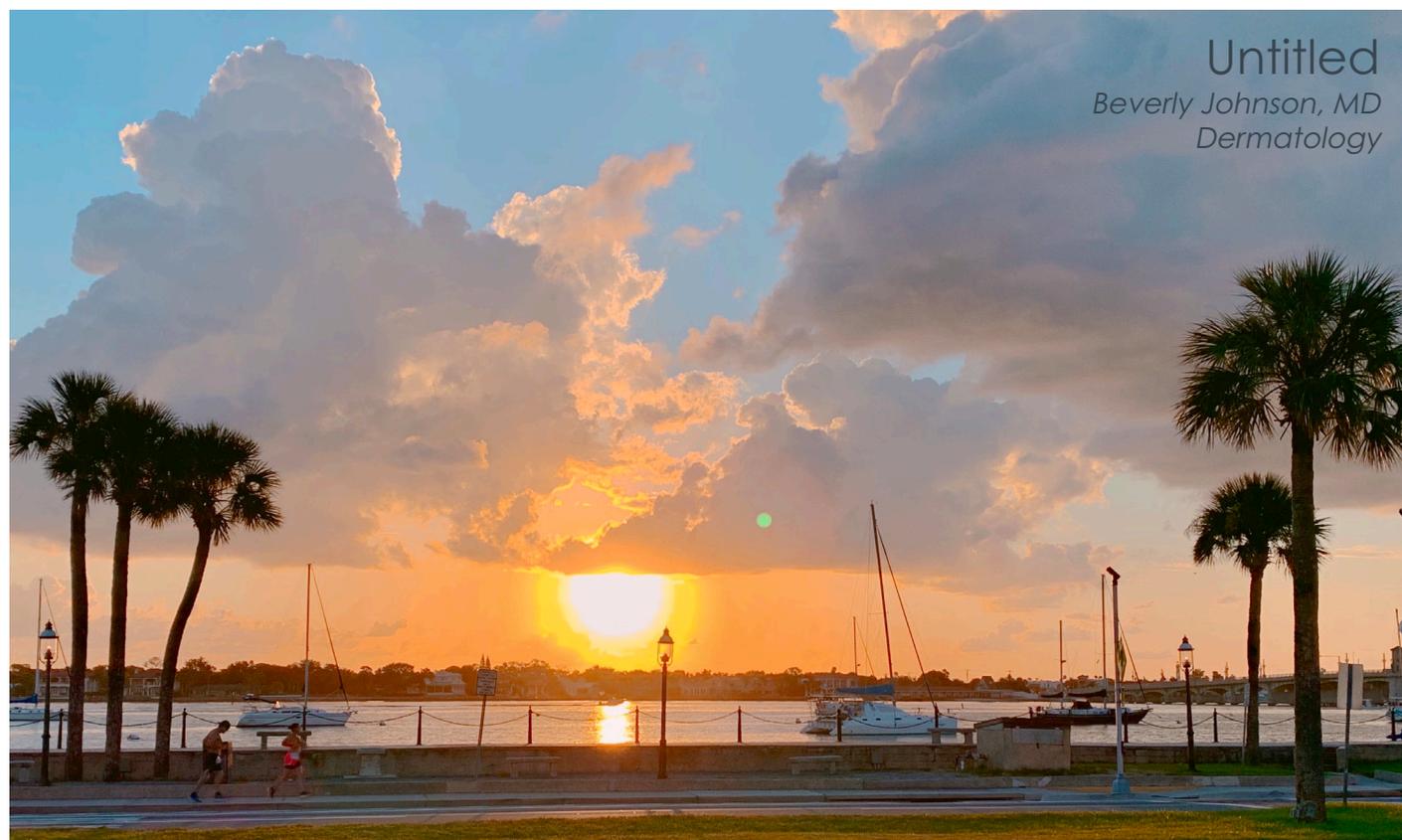
This time off in medical school was the turning point in my health. It may have seemed like it happened overnight, but it was gradual work whose progress still continues to this day. After seeking treatment from a team of multiple psychologists, a primary care physician, and a psychiatrist, I was able to develop healthier ways of thinking and more sustainable habits like proper sleep, daily pleasant activities, exercise, and mindfulness to ground me during stressful times. My friends and family were extremely supportive in financing my appointments, giving me the time to remind me that they are there to support me unconditionally, and counseling me through these difficult times. I was able to fall in love with cooking, mental health advocacy, develop a fitness routine, and spend more time with my dog and people that I care about.

I believe that it is important to integrate proper sleep, exercise, nutrition, and something to look forward to each day. I used to think that one had to burn the candle at both ends to be working hard enough. But I am now a big believer in the philosophy that “you can have your cake and eat it too.” In fact, I should have my cake and eat it too. In other words, it is non-negotiable for me to practice self-care and follow my wellness recovery action plan each day to be sure that I can prevent burn out, any exacerbations of my

mental health, and ultimately succeed in any endeavor. Following my return to medical school after about 6 months off, I was thankful to establish my new habits and live the well-rounded life that I had yearned for. Nevertheless, I have learned that the recovery process is far from linear, and I realized that I needed more time to develop these coping mechanisms. A few months ago, I decompressed my second year of medical school into two years to allow myself more time to learn the material and to develop the proper work life balance that is so vital for a sustainable career in medicine. With the extra time, I hope to hone in on the difficult lesson of prioritizing my health above my academic obligations by developing a more balanced self-care and study routine before becoming a full time medical student when I start my rotations.

Despite the setbacks I have faced, I consider it a victory each day to adhere to my self-care routine even when I am facing the pressure of my self-imposed, toxic expectations bred by the hustle culture that surrounded me growing up and the many responsibilities that come with medical school. Although there have been plenty of disappointing moments during my tumultuous path through medical training, looking at my reflection in the mirror and knowing that I was true to my intentions reassures me that I will ultimately graduate as a hopeful and healthy physician as opposed to a disillusioned and exhausted one.

After finding solace in hearing about so many other people’s experiences, I am confident that the meaning I gleaned from my own will translate to my medical practice, the parts of my life beyond my career, and hopefully to some of you reading this piece today.



Untitled
Beverly Johnson, MD
Dermatology

Moonrising

David E. Winchester, MD

Cardiology

THE MEDICINE I SAW:

Pranshu Bhardwaj, Third Year Medical Student

Young and curious
I flip channels to my favorite show
Either Scrubs or House
Peering into the TV like a window

A sneak peek of the life
I dream to one day live
Smart and confident
Hopefully saving someone's kid

I watch to seek guidance
What should I aspire to be?
And as I pour over episode after episode,
These are the "role models" that I see

Physicians performing modern-day miracles
In the background, a church choir sings
Their white coats billow behind them,
Like their very own angel's wings

Heroes that claw people back
From the cruel grasps of death

Incessantly continuing chest compressions
Until a human's last breath
Misunderstood geniuses,
Risk-taking surgeons
Too self-absorbed notice
Someone else's burdens

Avoiding patients
Too busy to lend an ear
Completely oblivious
To their crippling fear

No inkling of passion
No childlike wonder
Just dreams of fame and
Pockets to plunder

Grabbing a beer
They end a long day
They walk off screen
As their theme song plays

A quick knock and a warm hello
As I walk into the room
My excitement is palpable
But I'm more nervous than you'd assume

A child is huddled in the corner
Clearly scared to the core
Sniffling and crying, they look up
Clutching the teddy they adore

I smile and lower my chair
Consciously making myself small
"Don't worry", I assure them
"This won't hurt at all"

There are no lights or cameras
No directors or newsworthy stories
My goal is to just practice medicine
Like my mentors did before me

Compassionately navigating
Heartbreaking conversations
Offering sympathy and hope
To those in dire situations

Lending a hand to hold
As complete strangers pass on
Checking in with their loved ones
As dusk turns to dawn

Acknowledging and addressing
Every patient's emotions
Respectfully challenging
Their preconceived notions

Fighting the good fight
Against insurance firms
Always finding time
To explain things in layman's terms

An entire lifetime spent
Tirelessly seeking new knowledge
They are neck deep in debt
Not making six figures out of college

Missing soccer games and dance recitals
Day in and out they toll
Yet as they begin their long trek home
Not a single credit rolls

They're neither rich, nor famous
After all, this isn't Hollywood
What motivates them to push on?
The inherent need to do good

Today, these doctors are my heroes
All perfectly hidden gems
So every day I strive
To be a little more like them

THE MEDICINE I SEE:

Pranshu Bhardwaj, Third Year Medical Student

Sunset

*Eugene Rho, MD
Ophthalmology Resident*

AFTER THE BAKER ACT

Ashton Naumann, Third Year Medical Student

Looking at him, I knew the piper but not the disorganized song.
The melody breaking in front of me
like how a wave sinks into the sand.

How it must feel to be locked in a reality,
yet your autobiography, bound as fiction.
I have read and re-read to try to understand.
Like holding desperately onto water.

As he lays down the marker, a brand-new battery-charged blue Crayola,
lips curving upward in faint sparking recognition of a finished masterpiece
on an 8.5" x 11" white paper.
My tidal hopes rush up as he shows it to me--
His excitement and pride like a child's first show and tell,
mouth opening and stating matter-of-factly:
"It's in the sea the free the tree and then there's 3, 6, and 9 just like that. Mhmmm."
--and they sink into the sand.

I see your keen greyish-green eyes,
insisting on the purpose of the drawing.
And I wish for a Rosetta Stone to decipher the dopamine you speak through,
so that you could share the wonders you see
and all your past we never knew.
Because that drawing is on my fridge. Another on my nightstand.
while we sink into the sand.

I walked out of the community room back to the nursing station to start his morning note.
Sometime later, the floor nurse speaking straight ahead into the reinforced glass to no one--
or maybe to me because we were the only ones in the room. "Could you imagine what it's
like for him--no family, no children, and to be here...this long?" The truth was I couldn't.
He always held a familiar right-slanting grimace with his tongue slightly out-- even when he
was leaning back deep into his laugh after jokes we shared together that I'm not sure either
of us understood. But when I was a kid, my family knew Thioridazine too. The few other
things I know: he loves the sound of the banjo, hates runny eggs, and prefers apple to orange
juice—most days it seems-- and that markers from the community room were disappearing
(into a tote on his walker, so he can draw in his room using a notebook of sketches he always
carries...but that is between us). We keep bringing more.



HONORABLE MENTION FOR BEST ARTWORK

Calm, Pressure, Mania

Tristin Shikakura Latty
Third Year Medical Student



Do What Matters

Whitman Wiggins, Fourth Year Medical Student

“Don’t give up. Don’t ever give up.” Almost all sports fans know these words from Coach Jimmy Valvano. His body was riddled with cancer that was eating away at his spine when he delivered his now famous speech while accepting the Arthur Ashe award for courage. The words resonated with people and have now become etched into sports history. And it’s easy to understand why – “Don’t give up” sounds like a simple, clear phrase. In the abstract, the message seems obvious – “keep fighting the fight” and “stay strong.” However, watching one of my patients decide for herself what it meant to “not give up” showed me its unique and complex implications.

During the second week of my hematology oncology rotation, I helped admit a new patient. She had already been battling cancer for several years – she was only 32 at the time. When I first met her, she told me about her stomach pain and bloating, and how she was worried about delaying her cancer treatments. Before being diagnosed she had a busy working life, and she looked forward to returning to work after COVID settled down. Unfortunately, she had a bowel obstruction and was not a surgical candidate, so she was managed medically with bowel rest and fluids. This is medical lingo for a process of slowly starving while being given enough fluids to avoid dying quickly of dehydration. As her hospital stay lengthened, my physical exam descriptions changed from “conversational and in no acute distress” to “appears acutely ill.” The cancer that had caused her bowel obstruction was not going to disappear and her bowels were not going to untangle themselves. As time passed, the team asked her about palliative care and hospice. She responded, “I am just not ready to give up.”

As I spent more time visiting with her, I learned that she was an actress and had studied theatre in college. We bonded over our mutual appreciation of theatre and discussed our favorite movies. Her favorite TV show was a medical drama, and she wanted to know if I watched it, even though it’s not real medicine. Eventually, she agreed to having a goals-of-care discussion with the palliative care team, hospice, and her aunt. During the family meeting, she said her goals were cooking a meal for her friends, trying new restaurants, watching movies with her aunt and cousins, and being able to ride roller coasters again. I listened as the doctor explained that there are many ways to treat a disease. Some are aimed at

quantity of life, others at quality. She cried and explained she wanted both, but that if she had to choose, she wanted to enjoy her time with family.

Physicians treat patients, not illnesses. In my mind, I always knew that fact was true. Yet, it was not until my walk home, thinking about what the palliative care doctor said, that I understood why that statement is important. Not all treatment plans need to be aimed at eradicating disease. Some therapies are aimed at curing while others are meant to alleviate the symptoms, but the therapy should always be aligned with the patient’s wishes. Goals-of-care discussion should not be limited to terminally ill patients. All patients deserve the opportunity to discuss their goals and expectations. As a physician, I will not let my desire to cure a disease distract from what the patient truly needs – the ability to do what is important and meaningful.

Over the next two days, my patient transitioned to comfort care and was planning to be discharged with home hospice. I sat in her room, and she told me about how she was going to cook buffalo chicken croissants and enchilada casserole for her friends. Even though she wouldn’t be able to eat anything, she would be happy to have family sitting together at the table. She had decided that “not giving up” was serving her friends and family. It was no longer about searching the internet for new treatments or pumping her body full of poison that had a better chance of killing her than the cancer. “Not giving up” was ensuring she would do what truly mattered to her.

And that is why “Not giving up” is nuanced and difficult to understand. It is a personal decision, and it’s not limited to people who are confronting the end of their lives. “Not giving up” is not about how our lives end, but rather how we spend our time now. For me, it is having coffee with my wife on a lazy weekend morning, sharing a beer and laughs with my brothers, playing scrabble with my mom, watching a late-night west coast football game with my dad, talking about the Michael Jordan Bulls with my Mema, and speculating about Auburn’s upcoming football season while fishing with my Papa. These are things that are important to me. And when it’s all said and done, “Not giving up” is doing the things that matter.



Daily Routine

Ari Maya
Fourth Year Medical Student

Egret

Giuliano De Portu, MD
Emergency Medicine



Keep Going

Samantha Korn, Third Year Medical Student

Every morning, without fail, his wife was sitting in the recliner in the corner, glasses perched on her nose, reading something either on her phone or computer about her husband's condition. She would be intensely focused, but the minute I would walk in, she would put down everything, break into a smile, and greet me by name. From the minute we met, she remembered my name. Me—the med student that couldn't really answer any of her questions about her husband's future. She still remembered me, and she always thanked me. Every morning, without fail.

I would talk to the patient a little, examine him, and ask if he had breakfast. If he was feeling well that day, he would crack a joke or two and wait to see the crinkles around my eyes that showed I was smiling even with a mask on. He would peek at my face, and when he saw them, he would chuckle. It was a hoarse, crackly chuckle, but a chuckle nonetheless. If he wasn't feeling well, he would still manage to move his arm with all the wires and tubes while I was listening to his heart, and he would pat my hand.

I would see this patient and his wife every morning, and even when I knew I didn't really need to go check on him, I would go in the afternoon. I would listen to his wife tell stories about her husband in his younger days. They were wild, crazy, hilarious stories.

There was a moment in my second week with them that we all thought we hit a breakthrough. That morning, his wife gave me an air-hug, saying if we didn't have COVID policies, she would be squeezing me tight. He was laughing more. He was getting out of bed, walking down the hallway. I remember seeing him by the window, standing with his walker for just a moment, and I ran over and grabbed his hand. He squeezed tight, and he smiled.

Those mornings and afternoons that week were beautiful. They were joyous, full of laughter, full of hope. I kept hearing the stories, but this time they were told with more brightness, more comments about the future, and less nostalgia and wanting.

Then it was over.

I came to work one morning, and he had needed multiple units of blood overnight. He had been bleeding internally.

We needed to stop the bleeding. While performing procedure protocol, he tested positive for COVID. His wife had to leave. I didn't go with them when they told her to leave. I couldn't do it.

He kept bleeding. I called his wife and told her he was being moved to the ICU. She cried on the phone. She asked me to tell him she loved him.

I put on my PPE and went to him. His eyes were closed, but he was awake. I could tell. I walked over to his bed and put my gloved hand on his arm. I could feel my heart in my throat. I said, "Your wife loves you." He smiled a little, eyes still closed. He said, "I know."

I went back to the workroom. I felt sick. I told myself that I would go see the patient later in the day. I did try to. When I went back, he was in a procedure to stop the bleed. I didn't get to see him.

The bleed stopped. I called his wife. We had hope.

But another bleed started.

I sat in the workroom, hitting refresh on the patient's chart every few minutes. Refresh. More units of blood. Refresh. More pressors. The resident told me to stop checking, it wasn't good for me. So I stopped until I got home. I checked until I went to bed.

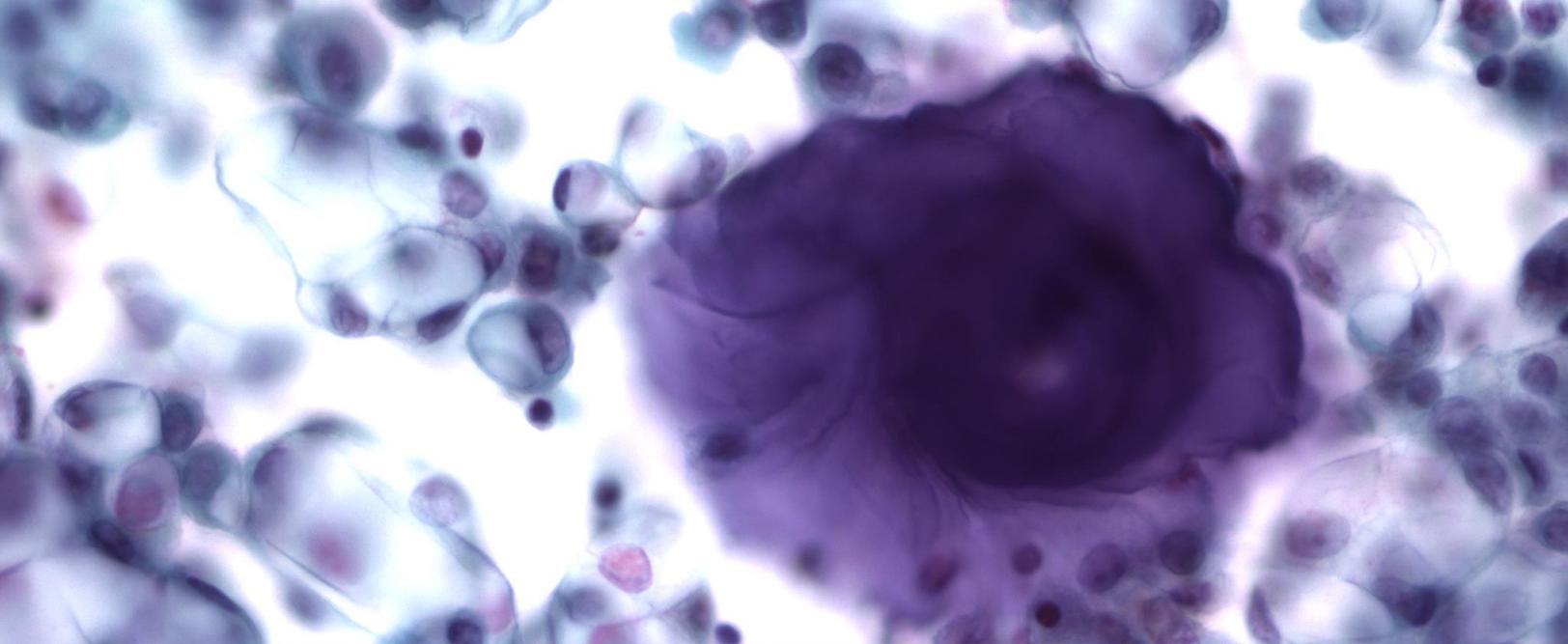
I woke up the next morning. It was still dark outside when I sat down with my computer at the kitchen table. I clicked the chart. You are opening the chart of a deceased patient, the pop-up said: "Are you sure you want to open?"

I had spoken to his wife one more time before he died. She had said to me, "We appreciate you. You did a lot for us. Please keep going."

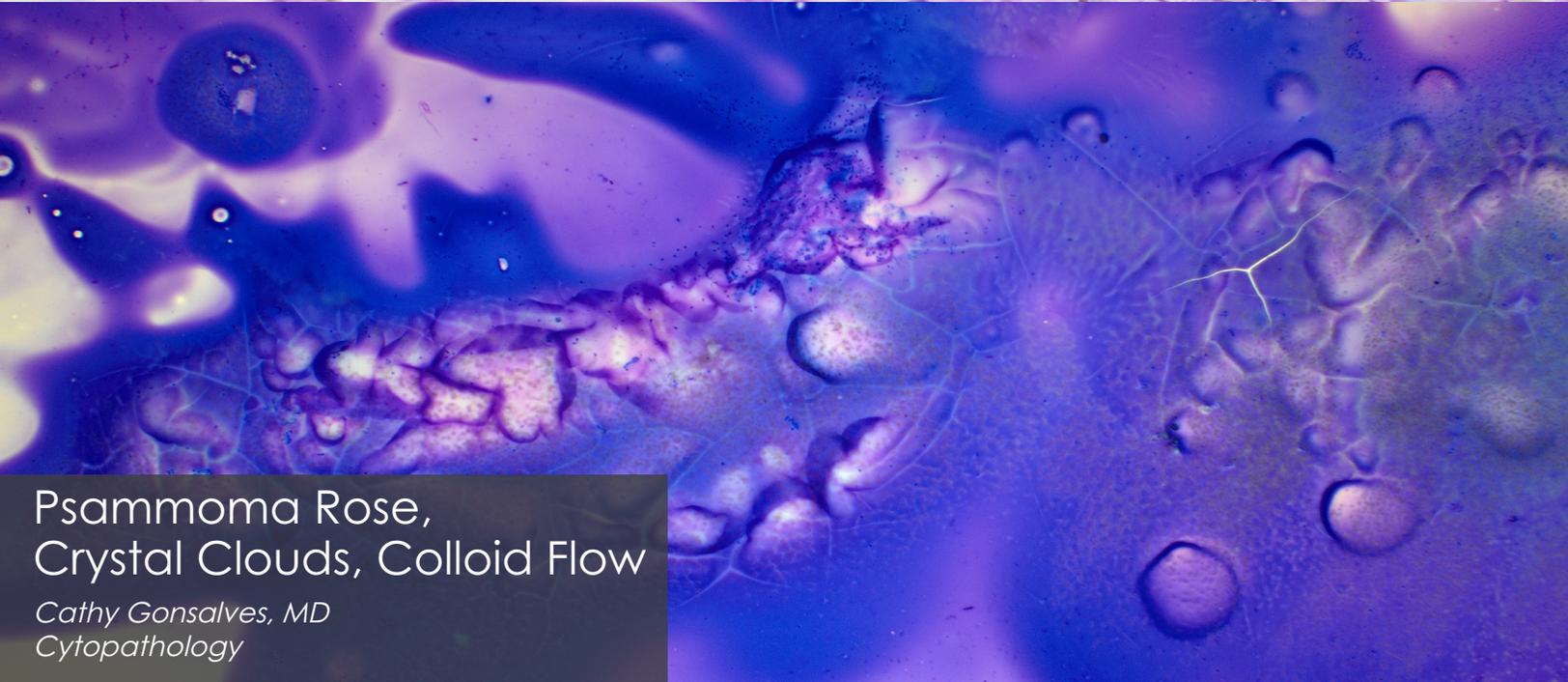
It has been a little while now. I replay my conversation with his wife in my head.

"Please keep going," she had said. "Please keep going."

I will cherish his memory. I will remember his wife. I will remember their smiles. I will remember the crinkles around my eyes from his morning jokes. I will remember the crazy, wild stories. I will honor the life of my patient. I will keep going.



BEAUTY AND DISCOVERY



Psammoma Rose,
Crystal Clouds, Colloid Flow

*Cathy Gonsalves, MD
Cytopathology*

Florida Man Medical Stories: Billy and the Critter

James W. Lynch, MD, Hematology Oncology

Lymphomas are typically a very treatable, often curable group of malignancies, but there are still those for whom our current treatments are not effective. Such was the case with Billy when he was admitted to the hospital for aggressive salvage chemotherapy. From a small outlying town, he had dropped out of school after 11th grade and worked supporting himself as a cook at several local dives and other odd jobs. The combination of self-inflicted hardships and more than his share of bad luck had aged him far past his 40ish years. A year before our meeting, he had sought medical care in the ED because of a large mass under his left arm. Despite his lack of insurance, we were able to secure a biopsy and imaging leading to the diagnosis of an aggressive lymphoma. He was treated with standard chemotherapy but unfortunately failed to achieve an adequate response. On the positive side, the state approved his application for Medicaid expanding his options so when his disease progressed, he was enrolled on a clinical trial in preparation for bone marrow transplant.

He was cheerful in his own way, and our resilient nurses cared selflessly for him in spite of his unpleasant rough edges. Neither bodily nor dental hygiene had been a priority and that combined with a series of altercations involving alcohol left him with only a few teeth populating his disarming grin. I am certain he rarely received as much positive attention as when he was hospitalized and due to our staff, he always left looking better than when he arrived. While Billy appreciated the concern of the team, it was clear he felt trapped in the antiseptic confines of the hospital. Predictably, he was always pushing for discharge to get back to his single wide on ten wooded acres.

Among my favorite parts of medicine is when I talk to patients about their lives, discussing non-medical things as I get to know them. I understand the need for efficiency, but the answers to these questions have formed some of the best memories of my medical career. Not surprisingly then, my visits to see Billy during

his hospital stays for chemotherapy inevitably veered toward such topics as the Florida outdoors, who had the best southern barbecue, and sweet tea. At some point I asked him about what he did in his spare time away from work and he raised an eyebrow and responded. "I collect vicious critters."

"Are you a hunter? Are they trophies?" I asked.

Shaking his head with wide eyes, he said, "No, no, I keep 'em...ain't nobody gonna bother my stuff...hee, hee, hee, hee" he cackled in a troublingly maniacal way.

Confused I pushed a bit, "I'm still not sure what you mean, dogs? snakes?"

He looked injured as if I had questioned his manhood, raising his voice he said, "Doc, I got me snakes, and gators, bigguns too" he paused and looked me up and down trying to decide how far to let me into his world, "and some other wild'uns too."

"Wow, I don't think I've ever heard anything like that before" I said as I headed for the door, and then innocently suggested, "Perhaps you could bring me a picture or two next time you come in." He nodded in a guarded way and I left not really giving it another thought until I saw him in follow-up in the clinic.

You might think I deserved what happened next, but in my defense, I enjoy looking at pictures of my patients' grandkids, pets, works of art, Harleys or horses and it helps me remember them. I usually reciprocate and in so doing we become more human to one another. The trust and depth of relationship that grows from these episodes becomes critical when unwelcome side effects wear my patients down or treatments do not bring about the expected results.

Billy returned shortly thereafter to see me in the clinic carrying a large gym bag. I thought nothing of it because

when patients are to be admitted to the hospital, they usually have a bag containing clothes and toiletries and the like to bring to their room. After discussing his medical condition and deciding on our next move, I asked if he had brought any pictures to show me. I was curious what kinds of creatures he might be keeping on his property and he responded, “Doc, I done you better than that...” His eyes were expectant and his smirk mischievous as he reached for the bag snickering under his breath. Puzzled I turned back to the computer to finalize the details of his next cycle of chemotherapy.

With my back turned I heard him partially unzip the bag and heard him say, “Look here doc!” I stepped towards him with my stethoscope to do my examination noticing he had placed the bag was on the examining table. As I began to listen to his lungs, he quickly unzipped it the rest of the way revealing a 3 foot long prehistoric looking lizard which opened its gaping mouth and hissed so loudly I jumped back sure it was going to spring from the bag and attack me. Perhaps the side effects of treatment were worse than I had realized and this was his revenge.

Startled to speechlessness, I stared at the beast for a few seconds and Billy just howled and shrieked as if this was the funniest thing he had ever seen. He slapped his leg and threw his head back laughing as he rocked back and forth with more excitement than if he’d won the lottery or better, a lifetime supply of Bud Light. After my speechless phase I stammered, yelling something like, “What the hell is that thing?” But he was too entertained to respond right away. As the creature continued to hiss, I understood what he meant when he said his belongings were safe. I had visions of the thing jumping down from the table and chasing me out of the room, then terrorizing the staff and other patients. That would have been a great Florida Man Story, but it was before these kinds of encounters had become an international phenomenon.

Billy was still laughing hard when he was finally able to say, “It’s a moooaanitor... ain’t she scary?!!” I am not sure how long it took me to regain my composure, but I am quite sure it was not as quickly as I would like to remember it. I knew the initial shock had passed when it dawned on me that I did not want this to escalate. My voice was probably shaking when I said to Billy, “You can’t bring that huge lizard into the oncology clinic...they’ll arrest you or something.” (this probably wasn’t true as I reflected on it later) But Billy, still rocking was unfazed by this threat. At that point I realized that even if it were true, it would have been one of his less severe but more colorful brushes with the law. To be more realistic, I suspect if the lizard had escaped, they would have called security and evacuated the clinic until our animal control people were on the scene. It would have been a terrible inconvenience to everyone and so better

to avoid it completely, if at all possible.

“His eyes were expectant and his smirk mischievous as he reached for the bag snickering under his breath.”

Trying to regain some sense of dignity and authority, I lowered my voice and whispered very deliberately, “Close that bag now, and get that monitor out of here. Promise me you won’t show it to anyone else!” Nodding and holding up his cigarette stained right hand he gave in. Still smiling he admitted, “I just wanted to see the

look on your face when you seed it doc, Heh Heh Heh” I am thankful this was before the days of cell phone cameras or others may have shared his amusement for years to come.

Exiting the room, I looked both ways to make sure there would be no delays and told him to skip waiting in line to check-out of the clinic that day. He held his bag close to his chest and still sporting that near toothless smile, he waived good-bye. I shook my head and laughed nervously, “I’ll see you in the hospital later, just you.... Right?” “Yeah doc, it’ll be just me.” As he disappeared around the corner.

A Young Medical Student's Notebook

Micaela Cuneo, Fourth Year Medical Student

Silly Question

Would we ever actually give ethanol in ethylene poisoning?

A: Probably not in real life, maybe on UWorld

Advice for MS3s

- Be honest about your interests
- Ask residents to practice presentations
- Anticipate your residents' needs
- Get a little notebook!

Good Thing: discuss cases w/ the med student like a colleague! It makes us feel good ☺

Look up cyclical vomiting syndrome for Mr. K's next visit
Achilles reflex can disappear in older pts normally

Good Thing: buy the med student coffee on the 1st day + talk to them like a normal person

Post-aortic valve replacement notes

- indicated for symptomatic AS/AI
- pts w/ bicuspid AV need replacement ~10 years earlier than tricuspid AV
- mechanical valve (will outlive pt) vs. bioprosthetic (no warfarin)

Silly Question

If we can use the pig's valve, why not the cow's valve?

A: it is entirely too large for a human
(cows are massive)

Good Thing: introduce everyone on the team before case, shake everyone's hand after case



Pediatrics in the Time of COVID

Melanie Justice Jeffrey
Third Year Medical Student

Say Ah
Holly Ryan
MD PhD Student





A Healing Lyric

Jake Surges
Second Year Medical Student

May the body's pain,
in these moments be,
like a rain in Spring
that comes and goes
all suddenly.

May the body's blood,
be the body's grace.
Let heart forgive
the body's issues,
bring love and life
to wounded tissues,
renew a healing space.

May the body's bones
be strong and firm support,
resilient to all bumps and knocks,
a proud and noble fort.

May the body's breath,
with every come and go,
like waves that carry
ships to shore,
bring health from head to toe.

May the body's joints,
be smooth and quick and free.
In chambers for ballet
go bones consorting gracefully.

May the body's skin,
bring comfort to the flesh.
Let body's borders be
the form that frames the soul
for contact with a friendly world.
Let skin and world in peace together mesh.

A Letter to My First Patient

Ashley Rodriguez
First Year Medical Student

Hi Ms. Doe,

My name is Ashley Rodriguez and I'm one of eight first year medical students that have been matched with you to indulge in the greatest gift possible: our futures. I know so little of you, but I've been granted the honor to see you. The real you. The vessel that once held the soul of the wonderful person this world once knew. While you were alive, your profession was teaching. How beautiful must it be to carry that legacy. To love what you do so much you quite literally continue doing it beyond your years on Earth. To continue passing the torch from your generation to mine of loving what you do and doing what you love. You are proof that mortality is a banal concept if you know you've left the world a little better than before.

You were someone's parent, someone's spouse. Someone's best friend. Someone's life- house to the shores of a more knowledgeable life. Knowledge is power and you yield it like a sword, knighting us with it. I am but one student. But this I vow to you: I may not be the brightest or the quickest, I may make mistakes and get upset at my shortcomings, I may even fail exams and require a second chance; but I will never forget you. I will never let myself quit. Because your family deserves better. Because you deserve the best. You gave me your body and I promise to give you my all. You will never be just a casualty or a means to an end. You are a badge of honor that I wear while I get through this field. You are my float whenever the waves of self-doubt try to overcome me. I can never disrespect your contribution by letting my passion go. For you lived and died for teaching. And now, you're part of my story.

You are more than an obituary. You will be a thread that ties the medical field together. You are my official first patient and I thank you for letting me in. I hope your soul took flight and that you are at peace. I hope someone somewhere can feel this profound connection.

"What died didn't stay dead. You're alive, you're alive in my head" – Taylor Swift

THROUGH HIS EYES

Charlaine Chen, Second Year Medical Student

Mr. K spoke with his eyes. In fact, he could only speak with his eyes.

Injured in an accident a few years before we met, Mr. K had become quadriplegic and depended on an eye tracking-equipped computer to communicate. He would rove over his computer's keyboard, and several minutes later a mechanical voice would read out, "Hello. Good to see you again!"

I was assigned Mr. K as a volunteer at the facility where he lived, and I spent several hours talking with him every week. As volunteers, our goal was to help reduce the isolation experienced by the longer-term residents at the facility. In my previous assignments with several other residents, I had learned and seen the multiple factors that contribute to increased isolation and loneliness in the elderly, from dementia to hearing loss to a lack of visitors. Often barriers like hearing loss and mumbling stop us from communicating with elderly people because it isn't easy or efficient. My role was to step over these barriers, to spend time and listen.

Despite my role, I never felt like communication was my strong suit. I was too awkward, too shy, too clunky. Now with Mr. K, the challenge of communication had multiplied. I was unaccustomed to the long silences as I waited for his eyes to flick across his screen, and I could feel it was a difficult and tiring process for him.

In time, I learned that Mr. K had won a prize at a creative arts festival for a song that he had written. His eyes shone with pride as he recounted the accomplishment.

"When did you start writing music?" I asked him.

"Just last year."

Impressed, I asked, "So how did you get into writing songs?"

"I met my guardian angel," he replied, simply. As if summoned, his guardian angel materialized, popping her head into his room. Her name was Ms. C.

From Ms. C, a music therapist, I learned about the tremendous effect that music therapy had on Mr. K's health. Unlike other hospital music programs that play music for the general stress relief of patients, music therapy attempts to achieve specific health goals in patients, including both mental and physical improvement. Ms. C helped Mr. K to begin songwriting

as part of his therapy. Mr. K would pen poetry on his computer, and Ms. C would put the words to music on her guitar and sing it for him. They would then share it with Mr. K's friends and family. It was Mr. K's outlet, and it helped him cope.

Mr. K shared with me that before music therapy he was at the lowest point of his life. Fully trapped in his body, he wanted to die. He felt useless and unable to do or control anything. But the poetry and music and his connection with Ms. C turned his life around. His songs spoke of his journey, his feelings, and offered tidings of hope and joy despite his circumstances. It made him happy to create songs that were impactful to others. By sharing his story through his music, he could inspire. It gave his life meaning.

Having found a common interest in the arts, Mr. K and I started to exchange videos of music and dance that we each enjoyed. He loved the videos of me playing piano or dancing ballet. I loved hearing his taste for jazz musicians and reading past poems that he'd written. One week he greeted me with his bright eyes, his computer exclaiming, "I've fallen in love with watching ballet. Thank you."

I wanted to hear more of his songs. He wanted to hear more of mine. So, we planned a special music jam for my last volunteering session together with him. We arranged to transport him up to the piano on the second floor, and together with his music therapist, to share our favorite pieces of music with each other.

The day of the music jam session, Mr. K and I jittered with excitement. He had even brought his family for the event. He chose his favorite poems to be sung by his music therapist, and I played my favorite piano pieces. As we took turns listening, it occurred to me that we were having a conversation through music. Music had become a vehicle of communication and connection.

It is this connection that I find most impactful. As a future physician, I want to form genuine, trusting relationships, allowing a patient to feel heard even when he doesn't have a voice, whether physically or otherwise. Sometimes, we find that connection through conversation, by listening. Sometimes, it is found through music.

In the end, it was the connection that Mr. K found through music that helped to heal his spirit. It enabled him to connect with his family and friends in a meaningful way and connected him with his new “guardian angel.” Music not only improved Mr. K’s mental health and gave him purpose, but even helped him to regain some physical ability in his right hand. Practices like music therapy, art, and poetry should become standard practice throughout hospitals, not as an adjunctive frill or only for pediatric populations, but as a cornerstone of treatment. Such practices may allow patients to find new ways to connect with themselves and those around them, may help alleviate pain, and may enable them to improve

physically, like Mr. K. Ultimately, our goal is to help patients heal, however possible.

It is my hope that by sharing Mr. K’s story, more will see the power of music and the value of true connection. In his poetry, I glimpsed the world through his eyes. He taught me to be grateful, to have hope, and to not give up. He taught me to imagine new avenues of connection, and to continue to listen despite the awkward silences. It is true that Mr. K could only speak through his eyes, but his voice was heard through his joy, his wide contagious smile, his poetry, and the music that filled him with life.

THE HEART OF HEALTHCARE:

Human-Guided Artificial Intelligence Generated Artwork

Chris Goldstein, MD and Heidi Goldstein, MD, Anesthesiology



Simple Pleasures

Tanya Ghosh, PhD Student

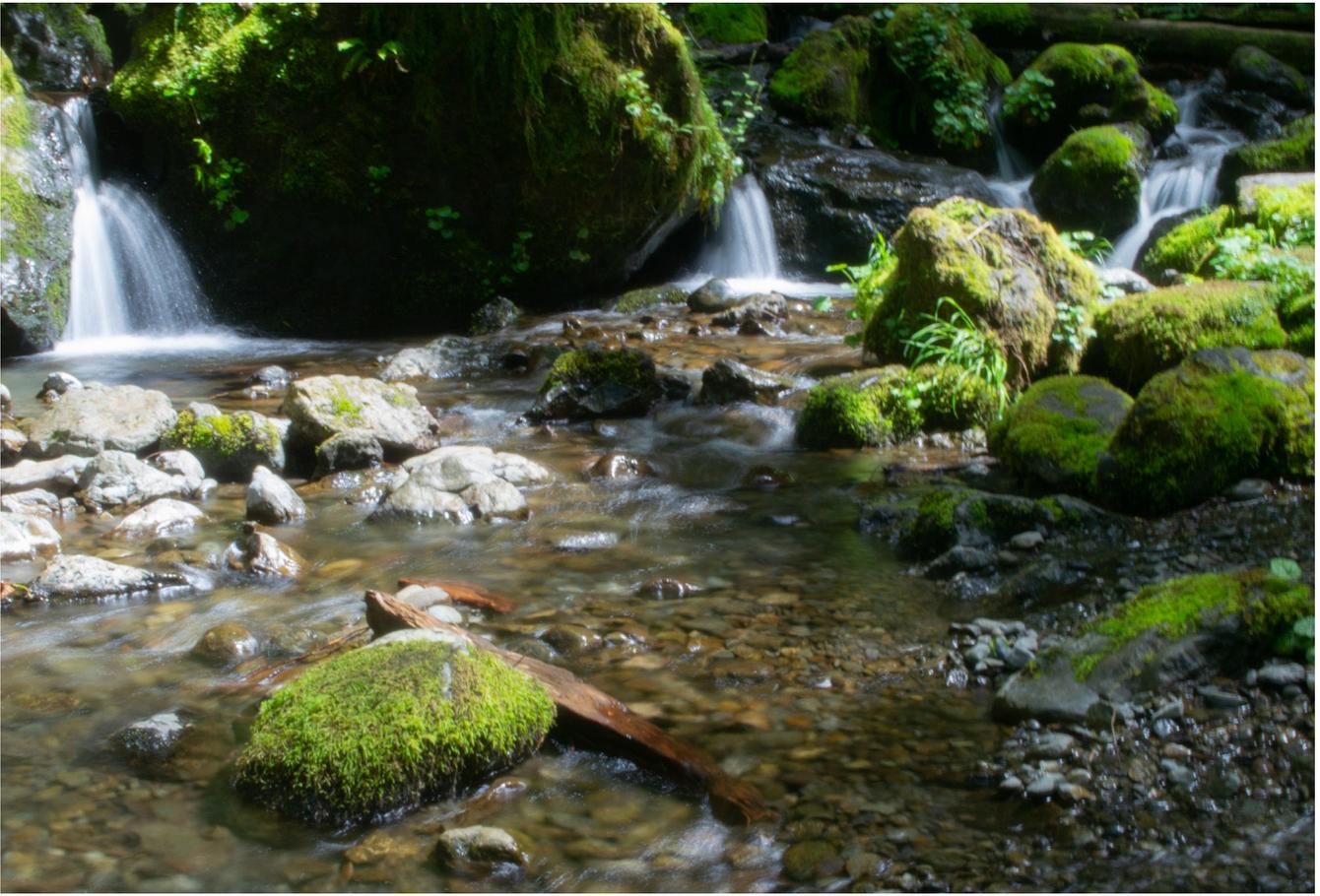
The tang of honey and molasses,
a saccharine sweetness so criminally good
wafts in from the kitchen,
the cloying scent clinging to walls
like a long-lost friend.

Amber syrup dribbles down an oak table
stained like autumn wheat,
broad legs etched with design,
a scaffold of shapes and shadows.

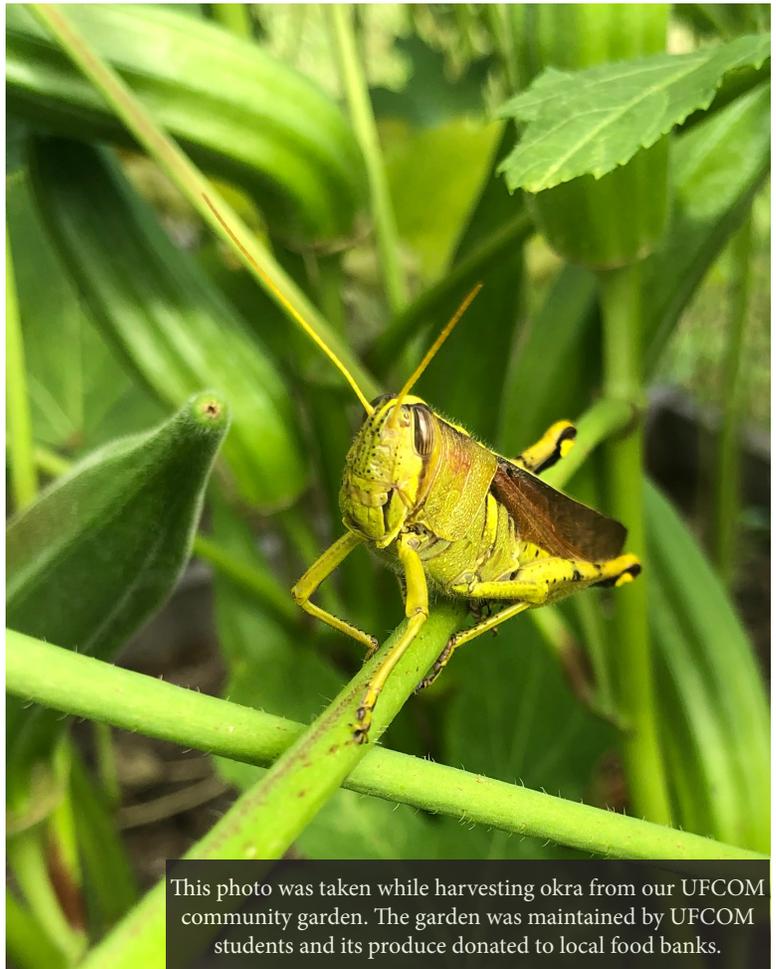
The awaited sounds of
that first sizzle of butter,
colliding with the heat from a frying pan,
where cast iron meets swirls
of bubbling gold rings.

Seductive strawberries sit in a wicker crate,
glistening in orange light from arched windows,
evocative of crimson stains and cherry blush.

Remnants of a rich and candied meal,
a halcyon dream that whisks all else away.



The stray cat that lives outside the HPNP building, who faithfully offers comfort and a listening ear on those rainy days.



This photo was taken while harvesting okra from our UFCOM community garden. The garden was maintained by UFCOM students and its produce donated to local food banks.

Thoughts of a New MS3

Annotated by an Old MS3

Charlette Williams, Third Year Medical Student

Thursday July 1st 2021,

And then again Sunday January 1st 2022

I am ashamed of the fact that I have used the word “trapped” more in the past eight weeks than I have ever before in my life.

Do not be ashamed of your vulnerability. Your warmth is what they’ll remark on at your funeral, not your ERAS.

I undulate between medicine being my calling and medicine being my burden.

Go on.

Perhaps both are true - but the more I dwell, the more flustered I get. I am gradually realizing that decentering myself may be the solution.

You mustn’t forget that multiplicities exist. For us, our patients. Contradictions are human.

“Trapped” is my responsibility. And, as with anything, “trapped” needs some perspective.

You’ll find that so many attendings wear the tragedy of their lives as a badge of honor. Bragging about working 90 hours a week? Yelling at the most timid voice in the room? Perspective is knowing that this is not about you, the student doctor. This does not have to be you.

It should be a prerequisite for medical students to be exposed to the perspectives of the nurses working alongside us, perspectives from the case workers spread so thin that every single day mimics a balancing act, perspectives from the hospital custodial teams that do their job so efficiently that we could not even imagine the reality of our practice without their compassionate consistency.

Perspective from, not just the bedside, but from the bed.

Trapped -- Mr. B, terminal hepatocellular carcinoma, husband & father, palliative consult, trapped to his ABG monitor & unable to use his fork to eat his breakfast.

[You are opening the chart of a man who is deceased. Date of death: 8/27/2021.]

Trapped -- L, paranoid schizophrenic trapped within her catatonic episode, scared, scared, scared, trapped between a rock and a hard place, being in the hospital is safer for her than being in the streets.

Lost to follow-up.

Trapped -- Ms. W, ex- scrub nurse, trapped in the reality of her metastatic mesothelioma diagnosis, she said if it goes to her heart that gives her six months and if it goes to her brain? Three.

Months later, the medical assistant I worked with during my surgery rotation would tell me that Ms. W and her late mother had the same laugh. I remember being too afraid to ask how she was.

Trapped -- Mr. S, our TB r/o trapped in his isolation room, PT/OT refusing to see him until all three of his AFB cultures came back negative, every additional hour in bed makes his deconditioning worse.

[“The person you are trying to reach is not accepting calls at this time.”]

Trapped -- Miss S, my first pediatric patient, s/p osteomyelitis surgical debridement, trapped in her hospital bed and missing her last band camp of high school, her only ask was for a wheelchair so she could sit outside in the sun.

A sixteen year old is so much smaller than we remember.

It is a strange mockery, feeling trapped, when you can get up and leave. Patients do not ask to be patients. Perspective gives us the magic of grounding ourselves outside of ourselves, and “trapped” is the illusion I am fighting against.

For the longest time I was living in fear of who I might become. This liminal angst.

*You eventually learn that burnout is not some inevitable demon mammoth waiting to crush you
like a pancake.*

“Eat your pancakes!” They used to scream down our throats.

Better to have said: rest when you are tired, eat when you are hungry, & practice your love.

The hospital marches on. With or without you.



Sunny Rain

Matthew C. Johnson
Second Year Medical Student

Doctor

Samuel Dickmann, MD, Family Medicine

You were three or four when we first met
It's now a long time ago.
I was a resident, and you brought a pet,
A cat or dog or maybe a little buffalo.
You clutched it and looked scared,
And once inside you stared and stared.
So, I bent down and looked in your eyes
And smiled and took off my disguise,
The white coat and stethoscope,
And tried to be safe for a person your size.
But you still weren't quite convinced.
When I looked in your ears you winced
Like most three-year-olds will do,
But you tried hard to be brave.
And when I tickled, then you finally gave,
And you laughed, and we were friends.
Then, while I talked with your mom,
I guess you had finally decided there was no harm
Because you gently tugged on my left arm,
And you gave the universal sign for "up."
And you were just so cute, I had to let you interrupt.
So there we sat, me and your mom talking about how a child grows
And about too much screen time and vaccines and milestones.
And you, you with your cat,
Sucking your thumb on my lap.
And, for the first time I actually felt like a doctor.

When we first met, you were older than me.
Years of wear, nearly ninety-three,
Had made you petite with silver hair.
You were sweet and funny and made me laugh.
So, of course you were well known by all the staff.
We'd talk about your arthritis or how to stay healthy,
And you didn't make a big deal about being special or wealthy
Or needing everything around you to be fair.
You just wanted someone to care,
Someone to listen and try to wear
Your shoes for a spell. And, I got to be that fellow.
But then you started to itch and turn yellow,
And it was horrible painless jaundice like a textbook.
Every doctor knows what that means. I felt like a crook -
I had already suspected before the CT scan confirmed it.
Then came radiation and nausea and sickness and pain,
And we all had to watch as you slowly waned,
And eventually you had to come and start hospice.
Your family came too, because they loved you,
And they wanted to know what to do.

“It’s difficult and easy and happy and sad”

Meanwhile you worried that you were becoming a drain,
Which was really very like you.
I had grown a beard, which you eyed with gentle disdain.
And then you reached out to softly stroke my cheek,
And you laughed and suggested I needed to shave.
Then I laughed too and gave you a hug.
But, deep inside I felt something tug,
And when I was remembering and writing I cried;
It was only two or three weeks later you died,
Softly and quietly with hospice at home.
And yes, you weren’t alone;
You were surrounded by love, and I’d done the best I could.
But, still you were gone.
And somehow, that’s incredibly wrong,
Because it means no more visits with you.
And from the words “pancreatic cancer” there was really nothing
anyone could do.
And then I really felt like a doctor.

So that’s what this is.
It’s difficult and easy and happy and sad,
But we can’t do this without a mix of the good with the bad,
Which is what my dad said about life as I grew.
And now, I actually know that it’s true.
You come and share your stories each day
Happiness, heartache, or agony
Such that I’m filled with joy or utterly drained.
I wish there was some way we could explain
How much all this means, all these quiet little scenes
That unfold in our offices all over the country.
We really do care enough to stop and listen,
And we don’t want a giant impersonal system
That takes much away and makes us into something we’re not.
All this is too complex and personal
To fit into an easy 10 or 15 minute block,
To leave us all governed by a clock,
Or by insurance counters and metrics and billing targets.
This really doesn’t fit into easy rhythm or rhyme.
Sometimes I’m running 40 minutes behind,
And yet even then you forgive me and say
“I know you’ll be there when the problem’s mine.”
And, there’s no place to document that in the chart,
Even though it’s the most important thing.
So I keep on going, still practicing.
And, when I’m down I remember all of you,
And that this is what I’m called to do.
I remember your stories and these moments we’ve had,
Shaking the hands of a brand new dad,
And telling his wife that there’s new life starting inside her.
It’s such a miracle.
And so I’m glad that I’m not just a billing provider.
I’m a doctor.

AUTHOR INDEX AND BIOGRAPHY

Afsana Asharaf is a second year pulmonary and critical care medicine fellow who uses photography as a means to capture moments that would otherwise be lost to the unreliability of time.

Grant Banfill is a 2nd year medical student interested in psychiatry. In his free time he dabbles in photography and songwriting searching for the shared experiences that bring every person together.

Maclean Bassett is a second year PhD student in the Biomedical Sciences program studying intra-host evolution of SARS-CoV-2 in “long-haul” patients. His main artistic passions are drawing, photography, and watercolor; however he is always looking to expand to new mediums and learn new skills.

Pranshu Bhardwaj is a 3rd year medical student with a strong interest in both Pediatrics and Medical Education. His passion for poetry was ignited in the 2nd grade and he hopes to continue to write throughout his medical career. He seeks to highlight compassion, humanism, and cultural competency in medicine through his poems.

Jaimie Bryan is a 3rd year medical student interested in Plastic Surgery. In her free time, she loves to draw portraits and is excited to pursue a career that utilizes artistry and dexterity for the benefit of her patients.

Sydney Cabana is a 1st year medical student interested in psychiatry. She uses drawing as a medium to interpret emotionally challenging ideas and experiences in medicine. In her free time, she likes taking care of her plants and listening to music.

Charlaine Chen is a 2nd year medical student. She is interested in the intersection of medicine with the arts and applying this understanding to improve health and wellness. Outside of medicine, she enjoys piano, drawing, and exploring Gainesville’s outdoors

Nita Chen is a neurologist completing a fellowship in movement disorders. She is inspired by her daily experiences and expresses them through her doodles and stickers.

Micaela Cuneo is a 4th year medical student going into general surgery. In her free time, she enjoys making music, being active, and talking about the heart both literally and figuratively.

Nickolas Davies is a first year medical student interested in anesthesiology, health policy, and professional advocacy. He currently serves as the President-elect of the American Society of Anesthesiologists Medical Student Component. Prior to medical school, he worked as a certified anesthesiologist assistant for ten years.

Beverly Dede serves as the COM Student Counselor, providing support to the medical, graduate and physician assistant students. Her favorite hobbies include traveling, taking pictures, attending theatrical performances (especially Broadway musicals) and cheering for the Florida Gators!

Giuliano De Portu, is an Emergency Physician. He is the director of Emergency Ultrasound. He was a professional photojournalist and in his free time he still uses photography as a wellness tool and as artistic expression.

Samuel Dickmann is an assistant professor at the University of Florida in the Department of Community Health and Family Medicine. He serves as the faculty board president of The Chapman Society, and his passions are patient-centered care and medical teaching.

Catie Elko is a 4th year medical student interested in internal medicine. In her free time she enjoys reading, running, painting, and relaxing with friends.

Tammy Euliano is a professor of Anesthesiology and a lifelong Gator, including undergrad, med school, residency, fellowship and faculty since 1996. After years of teaching, research, and caring for patients, her encore career is as medical fiction author. Her debut novel, *Fatal Intent*, is available wherever you buy books/ebooks/audiobooks.

Jonathan Fakhry is a 2nd year medical student interested in oncology. His interests lie in the integration of faith and spirituality in medicine.

Drew Fletcher is a 2nd year medical student who is quite undecided as to which specialty to pursue, but is driven nonetheless to have a positive impact on patients' lives and health care delivery. In his free time, he enjoys writing poetry, going on long jogs, and meditating.

Kirsten Freeman is a cardiac surgeon, and the first woman cardiac surgeon at University of Florida. She has a passion for resident and medical student education. She loves cooking, baking, baseball, and soccer. Her schedule is literally jam-packed as she is not only a surgeon herself, but married to another surgeon, and they have two wonderful kids.

Tanya Ghosh is a 1st year Biomedical Sciences PhD student. In her free time, she loves journaling, photography, decorating, music, and watching new shows.

Cathy Gonsalves is the current cytopathology fellow who will be joining UF's faculty later this year. She enjoys the visual appeal to her practice and loves sharing it with others.

Drs. Chris & Heidi Goldstein are proud UF Alumni and affiliated teaching faculty with the UF Department of Anesthesiology. They are enthusiastic educators and mentors who are spearheading artificial intelligence education and AI literacy efforts in Anesthesiology.

Kate Hitchcock is an Assistant Professor of Radiation Oncology who loves teaching medicine, engineering, and quality improvement/patient safety. When not in the clinic or working on clinical research she explores the natural beauty of Florida with her family. She writes the oncology blog for Medscape.

Melanie Justice Jeffrey is a 3rd year medical student pursuing a residency in Pediatrics. She has always enjoyed creating art, and recently began exploring the digital art and design realm.

Beverly Johnson is a new faculty member in the COM Department of Dermatology since July 2021. After 30+ years in solo practice, she is called to begin a new chapter that focuses on the next generation of doctors who will deliver care to patients. Know that each patient has something to teach us, if we take time to find the lesson.

Matthew C. Johnson is a 2nd year medical student interested in treating aggressive pediatric malignancies. In his free time, he is an artist who works to explore the human experience through careful observation and quiet reflection. Common themes in his work include the duality of choice, isolationism, and healing in medicine.

Hansol Kang is a 4th year medical student interested in gastroenterology and health equity. She enjoys art as a way to decompress and express her awe for nature and life.

Caroline King is a 3rd year medical student interested in OB/GYN. Her hobbies include reading with her two cats, running with her dog, and cooking with her partner Max, another MS3 at UFCOM.

Samantha Korn is a 3rd year medical student interested in pediatrics. In her free time, she likes making allergen-free baked goods and reading. She is also interested in the representation of chronic illness in literature and how it impacts young readers.

Tristin Shikakura Latty is a 3rd year medical student interested in radiology. His favorite medium is acrylic on canvas. Recently he has enjoyed relieving stress by creating pieces with a focus on color, depicting a range of expressions and emotions from the perspective of a COVID-era medical student.

Mindy Le is a 2nd year medical student from Titusville, FL. Her interests include reading and writing poetry, appreciating nature, and discovering new artists every day.

Torie Livingston is a third year medical student who, in her free time, likes to draw, travel and spend time with loved ones.

James W. Lynch is a professor of hematology/oncology and the dean of admissions for the UFCOM. As he approaches retirement, it is his goal to tell as many of his patients' stories as possible to honor their memory.

Ari Maya is a 4th year medical student who is going to into general surgery. In addition to medicine, she is passionate about the arts, community service, and nature. You can often see her around Gainesville stopping to take pictures of flowers, critters, and cool buildings.

Ashton Naumann is a 3rd year medical student pursuing a career in internal medicine. In his free time, he enjoys playing soccer, spending time outdoors and learning about astrophysics. He enjoys listening to spoken word poetry and enjoys the wide range of emotions that can be processed by engaging with the art form.

Hugh Nguyen is a second-year medical student currently interested in psychiatry and family medicine. Compelled by his work with the medically underserved and his own struggles with anxiety and depression, he has developed a passion for health disparities and mental health advocacy. Thus, he hopes to practice medicine with a large psychosocial focus and continue his work with helping marginalized groups during the rest of his medical training and upon graduation. When he is not studying, he enjoys working out, playing different sports like Spikeball and tennis, and trying new recipes!

Eugene Rho is an ophthalmology resident and full time nerd who enjoys the outdoors and coffee.

Ashley Rodriguez is a first year medical student interested in neuro-oncology. When not studying for exams, she is a writer who has come to appreciate the beauty of humanism within the field of medicine.

Holly Ryan is a 5th year MD-PhD student interested in cardiothoracic surgery. She likes drawing and writing fantasy in her spare time.

Jake Surges is a second year medical student at UFCOM. He'd like to form a writing career alongside his medical career and hopes to continue exploring the relationship between medical practice and literature.

Christabel Thompson is a 3rd year medical student who enjoys exploring the medical humanities.

Arunima Vijay is a first-year medical student who loves listening to others share their stories. In her spare time, she writes and plays the ukulele.

Whitman Wiggins is a fourth year medical student pursuing a career in surgery. Outside of the hospital, he enjoys playing basketball, cooking new recipes, and reading.

Charlette Williams is a 3rd year medical student interested in high-risk OB. In her free time, she enjoys watching movies, going for walks, and FaceTiming her little sister.

David E. Winchester is an Associate Professor in the Division of Cardiovascular Medicine with an interest in landscape and wildlife photography. His works have been published in journals including the Archives of Internal Medicine and the Journal of Nuclear Cardiology.

AJ Winer is a 3rd year medical student interested in pursuing a career in internal medicine. In his free time, he enjoys spending time with friends and family and volunteering with hospice care.

ARTWORK DESCRIPTIONS

Aceso I wanted to emphasize the toll on mental and bodily health that going through the pandemic has had on people and put front and center the main thing lost during quarantine - physical touch. As the pandemic reaches an end, coming together across community and interpersonal lines to re-establish this connection is needed to start our collective healing.

April 17th Oil on Canvas. 24"x48" A self-portrait of a physical trauma is a tribute to the medical professionals vital to my care. With artistic reflection I was able to process trauma in a constructive way and find meaning through suffering. The human will has a remarkable ability to recover from tragedy and persevere with the careful support of others.

A Young Medical Student's Notebook is an adaptation of real notes, lessons, quotes, and questions gained over the course of third year rotations. All possible patient identifiers have been removed. All views are the author's.

Basilica de la Sagrada Familia This photo was captured inside the Basilica de la Sagrada Familia, Barcelona, Spain.

Colloid Flow Fine Needle Aspiration Thyroid DiffQuik Stain - colloid from a benign follicular nodule

COMMunity Garden Guest is a photo of a grasshopper my classmates and I found while harvesting okra from our UF College of Medicine community garden. The garden was maintained by UF COM students and its produce donated to local food banks.

Crystal Clouds Fine Needle Aspiration Salivary Gland DiffQuik Stain - crystalline material

Daily Routine is a photo I took while studying with my classmate and friend Katelyn Carty at Karma Cream. Gainesville coffee shops were our lifeline throughout medical school.

Good Morning is one of over 300 photos I've taken of the hospital on my way to school over the past 4 years. No matter how tired or stressed I am about the day ahead, I regularly look up in awe at the beauty of these buildings and pause to record them on my phone.

The Heart of Healthcare At the heart of healthcare is humanity. Important aspects of humanity and healthcare are depicted above and below the images, which were generated with the help of artificial intelligence. This "augmented visual art" is also a representation of healthcare being increasingly augmented by AI.

Humanistic Care Drawn with Adobe Sketch. Human connection and compassion are vital components of medicine.

It's Kind of Like (ink on paper) Communicating treatment in the context of familiar and comfortable images can alleviate the emotional burden of illness for both the patient and provider.

Of Falling Leaves and New Beginnings Photography on an iPhone - Fall reminds us of new beginnings

Pediatrics in the time of COVID Digital Art. I made this piece to capture the interaction between pediatrician and patient, and intentionally left out the parents in order to highlight the respect and care that should be given to even our littlest patients.

Psammoma Rose Pelvic Fluid Pap Stain - psammoma body of serous carcinoma

Restoration & Hope This piece was created using acrylic paints and depicts how the hands of medicine cultivate restoration and hope.

Roots This piece was created using acrylic paints, yarn, and beads. The painting depicts the significance of roots in supplying trees with the life-giving water and nutrients to flourish.

Savior With or without the COVID pandemic, the craft of being a physician is rife with obstacles and stress, whether external or internal. Physicians are often placed on a pedestal in their unique power position to heal others, but the reality is physicians are just as susceptible to illness and failures as their patients. Underneath the surface, many physicians struggle - with mental illness or other internal difficulties - but keep silent to fulfill the social expectations from our patients and from each other.

Silence is a photo meant to capture the timelessness of introspection. Day or night, awake or asleep, in color or black and white, each person processes life in a unique way. The photo was taken in Gainesville, FL.

Strain is a watercolor painting depicting the pressure the last few years have placed on the individuals of the healthcare industry and the need to care for ourselves and each other as we move forwards. As the proverb states, you can't pour from an empty cup.

Sunny Day The stray cat that lives outside the HPNP building, who faithfully offers comfort and a listening ear on those rainy days.

Sunny Rain Oil on Canvas. 16"x20" A self-portrait landscape painting created during the height of the 2020 coronavirus pandemic explores the isolation of a global pandemic and the soothing freedom natural elements impose.

Sunset and **Waterfall** A simple reminder in today's fast paced, sensory overloaded world to take a moment to slow down and enjoy the beauty and blessings around us.

Threads Created using acrylic paint and cotton embroidery floss on canvas. It is a visual representation of the connections experienced between patients and physicians. Whether they be with patients, strangers, family, or friends, the relationships we have with others are complex, changing, and crucial to the human experience.

Thumb War What was initially used as a way to distract a patient from a procedure became a moment of much needed comfort. Connecting with others doesn't always take much. Sometimes a game of thumb-war turned hand-holding is all you need to make someone feel seen, safe and cared for.

Together is a photo meant to capture the importance of time spent with loved ones. Even in a world filled with people to meet, things to do, and endless beauty within the nature around us, the most beautiful thing of all is spending time with those we love. The photo was taken in Torrey Pines State Natural Reserve, San Diego, CA.

Untitled This photograph brings to mind how we might look at something in the best possible light (literally!!)

Thank you to our patients, whose stories enrich our lives and create a deeper sense of vocation.

Thank you to our families, whose love and support establish a foundation of sacrifice and service to others.

Thank you to our mentors, whose wisdom and experience guide our clinical decisions and inform our personal-professional lives.

Finally, thank you to the authors and artists who submitted their work, without whom this magazine would not be possible.

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