

# HEAL

Humanism Evolving through Arts and Literature



FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE

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# LETTER

## from the Editors

This issue marks the 10th anniversary of HEAL and there is much to be excited about! Thanks to our designer, Mark Bauer, we are celebrating with a new look; this issue includes even more essays, poems, and art than ever before. Turn to the center and you'll find HEAL's origin story, written by our founding editor, Dr. José Rodríguez. He initially created HEAL to help students "direct their energies toward creativity and self-expression." Dr. Rodríguez writes, "I thought that if they shared their stories, they would grow closer to others. I hoped that it would help them respect and love those who were different from them and needed their help." With the aid of two medical students, Amanda Percy and Jordan Rogers, Dr. Rodríguez started HEAL in 2008 as a platform for the College of Medicine community to reflect on personal challenges, triumphs, and fears. For ten years HEAL has fostered humanism in medicine by serving as an outlet for creative expression and personal reflection. We are proud to be able to continue the work begun by HEAL's founding editors.

HEAL's founding student editors are now practicing physicians, and both have discovered life after medical school is not without its challenges. Our anniversary centerfold includes writing from Drs. Percy and Rogers, who discuss the need to "heal the healers" as well as the patient. In addition to promoting humanism in medicine, creative expression contributes to developing resilience in the face of physician burnout. In 2017, the National Academy of Medicine launched the Action Collaborative on Clinician Well-Being and Resilience, a network of more than 60 organizations committed to reversing trends in clinician burnout. One of their first initiatives was to create an art gallery focusing on wellness and resilience. Three of our FSU College of Medicine medical students were featured in the exhibit—Hana Bui, Jackson Brown, and Stuart Brown. We are happy to showcase the work of these talented students in this issue as well.

We are proud to feature an essay by fourth year medical student, Michael Rizzo, "When the Screen Falls Away," which received an honorable mention in the 2018 Compassion in Healthcare Essay Contest sponsored by *Intima: A Journal of Narrative Medicine*. The winners of our own Humanism in Medicine Essay Contest—Thomas Paterniti, Emily Deibert Cisneros, and Kate Harrison—are also included here. This year's theme asked participants to write about a time when a mistake, failure, or challenging obstacle in medicine showed them a different, but valuable new perspective.

HEAL's audience has expanded over the decade, and while our primary base is still the FSUCOM community, we also receive and publish contributions from medical students and physicians from across the country and the globe. Of note is Joe Hodapp's "The Wolf or the Sheep." Hodapp, a medical student at the Medical College of Wisconsin, writes poignantly about his first time witnessing "someone actively dying" in the ER. Which leads him to ask "When will I get used to watching someone die?" It is the question itself which rightly alarms Hodapp.

Please enjoy Volume 10 of HEAL, and may you find comfort, awareness, and healing in the pages that follow.

Warmly,

Tana Jean Welch, PhD

✿

Suzanne Leonard Harrison, MD



## On the Cover

### 3 HEARTS

Elyse Watkins

*Elyse Watkins, DHSc, PA-C, DFAAPA is an instructor in the FSU College of Medicine School of PA Practice. She has been an ObGyn PA for the majority of her clinical career but enjoys doodling in her down time.*



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THE



# WHEN THE SCREEN FALLS AWAY

*Michael Rizzo, Class of 2019*

“Don’t ever lose your compassion.” “Don’t let medicine jade you.” “Make sure you don’t build up a callous to patient suffering.” These are pieces of advice I have heard over and over again throughout medical school, and each time I have smiled, said “Don’t worry, I won’t,” and filed away yet another reminder to maintain my humanism through the gauntlet of medical training. But really, if there’s one thing that I have never had to worry about it, it has been losing my compassion or empathy. I make an effort to be kinder to patients than the other medical students and doctors I see. I make mental notes so that I can maintain good eye contact instead of furiously scribbling, or worse, typing. I put my hands on the bed rail, I smile, I laugh, I pat the patient’s hand. These are things, honestly, that come very naturally to me. I am a very average medical student on standardized exams; my strength is this.

It came as quite a surprise, then, when near the end of my very first rotation, I found myself confronting this issue in earnest. It was my second week of inpatient internal medicine after a long, difficult month of outpatient, sifting through long medication lists and extensive past medical history in a little clinic. I found the hospital environment exciting, with all the people milling about, doctors and nurses and techs bustling around at all hours of the day and night. It felt like the popular medical shows, with all the lights and sights and the steady, soothing beeping and booping of fancy medical equipment. And I, walking around in my neatly pressed white coat, was thoroughly enjoying every minute of it. I would have friendly, pleasant interactions with

patients, get a good history and physical and present to my attending, and feel proud and privileged to be there. I had an encounter with a patient freshly diagnosed with lung cancer, and it was actually quite a nice visit. I examined him, we chatted about this and that, joked about the food they were bringing him, all very light-hearted, and then I went on my way. He was whisked away to another floor and I didn’t see him again.

One day we went up to the ICU, and I got to see very sick patients that had things I had read about, and I even got to do a paracentesis. The doctors and nurses would stand around chatting, joking and laughing about some patient or other who had been ill in some humorous way. On one such occasion there was a gaggle of doctors and nurses giggling about some guy who had recently arrived in a coma due to a “seizure” when everyone knew it was an opioid overdose since his disheveled girlfriend had told the ED nurse he had been in a methadone clinic. I didn’t think this was funny, but I smirked a bit as I saw his bed rolling past further down the hall—you know, just to fit in. Someone said, “Look, the family is here,” and I turned just in time to see a man I knew well (I’ll call him Mr. L), sobbing as his wife crumpled in his arms. I froze, horrified, and the TV show turned starkly into reality.

I had no idea what to do. Instinctively, I hurried after my attending, who had walked away towards the next patient’s room. Numbly, I fumbled through my presentation, and went through the motions of being friendly to this new patient, but something had changed. The weight of someone else’s grief, someone I knew, was unbelievably heavy on my shoulders. I wanted to somehow comfort, to make them feel better and have a happy, hopeful conversation about his likely recovery. At the same time, I wanted to teleport anywhere else. I was terrified that they would see me, that I would have to talk to them. I didn’t know what to say in this situation where there was really no hope to give.

This patient was a 20-something year old man who had apparently seized and gone into cardiac arrest for many minutes before EMS was able to restart his heart. He was in a coma, with fixed, blown pupils, acute renal failure, severe metabolic acidosis, and hyperkalemia. When I entered his room, he was on a ventilator and they were scrambling to get him on dialysis. From what little I knew about critical care, I understood that this was essentially a hopeless situation. I told my attending that I knew this patient, and that I wanted to hang around his room to...well, really, just to be there. I had no role in his care



other than just to stand there and look at his face, and pray. I stood there and I stared at him and I prayed for probably an hour before my attending told me to go get lunch. Lunch. It seemed an odd thing to think about at the time, but, obediently, I headed for the elevators, in a daze. I rounded the corner, and walked straight into Mr. L.

For a second he froze, his red, puffy eyes wide in surprise. And then he hugged me. This was a gruff, strong, capable man whom I had gone to for advice on manly things like buying trucks and fishing. We were friends, but he was not the type of man to be vulnerable, or touchy-feely, or overly warm. But he embraced me as if I was his only friend. Here he was, in this strange, unfamiliar environment with his son dying nearby, and he had found a familiar face. I stood there and I held him up as he leaned on me and cried, and I was silent. Eventually, he gathered

really offer any hope, but I also didn't snuff it out. He seemed comforted just by the fact that I had a small (really meaningless) status report, and that I was there talking to him. I don't know if I should have handled that conversation differently, but I was scared and put on the spot, and just said what my gut told me to say.

I hugged him again, hugged his wife, and told them that I'd be coming by to check up on them in the coming days. I wasn't there later that day when their son was pronounced brain dead, and I wasn't there the next morning when he died. But I will never forget that day, and I will never forget what I learned from it. This is not a game. It is not a TV show, and it is not light-hearted. I don't walk around solemnly, mourning each sick patient I see, and I have not changed my friendly, happy approach with patients. I still enjoy being in the hospital, and

I do not scorn medical professionals that cope with death and dying with humor and making light of the situation. But I do understand now, and really feel, that every patient is the most important thing in the world to someone, and that patients and families are sincerely afraid, often searching a physician's every word for hope. I learned that, for me, truly feeling the weight of patients' and families' concern is what allows me to connect with them, and provide a feeling of comfort and being cared for, even when there is very little hope. And sometimes, what's needed is simply your time, your presence, and a hug. ■

And sometimes, what's  
needed is simply your time,  
your presence, and a hug.

himself up, looked me straight in the eye, and asked me if his son was going to be ok. I didn't look away, I didn't cry, and I didn't stumble over my words, but deep down I knew that any hope I offered him would essentially be false. I knew that I had little to offer as a medical student in terms of prognosticating, and I knew that I really wasn't supposed to make an attempt, so I didn't. But it wasn't in me either to leave him there crushed, with nothing. I told him that the doctor would be by soon with an update and to answer questions, but that, for now, vital signs were good, the potassium had been brought down to normal, and that he hadn't developed any cardiac arrhythmias, but that the neurologist would be by in a little while to assess neurological status, and that was going to determine much of the prognosis. I told him nothing that he didn't already know, and I didn't

*This essay originally appeared in Intima: A Journal of Narrative Medicine, and received an honorable mention in the 2018 Compassion in Healthcare Essay Contest sponsored by Intima.*

*Michael Rizzo is a fourth year medical student, and a member of the US Navy. He plans to serve as an active duty flight surgeon after completing his internship at a Navy hospital next year. He is from Pensacola, FL, and attended FSU as an undergraduate, getting his bachelor's degree in Exercise Science.*





**BEYOND CINQUE TERRE**  
*Marcus Lackey, Class of 2022*



# Spirits

*Flo Gelo, DMin*

*Drexel University College of Medicine*

"I can't breathe!"

I sat up rigid, arms and hands propped behind me pressing into the Castro convertible sofa that served as my bed. My back arched, I thrust my head up and forward, wheezing, sucking air. I was sweaty, fearful and tearful when Dr. Sileo arrived.

I trembled as he sat at my side. As I squeezed his thumb, he stroked my cheek with his other hand. "In," he said. "Out. In. Out." His voice soft and steady, he coached me, one breath at a time.

Taking the stethoscope from his black leather bag, he raised up

inhale. The faces of nurses are close and their voices loud with question after question after question. I gulp and try to answer. Treatment. My hands are saying I need treatment.

They point to a chair. I sit and I wait. When a nurse appears, clipboard in hand she asks, "Do you have your medication with you?" I shake my head. She walks away.

She returns and hands me a peak flow meter. "Blow," she urges. Gadget in hand, I wrap quivering lips against the mouthpiece and blow. Light headed, I feel the meter taken from my hands.

Another nurse instructs me to follow him. We walk through a maze of gurneys separated by curtains. Peeking, I walk past a woman with blood-soaked clothes on her chest, moaning. Amid background voices and alarms from medical equipment,

## I CAN'T BREATHE!

my undershirt and pressed the cold silver disc on my chest. He asked my mother to bring him a glass of water, some whiskey and a shot glass. My mother gave Dr. Sileo the bottle of Seagram's 7 that my father brought down from the top shelf of the china cabinet to make highballs at Christmas. Dr. Sileo poured several drops of water into a half-filled shot glass of whiskey. He gently cradled the back of my head. Lifting my chin with his fingers, he placed the glass against my lips and tipped the liquid forward. "Drink," he said. One sip and my eyes stung. My tongue burned. It smelled like Sugar Smacks. I gulped the light brown liquid, then coughed. My neck went soft; my head fell into the pillow. I slept.

Years later, I awake in confused darkness, and reach into my bedside table drawer, fingers tripping on pens, lip balm, moisturizer and mini flashlight till they feel the L-shape of the rescue inhaler. Two hungry puffs, but no relief. Two puffs more. Nothing. I leap from bed and wrestle on jeans, sandals, a tee shirt. I rush from the house to the garage. Ten minutes later, I'm in the emergency room. I'm struggling to breathe. Trying to

I'm directed to sit on the gurney. I watch the nurse prepare a nebulizer. Talking with the unit clerk, he distractedly hands the inhaler to me. I know the drill and wrap my mouth around it and breathe. Dust-like particles coat my tongue. Firmly holding the hard-plastic mouthpiece with my lips, I breathe easier from quick-acting medication.

Twenty minutes later I walk, calm and reassured, to the nurses' station. I receive post discharge instructions, slip behind the wheel and drive myself home. Back in my room, I crumple into bed and sleep. I dream of Dr. Sileo, the touch of his hand and the shot of whiskey. ■

*Dr. Gelo is Associate Professor in the Department of Family, Community and Preventive Medicine. She is the Behavioral Science Coordinator for the Family Medicine Residency Program and the Director of the Humanities Scholar's Program at Drexel University College of Medicine. In addition to writing creative non-fiction, Dr. Gelo is the author of numerous publications in peer-reviewed journals and lectures on end-of life topics.*





**GREAT HORNED OWL** (top left)

**THE FISHING FLEET** (top right)

**RIDE AT DAWN** (bottom)

*Michael Hayward*

*Michael Hayward is a wildlife and portrait photographer from St. Augustine.  
His daughter, Anna Hayward, is in the class of '22 at Florida State  
University College of Medicine.*





**HYPNOS**

Wyndham Bonett, Class of 2019

Wyndham Bonett





# *I Wasn't* **READY**

## RETAKING STEP

1

*Olenka Caffo, MS, Class of 2020*

"I don't think you're ready for third year," said the professor observing my final OSCE encounter in my second year of medical school. I thought, "Is this true? After all the studying I have done and the classes I went through to get to this point? Why wasn't I ready for 3rd year?" The professor kept saying, "You're not performing at the level of your classmates." I kept silent. "You're probably worried about STEP 1 and your mind isn't focused on this." I kept thinking, "Why wasn't I at the level of my classmates? We all took the same classes, had the same professors. When did I get lost?"

As soon as I was dismissed I went to talk to the course director. She gave me a clinical scenario and let me explain how I would handle that case. I talked her through what I would do and my differential diagnoses. She asked me more questions and I gave her my answers and reasonings. At the end, she told me she wasn't worried about me. She realized that my thought process takes longer than most students, and that I spend more time thinking, which affects my timing in the tested encounters. She said that my thinking speed should improve with experience. It was good to hear that it wasn't content I was missing, but that I needed to work on my thought process. Even though it was good to know I wasn't lacking knowledge, it was hard to feel confident around my classmates. The insecurity seed was already planted in my

### **SUBWAY STEPS**

*Karolain Garcia, Class of 2019*

mind and it grew more as the days to take STEP came closer.

As everyone was studying for STEP, my fear of not being ready grew stronger. I noticed everyone was afraid of not passing, but I had an even greater fear because I had a history of not passing standardized tests. I always ended up taking any standardized test twice during high school. I couldn't help but think back to the times I had to retake my standardized tests in order to graduate. At that time, it was ok to take tests twice, but taking STEP 1 twice was not an option. All I heard was that I wasn't supposed to fail STEP 1. There was no talk about what would happen if you end up failing. What should I do first? Who should I contact? What would my schedule be? Is there any student who failed STEP 1 that I can ask for advice? All of these questions failed to be answered at that time.

My predicted NBME score was too low to be raised in the mere 6 weeks before the exam. I asked for more time to study and kept studying while most of my classmates were done with their exam. As the months went by I felt even more insecure. I was able to move my exam until July and decided to take a couple of days off to feel better about myself. Unfortunately, I had a conflict with a close friend that made me even more self-conscious and made me feel like my personality wasn't good enough to be around.

I took the test in July. My results came back, I failed STEP 1. I was no stranger to this and knew I had earned a label that I was going to carry with me from now on. My friends told me that this test didn't define me, and even though it was true, I felt like it did. It didn't define me as a person but it defined my future medical career. This test decided whether or not I was able to start my third year, and if I would continue my medical education, and it determined my residency options. I was given the option to retake it in 4 weeks but I knew that wasn't going to be enough time for me. I decided that I needed a break from school and went home to study and build my self-esteem and confidence, because even though it might seem silly, confidence plays a big role in how you make decisions when answering those questions.

At home, I was able to take a STEP 1 study course and focus on how to control my timing and improve my test taking skills. I knew I needed to fix those problems before continuing because this wasn't going to be my last standardized test, it was just the beginning. I experienced the side of academic medicine nobody talks about: failure. Since I didn't know anybody from school that had been through the same situation, I went online to look for

other students who had. I found plenty of anonymous students and learned that most, including myself, were ashamed about it.

I kept in touch with friends in my class. I couldn't imagine going through this feeling alone. The friend who I had the conflict with kept in touch with me and, ironically, in one of our conversations said something incredible, "I would be worried if you weren't scared." He was right, it was ok to feel scared about retaking STEP 1 and he made me feel more comfortable about having those emotions. It was normal to feel scared and nervous as long as those feelings weren't interfering with my thought process. Keeping in touch with my close friends gave me the motivation to keep going. I ended up taking 6 months off to focus on the course and study on my own. I retook Step 1 in December and received my score back in January. I was so nervous that I had to ask my brother to check for me. As soon as he told me the score I started crying. I couldn't believe it. I proved to myself that I could pass STEP 1 and didn't feel trapped anymore. This meant I could finally move on to 3rd year and it was unbelievable.

I learned that it's hard for students to mention their difficulties or failures during medical school. I saw that the culture of academic medicine makes it hard for students to express openly their difficulties to faculty and other students. There isn't much talk about how to overcome those obstacles and how it's normal to encounter them in your medical career. Even though I have learned more about myself from this experience, I know it affects my academic record. In order to feel more comfortable with my situation, I mention what happened to me to all the doctors I work with. I get different reactions every time, some are understanding and others not so much. But this helps me see the different perspectives they have on board exams. Despite the different opinions, I feel that I finally made it to the better side of academic medicine, the one that allows you to learn from patients, and that's the best feeling ever. ■

*Olenka Caffo is a third year medical student. Originally from Lima, Peru, Olenka has lived in Fort Lauderdale since she was 9 years old. She went to undergrad at FSU and is a graduate of the Bridge Program at FSUCOM. She loves traveling and visiting new places to learn and see nature. Her favorite place to relax is the beach! While she has learned to try new foods, her favorite so far is still Peruvian food.*



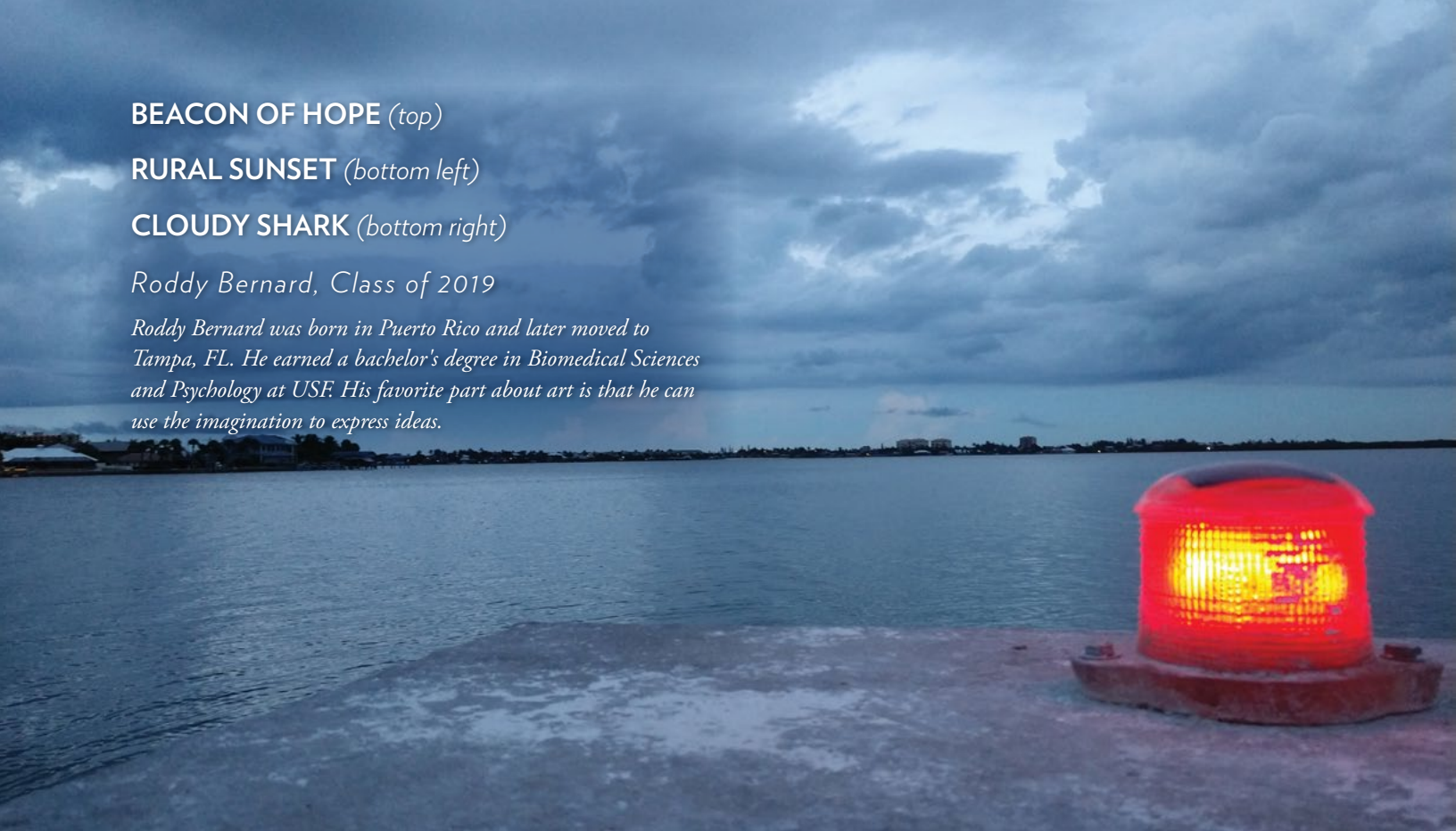
**BEACON OF HOPE** (top)

**RURAL SUNSET** (bottom left)

**CLOUDY SHARK** (bottom right)

Roddy Bernard, Class of 2019

*Roddy Bernard was born in Puerto Rico and later moved to Tampa, FL. He earned a bachelor's degree in Biomedical Sciences and Psychology at USF. His favorite part about art is that he can use the imagination to express ideas.*







HOPE

Michael Hayward





## MOONLIT SEA

Mary Norton, MD, FAAP

*Dr. Norton is a general pediatrician at the FSU PrimaryHealth Clinic at Sabal Palm Elementary School and a cabinet member of the Leon County Community Partnership School. In addition, she is actively involved in the education of both medical and physician assistant students at the Florida State University College of Medicine.*



Greg Turner, EdD, MBA/MPH  
Associate Dean for Faculty Development

## HY-PO-CAL-CE-MIA HAI-KU

No vitamin D  
My muscles start to spasm  
Cardiac arrest.

## TELEMACHY\*

Deep in each student  
Ideas lie waiting  
A spark? – Quick!  
Light the fire  
Fan the flames  
Open them to light.

*\*Telemachy is a Greek term loosely translated as “journey of self-discovery.”*

*Dr. Turner is Associate Dean for Faculty Development and Associate Professor in the Department of Geriatrics.*



## MOONRISE BEACH

Jan Beane

*Jan Beane is the Director of Administrative Services at Florida State University College of Medicine.*



## SEAGULL COMING FOR POPCORN

Judi Traynor

*Judi Traynor is an Administrative Support Assistant at the Fort Pierce Regional Campus. She enjoys painting, making jewelry, kayaking, gardening, and spending time with her husband Joel and their two cats: a Scottish Fold boy Oliver, and Persian girl Emmy Lou Hairiest. She is a board member of Scottish Fold Rescue and is actively involved in rescue work.*



# THE 4TH ANNUAL “HUMANISM IN MEDICINE” ESSAY CONTEST

Sponsored by the Florida State University  
College of Medicine Chapman Chapter  
of the Gold Humanism Honor Society, in  
partnership with *HEAL: Humanism Evolving  
through Arts and Literature*.

1ST PLACE

## The **STRUGGLE** *is Real*

*Thomas Paterniti, Class of 2019*

When mention is made of medical errors, the tendency for most is to think of disastrous mistakes that result in patient injury or even death. For others, perhaps near misses come to mind, missteps with catastrophic potential that were luckily noticed in time to prevent serious injury. There is, however, another type of mistake that we make in medicine, not the sort that dramatically impacts patient care, but rather the minute, small mistakes we make daily that mostly impact the way we see ourselves as healthcare practitioners.

It didn't take very many surgeries under my belt to reach what many will consider a self-evident conclusion: surgery is hard. I remember early during my OBGYN rotation (my first rotation) being asked by a doctor on one occasion, then soon after by a fellow, to do a free tie on a tubal ligation. This was of course long before I had gotten the chance to really practice knot tying and to develop facility with it in a pressured situation. I stammered something incoherent as I struggled through it, doing a miserable job and clearly floundering. When this also happened with the fellow, she was even less patient than the attending. "You'll just have to practice this later," she tersely concluded, and tied it for me. As someone who prides myself on preparation and technical competence, I was at once humiliated, flustered, and frustrated. This was by no means the last time I would experience that packet of emotions during surgery, and for a while I waited with trepidation when it came time to suture or tie, hoping I would not be made to look as foolish as I had looked early on. I practiced my knots of course, but was unsure how I would react under the bright lights when the pressure was on.

Some time later, during a colorectal surgery rotation, everything changed for me. As I was watching one of the colorectal fellows doing a colonoscopy, the attending came in after seven or eight minutes and took over for her. This happened again, and yet again, at which point she finally explained, "If I'm too slow, he comes in and does it himself." Then she added with frustration, "I wish he would let me struggle with it." Her words struck me. "I wish he would let me struggle." As I reflected on what she had said, I realized that the very thing I was avoiding – struggling – was precisely

what she was wishing for. What she knew that I did not, was that struggling in surgery is not a dreaded occasion to be avoided; it is an opportunity for improvement and growth. Surgery can only be learned by doing. The sooner you struggle, the sooner you learn and improve. She craved the opportunity to struggle, and I realized that I had been thinking about my difficulties all wrong.

With this perspective in mind, I felt like my eyes had been opened, and I began watching for other people struggling, especially so I could see how they approached it and dealt with it. One day before a small bowel resection, I saw an experienced anesthesiologist struggling to start an arterial line on a patient with difficult vasculature. He opened one kit, tried to insert the line, but could not find the artery. He called for the ultrasound machine and tried again. No luck. After a third unsuccessful attempt, he shook his head in disgust and concluded that someone in the ICU would have to insert it. At that moment I realized that even after years of experience as a physician, the twinge of embarrassment and frustration following even a minor failure was no less palpable. Indeed these emotions are perhaps more pronounced, since both the physician and those around him or her have higher expectations.

As I progressed through my third year, especially during surgical rotations, I came to realize that doctors and doctors-to-be at all levels of training struggle with something, and that no matter where we are, there is always some skill or piece of knowledge that is just beyond our comfort zone. The fellow who uttered those words, “I wish he would let me struggle,” opened my eyes to a different and better way to approach these times of difficulty and frustration; in particular she showed me that I ought to view them as a gift, an opportunity to be cherished rather than a catastrophe to be avoided. Struggling spurred me to practice, and in time I came to look forward to opportunities to tie and suture. Maybe I would perform exceptionally; maybe I would struggle. But whatever the outcome, I knew I would be better as a result. To my colleagues at all levels of training, I share with you the lesson I have learned: the struggle is real – embrace it with humility and determination and you will grow! ■

*Thomas Paterniti is a fourth year medical student. He has a BS in Classics from the University of South Carolina and an MA in Greek and Latin from Florida State University. His professional interests include mentorship of medical professionals, the ethics of medical translation services, and the diagnosis and treatment of gynecologic cancers. He is applying to match into Obstetrics and Gynecology in March 2019.*

## RESILIENCE

Mahsheed Khajavi, MD

*Dr. Khajavi is an Associate Professor in the Department of Clinical Sciences at Florida State University College of Medicine.*





# Day of Surgery

*Emily Deibert Cisneros, Class of 2019*

It's a Friday and I'm halfway through my surgical rotation. Our patient is in her early sixties and had a history of perforated diverticulitis, requiring a partial colectomy. She was up for an elective colostomy reversal that morning. Like most patients with temporary colostomies, she was eager to get rid of it.

Due to her history of mechanical mitral valve replacement, she was taking a blood thinner called warfarin. In order to reduce the risk of bleeding during surgery, patients must stop warfarin. Meanwhile, to prevent a clot forming around the artificial valve, they must inject themselves with the shorter-acting blood thinner, Lovenox. Our patient and her husband had followed these "bridging anticoagulation" instructions faithfully.

During surgery, everything went as expected. I was impressed, as always, by my surgeon's delicate maneuvering, as he sewed the glistening layers of bowel wall back together.

But now, just after lunch, I hear his phone ring. It's our patient's nurse. "Be right up," he responds.

We arrive at her room and she is lying in bed, pale. She says she feels lightheaded. The nurse lifts off her bandage and reveals a large dark purple hematoma that is bursting at the seams of her stapled midline incision. Her blood pressure is 83/52. My surgeon repeats it. Even lower. Her husband looks worried. As the rapid response team circles the bed to transfer the patient to the ICU, my surgeon pulls him to the side, "She is having very low blood pressures. I'm concerned that she may be bleeding internally."

Our patient's husband looks upset and confused. "But we followed the instructions from your office!" he exclaims. "She

stopped the warfarin earlier this week and I gave her the shot of Lovenox this morning."

My surgeon's brow shifts ever so slightly. "This morning?" he asks, softly, looking concerned. Although it is still early in my rotation, I have yet to hear him raise his voice.

"Yeah, at 4am I gave her the 90 milligram injection day of surgery, like it said," he responds. "Is she going to be okay?" he asks, panic starting to build.

Reassuring him, my surgeon steps into the hallway. "Listen, I need to make a quick call. She's in good hands. Be right back."

On the phone with his office manager, he paces. "Can you read me our Lovenox bridge instructions, verbatim, please?"

"It says take 90 milligrams day of surgery."

My surgeon explains to me what happened with our patient, as calmly as ever, "Nowhere does it specify after surgery." He looks at me, solemnly. "It's not clear. Our instructions are not clear," he sighs. "What a shame."

Approaching the patient's husband, my surgeon is quiet. He is generally serious, but the weight of his silence is different this time. He apologizes to the husband immediately, earnestly. He explains that the form is poorly worded and misleading. He takes full responsibility for what happened. "This is our mistake," he repeats, "and we're already in the process of changing that form."

Later that evening, we take her back to surgery. Her husband trails behind the gurney. I walk beside him, trying to be supportive, but not wanting to provide false reassurance that everything is going to be fine, because honestly I don't know. As we disappear behind the double doors, he tearfully calls out, "I love you so much, honey."

In the OR, I ask her how she is feeling. Despite her critical condition, she states, "Oh, I'll be fine, God-willing. It's my husband who..." as she drifts off to sleep.

We scrub in side-by-side in silence. The hallway is also quiet, as most people are gone for the day. My surgeon takes a long pause,

hands dripping into the sink, and turns to me. “I just hate this,” he admits, vulnerably. “I feel so terrible.”

The amount of blood in surgery is overwhelming. We suction out as much as possible, but it continues oozing from everywhere. The anastomosis is intact, luckily, but to my surgeon’s disappointment, there are no clear sources of bleeding to control. He lays down some hemostatic gauze, and we begin to close.

A week later, our patient is readying for discharge. After several days in the ICU, with multiple transfusions of red blood cells and plasma, her blood count finally stabilized. She is dressed in her own clothes and putting on lipstick when we walk in the room. She looks happy to see us.

“I’m so glad to be done with that thing and go home,” she says, regarding the colostomy. My surgeon nods, understandingly, and apologizes again for what happened. She smiles and shrugs, as if she has already forgotten how critical her condition was just days ago.

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My surgeon demonstrated integrity in his response to this life-threatening error. He put pride aside and the patient and her husband first. He could have easily dodged these difficult conversations and passively allowed them to assume blame for misreading the instructions. Instead, he took full responsibility for the miscommunication, relieving them of that burden. He apologized for their suffering. He was never defensive or accusatory, and he never tried to shift blame to any of his office staff, or to anyone else who had seen the patient prior to surgery. He sought to fix the problem immediately, and new, clearer instructions were written as a result.

Through this experience, I was reminded of the immense value of honesty in medicine. I learned the importance of identifying one’s individual role, as well as understanding the system flaws involved in medical errors. There are miscommunications every day in medicine, many of which put patients at risk. Thankfully, our patient was okay, and improvements were made to prevent this from happening again.

Maintaining the façade of perfection is unnaturally expected of physicians. But this is often at the expense of humility, self-reflection, and honesty. As doctors are so highly trained to prevent errors, we should be equally trained to admit error. As my surgeon showed, failure can be the most fertile ground for growth and change, if we allow it. ■



## THE CENTURION

*Matthew G. Hager, Class of 2020*

*Matthew Hager is a 3rd year medical student with a passion for global health. He is follower of Jesus Christ, husband, musician, surfer, and Crossfit athlete.*



# Healing for TWO

*Kate Harrison, Class of 2019*

"Tenth floor," declared the familiar robotic female voice. The elevator doors opened and I hurriedly followed my attending surgeon as he strode out to meet our next consult. I looked down the hallway of the stunningly beautiful building, the newest part of the hospital. I had spent most of my third year of medical school in this same building, one floor above. When we entered the room to meet the patient, I noticed she wasn't alone; several family members were present in the room. The stress of the illness and the treatment had taken an obvious toll on her

body, and I could see the pain and fatigue on her face. Next to her in the hospital bed was her husband, sitting with his arm around her. He spoke to my attending, as his wife was nearly too weak to speak. His eyes met mine, and as I looked at him, I saw myself.

This patient was only in her 40s. Cancer wasn't supposed to happen to her. It wasn't supposed to happen to my boyfriend at the age of 25, either. The husband's weak smile poorly concealed the pain on his face, the same fragile smile I had worn for months. To watch your partner suffer as you sit helplessly on the sidelines is a cruel form of torture. I remembered all the days I had spent in a room identical to this one, all the study time I put off, all the hours of sleep I missed. Like this patient's husband, I made the choice to be present every day during my partner's prolonged hospitalizations. Although it was hard to stay voluntarily in that room day after day, I understood that it was much harder to leave.

While the patient's husband informed my attending about his wife's current condition, I found myself wondering if their



**GULF FRITILLARY**

*Caroline N. Jackson, Class of 2019*



experiences were similar to my own with my partner. Supporting your loved one in a hospital setting feels like having your relationship under a microscope, and everyone is looking. How many serious conversations were left hanging when a nurse came in to take vitals again? How many times had they tried to spend a rare quiet moment, just the two of them, when the phone rang again with someone who wanted an update on treatment? How many times had they both put on a brave face for family and friends, when underneath it all, they really just needed to cry together? Unlike some of the pop culture portrayals in movies that romanticize cancer and relationships, the reality is that illness can place significant barriers between you and your loved one. The real growth comes from the faith that you still have in your partner, even when it feels like the relationship is on hold.

As medical students and eventually practicing physicians, we are expected to maintain a professional barrier between ourselves and the patients. While they may open up to us about all aspects of their life—physically, emotionally, spiritually—we must be careful not to reveal too much about our own personal lives, no matter how much we can relate. Watching this man speak so lovingly about his wife, I longed to say to him, “I understand what this is like.” I had woken up every morning to realize the nightmare was still real. I had fought the tears behind the shaking voice that said, “Yeah, we’re doing fine.” I had felt the weight of a fractured heart that kept beating, because obligations and responsibilities in life don’t wait for you to feel better. Despite all

the thoughts rapidly coursing through my mind, my professional standards wouldn’t allow me to cross that line.

Although healthcare professionals may not be able to connect on such a deeply personal level, we can offer comfort to our patients and their loved ones simply by saying, “Let’s try something, and maybe this will help you.” My attending surgeon knew there was nothing in his scope of practice he could do for this particular case, but he still took the time to have a discussion with the patient and her husband about options to advance her diet and improve nutritional status. The husband agreed with this decision, and I saw a flicker of optimism across his face.

Anything to make her feel better and more like herself, because “she’s a badass. She runs marathons.” I remembered those exact words coming out of my mouth just a few short months ago, when my boyfriend and I traded our long training runs for monotonous laps wheeling an IV pole around the eleventh floor together. When you watch your partner’s health status suddenly decline, any glimpse of his or her old self is a blessing. This patient’s strength and energy levels had been completely depleted, and I could see how much her husband wanted her to find some form of relief. I hoped our consultation with them gave them a sense of comfort, knowing that we were willing to offer an option to help ease the effects of her treatment that had robbed her of her vitality.

As we prepared to leave the room to move on to the next patient, the husband expressed his appreciation to my attending for seeing his wife, despite the fact that she was not a candidate for surgery. With a more hopeful smile, he looked me straight in the eye, and said, “Thank you so much.” Suddenly I realized I had hardly said a word during the encounter. I’m not sure what he read on my face underneath my bouffant cap, but somehow I think he knew we understood each other. Although we didn’t walk through the door promising a cure or a new treatment option, I still felt that the visit had made a difference. Despite the painful memories that flooded my mind, my experience gave me the opportunity to look beyond the patient’s diagnosis and instead see two people whose love gave them a glimpse of hope. ■





## UMBRELLAS

Amanda Wilder, MD

*Dr. Wilder graduated from Florida State University College of Medicine in 2018. She is a first year psychiatric resident at the Naval Medical Center in San Diego, CA.*



## THE RESEARCH SUBJECT

Suzanne Edison, MFA

### I.

Cradled in sanitized air, tethered  
to a pole and a bag that's dripping  
an elixir in rhythmic blips.

Dreaming of side effects this drug might elicit—  
fever, flush of skin, risk  
of infection...rejection—a love

for what's unknown, like the stranger I bump  
in a crowd, then meet again at a party.

I bite and lick my lips as my blood,  
faith, and stamina are tested.

### II.

Tested, I am subject and predicate. I am numbers  
on paper, reported and repurposed.  
Female. Color me a bleached moon-snail shell

lying on a graveyard of 'bad blood,' the husks  
of black, Tuskegee men with syphilis, tricked  
into sacrificing their lives. Given no diagnosis,  
no treatment.

And Henrietta Lacks, immortalized  
by her raging cancer cells, taken  
and sold for profit without her knowledge.

I know my rights. I can read.  
No one can touch me unless I agree.

### III.

Agreeing, I am consented.  
Consensual, my body is shadowboxing;  
it agrees to disagree with itself,

not like lovers after a quarrel,  
more than apologies are needed...

I want a sign, a change, my name  
on the consent forms, want to be  
the magma and rock of possibility...yes,

if not healed, at least  
to be useful.

### IV.

Useful, used, and schooled  
to ask questions, I have this itching

to know what's infusing my veins:

is it the breakthrough, spinning  
a spider's armature, or placebo,  
a dud, a slug's slime trail?

But I must be blind.

### V.

Double blind. Trials are trails doctors dream up.  
Explorers slicing through colorless jungles of data.

I follow in hues of dusk: striated gold  
scrimping through evergreens outside  
the hospital window, as infusion drops

caught in dilutions of light, shape-shift, fade  
to grey like a lover's face after the affair.

I'm flushed and weary with hope, like a salmon  
returning to spawn. But my blood

summoned back to the heart, sluices on,  
seeking its reunion with air.

*Suzanne Edison writes most often about the intersection of illness, healing, medicine and art. Her chapbook, The Moth Eaten World, was published by Finishing Line Press. She is a board member of the Cure JM Foundation and teaches writing workshops at Seattle Children's Hospital and the Richard Hugo House in Seattle.*





Photo courtesy of Patrick Blocher

## **DIVINE DECKS, TAMPA**

Zakriya Rabani, MFA

*Zakriya Rabani is a first generation human. Given a different last name than both of his parents he has grown as a Southwest Floridian with a misunderstanding of who he is. His influences consist of the relentless repetitive nature of blue-green crashing waves, the push for strategic explosions of energy in the world of sport and competition, as well as an obsession of contending with present-day educational/institutional structures; whose systems have deeply effected his process for thinking. Rabani challenges the perception of structures, systems, patterns of man by using his own absurd experiences to fuel his art practice.*





## NEGLECT TO SOME

*Stefano Leitner, Class of 2019*

# HONORING THE Sacred Garment

Eric Laywell, PhD  
Department of Biomedical Sciences

These words, by American dancer and choreographer, Martha Graham, have always resonated with me. And you

may remember seeing them before, as I always include them on the final slide of the First Patient presentation immediately before the incoming medical students go down to the anatomy lab to meet their cadavers. They express a near-universal understanding that the human body, while a material thing, is different from all other material things. Different in degree, it is true; but also different in kind. There is, literally, nothing else like it.

Some among us would say that this is because we each reflect the divine spark of our creator. That is, in the words of Benedict the XVIth, “Each of us is the result of a thought of God. Each of us is willed. Each of us is loved. Each of us is necessary.”

Others would say that what sets us apart—what makes us unique from all other animals—is our natural capacity for rational thought. These two ideas are surely not mutually exclusive, and they both help to explain our deep and mysterious reverence for the human body, even when that body has ceased to function as a self-integrating organism: that is, when it dies.

The passage of Time barely reduces this innate need to respect and honor human remains, as can be seen by the great pains that we take not to disturb the ancient burial sites of people who lived hundreds or even thousands of years before us. It is not until the recognizable human substance becomes indistinguishable from Earth that we finally say they are gone.

By the work of Fire, the people before us this evening—your “first patients”—have been reduced to ash. Soon, these ashes will

*“The body is a sacred garment. It’s your first and last garment; it is what you enter life in and what you depart life with, and it should be treated with honor.”*

be scattered, and they will become Earth once more.

It was their hope that they could teach

you valuable lessons, and that you would carry those lessons with you as you practice medicine. Some of you will share the story of those lessons this evening. And some of you will carry those lessons silently in your hearts. But there is no doubt that those lessons will shape and guide you as you make a difference in the lives of your future patients.

I know this is true, because even I am surprised by the things that I learn from these body donors. Even I am sometimes taken aback by the things that I see, and the feelings that are evoked when studying their bodies.

As most of you know, the prosection demonstrations this year were substantially different from prior years. I had the opportunity to work through some of the new approaches over the spring, since we had an extra cadaver. I wasn’t sure that all of the new demonstrations that I had in mind were feasible, and I wanted to work out any bugs before asking your teaching assistants to spend their time on it. It had been quite a long time since I last had the chance to do my very own dissections; I’m usually too busy fixing all the things that you do in the lab.

In any case, I was working on a shoulder dissection of an elderly man whose occupation had been some type of manual laborer. His muscles were large and looked powerful, especially given his advanced age.

*Anna Hayward is a first year medical student from Saint Augustine, Florida. Her passions are art, traveling, and of course, her best friend Kitty.*



As I approached the shoulder joint and began trying to open the joint capsule, it just didn't want to cooperate. There seemed to be lots of adhesions and scar tissue, and it was very slow going. Eventually, I managed to open things up, and was rewarded with a view of the most arthritic joint I have ever seen.

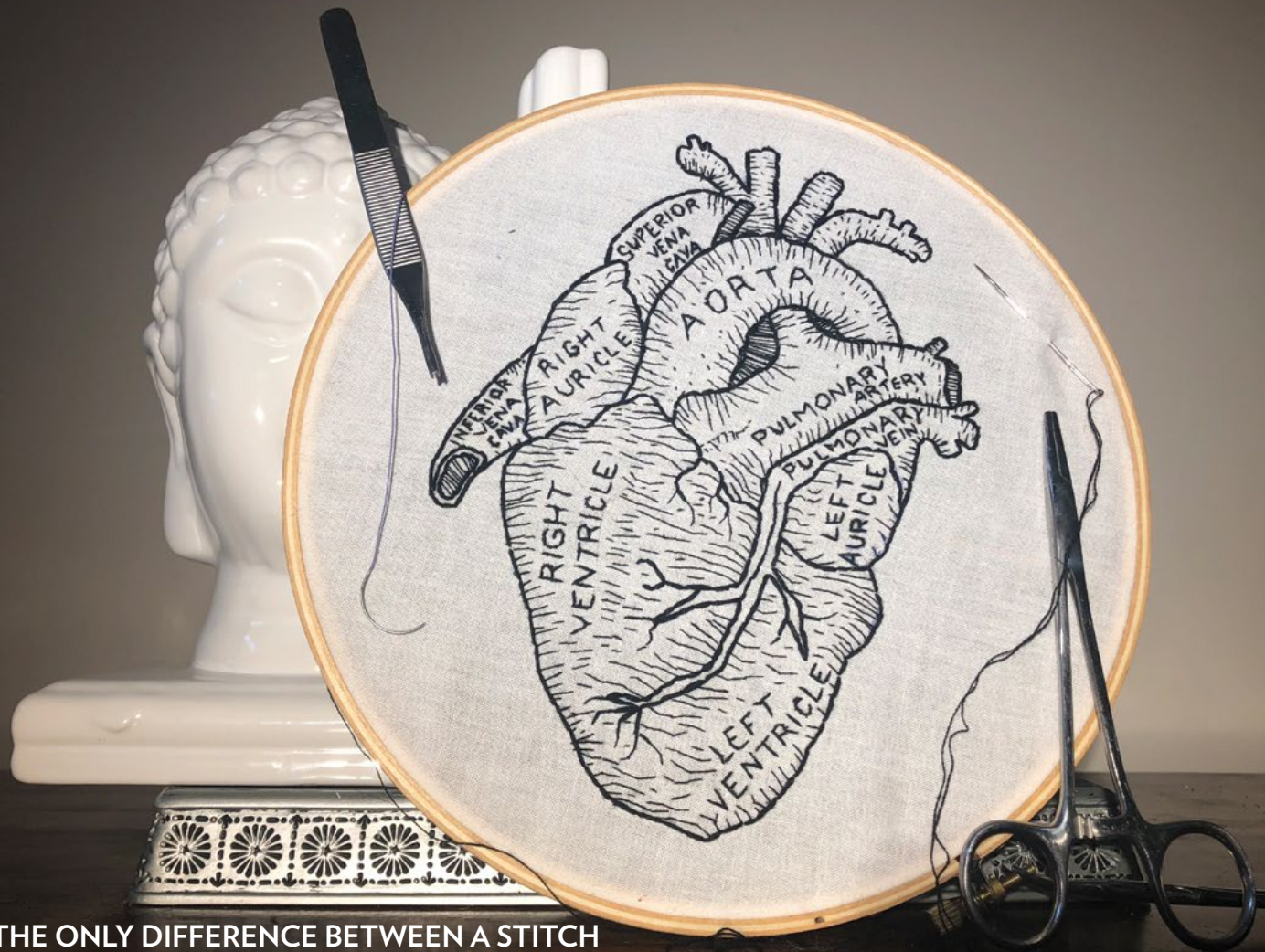
The humeral head was misshapen and very deeply pitted, and it seemed far too small given the man's overall size.

And then I had a brief but significant moment of clarity. Maybe it was because I was alone with only my thoughts in the prosection room, but the anatomy and pathophysiology of that shoulder came together in a way that was very real. And I felt a profound, visceral sympathy for this man and the pain that he must have experienced every time he moved his arm. I was, in short, changed. I can tell you: at my age, that is not something that happens very often.

This past summer you and I had an amazing and rare opportunity to study the human body in a deep and meaningful way. For most of you, this opportunity will not come again. Tonight I join you in honoring and thanking those who lent us their sacred garment so that we might learn and be changed. ■

*The above is an excerpt from an address given at the Body Donor Memorial hosted by the Florida State University College of Medicine Class of 2022.*

*Dr. Laywell is an Associate Professor in the Department of Biomedical Sciences at Florida State University College of Medicine.*



**THE ONLY DIFFERENCE BETWEEN A STITCH  
AND A SUTURE IS COTTON VS VICRYL**

*Anna Hayward, Class of 2022*



## POINSETTIA

Jason El Brihi

Australian National University Medical School

My dear Poinsettia, sunning in evening light,  
How blissful I am and contentedly smug  
When you gurgle and slurp with ardent delight,  
From the morsel I gift you unwavering each night;  
Unfiltered tap water drips from a chipped mug.

But what of the gift you bestow in return,  
To act as doorman of elysian fate.  
The hallowed privilege that few chance to earn,  
To spend time abroad and know how you yearn  
For me to lead Azazel back through our gate.

And for this I vow to bathe deep in chalk,  
And gripe a rope tied around the reaper's throat.  
And though time will soon steal all but root and stalk  
You will live till we've drained every river and loch,  
For how ignoble the healer to not keep you afloat!

But to think I would now perceive this absurd  
When both fear and thorn I've held firmly at bay  
To pluck the rose that sits ripe among the herd  
And preclude one the right to wither unstirred,  
To preserve beauty before imminent decay.

My dear Poinsettia, have I not acted in grace?  
To hold you here extant – was that not my pure aim?  
You have lived passed your prime, but have I been base?  
Surely you are happier than that rose in that vase!  
Tomorrow I shall water you just the same.

### *Author's note:*

*Poinsettia explores the modern healer's struggle through ethical metamorphosis, during an age where euthanasia and palliative care take centre stage. To treat, to heal, to prolong life; a hymn that has echoed through our halls has become a vice to surmount, and the soul so deeply perfuse with impetus is in turmoil. The poem explores a contemporary medical issue using an archaic poetry style to personify the juxtaposition of conservative values and modern ethical dilemma. In a world where contemporary expression of art and medicine is relentlessly pursued, perhaps playing homage to the ideals of the past and reflecting on the values of both art and medicine that shaped us will bring the peace we need for the modern healer to evolve.*

*Jason El Brihi is a psychology graduate, current medical student, and budding psychiatrist who has set himself the mission to imbue the field of medicine with the introspection of art and the wisdom of psychology.*





**EARTH GODDESS**  
*Michael Hayward*



try to draw  
much as  
can!

# Study Break

Today, me and Tarryd went  
his way through Epcot, where  
planned it so that we  
early, so the lines were  
following: viking history  
entire, grilled tenderloin  
chocolate sphere! Everything  
delicious! Epcot food is the

is what we talked about  
today in small groups. I  
me thinking about why  
now ambivalent about  
So I decided to make a  
of goals I would like to  
accomplish from doing

- become more confident  
my drawing strokes
- become faster at drawing
- develop my style more  
my point I am happy
- draw more
- maybe draw a new

# Just Breathe

right, my mid school friends  
really hard to get me  
drunk, and succeeded  
up of beer, a rum + coke,  
of tequila, and a whiskey  
I'm surprised I didn't



# Take it Easy

It's been a pretty good day today,  
making it a great study  
weather. Although Missie  
is not too pleased w/ it.  
New washie tapes also arrived

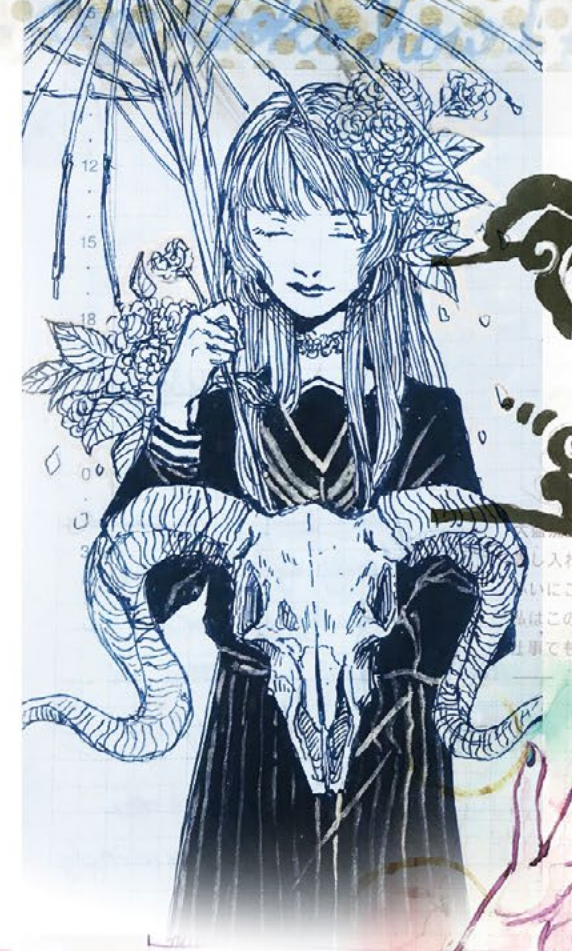
**MISC JOURNAL ENTRIES 1 & 2**  
Sophia A. Zhang, Class of 2021  
Sophia is currently a second year medical student who spends her free time annoying her dog and coming up with new inventive ways to  
dodge the question: "Do you know what speciality you want to do yet?"



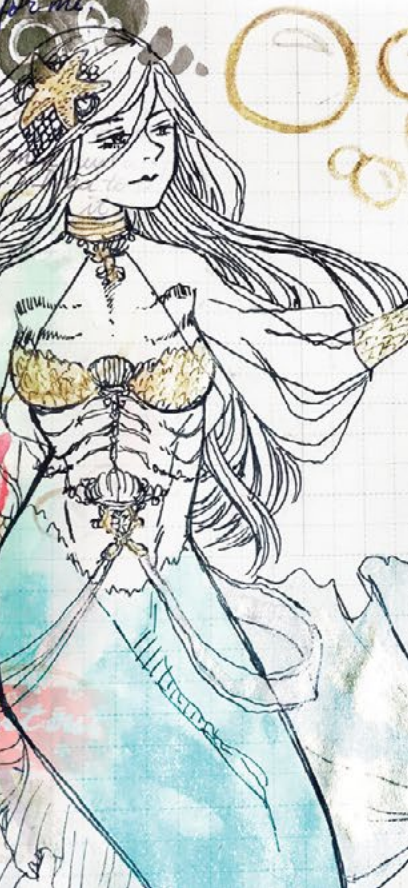


Today is the  
last day of  
my spring break.

While I may  
But ~~not~~ <sup>be</sup> able  
to draw as much  
I really ~~will~~ <sup>will</sup> do my best  
study. ~~This~~ <sup>is</sup> updating.  
but I'm ~~not~~ <sup>not</sup> going  
to start  
If reading this  
send me dog pics



入れのアイス...  
いこう言ったのです。...  
はこの日、気仙沼のみんなと新しい観光の...  
事でも何でもいから...  
沼のハナ



Please sir, may I  
have some  
head rubs?



don  
mutton chops!

just gotta draw my best



# DIVINE

*Michael Babcock, Class of 2019*

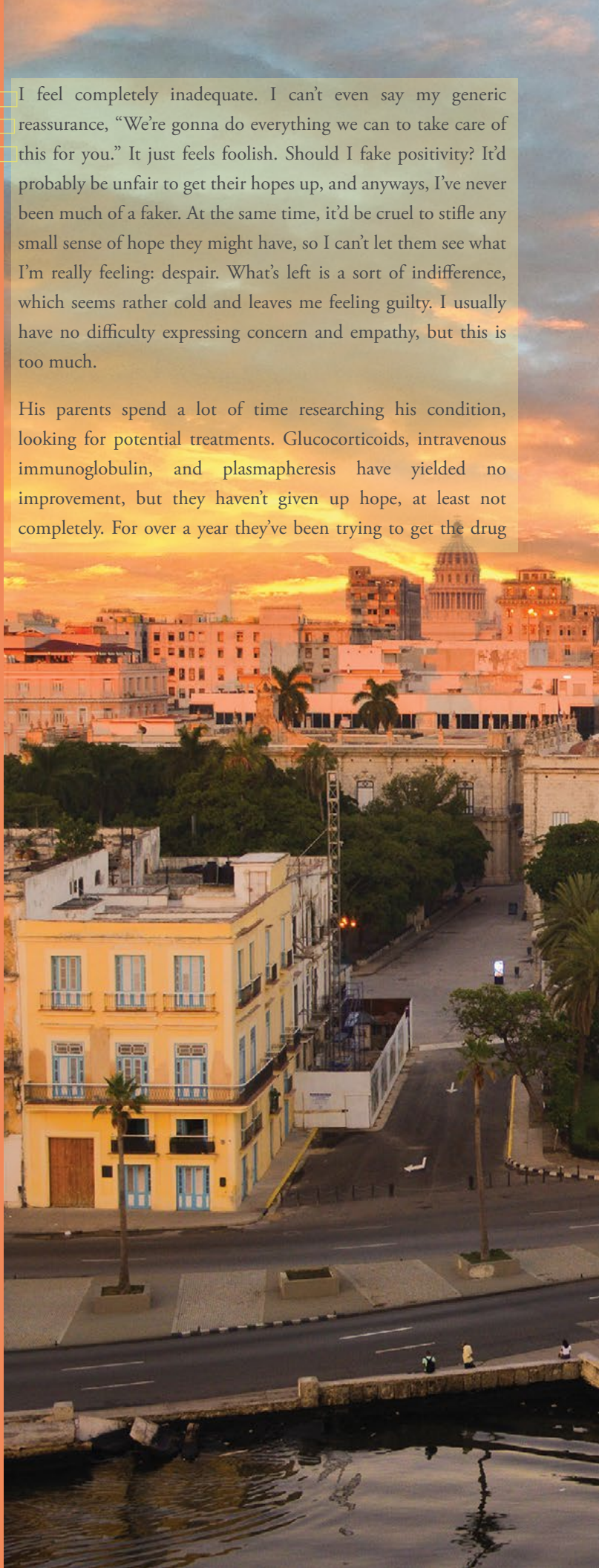
A 25-year-old man with severe cognitive deterioration and memory loss due to autoimmune encephalitis comes in for his follow up neurology appointment. He has a blank look on his face, jaw slightly ajar. I reach out my hand to shake his, but he just stares. His parents tell me about their only son: five years ago he was completely healthy, working on his bachelor's degree in mechanical engineering. Then he began to have seizures, memory loss, and within a year was unable to take care of himself, dropping out of school and moving back into his parents' house. After an extensive neurologic workup, he was found to have a rare autoimmune encephalitis. Apparently he was bitten on the leg by a bug about a month before onset of symptoms, raising the possibility of a causative molecular-mimicry event – the idea being that the immune system mistakes one of the body's own proteins for a foreign protein introduced by the bug bite, resulting in an autoimmune response.

His condition has been stable for the past 2 years. He has marked poverty of speech, sometimes responding with 'yes' or 'no' and rarely, short phrases, such as "I like to cook." His parents tell me that not only is he unable to cook, he needs help with even the basic activities of daily living, such as bathing and dressing. His father starts to cry. Meanwhile, the patient keeps staring with that blank look, his face without an ounce of discernable emotion. He's been reduced to what appears to be an empty shell of a person, but according to his parents he occasionally does show emotion; sometimes he'll sob uncontrollably.

My preceptor had prescribed him Nuedexta for pseudobulbar affect to try to reduce the crying spells. Pseudobulbar affect describes sudden emotional outbursts that are mood incongruent or inappropriately triggered by random stimuli. Does he really have pseudobulbar affect? Or are these episodes just outpourings of frustration and despair? I know his parents wonder the same thing. In any case, Nuedexta didn't seem to reduce their intensity or frequency. Is this the part where I use a PEARLS statement to demonstrate empathy and support? Do I say: "I can see this must be very difficult having your only son reduced to the functional equivalent of a toddler whose only emotional output is an occasional soul-crushing cry. How does this make you feel?"

I feel completely inadequate. I can't even say my generic reassurance, "We're gonna do everything we can to take care of this for you." It just feels foolish. Should I fake positivity? It'd probably be unfair to get their hopes up, and anyways, I've never been much of a faker. At the same time, it'd be cruel to stifle any small sense of hope they might have, so I can't let them see what I'm really feeling: despair. What's left is a sort of indifference, which seems rather cold and leaves me feeling guilty. I usually have no difficulty expressing concern and empathy, but this is too much.

His parents spend a lot of time researching his condition, looking for potential treatments. Glucocorticoids, intravenous immunoglobulin, and plasmapheresis have yielded no improvement, but they haven't given up hope, at least not completely. For over a year they've been trying to get the drug





rituximab, but it's really expensive and insurance won't cover it due to lack of evidence. They hand me a couple of printed research articles on another drug, mycophenolate, telling me that some patients have had great results. I can hear the desperation in their voices. My preceptor says it's relatively cheap, worth a shot.

Bidding them goodbye, I can't help but get an uneasy feeling as I watch the patient shuffle along, blank stare, mouth agape. This could've happened to any of us. No genetic counseling, vaccine, or risk-factor reduction could have prevented this. At least with most cancers there are preventative measures, established treatment protocols, some degree of certainty about prognosis. It's human nature to look for purpose. Why did some little immunologic error destroy this person, leaving behind only a remnant of his past-self to torture his parents?

Some say that everything happens for a reason. I think that's a defense mechanism to protect us from the harsh reality. Not all pain and suffering contributes to some greater good. Some of it is just the product of pure blind chance, little accidents in the great complex machinery. Nature didn't care about this patient. But his parents do. I do. Maybe that's the silver lining to it all. The world may be indifferent to our suffering, but we still have our love for one another. And from this love grows motivation, inspiration to do well by each other. I suppose that's why I got into medicine. To find the victims of this world and rescue them. To prevent tragedies like this from happening in the future. To not just sit down and accept all the horrible maladies that plague our fellow man, but to stand up and fight disease as it rears its ugly head. Not everyone can be saved, but to prevent one family from being torn apart by illness, that is divine. ■



GOLDEN HOUR IN HAVANA, CUBA  
*Jonathan Grisiaffi, Class of 2022*



# The HEAL STORY

*José E. Rodríguez, MD, Founding Faculty Editor of HEAL*

As I sit here in the cold winter morning, I see snow on my lawn, its growing mass moving slowly towards my swimming pool. It is the first week of December, and I am far away from the place that HEAL was born. Yet, inexplicably, I feel very close to this wonderful publication, and the voice it gives to patients, staff, students, and faculty.

We started in 2008—almost 11 years ago. Our first print version came out in 2009. But that story is too simple, too easy. As I remember our beginnings, I remember images that inspired me. I remember students—now attending physicians with accomplishments far greater than my own—and I remember benefactors. I also remember making mistakes—both in teaching, and in HEAL. Yet time seems to make the good memories stronger, and the details of the mistakes become less obvious over time. For that I am grateful.

The image that stands out in my mind is this one:

Dr. Jared Rich, then a first-year student, produced this work of art as a part of a ceremony that the first-year medical students ran every year to remember the people who had donated their bodies for anatomy lab. During this memorial, students recite poetry, play music, share artwork, and honor the sacrifices of the donors. It was a touching ceremony, and I was amazed by the talent shown there.

I remember thinking these talents needed to be shared far beyond the walls of the medical school. I also remember what was obvious to the medical students: There is healing in art and joy in writing. I remember carrying a binder everywhere, with the artwork, the stories, and the poetry of medical students, thinking, “We need to make a magazine.” Fortunately, I don’t have to remember everything. In 2011, in Volume 3 of HEAL, we actually published the founding story. I will quote it here:

“HEAL was born in desperation. I had been an observer and participant in medical education for about 10 years when I began to feel a little burnt out. Not that I did not love teaching—I do. Nor did I hate seeing patients—I live for it. But I had been exposed to a darker side of what was a beautiful and inspiring career. A wise mentor had told me, “José, our career is sick. It is your job to ‘heal’ the career.” I had the idea of starting a creative writing group with the students, to try and direct their



Hic locus est ubi mors gaudet succurrere vitae  
This is the place where death delights to help the living

*Jared Rich '08*



energies toward creativity and self-expression. I thought that if they shared their stories, they would grow closer to others. I hoped that it would help them respect and love those who were different from them and needed their help.”

Dr. Amanda Percy and Dr. Jordan Rogers took the lead among the students, during their first and second years of medical school. This is what Dr. Rogers wrote in 2011:

“I had always dreamed of writing something that mattered to people, something that told the story of caring for patients from the perspective of people across the spectrum of medicine. Teaming up with Amanda Percy, who was a classmate of mine, we all came to the same conclusion: we needed to pursue making our ideas into a reality. Amanda came up with the name HEAL: Humanism Evolving through Arts and Literature, and worked tirelessly to make HEAL happen. . . The amazing tales of patients, families, and even colleagues that unfurled through the creation of HEAL has and continues to be an astounding and wonderful part of my medical career.”

Dr. Zach Folzenlogen, who started med school the year after Drs. Percy and Rogers, became the art director for the journal. He had a previous career at The Miami Herald doing similar work, and his passion presented the work of his classmates in an astoundingly beautiful and professional way.

As with all things creative, we needed to get money to further this dream. Dr. Percy, Dr. Rogers, and I applied for and received a grant from the Arnold P. Gold Foundation—funding the publication of 2 newsletters and 200 print copies. Dr. Lisa Granville, then Associate Chair of the Department of Geriatrics and Principal Investigator for the Reynolds Grant, saw this as an opportunity, and she formed a coalition with the Chair of Geriatrics, then Dr. Ken Brummel-Smith, the dean, Dr. J. Fogarty, and the Reynolds Foundation and made possible the publication of the first 1000 copies of HEAL. To me, this was miraculous. It was more than I dreamed possible. And those 1000 copies disappeared rapidly. We distributed the first copies around the December holidays. I remember dressing up as Santa Claus, and passing them out to the staff, the students, and the faculty. It was a gift.

Funding remained a challenge for only a few months after that. Dr. Jeanine Edwards joined our faculty as the chair of Medical Humanities and Social Sciences. Once she saw the journal, she made it a permanent fixture, funding both the annual publication as well as recruiting Dr. Tana Jean Welch, who continues to edit and manage the journal today. Dr. Folzenlogen graduated from medical school in the fourth year of HEAL, and it became necessary to find a new “art director.” The medical school had just formed an Instructional Design division of the Office of Medical Education, led by Dr. Shenifa Taite. They graciously took on the art direction of the journal, and Mark Bauer, HEAL’s current designer, does an excellent job.

Three years ago, HEAL became permanently funded by the Jules B. Chapman and Annie Lou Chapman Private Foundation, whose unprecedented generosity has made it possible for HEAL to continue to bless the lives of patients, staff, students and faculty. We are very grateful to them for noticing us, and for making HEAL part of the fabric of our institution.

The Department of Family Medicine and Rural Health played an essential role in the creation of HEAL. I was a full time faculty member in that department while at FSU, and under the leadership of Dr. Dan Van Durme, then chair, I was allowed the time to bring HEAL to light. The department also hired essential personnel—Drs. Taite and Welch, to name a few—that ensured the survival of HEAL.

What started out as the story of HEAL seems to have morphed into a “thank you note.” This journal has been a labor of love, and one that I hold dear to my heart, even though I have moved on. HEAL gave me my voice in poetry and short stories. It also was the first publication where I served as editor-in-chief. Since its inception, I have been more active in creating poetry than at any point in my life. I have since produced a book of poetry for my family and have attempted to write my autobiography in verse. I still write essays 4-6 times per year for blogs and for journals and HEAL gave me the courage to do so.

I would like to congratulate HEAL on its 10th anniversary. In 2008 I knew it was possible, but I did not believe it was probable. I am delighted that I was wrong. May HEAL continue to bless all of our lives, and may it continue to be a place of expression, of healing, of sharing, and of love for generations to come. ■

# 10 YEARS LATER



# Aequanimitas

*Jordan Rogers, MD, Class of 2012, Founding Student Editor of HEAL*

Strength was my weakness during those days. I had been on a one-way track for such a long time that it never occurred to me to slow down, or even get off the train.

Most doctors don't like to talk about those times when they were vulnerable. It's an unspoken rule that physicians are meant to help everyone around them, while somehow maintaining total inner and outer control of their emotions.

Aequanimitas, a Latin word meaning "calm spirit," used to be what one of my mentors preached over and over in medical school. As a storm may rage on around you, or even within you, you must maintain composure during these toughest of times. Others look up to you for guidance; the climate of the room will always reflect your demeanor.

To a degree, I believe the idea of "aequanimitas" is important. For instance, in the emergency department, if every cantankerous patient, high-stakes procedure, or difficult conversation created a rift in the physician's ability to perform, we couldn't ever get anything done. It is important to keep a level of composure during times of disarray. Nurses, staff, and patients look to us for guidance when they are at their lowest points.

However, when taken to an extreme, this theory can lead to destruction. The summer between my PGY-2 and PGY-3 year, a brief one-week respite was spent at a family event out of state. I was exhausted, emotionally drained, and extremely miserable about the idea of returning to another year of training. What was meant to be a "homecoming" afternoon spent with family turned in to tears in a back room as I cried to my mom. She knew things were hard for me; she perhaps wasn't aware of how hard. I had been keeping all of this from her in an attempt to stay strong and never show weakness. I had bottled up all of my feelings. It was then that my family encouraged me to see a counselor.

Therapy had never occurred to me in all my years of professional training. I always believed that I had to power through whatever challenges I faced. Never mind that both of my parents are

psychologists; their work and mine had no crossover. At least, that is what I had always thought.

When I got back to town I asked around for a local psychologist. After putting off making an appointment for several days, I finally mustered the courage to make a phone call. Driving over to my first meeting, I had the urge to turn the car around over and over again.

Meeting with Marcus was one of the best things that ever happened to me. He had worked with several residents in the past. He told me I was not alone; what I was going through was normal. Any and all emotions that I was experiencing were all things he'd heard before. I finally felt like I wasn't on an island any more. Turns out, lots of people in my exact same position had encountered the exact same range of emotions. Imagine that.

I met with Marcus every few months for the rest of my PGY-3 year. When it was time for us to part, I felt like I had walked a journey through mountains, deserts, and back again. He showed me how to process what I was going through and actions to take in the future to combat feeling low. I often feel Marcus was a gift that I could never replicate, repay, or recreate for anyone else.

We all go through valleys during our training, no matter the environment. It's important to remember that it doesn't have to be a journey made alone. What we do is valuable, meaningful, and impactful to others. It is imperative that we take care of ourselves both inside and out. When our spirit is healthy, aequanimitas is all the more achievable. ■

*Dr. Rogers had this to say about HEAL: "HEAL began as a brainstorming session between Drs. Percy, Rodriguez, and myself one afternoon after class. Idea after idea flowed freely and before long we had a full on publication. It had always been a dream of mine to create something similar to the HEAL project, and I am so lucky to have had the creative minds of Drs. Percy and Rodriguez to foster such an amazing project."*



# HEAL *the* HEALERS

*Amanda Percy Davis, MD, Class of 2012, Founding Student Editor of HEAL*

I have never seen myself in any other role, working a boring job all day, ugh, what a bore.  
The art of healing people has always been my goal, I have given all my body, heart and soul.  
Hours of learning, bent over stacks of books, despite those around giving confused looks.  
I know this is what I'm meant to do in life, but still, geez, does it have to come with so much strife?  
Looking to the future I thought people would be grateful, but at times the sick are just plain hateful.  
What makes me any less of a person to you? Just because I wear a coat, I can't cry too?  
We share the same emotions buried deep, full of worry at times, and always losing sleep.  
I have children, a family, and would be mad, too, if I had to hear the words I must convey to you.  
The practice of medicine some days is so tough, the road to helping others eternally rough.  
Now I don't want to lead you astray, being a physician predominantly makes my day.  
I get to remedy the worries and problems people abhor, one after another it's now at my core.  
Relying on the education I've learned and been given, I strive on adding years to a patient's ideal living.  
A simple job from the outside looking in, you don't see the stressful lows to which I've been.  
Thinking this isn't what my course was set for, did I decide to proceed through the wrong door?  
The job of a healer seemed ideal when I set out, now I look inward to banish self-doubt.  
I'll rely on the people who support my endeavors, deciding to give up, give in, NEVER!  
There are people who need me, and for this post I'm ready. Keeping my eye on the horizon and steady.  
The journey of my physician-hood is not over yet, my good in this world has hardly been set.  
Next time seeing your local MD, be grateful, say thank you. Who knows, they may need healing, too.

*Dr. Amanda Percy Davis attended residency at the TMH Family Medicine Residency. She currently works at CHP Urgent Care in Tallahassee, where she lives with her husband Lance and two young boys. She enjoys staying active with the TMH Residency Program and spending time with her family.*

*Jordan was born and raised in Daytona Beach, Florida. Forever a Seminole, she attended Florida State University for her undergraduate degree where she majored in Biology. She was a contributing writer to the FSView and Florida Flambeau during her time there. She continued her education at FSUCOM and was a part of the Orlando regional campus. She in turn began residency at Shands at the University of Florida in Gainesville, Florida. Completing her Emergency Medicine residency, she now practices outside of Washington, D.C. She is getting married in May of 2019 in Annapolis, Maryland.*



*José E. Rodríguez, MD,  
Founding Faculty Editor of HEAL*

Varied interests take me many places at a time  
I find myself using time that is not mine  
To work on projects from varied interests  
And then try to sell them by posting on Pinterest  
I like science and art and poetry and crayons  
And writing cool stories and I could go on and on  
I have a million thoughts at once and a short attention span  
And I lose interest quickly even though I can  
Be more creative than most and do a lot more work  
But because of A.D.D. I seem like a jerk  
Because I'm not always paying attention—  
Even though that is not my intention



# S O L A C E

*Michael Tandlich, Class of 2020*

Mr. Jones was a very dissatisfied 55-year-old jaundiced hospital patient when I met him, but it was not the abdominal pain or skin discoloration that bothered him most. A team of doctors frequented his bedside with overlapping questions but little explanation. Mr. Jones felt frustrated and lost. “Don’t these docs speak to one another?” he said. “The one you’re working with asked me the same question I’ve been asked twice before!”

Part of his frustration stemmed from anxiety. My preceptor, an oncologist, was evaluating Mr. Jones for underlying malignancy. His CT scan showed multiple cystic hepatic lesions and biopsy results were still pending. Without answers to a grave question, Mr. Jones could not be discharged or have peace of mind.

Nonetheless, his frustration and confusion was something felt by many other hospitalized patients with whom I interacted. It was during my pre-rounding experience when I noticed this most. Many patients I interviewed were unaware of information in their charts such as significant changes in laboratory values and chest x-ray examination results, simply because nobody with access to the record had communicated these data. Gathering a history from these patients sometimes left them feeling more unaware and frustrated.

Furthermore, patients showed surprise over my encounters. “A doc hasn’t spent more than 10 minutes with me since I’ve been here!” one said. Another patient showed much gratitude after I spent 30 minutes gathering a history, performing a physical exam, and simply talking to him and answering questions. He said, “Nobody has ever done this for me in here.”

As a medical student, I was fortunate to have ample time and a small caseload. This enabled me to fully interact with patients who consistently appeared in need of more bedside rapport. It goes without saying that physicians often have a demanding caseload and merely not enough time to sit with each patient to discuss his or her plan of care and answer every question. But, during my

internal medicine clerkship, there also seemed to be an inpatient hospital culture that lacked patient-centeredness. Doctors had fleeting encounters with their sick patients. Sometimes, they made no more physical contact than stethoscope to chest.

I empathize with those patients who may have benefited mentally from improved physician rapport. Taking an extra moment to address patients’ fears could bring them comfort and eradicate some feelings of helplessness. I know I would have felt a similar dissatisfaction as did Mr. Jones if I was in his position. Between the beeping of hospital machines and devices, there can be solace in feeling cared for by the doctor, something that would bring more peace of mind even in times of uncertainty. ■

*Michael Tandlich is a third year medical student at the Daytona Beach regional campus.*



## MERCADO - NICARAGUA

*Tamara Marryshow Granados, MD*

*Dr. Granados graduated from Florida State University College of Medicine in 2017. She is currently completing her second year of residency at Brown Warren Alpert Medical School Family Medicine Residency Program in Rhode Island.*

*Dr. Rodriguez is the founding editor of HEAL: Humanism Evolving through Arts and Literature and was editor-in-chief for its first 7 years. He is now professor and interim Associate Vice President for Health Equity and Inclusion at the University of Utah Health Sciences Campus.*



## FOR ALL OF US JUST STARTING OUT

Haydar S. Ali, MD

Florida State University College of Medicine

Internal Medicine Residency Program, Tallahassee

First, carry your mistakes on your sleeve.  
Introduce them to every patient you meet  
as though they were old friends.  
Give them time to reacquaint  
and only then follow your course of action.

In an emergency, trust yourself, or  
earn the trust of those around you:  
you will often need both.

The patient is a descendant of  
all the patients before him,  
respect him as such.

To the internist: your medicines are your scalpels,  
fine-tune them accordingly.  
To the surgeon: your scalpels are your heartstrings,  
never cut what you can't see.

The patient is a poem, but don't over-analyze.  
Read with the innocence of a child,  
stopping at every line,  
loving every rhyme.

If you find your eyes closed during the day,  
don't let your mind wander to obscure facts.  
Think instead of the first person you ever loved,  
the sheen red-white of her lips,  
like the inside of a strawberry.

For every laugh, laugh ten more.  
For every tear, shed three.  
And always, always, cry as though  
no one is watching.

There is no art to medicine,  
just singing in the rain.

No science to practice,  
but a pendulum in the dark.

And last but not least: do no harm.

*Dr. Ali is a third year internal medicine resident at Tallahassee Memorial HealthCare. He enjoys hiking and bicycling in his spare time.*

## THE ROBIN

Mary R. Finnegan

You were my favorite patient that first year  
and robins were your favorite bird.  
You loved them for the way they greeted  
the day with song. Every morning  
at sunrise, undaunted by the hour, you sat  
at the window and listened to them sing.

One of your nieces told me that during the war  
you'd thrown your body over a barbed wire fence  
so the medics could slide a half dead soldier  
over your back. I think she wanted me to know  
that war was what was wrong with you,  
the booted foot that trampled your life.

You asked for so little. Cigarettes, the rosary,  
birdsong. At the end of my shift, I'd wheel you  
outside so you could smoke one cigarette  
after another while we prayed and listened  
to the birds singing. I remember the sun  
and the wind felt good after those cooped up hours.

It was a robin, you said, who went to Christ's ear  
on Good Friday while he hung on the cross  
and sang to him to ease his suffering. It's the blood  
of Christ that reddens the robin's breast. Your dream  
was to be a friar like your beloved Francis, to wear  
the plain, brown habit, to give all of yourself for God.

But some unspeakable thing broke you  
and you were turned away, left alone with only  
cigarettes, the rosary, birdsong. Sometimes, as you lit  
your Marlboro from the one before, a bit of ash  
fluttered and landed on your shirt, it was then  
I saw a flash of red glowing upon your chest.

*Mary R. Finnegan is a writer and nurse living in Philadelphia. Her work has appeared in Dead Housekeeping, PILGRIM: A Journal of Catholic Experience, Catholic Digest, The American Journal of Nursing and elsewhere.*





Cover  
Artwork  
Finalist

**TREMENDOUS**  
*Sangeeta Nair-Collins, MD*

*Dr. Nair-Collins graduated from Florida State University College of Medicine in 2018.  
She is a first year internal medicine resident at Tallahassee Memorial HealthCare.*





**SUNSET** (top)

**NYC'S FLATIRON BUILDING** (bottom left)

*Karolain Garcia  
Class of 2019*

*Kristen Laster is a fourth year medical student at Florida State University College of Medicine's Orlando campus. She is currently applying to psychiatry residency programs throughout the country. In her spare time, she enjoys spending time with her daughter, cooking, and listening to podcasts.*





## LAKE BUCKEYE IN WINTER HAVEN, FLORIDA

*Kristen Laster, Class of 2019*

*Lake Buckeye is minutes away from my parents' home in my hometown of Winter Haven, which is also the location of the new family medicine residency program. Over the years, several of my classmates have visited and commented on the "ruralness" of the area, which was surprisingly comical to me as I had never really considered that viewpoint. Additionally, I had a similar reaction when again in the press release announcing the details of the new program, Winter Haven was described as "a rural and medically underserved community." This photograph was taken as a part an assignment for the Creativity and Medicine elective to capture a more complete view of what encompasses a small town. Lake Buckeye is one of the 26 lakes in Winter Haven and over 500 lakes disbursed throughout Polk County. Winter Haven is also home to a 24-canal connected Chain of Lakes, created in the early history of the town to transport citrus throughout the city.*



# WRIGLEYVILLE

## WOES

*Simon Lopez, MD*

The best advice I was given about my failures over this past year was from a dead man while I was 39,000 feet in the air.

Wait, I should probably clarify that...

While on a late night flight to a blusteringly cold Chicago for a residency interview, I did what every person bored on a flight in 2017 would do: I listened to a pre-downloaded podcast. However, due to my overzealous monitoring of my phone, I had drained the battery to a point where ordering my Lyft in 10° F Chicago at 10:13PM would soon prove difficult. Surrendering to the hum of pressurized air, coughs, and turbines, my eyes caught the cover of the in-flight magazine with *West Wing* creator Aaron Sorkin on the cover. In it, he was interviewed over his directorial debut and was questioned about the fears of failing at such an endeavor given his respected track record as a screenwriter. His response included a quote attributed to Winston Churchill that has stayed with me since:

“Success consists of going from failure to failure without loss of enthusiasm.”

For lack of a better word, my last two years of medical school could best be described as difficult. Despite a successful undergraduate career, master's program, and two years of classroom medicine, the veneer of my successes began to wear thin. Suddenly, I was batting a solid .500 on six clerkships during my third year and batting even worse this fourth year. This left me wondering at times how I made it this far in the first place with 5 failures behind me, 2 of which were in a row (not even counting a board

exam). Clearly, I have failed more in medical school than I have succeeded. It would be easy to say that I've taken these failures in stride, but each one came with a mental break in my functional status. Hope was shaken, at times even broken, but never absent. Yet, clearly someone or something was at fault.

The easy way out would be to blame the person in the mirror and give up on him, but learning to forgive is far more important. To forgive the person who was once called into a meeting with his second grade teacher alongside his parents over concerns of cheating, but who simply had the unfortunate gift of having a brain that worked faster than his body, leaving math assignments completed without any work shown for it. To forgive the person who spent his eighth grade spring break writing summaries of newspaper articles on the behest of his English teacher who told his parents she was concerned that he was writing papers in a manner that assumed the reader already knew what he was talking about. To forgive the brain of a person that wasn't wired for medicine and science. That for every algorithm on how to treat an unknown thyroid condition there is always 10x more information readily recalled on movies and lines from Walt Whitman's "Song of Myself." That by forgiving myself for my failures, efforts could better be spent on finding these concerns in future patients and addressing them head on while making sure the proverbial glass was truly half-full.

As the flight began descending over Chicago and the lights of Wrigleyville started to pierce through all the clouds, I found

The easy way out would be to blame the person in the mirror and give up on him, but learning to forgive is far more important.



myself searching for their silver linings. In them, I saw how being pulled out of my third rotation to essentially learn how to learn again for two retakes back to back also gave me the time to meet the girl who captured my heart for a moment (much to the probable chagrin of my campus dean when he discovers that). I saw the glimmer of how having to retake a \$1,285 board exam gave me the opportunity to spend a week one-on-one with my grandma in the same condominium I grew up in almost two decades ago. And if I peered through that window at just the right angle I could see how every program that opened their doors to me did so out of a complete interest in who I am outside of a 3 digit score or a four-lettered word. I began to realize that with each failure came an appreciation of what I could be thankful for.

Throughout these many years of medical school, I have continued to work hard in my studies despite my stumbles. While the number of those stumbles may be high (okay, really high), it has always been one less than the amount of times I've gotten back up. I learned from my mistakes and continue to do so through

unprecedented guidance of faculty, friends, and my own self-discipline and forgiveness. In time, I will appreciate my medical degree more than some others, because it came with more sacrifices and emotional scars than a normal medical student should ever have to bear. You would hope that learning from these failures will make me a better physician, or at least a better chef or something. I've come out from all of this understanding that even in the most stressful of times, there is always something that can be latched onto for hope. And that hope is best shared with the people around you. Whether it is the patient across from you in an exam room dealing with a less than stellar A1c recheck or a budding soon to be fourth year with a less than stellar record behind them, being their silver lining during those failures gives them the hope they need to get up and try again.

From failure to failure, without loss of enthusiasm. ■

*Dr. Lopez graduated from the Florida State University College of Medicine in 2018. He is a first year family medicine resident in the Tallahassee Memorial HealthCare Family Medicine Residency Program.*

A close-up photograph of a leopardess resting in a tree. The leopardess is looking directly at the camera with a calm expression. Its fur is a mix of tan and brown with dark spots. The background is a soft-focus green, suggesting a forest or savanna environment. The tree branches are dark and textured, framing the leopardess.

## LEOPARDESS IN HER ELEMENT

*Nicholas Ott, Class of 2022*

*Nicholas Ott is a first year medical student who enjoys capturing meaningful travel experiences through photography. He envisions one day combining his passions for service to others, medicine, travel, and photography.*





**HAND BUILT UTERUS PLATE** *(left)*

**WHEEL THROWN CERAMIC VASE** *(right)*

*Hana Bui, Class of 2020*



## WE ARE NOTHING WITHOUT DIVERSITY

*Daniela Salazar, PA Class of 2019*

Because America is a Melting Pot.  
Because we all come from different backgrounds.  
Because we all have one dream.  
Because we are all unique.  
Because our races are different, our languages, and  
even beliefs.  
Because without diversity there would be nothing.  
Because with nothing, what would the world be.





VIEW FROM ON TOP OF A DEAD LOG

Hana Bui, Class of 2020



## LUCK

*Jacqueline DePorre, Class of 2020*

Four-leaf clovers are lucky, so they say.  
Finding one should bring good fortune, come what may,  
But if one should spend hours on end  
In search of something small,  
Then when they find it in the end  
Is it really luck at all?

1/10,000 sounds like a challenge,  
But if you look long enough, I'm sure you could manage.  
And if you find that clover, would it be an advantage?  
Or were you bound to find one, like Irishmen?  
And if you look at 10,000 more—should it happen again?

If a surgeon—instead of searching—studies his days away,  
Is it just luck then  
When he diagnoses a disease he read about that day?

Is it luck or was he prepared?  
He read, he studied, he knew it to recall.  
Smart? Yes. But lucky? Hmm...  
Maybe he deserves the credit, not the leprechauns after all.

## CHILDHOOD MEMORIES AT ST. GEORGE

Yolany Martínez Hyde, PhD

Department of Behavioral Sciences and Social Medicine

*Dr. Hyde is an Assistant Professor in the Department of Behavioral Sciences and Social Medicine, where she teaches Medical Spanish. She has a PhD in Hispanic Literature and Culture, and has published three poetry books. Her research focuses on Central and Latin American Literature.*





## MELETE

*William Butler, Class of 2021*

Help me in this  
Weary place to  
Give you my soul;  
To give you  
my mind;  
To give you  
my strength.

Allow me to be present in your presence.  
When those around me are sick, or hurting, or in need of your light.

Thank you for this gift;  
to be a quiet place.  
Help me to love and be with you all the days of my life.

### *Author's Note:*

*Tallahassee is a source of spiritual inspiration for me. Melete is the Greek word for meditation and means to ponder or contemplate. It is used several times in scripture. I wrote this poem after a prayer while studying in our neuroscience block.*

*William Butler is a second year medical student. He completed his undergraduate studies at the University of Central Florida. He enjoys writing and orchestral studies.*



**ONE MONTH AFTER MICHAEL**  
Gabriela Cintron, Class of 2022



# you

letters, DNR, became the three letters he did not want to swallow and nothing we could offer could make it more palatable.

It was not that he didn't want to honor her wishes, nor was it that he didn't know that his wife was ill. She simply was ready and he was not. Death is generous, it doesn't just impact one individual, it inserts itself into every life touched by that individual and weighs heaviest upon those left alive.

*Ashley Kreher, Class of 2019*

The first time  
I saw you, my  
heart dropped.

There you were, lying  
still in that cool room with  
the curtain drawn, your husband  
sitting by your side. His expression  
distant, the weight of the world on  
his shoulders. Though as soon as we

entered, that weight fell upon ours.  
His body was fragile under the stress as  
he leaned forward with his head in his hands.  
His eyes were focused and heavy with emotion.  
Upon seeing us, he knew. How do you begin to  
tell someone there is no hope?

# I

Your communication was  
mechanical, with the crisp breaths of  
the BiPAP and the rhythmic beats of the cardiac monitor  
establishing your cadence. Your husband let you carry the  
conversation.

As we approached his eyes met ours, and with that came a rapid  
flood of words. "She is just ill," "she was perfectly fine yesterday  
when I saw her," "the emergency room doctor thinks it is just  
the flu," "they are doing everything they can." As he looked at  
his wife, his partner for many years, the stoic expression he wore  
broke like waves against the shore and tears poured down his  
face. He knew she wasn't herself, she wasn't okay.

He had been in similar situations prior and reality was  
approaching him with open arms. Within ten minutes I saw  
the five stages of grief flash before my eyes. His wife, his partner,  
the person that his life centered around for many years, was  
declining and she did not want medical support. Those three

Few people can immediately think with striking clarity when  
that decision weighs upon them. Rarely is it anticipated or  
discussed. We know that death is going to occur at some point,  
though we hope that we as family and friends do not have to  
make that decision. We don't want to give up hope, we want to  
hold on to the idea that everything will be okay.

My attending, who had the privilege of knowing this patient  
for many years, navigated the conversation artfully with  
elegance and care. Though years of experience does not make  
the conversation easier. Each time the discussion is introduced  
challenges arise that are unique and are experienced by both  
the patient and provider. As time progresses patients grow to  
be members of your family, making conversations meaningful  
though equally hard.

For me, overcoming loss became my challenge. It left a feeling  
of helplessness, it left room for questions. What if we caught it  
sooner? What if we implemented this therapy over the other?  
Would it have made a difference? As a student, this was the first  
patient I encountered that we could only offer comfort and  
support to her and her husband. This was not the only time I  
encountered a similar challenge on my rotation, though it was  
the first.

Within a half hour the harsh cadence of the BiPAP was silenced,  
the last push of epinephrine was given, and time was at a  
standstill.

The next morning, while rounding on my patients, my mind  
kept drifting back to you. My phone was silent the night before,  
but I couldn't find your chart. As we approached your room, I  
braced myself, and there you were.

You were laughing, sitting up, curious about why you were here  
and how you got to this bed. I saw the numbers, I saw the vital  
signs, the labs, but here you are before me. I felt like the wind



was knocked out of me, and I couldn't help but to smile. Then I thought of him, your husband. He was at home, unaware. He embraced the greatest challenge of all, surrendering his hope with it unknowingly being restored during the calm transition of night.

Medicine isn't absolute. It is complicated and as much as we think that we have insight and an aspect of control, at times we are not immune to miracles. To be offered the privilege to practice medicine and to bear witness to both its wonders and challenges is an honor that not many are afforded. My experiences have provided me with a new perspective. They have made medicine

more meaningful, further strengthening my dedication I have to the field. Through the challenges posed and endured, I have grown not only as a person but as a future physician. My patient's faces, their stories, and their words will remain with me throughout my career. ■

*Ashley is a current fourth year medical student at the Florida State University College of Medicine-Sarasota Regional Campus. She is an aspiring Family Medicine physician and is inspired by the people she meets, her experiences, and the world around her. Ashley exercises her creativity through a variety of outlets including photography, reflective writing, charcoal, and pastels.*



## AUTUMN DANCE

Julia and Kathleen Miao

*Kathleen Miao is a medical student at NYU School of Medicine. Julia Miao is a student at Cornell University. They both enjoy visiting family and friends in the Sunshine State of Florida.*



# TOUGH

Suzanne Edison, MFA

as iron spikes    not for the train's rail    but my body    nailed  
by rogue cells    boring    my colon's lining

not like wood-chewing    wasps    who spit out paper  
nests    lined with empty combs    waiting

for new larvae    my digestive aisles ulcerated  
body    could not    keep up    surgery

removed ascending    descending  
useless organ    I do not grieve    rare    complications

lungs    susceptible to infections    *stay away from*  
me    *tough*    the word so close to *touch*    the night

one son had a cough    I left  
found a hotel    rubbed    the calluses on my fingers    thought

of rock    walls    and the climbers  
I communed with    relived the pitted face

of El Cap    ratcheting up    ropes and spikes    in cracks  
hitched together    ascending    another pitch    at the top

rare    when I slipped    the grip    of the grey cloud    that lingers  
inside    that time    the last climb    air

too thin    needed to descend    unhinge lungs    needed  
to hold    my kids    but not    too close





Cover  
Artwork  
Finalist

## A TRUE MAGIC HOUR

Bryan Pacheco, Class of 2021

*Bryan Pacheco is a second year medical student. Besides his interest in medicine, he is interested in exploring the possibility of combining his love for music and art into the practice of medicine. Just as music and art can communicate without words, it is important to understand the meaning of what goes unsaid by our patients.*



# Seeking **BALANCE** in Hospital Analytics

*Marvin "A.J." Rhodes, Jr., Class of 2020*

The hospital is confusing enough for a medical student, let alone for patients. You are woken up at all hours of the night for vital sign measurements, blood draws, medication administration, and other tests. If you are an elderly patient you often become confused; the days blend together, you lose track of time, your memory worsens. Without warning you are whisked away for imaging or surgery. Physical therapy barges in your room and forces you to exercise. You are told conflicting information. You struggle to have your voice heard by your nurse or physician as they rush in and out of your room, seemingly more eager to chart about you on the computer than to speak with you face-to-face.

Such is life as an inpatient in the hospital. Why must it be this way? Of course medication administration is important and vital signs must be taken. But must we wake up the 90-year-old lady who went in for surgery last night at 10 PM and subsequently became confused and disoriented when she awoke in her room after the procedure at 3 AM? She needs her medicine, and she needs to be monitored, but she desperately needs rest to recover.

Structuring the hospital to be fully patient-centered is not easy. "Patient experience" representatives come in and interview patients, but how is the data they collect presented to the decision-makers at the hospital? How often has a systems manager or high level administrator followed a patient from presentation in the ED, to admission onto a hospital floor, and through the length of their stay to their discharge? If a CEO or board member could find the time to do such a thing, they may begin to more fully understand the array of almost imperceptible moments that contribute to the sum of a patient's experience in the hospital. These seemingly insignificant moments may go unnoticed as they occur, but when taken together they manifest in a concrete and discernable way to a patient. Their weight is easily felt, but they are difficult to articulate. How does a hospital collect data to measure such a phenomenon? It's not straightforward.

We live in a data-driven world—and data analysis can be and has been beneficial. However, let us not neglect to balance our cold analytics with something more human. Hospital process algorithms must consider something beyond procedural efficiency. If we pause long enough to listen to the people we provide care for then we may discover that missing component. And we may see better outcomes. And we may find our hospital systems to be better for it. ■

*A.J. is a 3rd year medical student who dearly loves his beautiful wife and three delightful children.*



**SUMMER IS OVER**

*Adrianna Tilton, Class of 2022*





## IN FULL BLOOM

*Julia and Kathleen Miao*

## TINNITUS

*Andrew J. McLean, MD, MPH*

Buzzing bees  
without the boon of honey

Hissing overhead power lines  
bereft of destination

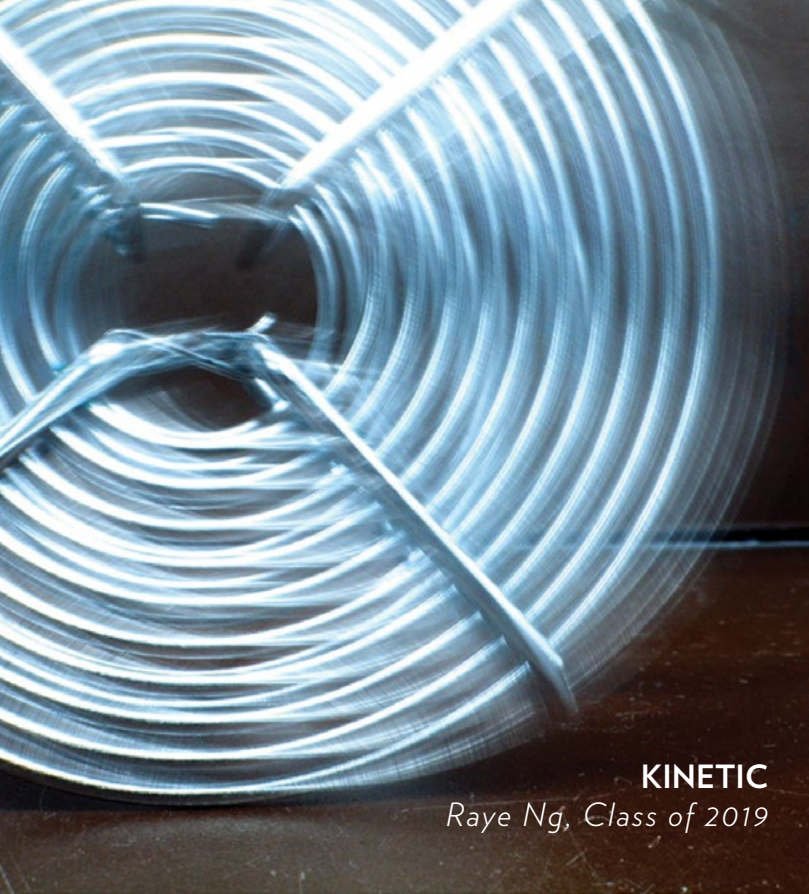
Screaking cicadas-lacking periodicity,  
a constant assault  
upon my consciousness;  
my sanity.

From tinnire,  
“to ring, tinkle.”

Piss off.

*Andy McLean is a psychiatrist and clinical professor at the University of North Dakota School of Medicine and Health Sciences. His poetry has appeared in numerous literary and medical journals.*





## KINETIC

*Raye Ng, Class of 2019*

## MOUNT SINAI

*Hana Bui, Class of 2020*

Because if the going is too tough then you're not made for this  
This is your identity now  
Clean white jacket setting you apart  
Healer, leader, impervious to emotional tolls  
Counting backwards so that the number adds up to 80 hours  
Because you're not supposed to ask for help  
You are the help



## CENTERPIECE

*Sana F. Azam, Class of 2021*

Because our fruit basket looked the same everyday  
Because the apples always shown under the morning rays  
Because the wicker bowl was bejeweled with daisies  
I stole a golden mango before my mother could see.

Because I stand where she once stood  
I hide the bruised pits burned into their wrinkled skins.  
I throw out the wilted bulbs of brown  
Because I know little girls have not yet awaken—

## LIFE

*Natalia Falcon, PhD*

*Dr. Falcon completed the postdoctoral psychology fellowship at Florida State University College of Medicine in 2018. She is currently a staff psychologist at the FSU Center for Child Stress and Health at the Immokalee Health Education Site. She enjoys the art of photography during her free time.*



## SMILE

*Shelby Hartwell, Class of 2021*

Because someone holds the door for me  
And I say thank you.

Because there's hesitation when  
I know the answer.

Because I wait  
My turn,  
For them to finish interrupting,  
For my space to be palatable.

Because I was raised to be polite.

I have a smile on my face.



## HEALTHY, HAPPY, WHOLE

*Koleton Forehand, Class of 2021*

# HOME



# IS

## ODE TO VEINS

*Maher Khazem, Class of 2021*

I am a vein lacking oxygen and life  
Here is an inside look at my ongoing strife

I travel and run with the neurovascular group  
People often forget I am one half of the cardiovascular loop

I am the jealous sibling of arteries who seem to get all the hype  
Infuriatingly portrayed as the weak and petty blood pipe

Why am I not as important as the rest of the interior  
IVC true to the name as I will always be inferior

Scalpels and scissors cutting through  
All so that students can get a "better" view

My hunger for anatomical recognition is ravenous  
Wanting to be seen as more than just the Saphenous

## HOME IS WHERE THE HEART IS

*Maheen Islam, MS, Class of 2021*

*Maheen Islam is second year medical student.  
Her favorite pastime is practicing calligraphy.*



# PEP-TALK

for my

## FUTURE SELF

*Mayla Oyola, Class of 2022*

I feel like a well-trained circus animal. I'd jump through flaming hoops, sit, stay, and beg just for the chance to add MD to my name. I know the checklist of accomplishments well. A good GPA, decent MCAT score, a laundry list of extracurriculars, letters of recommendation from disinterested professors, and an essay about how your bleeding heart is big enough to handle the job. Throw in a couple thousand dollars for application fees and you've got yourself a chance. Lo and behold, I got an offer! I got in! Finally all my hard work pays off . . . sort of. Now it's a matter of killing Step One, passing with honors, more research, and more applications. I saddle myself like a prized stallion with student loans in the six figures and pray it's all worth it.

I know it will be worth it for one reason and one reason alone. How could I ever regret saving a life? No matter the sleepless nights that wait me. No matter how many birthdays, holidays, and anniversaries I have to sacrifice, I can do honest work with a clear conscience. I may not be able to save the world, but I can change my patient's world. Which can alter an entire family's world. I've already helped people as a medical assistant and it was the most rewarding experience of my life. I can't wait to be able to do it with even more knowledge.

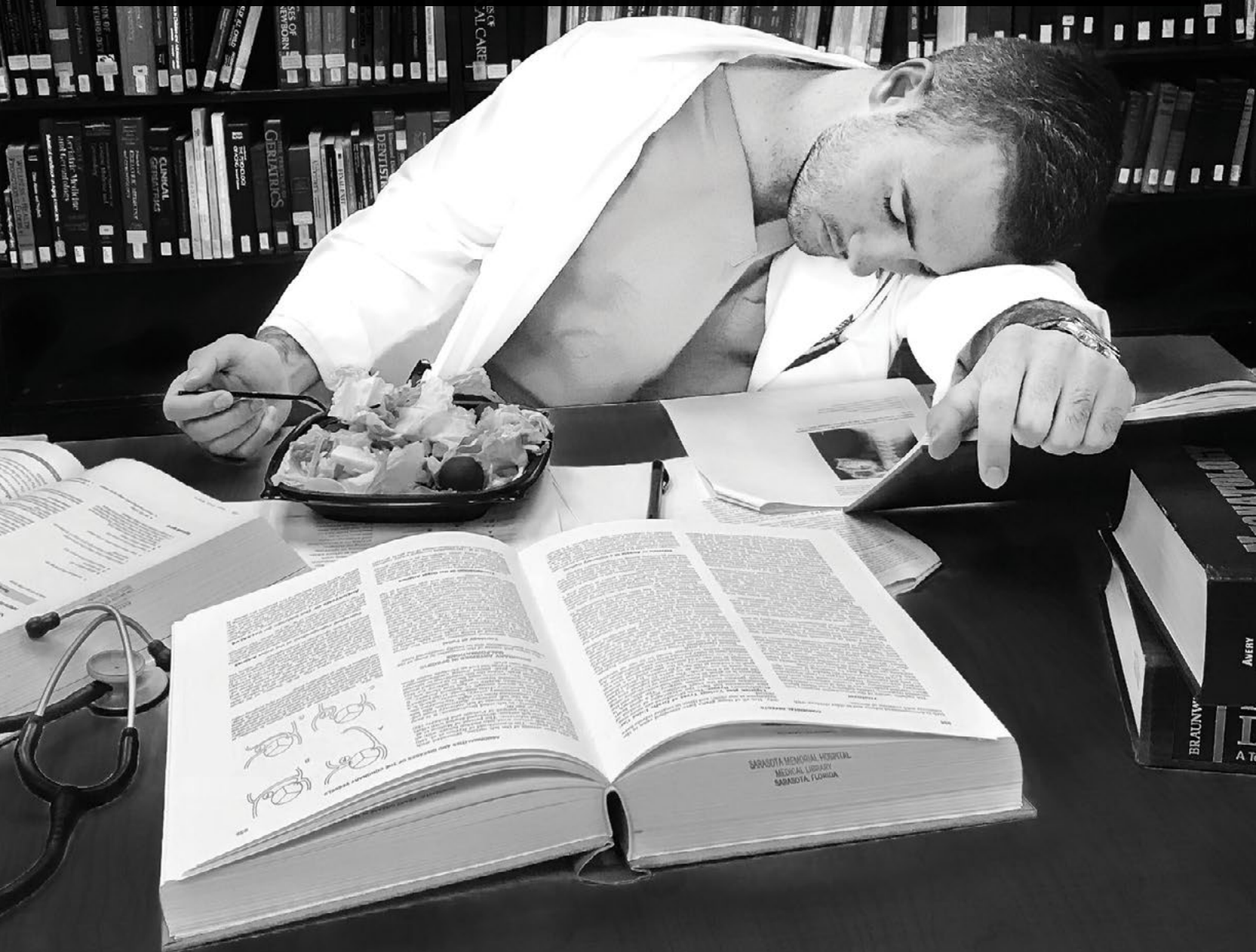
I could never care about an expense report or productivity goals. The coldness of a cubicle would stifle my very soul. A computer screen is terrible at conversation. I'd take running down the halls for my patient over running towards a meeting any day. I'd take a sisterhood in scrubs over strangers in suits in a heartbeat. I'll take the red-stained white coat if it means I stopped the bleeding. I don't know if I'll always see it this way. There are already days when my optimism runs dry. I only hope to look back at this essay and remember why I do this. This won't be just a job, I'm following my life's calling. ■



# A DAY IN THE LIFE OF A MEDICAL STUDENT

*Jackson and Stuart Brown, Class of 2019*

Your attending tells you to be ready at 6:30 am. You wake up and get ready, down a cup of coffee, and arrive at the hospital at 5:30. You pre-round on your patients, gathering every countless detail from the events overnight. Your attending arrives at 7:00, you spew all of your patients' worries, concerns, and experiences from the previous night. You mix in as many "pearls of wisdom" you can remember from the countless textbooks you have combed over for the past 6 years of your life. Everything comes out in jumbled words and thoughts, but you manage to make it through rounds. Down another cup of coffee. Meanwhile, the whole time you are mentally, physically, and emotionally exhausted from the rat race they call "Medical School." Somehow, you miraculously make it through the day. Next comes the hard part. You have to make an important decision, one that significantly affects your mental and physical well-being. Are you going to open your textbooks and try to begin to study for the night? Are you going to eat? Do you go to bed early in an attempt to prepare your body for the long, daunting next day? So often in medical school you have to choose between studying, eating, sleeping, or having a life outside of medicine. A decision that we as medical students often get wrong—we put our school and job before our own mental health and well-being. We have to remember, that in order to be the best doctors we can be, and truly care for our patients, we have to take care of ourselves as well. Or else, in the end, all we will have is a worn down soul with a caffeine addiction.







**PRECIOUS LIFE**

*Joyiena Rose Dominic, PA Class of 2019*



Cover  
Artwork  
Finalist



# The WOLF

# or the Sheep

Joseph W. Hodapp  
Medical College of Wisconsin

I stride through the rotating doors of the hospital into the main vestibule. Barely pausing, I direct myself towards what I hope will prove to be the C elevators. Passing by the ATM and the Family Center, I know my course is true. With a “C” sign above my head, I pause for a beat to glance at the elevator map before pressing the UP arrow. Since starting medical school, I have perfected the art of moving with purpose. Here’s the secret: head high, chest out, even strides. It’s as simple as that. The best part? I don’t even have to know where I am going so long as other people believe I do.

This is the predicament of being a medical student. Every year a new flock of young men and women join this path toward earning their doctorate in medicine. Like me, they press onward, driven along a well-worn track. With no forewarning of coming challenges, we traverse this perilous terrain, unaware of the thickets and thorns that will attempt to turn us back or cast us off. As we embark on this path, we are miraculously transformed. Not a single thing is changed except the white coat on our backs. To the untrained eye, we embody confidence, knowledge, and control. However, our naïve minds remain the same – vulnerable and woefully limited. This remarkable metamorphosis is simply a ruse. We are little more than sheep in wolf’s clothing.

Perhaps this is the best way to teach a sheep to be a wolf. Perhaps not.

Cloaked in my polyester white coat – my protective pelt, of sorts – I ascend the “C” elevators. It is my second time shadowing in the Anesthesia Department. I bustle through the double-doors of the West Operating Room with my hand clasped firmly around my medical student ID card - a talisman that declares “I belong here. I know what I am doing.” I follow the signs to the staff locker room and proceed to fumble with the scrub machine. Within a few minutes, aqua scrubs replacing white coat, I step out into the scheduling area. My nerves start to thrum. *Head*

*high, chest out, even strides.* Pushing back my apprehensions, I latch onto a senior resident in my best imitation of a prickly brown bur. She is slight and gentle, with a smile that sweeps easily across her face.

“Hi, I’m Emily,” she kindly offers. “Who are you?”

“Joe,” I say, extending my hand. “I am a second-year student.”

This is another great secret I learned since starting medical school: before anyone gets a chance to form an opinion of me, I proclaim my ignorance as loudly and broadly as possible. *A second-year, huh?* No one expects anything from a second-year. This approach is perfect to either pleasantly surprise someone with my knowledge-base or simply reaffirm what they already assume. I wouldn’t necessarily call a second year a “good-for-naught,” but the wolf’s skin I wear is still fresh enough that I have never had to scrub blood off it.

As Emily takes my proffered hand, the pager on her hip beeps. Unholstering it like a six-shooter, she summarizes the message for me, “60-year-old man, cyclist in a motor vehicle accident. Vitals are unstable and he’s gotten some fluids. They are on their way to the ER.” She looks to me. “You found some scrubs ok? Good, follow me.” She flashes an easy, confident smile and grabs her ready-made anesthesia emergency pack. Spinning on her heel, Emily heads into the West OR.

Curious and still a bit nervous, I set my jaw and pace after her. We plunge down hallways, winding our way deeper into the wolf’s lair. We leap onto the “T” elevators and descend towards the Emergency Department. A few strides past the elevator, we barrel through a double-door and into the ER. Following a forty-minute effort by the EMTs to keep him alive, our cyclist’s fate will be determined here, at the mouth of the den.

The ER contains a steady hum of activity. Physicians, nurses, technicians all hustle about, preparing a bed for our cyclist’s



arrival. They know they will need to move quickly. For an unstable patient like him, life ticks away in milliseconds, not hours, days, or years as it does for the rest of us. A chorus of pagers ring out, demanding to be answered, each faithfully tucked into the waistband of its owner's scrubs.

"Patient has arrived. Headed to the ER."

*The sheep who draws attention is the first to get slaughtered.* I know this, so I stay as close to the periphery as I can manage. Back pressed against the wall, I take comfort knowing that no one could possibly walk behind me. Emily, who has been joking around with an intern from the ER, leans towards me to speak.

"So, if this guy comes in and is stable enough, we may take him up to the trauma OR. That's why we're here. If he has to be operated on, we'll call it in so they can start to prep upstairs."

I nod my head and return to observing the room. No one in the ER is smiling. A man in critical condition is about to crash through their front doors. Even as people breathe hard, hustling from one task to the next, it feels as if the room is holding its collective breath. Perhaps it is just me.

The doors bang open and several EMTs bustle in, rolling the cyclist's gurney. Like a den invaded by a bear, the ER erupts into frenzied motion. The gurney bounces by me on the way to the bed prepared for our patient.

For a brief moment, I see the man's face.

His eyes are swollen and sealed shut. His face is bright red—almost like the flushed, cherry red when someone has been hanging upside down for too long. He is strapped to the gurney with a brace encircling his neck to stop his head from moving or jerking. His body is terribly, terribly still even as the gurney bobs from side-to-side, propelled forward by the relentless EMTs.

As soon as they get the gurney to its resting place, six people descend on the cyclist and begin working. The lead EMT barks out the history. His voice carries over the physicians and nurses who work feverishly to establish a sense of this man's state. *The patient had been wearing his helmet. Hit by a car. Freak accident. Unresponsive, so far.* He says a few more technical things I don't understand before falling silent. As if on cue, the ER staff begin to talk. They loudly share their findings with each other, ensuring that everyone in the six-person team is in sync. One voice rings out above the others, perhaps because I understand what he is saying.

"Pupils are dilated and fixed."

I mentally recite what I know—*this man has a very serious brain injury*. His eyes are not responding to light the way they should, portending a pathology deep within his brainstem that heralds death fast-approaching. The ER team continues to work, racing—perhaps futilely—against death itself. Emily picks up her bag and turns to leave.

"Oh, then, we won't be calling this one up to trauma."

Her words cut me like an icy wind on bare skin. *That's it? Just like that it's over? All this work for nothing?* The ER staff continues to work diligently on the cyclist, but something feels different. The thrilling buzz that hung in the air when the cyclist arrived is replaced by the steady thrum of professionals hard at work, straining to establish any flicker of higher brain function. *Maybe they already know, too.*

In a daze, I follow as Emily trots through the doors where the cyclist had entered just moments before. We leave behind the buzz of the ER, and a cold mist settles in my mind, blanketing the jumble of noise and movement that scatters as the ER doors close. In the empty fluorescent hallway, my thoughts find space to air themselves out.

*We won't be calling this one up to trauma...* Those words sear into my mind.

Scenarios begin to move through my head, gathering momentum. He has a family, somewhere, who just saw their dad leave for a night ride, helmet on and safety vest buckled up. They might not even know yet that he is in the hospital, working his way surely and methodically through the protocols that lead to the morgue. He probably has a wife, whose life will now be forever changed.

My mind continues to churn as I keep pace with Emily. I find myself hoping she will receive an emergent page, turn around, and rush back towards the ER. As we continue down the corridor, I begin to understand these hopes are in vain.

This man is going to die. Tonight. And there is nothing Emily or anyone else can do to stop him. The ER staff will continue to work for a while, fighting for any sign that they can save this man. Eventually, the attending physician will call it and everyone will step back from the bed. Phone calls will be placed. Tears will be shed. A family will be devastated.

All this is standard protocol for a seasoned physician. Even for a young resident like Emily, this is simply another night in the



Emergency Department. Death no longer shocks, it is a mainstay. But for this man, it will only happen once.

Suddenly, I am struck that this is the first time I have seen someone actively dying. This abrupt loss of life is like a whiplash—stinging, brutal, inhumane. The innocent sheep inside me yearns to do more, to press harder, to stop at nothing short of a resurrection. But the wolf pup within, that is beginning to take form, knows there will be no miracle for this man.

*When will I get used to watching someone die?* This new question alarms me.

The rest of the night is a blur—but that moment in the ER remains branded into my thoughts. Hours later, I leave the West OR feeling raw and worn. I pull my white coat tight around my shoulders, afraid to shut everything out and yet afraid to expose myself for what I am—a simple sheep masquerading as a wolf. I know my place on this path, so I don't open my mouth. I swallow my ruminations and hold them secret.

*Head high, chest out, even strides.* ■

*Joe Hodapp is currently a fourth year medical student at the Medical College of Wisconsin. He has been writing fiction since fourth grade, but medicine has given him a new lens through which to explore non-fiction, as well. He believes in the healing power of creative writing and self-expression. In the face of difficult training, tapping into his creativity helps to feed his soul and keep him in touch with the humanity that made him choose medicine in the first place.*

JOY (top right)

PEACEFULNESS (bottom)

Suzanne Harrison, MD

*Dr. Harrison is a Professor of Family Medicine & Rural Health and the Director of Clinical Programs at Florida State University College of Medicine.*







## On the Back Cover

### THE NARROW ROAD

Matthew G. Hager  
Class of 2020

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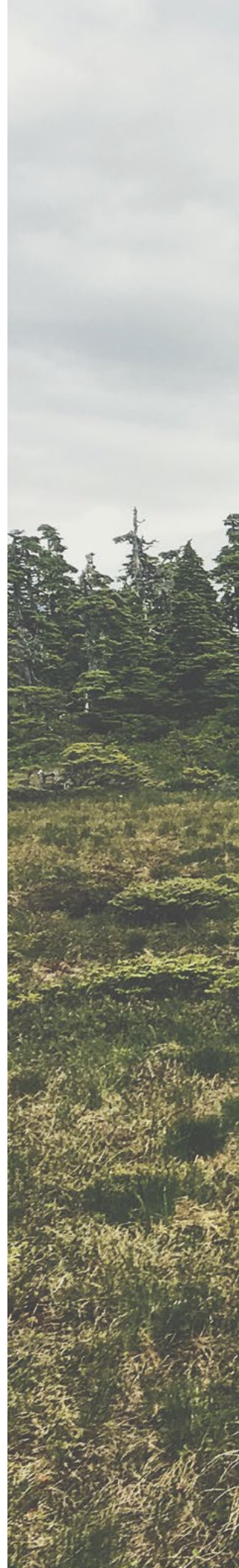
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