



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

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HEAL

Humanism Evolving through Arts and Literature



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HEAL is a place for medical students to share their growth and development, for faculty and staff to impart their knowledge gained from experience, and for members of the community to express how health and healing have impacted their lives.

We hope this work increases your appreciation for the art of medicine.

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 a just a job, I'm following my life's calling.



JOY
Suzanne Harrison, MD
Department of Family Medicine and Rural Health

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.



CLOUDY SHARK

Roddy Bernard, Class of 2019

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

DIVINE (CONTINUED)

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.

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.



LEOPARDESS IN HER ELEMENT

Nicholas Ott, 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 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 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

can’t

bre-

athe!

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’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.

I WASN'T READY: RETAKING STEP ONE

Olenka Caffo, 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 got 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 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

BEACON OF HOPE

Roddy Bernard, Class of 2019



I WASN'T READY: RETAKING STEP ONE (CONTINUED)

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 my most of my classmates were done with their exam. As the months went by I felt even more insecure about myself.

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 it 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 to check it 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.

I saw that the culture of academic medicine makes it hard for students to express openly their difficulties to faculty and other students.



GREAT HORNED OWL

Michael Hayward

Michael Hayward is a wildlife and portrait photographer from St. Augustine. His daughter, Anna Hayward, is in the class of 2022 at FSUCOM.

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.”*



SUMMER IS OVER
Adrianna Tilton, Class of 2022

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 MA, MFA, 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 Richard Hugo House in Seattle.



RESILIENCE

Mahsheed Khajavi, MD
Department of Clinical Sciences