



FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE

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**H E A L**

Humanism Evolving through Arts and Literature



**NYC'S FLATIRON BUILDING**  
Karolain Garcia, Class of 2019

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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.

## 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.

going to try to draw as much as I can!

# Study Break

Today, me and Jarryd went the way through Epcot, which we planned it so that we were early, so the lines were short. Following: viking hotdog routine, grilled teal salmon, chocolate sphere! Everything delicious! Epcot food is the

## Motivational Interview

is what we talked about today in small group. I'm thinking about why now and what about a goal I decided to make a list of goals I would like to accomplish from doing

- become more confident in my drawing strokes.
- become faster at drawing.
- develop my style more to the point I am happier with it.
- draw more.
- maybe draw a few more

Took my camera to Epcot. I think I'm hoping the photos will be able to help me



# Just as breath

last night, my mid school friend really hard to get me a drink, and succeeded. a cup of beer, a rum + coke, a shot of tequila, and a whiskey. I'm surprised I didn't wake up with a headache thought it was because I didn't like bibranded to be



# Take it Easy

It's been a really good day today, making it really great study weather. Although Missie is not too pleased w/ it. News watch tapes also are... though they don't really help... I was... all them enjoy...

# WRIGLEYVILLE WOES

Randall Stephens, MD, Class of 2018

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.

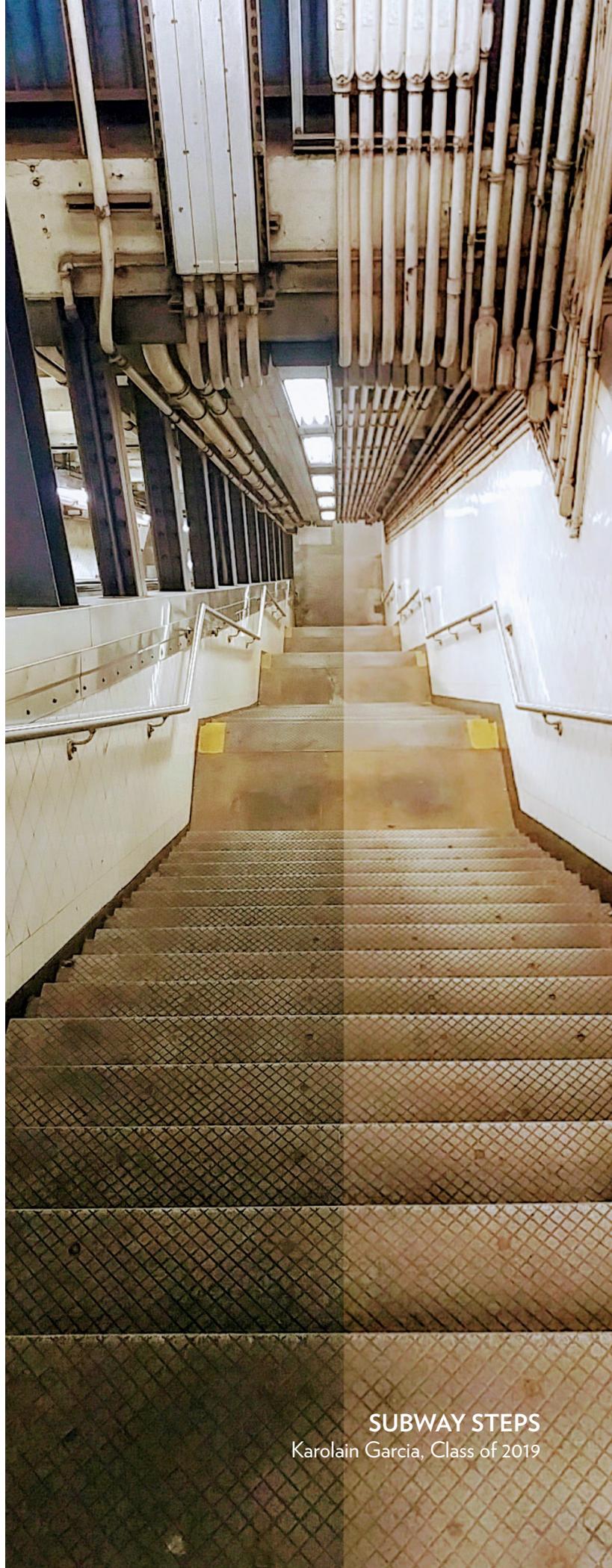
Wait, I should probably clarify that...

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



## WRIGLEYVILLE WOES (CONTINUED)

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 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.

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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.



**AUTUMN DANCE**  
Julia and Kathleen Miao

# YOU & I

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?

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 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.

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.



**NEGLECT TO SOME**  
Stefano Leitner, Class of 2019



IN FULL BLOOM  
Julia and Kathleen Miao

## TINNITUS

Andrew J. McLean, MD, MPH  
University of North Dakota  
School of Medicine and Health Sciences

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.

# TOUGH

Suzanne Edison

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

# 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.”

## THE WOLF OR THE SHEEP (CONTINUED)

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.

To the untrained eye,  
we embody confidence,  
knowledge, and control.  
However, our naïve  
minds remain the same –  
vulnerable and woefully  
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metamorphosis is simply  
a ruse. We are little more  
than sheep in wolf's  
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## THE WOLF OR THE SHEEP (CONTINUED)

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.*



**MERCADO – NICARAGUA**

Tamara Marryshow Granados, MD, Class of 2017



What

Today is the  
last day of  
my spring break.

While I may  
But ~~not~~ be able  
to draw as much  
I really ~~will~~ <sup>will</sup> do my best  
study. This ~~is~~ <sup>is</sup> ~~not~~ <sup>not</sup>  
been a ~~huge~~ <sup>huge</sup> ~~step~~ <sup>step</sup>  
forward  
to starting  
If reaching this  
send me dog pics



Please sir, may  
I have some  
head rubs

you gotta draw my

