

# H E A L

Humanism Evolving through Arts and Literature



FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE

Juno Lee  
Class of 2018

Vol. 8, 2017



Humanism Evolving through Arts and Literature

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## Letter from the Editor

**A**s we begin the 9th year of publication, the title of our literary and artistic journal, *HEAL*, reminds us of the tremendous value of healing through personal expression and the importance of maintaining empathy in the fast-paced world of medicine. Depression and burnout among medical professionals is at an all-time high, as a recent *JAMA* issue devoted to the topic of medical student mental health indicates. This necessitates the development of opportunities through which we can embrace empathy, build personal resilience, and develop interpersonal connections that enable us to be the very best person-centered physicians we can be. *HEAL* has become that for many of our medical students and faculty physicians, offering a venue for reflection on experiences in a way that can also offer a path to restoration for writers and artists alike.

This particular issue is personal for me; I've been a long-time supporter and occasional contributor, but have now moved into a role working directly with student editors in the development of the first print issue of 2017. I owe this incredible opportunity to the journal's creator, Dr. José Rodríguez, and to the managing editor, Dr. Tana Jean Welch, both of whom have been instrumental in the development and support of students over the past many years. Please enjoy Volume 8 of *HEAL*, and may you find comfort, awareness, and healing in the pages that follow.

*Warmly,*

*Suzanne Leonard Harrison, MD*



## On the Cover

### AFFECTIVE EFFECTS

Juno Lee

*Juno Lee is a third year medical student at the Sarasota Regional Campus. He received a Bachelors in Studio Art from the FSU College of Fine Arts. His artistic work includes photography, digital media, and design.*



There is  
no place for hate  
and love must guide  
our hands.

“Justice for all”  
must truly be  
our brand.

-Kevin Sherin, MD  
from “The Heart of Orlando”

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# HUMANISM IN MEDICINE: LESSONS FROM THE HOMELESS

Keila Rose López, Class of 2019

Empathy was a necessity in conversation, and I learned so much more when I just listened and looked beyond my personal biases to identify with and understand their struggles.

From experience, I can say that the only way to birth passion in the soul of anyone is to interact and integrate oneself with the cause that ignites it. This was true for me when I entered as a volunteer into the Salvation Army Women's and Children's Shelter. When I first walked into the cafeteria I felt reserved, like a stranger entering a sacred and private world. However, as soon as I met the women and the many rambunctious, playful children living in the shelter, my inhibitions began to melt away.

I first sat down with a woman named Emily. As we began to talk, I asked, "Where are you from?" She began to recount her story of trying to make a better life in Florida after being kicked out of her home when she became pregnant. "I have a one-and-a-half-year-old girl and I'm expecting a boy soon," she said, with deep worry expressed on her face. She talked about her dreams of finishing school, attending college, and having her own home where she could care for her children. My eyes watered in disbelief when I heard that she was my age.

Over the months that followed, I listened to these women's stories, from victims of heart breaking tales of abuse and sex trafficking, to women who had just fallen on hard times. I saw how tirelessly they worked to get back on their feet and how much they longed to be treated with validation. With fiery passion, I was determined to do something, to bring some joy to these needy women and their families in the shelter.

I decided to create the Salvation Army Women's and Children's Shelter Spa Day. It was a day created for the sole purpose of pampering and showering the women of this shelter, and their children, with gifts, food, and love. I assembled a team of professional hairstylists, manicurists, and companies such as Body Shop, Disney, and Sephora, to donate their time and assets to these women in need. When I walked in with my team, gift baskets and toys in hand, the sheer joy on the women's faces left me breathless. They could barely contain their excitement as a line was assembled for haircuts, manicures, and pedicures.

The first woman to get a makeover was known for displaying a tough exterior, but when she saw her face in the mirror she burst into tears, saying, “This is the first time in my life I have ever felt beautiful!” Many women became emotional, embraced me, and some even danced across the room, loving their new fabulous personas. I was moved as I heard a woman saying, “Thank you for loving us.” I wanted to do something for these women to show them that they were beautiful, to embrace their worth and meaning.

On every Spa Day, we shared laughter. Over the three years that I served at the shelter, I listened to stories of how the women became homeless, and observed the eclectic instant family that had formed in the inner workings of the shelter. Once, a woman shared with me, “Every time you do a spa day, you make me feel like I’m not living in a homeless shelter; you make me feel normal, like you’re coming to visit me at my house.” This statement truly solidified the importance of my work.

I truly feel that my experiences serving the women of the Salvation Army Women’s and Children’s Shelter has developed and influenced many of the qualities that I will carry with me in serving my patients as a physician. I had to demonstrate integrity in how I carried myself and in my interactions with the women. I learned that integrity is the foundation of building trust and demonstrating this quality allowed the women to feel comfortable in sharing their own personal stories. Every time I planned an activity, I always made sure that every woman felt cared for and made certain every child received a toy, that everyone felt content.

As exhausting as these efforts were, I learned these women needed, deserved, and demanded every ounce of excellence that I possessed. I had to be a leader, a team player, and a servant all at the same time, and this allowed me to grow tremendously and understand that excellence was not just being outstanding



## A HELPING HAND

Julia R. Teytelbaum, Class of 2018

*Julia is from Clearwater, FL. She is a third year medical student at the Sarasota regional campus.*

for my own benefit, but being outstanding to bring something great to fruition for others.

Through my work I understood the reward of compassion, that it is not just a mere word, but an action that demonstrates love and serves to transform, break down barriers, and achieve mutual vulnerability. I understood altruism when the demands of exams and deadlines were pressing, yet the excitement of the women having something to look forward to, helped me push my needs

## HUMANISM IN MEDICINE: LESSONS FROM THE HOMELESS (CONTINUED)

aside. I learned in every conversation to demonstrate respect, to never treat the women I spoke to as beneath me because of their situation, their education, or their appearance. Rather, I admired them for their courage in overcoming insurmountable obstacles and their drive to better themselves. Empathy was a necessity in conversation, and I learned so much more when I just listened and looked beyond my personal biases to identify with and understand their struggles. I understood service with

every nail painted, conversation had, or meal served. That service is demonstrated with humility and action with pure intentions. Ultimately, I took a valuable lesson away with me, that the values mentioned are attitudes and actions I must demonstrate in becoming the type of physician that can truly embrace the needs of my patients. ■



### BALANCE

Tamra Travers, MD

*I reached out to Dr. Ken Brummel-Smith for advice when I was on my very first clinical rotation. His advice, included below, became the inspiration for this piece.*

*“You are being given an amazing gift, working with people who are suffering. The most important thing you can do for them is to recognize your feelings and not run from them. Your job is to remain present, and removed, at the same time. It’s the perfect Zen experience. Look at the Tao symbol and think of that when you are feeling overwhelmed.*

*The black is being overwhelmed. But even in that tidal wave there is a circle of hope. The white is your commitment to the patient and to yourself. There’s always a dark circle hidden in that, but the white is strong – and on top!”*

*Dr. Travers graduated from the Florida State University College of Medicine in 2016. She is currently a resident in the Family Medicine Residency Program at the Icahn School of Medicine at Mount Sinai Beth Israel.*

# A TALE OF MEETINGS

Thomas Shakar, Class of 2017

**T**he first time we met, I did not know. There is no question as to why you were so anxious; it was obvious you had never seen a patient like me. Yet, you would get to know me very well. God did not intend for man to witness such things, yet everyone was given a choice and everyone chose to stay. I lay there while you acted like things were “par for the course,” but I was an “albatross.” That was the beginning of a formidable journey; I was never going to be the same.

I met you again, this time I was aware. You seemed so out of place next to the mature healer who has seen it all. Even he would learn something from me in the time to come. Moving from bed to floor and from floor to window, my goal was to get back to a normal life. You came to understand my world when you met my wife, my sister, my nephew and my daughter. Her occupation became something of a game. We all played and it kept spirits up. I was nearly there, as if the seasons changing in the window was a foreshadowing for my imminent discharge. Then, seemingly in an instant, I found myself moving from the window to the bed. I already knew by looking at his face; I could see what was coming next. Your face was neutral because you did not know.

We met again without me knowing. It did not seem much different from the first time. I am sure you were probably thinking, “It couldn’t get any worse.” I already explained this: “You have never seen a patient like me.” His experienced hands worked magic again although things were not perfect. This time, there was a different room with a different window. What had been “goals,” changed to “hopes” and “prayers.” I was no longer focused on the window; I just hoped that I did not have to leave the room again. You came to say “goodbye” every night and I prayed I would live to see the morning. The most advanced contraption on the planet and I will be damned if a little fluid is going to take it down – “over my dead body!” The events to come would put this to the test. You were not there this time. What happened to me does not seem possible; what a story this will be! I just have to get out of this bed first.

You made your first of multiple visits for the day. It had been many weeks since we first met and you were different. You did



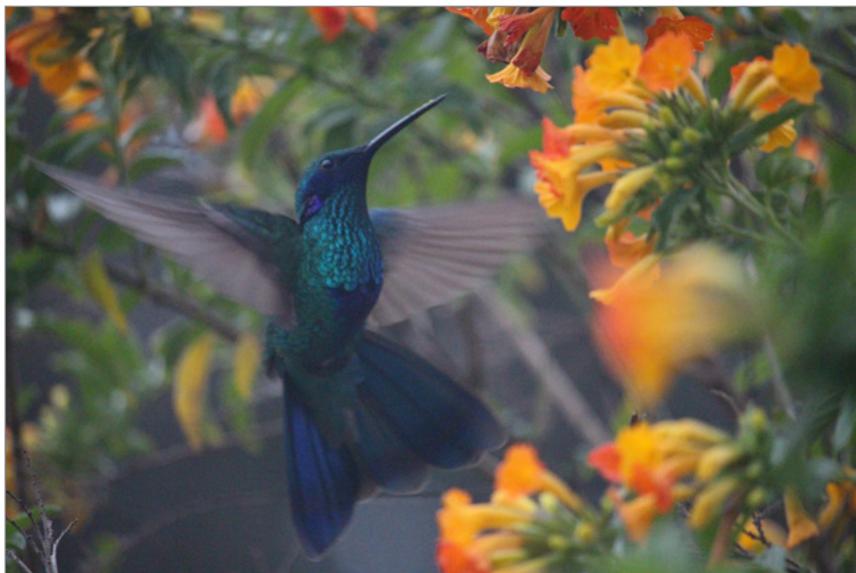
## FOUNTAINS

Daniel Farinas Lugo, Class of 2019

not flinch when you saw what they had done. Though you would say later, “Something like that should not exist outside of the operating room. I cannot believe it.” He would tell you, “Bottom line, this doesn’t happen every day.” We hoped something would change, but it did not.

I remember thinking, “Please tell me this is the last time we will meet like this.” If there was any reason to hope, it was lost on me. At least this one was quick. Gas exchange is important to keep things in balance, especially in such an advanced piece of machinery like this. It seems odd that this little piece of plastic is all I needed. There was improvement, but something was still missing. In my core, it felt as if there was a gaping void that would never close. There were other machines to fix that.

The sun feels so good. I have not seen it since before we first met. It is hard to explain my appreciation for this bright heat. Though, I gather that after such an ordeal, my appreciation for many things will be difficult to explain. You have changed and so have I, so has my entire world. I am on the other side of the window now, but I will have to return to my room. I am sure I will see you one last time. You have undoubtedly learned something from me; that is my gift to you. God, if I did not learn how lucky I am to be alive. ■



# Andrew Michael Kropp

*Originally from St. Petersburg, Florida, Andrew Kropp is a second year medical student who is fortunate to have parents who see the value in travel, and invite him along most of the time.*

Quechua Women (*top*)

Alpaca Textiles (*middle*)

Showy Violetear (*bottom*)



Among the Clouds (*top*)

Searching for Gold (*middle*)

Pachamama (*bottom*)



# A LESSON IN COMPASSION

Amanda Trippensee, Class of 2018

**D**uring one of my afternoons in clinic, I was greeted by my attending who already had a patient in the exam room.

“Now this is a sensitive case: a 19 year-old female with a presenting complaint of burning and itching in her vulvovaginal area. You should know that she just found out last night that her boyfriend, whom she had moved to Tampa to be with, had been cheating on her with prostitutes. One of them called her last night to let her know, and she immediately left him and drove back here. She is exhausted and upset, and what’s more, the last time she was here she was tested for herpes and her test was positive. I just told her the news and she is pretty upset, but I still need to perform a pelvic exam. Are you ready?”

Am I?

As we walked into the exam room, I could see a young woman crying uncontrollably; it was the sort of cry that usually only a mirror gets to see, but now I, too, was a witness. My heart immediately went out to her and my first thought was, “She’s just a kid...she reminds me of my younger sister.” My sister is also 19, and I briefly wondered what I would do if my sister found herself in a similar situation.

Snapping back to the present, my attending and I both proceeded to console her and explain that we needed to perform the pelvic exam in order to understand what was going on now. My attending gave her a big hug and told her that she was brave for coming in today and that we would take care of her. Through sobbing tears and choking heaves, she said it would be okay to do the exam. I asked if I could take her hand, she nodded her head yes, and I spent the rest of the exam by her side, coaching her through the rest. I told her that it was okay to cry and that we would be there for her every step of the way. I can only imagine that the worst possible scenarios were filling

her with dread, as she asked over and over again if she would be okay.

After the exam was finished, she squeezed my hand and let go and continued to wipe her eyes with a tissue. We told her that we would be back as we left the room to perform tests. As the door clicked shut behind us, I felt the tidal wave of emotion overwhelm me as I noticed staff members weaving in and out of rooms with other patients as if it was a normal afternoon in a clinic. And I suppose it was, but I felt moved and shaken. There was so much I wanted to do for the sobbing girl in the room behind me, but my first step was to switch to the part of my brain that was analytical. What was causing her pain? On this microscopic slide, do I see clue cells? Is there a possibility of a protozoan infection?

We determined that she currently had a case of bacterial vaginosis (BV), which is one of the most common gynecological diagnoses in young women, and that we would treat her with two medications: one for her BV and one for her latent infection of herpes. Although stigmatized, herpes is also very common and very treatable. She would need to be tested for HIV, and she would need her results back from her swab for STDs, but for the moment, she was going to be okay.

When we came back in to present the news, she wanted to know if her dad could be there with her. At the time I thought it was odd that she wanted her dad, but when he was in the room he was both supportive and very concerned. I had wondered if he was the only person she had in the world. Later, I found out in her chart that she had had an abortion previously and her mother had not wanted her to do it.

We explained to her that herpes is both common and manageable, explained how to manage it, and provided sexual education on using condoms.

I would say that humanism is treating people the way that you would want to be treated; it’s also about taking the time to be fully present in every encounter.

She asked us, “Is anything bad going to happen to me?”

At the time, we answered that other than sporadic outbreaks that could be managed with the medication and consistent condom use, she should have no other problems, and the bacterial vaginosis should be cleared up within a week. In looking back, I do wonder what happened to her because I felt that afternoon was about more than just pelvic pain.

Humanity can be very complex, or it can be very simple. I would say that humanism is treating people the way that you would want to be treated; it’s also about taking the time to be fully present in every encounter. On any other afternoon, I could have easily disregarded her pain or blamed her for her life, chalking her up to a stereotypical young adult. Instead, watching my attending handle the situation so calmly, and with deep understanding, was invaluable to witness and experience. We were this patient’s advocate and caregiver. My lesson that day reminded me of the reason why I chose to come to medical school: to become a compassionate and competent physician. ■

*Amanda Trippensee is a third year medical student from Lake City, FL. She studied at the University of Florida during which time she earned her Bachelor’s degree in Biology and volunteered as a Crisis Center phone counselor. Amanda loves writing as much as she does medicine, and she enjoys spending time with her fiance, Travis.*



## DISTRACTION

Angelina Sutin, PhD

*Dr. Sutin is an Associate Professor in the Department of Behavioral Sciences and Social Medicine. She has this to say about Distraction: "While working in my office one afternoon, a blur out of the corner of my eye caught my attention. I turned and there was a beautiful monarch butterfly just hanging out on the window. A simple pleasure in the middle of a hectic day."*

# A BRIGHTER UNKNOWN

Greg Turner, EdD, MBA/MPH

Be who you are,  
And strive to be what you were meant to become—  
Not who you were.

Easy come, easy go.

The more we learn, the less we know;  
What an elder sees sitting, the young can't see standing.  
Life is short, the art long, and opportunity fleeting,  
Memories die like embers.  
We're all shipwrecked... but hopefully,  
Too busy becoming to be destroyed—let alone sunk.

Thankfully, Fortune brings in some boats that are not steered.  
As best you can,  
Build a ship you can sail and cling to;  
Live the life you want and were destined to live.

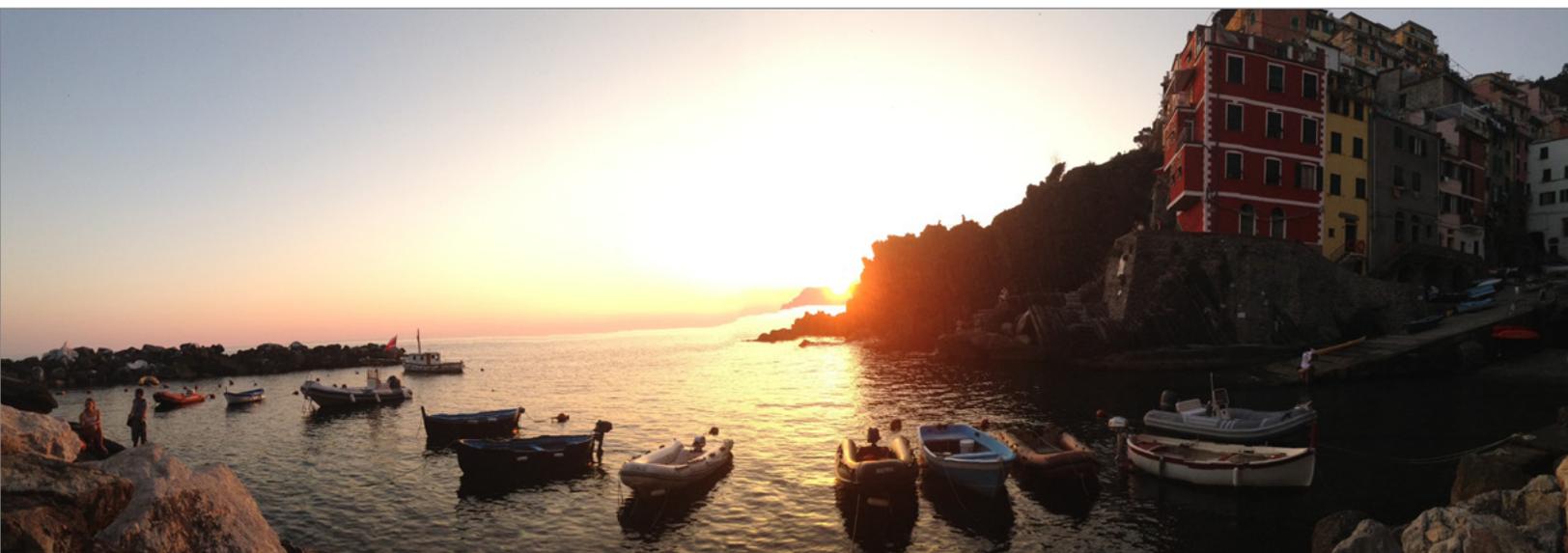
To guide you safely in,  
Look for, seek, and reach out for every hand you can;  
It's time to stop imagining what might have been.  
Instead, love what you already have... and  
Focus on what remains.

In order to embrace the life that is waiting for you,  
Be flexible about what you've planned;  
Fear not to embark on a rantom scoot, or to  
Sail your craft confidently toward a brighter unknown.  
The only journey that matters is the one you navigate to that distant shore.

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

**RIOMAGGIORE,  
CINQUE TERRE,  
ITALY**

Lex Kimmel, Class of 2019

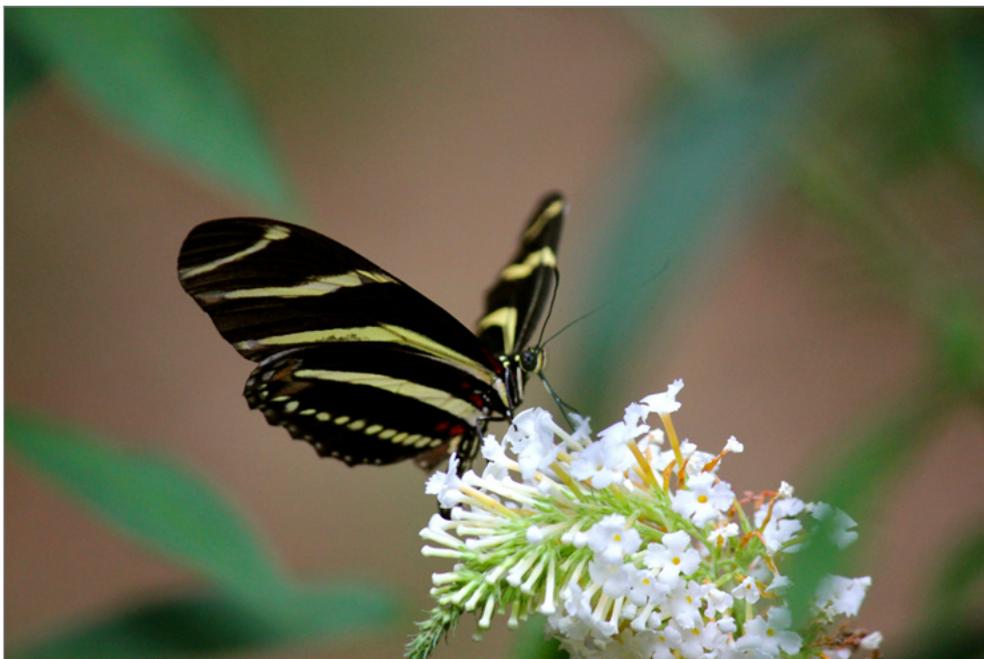




## Daniel J. Van Durme, MD, MPH, FAAFP

*Dr. Van Durme is the Associate Dean for Clinical and Community Affairs and the Chair of the Department of Family Medicine and Rural Health at the FSU COM. He has enjoyed nature and portrait photography since childhood.*

Rio Grande Border Patrol (*above*), St. Marks Butterfly (*below*)



# THE 1ST ANNUAL “HUMANISM IN MEDICINE” ESSAY CONTEST

Sponsored by the FSUCOM Chapman  
Chapter of the Gold Humanism Honor  
Society, in partnership with *HEAL*:  
*Humanism Evolving through Arts and  
Literature.*

## 1ST PLACE

# A FRAGILE HEART

Torrie L. Reynolds-Herbst, Class of 2017

“ I’m scared. Promise me you’ll take care of my babies... please, promise me.” Tears streamed down my face as I watched my sister-in-law struggle to breathe these words to me in the emergency department. The pale, terrified face of the woman whose hand I held replaced that of the once joyous and vibrant woman I knew. It was 3:00AM when my husband and I got the call informing us my sister-in-law was in the ED with postpartum congestive heart failure. It hadn’t even been one week since she delivered her two perfect twin boys, and now, here she was fighting for her life while her new babies slept peacefully in the NICU just one floor away in the hospital. “I promise,” I managed to say, “I promise.”

In that moment, the scariest moment of my life, I was not sure if she was going to live or die. Everything I had learned in my three years of medical school seemed to escape me as I frantically tried to glean information from her nurses, doctors, technicians, and machines. The next few days went by in a blur. My husband and I remained by her side in the ICU. When we weren’t in the ICU, we were in the NICU with her twin boys – providing what love, warmth, and care we could in her place. We would bring back pictures for her, but it was never the same. I could see the sadness in her eyes that, in the first few days of her new babies’ lives, she was not with them.

Over the course of the hospital stay, doctors and nurses were in and out at all hours. We attentively listened on rounds, asked questions, and offered what help we could to her treatment team. The doctors were pleased with how her treatment was coming along. Yes, they were treating the congestive heart failure. Yes, the cardiologist, nephrologist, intensivist, maternal fetal medicine—and probably a lot more *-ologists* I now cannot recall—were all focused on her labs, her scans, and her urine output. It wasn’t until a family medicine doctor, the new hospitalist assigned to her case, came along that she as a person was treated. It was this doctor that changed everything. My sister-in-law smiled brighter and felt hope after speaking with him. This doctor exemplified the values of the Gold Humanism Honor Society. I will never forget him or what he did for my sister-in-law during this dark and scary time. I am inspired to be a better physician because of how his empathetic treatment literally saved her life.

This doctor was different than all the rest. He pulled up a chair, silenced his cell phone, and actually had a conversation with her at the bedside in

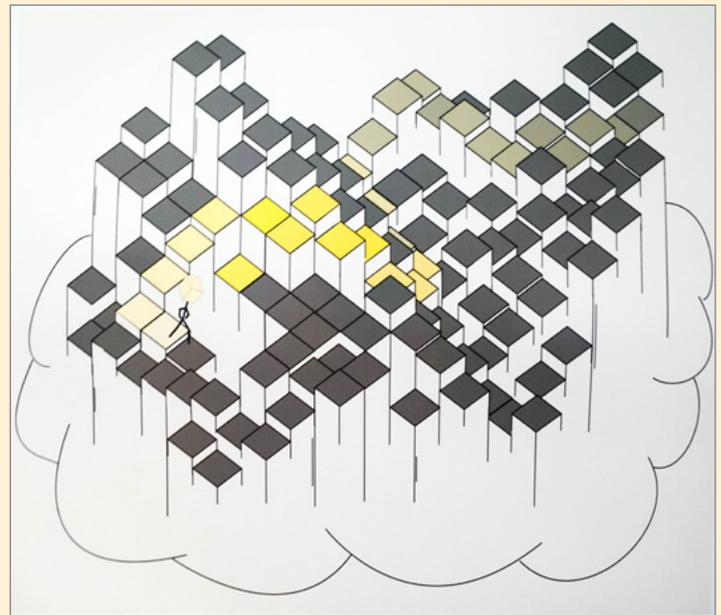
the ICU. He was managing her medical problems, of course, but his questions were focused on her mental well-being and how she was coping emotionally. He was the first to ask these questions. She was comforted because he truly cared about her. “Have you seen your babies yet?” he asked her. “No, I was told they cannot come to the ICU,” she replied sadly. My heart sank for her. The pain in my sister-in-law’s eyes was one I had never seen before. I suppose this is a mother’s love. “Well, I’m going to make that happen. You need to bond with your new babies, that is just as important as treating your heart failure,” he replied matter-of-factly. At that moment, he personally called the NICU, involved her ICU nurse, and started coordinating a transport. I couldn’t believe it. If the babies couldn’t come to her, he would bring her to them. This was the first doctor that spent more than 5 minutes in the room with her, and yet he was breaking the mold. He was kind and compassionate, warm and caring. He was the type of person that renews your faith in humanity.

Transport was arranged for her to be taken in a wheelchair with her nurse to the NICU. Seeing her babies for the first time since facing death was emotionally therapeutic. Her tiny 5-pound baby boys slept peacefully as she cradled them in her arms and held them skin-to-skin. The most amazing thing was her getting to breastfeed each baby just once, a bond she so desperately wanted to form with her new children. Because of her medications for heart failure, she only had this one opportunity to breastfeed. I’m sure she cherished each and every moment. This doctor had cared enough to treat her as an individual—as a scared and anxious first-time mother. She was not just “that young girl with postpartum heart failure in ICU bed 2.”

I am forever changed by this experience. Embracing my sister-in-law tightly in the emergency room is a feeling I will never forget.

I will always be grateful for the medical team that saved her life, but I will never forget the one doctor that was a compassionate, empathetic, and kind enough soul to take the extra time, go the extra mile, and bring a mother and her babies together. That, to me, embodies a physician of Gold Humanism Honor Society. I strive to be a physician of this caliber. ■

*Torrie Reynolds-Herbst is a fourth year medical student and aspiring pediatrician. She was born and raised in Michigan, but has been an FSU Seminole since undergrad in 2009. She is married to Alexander Herbst, also in the fourth year class, and together they have two golden retrievers and are expecting their first baby.*



## TRAILS

Juno Lee, Class of 2018

This doctor was different than all the rest.

He pulled up a chair, silenced his cell phone, and actually had a conversation with her at the bedside in the ICU.

# A QUESTION OF RESPECT

Timothy Walsh, Class of 2019

For my future patients, I hope never to be their disciplinarian, but their teacher that helps them discover their motivations.

**F**resh out of college, I taught 9th grade biology in one of the most violent neighborhoods in Chicago. Although I hoped to change the lives of my students, things didn't go as planned. In the first month alone, two fights broke out. As I struggled to pry the students apart, it was only after another student helped me that the fight stopped. Not only had I failed those two students, I had lost the respect of my entire class.

While no students ever fought in my classroom again, my class was unruly, disinterested, and a few students even threw things at me. I was not the supportive teacher I hoped to become, but a disciplinarian imposing rules that did not resonate. After a fatal shooting of a student in our community, one of my students told me, “You teachers don't get it. You get in your cars and drive home at night.” I realized I had been so intent on prescribing my goals that I failed to respect them enough to understand what they were up against.

Things changed the next year. Instead of being prescriptive, I listened. I got to know my students. When one student had a baby over the summer, I went to the hospital and held her baby. When another was suspended for a week, I brought her homework to her on a Saturday morning, and in her living room, with her mom and younger sister, I learned why she brought a knife to school. In the classroom, I stopped being prescriptive and asked my students to write on a piece of paper the answer to the question: what is your goal?

I posted their goals in a word cloud on a giant poster that hung in the center of the room. Every day, I referred to this poster. When my students became disruptive or disinterested, I pointed to their goals and they understood. The poster served as a reminder that what we were working on in our class was intimately intertwined with what they hoped to achieve.

The question—what is your goal?—came to represent a question of respect. It marked the moment when I stopped prescribing and started listening. It was a medium through which I helped my students discover their motivations. I had become a student-centered teacher. Their goals became my goals and together we worked toward them.

Two years later, while an HIV research coordinator, I found these same



# THE WOLF OF MEDICINE

“Regarding your disease, what are you afraid of?”

There was a pause.

Out of the half a dozen doctors I had previously seen, nobody had ever asked me.

Everyone has a story. The title and characters may be different, but the plot oftentimes takes us on a wild adventure that fosters personal growth and new understanding. For the healthcare provider, much of our learning and understanding comes externally from our patients. But when the mirror is reflected back on ourselves, a personal account challenges us to view disease and sickness in a new light. In this short excerpt, I hope to chronicle my own account and how it has challenged me to become a better physician.

## Chapter 1: The Diagnosis

I remember the final weeks of my senior year in high school, marking the days off on my calendar before leaving for college. It marked a defining time in my life to grow up and become my own person. But as I was entering what was to be the greatest four years of my life and the peak of my adolescence, I was diagnosed with Crohn’s disease. It was unexpected news and devastating to say the least. I sat there with thoughts of uncertainty, wondering how my life might change. As a college student, I was supposed to be an adult now; adults are supposed to be strong. But as I reached the limits of my containment, I sat there in the doctor’s office and broke down into tears.

## Chapter 2: The Decline

Aside from handling the pressures of a new city, new classes, and an entirely new living dynamic, I was beginning a battle with my health. I always felt drained and tired. Food became the enemy, and I began losing weight. While my doctors had me experimenting with new medications and treatments, I felt my health deteriorating. Crohn’s is not the type of disease that people like to talk about. So, for the longest time that is exactly what I did. I packed my bags for college, medications on hand, hugged my parents, and left for college, not to speak about Crohn’s disease to any roommates, colleagues, or friends that I would meet.

As this chronic disease is not yet well understood, I was left with many more questions than answers. Why me? Why now? Life was so unfair. Skipping classes for doctor’s appointments or expensive imaging studies became routine. My cellphone became a tool for battling insurance companies, trying to push through prior authorizations or get imaging studies or medications approved. Healthcare felt like an insurmountable obstacle that I was left to overcome, and I felt entirely alone. Navigating the complexity and enormity of healthcare became the wolf in my story.

### Chapter 3: High Hopes

After being bounced around from doctor to doctor, I was referred to a gastroenterologist in a faraway land called Gainesville. I remember sitting there in the overcrowded waiting room anxiously waiting for my name to be called. My foot was tapping restlessly. I recall sarcastically thinking to myself that I should grab a number, as if being served at a deli. Finally I was called back. There was a knock on the door and a short, stocky woman in a white coat walked in, buried behind thick-rimmed glasses. I rolled my eyes, ready for another lecture about Crohn's.

After a brief introduction and review of my chart she asked, "Regarding your disease, what are you afraid of?" There was a pause. Out of the half a dozen doctors I had previously seen, nobody had ever asked me. "Well...I guess I'm afraid of the unknown," I murmured, "I don't know anyone else going through this, what to expect, or how it will change my life." She rolled her chair over from behind the computer and parked it right in front of me and put her hand on my shoulder, proceeding to tell me that I was not alone. She connected me with the Crohn's and Colitis Foundation of America, an organization of thousands of people just like me, and for the first time I felt a sense of community. It was a simple gesture and demonstration of humanism that has stuck with me to this day.

For the first time I felt that I was not lost in the vast sea of healthcare, viewed merely as a number, or a quota, but rather as a person. In the big business of healthcare, it is all too easy to become consumed in efficiency and profits. But healthcare is not every other industry. Patients are not interchangeable products on an assembly line. That simple interaction immersed me in Crohn's disease and medicine. I wanted to learn everything about it and maybe even provide some relief for others going through something similar. A year later, I sent in my applications to medical school.

### Chapter 4: The Outlook

As a student at the Florida State University College of Medicine,



### "PEACE, BROTHER WOLF"

Daniel Bernabe, MD

*Dr. Bernabe graduated from the Florida State University College of Medicine in 2016. He is currently a resident in the Family Medicine Residency Program at Tallahassee Memorial HealthCare.*

it is a humbling feeling to stand behind the power of medicine. Through all of the late nights, early mornings, and countless containers of coffee that I have consumed, I am reminded of what it means to wear a white coat. A simple interaction with a physician years ago reminds me that in medicine we are not treating diseases; we are treating patients. That the human condition is more than a collection of cells and tissues carefully arranged into the being sitting on the exam table in front of us. And that, I believe, has been the most valuable lesson that I have learned in my medical career.

As I transition into my clinical years, I am faced with the decision of beginning to pick a specialty. Though I am uncertain as to what I am going to be, my experience has already answered the more important question of who I am going to be – a physician that puts patients before profits, and one that humanizes healthcare. While the future may be uncertain, it also looks promising, but we will have to wait and see what lies in store until the next chapter in the story is written. ■

# THE HEART OF ORLANDO

Kevin Sherin, MD, MPH

Christina Grimmie was shot and died—  
little did we know what lurked next. Outside

the city thought her death was a shock to its soul.  
It had no idea what was yet to unfold.

The heart of Orlando was quickly pierced by a sword—  
Pulse nightclub, a community's safe place, was horribly massacred.

OPD responded and did their best.  
A bearcat assault saved all the rest.

Orlando's trauma teams kicked into gear  
and proved in one day they were TOP tier.

Surgeons operated—saving 54 lives,  
spectacular results helped more to survive.

The shock resounded far and wide,  
but one thing stood strong—Orlando's Pride.

What one madman intended for terror and fear  
has brought a city closer and taught us what to hold dear.

We vow the 49 will not have died in vain,  
that good and positive change will come out of this pain.

There is no place for hate and love must guide our hands.  
“Justice for all” must truly be our brand.

The unity of community is the bond, to heal and survive.  
We love our home Orlando, by uniting Together  
and For inclusion—we will most certainly thrive.

*Dr. Sherin is a clinical professor in the Department of Family Medicine who serves FSUCOM at the Orlando Campus. He loves prevention and public health and is the health officer for the Florida Department of Health in Orange County. He writes poems with medical content and has written recently on the Pulse nightclub tragedy and risk communication for Hurricane Matthew.*

## MANY HANDS

David MacManus

*David MacManus is the Assistant Director of Grounds & Landscape Operations at Florida State University. He has a Bachelor of Science in Ornamental Horticulture from the University of Florida (1979) and 30 years of experience in horticulture as a nurseryman, as a grower, and as a horticulturist in both wholesale and retail nurseries.*



Cover  
Artwork  
Finalist



## FLORA

Leah Panzarino

*Leah Panzarino is a student in the Masters of Art Education program at Florida State University.*



## SUNSET

Dorty Morency, Class of 2017

*Dorty is a fourth year medical student.*





# José E. Rodríguez, MD

*Dr. Rodríguez is a founding editor of HEAL: Humanism Evolving through Arts and Literature. He is currently Professor of Family and Preventive Medicine at the University of Utah School of Medicine.*

Chanukah (*above*) and Serpent of Brass (*below*)



# WHEN TIME STOOD STILL

Makandall Saint-Eloi, MD

Waking up in the middle of the night for a consult for your surgical rotation seemed normal enough. Seeing a new patient admitted from the ED tends to be an exciting time for young medical students. This experience allows us to see patients one on one and build rapport. As I walked down the hall I noticed it was a little after midnight and the hospital floors were quiet. You could only hear the distant bells and whistles of the patient monitors chiming a poetic melody to alert nurses of any dangerous changes. As I walked into the room I was greeted by an amazing smile, perky and bright, accompanied by eyes wide with hope and strength. The wearer of this smile uttered, in a soft melodic voice, “Good evening, young doctor.” We began to exchange dialogue after I introduced myself as a third year medical student, but she would only agree to call me “young doctor.” I began to dive into her history asking the common questions of what, when, where, and how.

“I’ve been having chronic pain on my right side which has been going on for about a year. I can sometimes feel something on my right side under my ribs, but I don’t know what it is. I’ve also been having difficulty eating and have lost a lot of weight,” she said.

I immediately began to build a differential in my mind; the pairing of a mass enlargement with significant weight loss never adds up to a good diagnosis. I asked her what her biggest concern about her medical issues was, and she began to cry. At this moment I held her hand and looked into her face as silence filled the room and a stream of tears ran down her cheek. I remembered that same look of fear and uncertainty on my mother’s face as she battled through her own cancer. I began to think about what my mother would need from a student, a student that could really offer her nothing in the medical realm. I realized all I could give was compassion and empathy.

“What scares me the most is the possibility this could be cancer. I feel I have always done everything in my life for the good

of other people. I feel as if bad things always happen to good people,” my patient revealed.

With no definitive diagnosis reported, I told her to be optimistic; the diagnosis could be a collection of diseases which present the same way. Looking into her eyes, I could see a mild sense of relief. I decided to dig a bit deeper to understand who this special woman was instead of labeling her based on a possible diagnosis. I discovered she is a woman of faith with a supportive sister and daughter. She enjoys helping others far more than doing things for herself. The more I talked to her the more I could see parallels between her and my mother. After about an hour and a half of conversation it was time to part ways and I reassured her I would visit her again in the morning. On my way back to the overnight bunk I decided to check if any imaging came in from the ED on her admission. Being a novice in reading images I was not sure what I would be able to interpret, but as soon as I opened the image my heart felt heavy. I began to try to swallow, but it was as if a boulder was lodged in my throat. There was a gallbladder mass invading into the liver. The impression read possible diagnoses of cholangiocarcinoma.

At that moment I knew this woman who reminded me so much of my mother would have an extremely tough battle ahead of her with uncertain prognosis and high percentage of fatality. All I could think about was those eyes that lit up as I walked into the room, eyes with so much hope and strength, and I knew then this would be a battle she was prepared to fight. My memory of her was ingrained not as the 40-year-old woman with a several month history of right upper quadrant pain, but as a woman of faith, a sister, and a daughter. With all the new miracles—new medications and new treatments—there is still medicine within a simple touch and an empathetic heart. ■

*Dr. Saint-Eloi graduated from the Florida State University College of Medicine in 2016. He is currently a resident in the Jackson Health System Family Medicine Residency Program at Jackson Memorial Hospital.*

There was a gallbladder mass invading into the liver. The impression read possible diagnoses of cholangiocarcinoma.

I batted away the images that filled my head  
and set my bones ablaze.

I waited for the fear to subside.

## SEEING PATIENTS

Henry Huson, Class of 2017

I remember that sound. It's one of those things you can never forget, a sound of complete fear, a scream that could pierce the sky like a beacon calling out for help. It rattled me inside. It shook the confidence that I had built since starting medical school, seeing patients week after week. There I stood, facing a closed door with a simple peek of light escaping through the jamb. I wanted to turn around in retreat from the patient on the other side. I took a moment to breathe. Filling my lungs with the cool air in the office, I tried not to imagine all of the pain, destruction, sorrow and misery that awaited me. I batted away the images that filled my head and set my bones ablaze. I waited for the fear to subside. Gathering my spirits off of the floor, I placed my hand on the knob and stepped in.

I had spent the past week seeing child after child with a wide range of ailments, but this child was different. This wasn't a child in pain. This didn't involve blood, or vomit, or sickness. This was panic. As this child flailed wildly around the room with tears slipping down her cheeks and onto the paper on the exam table, I had missed it. We are all taught the importance of that first observation, to glance at our patients and try to grasp the situation. My observation had failed me. While I saw the tears and movement, I missed her eyes, eyes searching for the world but failing to find resolution. I had met my first blind patient, all of 6 years in this world, never knowing its beauty, and my fear returned.

As I opened my mouth and waited for the words to slip past my teeth, her mother interjected. It was an apology. The last thing I would have ever imagined. She stood before me grasping at her daughter, trying to hold her close and comfort her, while throwing "sorry" my way like darts at a board. My tongue twisted and turned and found itself tied, leaving me speechless

and standing there alone. While the screaming was loud, my own silence was deafening. I was left frozen, pondering my next move and needing a moment to myself. I took the time to process, not only the scene around me, but also my own fear, my own urge to escape. Taking this time, I was able to refocus and began to listen.

The mother began the story as if opening up the book that encompassed her daughter's life. While routinely visiting the office for her annual checkup and vaccinations, there was always a difficulty. This little girl enjoyed every moment she spent with her mother, hanging on her leg, a pillar keeping her upright in the world. Yet when the door of the home opened, everything changed. As the outside environment beeped, honked and whistled, this little girl found herself alone, not knowing what awaited her with each step forward. She hated each time she had to visit the doctor, hearing new voices surround her but always feeling isolated. While we all grew up learning faces—reading these masks that we wear to display our emotion and intentions—she lived in a world of absence.

That was when I felt it, a clarity that washed over me like sunlight. I inched closer, monitoring each step with the trepidation that one can only feel when walking on embers. When I found myself in front of her, I reached out. Feeling the abyss as my hands passed through, I found hers. In a swift motion, I brought them to rest upon my face. The screaming stopped. The tears were suddenly held behind the floodgates of her eyes. She played. Combing her hands through my beard and along the nooks and crannies of my features, she became an artist painting a portrait with her fingers. While she may never see it with her eyes, she had found my face, a face she could attach to a voice that was new to her and initially scary. This face



## PATIENTS' PERCEPTIONS

Camilo Fernandez-Salvador, MD

*Camilo Fernandez-Salvador is a third year resident from the Department of Otolaryngology, Head and Neck Surgery at Tripler Army Medical Center, Honolulu, HI. He received his MD from Florida State University College of Medicine in 2014. In addition to practicing medicine, Dr. Fernandez-Salvador regularly works on research projects contributing to the field of Otolaryngology.*

lifted that fear, and with it, brought out the playful little girl her mother was the only witness to. While she relaxed upon finding my face, my own tension subsided when I found her smile.

As a medical student passes through the training and the lectures, we are taught about 'the laying on of hands,' the original tool wielded by every physician across every generation and age. A tenet within medicine, it is one of the more powerful instruments we have at our disposal. It holds such high esteem and importance in the field of medicine, yet the concept is difficult for an early student to grasp. I had always understood what the words represented, but it was still just an idea, shrouded in fog and buried away for a later date. That day had finally come. I had stepped into a child's shoes and

assumed their role, if only for a moment, but that was all that was needed. I found the comfort and support that a human touch can bring not only for a patient but also for a physician. At the end of the visit, her mother thanked me. But I knew it was I who should be thanking them. This small, vibrant little girl had taught me a lesson no book ever could – that the art of medicine is not practiced by the 'white coat,' but by the human that lies beneath. ■

*Henry Huson is a fourth year medical student who writes, "Lucky to be surrounded and taught by so many great people in my life, I have had my share of lessons. The best one I learned: Lend your voice to those who can't speak for themselves and always listen, their stories are better than any one that you can write."*



# Shelbi Brown

*Shelbi is a second year medical student.*

Path (*top left*)

Na Pali Coast View (*top right*)

Lone Pole (*below*)





# Stefano A. Leitner

*Stefano is a second year medical student and the captain of the Chapman Community Health Program. His art reflects his passions for people, travel, and service.*

The Many Faces of God (*above left*), and Hae Haad Pier- Koh Tao, Thailand (*above right*)

# Juno Lee

*Juno is a third year medical student at the Sarasota Regional Campus. He received a Bachelors in Studio Art from the FSU College of Fine Arts. His artistic work includes photography, digital media, and design.*

Following (*below*), Elevated (*right*)



# REVELATIONS OF A SUPERMOON

Stefano A. Leitner, Class of 2019

Many times we've met,  
Now  
Ever so close.  
The seasons have passed,  
Now  
Winter approaches.  
With first site I'm awed,  
Like butterflies just hatched.  
The times before,  
Why ever look back?  
And as a young man, I've traveled,  
I've seen you before.  
What is your purpose today?  
My heart believes it's more  
Than just a time for attention.  
My arms stretch out for your affection.  
The answer is in your reflection:  
Rays of hope shine through the darkness of night.  
Without a word you teach  
The secrets of life:  
Yet the soul, it weeps.  
Discomfort despised.  
Love thyself.  
But how?  
Attempts pile on, seasons pass by.  
The mystery you keep  
Forever guessing.  
Is this the right path? A curse  
Or a blessing?  
Acceptance the theme of each chapter written.  
The truth so simple,  
As experience strengthens my vision.  
Forgive thyself and allow them to be forgiven.  
This visit, so close, I will always remember.  
The day I let go,  
On that cold November.

## FAILURE

Ludonir Sebastiany, Class of 2018

Nothing's different, everything remains the same.  
Nothing sustains, gone from whence it came.  
Only shame, just  
myself to blame.  
No glory, no dame, no success, no fame.  
It rains; hard work trickles down the drain.  
Feelings of disdain  
spill & stain  
thirsting to  
become, but  
never became.

*Although born in Miami, Ludonir Sebastiany grew up in Bradenton, Florida, where he was an International Baccalaureate Program student and participated in the German American Partnership Program (GAPP), an exchange program sponsored by the German Foreign Office and the US Department of State. While attending college at Florida State University, Sebastiany was a weekend warrior and member of the FSU Seminole football team, playing the cornerback position under the legendary head coach Bobby Bowden. Astonishingly, after discovering an insatiable appetite for entrepreneurship during his first year of medical school, Sebastiany hopes to start his own business, LOY (Less on You), a dry cleaning and laundry service that promotes physical activity.*

## LUNDI AT DYRHÓLAEY

Bryce Bergeron, Class of 2019

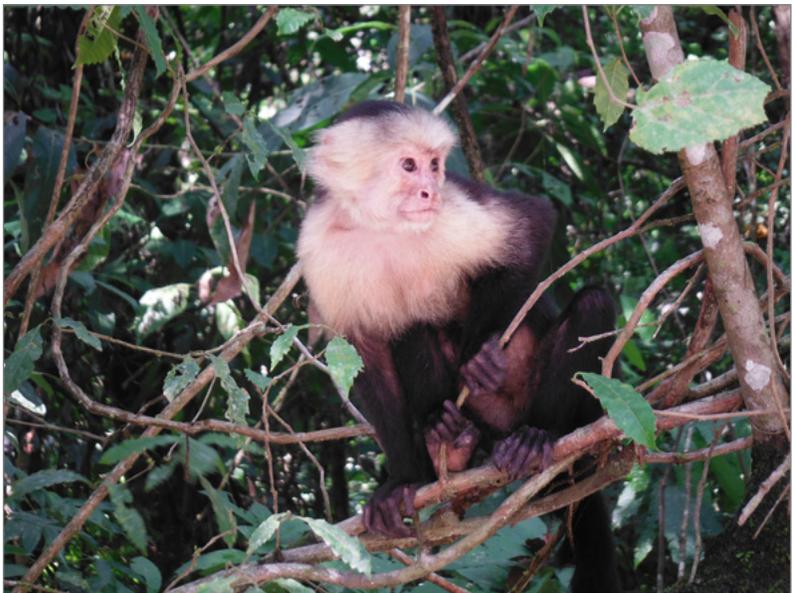
*Bryce is a second year medical student.*



## MONKEY BUSINESS

Alexia Loyless Eiges, Class of 2018

*Alexia is a third year medical student from Tampa, Florida. She is currently at the Sarasota Regional Campus.*



## REFLECTIONS OF MAINE

Jane Legendre Muszynski

*Ms. Muszynski is a community contributor.*



# A MOTHER AT 13

LaKirrie Robinson, foreword by Alessandra Taylor



## TRAPT

Jesse O'Shea, MD

*Dr. O'Shea graduated from the Florida State University College of Medicine in 2016. He is currently a resident in the Internal Medicine Residency Program at the Yale School of Medicine—New Haven Medical Center.*

*Growing up in Brazil, I had seen poverty and been touched by it many times. In fact, my experiences with social disparities in my home country were what first propelled me towards medicine. When you move to the United States of America from a “developing country,” there is a sense of fantasy that nearly blinds you to the realities around you.*

*It was the last week of my Community Medicine rotation when I found myself doing house calls with a case manager in the rural outskirts of Tallahassee. I had no idea what awaited that sunny December day. I was about to meet one of the strongest women my soul has ever been blessed to meet. I found myself sitting in the living room of a 17-year-old single mother while she shared her dreams and aspirations. She was thriving in high school, with plans to graduate early, attend college and seek a career in the medical field. As the visit went on, my admiration for her heart grew by the second. I have always been a firm believer that everyone I meet has a story to tell: a story worth listening to, a story worth my time, a story that can add to my own story and personal growth—a soul awaiting an invitation to touch mine. And, man, did she have a story to tell!*

*She grabbed a piece of paper displayed on the wall, and offered to share a poem she had written. She demonstrated poise, wisdom, maturity, kindness, and a resilience way beyond her short 17 years on this earth. She is the embodiment of what it means to be a strong woman; to have all the odds stacked up against you, and still be able to stand up tall, stare fear in the face and choose to fight because you are worth it.*

*I cannot explain why I was blessed with the opportunity to meet LaKirrie Robinson, but I will be forever thankful I did. As she shared her heart through her words, I was reminded of why women are such marvelous beings and hoped she would allow me to share her piece with others. The words below will forever inspire me as I work towards a career in women's health and walk alongside others through their incredible life journeys.*

*-Alessandra Taylor, Class of 2017*

A mother at 13.  
What would they say?  
Everyone else has the choice,  
But she couldn't walk away.  
The father said it wasn't his,  
Her friends thought it was a lie.  
So smart, so beautiful yet  
Just wanting to die.

Her people wouldn't say a word just gave a blank stare.  
Collecting her books from school,  
Knowing she shouldn't go back there.  
Crying for 9 months straight,  
Not knowing what to do—  
She had started this  
And she had to see it through.

Everyone passed judgment,  
People she never even met.  
The names were so horrible,  
That part she'll never forget.

A size 16  
With bright brown eyes.  
She's going to join the Air Force,  
Sort through the world of lies.  
Her figure faded fast,  
No more time for fun.  
This baby is coming soon—  
He'd be her number one.

So many people stared  
As she shopped for baby things.  
That look in their eyes,  
You couldn't imagine the hurt it brings.

The morning sickness went on  
Till she couldn't get out of bed,  
But yet she struggled on and  
Everything about babies she read.

9 months came and went  
And her gift came from above,  
A tiny angel  
For her to cherish and love.

In what seemed like seconds,  
She had forgot about all the sacrifices.  
She had given up her teenage years,  
But it didn't matter about her friends  
That would never be there.  
It didn't matter about the father  
Who she knew would never care.

A mother at only 13,  
Not knowing what to do.  
A teenager wise beyond her years  
Who saw that journey through.  
A mother that fought the battle  
In a world where she was shunned.  
A new beginning in her teenage life,  
Her world has just begun.

She cherished that little boy  
Till this very day.  
And I know because she's me and I'm brave enough to say!

*LaKirrie Robinson is a community contributor.*

Her people wouldn't say a word just gave a blank stare.  
Collecting her books from school,  
Knowing she shouldn't go back there.

# A WELL DELIVERED LESSON

Tamara Marryshow Granados, Class of 2017

**W**hen I was 14, I helped my dad deliver my baby brother at home. Even now as I write this, and recount the story to others, I always phrase it just this way. I helped my dad. I say it like this because I distinctly remember my mom's composure. She seemingly needed no assistance. She struggled with the decision to let me be present, worried that she would scare me out of wanting children of my own by witnessing, what can be, a traumatic event. She thusly bore almost 15 hours of labor with relative self-control. I can still remember the small beads of sweat growing relentlessly on her forehead, rolling down and pooling delicately in her jugular notch. This and only this betrayed her poise. But of course it would be years before I would realize any of this. At the time, I was more fascinated by my dad's instructions. Proud that he saw me as adult enough to assist him. I could not bear to admit that I did not follow as he waxed buoyantly about effacement, dilation, contraction strength... he may as well have spoken Greek. In retrospect, I think it was this naivety that allowed me to make it through blissfully unscathed. This was before the advent of the internet, before celebrity doctors and certainly before my own eventual medical education. I was confident, calm and made it through because I had literally no idea what, if anything, could go wrong.

As I walked onto the Labor and Delivery floor for my first short-call night on rotation, I remember secretly hoping I could again channel that same level of calm. I tried not to focus on my own adult neuroses, which sadly, many years later, have begun to pile up on me like dust on a mantle. I tried to forget my insecurities as a relatively 'green' medical student, armed with Swiss-cheese knowledge and imprecise clinical skills. I tried not to think about the scary 'what-ifs' I had learned to this point, like 'abruption', 'eclampsia', 'shoulder dystocia'... I endeavored to enter my first laboring patient's room with the same grace my own mom showed me was possible under duress.

And then I met my first patient. She was a single, unemployed, 34 year-old Caucasian who presented in labor at 34 weeks with premature rupture of membranes. Her social history was significant for marijuana use, a half-pack of tobacco daily for at least 10 years and unspecified intravenous drug use. She was positive for hepatitis C. Thankfully, she was negative for group B strep. My heart started racing. I began to run through every complication that may arise, for the baby or for her, preparing myself for an undoubtedly nervous mom bursting with questions.

As I walked in, I was greeted by a happily resting woman. Far from the sweaty mess I expected, she lay in bed seemingly bored, staring at the ceiling. Armed with her epidural, her only complaint was occasional pressure with contractions. She could have been a girl sunbathing at the shore. I thought of my own mom (with her painkiller-free induction) and that, in stark contrast to how she 'labored' in pain, this patient was in no acute distress. I hate to admit that I was disappointed, but I was. I had wanted to put her at ease, to steel myself to my own fears and help guide her through this process. The baby's father sat quietly in the corner playing absently with his cell phone. I introduced myself eagerly and asked how they felt about the baby coming. The soon-to-be mom rolled her eyes and replied, "Happy I guess, ready to not be pregnant." The conversation ended at that point, as the patient's nurse brought in the delivery table bearing instruments galore. My preceptor entered directly after.

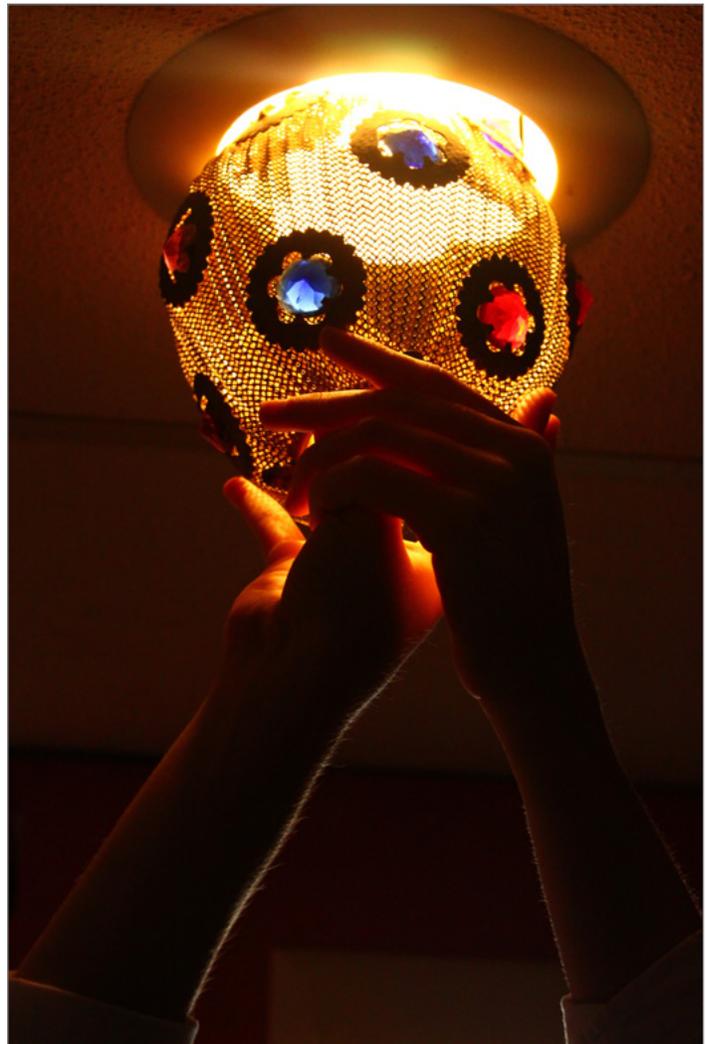
As I took my place beside him, I braced for hours of difficult organized pushing. I wondered if the tasks of labor would animate the parents above this lackluster, underwhelming disinterest they seemingly had. I wondered if she too was trying to be strong, composed just as my mom had been for me, but for her partner. I wondered if he was trying to detach from the

When I was 14, I helped my dad deliver my baby brother at home.

situation to avoid worrying or even for fear of passing out. I tried to drown out these thoughts so I could concentrate on coaching her through second stage labor. It took three rounds of pushing and all of ten minutes and my patient's healthy baby girl moved from inside her belly to resting on it. Absently, I could hear my preceptor explaining and guiding me through the placental delivery. I fought to stay attentive and professional despite being overwhelmed by so many emotions.

I had waited almost two decades to be right where I was—a training medical professional given the privilege to be part of such a unique journey. I was humbled to be involved in this small but beautiful miracle and was grateful to have held my own. Surprisingly, both parents were now crying joyfully, kissing the baby and each other. I originally wondered if the ease of delivery, through the epidural or multiparity, had somehow rendered the entire process less significant for them. But seeing them then looking at their daughter, fresh life breathed into their faces. I suddenly wondered how I must have looked to them. Terrified? In that moment, I realized we all have risk factors: my patient's were in her medical history and mine was inexperience. I was thankful for this real-life lesson. Along this path of lifelong service that we have chosen as physicians, they taught me that empathy and compassion cannot exist without respect. And, to embrace these properly, each patient must be approached as tabula rasa. After all was done, they thanked me profusely (though I felt I did little). As I left, happy that I saw past their risk factors and that they looked past mine, I was also appreciative that compassion can be a two-way street. ■

*Tamara is a fourth-year medical student at the Fort Pierce regional campus. She is happiest with a notepad-pencil combo or a camera in her hand, ready to capture even the smallest beauty. Still in awe of the world and suffused with wanderlust, she derives her inspiration from the simplest everyday things.*



## EVA

Raye Ng, Class of 2019

# BUTCHERED

Jacqueline Sanchez, Class of 2017

I had been warned by my grandmother and mother, but I suppose I had never fully understood what the warnings meant, or that one human being could actually be so cruel to another. It was a rite of passage, they called it. It was part of our religion, they had told me. No man would want to marry me, they said. In a strange way, I had grown to want it done. So when the day came, I decided to be the brave 7-year-old child I knew everyone else wanted me to be.

I waited in the room all day long, the same room my grandfather had died in that summer, until the time came that my mother ushered in four or five older women, and a man. He was intimidatingly large, with a poorly tucked in shirt, sweat trickling down his side burns, and as he came closer, I realized I had seen him before. The man who had trimmed my father's beard so many times, the village barber, was now going to trim me. He now stood at the edge of the bed between my legs. I lie there, exposed in all the glory I had. He took out a pouch, opened it onto the bed, and made his choice: a straight razor.

I held my breath as he made the first cut. I tried desperately to focus on the ceiling, but the stinging of my sliced flesh prevented me. I struggled to escape, but I couldn't move. Two of the women were holding my legs down, and I was being restrained from behind. I frantically searched the room. I couldn't find my mother.

"Mama," I cried out, wondering where she had gone, why she had abandoned me.

"Hold still, my love," she whispered, "it's ok." I quickly realized she was the one whose arms were wrapped tightly around me. My own mother. How could she let this strange man put his hands on me? Did she know what he was going to do?

"Mama," I pleaded. "It hurts, mama!"

"Cut it! Cut it quickly," one of the women yelled.

As the barber got closer, I could smell stale tobacco on his hot breath, see dirt under his fingernails. I cried harder. Periodically he would lift up, and drop a piece of my womanhood on a

nearby table. If this is what it took to be a woman, I didn't want to be one anymore. What was wrong with what I had before? What was wrong with what I had been created with?

I could feel the wetness of my blood under my legs, and the tugging of my lips as they sewed them together with wire. After the man was done, the women brought my legs together, and bound them with cloth, so that my footsteps wouldn't be too far apart to rip the stitches. To them, and to my mother, I was now a woman. A 7-year-old woman, ready to be bought for marriage.

I really was a walking shell, a mere womb. They had made me nothing but a hole that defined my worth as a human being. Sanctified and mutilated, I was now worth nothing but the price a man would one day pay to marry my tightened vagina and my virginity, only to have me for his own consumption; for me to bear his children.

When I was 11, I became very ill. It wasn't until I was taken to a doctor that they realized I had been menstruating, but the blood had had nowhere to go. So he cut me open, only to sew me back up to a little less than I had originally been, so that I could properly bleed. It was just enough to make the infections go away.

Now at 32, I live with several constant reminders of how my mother and village took away my womanhood that day. Not only will I never experience sexual pleasure, but I will never experience childbirth, as the infections took that from me. I will also never know what it truly is to feel like a woman.

I was very angry for a long time, but I have since forgiven my mother. She did not know that what she had me endure was not a religious obligation, but a morally corrupt and selfish tradition. Countless generations of women before me were butchered and circumcised, and there have been countless after me. I just hope these women one day come to forgive their mothers, and protect their own daughters, allowing them to grow up to be the whole women we were prevented from being. ■

# Ending Female Genital Cutting/ Mutilation: A Movement

*Ashley Kreher*

Female Genital Cutting (FGC) or Female Genital Mutilation (FGM) has affected over 20 million women worldwide and it is estimated 30 million girls are currently at risk in the next decade to undergo the procedure. In the United States alone, over 500,000 women and girls are currently at risk due to the practice of sending young females abroad for the procedure, often referred to as “vacation cutting.” This procedure is not deemed a medical procedure and results in life long complications. The practice involves injury to or the partial or total removal of the external female genitalia, and can be classified into 4 types varying in severity. The procedure is linked to socio-cultural practices, hygiene and aesthetic purposes, spiritual influences, and psycho-sexual depression. Even though there are cases where women choose to undergo the procedure, the procedure is mostly exercised on young girls under the age of 15 who are unaware of the procedure and the resulting complications. Early complications include infection, bleeding, urinary retention, and varying degree of musculoskeletal trauma. These complications then magnify as the girls mature to include sexual dysfunction, depression, anxiety, menstrual difficulties, scarring, and pain. In cases where infibulation occurs, even the smallest speculum cannot enter the vaginal canal. Women then have to undergo further procedures (de-infibulation) or cutting to engage in sexual intercourse or childbirth.

This is a human rights violation and as healthcare professionals we need to educate ourselves on the procedure and the resulting health risks in order to give our patients the best care possible. Screening begins in the office; by addressing the procedure and asking the necessary questions, further risks and complications, from initial procedure to perinatal care, can be avoided.

For more information: <http://www.equalitynow.org/issues/end-female-genital-mutilation>

Citations: Mishori, Ranit MD, MHS, FAAFP. “The ABC’s of Female Genital Cutting/Mutilation: What Clinicians Need to Know.” AAFP Global Health Workshop 2016, American Academy of Family Physicians, 8 Sept. 2016, Hyatt Regency Atlanta, Atlanta, GA. Conference Address.

“What is FGM?” Equality Now. 2 Oct. 2016, [http://www.equalitynow.org/what\\_is\\_FGM](http://www.equalitynow.org/what_is_FGM).



## MONOCHROME FLOWERS

Mollika Hossain, Class of 2018



# Stephanie B. Tran

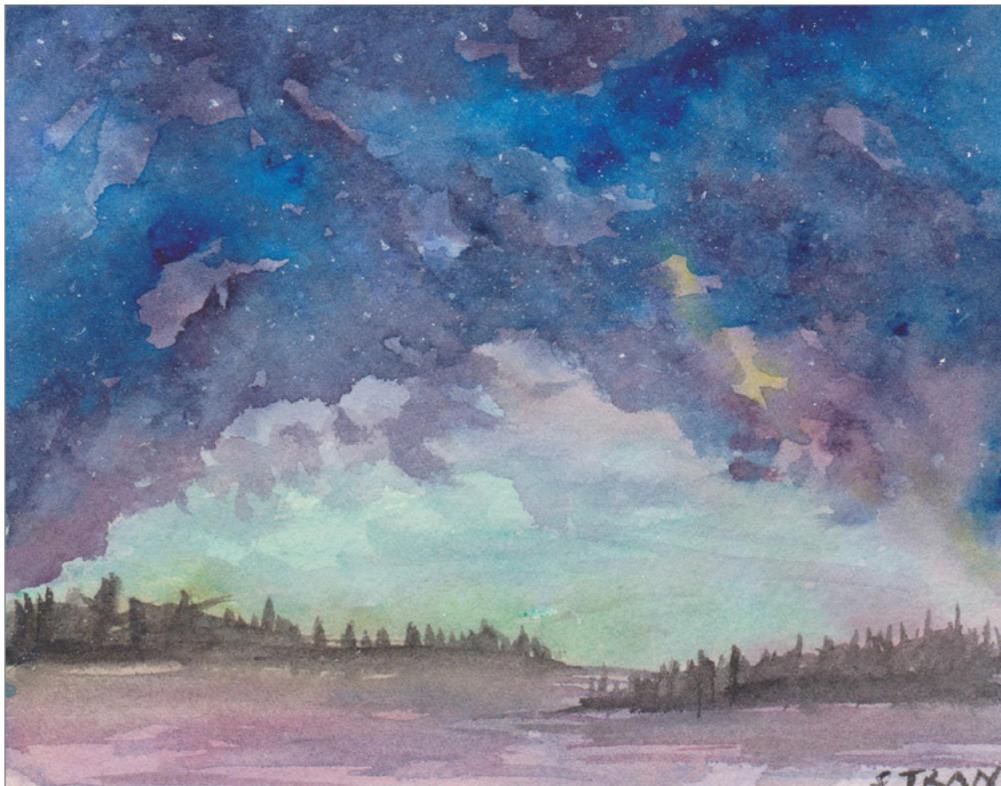
*Stephanie is a third year medical student who enjoys gazing up the stars and wondering, why not?*

Koi Fish (*left*)

A Starry Sky (*below*)

**H E A L**  
Humanism Evolving through Arts and Literature

Cover  
Artwork  
Finalist



# TRUCE

Stacy Ranson, MS, Class of 2017

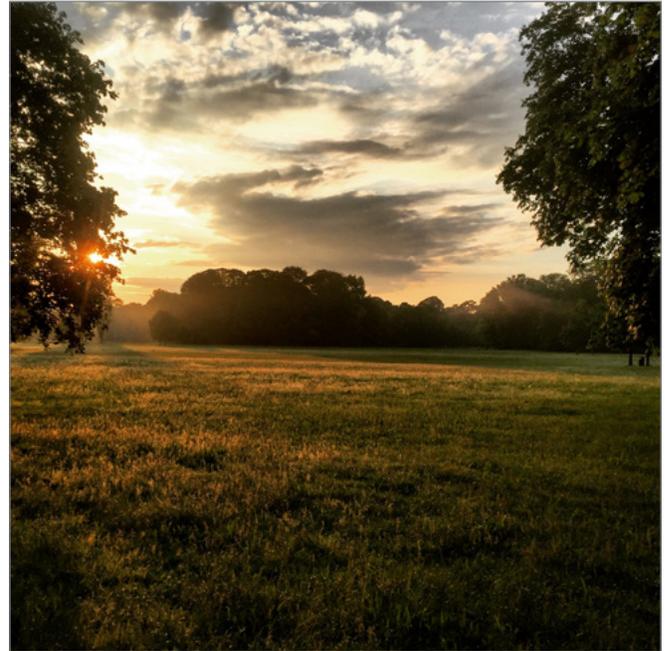
“Oh, lovely! Here’s a new patient. Why don’t you go in and see her, gather a full history, and come back and tell me about her.” I took the manila folder down from the chart holder on the door. A name, birth date, medication list, and vital signs stared back at me from the page. It was my first week in the incredibly busy OB-GYN office with my preceptor, who also served as the director for the clerkship. I knew this was a great opportunity to show my skills to my attending, and I yearned to do a good job. Somewhat nervously, I knocked and pushed open the door.

“Mrs. Dana?” I asked. “No. Actually. I prefer to be called Beth,” she curtly responded. She stared at me with the look. It’s a look any medical student knows well. The look that says, “Where’s the real doctor, I’d rather not see you.” I introduced myself and asked her if it was alright if I interviewed her before the doctor came in. “I’ve already been sitting here for thirty minutes, I guess so.” This isn’t going well, I thought. I apologized for the delay and thanked her for her patience.

I sat on the small rolling stool and looked up at her on the exam table in the paper gown. She was in her mid-sixties with unkempt gray hair and horn-rimmed glasses. I asked her what brought her in for today’s visit, following the script I’d used in countless encounters before. “Well…” she began with a tone laden with sarcasm and mockery. “I was referred from my endocrinologist; didn’t you read any of the papers they sent over?” I told her I had not. I showed her the paucity of information I had at my disposal and explained that since it was her first visit at this office, it was our duty to collect a thorough history straight from her. “That’s ridiculous. I don’t know why I have to fill out all this paperwork if you people don’t even read it.” My face flushed. I tried empathizing with her, lamenting over the immense amount of paperwork required as a new patient.

Trying again, I asked about her past medical history. She gave an animated sigh of frustration. “Is the real doctor going to ask all of this crap again?” My heart started pounding. My ears burned. I stood up saying, “I think I’ll just let you tell your history once to your physician.” I yanked the door open and retreated to the nurses’ station.

I took a deep, cleansing breath as my pulse began to slow. I’d never felt so charred while seeing a patient. I’d been turned



## WATCH A SUNRISE

Benjamin Lucien Jacobi, Class of 2019

*Benjamin is a second year medical student getting ready to move to Sarasota for his third and fourth year rotations. He is originally from Frankfurt, Germany and grew up near Zurich, Switzerland before moving to Clearwater, Florida in 2003. He’s always had a passion for traveling, a passion which led to this picture taken at the English Garden in Munich where he spent a summer conducting research in medical psychology at the Ludwig-Maximilians-University.*

away before when a patient preferred not to see a student, but never had I experienced an encounter where I was met with what felt like open aggression. I tried to apologize for her wait, commiserate with her over the paperwork, but nothing I did allowed me to establish a connection with her. There had to be something else upsetting her. I gathered my thoughts and calmed my nerves.

As I walked over to the desk, my attending approached me. “Ok, what do we have?” I sighed and brought her up to speed. She reassured me that I had done the right thing. She told me other students have been brought to tears under similar circumstances. I secretly hoped my doctor would assign me the next patient to see, but she whisked me around so we could enter the room together.

Beth, our patient, responded to my attendings queries with as much frustration as she had shown me. When asked why her endocrinologist referred her to a gynecologist, she said, “I don’t know, my pancreatic enzymes were elevated, so he wanted me to see you.” I mulled this over. Then, finally, we made some headway. It turned out she had an abnormal lab value that can be indicative of an ovarian malignancy.

This time, when I looked at Beth, sitting there on the exam table, vulnerable in a paper white gown, I saw fear and anxiety. She was worried, terrified that her abdomen was sheltering some indolent malignancy, slowly growing and invading her healthy tissues. I watched, amazed, as my preceptor, entirely unfazed by Beth’s harshness, calmed her nerves and educated her about the next steps of evaluation. Beth softened and thanked us. She left with a totally different demeanor than when I first entered the room. Although we weren’t able to offer any treatment or definitive answer that day, we were able to address her concerns and ease at least some of her fears.

As a medical student, I had the ability to step out of that exam room when I felt frustrated and belittled. I had the luxury of taking a moment to exit, take a deep breath, and regroup. By recovering and taking a moment to realize that her aggression and frustration weren’t any fault of mine, I was able to understand there was something more under the surface of her ill-mannered facade. She was afraid, and she leveled her anxiety initially at us.

I learned an important lesson that day. I experienced firsthand that when patients are irritated or distraught, there is probably something underlying their hostility other than a long wait or paperwork to fill out. In the future, I will certainly encounter many situations like these. I likely won’t have the time to step out of every room when I find myself in a tense conversation. I’ll take with me the belief that in order to care for another, you must first take a moment to care for yourself. Sometimes that means putting your ego aside in order to reach out to someone who may be in a very scary place. One day, I hope to exhibit the same grace and skill with which my preceptor showed in order to have the privilege of helping guide my future patients through dark and frightening periods of their life. ■

# RODNEY

Amber K. Harrell, Class of 2017

*M*an, it sure is hot today. I bet that’s going to have my blood pressure high again. Riding my bike in this hot sun always seems to make it high. Doc isn’t going to be happy with me today because my sugars have been high, too. I wonder what we’ll change with my meds today and if I’ll be able to afford them...

“Knock, Knock,” (a young girl wearing a white coat walks into the exam room), “How are you this morning, Rodney?”

“I’m fine.” *Oh no, not the student again, I know she is going to ask me a million questions about my medications and blood sugars. She’s nice and all, but I’m just tired today. She doesn’t understand that it’s a long ride back to the coalition and I have to make it in time for lunch or no food for me today.*

“How have things been going since the last time we saw each other?”

“Actually, not that great.” *Pretty terrible really. No house, no insulin, no strips. My life is a mess.*

“Really? I’m so sorry, tell me about what’s been going on?”

*This girl seems like she is interested in what I have to say, but do I really want to tell her my whole sob story this morning? I’m sure she has other patients and doesn’t want to waste her time with me. Maybe if she understood what’s been going on though, she’ll know why my blood sugars have been out of whack.*

I don’t need anyone feeling sorry for me,  
I just need time to get back on my feet.

“Well, I lost my housing a little over a month ago and I don’t really have a place to live right now. I’ve been having to go to the homeless coalition to take showers and stuff.” *Did that sound like I want her pity? I don’t need anyone feeling sorry for me, I just need time to get back on my feet.*

“Oh Rodney, I am so sorry that this has happened to you! How are you coping with the stress this has caused you?”

“Ok, I guess. I mean it’s hard. I’ve never been homeless before.” *And I don’t know how to fix it. I’ve looked all over town for a place to stay, but it’s hard with only a temp job to find a place that will rent to me. How am I going to keep living on the streets? I haven’t had a place to keep my insulin and I don’t even know if I can keep paying for my prescriptions because I need the money for food. This student must think I’m pitiful telling her all this. I’m scared though, I don’t want my diabetes to get out of control. I know this disease can kill me, but I don’t know what I’m going to do.*

“Have you been able to find a safe place to sleep and food to eat?”

“Yes, I’ve been going to the coalition to eat once a day. Sometimes, the line is too long or I don’t make it in time. It’s a long bike ride from where I’ve been sleeping to the coalition. On these days, I can usually use the few dollars I have from odd end jobs that I do to buy me a cheap burger or something, but I know I shouldn’t eat that with my diabetes.” *Here comes the lecture about junk food and diabetes. The students always get on my case about it, but they don’t realize that it’s the only food I can afford right now.*

“It must be hard to think about eating healthy when you aren’t sure where your next meal is coming from. How have your blood sugars been doing since all this happened?”

“Not so good, I’ve gotten 500s a few times, but I’ve actually had some really low numbers, too.” *My sugars have never been that high, even when I got diagnosed a couple years ago they weren’t that high. Who knows what they have been the past few days, but I haven’t had any strips to check. I’ve only had the money to eat one meal a day, so I know that’s why my sugars have been falling low, especially when I have to ride my bike really far, but what else can I do? I don’t have any extra cash for snacks or the bus right now.*

“Oh, you’re right, those numbers aren’t so good. I know that you usually keep them lower. Have you been able to get your

medications? I know you have a lot going on right now and traveling to the pharmacy must be hard.”

“I still get the metformin since that one is free, but I haven’t had my insulin because I don’t have a cold place to keep it.” *Yes, it’s a lot. I’m feeling overwhelmed and I don’t know what I’m going to do.* “To be honest with you ma’am, my diabetes has been on the back burner for the last month and a half since I lost my housing.” *Now this young lady thinks I’m making excuses, but it really has been hard and I don’t know what else to do. She’s probably going to tell me, “don’t worry, it will get better,” but I don’t want to hear that right now. I need help, I feel like I’m drowning.*

“Well, again Rodney, I am so sorry to hear that you have been going through this tough time. I want to let you know that Doc and I are here for you and we want to help you in any way we can. Yes, we are worried about your diabetes, especially those low numbers you are getting more often, but as you mentioned, you have other things going on right now that are preventing you from being the patient we know you usually are. I want you to know that we are going to help. Let me grab Doc so we can talk about resources around this community to help you find a safe place to sleep and store your insulin. We can also see if there are spots open in any of the group homes or shelters around town. Just give us a few minutes and we will make some calls for you, ok?”

“Ok,” (student leaves the room). *Wow, I wasn’t expecting that. Maybe Doc won’t be so mad at me after all and maybe there will be a bed open for me at the shelter. I didn’t know they would help me with my insulin either. This is what I need, just a little help and time to get back on my feet. I know what I need to do to be a good patient and have my blood sugars back to where they should be. It’s just tough because life happens and some things we can’t control. It’s not like I don’t care about my diabetes, I know what can happen. I watched my mom end up in a wheelchair with one of her legs amputated due to diabetes. No way am I going to let that happen to me. I just have to get through this rough patch, then I’ll be alright. I actually do feel better after telling the student what I’ve been going through. Now it seems like they understand and want to help me. Today isn’t turning out so bad after all. ■*

*Amber Harrell is a fourth year medical student at the Daytona Beach Regional Campus. She is pursuing a Pediatric Residency with the United States Air Force.*

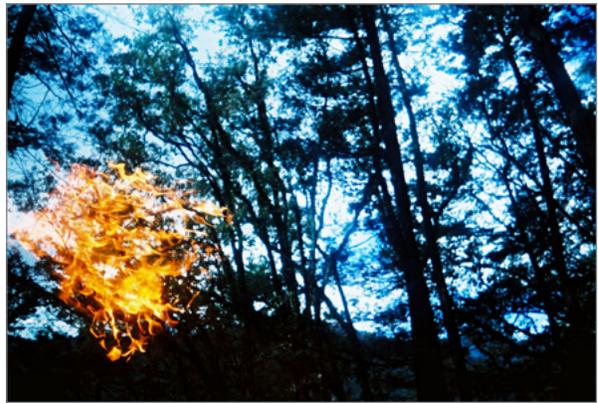
# Raye Ng

*Raye is a second year medical student.*

*Survive (left)*

*Fire (right)*

*Grampa with Tomatoes (bottom)*



Chick and Chicen (*top*)

Abandoned Living (*middle*)

Lucia (*bottom*)





# Ashley Kreher

*Ashley is a second year medical student. She grew up along the gulf coast in the town of Rotonda West, Florida and has always had a strong passion for the arts. She enjoys expressing herself and her experiences in medicine through photography, charcoal, acrylics, and watercolors.*

*Hues of Sunshine (top)*

*Generaciones (middle)*

*Azul de la Manana (bottom)*



# Simon J. Lopez

*Simon is a third year medical student.*

Farmer's Market (*above*)

The Caring Hand of Collier County (*left*)



# Linda Minnock, MD

*Dr. Minnock works part time in the Clinical Learning Center and is looking forward to her return trip to Immokalee in March 2017.*

Ice Cream Vender in Immokalee, FL (*right*)

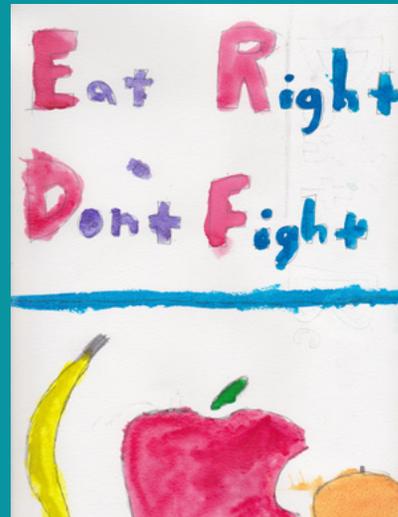


# FSU FMIG FIRST ANNUAL TAR WARS & READY, SET, FIT! POSTER CONTESTS

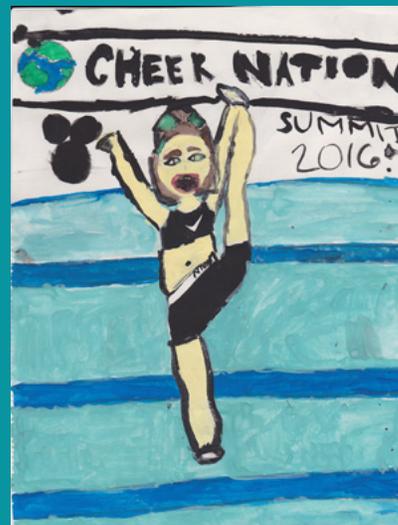
Ashley Kreher & Meghan Novotny, Class of 2019

The Family Medicine Interest Group (FMIG) at the Florida State University College of Medicine (FSU COM) has been working all year to promote healthy living at local elementary schools. FSU students presented two of the American Association of Family Physicians (AAFP) community-based education programs—*Tar Wars* and *Ready, Set, Fit!*—to elementary school students across the Tallahassee area, promoting tobacco-free and well balanced lifestyles to hundreds of students. *Tar Wars* is an AAFP endorsed program of interactive presentations geared toward 3rd, 4th and 5th grade students to educate them about being tobacco-free, and provides them with tools to make good decisions about their health and well-being. *Ready, Set, Fit!* is a program designed to educate and motivate younger students in three key areas of health: emotional well-being, fitness, and nutrition. This program is endorsed by the National School Board Association. The program engages 3rd, 4th, and 5th grade students in activities and discussion to make them aware of what they can do now to positively affect their health and fitness.

The FMIG Community Educators, Ashley Kreher and Meghan Novotny, offered students that participated in the *Tar Wars* and *Ready, Set, Fit!* programs an opportunity to creatively display the knowledge they gained from the presentations through a poster contest sponsored by FSU COM. This is the first time such a contest has been held at FSU COM, and much to everyone's excitement, 272 posters were received. Students from the main campus and across the state, as well as faculty and staff, all had the opportunity to vote in person and online for their favorite posters based on message and creativity. The top three winners from each program were then invited, along with their families and representatives from their elementary schools, to attend an award ceremony at the Florida State University College of Medicine. The winning students received award certificates and had the opportunity to converse with medical students, some of whom volunteered in helping present these programs.



**DANNY ALEX**  
Step in the Right  
Direction Award,  
*Ready, Set, Fit!*  
Poster Contest



**TAYLOR KELLY**  
Creativity Award,  
*Ready, Set, Fit!*  
Poster Contest



**MADELINE JOHNSON**  
Best Overall Award, *Tar Wars* Poster Contest

# FORESIGHT 30/30

Ashley Kreher, Class of 2019

**T**hirty sets of eyes, 30 smiles, and 30 inquisitive minds met mine one brisk January morning. As I, a medical student, and three of my peers looked out from the front of the classroom to teach these 30 excited third grade students about the dangers of tobacco, little did I know that they would be teaching me instead. I didn't know what to expect my first day, but like any other encounter I kept my mind open. Some had answers for every question we asked, some had to be encouraged or offered the opportunity to say their opinion, while others opened their minds to ask some of the hardest questions, questions that, at times, left me thinking. It wasn't until my last day at Gilchrist Elementary that I realized that every time I opened the front doors of the school I was meeting my future patients. I wasn't taking their histories, or listening to their hearts, I was instead exercising the art of medicine which is found in humanism. I listened, I explained, I answered questions, and I taught. Not every word or slide met every child's mind like a switch turning on a light bulb. Instead, questions offered clarity and confusion was met with explanation. Some listened, others wanted to see and some wanted to undergo an experience. Comments such as: "My parents smoke even though I ask them to stop, what should I do?" "My dad is in the hospital because he smokes," and "What can I do so I don't get sick from my parents' cigarette smoke?" still resonate with me today, much like the first time I smelled that searing cloud that came from my own uncle's lips after he puffed on that thin Marlboro stick.

Like each of these students, not every patient will understand why you are offering them information or what you are trying to say, but as a physician we have the

responsibility to pave a path that allows them to make the choice about what direction they want to take. Every patient that you encounter will be different; they may superficially appear similar, but upon a closer look, each has characteristics all their own. While I provided the message that smoking is dangerous, and that it damages your body and wallet, I knew that not every child who left that room wouldn't touch a cigarette in the future, even though I hoped against it. As doctors and educators we are responsible for supplying the tools for our patients to live the healthiest lives that they are capable of. Not every patient will take your advice to heart, nor will they care for what you have to say, but in the end there are patients who will. When we departed from Gilchrist, I realized that not all 30 of those eyes will see the importance, not all 30 of those smiles will remain after we leave, and not all 30 of those minds will remain steadfast against tobacco. I do know that if even one of those minds felt something after our presentation or held on to something that they will carry through their years, our mission was met. That each and every day the words that you say and the actions you display impact every life around you. That taking the time to offer your knowledge can and will make a difference. It may not be immediate and frustration is inevitable, but in the end it is not about you, it is about your patients. Medicine, no matter the specialty, is a lifestyle centered on each and every life that graces ours, the hands we'll hold during trying times, the experiences we'll share and the relationships we'll build with our patients who will eventually become our family.

At the end of my time at Gilchrist, I, along with my colleagues, saw almost 300 students and presented our programs to 10 classes. The week after our last presentation, I discovered an envelope in my mailbox. Within that envelope poured a handful of letters, letters from the students that I had the privilege to meet. They were inscribed with statements such as "Thank You" and "You might have inspired me to be a doctor." This experience wasn't just something I thought I needed, but it was something that these students needed as well. It was a glimpse into my future, and gave me the privilege to realize that even though there will be times of frustration, times of resistance, and times when you feel like you are at a standstill, everything that you do and say will matter. That you have the opportunity to influence how a patient thinks, feels, and comprehends. The results may not be immediate, but in the end you'll make a difference.



**BRIANNA MARTIN**

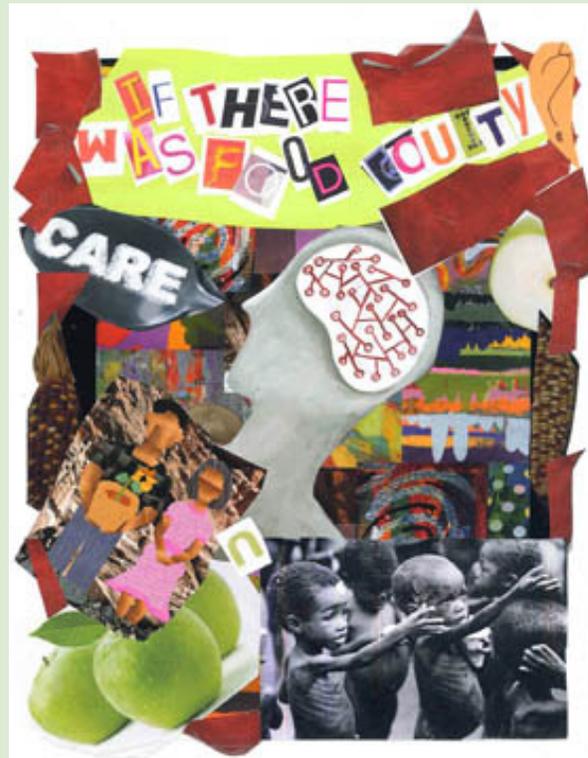
Breath of Fresh Air Award, *Tar Wars* Poster Contest

# 2016 YOUTH HEALTH EQUITY ART EXHIBIT

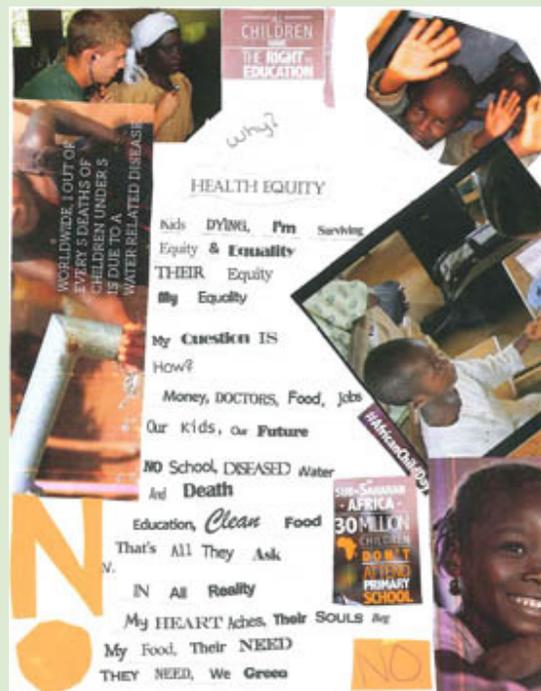
The Youth Health Equity Art Exhibit occurred on the first day of the 2016 Maternal and Child Health Equity (MCHE) Conference. The goal was to engage youth and their families in education and leadership related to health equity. The Maternal and Child Health Equity Conference Goals for 2016 were:

1. To discuss advocacy, education, and policy strategies to address the inequity in maternal child health for the black community through the integration of diverse community and professional perspectives.
2. To identify priorities for the elimination of maternal child health disparities and the promotion of health equity using a life course perspective.
3. To describe culturally responsive mechanisms useful for providers to address maternal child health equity.

Students were challenged to create a collage that spoke to a topic related to health equity. The students were successful in their endeavors through the support of our host, the Gadsden Arts Center and Museum, as well as faculty and staff at the FSU College of Medicine and the MCHE Collaborative (<http://www.mchecollaborative.com>). Close to 40 local area students submitted, and the top 20 were chosen and displayed in the Gadsden Arts Center and Museum. The top 6 winners are presented here.



**DANNA PAOLA LASSO NINO**  
First Place, Havana Magnet School, 8th Grade



**KIMBERLY MORENO**  
First Place, Havana Magnet School, 8th Grade



ALIZA HUTLEY  
Second Place, Havana Magnet School, 8th Grade



JANIYA DANIELS  
Second Place, East Gadsden  
High School, 11th Grade



RONTAVIOUS THOMAS  
Third Place, Havana Magnet School, 8th Grade



ALIYA HUTLEY  
Third Place, Havana Magnet School, 8th Grade

# SINK OR SWIM

Stacy Ranson, MS, Class of 2017

I stare out the window at the pool in the backyard of our Florida home. Another hot, stagnant day is trudging along. My days repeat. I wish I was working. My right shoulder forced me into retirement. Swinging a hammer for 40 years takes a toll. My wife awakens me from my daze and asks if I'll run to the pharmacy and pick up my mother-in-law's prescriptions. She's been staying with us for the last 8 months. It's been 10 since I retired from the carpentry business I owned in Maryland. My father, too, was a carpenter. As a child, I worked with him. We would build anything and everything—from cabinets to tables. I found solace in hard work. At the end of each day, I'd be exhausted. A good night's rest came easily. Stress and nervousness, for the most part, was fleeting. That all changed when I traded my hammer in for a fishing pole at my wife's insistence to retire in Florida.

Now my life feels monotonous and meaningless. Each day seems much like the last, with the important exception that the panic attacks are becoming more frequent and intolerable. I've dealt with this before. As a newlywed in my early twenties, I found myself spiraling out of control. Trying to meet the demands of my new wife and beginning a family was an upheaval of my previous routine. The stress and angst lapped at my neck, often rising higher, overtaking my ability to breathe. It finally passed after a year. Now, I fear this time it won't.

As I grab my keys, thankful for a task, I see the reminder on the refrigerator. I have a doctor's appointment tomorrow morning. I've been dreading it for 3 months, since my last visit. I was told to have labs done. I haven't. I'm worried what they could show. My cholesterol is usually high. I wish I could cancel, but I desperately need a refill on my anxiety medication. I ran out 3 days ago. The panic attacks are becoming more insufferable.

That night, like most nights, the battle ensues. The fear of not being able to fall asleep begins early in the evening. By the time my wife is in bed, I know I should start the ritual of trying to make myself go to sleep. The mere act of undressing begins the cascade. My mind races with frantic thoughts of what my appointment will bring tomorrow. What should I say about the absent lab work? I'm sure my blood pressure will be high. I just have to get in and get out with my prescriptions. In and out. The red analog clock on my night stand reads ten-thirty...

midnight...1 am.

I wake at 5:30. I may have gotten four hours. I shower and dress. I make coffee and try to read the newspaper. My stress is building. I get into the car and the angst begins rolling into an excruciatingly loud crescendo in my mind. The traffic and red lights are sending me over the edge. I can tell my blood pressure is high. My heart rate quickens. I feel my chest rising and falling faster than it should. I pull into the parking lot and try to cool down.

I walk to the front desk and sign in. I sit, fidgeting in the cold waiting area. My stomach lurches when the nurse calls my name. She politely greets me and seats me in the exam room. I try desperately to take slow measured breaths, willing my pulse to slow as the blood pressure cuff tightens around my left arm. She tells me it's a bit high. Of course it is. She asks if anything has changed since my last visit. "No," I tell her. And that's the problem. "Did you get your lab work done?" she asks. I lie and tell her I didn't know I had any to complete. She leaves the room. My doctor is going to rebuke me for the absence of labs. I hear a knock at the door. I try desperately to still my nerves.

It's not my doctor. A young woman with brown hair and matching horn-rimmed glasses greets me with a smile. She tells me she is a medical student and would like to interview me before my doctor. I agree. She asks how I am doing. "I'm alright." I assume she'll brush past the unenthusiastic response and start asking about the blood pressure readings I'm supposed to check at home, but she doesn't.

She returns my response with a thoughtful look, and a query to tell her more. I hesitate, debating on how much to divulge. I relent. I explain the attacks that come daily now. How they rise and escalate and soon I'm in over my head. I relay to her the fight it was this morning, just driving to the appointment. She listens carefully. Not taking notes, not looking into the computer screen, but giving me full attention. I tell her I'm out of my anxiety medicine and she asks if they've been helping, if I'm improving. I concede that it seems I'm getting worse.

She asks if I'd be willing to try a daily medicine, that could, over time, help bring the sea of anxiety from the level of my neck, down to my waist and maybe further—like equipping me with a

life jacket instead of rescuing me at the point of nearly drowning. I wonder about this. It's something different. I fear potential side effects. She tells me this medication would modulate the chemicals in my brain, to help prevent my nervousness from building, to help prevent the attacks instead of treating them after they've already begun. This actually makes perfect sense to me. She continues to tell me the most effective means of treatment is a combination of therapy and medicine. I'm not a guy to go to counseling; I politely decline the offer.

Oddly, having just disclosed my embarrassing struggle to a complete stranger, I feel immensely better. Soon, my regular physician and the student return. He agrees with the thought to try a different means of confronting my problem. He still

criticizes me for not having completed the lab work, but tackling the underlying issue brings me a new sense of peace. Somehow, now, I feel a new leaf is about to be turned. I schedule another appointment on my way out for 1 month from now. I feel encouraged that next time, I'll be better and prepared, with lab work completed. Maybe then, I'll finally be beginning to enjoy the swim. ■

*Stacy Ranson is a fourth year medical student who will begin her residency training in general surgery after graduation. She has served as both editor and contributor to HEAL and always looks forward to enjoying new art, photography, poetry and prose in each HEAL edition.*



## ICHTHYS

Lee Howell

**H E A L** Cover Artwork Finalist  
Humanism Evolving through Arts and Literature

*Lee Howell is a budget analyst for the FSU College of Medicine Finance & Administration office. When he's not in the office, he can usually be found photographing weddings and portrait sessions on the weekends. Howell has this to say about Ichthys: "I was originally drawn to capture this scene on the Ochlockonee River simply by the misty morning fog and exposed tree limbs above the low water line. Years later when entering this print into a local competition, it was pointed out to me the close resemblance it bears to the Ichthys symbol that I had inadvertently captured, and since then I've strived to purposefully incorporate duality and a greater reverence for the at-first-unseen in my work."*

Two days ago I experienced the death of one of my patients for the first time. Although I hope it's my last, I know that is unrealistic.

## PRESLEY

Susanna Taylor Zorn, Class of 2017

*October 21, 2015*

**T**wo days ago I experienced the death of one of my patients for the first time. Although I hope it's my last, I know that is unrealistic.

She was 5 years old. Presley came to the outpatient clinic with episodic headaches and vomiting. These episodes started on Saturday, September 27th. I saw her on October 15th, almost 3 weeks after her symptoms began. On her initial visit to her pediatrician on October 5th, her parents were told that her symptoms pointed to a viral upper respiratory infection. It would just take time to clear. And she did get better for 2 days. Tuesday and Wednesday she was fine. Playing. Eating. Acting like Presley.

On Thursday, she woke up with a headache and no appetite, and slept until 5pm that day. She was awake for 3 hours, fell back asleep at 8pm, then woke up several times that night due to her headache. The next morning, Presley threw up her cereal and both the Tylenol and ibuprofen she was given to control her headaches. Her parents rushed her to the ER where she received IV fluids and Zofran. She started to feel better and was sent home that day with the diagnosis of a viral illness complicated by dehydration. That whole weekend Presley was fine. She was eating. Drinking. Playing. Acting like Presley.

The following Monday she woke up with a headache and vomited twice. Her mother said Presley threw up every time the ibuprofen wore off. Presley was not seen by another health professional until I saw her on the 15th. Her established pediatrician was on vacation, so she was a new patient to my preceptor. I looked at her face sheet before I entered. Migraine was the only information I had to go on. Immediately prior to

seeing Presley, I saw an 11-year-old boy with seemingly benign headaches, most likely due to the fact that he needed an updated prescription for his glasses. After that encounter, my preceptor educated me on headache red flags—headaches that wake you up at night. Headaches in the morning. Headaches associated with vomiting. Presley had all of these red flags.

I walked into her room to find her draped over her mom. Arms loosely wrapped around her neck. Face buried in her mom's chest to block the light. Her mom proceeded to tell me Presley's history starting with September 27th. How she would get better and then fall deeper than she had the previous time. The anxiety in her mother's voice was fierce. Fighting back tears, her mother told me "she just hasn't been herself all week." On exam, she had thick crusted green mucus around her nose, her eyelids were heavy and she seemed irritated by the light and the fact that I made her get off of her mother's lap. The rest of her exam was unremarkable. We checked for papilledema, a sign of increased intracranial pressure. Kernig's and Brudzinski's, tests for meningitis, were also negative. Still she had 3 red flags.

Outside of the room, I discussed the differential with my preceptor. The most serious possibilities needed to be ruled out first. Because of the thick green mucus in her nose we ordered a CT scan with contrast to rule out an abscess that could be spreading to her brain. I guess because I figured she was going to the hospital to get a stat CT, my opinion of ordering a lumbar puncture did not need to be vocalized. I told myself, "Well, if the CT comes back negative, then I will speak up." Or, surely the hospital will not stop looking for answers on a child with a convincingly serious presentation. That's how I justified shirking my responsibility. After all, I was just a 3rd year medical student under the dominion of seasoned doctors who constantly correct

my zebras to horses. Just the other day my diagnosis of giardia was watered down to lactose intolerance.

After Presley was sent for her CT scan, my thoughts and energy were consumed by the next 20 kids who walked into the office. My doctor was going out of town that Friday, so I wasn't able to hear the results until after the weekend. My mind wandered to that little girl several times over the weekend, hoping and praying that she was in good hands and on her way to recovery.

Monday October 19th, I learned Presley's fate. She was being taken off of life support. My preceptor was greatly distressed and pondered what she could've done differently. The words "I guess I should have ordered a lumbar puncture" still echo in my mind. My world went black. I don't remember much of the conversation that followed. Luckily it was the end of the day when she pulled me into her office to break the news. I don't think I took another breath until I was behind the wheel of my car, gasping for air through tears.

The cause of Presley's death is still unknown. It is suspected to be meningoencephalitis due to an arbovirus, either West Nile, Eastern Equine, or St. Louis. I called my parents to cry and repent of my failure to care for this child. My dad, a family physician, reminded me that there is no treatment except for supportive care. But what if they found it earlier and supportive care was the only boost her immune system needed? I got home, cried for an hour, then got up and ran like a maniac on a completely empty stomach down to the bay. Water calms me. It's the place that I can find God and He can find me. When I got back to the house I found my roommate doing laundry. She had just started her pediatric inpatient rotation at St. Mary's

Hospital. She knew the missing piece of Presley's story—what took place from Thursday, October 15th to Monday, October 19th.

Presley was sent home after a normal CT scan on Thursday, only to return late that night seizing with a fever of 102. Every test was done this time. Now her CT scan showed dilated ventricles indicating hydrocephalus and the whole back of her brain was lit up. Her lumbar puncture was an indeterminate tap, not likely bacterial, probably viral. She was started on broad spectrum antibiotics, antivirals along with supportive care. Presley was lethargic and listless all weekend, and on Sunday, October 18th her brain began to bleed. A neurosurgeon drilled a hole in her head to relieve the pressure, but it was too late. She was declared brain dead and was taken off the ventilator the next day.

I know this little girl's fate does not solely fall on me. She received fragmented medical care, saw two doctors before me, and got sent home by the hospital twice. But the "what ifs" still haunt me. What if a lumbar puncture and symptomatic treatment on Thursday could have kept her from seizing that night? What if that was all that was needed to prevent her brain damage? What if she'd had a treatable form of meningitis? What if...

I refuse to dodge responsibility and absolve my guilt by saying there is no treatment or that I wasn't the only one caring for her.

Presley, you came into my room. I spent 30 minutes with you. I will use the guilt, my guilt, my mistake and the memory of your precious face to accept more responsibility and never leave another "what if" unanswered. I am so sorry, Presley. May your beautiful soul rest in God's presence forever, and may your family find peace. ■

**CENTRAL PARK**  
Trung Tran, MD



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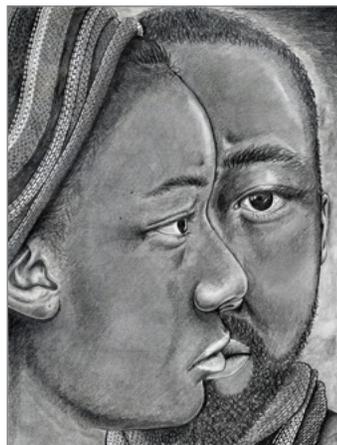
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Tierra Smith

*Tierra Smith is a fourth year medical student at Morehouse School of Medicine. She will be specializing in Emergency Medicine and hopes to incorporate artwork into her academic practice.*

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Tierra Smith





Common Thread  
Tierra Smith



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*HEAL* stands for Humanism Evolving Through Arts and Literature. Bringing together writing and art from a variety of sources, *HEAL* acts as a platform where medical students share their growth and development, where faculty and staff impart their knowledge gained from experience, and where members of the community express how health and healing have impacted their lives. *HEAL* strives to bridge the growing gap between patients and their providers while hoping to produce a meaningful creative outlet to those who participate in the publication of its quarterly digital issues and annual print journal. Students, faculty, staff, and members of the community affiliated with the Florida State University College of Medicine are encouraged to submit their art and literary works.

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