

H E A L

Humanism Evolving through Arts and Literature



Margaret Marie Florence



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

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Humanism Evolving through Arts and Literature

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Letter from the Editors

For nine years, *HEAL* has been a place where the FSUCOM community can share experiences and reflect on personal challenges, fears and triumphs. This creative expression and thoughtful reflective process fosters humanism in medicine by allowing us to relate to each other as unique humans with a myriad of perspectives, not just as student and teacher, or physician and patient. We hope these pages illustrate that medicine and science are not isolated fields, but rather, human arenas that shape—and are shaped by—art and emotion. Passion and talent are demonstrated by the talents and passions of students, clinicians, teachers and patients.

Ceramicist and second year medical student, Hana Bui, writes of the importance of creativity in her life and how that translates to medicine (page 22):

This heart dish was hand built by me as a way to combine my love for medicine with my love for ceramics. Being a medical student is a practice in delayed gratification. This, as well as the lack of creativity involved in memorizing clinical knowledge, pushed me to gravitate towards ceramics. It's an art form that allows me to take an idea in my mind and using my hands, clay and glaze, transform the idea into a tactile object that I can enjoy and take pride in.

Olivia Gruder, a fourth year medical student from the Daytona campus, provides another example of science inspiring art in her description of *Musical Clock* (back cover):

*As a future neurologist, my inspiration was simple and ubiquitous: the brain. It controls each and every task anyone performs, whether conscious or subconscious without us even realizing the unfathomable amount of cells working in unison for a particular action. As calculating and precise as all of the neural circuits and networks are that make me **me** and you **you**, I also like to remember the mystery and beauty in the brain, like in a good song that touches your heart. The brain is like a musical clock.*

The prose and poetry selections equally add to the dialogue, illustrating what it means to care for a patient as a unique person through the very practice of reflecting on the singular factors that both humanize and individualize. In their daily interactions with patients, our students take notice of what drives patients, what hardships they face, and what makes them come alive.

Our authors communicate what they have learned from family members whom they accompanied through the journey of illness or loss. In “Defining Disability,” second year student Abbey Goodyear describes how her stepfather taught her that “medicine is more than solving a problem,” but rather, it is about guiding a patient to “live life to their fullest, happiest potential, as they imagine it.” Finally, our 2nd Annual Humanism in Medicine essay competition asked students to reflect on a time they witnessed a provider demonstrating humanism in medicine. In addition to practicing person-centered care, the physicians highlighted in the winning essays exemplify how to accept limits, deal with loss, and overcome obstacles.

Please enjoy Volume 9 of *HEAL*, and may you find comfort, awareness, and healing in the pages that follow.

Warmly,

Tana Jean Welch, PhD

&

Suzanne Leonard Harrison, MD



On the Cover

CREATURE

Margaret Marie Florence

Margaret Florence studied biology and visual arts at the New College of Florida. She currently works as a medical assistant at a primary care practice in St. Petersburg, and plans to attend medical school next year.



In medicine, we are taught to heal people, and sometimes we get lost in the idea of fixing a problem, rather than healing the person.

-Abbey Goodyear, Class of 2020
from "Defining Disability"

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A HAND TO HOLD

Efe Cudjoe, Class of 2020

I, like many first year medical students, had always dreamed about my first patient encounter. Despite my prior shadowing and clinical research experiences, my perception of what that day would be like was, oddly, somewhere between the popular drama-television series *House* and *Grey's Anatomy*. At 6:30 a.m., on a cool winter day, the time had finally come. As I made my way out of bed, I could hear heavy raindrops steadily beating against my window, but at that point not even the rain could dampen my spirit. I had waited so long for this moment; I was excited and prepared. As I was getting ready, I continually repeated the steps for a problem oriented encounter. These steps had been drilled into my head since my first few weeks of medical school. Knock on the door, wash your hands, introduce yourself, elicit details of the chief concern, ask personal context questions, elicit the emotional context, obtain a detailed description of the HPI, and gather: a past medical history, a social history, and a family history all in under 15 minutes. I must have repeated this sequence at least 100 times that morning. The primary difference was that unlike the standardized patients that I was accustomed to, this was a real, unscripted patient, with a real health problem. Nonetheless, I knew I was prepared.

I arrived at the health clinic, thirty minutes early, donned my white coat and immediately preceded to my preceptor's office. I was met by the nurse who was working with Dr. Ford. She indicated that Dr. Ford would not be in for another 15 minutes and I was free to go in and speak with Ms. Jones, the first patient. She had roomed her in 106. I was excited because I knew exactly what to do. I was going to follow the exact sequence that I had recounted numerous times that morning. I was convinced that my prior experiences had primed me for that very moment.

I confidently knocked on the door. Silence. I thought to myself, "Perhaps you knocked too lightly." So I proceeded to knock again. And again, I was met with silence. Rather than knocking a third time, I decided to open the door. I immediately saw a woman in black jeans and a purple t-shirt. She had multiple tattoos extending down each of her arms. She was slightly slouched in her chair and was intently staring at the ground. I slowly walked into the room and began to sanitize my hands as I greeted her. Despite my greeting, the woman did not move or acknowledge my presence. My palms began to sweat and a small lump formed in the back of my throat. All of a sudden I felt very unprepared. This is not what I had planned for. In that moment, I wanted to let fear win. I wanted to run out of the room and let the nurse know that I was not ready. It was clear that this woman did not want to interact with me. Despite these thoughts—I sat down and persisted. I began to introduce myself and informed Ms. Jones that I was a first-year medical student and that I had been instructed to gather some information from her. Ms. Jones did not stir.

I nervously shifted in my chair and struggled to find my next words. "Ms Jones, is there anything that I can do to make you feel more comfortable before we begin?"

Tears began to trickle down her face. As she slowly looked up at me, her first words were: "You know she was so beautiful, full of life, her son still doesn't understand. It's been long enough that I shouldn't be in this much pain. Today is a particularly hard day because she loved the rain. It's been 2 months since her death and things just never seem to get easier...My daughter."

A tear glistened at the corner of her eye and then slowly rolled down her cheek. She outstretched her hands and grabbed both of mine. We then sat in silence. Strangely, in that moment, I was comfortable with the silence. It gave me peace. I realized that as much as Ms. Jones needed the comfort of my embrace, I too, needed the comfort of hers. Unbeknownst to Ms. Jones, I was also dealing with the unexpected death of my aunt who had passed away just three months prior. Up until my aunt's death she was healthy and full of life. As I sat there holding Ms. Jones' hands I could feel not only our shared pain but also the glimmer of hope that the pain would not last forever.

As I now reflect on this experience, I realize that Ms. Jones was willing to share the most intimate moments of her life due to the compassion that Dr. Ford had previously shown her. Dr. Ford had fostered a caring and comfortable relationship with Ms. Jones; which effectively provided me with a platform.

This experience taught me that fulfillment isn't just about meeting goals or finishing a patient encounter in the allotted fifteen minutes. It's more about the journey, and the process. The process of listening, learning, and growing with a patient in order to provide compassionate care. I trust that one day I will be able to fulfill my lifelong dream of serving underprivileged communities. As I work toward that dream I am really enjoying the process of learning about who I was, who I am, and who I want to become. Part of that entails becoming the best physician that I can be. A physician who makes meaningful connections with patients. I've seen that strength and sustenance in the physician-patient relationship is built from compassion and a mutual recognition of humanity. In my future practice, I hope to emulate Dr. Ford by ensuring that all of my patients feel seen, heard, and valued. ■

Efe Cudjoe is currently a second year medical student. She received a Bachelor of Science in Biology from Brown University. In her free time, she enjoys reading, writing and staying active.



7:59 PM IN STUART, FLORIDA
Roddy Bernard, Class of 2019



MELANCHOLY

Mollika Hossain, Class of 2019

Vitality abandons me with the blink of an eye
And I become a generic statue, unrecognizable to self and others
Devoid of the charm and quirks
The silence haunts my mind and seeps into reality
Expressions become crafted from intentionally etched folds of skin
Still unable to conceal the cyclic but familiar vacancy that keeps revisiting
But, alas, I wait endlessly for winter to depart and hope for spring revival
Only to continue shape shifting from flowing warm current into a giant immovable iceberg
My heavy limbs frozen into a thick solid sink deep down
What floats is an impenetrable wall for those that sail in my direction

THE THING I COULDN'T SAY

Sana F. Azam, Class of 2021

I sat by your bed while you were sleeping
The shrouding sheets felt cold for a June day
And stone hard despite how easily it
Sunk with you, shriveled, skeletal.

Maybe it was foggy that day—maybe my glasses
Clouded from epochal respiration—smoke—spirits?
A man coated in white, shadows trailing his feet
Iron clad in black. Time of death—3:44pm.

Gone. All in a final sigh of breath.
From the wracking seizures of your body
To your last wisp of air—deafening—
The room's air, heavy on my shoulders.

Hands burdening mine own, squeezing me,
Pulling me away from you—stolen.
I thought I could say farewell
When I sat by your coffin.

Sana Azam is a medical student at the Florida State College of Medicine. She completed her undergraduate studies at the University of South Florida in her hometown of Tampa.

SONORAN FLOWERS *(opposite)*

Amy Hollen

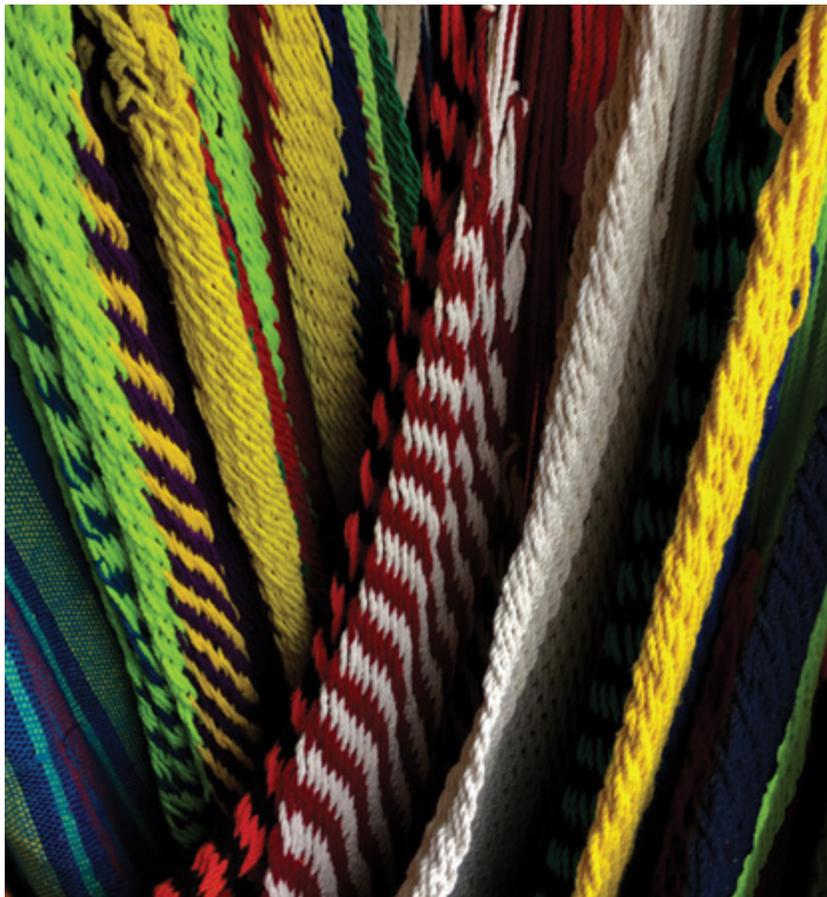
Amy Hollen is an illustrator and graphic designer based in Tallahassee, Florida. She grew up in Arizona and continues to be inspired by the southwest. For more, visit amyhollen.com.

Tamara Marryshow Granados, MD

Dr. Marryshow Granados is currently completing her first year of residency at Brown Warren Alpert Medical School Family Residency Program in Rhode Island. Originally from Cuba, raised in Grenada, and trained in Florida (which she considers home), Dr. Marryshow Granados loves art, photography, literature and adventure. She is happiest when capturing beauty with a pencil or a camera.

A Man-Made Array, Nicaragua (*top*)

Hammock Rays, Nicaragua (*bottom*)





A Sea of Color—Nicaragua Marketplace (*top*)

Las Gallinitas—Nicaragua Marketplace (*bottom*)

THIS BED IS NOT MY BED

Joseph Bernardo, Class of 2018

This bed is not my bed. These people are not my mom and dad. I look around the room, which is not my room, and don't see any of my toys. Instead, I see shapes with masks and long plastic gowns hurrying through the door. They say words like "intubation" and "ethanol" and I am scared. Some put cold circles on my front and back and I start crying. I can see their eyes saying sorry, and hear the same words muffled through their masks. But they don't stick around to play with me or read to me or help me find my parents. Just as quickly as they came in, they are gone. Soon after the activity and excitement of all the people wears off, I realize my stomach and throat hurt and I start to cry more, but nobody comes.

They leave the door open for me as I lie in bed. I recognize the eyes of some of the previously masked people as they walk by my open door and smile, but these people are not my mom or dad. There's a tube that goes in my arm and itches, but they taped it up so I would stop pulling at it. Sometimes people come in to attach things to it and it burns my arm. They call it "medicine" and tell me they're sorry. They seem like nice people, but if they were so nice why would they hurt me so much? My mom and dad are not there to tuck me in, and I cry myself to sleep.

The next day, more of the masked people come into my room with their cold circles, but I'm ready for it this time. One brings me an elephant that makes funny noises and I hug it. After everyone leaves, a man in a suit stands in the doorway with a nametag that says DCF. He talks to some of the people with the cold circles and they talk about how I got here. They say I sleep on a pullout bed in a hotel living room, and crawled out of it in the middle of the night and drank my dad's vodka he had left out. They say my dad found me in the middle of the night in a pool of my own vomit. They say nobody has been able to contact my mom who lives far away. The only people I see for the rest of the day give me more medicine, and I hug my elephant to make it hurt less. My stomach and throat still hurt. I can hear kids in other rooms crying, but I can't leave my room with the tube in my arm. I wonder what they did wrong to get here? I cry myself to sleep again.

I wake up early with my room full of the usual cold circle people. Soon after they leave, my dad shows up! He spends a little time with me, playing with my elephant and reading to me. My dad even brought me a little football from home! He spends most of his time talking to the DCF man. He leaves to go back to work and I don't see him for the rest of the day, but one of the cold circle people throws the football with me for a little bit and I laugh, because I usually play this with my dad. But this is only for a little while, and my room is empty until I go back to sleep. I don't cry as much this time, I am getting used to sleeping alone. I fall asleep hoping my dad will come tomorrow, I miss him.

I have gotten used to the mornings here, but afterwards I watch the door for my dad. I hold my football in case he comes to see me and wants to play, but he doesn't come. The people say they still can't contact my mom, and if she doesn't answer her phone soon I will go back to living with my dad. The DCF man doesn't seem very excited about that idea. My stomach and throat are feeling much better, and they take the tube out of my arm. Even though the tube isn't holding onto me anymore, they make me stay in my room and get mad at me if I try to leave. That night my dad comes to pick me up and take me home.

There are lots of the medicine givers who look mad at him, but they all say goodbye to me and rub my back and tell me how good of a boy I have been. If I was so good why did they hurt me and keep me here? As we leave I look into the other rooms where the crying has been coming from at night. They all look like me, trapped in bed by their arm tubes, some have their mom and dad and a few toys, but some don't have anything or anyone. I'm lucky my dad is here to rescue me from this scary place. The people here just want to hurt me. That night my dad tucks me in and I lie in my bed without having to worry about the cold circles or medicine people in the morning. For the first night in a while, I don't cry myself to sleep. ■

They leave the door open for me as I lie in bed. I recognize the eyes of some of the previously masked people as they walk by my open door and smile, but these people are not my mom or dad.



ART AS MEDICINE

Teresea L. Brown

Teresea Brown is a retired State of Florida employee and an art student at the Tallahassee Senior Center Foundation. She is also the recipient of three art awards from previous North Florida Fairs.



PROTECTORS OF THE STEPS
Stefano Leitner, Class of 2019

DAY 1

Roddy Bernard, Class of 2019

I am anxious, but confident.
I have practiced this before
Yet this time is different.
How will I perform?
I grab their chart.
A smile masking my face.
I'm tachypneic and diaphoretic,
My pulse running a race.

A differential diagnosis
After an HPI and physical exam.
Select and advise
The correct treatment plan.

I close my eyes,
Inhale deeply to clear my airway.
Taking a flashback
To the good ol' "Book days."

Hours of practicing
Numerous patient interviews,
At first I stuttered,
But over time I grew.

I grew not in size,
But in knowledge of mind.
Building habits
To last through time.

Now back to the present,
I have controlled my fear.
I am doing what I love
And I've worked hard to be here.

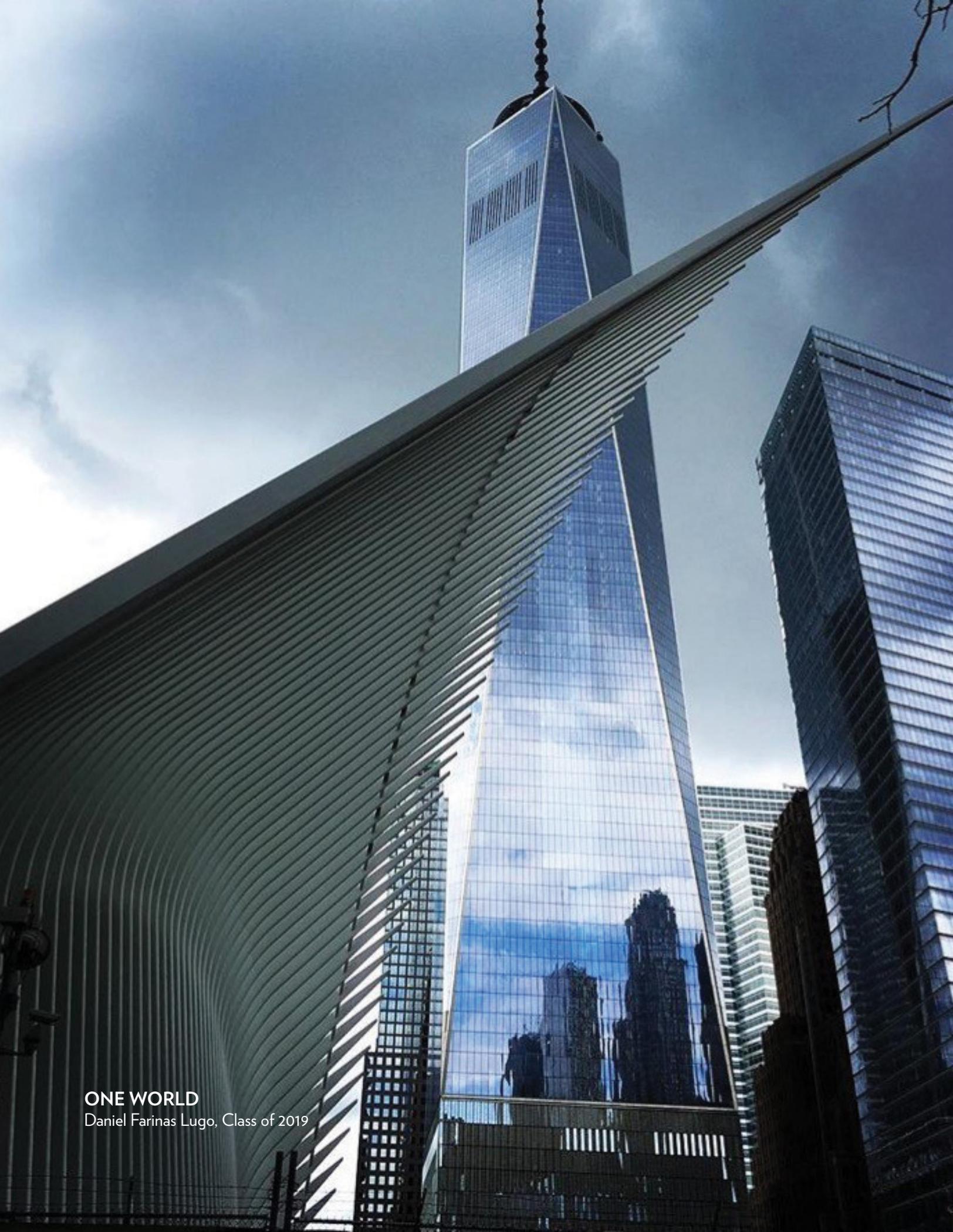
Roddy Bernard was born in Puerto Rico and moved to Tampa, Florida when he was ten-years-old. He earned a bachelor's degree in Biomedical Sciences and Psychology at the University of South Florida. Roddy enjoys writing, taking pictures, and composing songs on his guitar. His favorite part about art is the ability "to show others, not what my eyes see, but how my brain perceives it."



TALLAHASSEE CLOUDS
Roddy Bernard



THE VIEW FROM YOKAHU TOWER
Roddy Bernard



ONE WORLD
Daniel Farinas Lugo, Class of 2019

DEFINING DISABILITY

Abbey Goodyear, Class of 2020

The first time I spent one-on-one with my (at that time) future stepfather was when he took me to my first Father-Daughter dance. Although a quadriplegic who was injured in a car accident when he was 17, he twirled me around all night as if there was nothing holding him back. As a 6-year-old girl who did not know her biological father, this meant the world to me. I will never forget him coming to pick me up in his van, the door for which opened up automatically, allowing a ramp to unfold magically, as if it were a red carpet being placed down for me.

I grew up with him as if he were my primary father, and have always been inspired by his positivity. Although he requires full time care for basic daily living—someone to lift him in and out of bed, change his urinary drainage bag, bathe him, etc., he doesn't see the things that hold him back; he only sees possibilities. I have never heard him complain a single day in my life. He is the kind of person who wakes up in the morning full of energy for the day, zooming around in his motorized wheelchair with no time to waste. Being the positive person he is, he turned his disability into an opportunity to help others who are in the same position, and opened up a modified van rental business, supplying transportation to persons who otherwise might avoid the activities many of us take for granted, such as going on vacation, because they are unable to get around.

As I entered medical school, he opened up more about the medically related challenges he faces with his injury, and his thoughts on treatment. Because of him, I naturally took a fervent interest in all the current neuroregenerative research. Excitedly, I've engaged in discussions with him regarding the incredible progress we've made towards post injury neuroregenerative repair, and the idea that one day these clinical trials may actually lead to a cure. It struck me that one night, in response to my excitement, he said, "You know, Abbey, even if they came up with a cure for my injury, something that would allow me to be completely able bodied, I'm not sure I would want it." I was so excited about the advancements in research that I forgot to think about the implications it would have for him as a person. He has been injured for so long that he does not see his disability as a disability, just a difference in capabilities that he has grown accustomed to. In my eyes, this adaptation is more elegant

than any kind of cure, as though the challenges he faced earned him angel wings, or super powers of some sort—the kind of super powers that allow him to be an inspiration to others, and to me.

In medicine, we are taught to heal people, and sometimes we get lost in the idea of fixing a problem, rather than healing the person. People like my stepdad remind me that medicine is much more than solving a problem. Medicine can remove illness. However, the art of healing requires a gift of tailoring treatment to each patient's individualized needs, so they can live life to their fullest, happiest potential, as they imagine it. The life that makes them get out of bed in the morning, and run (or zoom) in the direction of their dreams. ■



PRETTY WILD

Mollika Hossain, Class of 2018

THE 2ND 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 ARRANGE WHATEVER PIECES COME YOUR WAY

Kristin Magrini, Class of 2018

Monday. 9:38 PM. My first day of surgery rotation. Night, rather—I have been at the hospital since 6:00 AM. One last gallbladder to take out for the night.

Our patient reminds me of my aunt Donna. She is in her sixties and sweet, with a Jersey accent. She is an English professor at the local college. Her specialty is Virginia Woolf.

Monday. 10:04 PM. The circulating nurse calls the golden moment and my surgeon starts the cholecystectomy. Thirty minutes into my shaky laparoscopic camera driving, the unthinkable happens. In an instant, the camera goes completely crimson and we're blind. I quickly pull out and clean off the camera only to reveal blood pouring into the abdominal cavity. Calmly, my surgeon clamps the source, takes the camera from my hand, and says, "We have to convert to an open operation. Scrub out and get help."

Stunned, I rip off my gown and gloves and run out of the operating room. The halls are deserted and all the lights are off. We're the last room operating.

Wednesday. 12:36 PM. Rounding over lunch. Two days post-op and our sweet, New Jersey patient had to be intubated last night in the Intensive Care Unit. We had been watching her closely since her surgery, but despite our efforts, she isn't improving. The JP drain we left to remove any fluid in her abdominal cavity is filled with thick, dark green fluid. She is leaking bile.

I can see the disappointment on my surgeon's face. He's young—only three years out of residency—but already loved in our small community. Patients appreciate the extra time and effort he takes with them. He makes a point to learn about each of his patient's families and their occupation—insisting on calling his patients by their professional titles. Physicians constantly refer to him because he closely medically manages each of his patients. He is the definition of busy, but thrives on the work.

In the dim fluorescent lights of the ICU, he calls me over.

“You need to come here and listen to me make these calls,” my surgeon says. “This is not a proud moment for me. In residency, I fixed problems like these. But part of being a doctor is knowing when you have to ask for help. I know I could repair the bile leak with another surgery, but when you’re too invested—that’s when you make mistakes. Potentially life-threatening mistakes.”

The first call is to our patient’s son. He’s a theology PhD student in New York that is flying in this evening to be with his mother. My surgeon explains his mother’s condition, answers all his questions, and discusses his plan to transfer her to a larger medical center. He agrees with my surgeon and, despite his palpable sadness, thanks him for doing what he thinks is best for his mother.

The next call is to a surgeon he knows at the larger medical center two hours away. It was surreal to see my confident, skilled surgeon explain his patient and situation with such humility. To witness him admit that he needed help.

He hangs up the phone and without saying a word, he gets up. I follow at his heels. He slides open the heavy, glass ICU door and approaches the head of our patient’s bed. She lays with her eyes closed, tubes and wires entangling her. My surgeon places his hand on our patient’s shoulder without any indication that she knows he is there. In a soft, soothing voice he explains to her what is going on and the plan to transfer her. He tells her that he’s sorry that he cannot take care of her here. He tells her everything.

Although I had only known him for a few days, I already respected his knowledge and surgical skills. However, it was at that moment that I truly began to admire him as a doctor. Medicine is a field in which perfection is not only rewarded, but expected. We are trained to be confident and infallible. We are held to seemingly impossible standards.

We often measure a physician’s excellence by their achievements in medicine—developing innovative techniques, performing complicated surgeries, curing deadly diseases. It is easy to praise obvious success and lose sight of our humanity. But we are imperfect beings.

My surgeon revealed to me that real physician excellence is the ability to be altruistic in unfortunate situations. As much as doctors want to fix everything, we must make the compassionate choice with our patients and admit when we need help. His forthright admittance of a disappointing outcome, respecting the

best interests of his patient, and making it a teaching moment for me demonstrated true integrity.

Tuesday, 10:45 AM. My last week of surgery rotation. I turn around to my name being called in a quiet, but unmistakable Jersey accent. My gallbladder patient is back for a post-op visit with her son.

She updates me on what has happened since she was transferred. At the larger medical center, imaging incidentally revealed an asymptomatic tumor in the tail of her pancreas. She told me that the doctors said she was lucky because that type of pancreatic tumor is typically not discovered until it is too late for treatment. If she had not been transferred, the tumor would not have been found. They were able to repair her bile leak and remove her tumor in the same surgery.

“I’m so sorry to hear that they found a tumor,” I say as I’m removing her surgical staples.

“As Virginia Woolf said, arrange whatever pieces come your way,” she responds with a smile.

My surgeon arranged the pieces and made a difficult choice for the well-being of our patient. He demonstrated to me that an exceptional physician embraces humility, shows empathy, and makes excellent decisions even in difficult moments. ■

It is easy to praise
obvious success
and lose sight of our
humanity.
But we are imperfect
beings.

“HUMANISM IN MEDICINE” ESSAY CONTEST, 2ND PLACE

DR. V

Hana Bui, Class of 2020

My neighbor has always been there for my family. Not just the “taking our mail while we’re on vacation” type of neighbor, but much more. I remember once during high school, after an unsuccessful afternoon of filling endless job applications, Dr. V called me over as I pulled into the garage. “Figured out your plans for summer yet?” he asked. Frustrated, I complained about how, at best, I’d spend my summer break folding jeans. He stopped short of watering the hydrangeas and grinned. “My office always needs extra help. I’m sure you think what I do is boring but it beats listening to mall music every day!” That following Monday, I was checking in patients at Dr. V’s office.

By the end of summer, it seemed like I had met all of his patients. I felt excited when Ms. Abernathy shared the news of her new grandson, and empathized with Mr. Shaw’s pain after his recent accident. I understood what made Dr. V passionate about going into work every day. He was following the life paths of his patients, through the good and the bad. Eventually, my family became his patients as well.

Last year, as I was living far away from my parents, I listened to a voicemail my father left me while on the subway. I tuned out all the other noisy commuters, as I heard my father’s tired voice say, “Your mom’s in the hospital. Something happened with her sodium level because of her new chemo meds. She’s okay... but something’s not right with her memory.”

I called my father back. “We got a room now. When the nurse told me who the attending physician was for this night I couldn’t believe it. It’s Dr. V!” he exclaimed. A lot of anxiety was swimming in my mind up to that point, but it quelled when I heard that. Dr. V knew about my mother’s condition before she became another patient assigned to a hospital bed. He was there for us when we discovered my mother’s blurry vision was a result of a growing brain tumor. He was there when we found out not all of the tumor could be removed from surgery. Therefore, he knew of my anxiety about living so far from my mother that I was not included in her medical care. It was his idea to hold a group call to fill me in on what was happening.

“Let’s have a family talk.” Dr. V said when my father handed him the phone. So we talked. In hindsight I realize I was in denial about my mother’s situation. I read on UpToDate that hyponatremia could cause acute confusion and therefore this obviously explained what was happening. After all, I was an incoming medical student and definitely knew what I was talking about. He agreed this could be an explanation but spoke to me like his equal, gently reminding me what dozens of rounds of radiation to my mother’s frontal lobe could do to her memories. At the time, I wasn’t ready to swallow that new reality, but I’m glad he didn’t sugarcoat his worries to try and protect me. It helped prepare me for the months to come.

I also appreciated Dr. V’s willingness to include my father, brother, and me in the decision making process while my mother was not in a position to do so. He presented all the options available to our family, the pros and cons of choosing an assisted living facility versus caring for my mother at home. Despite being thousands of miles from my family, I felt included. Dr. V presented us with all of our options. But instead of immediately stepping back after dropping this overwhelming amount of information on us, he was an active participant. He told us about how he felt. He expressed his concerns about my father’s ability to take care of her if he continued to work, an uncomfortable subject that I’m sure most doctors would not want to delve into. Dr. V wasn’t afraid of speaking his feelings and showing compassion during this hard and deeply personal conversation. It made me feel like he not only cared for my mother, his patient, but for my whole family as well.

As my mother went home instead of to an assisted living facility, I went to medical school. Six months after starting experimental therapy, my mother’s MRI results were not showing improvement. She forgot where I was going to school. Then she forgot what I was going to school for, despite attending my White Coat Ceremony. Then she started to have falls. My brother and I came home to discuss the next course of action.

That night, Dr. V knocked on our door after hearing we were all under one roof. He was wrapped in a cartoon character blanket and wearing fuzzy bedroom slippers. There was definitely not an

air of pretension to him. “Let’s have a family talk,” he said. So we talked. A year ago we had many more options: surgery, radiation, chemotherapy. A year had passed since my mother’s diagnosis and since then we had explored multiple paths which ended up being dead ends. Dr. V again presented us with our options. He did not shy away from discussing end-of-life care and most importantly, had us talk about how we felt moving forward. By the end of our conversation I now understood what the patients I met during my summer working at Dr. V’s office felt during their appointments. Dr. V not only understood the problem at hand, but the full story of my family as a result of being with us as a neighbor, a friend, and our physician. This relationship allowed him to take the time to make us feel included in the decision making process, to respectfully ask the hard questions, and to build the trust necessary for my family to believe he had our best interests in mind when he shared his personal thoughts. He exemplifies the Gold Humanism Honor Society values by cherishing the relationship he has built with our family and taking his role as a partner in health decisions to heart. During this time when it’s easy for me to feel helpless, I remind myself that there is still hope. One day, I can take the valuable lessons I learned from Dr. V to help my future patients through similarly difficult situations. ■

I understood what made Dr. V passionate about going into work every day. He was following the life paths of his patients, through the good and the bad.



HORSE & CACTI
Haley Parsley, Class of 2020

INTO THE WOODS

Andrew Clementz, Class of 2018

I watched Mr. J heave himself, all 380 pounds, onto the stationary bike. Grunting and struggling with the intense effort of getting himself into place, he began to pedal feebly, sweat already collecting on his brow and upper lip. His abdominal girth made it nearly impossible for him to pedal appropriately; shifting his weight back and forth from side to side was the only way that he could get his knees up high enough to complete a full rotation. His shirt, barely long enough to cover the bottom of his belly, drifted upward with each movement just enough to reveal his wound dressings. The dressings hid more than any other gym member might have guessed. Watching him in awe, my heart swelled with emotion.

I first met Mr. J many months prior. During a busy day seeing patients in the clinic on my surgery rotation, Dr. Q handed me a thin chart. “Mr. J...here for a hernia evaluation apparently. Go get the history.” Scribbled next to “reason for visit” was “abdominal hernia.” As I entered the room, I laid eyes on Mr. J for the first time. He was a massive man, loud and boisterous, yet teeming with positivity and charming in his own unique way. He told me of how he had been in a motor vehicle accident many years

medically necessary; that the defect was merely cosmetic, and that the risk of bowel loops becoming incarcerated was negligible due to the size of the hernia. “I can’t live with this anymore. I’m so self-conscious...and I’m constantly uncomfortable. I look like a freaking pregnant cow! Please, help me. No one will help me,” Mr. J said tearfully.

“It isn’t going to be easy, but we have to help this man,” Dr. Q had said the day of the surgery. We operated on Mr. J for five hours. Scar tissue running the length of his abdominal wall made the surgery harrowing from the start; scalpel blade after scalpel blade dulling during the dissection through the thick, fibrous tissue. His intestines had been herniated through his abdominal wall for so long that it was difficult to stuff them back into Mr. J’s abdominal cavity. A synthetic mesh, reminiscent of a pool screen enclosure both in size and material, had been needed to bridge the gap between each hemisphere of the abdominal wall, which no longer approximated together on its own.

“It went as well as we could have hoped for. But, he’s not out of the woods yet. The wound could break down. The mesh could

It went as well as we could have hoped for.
But, he’s not out of the woods yet.

ago, and that he had required an emergency splenectomy due to a massive splenic injury. For reasons that Mr. J was unable to recall, the surgeons had left his abdominal wound open; perhaps they feared infection, or felt they did not have enough healthy tissue to reapproximate the wound. Regardless, Mr. J had been left with an incisional hernia that spanned the length of his belly from the xiphoid process to the pubic symphysis. He divulged that he had been to multiple surgeons in the area, including the ones who had performed his initial operation. The story had always been the same; no surgeon thus far had been willing to operate on him. Some said that it was too risky with the size of the hernia, and the size of Mr. J himself. Others said that it wasn’t

get infected. If that happens...we are in trouble. We will have to re-operate, take out the mesh, and end up right back at square one. Only time will tell,” Dr. Q had told the family and Mr. J once he recovered from the anesthesia. Mr. J’s recovery course came with many hiccups. We visited him daily, often multiple times each day. Erythema crept up the sides of his massive incision. Drainage seeped from various sites. Mr. J required multiple rounds of antibiotics in efforts to prevent the mesh from becoming infected. He spiked low-grade fevers, struggled with unrelenting abdominal pain and discomfort, worrying constantly about the success or failure of his operation. Yet each

day, Mr. J remained positive, and always greeted us with a smile. Dr. Q, despite his chaotic schedule and seemingly endless list of patients to round on, always made Mr. J feel like his top priority. He listened to his concerns, he educated Mr. J, and he always gave the whole truth. He sat on the edge of the bed with Mr. J, clasping his hands and sharing a moment of solidarity and empathy. Mr. J faced a difficult, long, and relentless hospital course; yet he braved it with Dr. Q by his side.

The day after I saw Mr. J on the stationary bike at the gym, months after my surgery rotation ended, I received a picture via text message from Dr. Q. Standing side by side, arms around one another, were Dr. Q and Mr. J. Toothy, genuine, almost giddy grins spanned the width of both of their faces. They might have been high school friends. “He’s doing great; the incision is beautiful except for an open area about 8 mm long. Not too deep, no erythema,” Dr. Q had told me over the phone. “He’s not out of the woods yet; but he’s close!”

Dr. Q had told me at the start of our rotation that he wanted to dispel the myth that shrouded surgeons; that they were cold, that they did not form lasting relationships with their patients. He had undertaken a task that many others were unwilling to do. A harrowing surgery, a recovery plagued with uncertainty, and months of close follow-up. Half a year had passed since my surgery rotation, and Dr. Q was still dealing with the repercussions of Mr. J’s operation. But in the bargain he had also gained a special relationship, the coveted physician-patient relationship we are taught to foster throughout our years in medical school. He had done something for Mr. J that no one else had been willing to do—he had ventured fearlessly into the woods with him, braving the darkness. ■

RESPLENDENT QUETZAL
Andrew Kropp, Class of 2019





HALL OF FAME

Drew A. Williams, Class of 2018

BC, a 31-year-old mother of two children presented to the labor and delivery unit triage, along with her husband, while I was working the first day of my OBGYN clerkship and also my first day of OB call. After being notified that BC had just arrived to triage, already dilated to 8cm with her third child, I quickly made my way to the room to meet the couple who would soon take up a small spot in the long-term memory region of my brain.

On entering their room, I met a wonderful husband and wife who were elated by the nurse's recent finding on cervical exam that she was, in fact, in active labor. They would not be going back home to wait for active labor to take hold; they were here now, having a baby, about to meet the 5th member of their growing family who has caused so much nausea, discomfort, back pain, and sleepless nights of tossing and turning. At first introduction, BC and her husband seemed a little apprehensive and unsure about this male medical student standing in front of them asking questions, and about me being a part of their most personal and joyous process of delivering a new life into this world. In between the intense contractions that were about three minutes apart, we each learned that their two other children, one boy and one girl, were about the same ages as my two children. They almost immediately seemed much more at ease on learning that I too, am a parent, and even more so on learning that I had previously been a part of numerous deliveries as a firefighter paramedic. I soon felt welcomed and even appreciated by this great couple. What they didn't know though, is that deep down, I was a little nervous. Nervous about being a part of the delivery of their child in a new role, wearing a white coat and embodying the honor, trust, integrity, and responsibility that comes with the weight of these white sleeves.

Despite the overwhelming thought among all of us that she would be delivering soon, BC was able to hold off rapid progression of her labor long enough to get the epidural anesthesia that she so longed for. Following her epidural, in a new state of relative comfort and anticipation, we were able to discuss further her other children, how excited they were to soon meet their baby brother, and her plans to breastfeed exclusively, as she had done twice before. Then it was finally time to bring the little guy into this world. I rapidly donned my gown, boot covers and sterile gloves with the haste of donning my fire bunker gear in the middle of the night to head off to some emergency. Although I can say with certainty that the latter would have been seen by some onlookers as much more fluid movements.

What happened over the next five to ten minutes should in no way ever be used as an example to a primiparous woman about what vaginal delivery is like and what to expect. The combination of effective epidural anesthesia and a multiparous women, in this case, resulted in about three active pushes and what might be considered a low-tone grunt. BC's baby boy entered this world into the welcoming arms of a male student doctor now smiling ear-to-ear, internally reflecting on the joy he felt at the births of his own two children. Three people entered into the hall of fame that evening in March 2017; I into theirs as the student doctor who helped deliver their youngest son into this world, and they into mine as the couple who gave me the honor of being a part of the birth of their son, the first while supporting the weight of this white coat on my back. ■

Drew A. Williams is a 4th year medical student, husband, father of two children and a Tallahassee native. Prior to medical school, Drew worked an eight-year career as a Firefighter Paramedic, which ultimately led him to pursue becoming a physician.

HEART DISH *(opposite)*

Hana Bui, Class of 2020

Hana Bui is a full-time student, part-time ceramicist, and full-time mother to Bingo the cat.

THE PART ABOUT ROSES

Alexandra Nowakowski, PhD

Departments of Geriatrics and Behavioral Sciences and Social Medicine

—This poem is about the aftermath of being diagnosed with cystic fibrosis just before my 33rd birthday.

You get used to things
breaking down:
computers, internal organs.
Some days are just
one big blue screen.

Gather up papers
and medical bills inches deep
for your tax returns.
Give thanks for the rare things
that come with refunds.

Some things in life
are not so easy.

Children pronounce the name
of my disease like
pretty flowers.
I get so many thorns.

Late nights spent waiting,
memories prick me.
Dive into a black screen
starting over from scratch
like I wish I could do
with this pile of damaged goods.

I remember my father
telling me how to become
a famous scientist.
The secret, he said,
is to prove something
everyone already knows.

Now I hand out Nobel prizes
left and right for seeing
the obvious.
I have records and specimen jars
and shit like roofing tar.

You get used to my stories,
ugly details bound with humor
so that I may not weep.
And then so many questions.
Will you die?
Well, yes.
But probably not soon.

I say it is a blessing.
I say I am lucky.
I am literally and figuratively
full of shit.

After my diagnosis
people got busy
putting 65 roses
on a grave that I
forgot to dig.

Say the part about roses
out loud—aha.
I grow so tired of
explaining things.

I was not meant for living,
but missed that memo
and tick on through tax years
and death sentences
and CT scans
and ultrasounds
and needle sticks
and spirometry
and piss tests
and hopes that swell
and wishes that burn.

Red pills sit like
Sophocles villains
in earplug boxes.
I swallow them in droves,
rattling.
Digestion hangs around
in a coat pocket.

I float on salty water,
oceans I cannot clear.
I suffer tidal waves,
give each a name:
Too Little and Too Late.

I pay my taxes and
Uncle Sam pays back.
I have never met
this uncle, but I wonder
if he wants me to live.
Sometimes it is awfully
hard to tell.

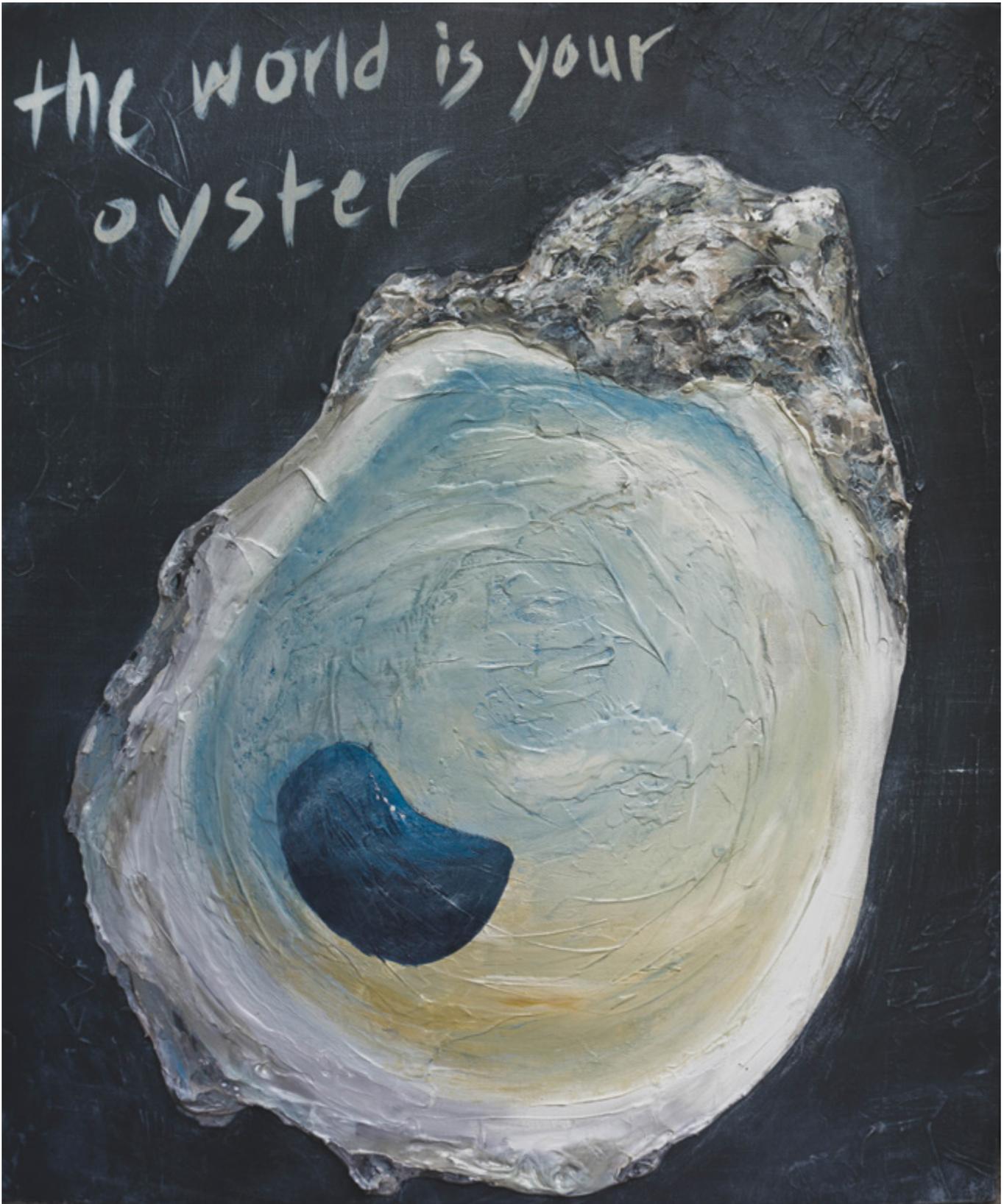
I talk on the telephone.
Swim in tears that singe
my fissured skin.
I waded into cynicism like
lapping waves, remember:
all life is death and taxes.

Death is a slow drowning
in cement overcoats
of your own making.
And life is a steep
price to pay for 32 waves
of incomplete data.

I boot the computer
so I can file
my taxes,
itemize my losses.
Another year of life
in the books.

Fame carries the old
hollow promises of youth.
Good news wears shoes
forged in concrete,
the same despair
my parents carried
those years they knew—
but could not prove—
what was killing me.

*Dr. Alexandra “Xan”
Nowakowski is an Assistant
Professor in the Departments
of Geriatrics and Behavioral
Sciences & Social Medicine. They
conduct a variety of research,
teaching, and service activities
focused on healthy and equitable
aging with chronic disease. Dr.
Nowakowski has also served as an
external evaluator for the Florida
Asthma Program for the past six
years, and is the founder and
co-editor of the trauma informed
scholarship blog Write Where It
Hurts.*



OYSTER SHELL

Wes Tindell, Class of 2018



Lisa Gardner

Lisa Gardner is a graduate of Florida State University and has been employed there since 1989. She enjoys photography, kayaking, camping, and going to music festivals with her friend and partner, Patrick Hogan. She has one son, Elliot, who is a senior at New College of Florida.

Winter Moon (*top left*)

For Cathy (*top right*)

St. Mark's Lighthouse (*bottom*)

MY STOMACH HURTS

Susan LaJoie, DrPH, ARNP-c

Department of Family Medicine and Rural Health

She came through the clinic door with tears streaking her dirty cheek. “My stomach hurts,” she whimpered. Her clothes were dirty and her shoes flapped where the sole was separating. The nursing assistant asked her what her name was and how old she was. “I am Maria and I am eight-years-old. My teacher sent me because I was crying and disrupting class.”

The assistant took her temperature and quickly assessed the seriousness of her complaint. I introduced myself, dried her tears and asked her about her pain. She was reluctant to talk but gradually warmed up and answered the sacred seven questions. Her vital signs were normal, no fever was noted, and her abdominal exam was unremarkable. Mentally I reviewed a list of potential differential diagnoses.

When asked why she thought she had a stomach ache she was ashamed and said, “Because I did not eat for a while.” Further questioning revealed that her last meal was the previous day’s school-provided lunch. It was nearing the noon hour as we spoke, meaning she had gone for 24 hours without eating. She said her mom did not have food at home because it was the end of the month.

Luckily, I had the perfect medicine in the clinic—a sandwich and grapes. She ate voraciously and then returned to class to eat her “real lunch.” Maria now frequents the clinic because she knows she can collect non-perishable food items to bring home when funds run low. She always asks to take a portion for her little brother. She discretely packs items into her backpack and leaves with a satisfied smile. The lessons learned are to not only inquire about a patient’s circumstances, but also to count your blessings for what we often take for granted. ■

Dr. LaJoie is an Assistant Professor in the Department of Family Medicine and Rural Health and a nurse practitioner at the Gadsden County school-based clinics.

When asked why she thought she had a stomach ache she was ashamed and said, “Because I did not eat for a while.”



DUNE LAKE
Wes Tindell, Class of 2018

OCCCLUSION

Alexandra Nowakowski, PhD

Departments of Geriatrics and Behavioral Sciences and Social Medicine

People stare at the sky
one day every 40 years
and try not to get burned.
I remember when every day
was that same fight—
anything to avoid looking
directly.
Darkness edged in light.

My shadow split in two,
vibrating on broken ground
and the loose soil of trails
that I ran down, breathless.
When the light died
I scrubbed at dirt
packed deep in wounds.

For years there was no blood,
and then
everything
shattered.
Rays refracted on
broken glass, obscuring
which way might be up.

Teeth set against each other
like splintered mirrors,
like decaying papers,
things that crumble into dust.
I washed away the soil;
more surfaced on my skin.

I died in the small spaces
between memories and fears
over and over.
A player in a game
with no rulebook, or without one
for me.
When the light died
I would not shut my eyes
lest the edges of my shadows—
those shaking ashes—
creep back in.

But some wounds
cannot stay closed, and so
I became riddled with dust,
with glass,
with broken embers.
I burned
to cinders.

I am still finding
what remains.
Staring directly into fear
gives those shadows
fierce teeth,
the better me to rend.
I rip them from their sockets
as my own disintegrate,
as I hold others in my hand.

Words on my tongue
taste only of rubble.
I have been wrecked
and risen up,
climbing over shards
of splintered glass,
grasping at hot coals.
Feeling around in darkness
for the edges
of light that once shone.

I fear I am all sharpness now,
all corners.
Even broken clocks
are correct once or twice, and I
no longer know where days
begin and end.
I shut my eyes, douse myself
in driving rains that come
every afternoon.

I gasp for breath,
water running sideways.
I bite my lip; I bleed.
When darkness falls,
my shadows come together.
Sometimes I can even bear
to look.

A pile of broken things:
mirrors, molars, me.
I am rebuilt
piece by piece.
I am a freeway
8 years under construction
but maybe more,
a building never finished,
a monument in ruins.
I was always coming down.

Some of those black moments
faded like burns
on the surface of fabric.
Others singed clean through.
I fight my way back with needles,
stitching at shadows,
cutting at dusk.

One day I will hold things
in hand without them slipping
through the burned spaces,
the empty stretches,
the gaps in me.
Corporeality bites, but I am still
here, and two shadows
can come from single objects
still somehow, impossibly,
intact.



THE PYRAMID OF THE SUN AND THE MOON

Yesenia P. Mendez

Yesenia Mendez is a Mexican student at the FSU College of Medicine. She loves to take pictures and is proud of her heritage and its beautiful architecture and art.



HUMANISM IN MEDICINE

Jarrold C. Robertson, MD

Humanism in medicine is commonly thought of as the outward expression of compassion and caring that is shown by a physician for his patients. What is often overlooked is the expression of humanism in much more subtle ways and in even the most mundane of tasks, even those done when the patient is not around.

I learned this lesson all too well during a 4th year acting internship at another institution. It was my first week on a new and exciting surgical oncology service. I was working feverishly to stay on top of what was an incredibly busy service with the sickest patients I'd ever cared for. By the end of my first week I found a routine that worked. My days started at around 4:00 AM which gave me enough time to write down numbers, pre-round, and write notes on my 7-8 patients before the intern got there to do her pre-rounds at 6:00 AM. My morning was going very smoothly until the chief texted me with a consult on a possible pancreatic head mass to see before rounds at 6:30 AM. By now, this ominous diagnosis was not a shock to me on this service. I

pulled up the patient's CT scan at my workstation and saw for myself the pancreatic head mass and what looked to be obvious liver metastases. I entered the patient's room to find a middle aged man in terrible pain accompanied by his sweet wife. They were very kind despite my 5:00 AM intrusion. I proceeded to take a quick history and physical and explained to them that he would be admitted to our service to undergo further evaluation of his findings and that I would ask our chief to write for some pain medication to help until we saw him later that morning.

As usual, after our cases finished in the OR we made afternoon rounds with our attending. An incredibly gifted surgical oncologist with great attention to detail, he demanded the same from those working on his service. He preached to us that these complex cases in surgical oncology are only successful in the operating room if the work is done to make them successful outside of the operating room. And because of this philosophy, he took meticulous care of his patients. As we came to the end of rounds, it was time to see our new patient.

...when we stop to think that the greatest show of compassion we can offer is to be the best stewards we can of someone's life and health, then we realize that to be great humanists, and to show these traits in medicine, we must think far beyond what happens in front of the patient.

We entered the room to find a still very pleasant, but obviously uncomfortable man lying in bed. As I quickly glanced at my notes to prepare to present the patient to my attending, it dawned on me that in my rush earlier that morning I had not yet learned enough about my patient to confidently report a comprehensive history and physical. I was missing labs. I had neglected key components of his history; all minor details, but details that would be essential to formulate a comprehensive plan of care for this patient. As I fumbled through my presentation, the attending stopped me when I could not report a particular detail and looked to the intern who could not offer the answer either. Finally, he looked to the chief, with the same result. Our attending concluded the exam and apologized to the patient. As we left the room, we all offered our apologies to the patient and followed the attending into the hall for what we knew would be a harsh admonishing of our actions in that room.

As we prepared for the tongue lashing we were about to receive, I think we were all surprised by what the attending said first. “How dare you?” He yelled. “How dare you? That man is dying and deserves a hell of a lot more than what he just got in there.” We were all stunned. We knew that we had all fallen short. We knew we were going to deal with disappointment and punishment from our attending. What we did not think of is how disrespectful we had been and how we had failed this gentleman, our patient. The attending didn’t say more, he didn’t have to. It’s easy to show compassion and care in front of patients, to do the things in their presence that we feel is our way of being compassionate

physicians. It’s when we are scrolling through numbers at 4:30 in the morning and going to see this “consult” that rolled over from the night service that we often forget that we are caring for *people*. It’s difficult to see how I am being a compassionate physician by paying attention to how much this drain put out overnight, or what this potassium has crept up to, but when we stop to think that the greatest show of compassion we can offer is to be the best stewards we can of someone’s life and health, then we realize that to be great humanists, and to show these traits in medicine, we must think far beyond what happens in front of the patient.

I had the great pleasure of getting to know this patient and his wife over the course of my rotation. I unfortunately saw his decline over those several weeks, to the point where on my final day he was being discharged home with hospice care. I was able to thank him that last day for all that he had taught me during our time together. And as I prepared to leave that room, saying a very different and very real goodbye, I knew that I would never forget the incredible lesson in humanism he bestowed upon me in his waning moments of life. ■

Dr. Robertson graduated from the Florida State University College of Medicine in 2017. He is currently a resident in the General Surgery Residency Program at the Memorial Health University Medical Center in Savannah, Georgia.





Liana Angeli Apolis

Class of 2020

The National Arboretum
(top)

Mother of Waters,
Mekong Delta, Vietnam
(bottom)

Banteay Srei Temple, Cambodia
(opposite top)

Ha Long Bay, Vietnam
(opposite bottom)

Liana Apolis, a second year medical student, was born in Saudi Arabia, grew up in the Philippines, and migrated to Miami, FL when she was 11-years-old. After graduating from FIU, she completed a malaria research fellowship at NIH.

I THOUGHT I WAS BRAVE

Cade Guthrie

I thought I was brave
But I'm not brave

Those were some of the last words she spoke
A tremble in her voice
Surrounded by family
Confronted by her end

I thought I was brave
But I'm not brave

Brash and confident
Loving and laughing
Fear so uncharacteristic
In the wavering voice of this great woman

I thought I was brave
But I'm not brave

Surrounded by family
Confronted by her end
I couldn't say everything I wanted to say
I couldn't give her everything I wanted to give

I thought I was brave
But I'm not brave

I stood at her side
Her hand in mine
I watched her struggle
I watched her fade

I thought I was brave
But I'm not brave

When she could no longer speak
I stood still by her side
A hand on her shoulder
A tear in my eye

I thought I was brave
But I'm not brave

Those words wouldn't leave my mind
They ripped and raged
A maelstrom of despair
Within me

I thought I was brave
But I'm not brave

I couldn't say everything I wanted to say
I couldn't give her everything I wanted to give
I had waited too long
She couldn't hear me anymore

I thought I was brave
But I'm not brave

I couldn't say everything I wanted to say
I couldn't give her everything I wanted to give
But I gave her all the strength I could
I gave her all the comfort I could

I thought I was brave
But I'm not brave

When her breath slowed
And her chest stilled
I thought of everything she was to me
And alongside the tears came certainty

I thought you were brave
You made me brave

Cade Guthrie is an AHEC Coordinator in the Department of Behavioral Sciences and Social Medicine.



MORNING RUSH
Samantha Cleveland, Class of 2019

H E A L
umanism Evolving through Arts and Literature

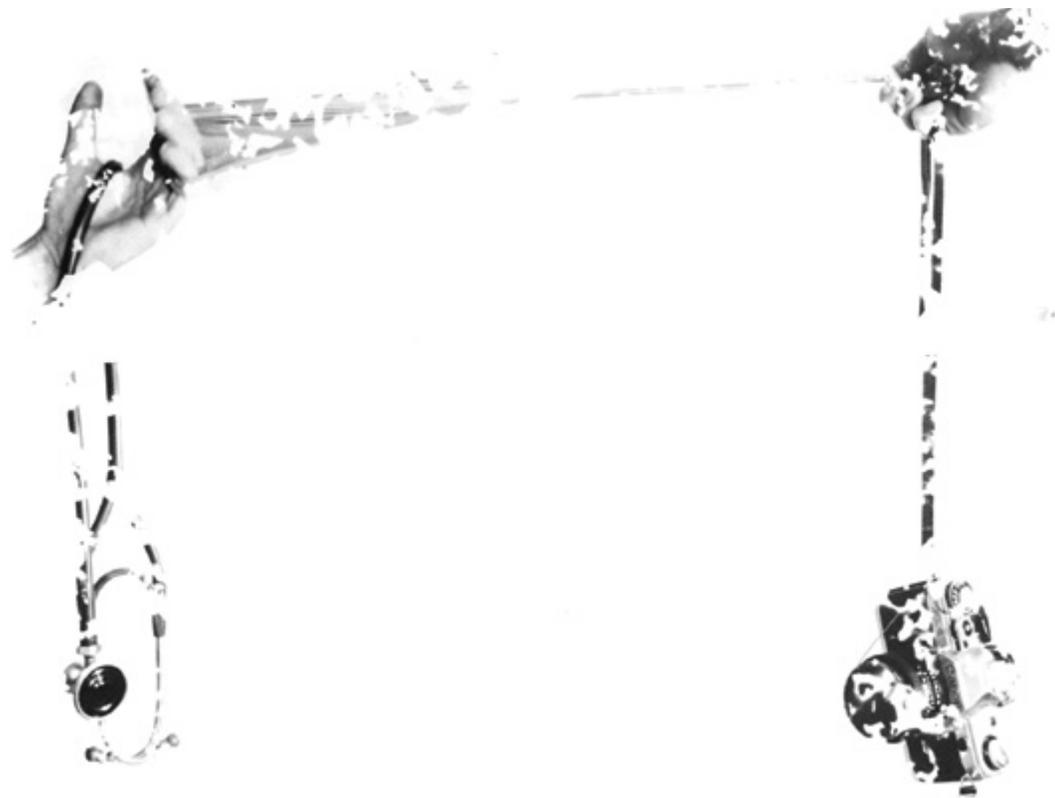
Cover
Artwork
Finalist

TOOKEY AND THE LITTLE BOY

Ludonir Sebastiany, Class of 2019

Each morning on our commute to school, Tookey forced me to read every street sign and billboard. With her help, I excelled in the classroom and was the top student in my classes. She picked me up on afternoons from school and took me to her home where she fed, bathed, and tutored me. I knew the capitals of all fifty states before my classmates knew how to add and subtract. Tookey even hired an employee at our favorite Chinese restaurant to teach me Chinese. And when my teachers suggested that I be placed on Ritalin because I was a disruption to the class, it was Tookey who said, “No, not Ritalin! But violin!” A violin and a beautiful high school student were provided for me the very next week to teach me the instrument.

In her later years, Tookey experienced many health hardships, but none more difficult than her recurrent battles with breast cancer. It was the care I gave her throughout her chemotherapy treatments which opened my heart to medicine. See, Tookey cared for me as a young child, so as I grew up it was my duty as her “little boy” to repay her for all her care she rightfully deserved. In the moments I tended to her while holding her hands after chemotherapy, radiation, and surgery, my heart softened and I learned to become a more compassionate individual. I loved her with all my being and I am certain she would be exceptionally proud that I’ve dedicated my life to improving the health of others. If there is one thing that I want Tookey to know, it is that I am forever grateful for all that she has done in my life. Her love truly made me a kinder, more loving human being towards the world. ■



DODGE AND BURN

Juno Lee, Class of 2018



MY EMERALD DREAM
Ute Köhler Sartin



Cover
Artwork
Finalist

Ute Köhler Sartin is a graduate of Sweet Briar College in Virginia. She has been an employee at Florida State University for five years, most recently in the Department of Family Medicine and Rural Health in the FSU College of Medicine. In her free time, Ute enjoys reading, photography, painting, and spending time with her family.

IT'S OKAY

Tatianna Pizzutto, Class of 2018

Our system of healthcare needs empathetic physicians who care enough to improve the overall health of our patients, in word and deed.

“It’s Okay,” I hear my psychiatry preceptor reassure our patient. At the start of my rotation I believed it to be his mantra, perhaps his way of normalizing the diagnosed disorder or symptoms that plagued this patient causing psychosocial impairment. I thought it could be his way of formulating a treatment plan, as he listened and decided on medication trials that he confirmed would be “okay.” Yet, today was different. I heard him again say, “it’s okay,” but this time to his peers and coworkers.

Dr. D represents every value of humanism in his practice, but today most especially. Our usual rounds took us through the floors of the inpatient psychiatric unit, greeting patients, social workers, nurses and the like. However, this morning we were stopped by another physician to collaborate on a mutual patient. The physician suggested that the long time alcoholic, opioid dependent, homeless patient who had originally expressed suicidality and a desire to be treated for his substance abuse, was, in fact, malingering and needed to be immediately discharged. He discussed potential detox facilities and treatment programs, seemingly helpful avenues. As I listened intently I heard compassion, useful options, and years of experience leading to his diagnosis of malingering. So I was surprised when I heard my mentor, Dr. D, diplomatically brush off these solutions and offer other suggestions for further work up. He explained, “I have worked with this patient previously and I believe he is in cognitive decline, perhaps we should order neuropsychology testing?” His well-seasoned colleague muttered a plan to pursue a secondary option and walked away determined to discharge this patient who so obviously fit the paradigm of a “drug seeking systems abuser.” Stunned at the interaction, I assumed my inexperience caused me to miss the underlying discussion that had taken place.

Dr. D now turned to the full-time insurance advocate nurse. She cavalierly announced, “I would rather work hard to place our elderly demented patients without insurance in long term facilities than this patient, who is clearly attempting to manipulate the system!” None would blame her for this obvious statement, in fact, most other physicians, nurses, and insurance companies would wholeheartedly support her focused efforts. Instead I witnessed a rare moment in medicine, the physician

leading his team by example, using his unique relationship with them to speak out against our personal biases. He smiled gently and noted, “It’s okay, we love medicine to care for the patient, not the hospital’s budget.” She laughed and warmly responded, “You are a good man.” This time, I heard the phrase, *it’s okay*, for all its meaning. It was not to excuse his colleague for his indiscretion but rather to affirm that though he was not satisfied with the circumstances of the moment, he would continue to exemplify excellence and push his peers towards the same.

As we walked away, Dr. D explained the idiosyncrasies of the case. It would be easier to assume this patient was malingering, but first we needed to check our biases and motivations, ensuring our common experiences and frustrations were not feeding our analysis. Each patient deserves objectivity and the opportunity to be supported, as most of them have never been before. This particular patient had desired to begin treatment, he no longer wanted to be dependent on opioids and substances, but had become agitated with the process and was currently in withdrawal, not making the rational decisions. He was demanding opioids because that is all he knew to ask for. With insight, patience, and true empathy, Dr. D recognized these nuances, held true to his integrity and respectfully suggested his peer alter his course of action. This patient needed to remain on site to complete detox and begin a Suboxone protocol for which he could sustain outside the clinic. However, this requires a significant amount of effort, time, empathy, and justifying treatment to the insurance company.

Both physicians provided appropriate suggestions and good medical care to the same patient. However, Dr. D demonstrated the qualities I hope to embody as a physician. He described years of practicing self-reflection and analyzing his motivations before and after each case, taking time to dissect his ability to be objective, remove his biases, and prescribe appropriate therapies. This skill set is invaluable to every physician in any specialty at any point in their career. In addition, he constantly demonstrated empathy. Imagining himself in the shoes of his patient, a patient finally at his breaking point, ready to make a change, but turned away by a system that assumes he is manipulative and unable to change, further feeding into his disordered belief that he can never amount to more than his current circumstance. Our system of healthcare needs empathetic physicians who care enough to improve the overall health of our patients, in word and deed. I am grateful to learn from an unassuming, perpetually intentional humanistic physician and share these experiences so more of us may be inspired to strive for these qualities. ■

Tatianna Pizzutto is a fourth year medical student at the Sarasota Regional Campus who will begin a residency in Family Medicine next year.



HURRICANE IRMA

Kevin Sherin, MPH, MD

Hurricane Irma crawled up Florida's shore
Wreaking trauma and havoc more
Key West bore much of the giant storm
Many others would face her harm

Her name in German means Goddess of War
Wish she went out to sea and would war no more
Caribbean islands were not spared her wrath
The fearsome winds that followed her path

Remind all of dangers after the storm
Don't touch live wires that bring more harm
Stay away from waters that carry disease
Keep kids inside until its safe outside, please

Place the generators far from the house and the vents
Above all use lots of good common sense

Dr. Sherin is the health officer of Orange County in Orlando. He first began writing poetry over four years ago. He enjoys writing about themes that relate to his work, including disaster medicine and creating trauma informed communities.

Michael Tandlich

Class of 2020

Michael Tandlich is a second year medical student. He holds a Bachelor of Science in Chemistry and Nutritional Sciences.

Abandoned Opera House, Berlin, Germany (*top left*), Playground Bomb Shelter, Sderot Israel (*top right*) and

Sunrise on Masada, Judaeen Desert (*bottom*)



THE CIRCLE OF LIFE ... A 97 YEAR OLD TIGER ... RETURNED TO EARTH'S ELEMENTS



In medicine we too must accept and embrace life's circle

SIMPLE TRUTH OF LIFE

Sandeep Rahangdale, MD

Dr. Rahangdale is President of Preventive Cardiology & Internal Medicine Associates (PCAIMA), an outpatient multi-specialty practice located in Tallahassee, Florida, and Clinical Associate Professor of Medicine at FSU College of Medicine. Dr. Rahangdale is currently Dean of the Tallahassee Regional Campus for FSU COM.



AZOLES
Michael Morgan, Class of 2021

HEAL WRITING WORKSHOPS

MORNING ROUTINE

Shannon Lyons, Class of 2020

I start the night before. I need every second I can get in the morning since I'm usually seven minutes late. I pour the water from a jug made of plastic. Not the best for recycling, the weight of the near full jug pulls down like a conscience beaten by hypocrisy. The Malbec colored reusable pod is filled with a strong blend, pre-ground because the grinder I got for Christmas from my mom is still in the drawer unopened. But at least I'm using the grounds which I got at Fresh Market after staring at the options an absurd amount of time, blocking the view of the moms coming by to grab a few nonessentials before 3pm hits and school lets out. The alarm goes off in a dark room and it's time. I push the button and sit on a green wicker chair I purchased for a few bucks at a garage sale with my Mimi, while getting furnishings for my overpriced, under maintained college row house. The smell of cliché fills the air, the silky scent offers a strip tease to my socially acceptable addiction of the caffeine infusion to come. I hear a dampened thud. How can such small feet create such noise? This pulls my mind off the surf of the swirling dust and back to this kitchen in this moment, somehow eight minutes late, out of time. Cup in hand. Bags on arms. Time to going, going, gone.

UNTITLED

Anna Fulghum, Class of 2019

You can already feel the heat rising from the bleached sand. Rolling waves beckon cool refreshment. Run, run, run to the water! Splash into waves like you've never touched water before. Dive head first into the oncoming wall of water. Smooth silk running along every pore, envelopment.

Every semester, HEAL hosts a writing workshop for the medical students at the College of Medicine's main campus. In the fall of 2016, students responded to the following prompt: "Describe a common activity—cleaning the house, dancing, fishing, painting a picture, bathing a child, cooking a meal—which could serve as a metaphor for your life, for how you are in the world. Write about this activity in a way that is unique and utterly your own."

CLEANING THE HOUSE

Michael Tandlich, Class of 2020

The house hasn't been cleaned in weeks. There is a mat by the front door, and a closet, with a place to leave pairs of shoes, but shoes are never removed and placed there, leaving busy trails on the tile floor. There is a sponge by the sink and a bottle of soap, and even an extra bottle in the cabinets beneath, yet dishes are stacked with traces of being barely rinsed. The home remains a dirt-sprinkled, dust-collecting mess. Behind a hallway closet stands an unpackaged vacuum, its utility as faded as the silence of its dark, cardboard box. The home owner says he has been too busy to clean, yet has had time to open cabinets and open books and leave on the TV. Things are opened and turned on everywhere and left that way.

UNTITLED

Sana Azam, Class of 2020

I get out of bed every morning, unaware of the rooster that will crow in the next two hours. I tackle the blanket shrouding me, to break free of serotonin . . . deep enchantment. My eyes strain against the sanguine digits of the clock, trying to suck the blood from my veins, willing me to stay at rest, despite the peel of the alarm, reminding me there is another day's "cuckoo" still to be heard.

NOVEMBER 9TH, 2016

Scott Nelson, Class of 2020

Cloudy skies.
Sunken eyes.
Tight lips.
November 9th.
Driving, looking straight ahead.
Pundits on the radio, never saw it coming.
His president, but not hers. Her president, but not his.
Our president?
Disconnected from it all.
I only know my vote. I only know me.
Cloudy skies.
Sunken eyes.
Tight lips.
November 9th.

Scott Nelson is a second year medical student from Tampa, FL. When he's not studying, he enjoys hiking, playing soccer, and spending time with his wife and pets.

TRAVEL BAN

Michael Tandlich, Class of 2020

I flip through TV channels
In my room
at The Tehran Imam Khuneini
International Airport Hotel.
It's Jimmy Fallon
dressed in long, blonde hair
combed to the right,
wearing a
red tie
and
blue blazer
with an American flag
pin.
As the noise of laughter
repeatedly fills the room,
I find it hard to laugh.

In the spring of 2017, students responded to the following prompt: "Think of an issue that concerns you, and then consider where it intersects with either your personal life, or possibly the life of a friend or family member. Write a long paragraph or poem that frames this issue in the form of a story of witness or testimony."

THE SMILE SHE CARRIES

Shannon Lyons, Class of 2020

Dark, cracked, and hollow
Surrounded by a halo
White,
Like the rest of them
Appeared on the light.
Radiating from a silver pen with a logo
Everything else in place, “pink and moist”
We say. Automated. Passively,
“The pain is sharp”
She says
“She misses ice cream”
She says
All in quotes
Don’t misquote.
Brush and floss
I advise
Prior proper prevention. My dad used to say
Preventative care
Not a choice for all, where
A free monogrammed toothbrush
Isn’t so free.
Nothing left but a black hole.
It’ll be gone soon enough, the traveling
Ladies who pull
“What’s your favorite ice cream?” I ask

PLAYING OUTSIDE

Michelle McCullers, Class of 2020

It used to be green
I swear
I swear... desperately, as I feel its heat rising.
She looks up, with a drip of sweat
Lining her bangs.
“Like in the pictures?”
No, better than the pictures.
I’m so sorry that you can’t see it.
“It’s okay”
It’s not okay.
Growing up in concrete, skinning
Your knees instead of falling
Into grass.
Not fair.

Michelle McCullers is a second year medical student. She graduated cum laude from FSU in December 2015 with an honors thesis in molecular biology. She is heading to the Daytona Beach campus in May.

LOVE IS STILL THE KEY

Jacqueline DePorre, Class of 2020

Surrounded.
It's everywhere.
Check social media – it's there.
Take a break.
Watch a show.
You will still find it–
Trust me, I know.
Home for the weekend!
Another debate.
Tearing us apart – it feels like hate.
We don't have to agree,
It's better we don't.
Change comes from our differences,
Change gives us hope.
But, it's hard to cope
Trapped and surrounded
By words of disdain.
So let us debate! Let us talk and be free
But let's love one another respectfully.

Jacqueline DePorre is a second year medical student. She graduated from FSU in 2016 with a degree in Exercise Physiology. Originally from St. Augustine, Jacqueline enjoys spending time at the beach searching for shark teeth, practicing yoga, and relaxing with family and friends.

TIME AND SPACE

Jasmine Jordan, Class of 2020

Is it June?
Are you my son or are you
My brother?
No one is listening...
Where is my wallet?
Where are my keys?
I need to go home,
Someone says, "No, Dad,
You are home!"
No. Home is in
Palatka.
No one understands!

Jasmine Jordan is a second year medical student who enjoys books, music, and her faith in God. She graduated with a bachelor's degree in Biomedical Science in 2014 and received a master's degree in Neuroscience and Aging in 2017, both from the University of South Florida. This poem is dedicated to her grandfather and to all those who have loved ones suffering from dementia.



Andrew Kropp

Class of 2019

Andrew Kropp is a third year medical student, originally from St. Petersburg, FL. He is fortunate to have parents who see the value in travel and invite him along most of the time.

Curious George (*top*)

Hanging Out (*bottom*)



SUNSET REFLECTIONS

Kimberlee Rodriguez, Class of 2019

THE MEDICINE OF BEING HUMAN

Eric M. Beyer, Class of 2018

As I began my third year as a medical student, I couldn't have been more excited to start seeing real patients with real problems—assuming the “doctor” role that all medical students long to experience. The countless lectures, endless hours of studying, and strenuous tests experienced in the first two years of my medical education gave me a sense of security that I would be fully prepared to conquer any disease or situation that life would throw my future patients. The doctoring and ethics courses taught me how to care for my simulated patients as my own with the compassion and respect that separates a good physician from a great one. However, it wouldn't be until I met my first patient on my OB-GYN rotation that I would experience an invaluable life lesson that would open both my mind and heart to the true meaning of being a physician.

As I got out of my car and slid my arms into my white coat, I felt much like a warrior stepping into battle. I was the warrior, the white coat my vest of armor, and the stethoscope my weapon to fight all my patients' problems. It had been a long several days of clinic in my assigned Obstetrics and Gynecology office and I had already learned an enormous amount about pregnancy and labor. By the end of the week, my preceptor and I both felt as though I was fully prepared to see my first patient by myself. As I sat in his office waiting anxiously for the next patient, I heard the office door open and the voice of a woman fill the room. It was such a pleasant voice, an upbeat voice; as she spoke to the receptionist I felt my anxiety slowly begin to slip away. It was a very comforting voice, one that could only come from the lips of an excited mother expecting her first child. The nurse showed the woman and her husband into one of the exam rooms and told her that I would be with them shortly.

The nurse handed the patient's chart to me with a smile as my preceptor said, “You're up kid.” After entering the exam room, my patient and her husband greeted me with ear-to-ear grins. I introduced myself as a medical student and began to obtain a complete history from the patient. The excitement these two were experiencing was almost tangible. They were completing each other's sentences and talking over each other as they told

me the story of their challenges getting pregnant. They had completed a round of in vitro fertilization. They expressed the lows of years of trying to get pregnant without success, and the high of finally hearing, “You're pregnant,” from the nurse many weeks prior. The new mother told me how excited they were to begin setting up the nursery and telling all their friends and family members about the new addition to come. She lay on the exam table, holding her distended belly with one hand, while the other grasped the hand of her husband.

I continued to ask the questions I'd heard my preceptor ask so many times earlier that week. My patient and her husband appeared to almost be in euphoria, but answered each question without any hint of concern. As I concluded my questions, I asked the patient and her spouse if they were ready to hear the sound of their little one's heartbeat. Their eyes locked and they squeezed each other's hand a bit tighter as I began to glide the lubricant-covered Doppler over the mother's belly. At first, I was having difficulty obtaining any sound other than that of the mother's own heart. I spent a considerable amount of time chatting with the couple as I covered the entirety of the mother's abdomen searching for signs of life. The couple's rambling began to quiet as they asked me why they couldn't hear the heartbeat. I let them know that it was surely due to my lack of experience, and that I would get my preceptor to assist me in finishing the exam.

My preceptor was in his office writing a note as I began to relay the history I had just obtained. In the process of presenting to him, I informed him of my inability to locate the fetal heartbeat. He stopped typing and looked at me with a raised eyebrow. He asked if I had tried all the pointers he had shown me, as I had been very successful at finding the fetal heartbeat many times before. I responded that I had, but told him that I was sure he would have no problem and that it was most likely due to my own nerves. We both walked back into the exam room. The couple and my preceptor began chatting as he slid the Doppler around the woman's abdomen searching for the fetal heartbeat. After several minutes, everyone in the room gradually stopped speaking and the facial expressions of the couple began to show

signs of genuine concern. My preceptor asked the nurse to locate the ultrasound machine as he tried to ease the concerned new parents, telling them the baby may be sleeping and would be easily awoken with some “poking by the ultrasound probe.” He then continued to ask about the pregnancy in an attempt to distract the couple as he glided the ultrasound probe from left-to-right across the mother’s abdomen.

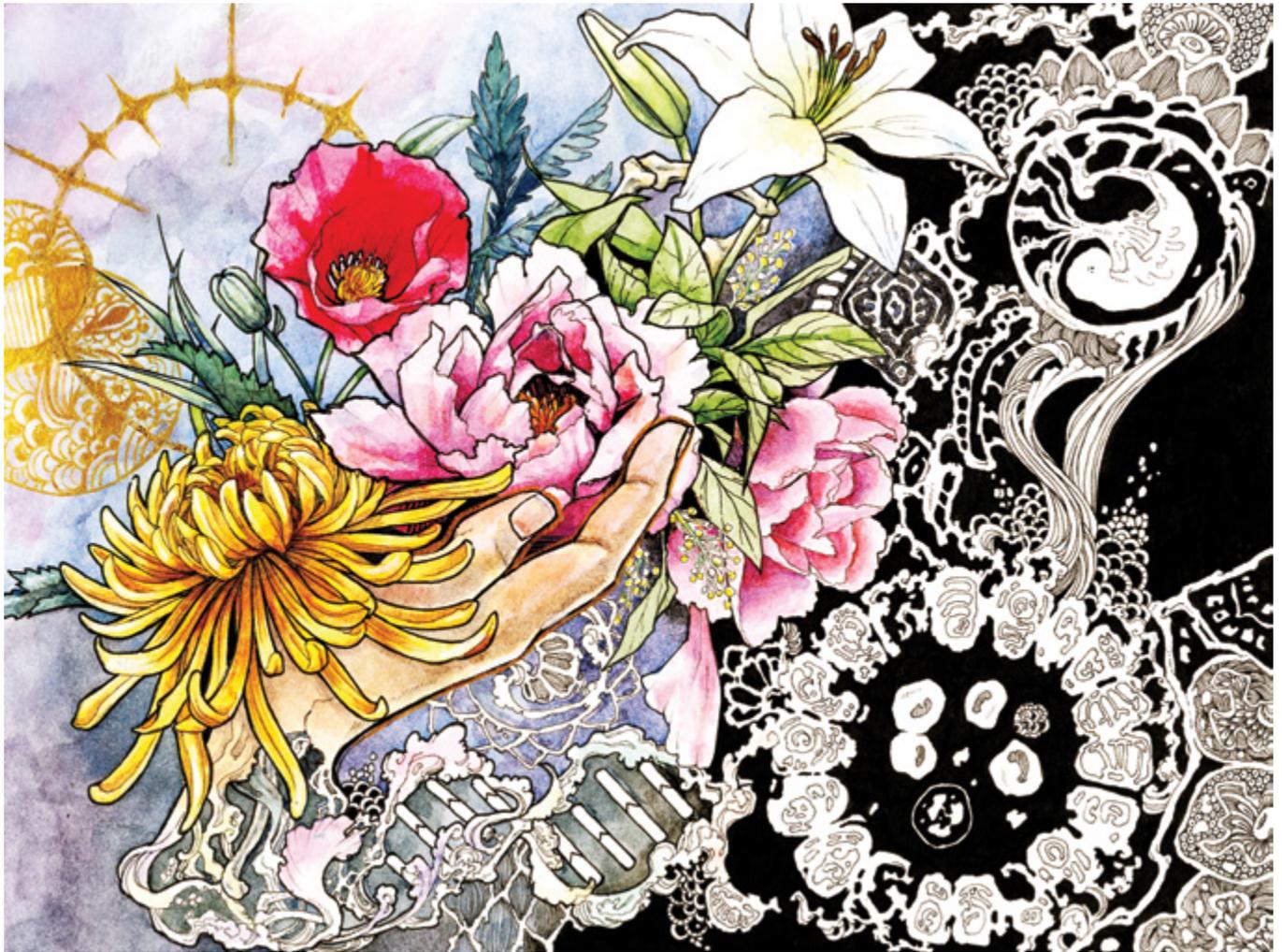
At one point, he stopped both moving his hand and speaking. Seconds felt like hours as the mother, father, and I waited to hear what he was going to say next. He began by saying “Mr. and Mrs. X, I am very sorry to inform you that your baby’s heart is not beating.” I could feel the pain and sadness of the news as tears began to stream down their faces. It was as if a dagger had struck me in the heart. I felt as though I had let my patient and her husband down. As thoughts began to consume me, I could see my preceptor lay his hand on the woman’s shoulder as he handed them both tissues. It was that day that I realized not every day of a physician’s life would have storybook ending. It was that day that I would experience loss for the first time. It was that day that I would understand that as a future physician it

was my duty to be there for my patients through the good times and the bad. My preceptor stayed with the couple for a while longer answering any questions and providing condolences for their loss. The couple thanked both of us. My preceptor hugged both the woman and her husband before exiting the exam room.

After we made it back to his office, he let out a large sigh, looked at me and could certainly see the concern and disappointment streamed across my face. He walked up to me and placed a hand on my shoulder. He said something that will forever resonate with me. He said, “Letting it get to you? You know what that is called? Being human.” He continued, “Son, if there is only one thing that you learn on this rotation, remember that being human is the best gift any physician can give to his patients.” ■

Eric Beyer is a fourth year medical student, vice president of the FSUCOM Orlando campus, and recipient of the Orange County Medical Society Scholarship.

If there is only one thing that you learn on this rotation, remember that being human is the best gift any physician can give to his patients.



A DOCTOR'S HAND

Sophia Zhang, Class of 2021

Dorty Morency, MD

Dr. Morency graduated from the Florida State University College of Medicine in 2017.

She is currently a resident in the Family Medicine Residency Program at West Kendall

Baptist Hospital in Miami, Florida.

Greenery (opposite top)

Shore (opposite bottom)



HELPLESS

Alessandra Taylor, MS, MD

“She died, she is just gone...” were the words from my attending as I greeted her around 4am after a nap during a 24-hour call in my Obstetrics and Gynecology rotation. She continued to stare at the computer screen in the call room. I froze, I didn’t know what to make of it, my heart stopped—it was as if I could see her words wrap around my beating heart and choke it in a slow and steady movement. As I stood by the door staring at her stare at her computer screen, I could not move, or talk, I was helpless—I was helpless again.

You see, I went into medicine so I wouldn’t feel this way. At the age of 14, I witnessed a young girl lose her life. Right then and there I decided to become a doctor so I could acquire the knowledge and skills to at least try to keep other girls from losing their lives, and so I wouldn’t feel helpless again.

Yet, there I was 12 years later—helpless. She finally looked away from her screen to check on my silence. “The ED girl,” she said. “I . . . I know,” I told her as I made my way towards her. We were now both staring at the computer screen. My immediate thought was to go back to the ED where we last saw her, but this thought was quickly replaced by my attending’s words. Again, “She is gone.” I was sitting by her as she scrolled down the ED’s note which stated that about 40 minutes after we left the patient’s room, she coded. For 50 minutes, they ran the code. We moved onto the next note, from the hematologist consulted. He arrived as she was coding and although he ordered all tests as soon as he was consulted, it wouldn’t have mattered. She had an acute episode of undiagnosed TTP, Thrombotic Thrombocytopenia Purpura. We searched through UpToDate to learn more about TTP and if there was anything we could’ve done—there was nothing, our knowledge was useless—we were helpless.

It was a very busy and long call day and we were 12 hours into our 24 hour call when we got the report from the ED physician for a consult. They were having an 18-year-old female transferred from the satellite ED for altered mental status and vomiting. In the ED, she was found to have a positive pregnancy test and suspected obstetrical disseminated intravascular coagulation (DIC), which is why we were consulted. At our main ED, a bedside sonogram showed a first trimester non-viable pregnancy which was unknown to the patient’s parents. We reviewed her

chart from the call-room: thrombocytopenia, coagulation studies pending, patient was adopted so no family history was available. During a break between deliveries, our plan was to say hello to the family, deliver the pregnancy/missed abortion news, and tell the ED physician DIC was probably not the culprit given that she was less than 12 weeks pregnant. Thus, they should look for non-obstetrical reasons for her altered mental status.

I followed my attending into the patient’s room. The patient was on the bed agitatedly mumbling, the nurse by her side administering something through her IV, her father on a chair at the corner of the small ED room, and her mom holding her hand trying to calm her. My attending introduced herself, got a thorough history, and asked if they knew about the pregnancy. They didn’t. The patient’s mother asked what was there to be done now. We reassured her that we needed to focus on finding the cause and restoring her mental status, and then worry about the missed abortion. We learned that our patient was a good daughter who had just graduated high school and was taking classes at the local community college while working with her mom at her business. She was doing well until yesterday when her mother came home and found her daughter “asleep” with her head on the toilet seat where she had been vomiting—all drug screenings were negative. As the mother started tearing up, my attending leaned in and grabbed her hand. They hugged as the mother cried on my attending’s shoulders for what seemed like a long time. “I am just scared, I don’t understand what is happening,” she said. My attending then went on to explain what we knew and what we didn’t know, what next steps the ED physicians were taking, and that a hematologist had been consulted. The mother apologized for being emotional which prompted my attending to tell her about her own daughter and that no mother should ever be ashamed of protecting or caring for her little girl. We spent more time explaining everything to the mother and then moved on from the ED after getting paged for a delivery.

That morning, we sat there in silence as we waited for a Cesarean section to be taken back to the OR. “She was fine when we left. I told her mom we were gonna take care of her,” my attending told me. “Her mom had no one else take the time to talk to her, but you did, even without knowing the outcome... I’m glad

you did,” I told her. At that moment I saw something in my attending I hadn’t seen yet—vulnerability—and that was the strongest she had ever looked. My attending is one of those women that demand respect and, some may even say fear, when she walks into the room. She’s a badass surgeon whom I’ve admired from day one, but seeing her so touched by this family blew me away—that is the kind of doctor I want to become. The kind of physician who is confident in her own skills and self, but strong enough to be vulnerable for a patient—to truly deeply connect with a patient—because THAT is what medicine is about. We sat there staring at each other, trying to be strong for one another, until a tear streamed down each of our faces in what almost felt like synchronization. At that moment, we smiled, and wiped off our tears. I said a silent prayer and we were off to the next surgery.

I still think of her—of the ED girl. She’s hiding in the back of my mind when I think about giving up. Her mom is right by her side when I extend kind words to a patient who is overly anxious. My attending is next to me reminding me that it is okay to be helpless sometimes, that I should be human first when I am too busy trying to be perfect. ■

Alessandra Taylor is a physician resident in Obstetrics and Gynecology at Orlando Health’s Winnie Palmer Hospital for Women and Babies. She was born and raised in Brazil until 16 years of age when she moved to Florida. She was FSUCOM class of 2017’s class president and is a Bridge program alumni.

My attending is next to me reminding me that it is okay to be helpless sometimes, that I should be human first when I am too busy trying to be perfect.



CUEVA VENTANA, PUERTO RICO
Roddy Bernard, Class of 2019



Cover
Artwork
Finalist

Samantha Cleveland

Class of 2019

Hidden Waterfalls (opposite top)

Drink Juice (opposite center)

A Door into the Past (opposite bottom)



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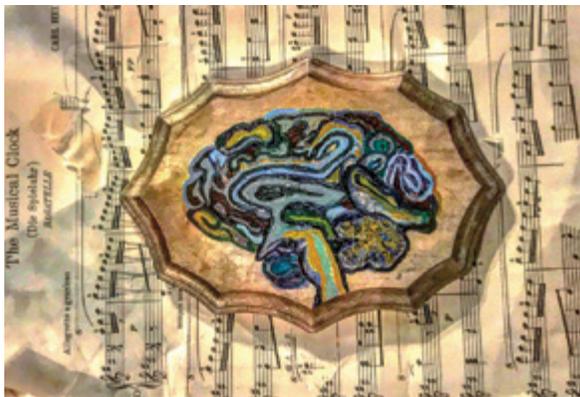
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HEAL Cover
Humanism Evolving through Arts and Literature Artwork
Runner -Up

On the Back Cover

THE MUSICAL CLOCK

Olivia Gruder, Class of 2018

Olivia Gruder is a fourth year medical student at the Daytona Beach regional campus. She grew up creating various forms of art via dancing, drawing and painting. She is interested in interventional neurology.

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The Musical Clock
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